NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT 2016

Planning Council Strategies for Integration of HIV Prevention and Care: Developing, Implementing and Monitoring the Integrated HIV Prevention and Care Plan for the State of Indiana

Michael Wallace, Director, Ryan White/HIV Services Program, Indianapolis TGA: Marion County Public Health Department

Jenn Myers, Ryan White Part B Director, Division of HIV/STD/Viral Hepatitis, Indiana State Department of Health

The Focus

- This discussion will focus on the role of utilizing Indiana’s three HIV Planning Bodies (Part A, B, and Prevention) to develop and implement the Integrated HIV Prevention and Care Plan for the State of Indiana
- How this process will serve to guide future collaborations to insure access to needed resources for decision making and to facilitate ongoing timely, efficient collaborative planning and decision making for HIV prevention and care services
- The importance of pre-planning to the development of the Plan and the integration of the three Planning Bodies
- Lessons learned, outcomes and moving forward

The Reasoning

- "Good planning, collaboration, and community engagement is imperative for effective local and state decision making to develop comprehensive systems of prevention and care that are responsive to the needs of persons at risk for HIV infection and People Living With HIV (PLWH)"
  - Laura Cheever, MD, ScM, Associate Administrator and Chief Medical Officer HIV/AID Bureau
- "The Integrated HIV Prevention and Care Plan is a vehicle to identify HIV prevention and care needs, existing resources, barriers, and gaps within jurisdictions and outlines the strategies to address them."
  - CDC and HRSA, 2015

The Three Planning Bodies

HIV Prevention Community Planning Group – Prevention

- Indiana State Department of Health/Division of HIV/STD/Viral Hepatitis (CDC Prevention)
- Jurisdictional Plan

Community HIV Services Planning and Advisory Council (CHSPAC)

- Indiana State Department of Health/Division of HIV/STD/Viral Hepatitis (Part B and ADAP)
- Statewide Coordinated Statement of Need

Indianapolis TGA Ryan White Planning Council

- Marion County Public Health Department/Ryan White/HIV Services Program (Part A, C and MAI)
- Comprehensive Plan

The Options

State and/or local jurisdictions (municipalities) had the option to submit a(n):

- Integrated state/city prevention and care plan to CDC and HRSA;
- Integrated state only prevention and care plan to CDC and HRSA:
- Integrated city-only prevention and care plan to CDC and HRSA;
- City-only plan to CDC; or a
- City –only plan to HRSA

The Integrated Plan Guidance strongly recommended submission of plans that integrate prevention and care, and encourages Part A and Part B and CDC prevention Grant recipients to submit a single State Plan

- We chose the option to complete the integrated state/city prevention and care plan

The Beginning
What was Happening at the Start

What was currently happening in the jurisdiction:

- Each of the Planning Bodies created plans relative to their individual group's duties and responsibilities, with input from the other groups and both Grantees
- The Part A , C and MAI programs participated in the Statewide Coordinated Statement of Need under the guidance of the Part B Program
- The Part B and Part F recipients participated in the creation of the Part A and C Comprehensive Plan
- The CPG Jurisdictional Plan was developed by the CPG with representation from the various Planning Bodies through membership on the CPG
- Part A, B, C and MAI were active participants in the Part F site visits

At the Start

- Both of the Grantees were represented on all three of the Planning Bodies
- Community members and Planning Body members served on multiple Planning Bodies as well
- There has been a long history of a good working relationship and cooperation between the Grantees
- Members of the Planning Bodies were not completely clear on the purpose, roles and/or responsibilities of all three Planning Bodies

Integrated Pre-planning Process: Planning for the Initial Meeting

The Consultants and Pre-Planning

- Their importance to the entire process cannot be overstated
- Part B received TA from HRSA to assist in the development of the Plan
- Fortunate to be able to work with Emily Gantz-McKay and Hila Berl
- The initial pre-planning meeting
- Materials gathered
- A plan to begin the process was established
- The initial meeting (January 12, 2016)

The Initial Meeting

- A Planning session was held on January 12, 2016
- Participants included senior Part A and Part B staff and the leaders of the three Planning Bodies, the HIV Prevention Community Planning Group (CPG), Part B Comprehensive HIV Services Planning and Advisory Council (CHSPAC), and Indianapolis TGA (Transitional Grant Area) Ryan White Part A Planning Council (PC)
- Two consultants under contract to the HIV/AIDS Bureau through the Ryan White Technical Assistance Contract (TAC) provided assistance

The Initial Meeting

- The Consultants walked everyone through the process
  - Defining the sections of the Integrated Plan
  - Determination made to move forward with one Plan
- Letter of Collaboration
- Work Plan Chart Established
- Defined Leadership
  - Steering Committee
- Defined Work Groups for project completion
- Planning a training for all Planning Body Members and Grantee Staff
- What data would need to be distributed prior to the training
  -What was currently available
  -What will be needed
- What should be the focus of the training

Pre-Planning: After the Initial Meeting

After the initial meeting:

- Presentations were give to all three Planning Bodies
  - To sell the importance of the Plan
  - To introduce the process
  - To introduce the work groups and solicit members for each of the groups
  - To introduce and invite all members to the March training
  - The decision of all 3 Planning Bodies to utilize their individual committees to focus on the Integrated Plan
- Prior to the full training there were two pre-meetings held to prepare for the training
  - Meeting with staff that would be working directly with the workgroups and Steering Committee
  - Meeting with the Steering Committee

The Letter of Collaboration Developed

Purpose of this Letter: To describe the scope and process for collaboration between the HIV Prevention and Ryan White Part B Programs at the Indiana State Department of Health (ISDH), and the Ryan White Part A HIV Services Program at the Marion County Health and Hospitals Corporation (MCHHC) in the development of an Integrated HIV Prevention and Care Plan (including a Statewide Coordinated Statement of Need) for the State of Indiana.

Time Period Established: The letter covers collaboration from January 19 through December 31, 2016, including development and submission of the Integrated Plan and preparations for its implementation in 2017. The agreement can be updated and extended with the approval of the two parties.

Letter of Collaboration

Expected Impact of Collaboration: The intent of the collaboration is to develop an Integrated Plan that will contribute to:

- Parity in access to HIV services throughout the state
- Reduction in viral load among people living with HIV (PLWH) in Indiana
- Outline of Responsibilities:
  - Establishment of a Steering Committee
  - Active participation in Work Groups
  - Coordination of and participation in training
  - Ongoing leadership, coordination and staff support
  - A delineation of the components of collaboration

The Steering Committee Formed

The lead group in plan development is the Steering Committee (SC) and the members include:

- Part A, B, C and Prevention Grant Recipients
- Two leaders of each planning body – the Chairs/Co-Chairs or other senior leaders
- PLWH
- The SC was supported by staff and consultants including Planning Body support staff and the staff or consultants assigned to help write the Plan
- Planning Bodies were asked to delegate decision making authority about the Plan to their representatives on the SC, to allow for timely Plan development and related decision making
- The SC secured diversification in its membership
- Initial meeting was held on January 26th, 2016

The Work Groups Defined

1. Epidemiology
2. Needs Assessment
3. Financial and Human Resources Inventory
4. Goals and Objectives
5. Monitoring and Evaluation

- All of the Work Groups were composed of Planning Body members and specialists in relevant service areas, included at least one SC member and at least one PLWH
- The Work Groups had responsibility for specific sections of the Plan

Epidemiology Work Group Expectations

- Was comprised of a Grantee staff person, SC member, at least one representative for each Planning Body and PLWH representation
- Responsible for collecting quantitative and qualitative data
- Analysis of that data
- Work with the Needs Assessment and Goals and Objectives Work Groups to formulate narrative based on epidemiologic data to assess needs, gaps and barriers
- Assist in the data identification
- Assist in the writing of the narrative for their section of the Plan

Needs Assessment Work Group Expectations

- Composed of Planning Body members from all 3 Planning Groups
- Specialists in relevant service areas as determined by the needs of the group
- At least one Steering Committee member and have client representation
- Will work with the Epidemiology Work Group, review current (within 3 years) need assessments to assist in the determination of priority needs for the Plan through the identification of needs, gaps and barriers
- Work with ISDH regarding the planning, development, implementation and analysis of the upcoming needs assessment
- Assist in the writing of the narrative for the completed Plan

Financial and Human Resources Inventory Work Group Expectations

- Composed of planning body members from all 3 Planning Groups
- Specialists in relevant service areas as determined by the needs of the group
- At least one Steering Committee member and have client representation
- Worked with the Epidemiology Work Group, review current (within 3 years) needs assessments to assist in the determination of priority needs for the Plan through the identification of needs, gaps and barriers
- Worked with ISDH regarding the planning, development, implementation and analysis of the upcoming needs assessment
- Assist in the writing of the narrative for the completed Plan

Financial and Human Resources Inventory Work Group Expectations Continued

- This also include HIV Workforce Capacity
- HIV Workforce Capacity in the jurisdiction and how it impacts the HIV prevention and care service delivery system: narrative description; requires defining the HIV workforce (e.g., licensed providers, community health workers, paraprofessionals) as applicable to the jurisdiction
- *Best Practice Note:* Regional AIDS Education and Training Centers (AETCs) are expected to assist Part A and B programs with describing HIV workforce capacity

  -How different funding sources interact to ensure continuity of HIV prevention, care, and treatment services in the jurisdiction: narrative description

  -Needed resources and/or services in the jurisdiction that are not being provided, and steps taken to secure them: narrative description
- Assist in the writing of the narrative for the completed Plan

Goals and Objectives Work Group Expectations

- Composed of Planning Body members from all 3 Planning Groups
- Specialists in relevant service areas as determined by the needs of the group
- At least one Steering Committee member and have client representation
- Review of the current goals and objectives from the Part A Comprehensive Plan Update and the SCNS
- Worked with the Needs Assessment and Epidemiology Work Groups to formulate goals and objectives based on the priorities as established by the Steering Committee and overall Planning bodies
- Formulate SMART goals and objectives
- Assist in writing the narrative for their section of the Plan

Monitoring, Improvement and Evaluation Work Group Expectations

- Composed of Planning Body members from all 3 Planning Groups
- Specialists in relevant service areas as determined by the needs of the group
- At least one Steering Committee member and have client representation
- Focus on creating monitoring documents and protocol
- Monitoring the implementation of the Plan
- Assisting with evaluation of QM and QI components of the Plan
- Developing and implementing strategies to use surveillance and program data to assess and improve health outcomes along the HIV Care Continuum

Planning Bodies and Individual Members Participation

- Provide advice to the SC regarding what Work Groups were needed, volunteered to serve on Work Groups, and recommended specialists to serve on Work Groups or otherwise provide input to the Plan
- Attended Work Group meetings to provide input on Plan content, including priority objectives and strategies
- Helped ensure diverse community participation in Plan development
- Identified studies or data to use in Plan development
- Represented in the creation of the Statewide Coordinated Statement of Need (SCSN)
- Received and commented on Plan progress at regular planning body meetings
- Reviewed drafts of Plan sections
- Approved the Plan

The Training

- Was held on March 3rd, 2016
- All three Planning Bodies invited – It was a statewide audience
- 75 attendees
- First time many of the members knew or understood about the Planning Bodies of which they were not a part
- The Goal was to prepare Indiana HIV-related planning bodies, their individual members and staff, and HIV prevention and care program grant recipients to play an active role in the development of an integrated 5-year HIV prevention and care plan for Indiana
- Members of the groups were at varying stages of knowledge about the Plan and the planning process

The Training

- Focused on National Perspective
- Changes in the Epidemic Health System and Financing of Prevention and Care
- NHAS
- Continuum of Care
- Benefits of Joint Planning
- Importance of having Planning Bodies involvement in the Plan Development – and he CDC/DHAP and HRSA/HAB requirement
- A discussion of the Guidance
- The first meeting of the Work Groups
  - Introduction of Roles and Responsibilities
  - Election of Chairs
  - Staff Assigned

After the Training
Ready to Begin the Work

- The overall timeline for the completion of the Plan was disseminated
- Work Groups were formed, chairs elected, and meeting schedules adopted and set and individual time frames for each individual group were agreed upon
- Resources for meetings were made available: physical space as well as availability of conference calling (the responsibilities of the Grantees)
- Current data (within the past 3 years) was made available by the Grantee to provide the Work Groups a starting point, for example:
  - Needs Assessments
  - Epidemiology
  - Human and Financial Resources

The Work Group Process

Groups were to begin working concurrently with the most available data as other data was being prepared:

- Updated Needs Assessment by the Division of HIV/STD/Viral Hepatitis of the Indiana State Department of Health
- Updating the Epidemiologic Profile for the State
- Updating the current programmatic, fiscal and human resource guide
- Creating and completing the Work Force Development component
- MATEC and the Chicago ATEC office

The Work Group Process

- Work Groups met regularly:
  - Weekly
  - Bi-Weekly
  - Face to face
  - Phone Conferencing
  - Minutes were kept at each meeting
  - Membership was documented for each meeting
  - Demographics of membership participation was gathered
  - Staff from the Grantees provided logistic assistance as needed and requested
  - Data used to formulate each section of the Plan was documented
- The progress of each Work Group was presented to each of the Planning Bodies meetings throughout the entire process
- Each of the Planning Bodies participated in the writing of the Plan Narrative.

The Work Group Process

- Upon completion of the responsibilities of each Work Group, the final narrative will be agreed upon by members of that group before being submitted to the Grantees to be included in the final version of the Plan
- Each of the Work Groups will have an opportunity to comment on the overall Plan – the final outcome of the sections will be the responsibility of the Work Group and the Grantees
- To be able to draft the Letter of Concurrence, the Goals and Objectives will be presented to each of the Planning Bodies for consideration and approval
- The Planning Bodies will also be presented with a completed version of the Plan

The Steering Committee Process

- The Steering Committee provided leadership and guidance through the entire process
- The SC, in close consultation with the Consultants, planned the training
- SC Members reported back to their individual Planning Bodies on a regular basis to gain input and solicit feedback
- The SC met either in person or by phone on 4 separate occasions to define and monitor the process and make recommendations
- The SC was responsible for working with the Work Groups to assist with keeping the timeline for completion on track

The Planning Bodies Process

- Their buy-in as to the importance of the process was obtained at an early stage
- They supported the process by volunteering to serve on Work Groups
- They were provided updates at their scheduled meetings
- Goals and objectives were distributed to the Work Groups in early August for consideration and approval
- Letter of Concurrence to be signed by the Chairs and Co-chairs of the individual Planning Bodies.
- A final Presentation will be made at the completion of the Plan development
- All Work Groups will be updated throughout the life of the Plan as to the progress on the goals and objectives and will assist in its updating in subsequent years

The Grantee Process

- Responsible for the development, writing and implementation of the Integrated HIV Prevention and Care Plan for the State of Indiana
- Provided support staff for and participants on the Steering Committee and Work Groups
- Provided logistic and support for the Steering Committee and Work Groups
- ISDH funded and completed the Needs Assessment
- Both Grantees responsible for insuring all of the Work Groups had preliminary data (both quantitative and qualitative) to begin the process and additional data throughout the process as needed
- Both Grantees participated in determining measures and shared methods for obtaining baseline and progress data for Plan monitoring

The Grantee Process

- Both Grantees responsible for the process of ongoing collaboration in the implementation, monitoring and updating of the completed Plan
- Both Grantees continue to work to increase collaboration in other areas, outside of the Integrated Plan
- Both Grantees are responsible for the monitoring of the Plan and updating as needed
- Both Grantees are responsible for keeping all three Planning Bodies informed about the progress of the Plan and involved in its yearly update

The Outcomes

- The process was able to complete the majority of its tasks according to the original timeline
- The Needs Assessment was delayed due the nature of the process – but was very well done and worth the wait
- The following slides represents an outline of what this process was about: The establishment of HIV Prevention and Care Goals and Objectives for the State of Indiana. Each of the strategies have activities in place to produce the desired outcomes.
- The Implementation and Monitoring Plan contains as a part of its total package a tracking tool to be used to keep the Plan moving that established milestones to be accomplished on a quarterly basis. This tool also has the annual targets for each of the goals for the life of the Integrated Plan (5 years).

The Outcome
Goals and Objectives

Goal 1: Reducing new HIV infections

Objective 1: Increase the percentage of people living with HIV who know their serostatus to at least 90% by 2021.

Strategy 1: Reduce barriers associated with HIV testing

Strategy 2: Increase knowledge of HIV, prevention, testing, and care statewide
Strategy 3: Increase the capacity for HIV testing statewide

Objective 2: Reduce the number of new diagnoses by at least 25% by 2021.

Strategy 1: Address the social determinants of health that may play a role in disease transmission

Strategy 2: Increase knowledge and availability of preventative interventions for populations at highest risk and people living with HIV

Strategy 3: Increase knowledge and availability of Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP)

The Outcome
Goals and Objectives

Goal 2: Increasing access to care and improving health outcomes for people living with HIV

Objective 1: Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85% by 2021.

- **Strategy 1:** Increase the number, diversity, and capacity of medical providers who serve PLWH
- **Strategy 2:** Ensure initial healthcare coverage for people newly diagnosed with HIV
- **Strategy 3:** Develop and implement seamless linkage to care processes and programs to serve people who are newly diagnosed with HIV

Objective 2: Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90% by 2021.

- **Strategy 1:** Strengthen HIV case management programming and services
- **Strategy 2:** Ensure continuity of healthcare coverage and access to care for PLWH
- **Strategy 3:** Support the additional medical and social needs of PLWH that will promote retention in HIV medical care

The Outcome
Goals and Objectives

Goal 2: Continued

Objective 3: Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80% by 2021.

- **Strategy 1:** Reduce barriers for PLWH to begin and stay on antiretroviral therapy
- **Strategy 2:** Increase the capacity of medical and other professional stakeholders who serve PLWH to appropriately prescribe and administer ART
- **Strategy 3:** Increase knowledge and availability of support systems that encourage HIV treatment adherence

The Outcome
Goals and Objectives

Goal 3: Reducing HIV-related disparities and health inequities

Objective 1: Reduce disparities in the rate of new diagnoses by at least 15% in the following groups: MSM, African Americans, people who inject drugs, and young adults (20-29) by 2021.

- **Strategy 1:** Reduce HIV-related disparities in communities at high risk for HIV infection
- **Strategy 2:** Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities
- **Strategy 3:** Reduce stigma and eliminate discrimination associated with HIV status

Objective 2: Increase viral suppression to at least 80% among African Americans, young adults (20-29), and people who inject drugs by 2021.

- **Strategy 1:** Implement a variety of strategies to improve viral suppression rates among African Americans living with HIV
- **Strategy 2:** Implement a variety of strategies to improve viral suppression rates among young adults (20-29) living with HIV
- **Strategy 3:** Implement a variety of strategies to improve viral suppression rates among people living with HIV who inject drugs

The Outcome
Goals and Objectives

Goal 4: Achieving a more coordinated response to the HIV epidemic

Objective 1: Increase the coordination and integration of HIV prevention and care services across programs and agencies through 2021.

- **Strategy 1:** Increase the number of patient-centered medical homes that provide bundled medical and supportive care services
- **Strategy 2:** Enhance data integration and sharing across all Ryan White-funded providers, STD/HIV testing sites, and communicable disease programs
- **Strategy 3:** Adopt creative models of care to expand the service delivery capacity of existing medical and social service agencies

Objective 2: Maintain a comprehensive integrated statewide plan for HIV prevention and care by updating the plan on an annual basis through 2021.

- **Strategy 1:** Continue to develop and utilize relevant data sources for effective planning
- **Strategy 2:** Maximize community member and stakeholder engagement in the planning process
- **Strategy 3:** Ensure regular plan development and maintenance processes

The Outcome
Goals and Objectives

Goal 5: Ensuring continued financial and other resources to support HIV service delivery

Objective 1: Maintain stable and diverse funding streams to support HIV prevention and care service delivery through 2021.

- **Strategy 1:** At a minimum, strive to maintain existing funding to support HIV prevention and care efforts across Indiana
- **Strategy 2:** Explore additional funding opportunities to support service delivery
- **Strategy 3:** Develop and maintain partnerships with other funded entities whose resources can help meet needs associated with HIV prevention and care

Objective 2: Increase the fiscal health and stability of agencies providing HIV prevention and care services through 2021.

- **Strategy 1:** Improve the stability of existing HIV prevention and care agencies
- **Strategy 2:** Improve capacity development efforts for new and small organizations to provide HIV prevention and care services
- **Strategy 3:** Ensure appropriate and effective use of financial and other resources

Lessons Learned

- Pre-Planning is significant
- The importance of PLWH involvement at all stages of the process:
  - Committees
  - Planning Bodies
- The importance of utilizing outside consultant/experts to get started
- The importance of Work Groups
- The importance of having a Steering Committee
- The diversity of the Steering Committee was a benefit
- The importance of integrated Work Groups and having Grantee Staff to serve as support
- The importance of the Training for the three Planning Bodies
- The difficult task of constructing the Human and Financial Resources Inventory

Lessons Learned

- The need to improve coordination of data collection/analysis between ISDH and MCPHD epidemiology departments
- The importance of having the three Planning Bodies meet on a yearly basis, at a minimum
- The reluctance of agencies not associated with HIV to reveal their financial data
- That the rural counties, while encouraged by and looking forward to the Integrated Plan, will continue to need support from larger organizations and the Grantees to offer services for HIV prevention and care
- Reinforcement of the fact that there is a severe lack of service providers in rural areas that provide medical and or social support in general, but especially for PLWH

Lessons Learned

- Given the short turn-around time the importance of having weekly face-to-face meetings – not all groups were able to accomplish this
- The significance of a co-lead model in the Work Groups in which one representative from the County and one representative from the State took the lead on writing the goals, objectives, resources, data indicators, and challenges, using a consensus approach for finalization
- The importance of using the Goals and Objectives outlined in the NHAS and tailoring them to be more relevant to the State of Indiana. Again, given the short turn-around time, this approach helped maximize our time and focus the plan on the NHAS and continuum of care.

Lessons Learned

- The importance of having meetings with other Work Groups became clear, especially with the Goals and Objectives and Implementation and Monitoring groups.
  - -The outcome of these meetings was helpful in clarifying roles and responsibilities and allowed for each Work Group to ask questions necessary to move their group forward
  - -Provide more cross over collaborations between Work Groups
- The recognition that each Work Group did not have to reinvent the wheel, but could borrow from other States, EMA's and TGA's
- The use of published research to get started and move forward can be invaluable at the beginning of these processes
- Keep in mind when dealing with State and Local Grantees their individual needs and respecting those differences and working collaborative toward a common goal

Lessons Learned

- Challenging to get a statewide group together for regular meetings
- Teleconferencing works, but is not a substitute for face to face meetings
- Being able to share drafts and documents through googledoc. Allowing for real time edits and for leaving comments for later use or as a refresher to other members
- The problem of being reliant on one group for information that was to be newly created
- The short time frame forced group members to work together and focus on the task at hand – not to get into side conversations
- The frequent meetings and calls kept groups on task and timelines

Lessons Learned

- The process would be more fluid if Work Groups had the time to complete one required section of the Plan at a time rather than working on all sections simultaneously.
  - Epidemiologic profile, needs assessment, goals and objectives and then monitoring and implementation.
- The importance of recognizing and respecting the differences of individuals from differing agencies, methods and mode of thinking and getting beyond individual “stuff” in order to plan with an integrated lens
- Definitions matter. Recognizing the importance of operational definitions and the need to have a set of working definitions to motivate measures and writing

Lessons Learned

- Despite the varying levels of experience of those contributing to the integrated planning process, everyone could be put on the same level because this was a new process that no one had been through before. It proved to humbling to some and empowering to others, but it allowed people at all levels to meaningfully contribute to the process.
- It takes a village or whole state to write a plan and yet it comes down to the people doing the job in the most caring, empathic and cost effective means possible – no plan can tell us “how to do that” but it is a good place to start.

Moving Forward with Collaboration After the Plan

- One of the primary benefits to result from this process is the continued opportunity for ongoing collaborative planning
- Increased information sharing
- The importance of cross representation across Planning Bodies
- Integrated and consistent data collection and analysis
- The opportunity to integrate Planning Bodies (merging)
- The development and maintenance of an integrated and unified system by which to plan for care and prevention
- The working together to expand services throughout the State and the TGA that are non-duplicative – assisting with and sharing of Request for Proposals and Scopes of Work that are consistent

Moving Forward

- Continue working to develop enrollment and re-certification procedures and applications that are uniform
- Continuing to develop the philosophy that prevention and care are inseparable and of their importance in eliminating new HIV infections
- Making sure that there are agenda items at each meeting of the Planning Bodies to provide continued updates
- The development and implementation of common evaluation measures and tools
- Continued support of PLWH and continued inclusion of PLWH in all decision making
- Partnering to design, implement and complete a Statewide Needs Assessment, including those not currently in Ryan White Services

Moving Forward

To keep moving forward we need to acknowledge:

- Agencies are very enthusiastic about the Integrated Plan and what it may mean for expansion of services, especially in rural counties
- Many of our rural counties accept that HIV in an issue in their area and they need to more proactive in educating their communities
- Many of the rural counties were made aware, through this process, of the outcomes that may arise as a result of the Integrated Plan. The message is out there and we need to work together to make sure we make these outcomes a reality.
- The creation and update of the Integrated Plan will help standardize epidemiological methods used to measure disparities and health outcomes throughout the State
- Once the Integrated Plan is published it should increase awareness among providers (medical, pharmaceutical, supportive) of the importance of data collection and reporting for HIV surveillance as well as for prevention and treatment

Questions and Thank Yous

Thank you:

Staff of Division of HIV/STD/Viral Hepatitis – ISDH

Staff the Ryan White/HIV Services Program - MCPHD

HIV Community Prevention Planning Group

Members of Community HIV Services and Advisory Council

Members of the Indianapolis TGA Ryan White Council

Member of the Steering Committee

Members of the Work Groups

Chairs and Co-chairs of the Work Groups

Emily Gantz-McKay

Hila Berl