

Activity 6.2: Committee Responsibilities for Implementing a Joint Integrated/Comprehensive Plan

TIPS FOR TRAINERS



Suggested Use

Use this activity after discussing 'Steps in Plan Implementation', which is part of the slide presentation on Using the Plan.



Time

About 90 minutes:

- 5 minutes for instructions and formation of groups
- 35 minutes for small group work on their work sheets
- 5 minutes for groups to summarize their work on easel pad paper
- About 40 minutes for presentation and discussion of each group's work (plan 10 minutes per group)
- 10 minutes to identify lessons from the activity and sum up



Materials

- Handout for Participants: Committee Responsibilities for Implementing a Joint Integrated/Comprehensive Plan
- Quick Reference Handout 6.1: Localizing a Joint Integrated/Comprehensive Plan



Knowledge or Skill Development

Increased understanding and practical knowledge about how to take responsibility for ensuring that a multi-jurisdictional plan becomes a meaningful part of the PC/PB's annual committee work plans.

Activity Steps

1. Identify the PC/PB committees most likely to be involved in implementing parts of your EMA or TGA's integrated/comprehensive plan, and have participants join small groups based on their actual committee assignments. For example, depending on your PC/PB's committee structure, these might include Executive and Consumer Committees and the committee(s) responsible for Needs Assessment, Comprehensive Planning, Priority Setting and Resource Allocation, and Care Strategies.
2. Assign participants who are not members or staff of any of these committees to small groups to help equalize the number of people in each group.
3. Once the participants are seated in their committee groups, review the Handout for Participants with them. Participants are to assume that the table on the handout (labeled Goal 2) is an excerpt from the recently completed Integrated HIV Prevention and Care Plan, which was developed jointly by their Part A program, the state's Part B program, and the state HIV prevention program. Each committee (small group) has been asked to identify its responsibilities related to plan implementation, focusing on specific strategies and the activities that need to be completed to implement them, and to add these activities to their work plan. They should also consider possible responsibility for helping to monitor plan progress. Committees should use the Work Sheet in the handout to summarize their discussion and their work plans.
4. To get ideas for completing the Work Sheet, suggest that the groups draw upon the prior presentation and discussion, their own experiences, and Quick Reference Handout 6.1: Localizing a Joint Integrated/Comprehensive Plan.
5. Ask each group to select a **facilitator** to coordinate the work of the group and participate, a **recorder** to take notes on the Work Sheet and then summarize the group's work on easel pad paper, and a **reporter** to present the work of the small group to the full group. The same person may serve as recorder and reporter if that is the group's preference.
6. Give the groups 35 minutes to carry out their discussion and complete their Work Sheet.
7. Monitor the groups, offer help where needed, and give participants a 10-minute and then a 5-minute warning. Allow up to an extra 5 minutes for groups to finish summarizing their work on easel pad paper.
8. Now ask a reporter from one small group (committee) to summarize its work in 4-5 minutes. Ask other members of the group if they have anything to add. Then invite participants from other groups to ask questions or suggest other activities. Repeat the process with each committee group.
9. Ask the group to identify the main lessons from the activity regarding how to "localize" a multi-jurisdictional integrated/comprehensive plan, and provide a brief sum up.



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HANDOUT FOR PARTICIPANTS

Instructions

1. In your group, first choose a **facilitator** to coordinate the work of the small group and participate, a **recorder** to summarize the work of the small group on easel pad paper, and a **reporter** to present your group's work to the full group. The same person may serve as recorder and reporter if that is the group's preference.
2. Review the Integrated HIV Prevention and Care Plan excerpt: *Goal 2: Increase access to care and improve health outcomes for people with HIV in CentralState*. Assume that it comes from the Integrated HIV Prevention and Care Plan developed jointly by your Part A program, the state's Part B program, and the CDC-funded HIV prevention program. The plan has just been completed, and covers the period 2019-2023.
 Since the plan was developed with the state, the Goal 2 work plan chart identifies strategies and tasks to be implemented at the state and at the local Part A level, but it doesn't provide a lot of detail about who within the Part A program should be responsible for the work, or for monitoring progress. Your committee has been asked to review the Goal 2 chart in order to:
 - Identify aspects of the plan that the committee should help to implement and/or monitor, and
 - Make those aspects a part of your annual committee work plan.
3. Summarize your discussion and key tasks on the attached Work Sheet for Plan Implementation. You have 35 minutes to complete your Work Sheet, and 5 minutes to summarize your work on easel pad paper.
4. Refer to Quick Reference Handout 6.1: Localizing a Joint Integrated/Comprehensive Plan for ideas.
5. Have your reporter prepared to present your work to the full group.

Work Sheet for Plan Implementation

Committee Name:

1. Describe what you see as your committee’s most important roles in helping to implement and/or monitor progress on this part of the Integrated HIV Prevention and Care Plan (Goal 2)?

2. What specific activities should be included in your committee’s work plan to contribute to implementation and/or monitoring of Goal 2? Agree on at least 3 main tasks, and outline below key steps and activities and who should have primary responsibility.

	Tasks	Implementation Steps/ Activities	Responsibility
A.			
B.			
C.			

Goal 2: Increase access to care and improve health outcomes for people with HIV in CentralState.

Objective 2.1: Increase the percentage of newly diagnosed PLWH in CentralState linked to care within 30 days after diagnosis from 65% to 85% by 2023.

Strategy 2.1.1: Improve linkage to care outcomes through Early Intervention Services activities.

Strategy 2.1.2: Develop an integrated counseling and testing, and Early Intervention Service model for CentralState.

Strategy 2.1.3: Increase the availability of transportation services for newly diagnosed PLWH in CentralState.

Objective 2.2: Increase the proportion of PLWH in CentralState engaged and retained in care from 81% to 85% by 2023.

Strategy 2.2.1: Develop ongoing strategies that reduce the number of individuals who cycle in and out of HIV care.

Activity/Intervention	Targeted Population(s)	Responsible Parties	Timeframe	Resources	Data Indicators	Anticipated Challenges & Barriers
Determine the demographic characteristics of PLWH who are susceptible for non-compliance or who fall in and out of care	PLWH who cycle in and out of care	HIV Surveillance; RWHAP Part A and Part B including planning bodies	January 1 – June 30, 2019	eHARS system and HIV surveillance staff resources; CAREWare and RWHAP data/ CQM staff	Completion of analysis	Need to determine how to include in analysis client characteristics that may affect participation in HIV care that go beyond simple demographics (such as recent incarceration, homelessness, mental health issues, etc.)
Choose target populations for re-engagement and retention	PLWH subpopulations that cycle in and out of care	Part A planning council and Part B recipient and planning body	July 1 – December 31, 2019	Planning body resources; Part B staff resources	List of selected target populations	Planning bodies may need to schedule some special needs assessment to supplement recipient analyses, if time and funding permit
Develop interventions aimed at retention of vulnerable populations that can be implemented by current subrecipients	Part A and Part B Subrecipients	RWHAP Part A and Part B staff and planning bodies	January 1, 2019 – December 31, 2021	RWHAP Part A and Part B staff and funding resources	Documentation of interventions	Uncertainty around what Part A planning council will allocate for these interventions and need to find low-cost interventions

Activity/Intervention	Targeted Population(s)	Responsible Parties	Timeframe	Resources	Data Indicators	Anticipated Challenges & Barriers
Implement and assess interventions	Selected target PLWH populations	RWHAP Part A and Part B subrecipients	Ongoing, beginning March 1, 2021	RWHAP Part A and Part B program funds HIV prevention funds	# of interventions implemented; # of PLWH returned to and retained in care	Probable flat funding through RWHAP and other sources; need to train subrecipient staff to implement new interventions

Strategy 2.2.2: Enhance the use of Early Intervention Services and Counseling and Testing Services to re-engage PLWHA's who have been lost to care.

Activity/Intervention	Targeted Population(s)	Responsible Parties	Timeframe	Resources	Data Indicators	Anticipated Challenges & Barriers
Establish a collaborative relationship between the RWHAP-Part A and Part B Programs and the state and local HIV Prevention Programs	RWHAP Part A and Part B; HIV Prevention	RWHAP Part A and Part B; State and local HIV Prevention	January 1, 2019 – December 31, 2019	Program staff and funding resources	Established collaboration	None
Implement integrated funded contracts for HIV Counseling and Testing (C & T) and Early Intervention Services (EIS) programs	EIS and C&T providers (FQHCs and other CBOs)	RWHAP Part A and Part B; State and local HIV Prevention	January 1, 2019 – June 30, 2020	Program staff and funding resources	# of joint contracts	Administrative challenges of arranging for integrated contracts

Strategy 2.2.3: Enhance the use of Medical and Non-Medical Case Management to support retention in care.

Activity/Intervention	Targeted Population(s)	Responsible Parties	Timeframe	Resources	Data Indicators	Anticipated Challenges & Barriers
Assess the capacity of current medical and non-medical case management programs to enhance services designed to improve retention	Case Management Subrecipients	RWHAP Part A and Part B including planning bodies	January 1, 2019 – December 31, 2019	RWHAP Part A and Part B staff resources including CQM staff; planning bodies	Completed assessment	Need to determine whether both the CQM unit and Part A and Part B planning bodies can both be involved in the assessment
Develop a pilot project to increase case management role in client retention	Case Management Subrecipients	RWHAP Part A and Part B recipients and planning bodies	January 1, 2020 – December 31, 2020	RWHAP Part A and Part B staff resources including CQM staff; planning bodies	Local and state pilot projects approved by Part A planning council and Part A and Part B recipients	Models may need to be different at state and local levels, but a similar approach would be ideal
Test and evaluate a pilot case management enhancement project	Selected Case Management Subrecipients	RWHAP Part A and Part B recipients	March 1, 2020 – February 28, 2023	RWHAP Part A and Part B staff resources, including CQM	Completed pilot test and data on retention in care based on 2 years of pilot implementation	Procurement issues to ensure timely contracting for testing of new models may be challenging
Fully implement enhancements of HIV Case Management based on pilot project model	HIV Case Managers and Subrecipients	RWHAP Part A and Part B including CQM staff	Ongoing, starting July 1, 2023	RWHAP Part A and Part B recipient resources	Changes in percent of PLWH retained in care	Procurement challenges in modifying existing case management contracts