

# After the Plan: Tools for Ongoing Cross-Part/Prevention-Care Collaborative Planning

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**Emily Gantz McKay, MA, *President/Managing  
Director, EGM Consulting, LLC***

**Hila Berl, MA, *Vice President,  
EGM Consulting, LLC***



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# Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Self-assess their RWHAP planning body's current prevention-care and cross-Part collaborative community planning and its readiness for enhanced collaboration
2. Describe at least 2 kinds of enhanced collaborative planning that seem both feasible and desirable for their planning body and program
3. Identify and describe at least 2-3 tools provided in the workshop that can help in continuing and expanding their collaborative prevention-care planning



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# Quick Jurisdictional Self-Assessment

# Introduction of Resource People

# Workshop Background

**You're about to complete an integrated prevention and care plan:**

- For your county/metro area – Part A/Prevention
  - For your State – Part B/Prevention
  - For your State – Part A, Part B, and Prevention
- maybe with HOPWA and/or Hepatitis C or other STDs included

## **NOW WHAT?**

**How do you gain maximum benefit from the experience**, in terms of planning processes that help in meeting NHAS goals and improving performance on all the bars in the HIV Care Continuum?

# More specifically...

- 5-year integrated prevention-care plans are due to HRSA/HAB and CDC Sept. 30
- For many jurisdictions, this will be the first integrated prevention and care plan – for some, an integrated plan was not possible
- HRSA and CDC expect these plans to guide programs and be reviewed and updated regularly
- Collaboration on the plan creates the opportunity for ongoing collaborative planning – between prevention & care and between Part A & Part B
- Many possible levels and types of collaboration exist – related to and apart from the plan
- The right tools and models can support & encourage successful collaboration

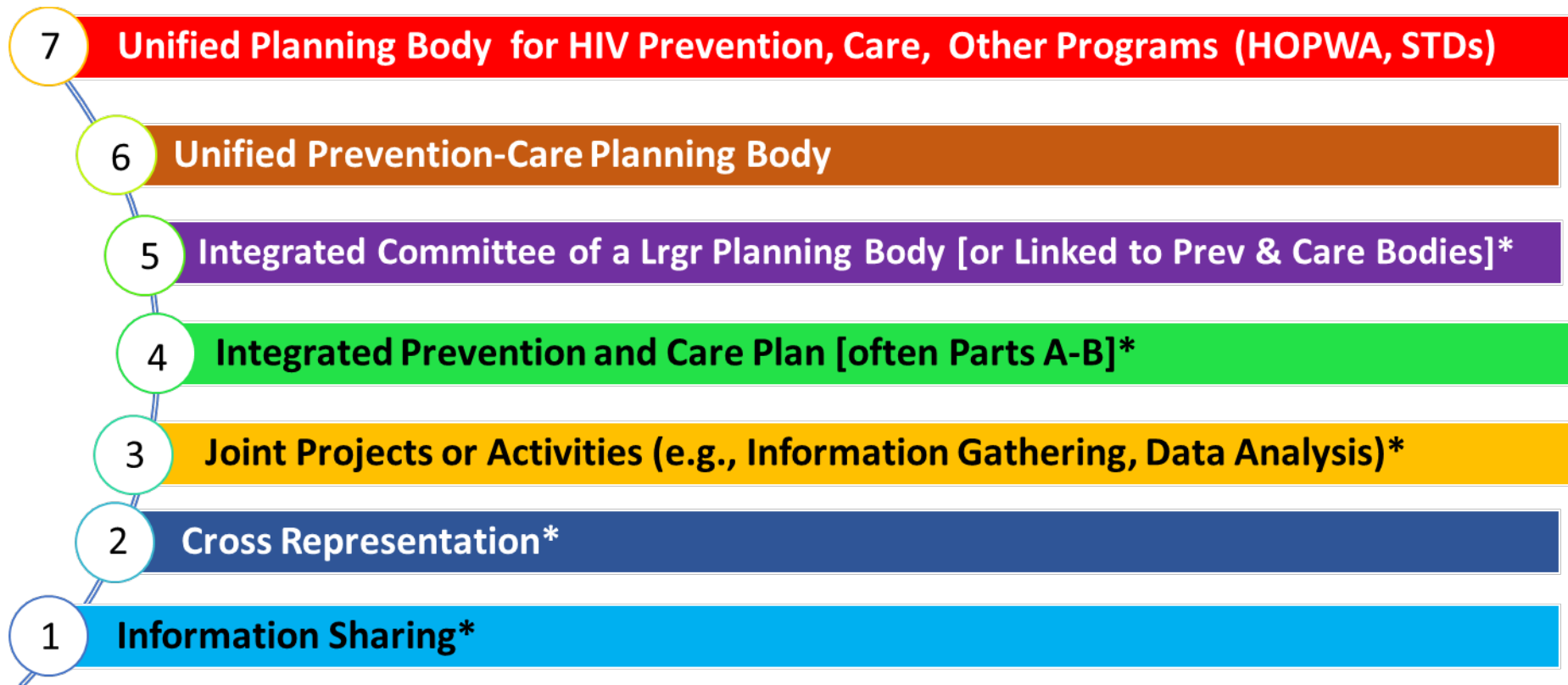


# Focus Areas for Discussion

- Explore Prevention-Care and Cross-Part cooperation/collaboration up to completion of the plan due September 30
- Assess benefits/successes and challenges/limitations of those activities
- Identify success and failure factors – including tools used or not used
- Consider probable cooperation/collaboration post-plan submission
- Identify materials and strategies to support and strengthen cooperation/collaboration
- Provide access to helpful tools for future use

# Types of Prevention-Care Cooperation

[\* = Also Cross-Part Cooperation]



Source: Integrated HIV Prevention-Care Planning Activities, EGM Consulting for HRSA/HAB through the Ryan White Technical Assistance Contract, 2014.

# Information Sharing & Cross Representation

**Basic, essential level of cooperation between prevention and care planning bodies:**

- ***Information sharing:*** Representatives of one planning body attend the meetings of the other, provide updates on their work, and bring information back to their planning body
- ***Cross representation:*** Some shared membership – individuals serving on both bodies – ideally including consumer, service provider, and government representatives

**Value:** Often the first step towards more extensive cooperation/collaboration

# Joint Projects or Activities

- **Development of epidemiologic profile and other epi data**
- **Needs assessment**
- **HIV Care Continuum** – obtaining and analyzing data
- **Service models** – e.g., Early Intervention Services (EIS), linkage to care
- **Special studies** – e.g., stigma, unmet need
- **Other**

***...May involve prevention & care and/or  
Part A & Part B***

# Joint Development of an Integrated Prevention & Care Plan

# Discussion: What is the scope of your plan?

1. Part A and Prevention
2. Part B and Prevention
3. Parts A & B and Prevention
4. Prevention and care PLUS additional programs/services (e.g., HOPWA, STDs)
5. Part A only – Prevention not included
6. Other

# What cooperation/collaboration was occurring between Prevention and Care *before* plan development?

1. Joint needs assessment/information gathering
2. Joint service/model
3. Joint planning committee
4. Unified planning body
5. Information sharing/cross representation
6. Other
7. None

# What did you learn from Integrated Plan Development? Experiences and Lessons



# Success Factors

1. Clearly stated, shared expectations for collaboration
2. An agreed-upon, documented structure and process to guide the collaborative work
3. Agreement on resources – how costs/resources will be shared
4. A realistic work plan with tasks, responsibilities, and timeline
5. Defined leadership and decision making
6. Open meetings and transparent decision making – with use of an outside facilitator where needed
7. Clear staff roles
8. Timely access to needed expertise
9. Mutual trust
10. Promises kept

# Failure Factors

1. Insufficient pre-planning
2. Confusion about roles and responsibilities
3. Poorly defined, poorly documented structure and processes
4. Lack of consumer and community input and engagement
5. Sense of unfair burden on one person or entity
6. Lack of accountability
7. Serious disagreements about goals, objectives, and/or priorities
8. Attempts by one person or entity to control the process or make decisions “behind the scenes”
9. Distrust
10. Deadlines missed

# Assessing your plan development process

- Effort and commitment of resources by each entity/planning body
- Consumer and community engagement
- Inclusive, equitable decision-making process
- Agreement on goals and key objectives
- Equitable/appropriate attention to:
  - Prevention and care
  - Part A and Part B (if both were involved)
- Satisfaction with the plan as a blueprint for the next 5 years
- Other factors

***Overall: What were your key success and failure factors? How would you “rate” your jurisdiction’s joint planning experience?***

# Types of Tools to Support Cooperation

- 1. Written materials the entities develop and mutually accept:**
  - Memorandum of Agreement between planning bodies or programs
  - Written summary of structure and processes, including decision making
  - Work Plan chart, with tasks, responsibilities, deadlines, and notes
  - Content outline of plan or other product/deliverable
- 2. Background materials** from HRSA/HAB, CDC, or other sources that describe the task – e.g., Guidance, “crosswalk” of planning requirements and best practices for HRSA/HAB and for CDC
- 3. Orientation and training** to prepare planning bodies and staff for the task
- 4. Examples/models/best practices** from other programs

# Discussion

- What tools did you use to support cooperative development of the plan?
- What additional tools would have been helpful?

# What happens after the plan is submitted?

# Opportunities for Ongoing Cooperation between Prevention & Care and/or Across Parts

1. Collaboration on plan implementation
2. Joint gathering & review of performance & outcomes data to monitor plan progress
3. Joint review and updating of the plan
4. Joint/collaborative needs assessment
5. Establishment of an ongoing joint planning committee or similar structure
6. Unification of care and prevention planning bodies

***What are your plans for ongoing cooperation/  
collaboration?***

# What Structures and Processes Will You Use for collaboration?

- Continuation of work group(s) or planning committee that developed the plan?
- Establishment of an ongoing integrated planning committee or work group?
- Establishment of an integrated prevention-care planning body?
- Continued use of an existing unified planning body, perhaps with a different operating structure?
- Other?

**Examples:** Fort Lauderdale/Broward County, Chicago, Los Angeles, Memphis, San Francisco, Seattle, IN/Indianapolis, DE



# Integrated Committee linked to both Prevention and Care Planning Bodies

**Example:** Fort Lauderdale/Broward

## **Useful Tools:**

- Written **Process for Shaping the Committee**, including representation of both/all relevant bodies and recipients
- Written **Scope of Activity**, approved by both bodies
- Written **Description of Committee Structure and Operations**, approved by both bodies
- **Language to be added to Bylaws or Operating Procedures** of prevention & care planning bodies, approved/inserted by both
- **Signed Memorandum of Agreement between Recipients** – signed by planning body Chairs and Recipients
- **Orientation and Training** for Committee members
- **Briefing Session** for both planning bodies

# Unified Prevention-Care Planning Body

**Examples:** Chicago, Kansas City, Los Angeles, Memphis, Oakland, San Jose, Minneapolis/MN, San Francisco, DE, PA

## Useful Tools:

- **Community Information and Feedback Plan** for presenting the Plan to the community and obtaining periodic feedback
- **Integrated Plan Implementation Chart** – based on the Work Plan from the plan document
- **Training** for the planning body
- **Training** for committees(s) most involved in implementation and monitoring of plan progress

## For newly unified planning bodies:

- **“Crosswalk”** of prevention and care planning requirements and funder expectations

# Planning Body Addressing Care, Other Programs (e.g., HOPWA, STDs)

## Examples:

- **Memphis:** Prevention Committee
- **Jersey City:** Housing/HOPWA Committee
- **Houston:** Hepatitis C Task Force
- **Los Angeles:** STDs (in Bylaws)

## Useful Tools:

- “Crosswalk” of planning requirements that includes HOPWA, STDs, or other included programs
- If planning body has official responsibilities: calendar of planning and product deadlines for each included program



# Needed Tools

**What tools would help you with your ongoing collaborative work?**

# Scope/Content of Key Tools

**In addition to some examples in this PowerPoint:**

- Examples or outlines of key tools are available:
- As handouts for this session
- Online, at [www.egmc.com](http://www.egmc.com)

# Agenda: Establishing a Structure/Process for Collaboration After Plan Submission

- Reasons for/importance of ongoing collaboration on planning and plan implementation
- HRSA/HAB, CDC, other funder requirements/expectations around planning and the 5-year integrated plan
- Lessons from integrated plan development & other past collaboration
- Options: types/models/strategies for collaborative planning including experiences of other jurisdictions
- Agreement on preferred option
- Development of scope, products, operating principles, structure, membership for chosen model
- Orientation, training, and staff support needs
- Implementation plan and timeline

# Content for a Description of Joint Committee Structure & Operations

- **Scope of activity, including limits** (what committee will NOT do) – e.g., standing committee responsible for ensuring coordinated implementation of the integrated plan & quarterly review of progress based on performance and outcome measures
- **Accountability/reporting** – e.g., reports to the Executive Committees of both bodies
- **Membership** – size, composition, terms, selection (e.g., half selected by each body), consumers, recipient representation, attendance requirements
- **Discussion and decision-making** – e.g., *Robert's Rules of Order Simplified*, voting vs. consensus, recommendations to both bodies versus “final” decisions
- **Staffing and resources** – e.g., level of support, who pays for what

# Content for a Memorandum of Agreement on Cooperative Planning

- Purpose and Expected Impact of the MOA
- Time Period
- Scope of Collaboration
- Specific Tasks/Responsibilities of Each Party
- Identification of and Plans for Addressing Expected Challenges
- Cost Sharing Plan
- Managing Disagreements
- Approval



# Sample Agenda for Planning Body Training on Collaborative Planning

- What is collaborative HIV prevention and care planning?
- Importance of collaboration between prevention & care in the context of NHAS goals, the HIV Care Continuum, and a changing service landscape
- “Crosswalk” of funder requirements & expectations
- Review and small-group assessment of joint work on the integrated plan
- Perceived barriers and benefits of continued collaboration
- Plans for ongoing collaboration
- Roles/responsibilities of planning body members & committees
- Review of your 5-year plan goals, objectives, & workplan and monitoring process
- Small-group development of plans for specific committees

# Tools for Sharing

**What tools have you developed that other planning bodies could use?**

# Contact Information

**Emily Gantz McKay**

[Emily@egmc-dc.com](mailto:Emily@egmc-dc.com)

**Hila Berl**

[Hila@egmc-dc.com](mailto:Hila@egmc-dc.com)

Workshop materials available online at

[www.egmc-dc.com](http://www.egmc-dc.com)