

Integrating HIV Prevention and Care Plans and Planning: Moving Forward

**Health Resources and Services Administration
HIV/AIDS Bureau**

**Centers for Disease Control and Prevention
Division of HIV/AIDS Prevention**

For the:
2016 National Ryan White Conference on HIV Care and Treatment
August 25, 2016



HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV/AIDS care and treatment for all.

Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people living with HIV/AIDS and their families.



HIV/AIDS Bureau Priorities

- **NHAS 2020/PEPFAR 3.0** - Maximize HRSA HAB expertise and resources to operationalize NHAS 2020 and PEPFAR 3.0.
- **Leadership** - Enhance and lead national and international HIV care and treatment through evidence-informed innovations, policy development, health workforce development, and program implementation.
- **Partnerships** - Enhance and develop strategic domestic and international partnerships internally and externally.
- **Integration** - Integrate HIV prevention, care, and treatment in an evolving healthcare environment.
- **Data Utilization** - Use data from program reporting systems, surveillance, modeling, and other programs, as well as results from evaluation and special projects efforts to target, prioritize, and improve policies, programs, and service delivery.
- **Operations** - Strengthen HAB administrative and programmatic processes through Bureau-wide knowledge management, innovation, and collaboration.

CDC Division of HIV/AIDS Prevention (DHAP) Vision & Mission Statement

Vision

A future free of HIV.

Mission

To promote health and quality of life by preventing HIV infection and reducing HIV-related illness and death in the United States.



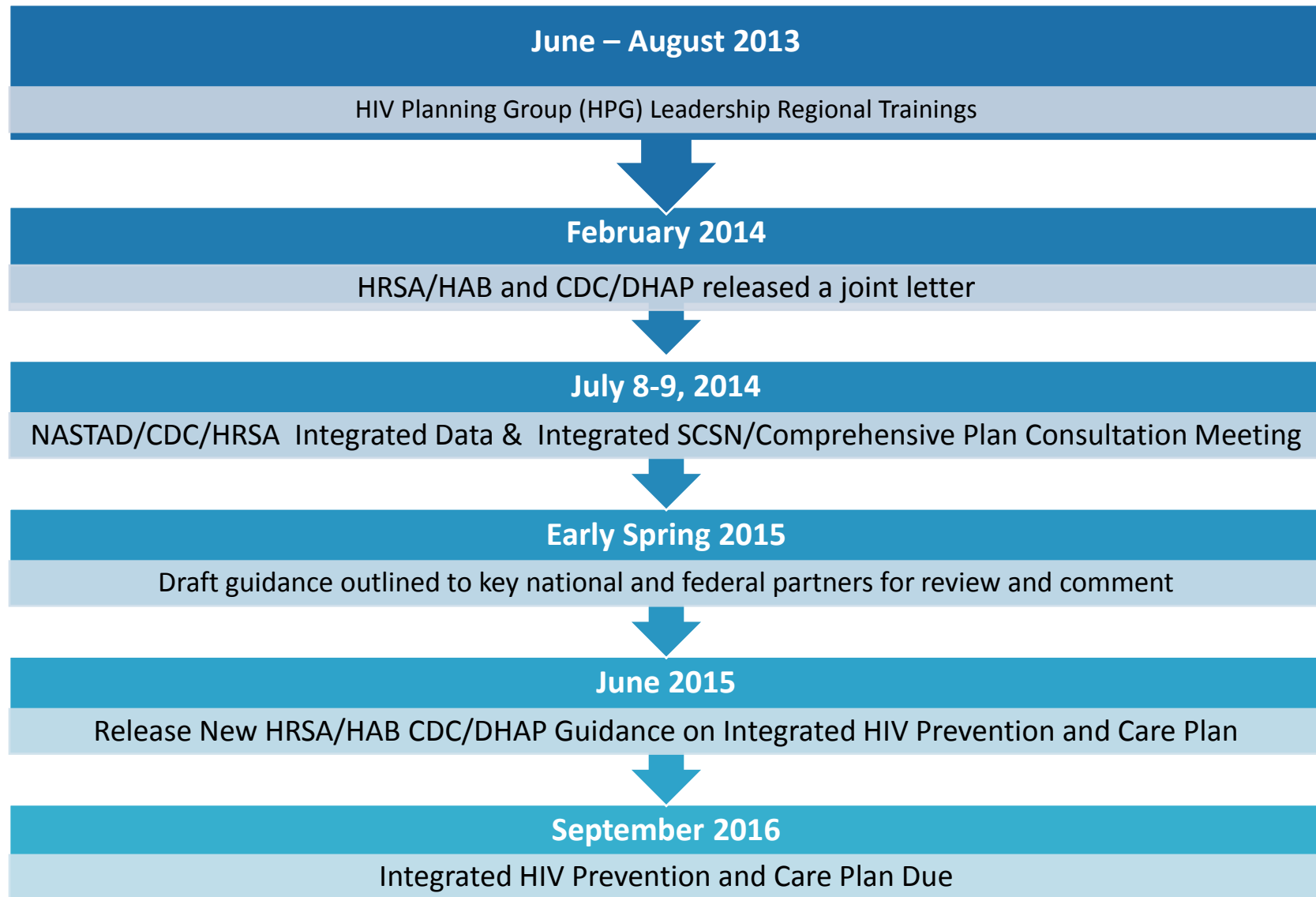
CDC Division of HIV/AIDS Prevention (DHAP)

**Integrated Planning resides in the Office
of the Director (OD).**

**It is an important component of our
“Comprehensive HIV Prevention
Programs for Health Departments,”
Funding Opportunity Announcement
(FOA).**



Overview



What is Integrated HIV Planning?

- Integrated planning is the process by which HIV care and prevention planning groups:
 - Review information about the HIV epidemic in the jurisdiction.
 - Assess needs and service utilization data to inform decisions.
 - Provide recommendations and allocate resources for HIV prevention and care services to address the HIV epidemic.

What is an Integrated HIV Prevention and Care Plan?

- The Integrated HIV Prevention and Care Plan reflects the **community's vision and values** regarding how best to deliver HIV prevention and care services.
- The Integrated HIV Prevention and Care Plan is a **living document** that serves as a jurisdictional HIV/AIDS strategy, or roadmap, for CDC and HRSA grant recipients.

Why an Integrated HIV Prevention and Care Plan?

- **Streamline** communication, coordination, and implementation of needed HIV prevention and care services to improve health outcomes along each stage of the HIV Care Continuum.
- **Reduce** reporting burden for federal recipients.
- **Engage** a broader group of stakeholders in jurisdictional HIV prevention and care planning.
- **Maximize** federal, state, and local HIV prevention and care investments.

Examples of Integrated HIV Prevention and Care Planning Activities

Type of Integrated Planning Activity	Explanation/Example
Information Sharing	Use of presentations, reports, webinars, conference calls, and other activities to inform each planning body about the work of the other.
Cross Representation	One or more members of each planning body also serves as a member of the other body, to facilitate information sharing and collaboration.
Integrated Information Gathering and/or Data Analysis, or Other Joint Projects or Activities	Includes data-based collaboration such as joint needs assessment activities, evaluations, special studies, service-focused roundtables with providers and clients, joint town halls or other consumer input activities, and analysis and discussion of jurisdictional HIV Care Continuum data. Also includes joint service planning and development, funded joint efforts like CAPUS (Care and Prevention in the United States initiative) or activities such as a community testing and linkage to care initiatives.

Examples of Integrated HIV Prevention and Care Planning Activities

Type of Integrated Planning Activity	Explanation/Example
Integrated Prevention and Care Plan	3- or 5-year plan developed jointly that includes both prevention and care and is submitted to both CDC and HRSA/HAB.
Integrated Committee of a Larger Planning Body	Group that carries out collaborative planning tasks covering both prevention and care, includes membership from both prevention and care planning bodies, and is a standing committee of a larger planning body, such as a Ryan White planning council or statewide advisory group or a prevention planning group.
Unified Prevention-Care Planning Body	Single statewide or Part A regional planning body responsible for carrying out both prevention and care planning.

Plan Options for State and Local Jurisdictions:

- 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 prevention plan to CDC
- City-only care plan to HRSA

It is ideal and preferable that an integrated HIV prevention and care plan be submitted to both CDC and HRSA.

Submission & Review Process

- Submit the Integrated HIV Prevention and Care Plan to HRSA and CDC by September 30, 2016.
- HRSA and CDC will conduct a joint review and provide joint feedback as appropriate.



General Review Process for Integrated Plans

- Plans will be submitted to CDC and HRSA on *September 30, 2016* to the following:
 - CDC: PS12-1201@cdc.gov
 - HRSA: Electronic Handbooks (EHB)
- Plans will be dispersed to respective CDC and HRSA Project Officers:
 - Project Officers include: (HRSA Part A, HRSA Part B, HRSA AETC, CDC PPB, and CDC HISCB).
 - CDC/HRSA will disseminated reviewed plans to grantee/recipient.
 - Project Officers will host a joint conference call with the grantee/recipient to discuss reviewed Plan(s).



Key Resources

- **Integrated HIV Prevention and Care Plan, including the SCSN Guidance (CY 2017- 2021)**
<https://careacttarget.org/library/integrated-hiv-prevention-and-care-plan-guidance-including-statewide-coordinated-statement>
- **Integrated HIV Prevention and Care Planning Activities**
<https://careacttarget.org/library/rwhap-cdc-integrated-planning-examples>
- **National HIV/AIDS Strategy Community Action Plan Framework**
<https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-2020-community-action-plan.pdf>
- **Understanding the HIV Care Continuum**
http://www.cdc.gov/hiv/pdf/DHAP_Continuum.pdf

Technical & Capacity Building Assistance

- **Primary Source of TA: CDC and HRSA Project Officers**
 - CDC and HRSA Recipients and HIV Planning Bodies are expected to coordinate technical assistance requests within their jurisdiction with their HIV prevention and surveillance counterparts.
- **CDC and HRSA-funded National TA & CBA Providers**
 - National Alliance of State and Territorial AIDS Directors (NASTAD)
 - Urban Coalition for HIV/AIDS Preventions Services (UCHAPS)
 - Asian Pacific Islander American Health Forum
 - City & County of San Francisco
 - New York City Department of Health
 - JSI Research & Training Institute, Inc. (JSI)

NEW HRSA HAB Technical Assistance Resources

FY 2016 RWHAP Integrated HIV Planning Implementation Cooperative Agreement – JSI Research and Training Institute, Inc.

- **Integrated HIV/AIDS Planning (IHAP) Technical Assistance Center (TAC):**
- **Technical assistance to RWHAP Part A and B recipients and planning bodies to support activities and strategies for integrating HIV planning across prevention and care and treatment service delivery systems.**
- **Support activities related to the CDC/HRSA Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN) submissions.**

Lessons from the Field

- National Alliance of State and Territorial AIDS Directors (NASTAD)
- Urban Coalition for HIV/AIDS Prevention Services (UCHAPS)



Ready to End the Epidemics: State, City, and Community Partnerships and Integrated Planning

A Colorado Perspective

National Ryan White Conference on HIV Care and Treatment
Integrated Planning
August 25, 2016

Melanie Mattson

Colorado Department of Public Health and Environment

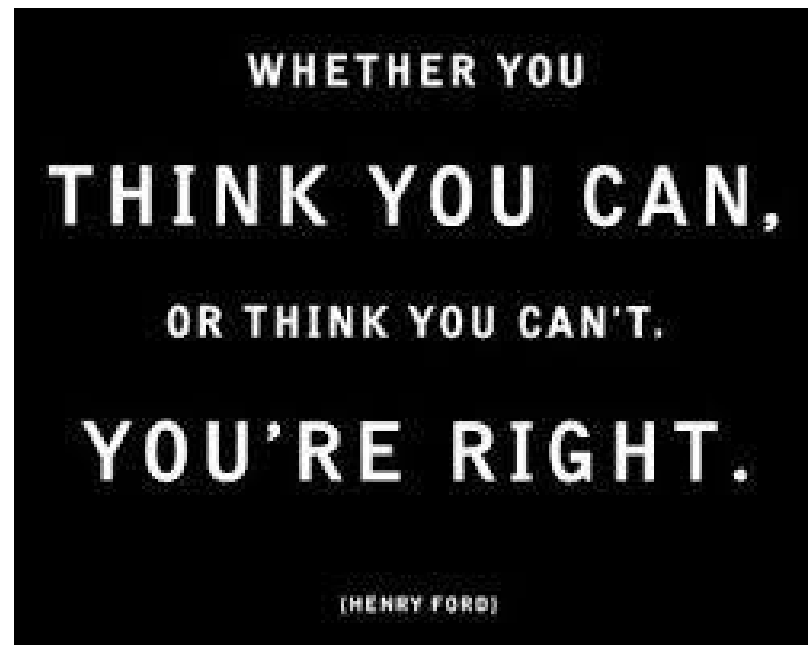
Anthony Stamper

Denver Office of HIV Resources



COLORADO
Department of Public
Health & Environment

Ending the AIDS Epidemic



COLORADO
Department of Public
Health & Environment

Ending the AIDS Epidemic

The Importance Community Engagement and Collaboration



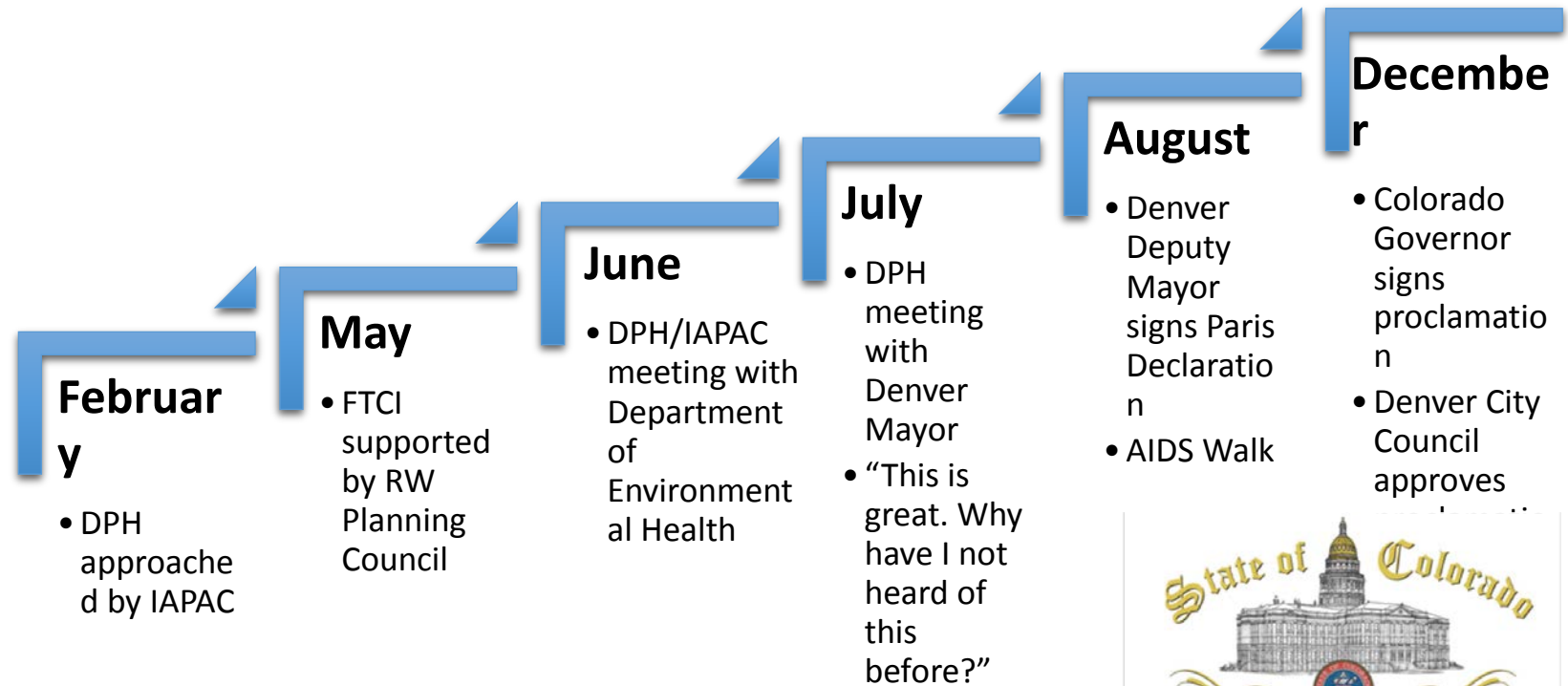
It is Critical to Build Trust Between Government and Community

- Data Sharing Task Force
- The importance of data sharing in relation to our collaboration across CO to end the epidemic
- Senate Bill 146 – STI Modernization – Collaboration with community



Becoming a Fast Track City

2015



State of Proclamation



WHEREAS, since the early 1980s, Colorado, the United States, and the world have been devastated by the loss of life and the impact of AIDS (Acquired Immunodeficiency Syndrome) and HIV (Human Immunodeficiency Virus); and

WHEREAS, we endorse UNAIDS and the City and County of Denver in acknowledging the significance of the 90-90-90 Paris Declaration and issue a call to action for achieving the global milestones of knowledge of HIV status and maximizing the positive health outcomes of HIV treatment which includes viral suppression; and

WHEREAS, we aspire to making Colorado a state that fully responds to the needs of those living with HIV and those at risk of acquiring HIV; and

WHEREAS, we are committed to realizing the goals of the Colorado HIV/AIDS Strategy to end the AIDS epidemic in Colorado, to significantly reduce new HIV infections, and to support people living with HIV in order to live long and productive lives free of stigma by 2020; and

WHEREAS, we want to live in a state where all Coloradans understand that HIV and the related stigma and discrimination affect everyone; and

WHEREAS, on World AIDS Day 2015, we remember those who have lost their lives to AIDS related illness, and honor those living with the daily challenges of HIV, as well as thank those who have dedicated countless hours to compassionate service; and

WHEREAS, Colorado led the nation in establishing the Denver Principles in 1983 and the HIV Care Continuum in 2011;

Therefore, I, John W. Hickenlooper, Governor of the entire State of Colorado, do hereby proclaim, forever after, December 1, 2015, as

WORLD AIDS DAY

in the State of Colorado.



GIVEN under my hand and the Executive Seal of the State of Colorado, this first day of December, 2015

John W. Hickenlooper
John W. Hickenlooper
Governor



Three Key Stakeholder Workgroups

1. PrEP
2. HIV Testing and Counseling
3. Services for Persons Who Inject



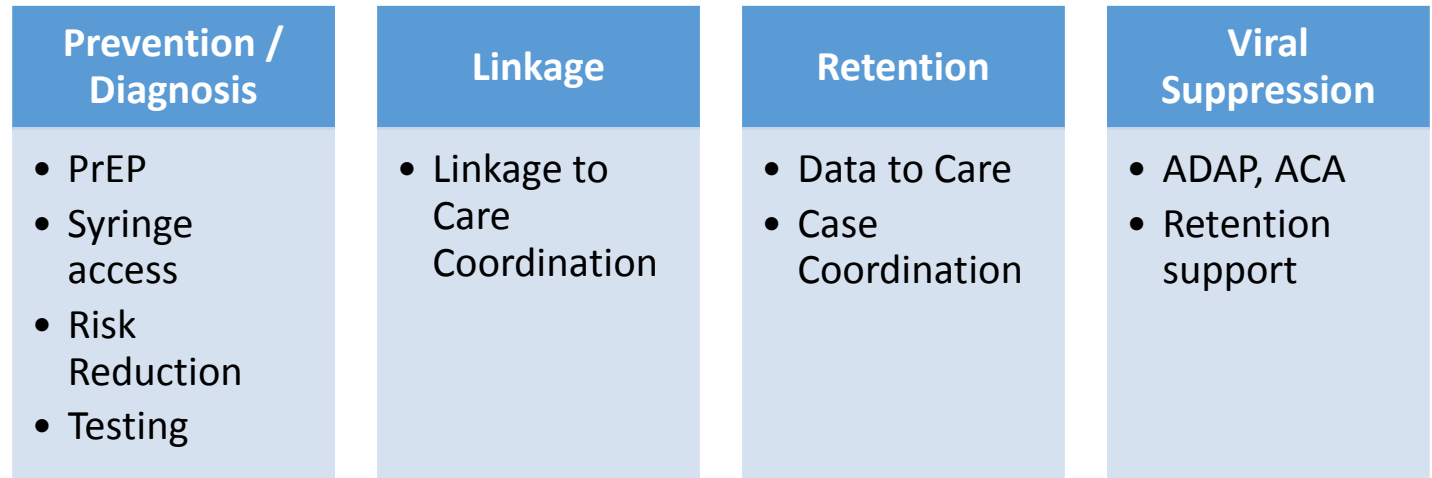
Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need, CY 2017- 2021

**Better known as:
Colorado HIV/AIDS Strategy (COHAS)**



COLORADO
Department of Public
Health & Environment

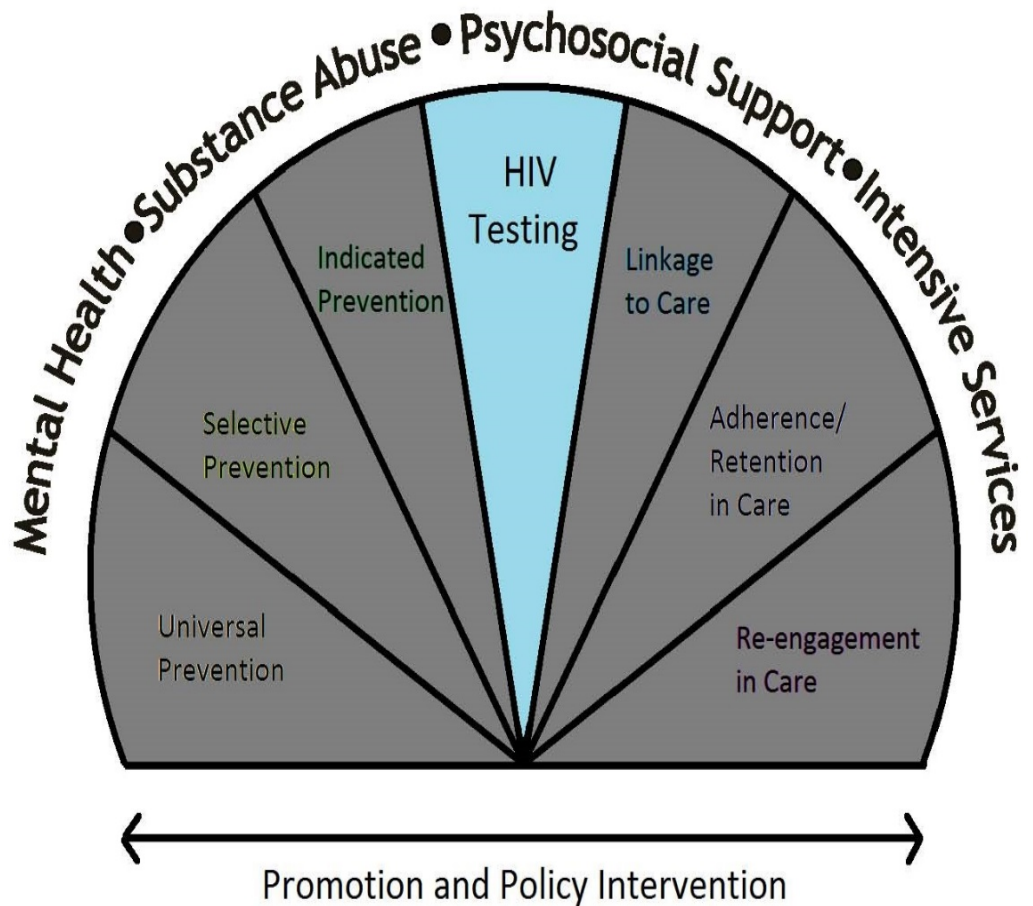
What are we doing to impact the care continuum?



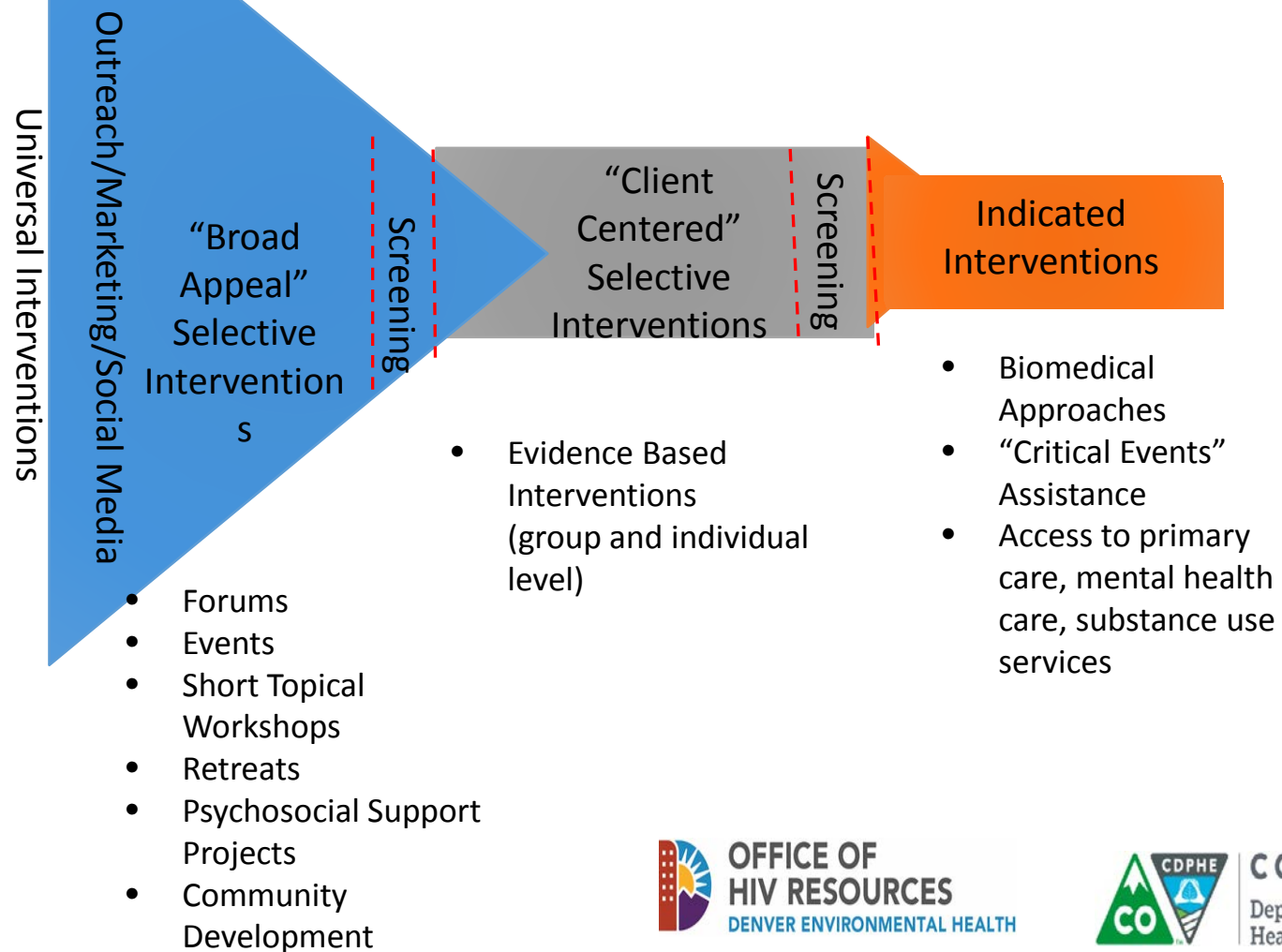
Coordination Monitoring Reporting



Colorado HIV/AIDS Strategy - COHAS



Colorado Prevention Cascade



COLORADO
Department of Public
Health & Environment

Innovations to “Get to Zero”

Integration of Care &
Prevention Programs

Utilizing the infrastructure for
ADAP to implement our PrEP
program

Expansion and Innovation in
the use of DIS, Linkage to Care
and Retention in Care staff

Extending these services to
“all” contracted
agencies....coming soon!



COLORADO
Department of Public
Health & Environment

Innovations to “Get to Zero”

Expanding the role of DIS

PROVIDE RESOURCES AS NECESSARY to ensure successful linkage to care and treatment

Disease Investigation Specialists – immediate linkage to enrollment services in ADAP, Medicaid, and Ryan White \$\$ when a patient has not enrolled in coverage

Linkage to Care – in addition to above, assessment of substance abuse, mental health issues, and access to resources through “Critical Event” pilot (described later)

Retention in Care personnel from State Health & partner agencies reviewing patients who appear to have dropped out of care, again, with \$\$ resources to assist – including housing, inpatient mental health and substance abuse treatment, medical transportation –



Innovations to “Get to Zero”

Utilizing our ADAP Infrastructure

Leveraging our existing healthcare access staff (ADAP), has been an essential part of the success of the new and growing Biomedical Intervention Program.

ADAP staff provide inter-unit collaborative assistance with:

- Colorado Medicaid Enrollment
- Affordable Care Act Marketplace Insurance Enrollment
- Clinical Service and Medication Co-pay Determination
- Existing Plan Interpretation (HMO, PPO, HSA)
- General Financial Barriers & Navigation Guidance



Innovations to “Get to Zero”

Colorado’s Critical Event Initiative

What is a “critical event”?

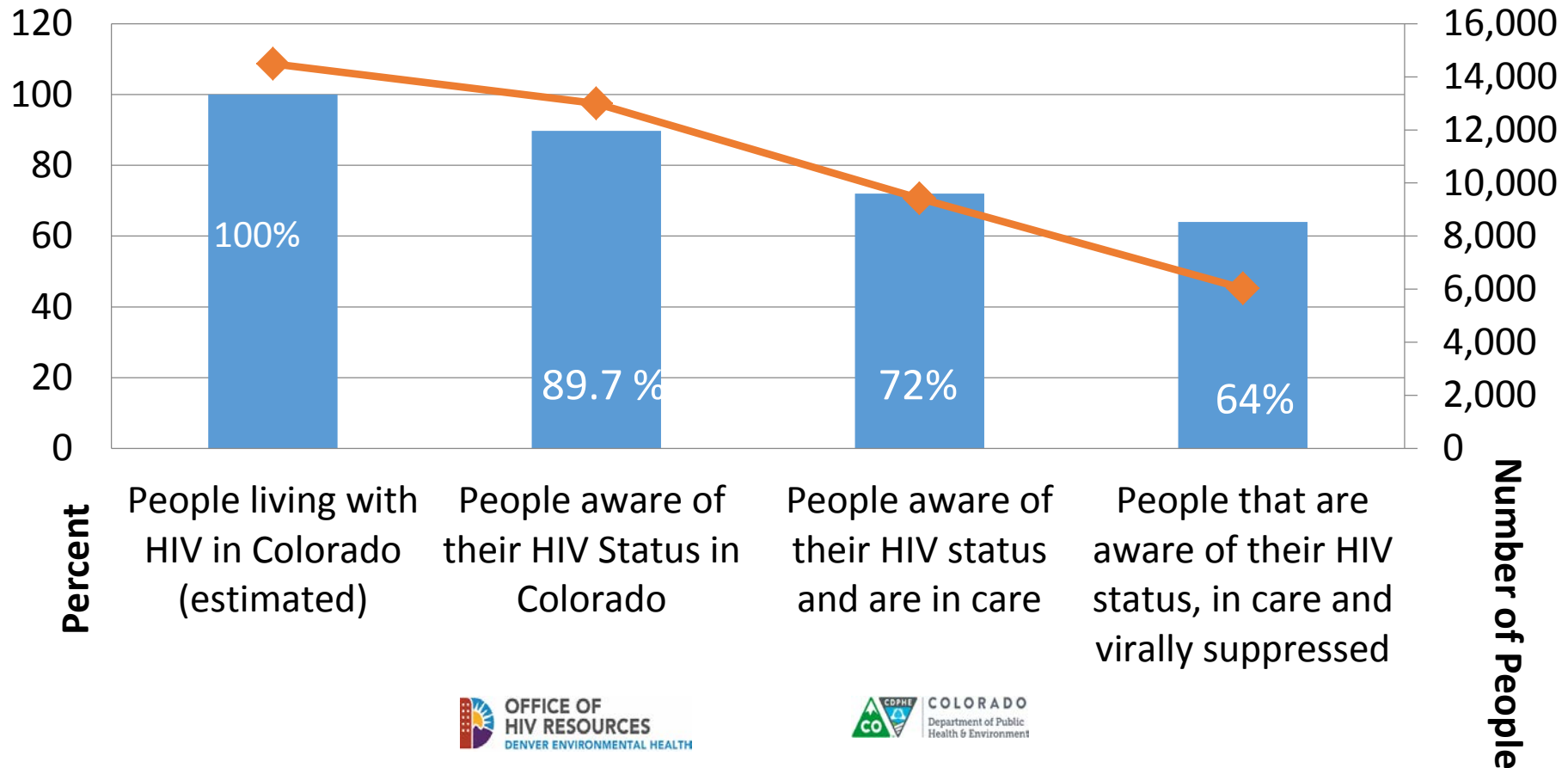
An event that makes it much more likely a client will drop out of medical care or never seek medical care to begin with.

A “marker” for a destabilizing crisis.

A severe challenge to a client who wants to achieve and maintain viral suppression.



HIV Care Continuum, Colorado 2015



CDPHE and the UNAIDS 90-90-90 Strategy

90-90-90



An ambitious treatment target
to help end the AIDS epidemic

UNAIDS

JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

Designed by David Lawal for THE NATION NEWSPAPER

90%

of all



living with HIV will
know their HIV
status

90%

of all



living with HIV will
receive sustained
antiretroviral
therapy

90%

of all



receiving
antiretroviral therapy
will have durable viral
suppression



OFFICE OF
HIV RESOURCES
DENVER ENVIRONMENTAL HEALTH



COLORADO
Department of Public
Health & Environment

An Ambitious Goal

- Yes it is.....
- Is it merely Aspirational or Achievable?



Thank you

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Integrated HIV Planning: Achieving Success in a Complicated Landscape

*2016 National Ryan White Conference on
HIV Care and Treatment*

Dea Varsovczky
August 25, 2016

ABOUT UCHAPS



The Urban Coalition for HIV/AIDS Prevention Services (UCHAPS) is a national collaboration of community partners and health departments dedicated to preventing new HIV infections and reducing health disparities, morbidity, and mortality.

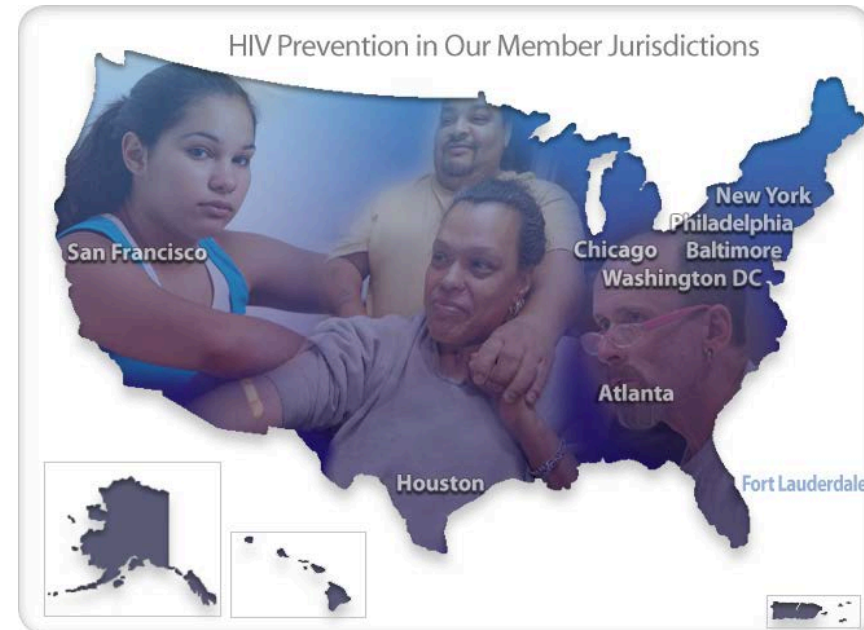
UCHAPS was founded on the community planning model, with membership consisting of health departments and HPGs in jurisdictions directly funded by CDC for HIV Prevention.

UCHAPS member jurisdictions are among the epicenters of the urban HIV epidemic and are often at the forefront of piloting new intervention strategies.

UCHAPS MEMBER JURISDICTIONS

until it's over
AIDS ACTION

- Atlanta
- Baltimore
- Chicago
- Fort Lauderdale
- Houston
- New York City
- Philadelphia
- City and County of San Francisco
- Washington, DC



Integrated Planning: It's Complicated



Jurisdiction	Integrated Planning Body	Expected Plan
Atlanta	No	State/Local/Prev/Care
Baltimore	No	State/Local/Prev/Care*
Chicago	Yes	Local Prev/Care
Ft. Lauderdale	No	Local Prev/Care**
Houston	No	Local Prev/Care
New York City	No	State/Local/Prev/Care
Philadelphia	No	Local Prev/Care
San Francisco	Yes	Local Prev/Care
Washington, DC	No	Prev/Care*

Technical Assistance



Peer to Peer

- Membership Meetings
- Conference Calls
- Mentoring

Sharing of Materials & Resources

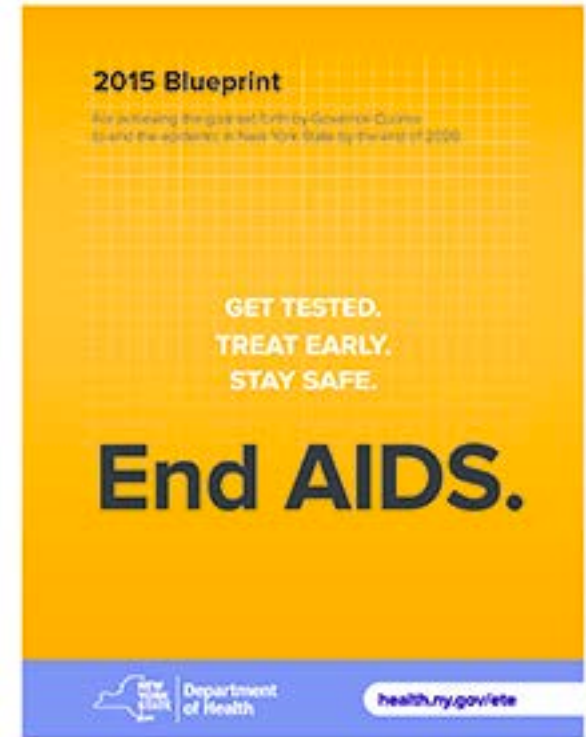
Expert Consultation



HIV Planning 4.0

Frequently Asked Question:

How does the CDC/HRSA HIV planning process inform and support broader planning processes?



Opportunities & Challenges



Plans to End Epidemic

- Broader scope for plans
- New partnerships

Community Engagement

- New models deployed



Phase II Progress Report
Building the Strategy to
End AIDS in Fulton County:
Objectives and Actions

Fulton County Task Force On HIV / AIDS
June 27, 2016

OUR Time Is NOW!

The Future

Operationalizing plans will require:

- Continued coordination across federal agencies
- Deployment of innovative community engagement models
- Flexibility





UCHAPS

Urban Coalition for HIV/AIDS Prevention Services

THANK YOU!

Contact Information:

Dea Varsovczky

Email: dea@uchaps.org

Tel: 202-469-3454

Website: www.uchaps.org



Integrated Planning: Chicago's Experience

Dave Kern
Aug 25th 2016

Overview

- Overview of Chicago's Integrated Planning Group
- Organizing Framework
- Defined
- Value
- Chicago's Framework
- Discussion of Chicago's 2015-2017 Planning Process
- Challenges (real and anticipated)

Chicago Integrated Planning Group

Chicago Area HIV Integrated Services Council

Formed in 2012

Integrated prevention, care and housing

Replaced existing prevention and care planning bodies

Developed first integrated plan in 2014

Geographic coverage dependent on federal designation

Prevention – City of Chicago

Care – Chicago EMA (City + 9 counties)

Housing – Chicago EMSA (City + 6 counties)

Vision: Develop a city-wide plan that identifies and addresses how housing, treatment, substance abuse, mental health and other essential services can prevent HIV infection through suppressed viral load and behavioral interventions.

Chicago Integrated Planning Group

- Chicago Area HIV Integrated Services Council
 - Committees
 - First pass
 - Prevention
 - Care
 - Housing
 - Second pass
 - Primary Prevention and Early Identification
 - Linkage and Retention in Care
 - ART and Viral Suppression
 - Membership and Community Engagement
 - Steering Committee
 - Ad Hoc PSRA and other short-term committees

Chicago Integrated Planning Group

- Until 2016, planning outputs remained siloed
 - CDC prevention priority setting
 - HRSA Priority Setting Resource Allocation (PSRA)
 - No formal housing priority setting process
- January – September 2016, CAHISC adopted a outcome-based planning process
 - Outcomes framework created and adopted
 - Prevention priorities informed by framework
 - PSRA not significantly informed by framework
 - Housing (TBD)
- October 2016 →
 - New integrated planning model

Framework – Defined

\ 'frām-, wərk\ – the basic structure of something; a supporting structure

Framework- Value

- Creates a foundation for setting and achieving goals
- Provides focus on priority strategies and aims
- Limits distractions from outlying priorities (even if they're popular)
- Provides basis for stakeholder engagement to garner buy-in and collective ownership
- Is easily communicated to a range of stakeholders

Framework- Value

- For HIV:
 - Provides a common ground for planning groups and health departments
 - Provides health departments a community-supported roadmap for aligning investments with impact and outcomes
 - Requires HIV prevention and care/treatment to work in tandem to achieve outcomes and impact

Chicago's Planning Framework

- Strive to achieve outcomes that directly influence HIV transmission:

Primary Outcomes:

1. Suppress viral load in all persons living with HIV (PLWH).
2. Increase use of pre-exposure prophylaxis (PrEP) among **gay and bisexual men of all races/ethnicities** and **Black women**.

Secondary Outcomes:

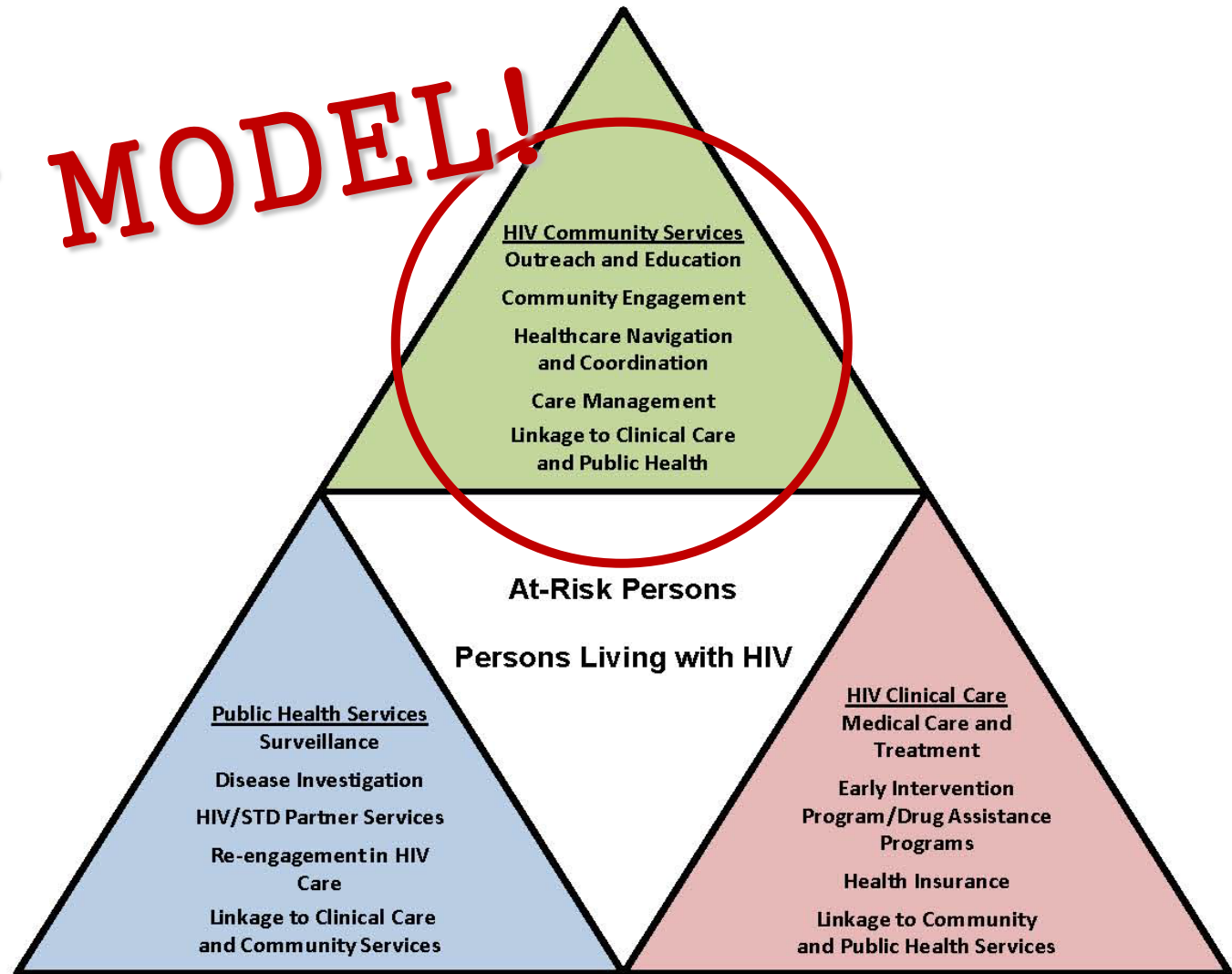
3. Decrease incidence of GC and syphilis among gay and bisexual men of all races/ethnicities and PLWH.
4. Increase use of non-occupational post-exposure prophylaxis (nPEP) among gay and bisexual men of all races/ethnicities.
5. Increase use of condoms among gay and bisexual men of all races/ethnicities, Black women and persons living with HIV.
6. Increase the use of clean needles among persons who use injection drugs.

Chicago's Planning Model

- Our central challenge:
 - **Using current-level resources, how do we rapidly expand the number of customers who achieve viral suppression and achieve sufficient Truvada[®] levels to maintain HIV-negative status (i.e., successful PrEP)?**

Chicago's Planning Model

NEW MODEL!



Chicago's Planning Model

- HIV Community Services connect at-risk people and PLWH to medical, behavioral, and other health-related care.
- Current HIV Community Services include:
 - **Prevention services**, including HIV testing, PrEP promotion, engagement / retention services (including data-to-care), community engagement and mobilization, marketing
 - **Ryan White services**, including early intervention services, outreach, medical and non-medical case management programs, substance use and mental health services
 - **HIV housing services** including facility-based, short-term housing assistance

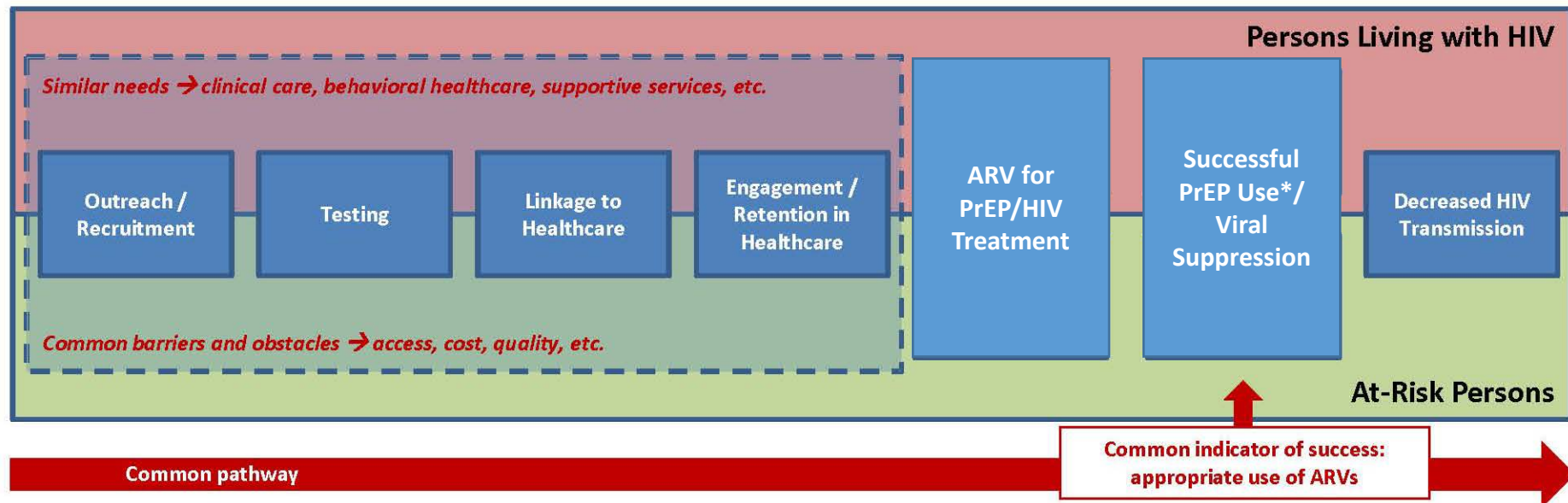
Chicago's Planning Model

Changing perspective:

To support CAHISC's priority framework, including primary outcomes – viral suppression and PrEP – we need to consider interventions and services differently.

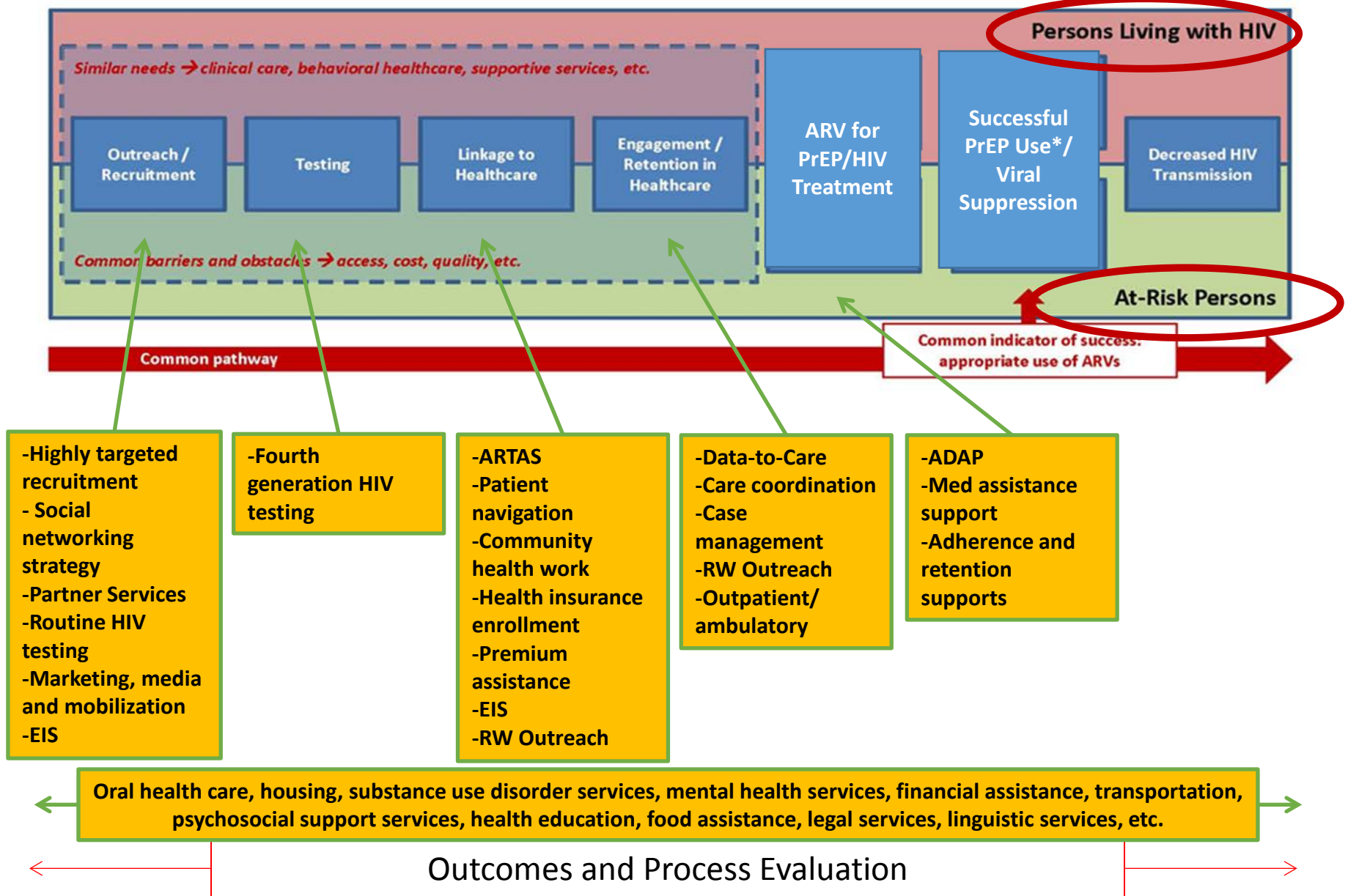
Moving forward, we must prioritize interventions and services that are focused on linking and keeping people connected to the healthcare system. Successful ARV is our goal.

Chicago's Planning Model



NEW MODEL!

*Sufficient concentration of ARV to confer protection



Chicago's Planning Model

Current models	New model
Includes services for HIV- and HIV+	Includes services for HIV- and HIV+
Separates services for HIV- and HIV+	Integrates services for HIV- and HIV+
Funds highly targeted stand-alone services	Funds comprehensive, targeted “bundles” of services
Heavy focus on behavioral and biomedical outcomes	Heavy focus on biomedical outcomes
Limited engagement of healthcare system	Significant engagement of healthcare system

Challenges

- Customers

- Will current and future customers prefer an integrated service delivery model?**

- How do we minimize barriers and obstacles to a high-quality customer experience?

- City support

- What will this new system mean for existing relationships, contractual and otherwise?**

- What potential political mine fields must we navigate?

- Will it cost more?

- What if it doesn't work?

Challenges

- Grantor expectations and requirements
 - **Will federal partners allow us the flexibility to deploy our new outcomes-based model?**
 - Will we be able to meet requirements of our federal grants without giving up too much flexibility?
 - Will federal funders actively support and advise us on how to be successful (vs. telling us NO)?
- CAHISC
 - Will our planning group embrace the details and implications of the model as they begin to surface?
 - **Will they be willing to step back from traditional methods for CDC and HRSA priority setting to embrace true client-level service integration?**

Challenges

- Delegate agencies and sub-recipients
 - Will contractors be willing to embrace the high-level aspirational vision of integration?
 - Will they embrace a laser focus on biomedical outcomes?
 - **Will they support the changes that are necessary at the program and service delivery level, even if they agree with the vision?**
 - Will they be willing and able to participate in systematic coordination of services, at the cost of local autonomy?
 - How will RFPs, contracts, capacity building and administrative support need to change?

Challenges

- HIV/STI Bureau

- How will the Bureau's organizational structure need to evolve to support the new model?
- Will Bureau team members embrace the new structure, roles and responsibilities?
- Will they be willing to learn new and unlearn old ways of doing business to make the new model successful?
- What internal cross-training and support will be necessary to ensure success?

Challenges

- Other partners
 - Will new partners, such as the healthcare delivery systems, be willing to partner with public health to help us achieve our outcomes?
 - **Will healthcare financing be available (and plentiful!) to significantly expand the reach of our new model to move us toward a population-level health impact?**
 - Will healthcare payers be open to providing reimbursement for activities and services historically paid for by public health funds?

**The beginning is the most
important part of the work.
- Plato**



@ChiPublicHealth



/ChicagoPublicHealth



HealthyChicago@CityofChicago.org



www.CityofChicago.org/Health



INTEGRATED HIV/AIDS PLANNING

Technical Assistance Center

PRESENTED AT
Ryan White National Conference
August 25, 2016





STEWART LANDERS: Principal Investigator

MICHELE CLARK: Project Director

JULI POWERS: TA Coordinator

JULIE HOOK: TA Coordinator

MIRA LEVINSON: Evaluator

BISOLA OJIKUTU: Clinical Advisor

PAUL ROHDE: Project Associate

KEY INFORMATION



**3-year
project**

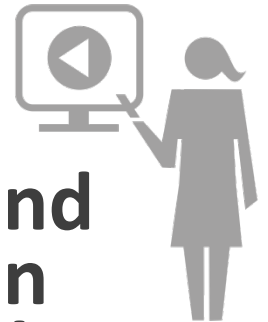
beginning
July 1, 2016

**Supports
Ryan White
HIV/AIDS
Program
Parts A & B**

grant recipients and
their planning bodies

**Will
conduct
virtual and
in-person
technical**

assistance activities



TA RESPONSE 1.

Develop tools and processes to support the HRSA HAB and CDC DHAP review of Integrated HIV Prevention and Care Plans and provide feedback to jurisdictions.

TA RESPONSE 2.

Deliver targeted TA to select jurisdictions implementing integrated planning activities.

TA RESPONSE 3.

**Support peer learning
opportunities across jurisdictions.**

TA RESPONSE 4.

Develop and disseminate strategies, tools, and trainings for RWHAP recipients and planning bodies to identify and support activities to integrate planning across prevention and care and treatment service delivery systems

- **Identify best and promising practices** and existing resources
- **Develop new materials** to meet additional TTA needs
- **Conduct webinars** to address cross-cutting planning and implementation issues

RESOURCE INVENTORY

“Curated” set of documents and tools
(best practices including webinars, case studies, workshops) on a given topic – in this case Integrated HIV Planning and related topics

Can **inform** the integrated planning process, **increase** capacity, **review** best practices, and **improve** your plan.

Live link will be available
to access inventory

RESOURCE INVENTORY: Examples

- Integrated HIV Prevention and Care Plan Guidance, Including the Statewide Coordinated Statement of Need, 2017-2021
- Integrated Guidance for Developing Epidemiologic Profiles
- 2015 Part B Manual
- Integrated HIV Epidemiologic Profiles for HIV Prevention and Care Planning Training
- CDC/HRSA Overview of Integrated HIV Prevention and Care Plan Including the SCSN Guidance
- Integrating HIV/AIDS Community Planning
- Integrated HIV Prevention-Care Planning Activities
- Managing Scarcity: Report on a Statewide Initiative to Build Skills and Enhance Collaboration Among Ryan White HIV Planning Councils in California

KICK-OFF WEBINAR

MONDAY, SEPTEMBER 12

1:00 – 2:00 PM EDT

Answers to your questions about integrated HIV/AIDS planning

Send advance questions to
IHAPTAC@jsi.com

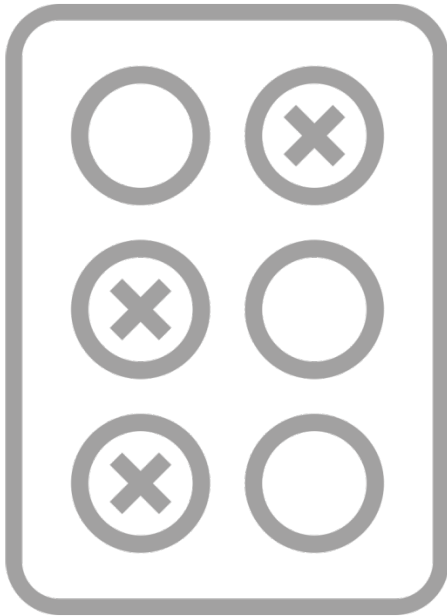
WE WANT TO HEAR FROM YOU!

The IHAP TAC will emphasize:

- Peer learning
- Responding to articulated needs

So we would like to ask a few questions....

DO YOU HAVE A CLICKER?



Do not press any buttons unless we ask you to!

- Before leaving this room...
- Leave it on your chair
- Leave it with one of us
- Place it in a basket by the exit

Polling Q1

In what region of the country is your jurisdiction located?

- a. South
- b. West
- c. Midwest
- d. Northeast

POLLING Q2

What type of plan is your jurisdiction submitting?

- a. **Integrated state/city prevention** and care plan to CDC and HRSA
- b. **Integrated state-only** prevention and care plan to CDC and HRSA
- c. **Integrated city-only** prevention and care plan to CDC and HRSA
- d. **City-only prevention plan to CDC**
- e. **City-only care plan to HRSA**
- f. Other

POLLING Q3

How would you describe the engagement of **people living with HIV or AIDS** in your integrated HIV/AIDS planning process?

- a. Extensive involvement in all aspects of planning
- b. Good participation of PLWH in community stakeholder group
- c. Weak participation of PLWH in community stakeholder group

POLLING Q4

How would you describe the engagement of **people at risk for HIV infection** in your integrated HIV/AIDS planning process?

- a. Extensive involvement in all aspects of planning
- b. Good participation of people at risk for HIV infection in community stakeholder group
- c. Weak participation of people at risk for HIV infection in community stakeholder group

POLLING Q5

Have you involved partners in the integrated HIV/AIDS planning process outside of traditional health related agencies (such as education, corrections, housing)?

- a. Yes
- b. No
- c. Unsure

POLLING Q6

How confident are you that the Integrated HIV/AIDS Plan will be frequently used and/or updated (a living document) within your jurisdiction over the next 5 years?

- a. Extremely confident
- b. Very confident
- c. Somewhat confident
- d. Not at all confident

CONNECT WITH US

Attend our kick-off Webinar on Monday, September 12 at 1:00 PM if you have questions about your Integrated HIV/AIDS Plan

Submit TA requests or request additional information through ihaptac@jsi.com

Join the IHAP TAC mailing list at our booth!

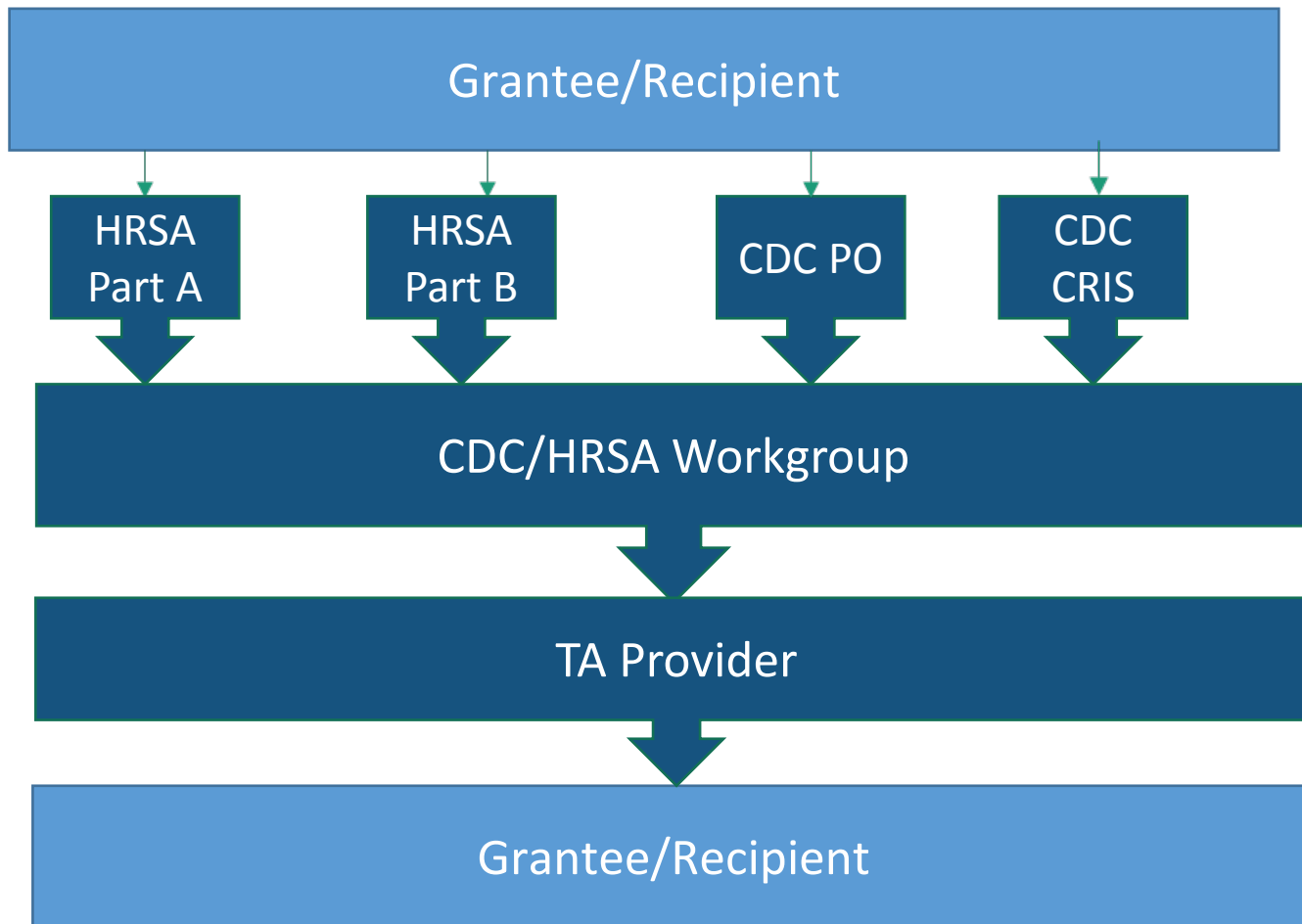
INTEGRATED HIV/AIDS PLANNING

Technical Assistance Center

THANK YOU!



Technical Assistance Communication between CDC and HRSA



Questions & Answers



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