



Integrated HIV Prevention and Care Planning

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Amy Griffin, Project Officer
HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People



Integrated HIV Prevention and Care Planning

- Overview of Integrated HIV Prevention and Care Planning
 - Speakers: Julie Hook and Juli Powers
- Integrated HIV Prevention and Care Activities
 - Speakers: Julie Hook and Juli Powers
- Integrated HIV Prevention and Care Plan (IP) 2.0
 - Speaker: Amy Griffin

Learning Objective

- Participants will gain an understanding of what an integrated plan is, components of the plan, and models of integrated planning bodies

Overview of Integrated Planning



Integrated HIV/AIDS Planning and Resource Allocation Cooperative Agreement

Julie Hook, Project Director

Juli Powers, Training and Technical Assistance Lead



INTEGRATED HIV/AIDS PLANNING
TECHNICAL ASSISTANCE CENTER



About the IHAP TAC

SUPPORTS

Ryan White HIV/AIDS
Program Parts A & B
recipients and
planning bodies



CONDUCTS

national and targeted
training and technical
assistance activities



FOCUSES

on integrated planning
including implementation
and monitoring of
Integrated HIV
Prevention and
Care Plans



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CDC and HRSA's Alignment of Goals and Expectations Facilitates Integration

- Integrated HIV Prevention and Care Plan Guidance, including Statewide Coordinated Statement of Need (SCSN) released in 2015 for 2017-2021 Integrated HIV Prevention and Care Plans
- Integrated Plan is a **living document** serving as a roadmap to guide each jurisdiction's HIV prevention and care service planning throughout the year
- An underlying goal of integrated planning is to better leverage resources and improve **efficiency and coordination** of HIV prevention and care service delivery

National HIV/AIDS Strategy: 2020 Goals

Four primary goals

1. Reduce new HIV infections
2. Increase access to care and optimize health outcomes for people living with HIV (PLWH)
3. Reduce HIV-related health disparities and health inequities
4. **Achieve a more coordinated national response to the HIV epidemic**
 - a. **Increase the coordination of HIV programs across the Federal Government and between federal agencies and state, territorial, tribal, and local governments**

<https://www.hiv.gov/federal-response/national-hiv-aids-strategy/nhas-update>

Development of Integrated Plans

- Each HRSA RWHAP Parts A and B and CDC prevention -funded jurisdiction to participate in the completion and submission of an Integrated HIV Prevention and Care Plan
 - Health departments and HIV planning groups responsible for development
- Guidance provided by HRSA and CDC detailed what content was required to be included in the plan
 - SMART objectives, activities, strategies, responsible parties, plans for monitoring and improvement
- Jurisdictions had the option to submit various types of plans

Types of 2017-2021 Integrated Plans Submitted

Type of Integrated HIV Prevention and Care Plan (All plans include both prevention and care)	#	%
Total, Integrated RWHAP Part B-only Plans	37	46%
RWHAP Part B only (no RWHAP Part A recipients in state)	29	
RWHAP Part B only (RWHAP Part A recipients submitted separately)	8	
Total, Integrated RWHAP Part A-only Plans	22	26%
RWHAP Part A only – EMAs	13	
RWHAP Part A only - TGAs	9	
Total, Integrated RWHAP Part A/Part B Plans	22	28%
Total Plans Submitted	81	

Integrated HIV Prevention and Care Plans

Section 1: Statewide Coordinated Statement of Need (SCSN)/Needs Assessment

- Epidemiologic overview
- HIV Care Continuum
- Financial and human resources inventory
- Assessing needs, gaps, and barriers
- Data: access, sources and systems

Section 2: Integrated HIV Prevention and Care Plan

- Integrated HIV Prevention and Care Plan
- Collaborations, Partnerships and Stakeholder Involvement
- People with HIV and community engagement

Section 3: Monitoring and Improvement Plan

Section 1: SCSN/Needs Assessment

Epidemiologic Overview

- Description of **burden of HIV** in the population
- **Understanding the populations affected by HIV provides** the basis to set priorities, identify interventions and services, allocate HIV prevention and care resources, evaluate programs and policies

HRSA guidance requires jurisdictions to:

- Describe geographic region
- Demographics/SES of people with HIV and those at risk for HIV
- Burden of HIV
- Indicators for risk of infection

Section 1: SCSN/Needs Assessment

HIV Care Continuum

- Framework of stages a person with HIV engages from initial diagnosis through viral suppression
- Used to **identify issues and opportunities** to improve delivery of services to people with HIV and those at risk

HRSA guidance requires jurisdictions to:

- Overall HIV care continuum of jurisdiction
- Disparities in engagement among key populations
- Use HIV care continuum to plan, prioritize, and monitor services



Section 1: SCSN/Needs Assessment: Financial and Human Resource Inventory

Used for **identifying available financial and human resources** to meet the HIV prevention, care, and treatment needs of its population as well as **resource gaps**.

HRSA guidance requires jurisdictions to:

- Describe all funding sources for HIV prevention and treatment and related services (e.g. HOPWA)
- Define the current HIV workforce and current workforce capacity
- Describe how current capacity impacts the HIV service delivery system and where gaps are

Section 1: SCSN/Needs Assessment: Needs, Barriers, and Gaps

Used for **identifying gaps in HIV preventions and care services and barriers to services** for people with HIV and those at risk for HIV

HRSA guidance requires jurisdictions to:

- Describe HIV prevention and care service needs
- Describe service gaps
- Describe barriers to accessing services

Section 2: Integrated HIV Prevention and Care Plans

Blueprint for achieving **HIV** prevention, care, and treatment goals that align with the **NHAS** goals and address needs identified in **SCSN**

HRSA guidance requires jurisdictions to outline:

- Goals
- Objectives
- Strategies
 - Activities
 - Population of Focus
 - Responsibility/Resources
 - Metrics
 - Timelines

Section 2: Integrated HIV Prevention and Care Plans

Stakeholder Collaboration and Community Engagement

- HIV Planning and Community Input
 - HRSA and CDC require HIV planning processes that involve community stakeholders
 - Community stakeholders include people with HIV, vulnerable populations, HIV service providers and others affected by HIV
 - Goal of community involvement is to enhance coordination, collaboration, and seamless access to prevention, care, and treatment services

Benefits of Stakeholder and Community Engagement

- Amplifies needs of the community to prioritize services
- Drives innovation
- Ensures HIV services are delivered in collaboration with community stakeholders
- Increases responsiveness and effectiveness of HIV service delivery
- Facilitates streamlined policy and program development
- Encourages ongoing open and transparent lines of communication and feedback

Section 3: Monitoring and Improvement

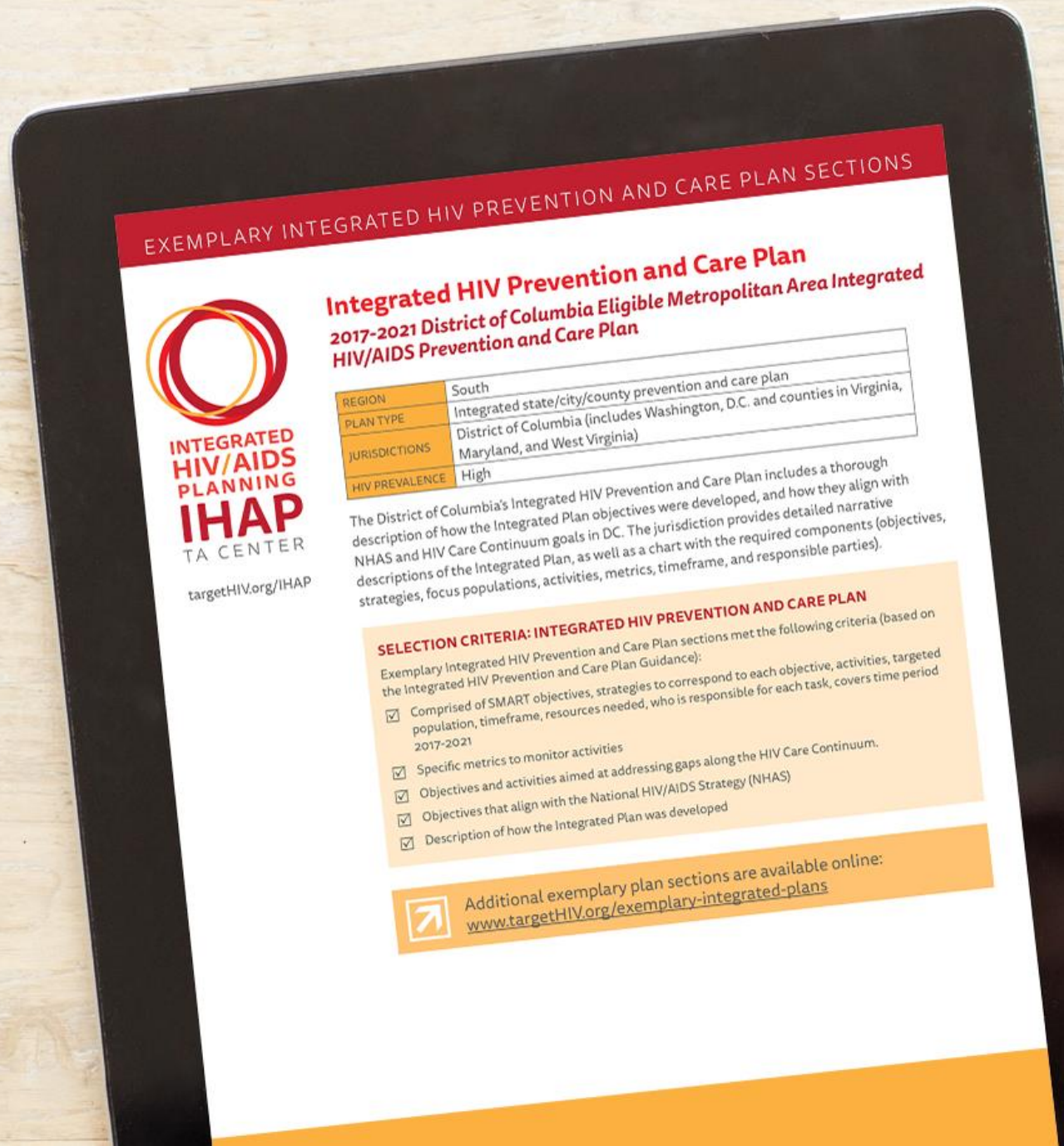
Assist recipients and their planning bodies with measuring progress towards goals and strategies and analyzing information to inform ongoing decision making to improve **HIV preventions, care, and treatment efforts.**

HRSA guidance requires jurisdictions to outline:

- Process for updating planning bodies and other stakeholders on plan activities, and soliciting feedback
- Process to monitor and evaluate plan activities
- Use of surveillance and program data to assess and improve health outcomes along the HIV care continuum

Resource: Exemplary Plans

- Inventory of strong responses to joint CDC/HRSA guidance
- Not exhaustive!
- Inform and guide future development or revision of Integrated HIV Prevention and Care Plans
- 161 Plan sections reviewed
- 34 sections highlighted



Integrated HIV Prevention & Care Planning Activities



Current State of Integrated Planning

- 38 states and Washington D.C. now have integrated prevention and care statewide planning bodies
- More than 25% of RWHAP Part A EMA/TGA jurisdictions have integrated prevention and care PC/PBs

Rationale for Integrating Planning Activities

- Reduce reporting burden and duplicative efforts by recipients
- Streamline the work of health department staff and HIV planning groups
- Promote collaboration and coordination in the use of data for prevention and care program planning, resource allocation, evaluation, and continuous quality improvement efforts

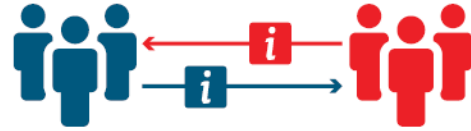
Integrated Planning & the HIV Care Continuum

- Integrated planning allows jurisdictions to engage in planning activities with a 'treatment as prevention' philosophy
- Promotes a more coordinated and comprehensive response to the epidemic in jurisdictions
 - Integrated planning can address the entire continuum from diagnosis to linkage to care to viral suppression

Types and Levels of Integration

- Jurisdictions have different options available when deciding to undertake integration of prevention and care planning
 - A fully unified or merged prevention and care planning body is *not* 1) feasible for all jurisdictions or 2) the only ideal approach to integrated planning
- Jurisdictions are encouraged to explore different types and levels of integration
 - Determine which model will best suit unique needs of each jurisdiction
 - Integration is an ongoing process and level of integration can be intensified over time – no need to rush the process!

Information Sharing



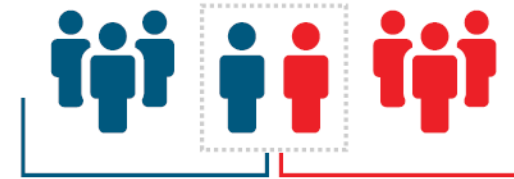
Cross-Representation



Integrated Information Gathering and/or Analysis



Integrated Committee of a Larger Planning Body

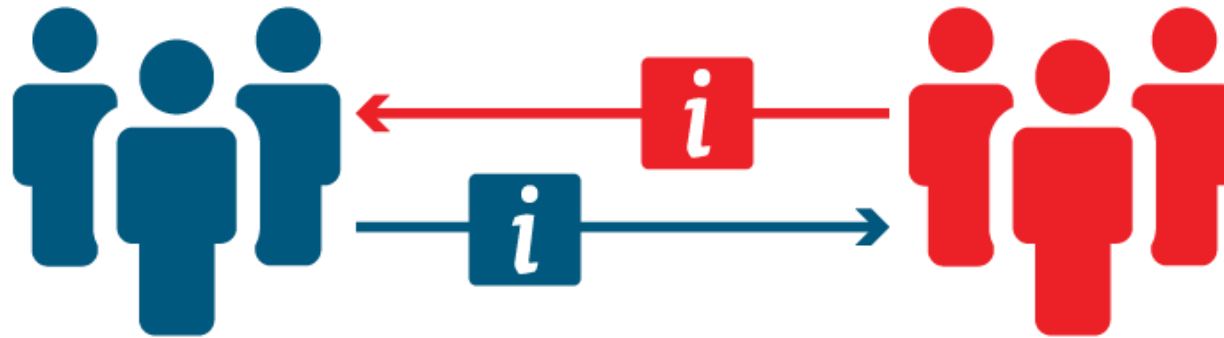


Unified Prevention and Care Planning Body



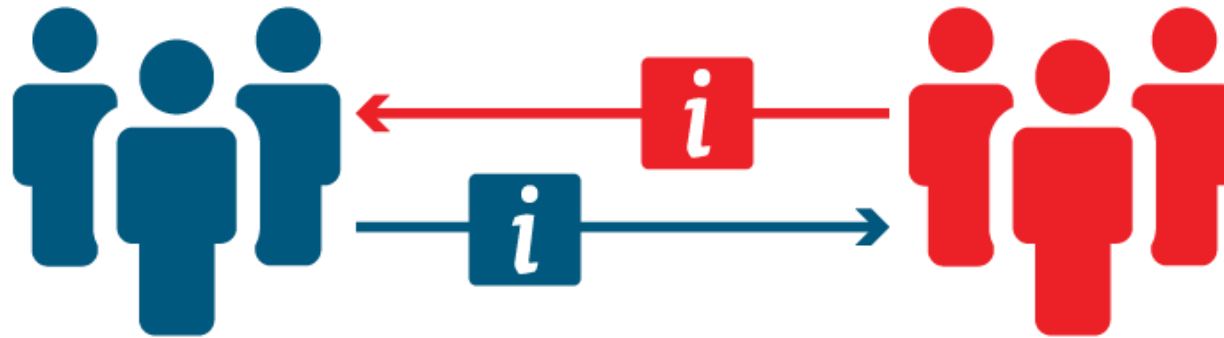
1. Information Sharing

Each planning body informs the other of their work using presentations, reports, webinars, conference calls, and other communication activities.



Information Sharing: In Action!

A representative from local HPG attends Part A PC/PB meeting and provides reports on issues impacting HIV prevention services statewide and nationally.



2. Cross-representation

One or more members of each planning body serve as members of the other body.



Cross-representation: In Action!

An HPG representative serves as a member of the RWHAP Part A PC/PB.



3. Integrated Information Gathering and/or Data Analysis

Care and prevention planning bodies engage in data-based collaboration through joint activities:

- Needs assessment activities
- Evaluations
- Consumer input activities (e.g. town-halls, roundtables)
- Analysis of jurisdictional HIV Care Continuum data
- Service planning and strategy development

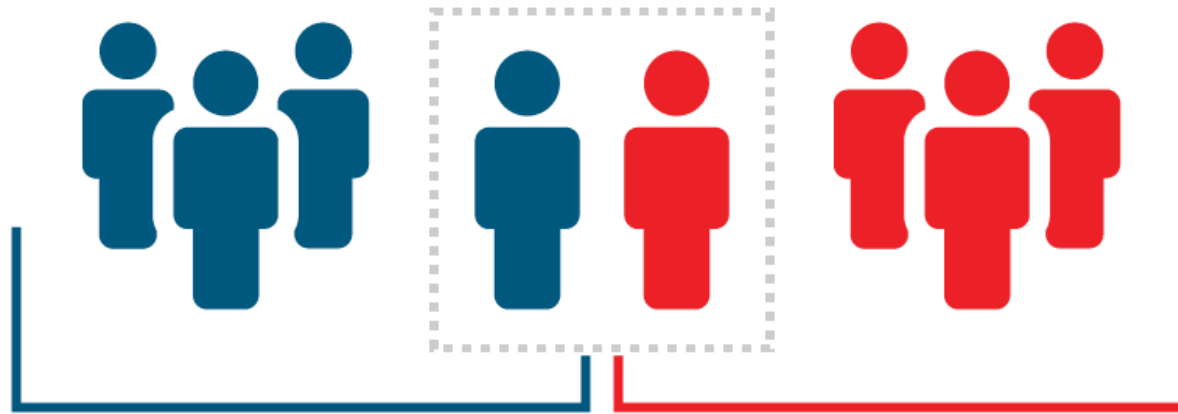


Integrated Information Gathering: In Action!

- A joint workgroup with prevention and care representatives designs and implements needs assessment and develops epidemiological profile for both the state and the RWHAP Part A jurisdiction
- HPG participates in development of RWHAP Statewide Coordinated Statement of Need
- In 2018, the Ohio RWHAP Part A and Part B programs and the Ohio Department of Health HIV Prevention program began to conduct a multi-year joint statewide needs assessment targeting Ohioans at-risk for HIV infection and individuals with HIV

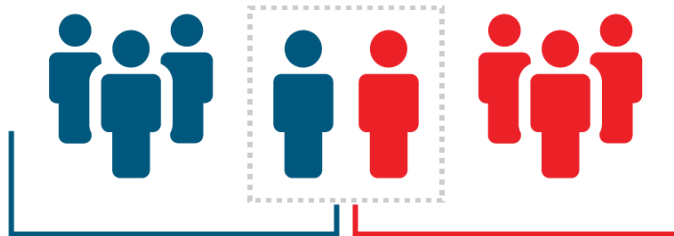
4. Integrated Committee of a Larger Planning Body

Standing committee on a larger planning body carries out collaborative planning tasks for both prevention and care.



Integrated Committee of a Larger Planning Body: In Action!

- RWHAP Part A PC/PB establishes standing Prevention committee or a joint program committee
- In Houston, the EIIHA (Early Identification of Individuals with HIV/AIDS) Workgroup includes members of the Ryan White Planning Council and the Houston Prevention Planning Group, who work together on an EIIHA strategy



5. Unified Prevention-Care Planning Body

Single statewide or RWHAP Part A regional planning body responsible for carrying out both prevention and care planning.



Unified Prevention-Care Planning Body: In Action!

- Advisory Body housed in State Department of Health responsible for conducting care and prevention planning
- Combined prevention and care planning bodies in cities that receive RWHAP Part A funds and those that both do and do not receive direct-CDC prevention funds
- St. Louis, San Diego, Kansas City do not receive direct CDC-prevention funds but have been integrated into the work of RWHAP Part B care planning bodies



Examples of Collaborative Integrated Prevention and Care Planning Activities Resource

Examples of collaborative integrated prevention and care planning activities

As Ryan White HIV/AIDS Program (RWHAP) Part A and B recipients and CDC Division of HIV/AIDS Prevention (DHAP) funded prevention programs move towards greater integration, their respective planning bodies must find new models of working together.

Below are five examples of integrated prevention and care planning activities; two that emphasize developing joint communication and data sharing activities and three that focus on restructuring the actual composition, membership, or operating policies of planning bodies. While there is no recommended approach for integrated planning for every jurisdiction, there are a number of factors that should be

considered when determining the best approach to establishing integrated prevention and care planning in your jurisdiction. These include:

- Resources, including staff time
- Funding sources
- History of collaboration or integration between prevention and care planning bodies
- Leadership, culture, and working style of each planning body in question
- Legislative mandates and planning requirements of each planning body in jurisdiction

INTEGRATED COMMUNICATION AND DATA SHARING ACTIVITIES

The following examples maintain existing planning body structures, but add joint activities and/or protocols for information sharing between existing groups.

- targethiv.org/ihap/example-s-collaborative-integrated-prevention-and-care-planning-activities

Benefits of Integrating Planning Activities

- Provides opportunity to take an initial look at the full spectrum of needs across the entire HIV care continuum without being limited by restrictions associated with funding streams
 - This is key when thinking strategically about ending the epidemic
- Facilitates engagement with a broader group of stakeholders
- Allows more time for educational activities on topics related to both care and prevention
- Promotes efficiencies in use of resources, especially for people who serve on both bodies

Potential Barriers to Successfully Integrating Planning Activities

- Different roles, responsibilities, and requirements between advisory and decision-making planning bodies
- Cultural and procedural differences between planning bodies
- Historic relationships between care/prevention and across RWHAP Parts within local community
 - Requires members to think more broadly and beyond the scope of *only* care or prevention.
 - Must establish trust among all participants and ensure everyone has equal voice at table

Potential Barriers, Continued

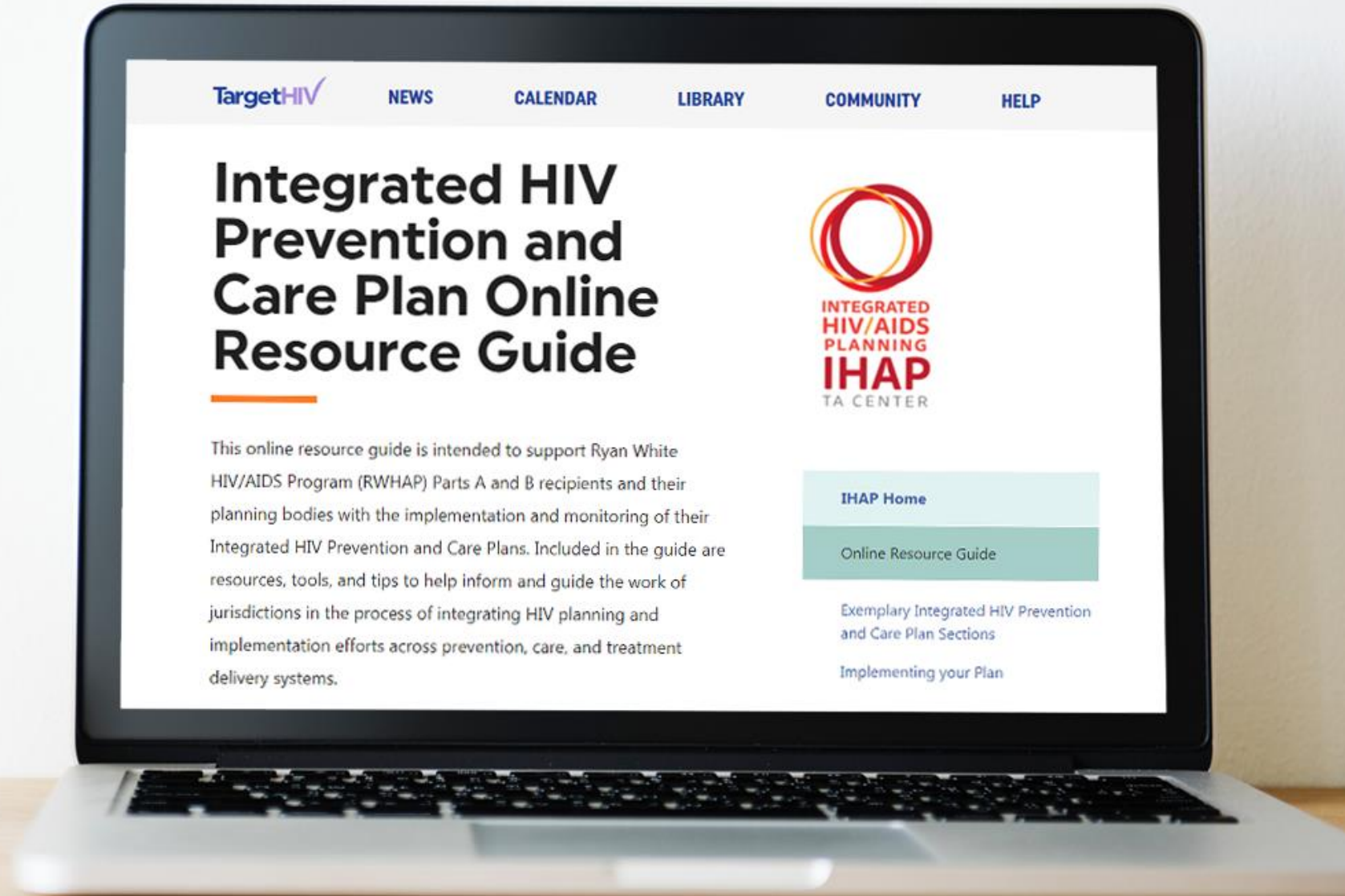
- Maintaining manageable membership levels while still meeting RWHAP Part A PC/PB legislative requirements
- Managing limited meeting time to complete a number of activities and meet all deadlines
- Administrative and financial challenges
- Different terminology, or different definition of certain terms or even service categories
 - Shared Language

No One-Size Fits All!

- Every jurisdiction is different
- Integrated planning activities should be developed with the unique considerations of local community in mind
- There is no 'correct' structure for an integrated planning group
 - Leadership structure
 - Membership
 - Frequency of meetings
 - Types and structure of workgroups/committees

Integrated HIV Prevention and Care Plan Online Resource Guide

Resources, tools, and tips to support process of integrating HIV planning and implementation efforts across prevention, care, and treatment delivery systems.



Support and Tools Available on:

- Plan activity implementation
- Communicating progress on plan activities to stakeholders
- Engaging community in integrated planning efforts
- Monitoring and evaluating plan activities
- Integrating care and prevention in health departments
- Merging planning bodies
- Optimizing resource allocation
- Aligning plan activities with other efforts



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Thank you!

Contact us at ihaptac@jsi.com!

Obtain more information, join our mailing list, request TA,
or share your experiences or resources.

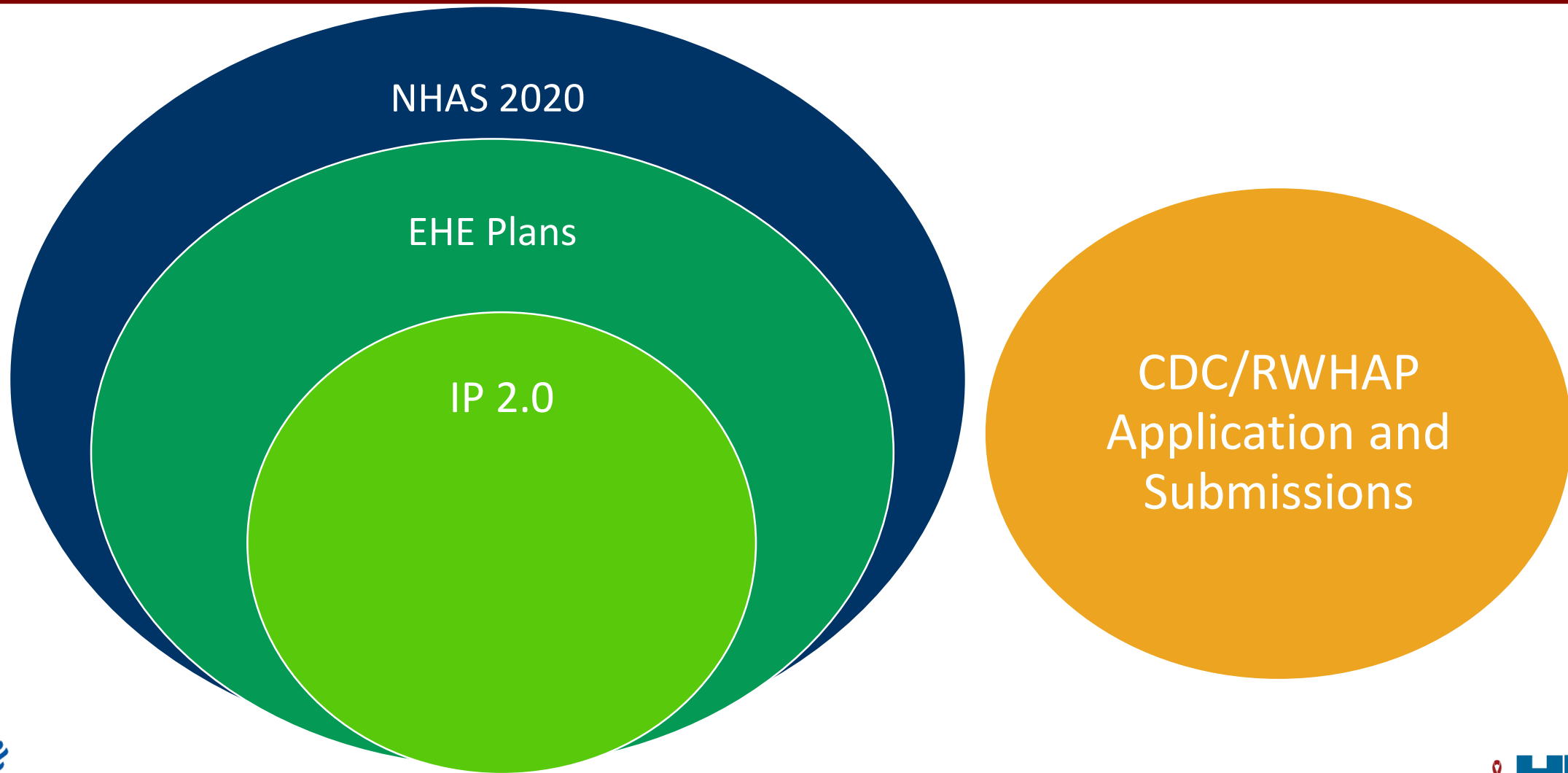
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Integrated Planning (IP) 2.0

Next steps



Scope of Integrated Plans



HRSA/HAB Expectations

- HAB funding mechanisms (NOFOs)
- Annual Reporting
- Monthly Monitoring Calls

Questions



Contact Information

- **Amy Griffin, MSW, Project Officer, Northeastern/Central Services Branch**
Division of State HIV/AIDS Programs, HIV/AIDS Bureau
Email: AGriffin@hrsa.gov





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