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Monitoring and Improvement Plan

Marin, San Francisco, and San Mateo Counties 2017-2021 Integrated HIV Prevention and Care Plan

REGION	West
PLAN TYPE	EMA, Integrated city/county-only prevention and care plan
JURISDICTIONS	San Francisco EMA
HIV PREVALENCE	High

The San Francisco Bay area EMA provides a nice description of the how plan activities will be accomplished including the development of a Plan Implementation Grid that will include all action steps contained in the Plan in chronological order by start dates, milestones, and deadlines, along with assignments detailing the entities responsible for carrying out each activity. The Plan Implementation Grid will also provide nice detail on updating planning bodies/stakeholders on plan implementation and integrating feedback for plan improvement; how they will monitor the SMART objectives; and how to use data to track improvements and impacts along the HIV Care Continuum.

SELECTION CRITERIA: MONITORING AND IMPROVEMENT PLAN

Exemplary monitoring and improvement plan sections met the following criteria (based on the Integrated HIV Prevention and Care Plan Guidance):

- Description of the process of updating planning bodies/stakeholders on plan implementation and integrating feedback for plan improvement
- Description of the plan to monitoring and evaluate the implementation of the goals and SMART Objectives of the Integrated HIV Prevention and Care Plan
- Description/strategy of the use of data (surveillance and program/care data) to assess and improve health outcomes along the HIV Care Continuum which will be used to impact the quality of the HIV service delivery system, including strategic long-range planning



Additional exemplary plan sections are available online:
www.targetHIV.org/exemplary-integrated-plans

SECTION III. MONITORING AND IMPROVEMENT

A. Plan Monitoring Process

Monitoring and evaluation of the 2017-2021 Integrated Plan will be the combined responsibility of the newly formed San Francisco HIV Community Planning Council, the San Francisco Department of Public Health, and the Marin and San Mateo County HIV/AIDS programs. Joint Plan monitoring is essential because the Plan's action steps involve several different entities both inside and outside the local HIV services system, often working in conjunction with one another to enhance and improve the continuum of care.

At the Planning Council level, Plan oversight will be the responsibility of the Council's **Steering Committee**. Before implementation of the Plan begins in January 2017, the Steering Committee may make the decision to form a **Plan Monitoring Subcommittee or Work Group** that will have specific responsibility for monitoring, implementing, and reporting on the Integrated Plan process. Conversely, the Committee may determine that it is able to oversee the Plan implementation process on its own by assigning specific Plan sections to designated Steering Committee members or groups of members.

The first stage in the Plan monitoring process will involve the preparation of a **Plan Implementation Grid** in collaboration with representatives of the local health departments and Council committees. The Implementation Grid will list all action steps contained in the Plan in chronological order by start dates, milestones, and deadlines, along with assignments detailing the entities responsible for carrying out each activity. Activities and timeframes detailed in the Implementation Grid will be continually monitored by the Steering Committee, and Plan monitoring will become a regular part of the Committee's meeting agendas. The Steering Committee will regularly report to the Planning Council on progress achieved toward Plan action steps as part the Committee's regular reports at monthly Planning Council meetings. Where needed, the Steering Committee will highlight key issues or problems in Plan implementation, and will hold discussions with the Council to address specific barriers or challenges in executing specific action steps. The Steering Committee will also present updated versions of the Plan Implementation Grid for Council review as needed which chart progress toward the start dates, milestones, and completion deadlines listed in the Plan.

Because the Comprehensive Plan is intended to be a **living document** that will be continually reviewed, updated, and adapted to respond to changes in the epidemic and changes in the HIV funding environment, all Planning Council committees and all three local jurisdictions will have the opportunity to suggest modifications or additions to the Plan throughout the five-year Plan period. This is particularly important in a time of unprecedented change for the healthcare system as a whole. The Comprehensive Plan can not only be amended or changed at any time, but responsibilities within the Plan can be shifted as needed, and the order of Plan implementation can be freely changed. The Council also has the option of producing a completely new version of the Comprehensive Plan at any point should circumstances change dramatically enough to warrant such a decision. All significant changes to the Comprehensive Plan will be shared with HRSA and any new Plan versions will be promptly submitted to the agency.

Community engagement has been a vital component of the Integrated Plan

development process, and will continue to be a vital element of Plan monitoring and oversight throughout the implementation period. Supported by nearly two decades of successful collaboration between both the HIV Health Services Planning Council and the HIV Prevention Planning Council and local communities, stakeholders, and public and public agencies, the newly merged Planning Council will continue to engage persons at risk for and infected with HIV to inform and provide feedback on the 2017-2021 Integrated Plan and on progress made in implementing the Plan's goals and objectives. The Planning Council will continue to provide opportunities for the community at large to participate in the Plan monitoring process through input meetings, focus groups, forums, and both large-scale and focused needs assessments.

B. Monitoring Quantitative Plan Objectives

The San Francisco HIV Community Planning Council will incorporate careful monitoring and evaluation of the quantitative SMART objectives contained in Section II of the Plan into the overall monitoring process. The Implementation Grid to be developed in early 2017 will include clear timelines, action steps, and assigned responsibilities for tracking and reporting progress toward SMART objectives, targets that will be developed in collaboration with the HIV prevention and care units of the three local health departments, the San Francisco HIV Epidemiology Section, and other epidemiological and data units of the collaborating counties, perhaps in the context of an initial large-scale, cross-jurisdictional planning meeting.

The Implementation Grid is expected to include a requirement for at least **annual** reporting to the Planning Council on progress made toward SMART objectives, including objectives specific to the HIV Care Continuum and in regard to creating a three-county HIV Care Continuum, and including combined three-county data in the annual San Francisco HIV Epidemiology Report. In some cases, the Planning Council may request more frequent updates on urgent, complex, or time sensitive objectives, such as in the case of the goal to eliminate hepatitis C among persons living with HIV in the jurisdiction by the end of 2019.

In keeping with the view of the Integrated Plan as a living document, additional quantitative objectives may be added to the Plan over time to reflect emerging knowledge, issues, or tracking technologies. SMART timelines or targets also may be modified at any time to reflect rapid progress in a given area or to more realistically respond to unanticipated barriers or challenges. For example, as enhanced data collection systems and processes continue to evolve for tracking PrEP utilization, including the production of more reliable baseline data, PrEP objectives in the Plan may be modified upward or downward to reflect more realistic or ambitious targets for PrEP expansion. All modifications to SMART objectives will be developed through a collaborative process involving the Planning Council and local public agencies, and will be fully discussed and approved by the Council prior to being included in the Integrated Plan.

C. Using Findings to Track Impacts Along the HIV Care Continuum

The San Francisco region has pioneered the use of detailed HIV surveillance data to better identify HIV-positive populations that are either not currently linked to HIV care or are at risk of falling out of care, with the objective of permanently linking or re-linking these

individuals to comprehensive HIV services. Several years ago, San Francisco developed a highly influential set of new approaches to mapping HIV-infected PLWHA in the city using zip codes and census tracts as a way to help target HIV testing outreach and prevention efforts. These efforts were instrumental in helping the city develop new strategies for better targeting outreach and prevention efforts on those neighborhoods whose residents were least likely to know their HIV status or to be in care. The region has consistently expanded and built upon these approaches and is now able to harness client-level data information to the work of the city's LINC team in order to continually identify and link or re-link to care persons with HIV who are not currently served by the system, with the eventual goal of eliminating health outcome disparities in regard to HIV. At the same time, the region is currently in the process of developing new integrated data systems to more accurately and comprehensively track progress toward Continuum outcomes, including the Population Health Network Information Exchange (PHNIX) initiative which will help improve HIV test results disclosure, linkage to care, partner services, and re-linkage for out of care patients, as well as STI, hepatitis, and tuberculosis services and outcomes.

The new Integrated Plan also includes several activities designed to enhance data collection, analysis, and reporting capacity in Marin and San Mateo Counties by sharing data expertise and technical assistance between San Francisco and these two region. These activities are specifically designed to help the two counties better identify high-risk and out-of-care populations; to more efficiently target prevention resources to address highest-risk areas and populations; and to produce more reliable Continuum-related data. These efforts will also address broader regional risk factors related to risk-related travel and movement among the three jurisdictions.