



VIRTUAL
2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT

Cross-Part Collaboration for Integrated Planning and Development of Integrated HIV Prevention and Care Plans

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Agenda



- Introduction and Overview of Integrated/Comprehensive Planning and Integrated HIV Prevention and Care Plans
- Lessons Learned for Cross Part Collaboration to Improve Integrated Planning
- Monitoring and Evaluation of Integrated Plan
- Voice of Community
- Improving Community Connection to the Plan
- Training and TA Resources Available

Delay of Integrated Plan Guidance for 2022-2026



- Guidance for preparation of upcoming Integrated HIV Prevention and Care Plans for 2022-2026 has been postponed until later in year due to the COVID-19 emergency
- Outlined in a [June 17, 2020 letter from HRSA and CDC HIV program leaders](#)
 - Also outlines expectations for continued use of existing integrated plans and encouragement for refinement of ongoing planning, incorporation of Ending the HIV Epidemic plans, and community engagement

Introduction and Overview

Legislative Requirements

Integrated/Comprehensive Planning

Integrated HIV Prevention and Care Plans - 2017-2021

Emily Gantz McKay, EGM Consulting, LLC

Legislative Requirements



- RWHAP Part A planning council required to “develop a comprehensive plan for the organization and delivery of health and support services”
 - Required to be “compatible with any State or local plan for the provision of services to individuals with HIV/AIDS”
 - RWHAP Part B must:
 - Provide “a comprehensive plan that describes the organization and delivery of HIV health care and support services to be funded” that is developed through “a public advisory planning process”
 - “Convene a meeting...for the purpose of developing a statewide coordinated statement of need” (SCSN)
- ...Until 2016, plan and SCSN were required every three years

Why Develop Plans?



- Chance to step back from ongoing work and look at the system of care – see how well it responds to diverse and changing needs of people with HIV
- Strategy or roadmap for developing or strengthening service systems
- Opportunity for broad community engagement

BUT...

- A plan is of limited value unless it:
 - Has strong consumer and community buy-in
 - Is used, monitored, and updated

Why Integrated and Cross-Part Plans?



- Looking separately at prevention and care no longer makes sense – “Treatment is Prevention”
- Joint planning allows for a broad look at services, not limited by funding streams
- Integrated planning can reduce the burdens of multiple plans

BUT...

- Developing a cross-part plan requires considerable organization and coordination
- Consumer and community input often harder to achieve at the state level
- Statewide plans may not fully reflect local differences in populations and needs of those with HIV

2017-2021 Integrated HIV Prevention and Care Plan Submissions

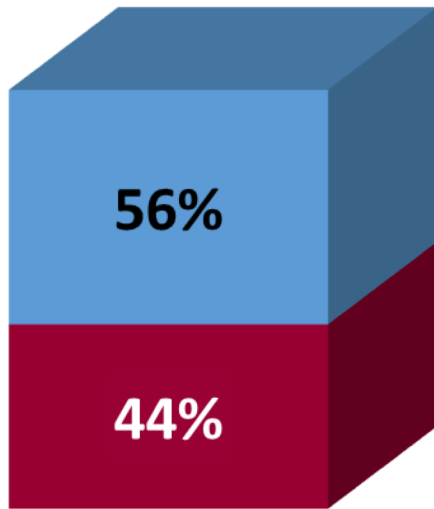


- Guidance issued June 2015 called for first Integrated HIV Prevention and Care Plan and SCSN, due September 30, 2016 for 5 years: 2017-2021
- RWHAP Part A and B programs urged to develop a combined prevention and care plan for CDC and HRSA
- Programs could choose to submit alone or with other programs in their state – many chose cross-part submissions
 - 45% of all RWHAP Part A and Part B programs
 - 56% of RWHAP Part A programs
 - 77% of RWHAP Part B programs with Part A programs in their states

2017-2021 Integrated HIV Prevention and Care Plan Submissions

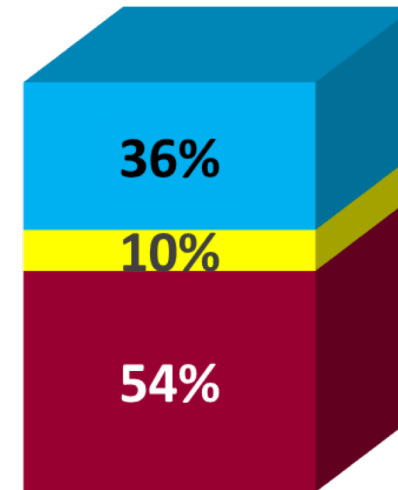


Part A - Plan Submissions



- Part A - Cross-Part Plans (29)
- Part A - Individual Plans (23)

Part B Plan Submissions



77% of Part B Programs in states with Part A Programs submitted cross-part plans

- Part B - Cross-Part Plans (21)
- Part B - Individual Plans - Part A in State (6)
- Part B - Individual Plans - No Part A Programs (32)

Looking Back/Looking Ahead

What have we learned about cross-part planning from the 2017-2021 Integrated HIV Prevention and Care Plan experience that can help when we begin developing our next plan?

Factors That Help Make Cross-Part Planning Successful



- Clearly stated, shared expectations
- An agreed-upon, documented structure and process to guide the work
- A realistic plan to plan, with tasks, responsibilities, and timeline
- Processes that ensure a consumer voice from both Parts in decision making
- Ongoing engagement of planning councils/planning bodies – including decision-making roles
- Shared and well defined leadership and decision making
- Agreement on resources – how costs/resources will be shared
- Open meetings and transparent decision making – with use of a neutral facilitator where needed
- Clear staff roles
- Timely access to needed expertise
- Mutual trust built on met deadlines and kept promises
- An integrated plan that has “ownership” and can guide action at state and local levels

Situations to Avoid in Cross-Part Planning



- A late start to planning
- Loosely defined roles and responsibilities
- No clear process for decision making
- Lack of consumer and community participation and buy-in
- Unclear or minimized role for a planning council, for whom this is a legislative responsibility
- Limited access to needed data
- Sense of an unfair burden on one person or entity
- Serious disagreements about goals, objectives, and/or priorities
- Attempts by one person or entity to control the process or make the decisions
- Loose or missed deadlines
- Not enough time for everyone to review and improve drafts



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Indiana's Integrated HIV Prevention and Care Plan

Jeremy Turner, Director, HIV/STD Viral Hepatitis Division

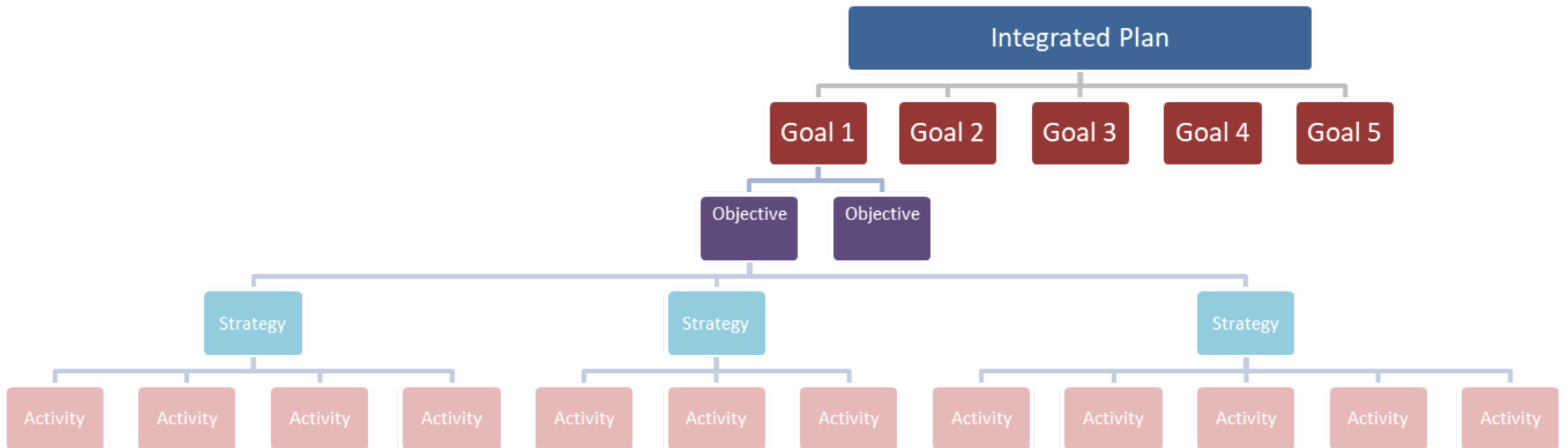
Indiana State Department of Health

Indiana's Integrated HIV Prevention and Care Plan



- A 5 year, 149-page plan drafted by planning bodies comprised of consumers and service providers from across the state
- Includes planning for both HIV services and prevention
- Incorporates Marion County RWHAP Part A TGA, ISDH RWHAP Part B, CDC and HUD funding
- Includes: Goals, Objectives, Strategies, Activities
- Precursor to an elimination strategy

Plan Design



Goals of the Plan



- Reduce new infections
- Increase access to care and improve health outcomes
- Reduce disparities and health issues among PLWH
- Expand the coordination of service delivery systems
- Ensure continued financial support

Monitoring and Evaluation



- Original plan called for monitoring and evaluation to be completed by a body comprised of CPG, CHSPAC, RWHAP Planning Council and staff from the county and state
- Funders meet monthly to discuss progress toward plan objectives
- RWHAP Supplemental dollars assisted greatly in progress toward achieving goals outlined in the plan

Challenges



- Turnover-loss of institutional knowledge from retirees/job changes and transitions in executive leadership
- Inability to provide ongoing monitoring and evaluation of the plan due to changes in advisory and planning bodies
- Utility of the plan: the size of the document is cumbersome and more effort should have been made to create a “road show”
- Rural vs Urban nature of Hoosier communities

How Services Expanded



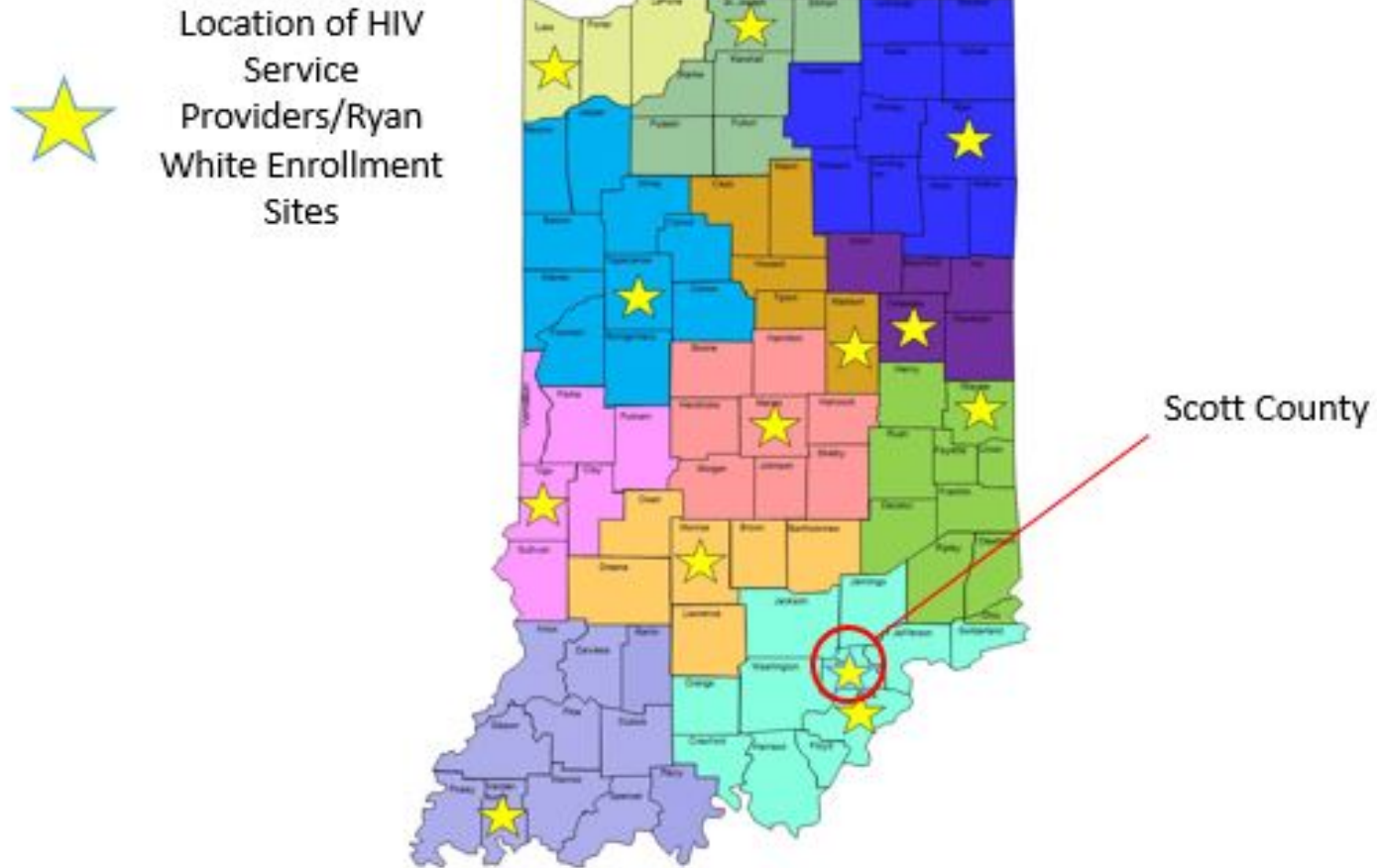
- Better coordination of funding after the creation of a comprehensive list of all sources available
- Strategic collaborations between agencies
- Followed a model where all care sites would become one-stop shop medical homes

Viral Suppression



Indiana HIV Service Sites

Indiana HIV Service Sites



Continuum of Care Committees



- There is benefit in providers meeting to address barriers and gaps that impact each phase of the CoC
- CoC committees should be comprised of not only ASOs and CBOs with HIV related missions, but all of the community partners that contribute to services vital to retaining clients in care
- CoC committees should work together to determine the best steps forward to ensure quality service provision, including preventing duplication of services, identifying which partners are best equipped to provide specific programs
- Successfully forming comprehensive groups to improve service delivery mechanisms will play a vital role in ending the epidemic

What Options Exist to Improve Service Delivery?



- Agencies have examined their potential to expand services independently, hiring staff and acquiring additional space or revitalizing existing space to accommodate new services
- Strategic collaborations are a very effective way to quickly offer new programs
- Collaborations can include having outside agencies provide services at your organization, integrating partners with your team to provide a seamless service experience for clients
- Another collaborative model includes requesting funding for additional staff to be placed at satellite locations, integrating your staff member into another organizations team to provide services in targeting locations where clients have struggled to remain engaged in care



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Louisiana HIV/AIDS Strategy for Prevention, Treatment, and Care Services 2017-2021

Brandi Bowen, Program Director

New Orleans Regional AIDS Planning Council

Overview of Prior Process in Louisiana

Overview of Prior Process in Louisiana



Louisiana created one Integrated HIV Prevention and Care Plan inclusive of RWHAP Part B and both RWHAP Part A jurisdictions

- Stakeholders Coordination Workgroup, including recipients, planning body leads, people with HIV
- HIV Planning Group, including statewide representation from prevention/care providers
- Planning Council in New Orleans and Advisory Council in Baton Rouge, including people with HIV and diverse stakeholders

Overview of Prior Process in Louisiana



- Stakeholders Coordination Workgroup formed early to guide coordination efforts, alignment across jurisdictions, decide process matters, ensure community input. Specific sections/writing tasks assigned and tracked; drafts shared and revised
- HIV Planning Group, as statewide planning body, hosted community presentations sharing epi and needs assessment data, sharing drafts in process, seeking feedback
- Planning Council in New Orleans and Advisory Council in Baton Rouge led planning work for sections on RWHAP Part A programs and collaborated across communities to maximize input, buy-in and support

Update on Current Process in Louisiana



- HIV Planning Group, statewide planning body, reoriented to be aligned with newer Ending the HIV Epidemic (EHE) initiative. Integrated planning work is now overlapped with EHE planning
- Planning Council in New Orleans and Advisory Council in Baton Rouge similarly adapted integrated planning efforts in alignment with EHE and Fast Track Cities strategizing

Collaboration across service systems



Ryan White HIV/AIDS Program Parts A-F & Other Partners

- CDC, Community Based Organizations, Continuum of Care, Faith based groups, FQHCs, Health Departments, Hospital Associations, HUD/HOPWA, Pharmacies, Justice Systems, Pharmaceutical companies, PEOPLE LIVING WITH HIV, Prevention organizations, SAMHSA, and many more

Find Common Ground

- Common Language/Defined Terms
- Shared goals/agreed upon vision
- Accessible concepts/data visualizations
- Specific concrete actionable items
- Understand and address different approaches and fundamental principles of each stakeholder set

More ways to enhance collaboration

- Skillful and neutral group facilitators
- Concrete timeline, advance meeting schedules, consistency
- Specific task assignments and follow up
- Sensitivity to diverse perspectives and backgrounds
- Flexible consensus driven approaches
- Participants' motivation
- Make/keep it fun

What community said...

- Keep it short
- Address institutional racism
- Address stigma

What happened was...

- 133 pages later
- Trainings to ‘undo institutional racism’ and greater focus on social determinants of health
- PLWH Stigma Index Project, more trainings, promotion of U=U

What community said...

- “stop the violence against transgender women”
- “housing is healthcare”
- address knowledge gaps (lack of public health info/seeking behavior)

What happened was...

- Trainings to deconstruct transphobia
- Stronger focus on coordination across service systems, more responsive service models, survival services
- More attention to community outreach

- The lives of people with HIV are not spliced and diced like service system silos and isolated sections of long drawn out plans.
- To be most responsive to needs of people with HIV, planners could think more holistically about whole person needs, whole community needs. While striving to end the HIV epidemic, repeating the same steps that led to this point would likely result in the same outcomes.
- Think differently. Think ‘integratedly.’ Supportive services, behavioral health, STD and HCV, prevention and treatment and/or treatment as prevention.... Smooth service access, services delivered with respect and compassion... All must be addressed to achieve RWHAP goals.

Voice of Community



- Center people with HIV (PLWH) with empowerment and support
- PLWH are prevention warriors!
- Recognize PLWH for their contributions and abilities to make change
- Be honest about the ways and pace of changing the service system

People Living with HIV (PLWH) and Community Engagement



Improving Community Connection to Plan



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- Disseminate final plan to all key stakeholders and establish mechanisms for sharing plan updates and progress towards goals
- Distill the Integrated Plan and its activities into a succinct visual or snapshot to promote or communicate progress
- In Action! Wisconsin developed an abbreviated version of their Integrated Plan to distill the 130-page plan into 10 pages and a one page At-A-Glance document

Envisioning the End of the HIV Epidemic
— Wisconsin Integrated HIV Prevention & Care Plan 2017-2021 —
at-a-glance

10 Key Elements

Target HIV resources to the right people, in the right places, and with the right actions.	Grow HIV/STI/HCV partner services.
Increase access to PrEP: one pill, once a day that can help prevent HIV.	Support patient-centered care that focuses on patients' basic needs, such as housing.
Streamline testing, prevention, and treatment services for sexually transmitted infections (STI), hepatitis C virus (HCV), and HIV.	Educate community members about their health insurance options and help underserved populations sign up for health care coverage.
Promote the health of gay and bisexual men.	Increase the use of data to improve HIV health outcomes.
Promote drug user health.	Encourage policies and practices that reduce discrimination and stigma.

Goals

1. Reduce new infections.
2. Increase access to care and improving health outcomes for people living with HIV.
3. Reduce HIV-related disparities and health inequities.
4. Achieve a more coordinated response to the HIV epidemic.

Partners

This Integrated HIV Plan was a collaborative effort between the state Wisconsin AIDS/HIV Program following partners:

Statewide Action Planning Group, local health departments, HIV service providers, HIV/AIDS service and community-based organizations, people living with HIV, and residents of Wisconsin

Wisconsin Department of Health Services
P 20433

Improving Community Connection to Plan (cont).



- Share and update plan activity progress to planning bodies/planning councils and other stakeholders.
- Include successes, challenges, modifications, and lessons learned.
- Create a progress report or activity dashboard that is updated and shared regularly according to an established schedule

In action!

Wisconsin Integrated HIV Plan 2017-2021

2019 Progress Report



Wisconsin Department of Health Services | Division of Public Health | HIV Program
P-02474 (08/2019)

Progress Toward Objectives of the Wisconsin HIV Integrated Prevention and Care Plan, 2017-2021

ANNUAL TARGET MET
 ANNUAL TARGET NOT MET Progress in the expected direction
 ANNUAL TARGET NOT MET No progress made
 NO ANNUAL TARGETS

Goal	Objective	Data by Year			2018 Target	2018 Progress	2020 Target
		Baseline ^a	2017	2018			
1	Increase the percentage of people living with HIV who know their status to at least 90% by 2020	83.9%	85% ^b	85% ^b	88.6%		90%
	Reduce the number of new HIV diagnoses by at least 25% by 2020	253 ^d	237 ^d	233 ^d	209 ^d		197 ^d
2	Increase the percentage of newly diagnosed people linked to HIV medical care within one month of their HIV diagnosis to at least 85% by 2020	63.3%	75%	81%	79.3%		85%
	Increase the percentage of people living with HIV who are retained in HIV medical care to at least 90% by 2020	50.8%	53%	53%	77.1%		90%
	Increase the percentage of people living with HIV who are virally suppressed to at least 80% by 2020	48.6%	66%	65%	71%		80%
	Reduce the percentage of people living with HIV who are homeless to no more than 5% by 2020	10.2%	10.5%	9.9%	6.2%		5%
	Reduce the proportion of HIV-attributable deaths among people living with HIV to 20% by 2020	56.8%	28%	^d	34.7% (2017)		20%
	3	Reduce new HIV diagnoses by at least 33% by 2020 in men who have sex with men, ages 15-59, statewide	188 ^e	179 ^d	175 ^d	146 ^e	
Reduce new HIV diagnoses by at least 33% by 2020 in young Black men who have sex with men, ages 15-29, statewide		51 ^e	52 ^e	51 ^e	39 ^e		34 ^e
Reduce new HIV diagnoses by at least 33% by 2020 in Black women, ages 15-59, statewide		20.2 ^f	17.3 ^d	17.3 ^d	13.5 ^f		13.5 ^f
Reduce new HIV diagnoses by at least 33% by 2020 in residents of the City of Milwaukee ages 15-59		136 ^e	106 ^e	105 ^e	97 ^e		91 ^e
Are there disparities in care outcomes for Black people compared to White people? ^g		YES	YES	YES	N/A		NO
Are there disparities in care outcomes for young people, ages 15-29, compared to people ages 30 and older? ^g		YES	YES	YES	N/A		NO

^a Baseline data comes from 2010, 2011, or 2012.
^b This is an estimate of the number of people who know their HIV status.
^c This is a three year rolling average.

^d 2018 data not available because monthly data has not been released yet.
^e The baseline was calculated using a 5-year average and 2019-2020 data was calculated using a 5-year average.
^f If there are disparities for the specified population at any stage of the continuum, the value is "yes."



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HRSA HAB Funded TA Available

Community HIV/AIDS Technical Assistance and Training (Planning CHATT) Project



- Planning CHATT builds the capacity of Ryan White HIV/AIDS Program (RWHAP) Part A planning councils/planning bodies and planning bodies (PC/PB) across the U.S.
- Our goal is to help PC/PB to meet legislative requirements, strengthen consumer engagement, and increase the involvement of community providers in HIV service delivery planning.
- <https://targethiv.org/planning-chatt>

Integrated HIV/AIDS Planning Technical Assistance Center

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



IHAP TAC TA and Training Still Available to Jurisdictions

- Integrated Planning
- Implementation and Monitoring of Integrated Prevention and Care Plans
- Optimizing Resource Allocation Methodologies

Visit us at <https://targethiv.org/ihap>



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Thank you!



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Questions/Comments
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