



VIRTUAL
2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT

Integrated HIV Prevention and Care Planning: What You Need to Know

Devon Brown
Stewart Landers
Molly Tasso

JSI Research & Training Institute, Inc.
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Learning objectives

After this session, participants will be able to:

- Describe the five optimal stages of integrated HIV prevention and care planning
- Describe at least one best practice for developing Integrated HIV Prevention and Care Plans
- Identify at least one resource to help support integrated planning efforts and the development of future Integrated HIV Prevention and Care Plans

About the Integrated HIV/AIDS Planning TA 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



How Does Integrated Planning Support Other Initiatives?



Understanding the landscape

- Integrated HIV Prevention and Care Planning Guidance (2017-2021)
- [National HIV/AIDS Strategy \(NHAS\)](#) continues to guide all national efforts
- [Ending the HIV Epidemic: A Plan for America initiative](#)
 - 10-year national initiative to end HIV in the US
 - The first phase focuses on 57 priority jurisdictions
- State or local initiatives, such as Getting to Zero, Ending the Epidemic, and Fast Track Cities

Delay of Integrated Plan Guidance for 2022-2026

- Guidance for preparation of Integrated HIV Prevention and Care Plans for 2022-2026 has been postponed due to the COVID-19 pandemic
- June 17, 2020 letter from HRSA and CDC HIV program leaders
 - Outlines expectations for continued use of existing Integrated Plans
 - Encourages jurisdictions to refine ongoing planning efforts, incorporating Ending the HIV Epidemic planning and community engagement activities

IHAP TAC assistance available to jurisdictions

- Conducting integrated planning activities
- Engaging community in integrated planning efforts
- Aligning Integrated HIV Prevention and Care Plans with other initiatives
- Implementing and monitoring Integrated HIV Prevention and Care Plans
- Optimizing resource allocation methodologies
- Integrating HIV prevention and care within health departments

Why Integrate HIV Prevention and Care Planning?



Why is integrated planning important?

- Fosters new approaches to address barriers to HIV prevention, care, and treatment
- Serves as a jurisdictional roadmap
- Leverages existing resources and improves efficiency and coordination of HIV prevention and care service delivery
- Promotes collaboration and coordination in the use of data for prevention and care program planning, resource allocation, evaluation, and continuous quality improvement efforts
- Establishes ongoing mechanisms for stakeholder engagement

Good practices for integrated planning

- Incorporate mechanisms for ongoing consumer and other stakeholder engagement
- Examine the system of care across the entire HIV care continuum
- Inventory all resources
- Analyze unmet need – determine what is still needed to achieve goals
- Ensure continuous implementation, monitoring, and improvement

What Do We Mean by Integration?



What do we mean by integration? (2)

- Integration may occur in multiple domains
 - **Planning groups**
 - **Specific planning activities** - needs assessment, plan development, resource allocation, etc.
 - **Physical integration** of recipient services - co-location of prevention and treatment administration
 - **Recipient staff** - staff roles and responsibilities are integrated across prevention and care
 - **Procurement** of HIV prevention and care services

How do we measure integration? (3)

- Integration occurs across domains and across a spectrum within the domains
- IHAP TAC developed an instrument to help measure progress toward integration across multiple domains
 - Piloted with eight RWHAP Part A and Part B recipients
 - Revised tool to be included in larger evaluation of integration efforts
 - Will support measurement of integration changes over time

Integration domains

Organizational Structure

DOMAIN	NO INTEGRATION	SOME INTEGRATION	FULL INTEGRATION
Communication	Staff communicate only when essential	Periodic communication	Staff communicate routinely
Data sharing	Data are shared only in the aggregate; no data sharing agreements in place for client level data	Data sharing agreements permit information to be shared between state and local health department and other service delivery partners upon request	Comprehensive and bi-directional data sharing agreements facilitate routine linkage, re-engagement, and retention in care
Organizational structure and leadership	Staff and leadership are organized separately with distinct reporting structures	Staff and leadership are in the same organizational unit	Full integration of staff and leadership using the same reporting structures, teams are integrated

Integration domains (2)

Procurement

DOMAIN	NO INTEGRATION	SOME INTEGRATION	FULL INTEGRATION
Procurement	Procurement of resources occurs separately	Planning underway towards joint procurement	Procurement of resources occurs through an integrated process known as braided funding

^[1] A process in which “stakeholders coordinate funding from individual sources, with each individual funding source keeping its specific identity. Adapted from the Association of Government Accountants, “Blended and Braided Funding: A Guide for Policy Makers and Practitioners,” December 2014.

Integration domains (3)

Planning

DOMAIN	NO INTEGRATION	SOME INTEGRATION	FULL INTEGRATION
Planning body structure	Separate planning bodies	Some shared members	One joint planning body
Decision making/Priority setting	Process is separate across programs	Consult/communicate regarding decision making	Process is shared across HIV care and prevention programs
Resource allocation	Allocated separately	Some coordination in allocation	One coordinated process for resource allocation
Planning process for special initiatives	Separate planning processes	Episodic planning	Formal, coordinated planning process

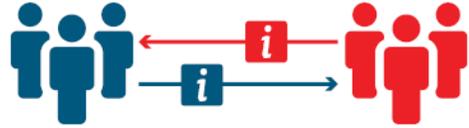
Models of Integrated Planning



Models of integrated planning (2)

- Jurisdictions are encouraged to explore different types and levels of integration
 - There are multiple approaches to integrated planning depending on what is feasible for jurisdictions
 - Determine which model best suits its unique needs
 - Recognize integration is an ongoing process
 - Levels of integration can be intensified over time

Information Sharing



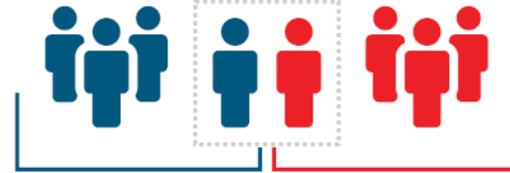
Cross-Representation



Integrated Information Gathering and/or Analysis



Integrated Committee of a Larger Planning Body

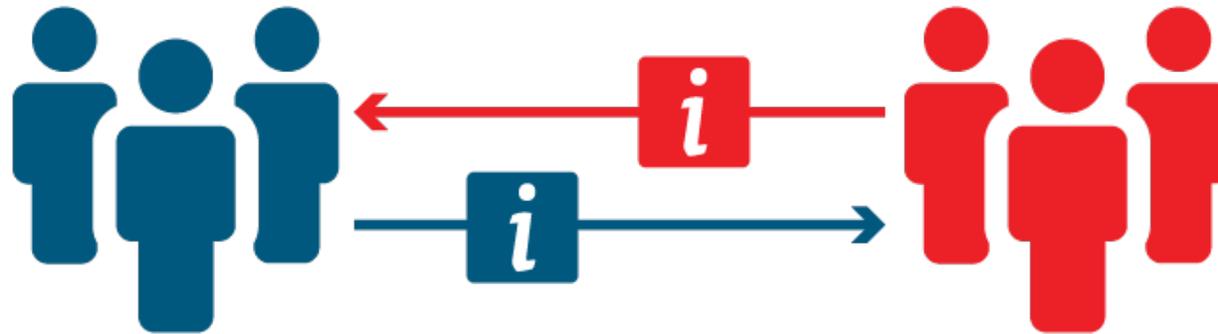


Unified Prevention and Care Planning Body



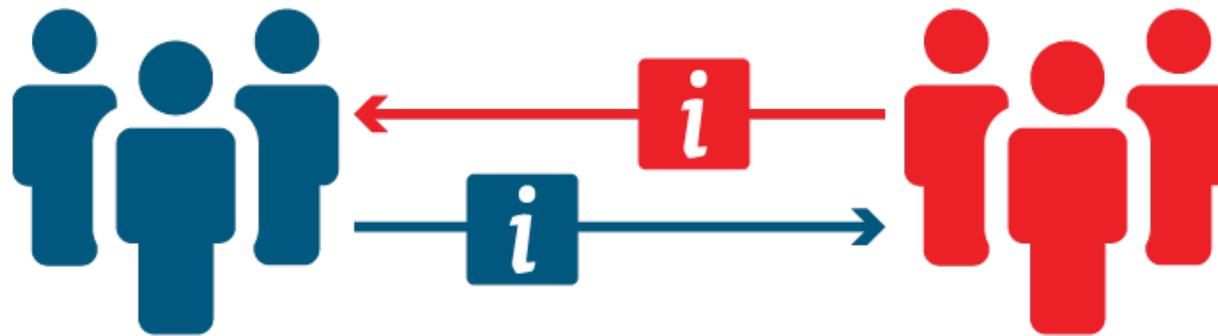
1. Information sharing

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



In action! Information sharing

- A representative from the local HIV Prevention Group (HPG) attends the RWHAP Part A planning council/planning body (PC/PB) meeting and provides reports on issues affecting HIV prevention services statewide and nationally



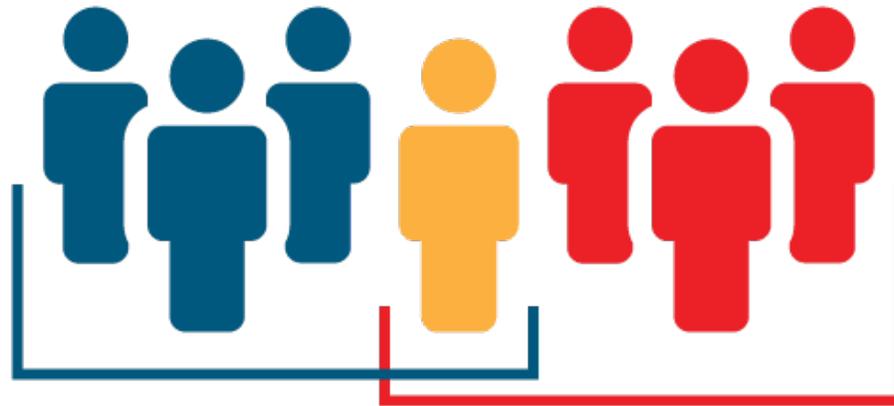
2. Cross-representation

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



In action! Cross-representation

- Cross-representation between the Boston RWHAP Part A Planning Council and the RWHAP Part B Massachusetts Integrated Prevention and Care Committee (MIPCC)



3. Integrated information gathering and 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

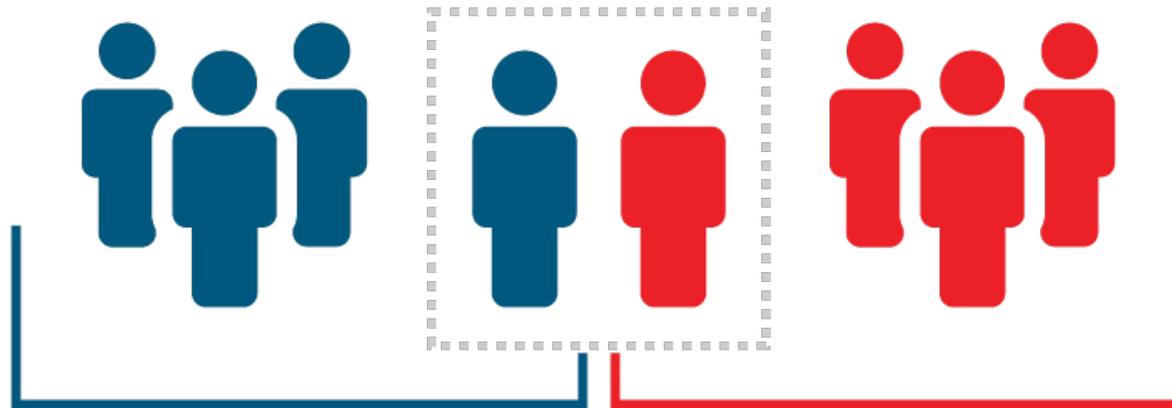


In action! Integrated information gathering

- A joint workgroup with prevention and care representatives designs and implements the needs assessment and develops an epidemiological profile for both the state and the RWHAP Part A jurisdiction
- The HPG participates in the development of the RWHAP Statewide Coordinated Statement of Need
- In 2018, the Ohio RWHAP Part A and Part B recipients and the Ohio Department of Health HIV Prevention Program initiated a multi-year joint statewide needs assessment focused on Ohioans at increased risk for HIV infection and individuals with HIV

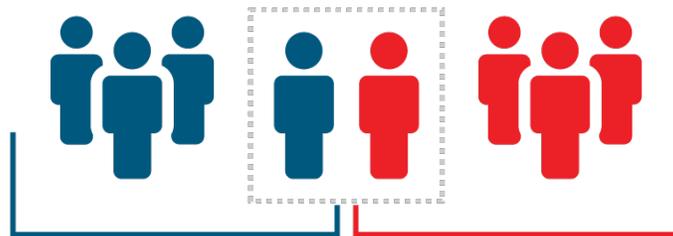
4. Integrated committee of a larger planning body

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



In action! Integrated committee of a larger planning body

- RWHAP Part A PC/PB establishes a standing prevention committee or a joint program committee
- In Houston, the Early Identification of Individuals with HIV/AIDS (EIIHA) 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 PC/PB responsible for carrying out both prevention and care planning



In action! Unified prevention-care planning body

- Advisory body supported by the State Department of Health, which is 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, and Kansas City do not receive direct CDC prevention funds but have been integrated into the work of RWHAP Part B care planning bodies



IHAP TAC 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

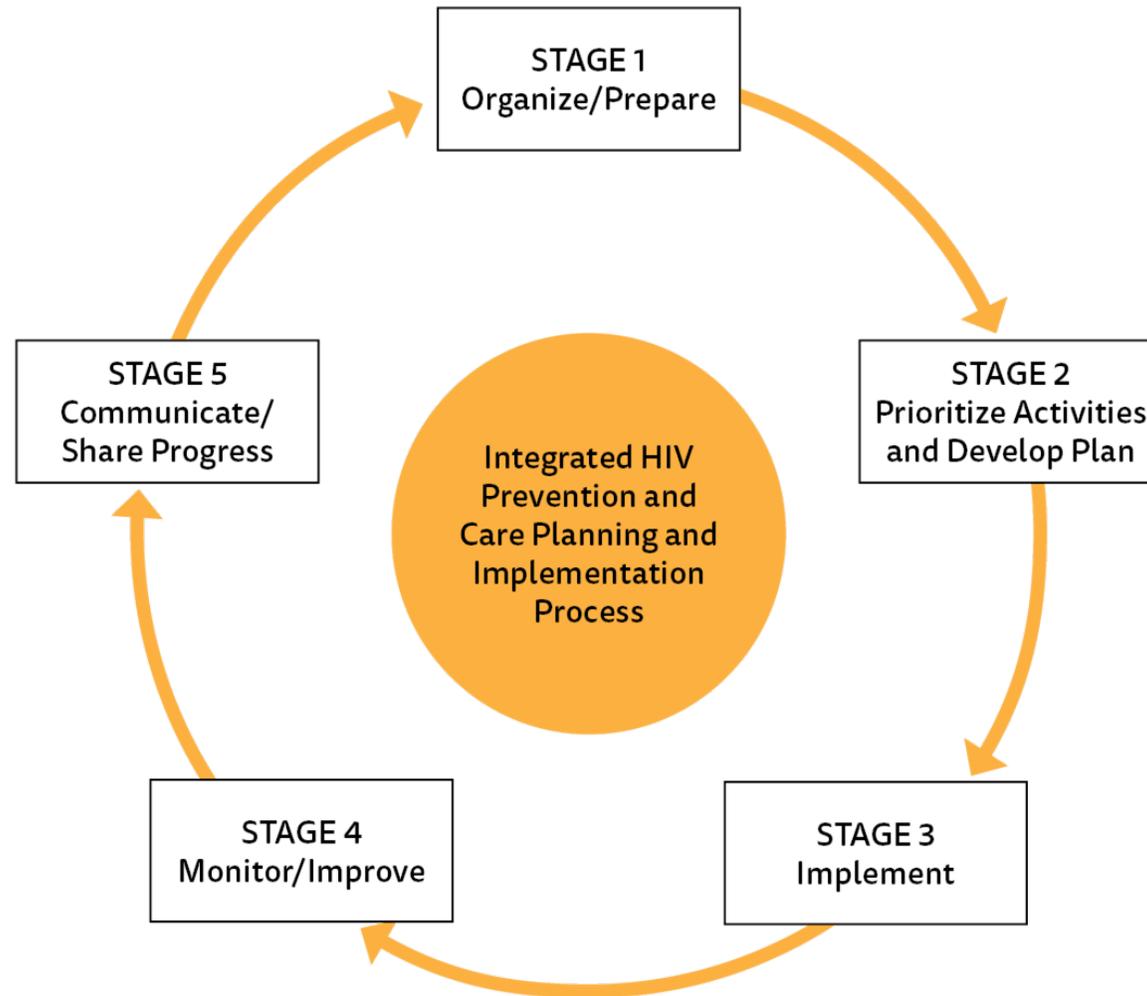
INTEGRATED COMMUNICATION AND DATA SHARING ACTIVITIES

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

Stages of Integrated Planning



Stages of Integrated Planning (2)



Stage 1: Organize and Prepare



During the organization and preparation stage...

- Foster meaningful stakeholder and community engagement
- Provide orientation and training to prepare staff and community members for plan development processes
- Establish communication strategies to ensure use of clear language, including common definitions
- Develop a committed and diverse planning group
- Encourage cooperation between RWHAP Part A and B planning bodies and any prevention planning groups

Stage 1 activities: Engage stakeholders

- Meaningful engagement of the community from the beginning
 - Provides the foundation for the planning process
 - Enhances coordination, collaboration, and seamless access to services
 - Includes people with personal or professional experience, expertise, and skills in HIV
- HRSA and CDC require HIV planning processes to involve community stakeholders

What is 'meaningful stakeholder engagement'?

- Is continuous, ongoing, and bidirectional
- Considers the unique needs and challenges in each community
- Seeks input from a wide range of stakeholders and occurs in a variety of venues and formats
- May take us out of our comfort zone to challenge conventional wisdom and encourage innovation

Stage 1 activities: Review existing data and collect new data

- Identify priorities and develop a plan for collecting and analyzing data
 - Review major integrated planning questions that the planning process is intended to answer
 - Determine what types of quantitative and qualitative data are needed to help answer the questions
 - Identify data priorities and gaps in existing data
 - Develop a plan for collecting and analyzing data
 - Gather and review existing data or secondary data
 - Adapt or develop and pilot test new data collection instruments and use to collect new data
 - Review and apply existing data sharing agreements and create new ones as needed

Stage 1 activities: Conduct needs assessment

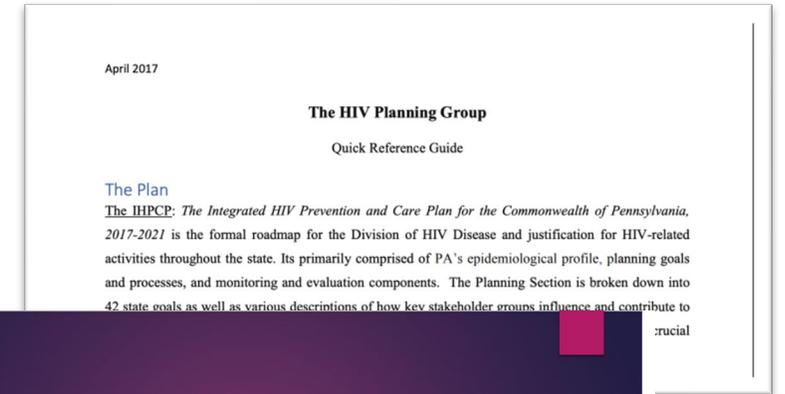
- Jurisdictions should conduct a needs assessment every three to five years, monitor progress over time, and make annual adjustments as needed
- Needs assessments include:
 - Epidemiologic profile
 - Resource inventory
 - Profile of provider capacity and capability
 - Estimate and assessment of unmet need
 - Estimate and assessment of people with HIV who are unaware of their status
 - Assessment of gaps in service needs

Stage 1 activities: Review and analyze data

- Identify individuals responsible for data analysis
- Review and analyze data
- Synthesize and format data for PCs/PBs
- Create user-friendly visuals to help stakeholders interpret data
- Create and use HIV care continuum outcome data to highlight prevention and care successes and gaps

In action! Strategies to organize and prepare

- Orientation and training
 - Pennsylvania developed orientation materials for Integrated Plan development
- Communication strategies – get on the same page
 - Create a common or shared language guide for prevention and care
 - Broward County developed a shared integrated planning lexicon that was vetted and approved by the Integrated Planning team



Glossary of Integrated Planning Terms

March 2018

IHAP TA Center

This resource provides operational definitions of integrated planning terms.

A | B | C | D | **E** | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z

E

Epidemiologic Overview

Also known as: *Epi overview*, *Epi profile*

A description of the burden of HIV in the population of an area in terms of socio-demographic, geographic, behavioral, and clinical characteristics of persons newly diagnosed with HIV, PLWH, and persons at higher risk for infection.

Source: [Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2017- 2021](#)

F

Financial Inventory

Also known as: *Resource inventory*

An inventory of the financial resources available in a jurisdiction to meet the HIV prevention, care, and treatment needs of its population as well as resource gaps. The inventory also details the CDC-funded high impact prevention services and the HRSA-

targethiv.org/ihap/integrated-planning-terms

Stage 2: Prioritize Activities and Develop the Plan



Stage 2 activities: Structure plan development process

- Develop realistic timelines that account for plan development, review, and revision
- Reference federal guidance to verify you have all information to draft the required sections
- Concurrently develop a monitoring plan to track progress and successes
- When possible, use technology (e.g. Google docs, Microsoft SharePoint) that allows multiple parties to simultaneously view, edit, and contribute to plan development

Stage 2 activities: Continue engaging stakeholders

- If using an external consultant, ensure that PC/PB members are fully and meaningfully engaged throughout the process
- Consult a range of stakeholders, taking note of diverse communities within a jurisdiction
- Solicit feedback in a variety of venues and formats to accommodate the needs and preferences of community members
 - Consider community involvement burden
 - Geographic (rural vs. urban)
 - When possible, gather feedback remotely (e.g. virtual townhall, online comment submission)

In action! Maryland Engagement

- To engage a broader community in the Integrated HIV Prevention and Care Plan development process, Maryland's planning body sought input from advisory groups, including:
 - Five Regional Advisory Committees, the Baltimore Planning Council, the Anne Arundel Commission, and the Baltimore City Commission
 - MSM Response Team
 - Transgender Response Team
 - HIV Perinatal Team
 - Maryland Hepatitis Coalition
 - STI Community Coalition

In action! Fulton County, GA

- Fulton County (Atlanta, GA) and the state of Georgia convened several half-day and day-long community engagement meetings for community members over the course of a year that identified and prioritized innovative HIV prevention, care, and treatment strategies and elicited feedback on HIV planning goals

Stage 2 activities: Ensure dedicated resources

- Ensure there are sufficient resources and dedicated leadership for plan development, which may include:
 - Key staff members to direct the planning process
 - Dedicated individuals to help manage and interpret the large amounts of data needed for plan development
 - Outside individuals (unaffiliated with any particular HIV program or health department) to facilitate prioritization processes

In action!

- During the development of an Integrated Plan, the RWHAP Part B recipient expressed appreciation for outside facilitation to keep things on track and to “be the bad guy” when committee members suggested objectives that were outside the scope of the RWHAP or that were not feasible within the state

Stage 2 activities: Obtain feedback on plan from PC/PB

- Present key information to PC/PB in an open meeting
- Ensure that key stakeholders receive copies or summaries of the plan and have an opportunity to provide feedback to the PC/PB
 - Public comments and feedback may be obtained formally at public hearings or through other venues such as community meetings, advisory committees, and provider forums
- Review and revise the draft plan as needed
- The Integrated HIV Prevention and Care Plan must be reviewed by the full PC/PB resulting in a letter of concurrence, concurrence with reservation(s), or no concurrence

Stage 2 activities: Disseminate plan

- Disseminate final plan to all key stakeholders and establish mechanisms for sharing plan updates and progress towards goals
- **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 02033

Directory of Integrated HIV Prevention and Care Plans

The directory includes publicly available Integrated HIV Prevention and Care plans, organized alphabetically by state or territory.

[A](#) | [B](#) | [C](#) | [D](#) | [E](#) | [F](#) | [G](#) | [H](#) | [I](#) | [J](#) | [K](#) | [L](#) | [M](#) | [N](#) | [O](#) | [P](#) | [Q](#) | [R](#) | [S](#) | [T](#) | [U](#) | [V](#) | [W](#) | [X](#) | [Y](#) | [Z](#)

Plan Name	Part B	Part A
A		
Integrated HIV Prevention and Care Plan Alabama Department of Public Health [#]	Alabama	
Alaska Integrated HIV Prevention and Care Plan (2017-2021) [#]	Alaska	
The 2017 to 2021 Integrated HIV Prevention and Care Plan for Arizona [#]	Arizona	Phoenix/Maricopa County EMA
2017-2021 Integrated HIV Prevention and Care Plan Statewide Coordinated Statement of Need (includes Memphis TGA) [#]	Arkansas	
C		
Laying a Foundation for Getting		San Bernardino/Riverside TGA

EXEMPLARY INTEGRATED HIV PREVENTION AND CARE PLAN SECTIONS



INTEGRATED
HIV/AIDS
PLANNING
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targetHIV.org/IHAP

Integrated HIV Prevention and Care Plan 2017-2021 District of Columbia Eligible Metropolitan Area Integrated HIV/AIDS Prevention and Care Plan

REGION	South
PLAN TYPE	Integrated state/city/county prevention and care plan
JURISDICTIONS	District of Columbia (includes Washington, D.C. and counties in Virginia, Maryland, and West Virginia)
HIV PREVALENCE	High

The District of Columbia's Integrated HIV Prevention and Care Plan includes a thorough description of how the Integrated Plan objectives were developed, and how they align with NHAS and HIV Care Continuum goals in DC. The jurisdiction provides detailed narrative descriptions of the Integrated Plan, as well as a chart with the required components (objectives, strategies, focus populations, activities, metrics, timeframe, and responsible parties).

SELECTION CRITERIA: INTEGRATED HIV PREVENTION AND CARE PLAN

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

- Comprised of SMART objectives, strategies to correspond to each objective, activities, targeted population, timeframe, resources needed, who is responsible for each task, covers time period 2017-2021
- Specific metrics to monitor activities
- Objectives and activities aimed at addressing gaps along the HIV Care Continuum.
- Objectives that align with the National HIV/AIDS Strategy (NHAS)
- Description of how the Integrated Plan was developed



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

Exemplary Plans

- Inventory of strong responses to joint CDC/HRSA guidance
- Not exhaustive
- Inform and guide development or revision of Integrated HIV Prevention and Care Plans
- 161 Exemplary Plan sections reviewed
- 34 sections highlighted
- targethiv.org/ihap/exemplary-integrated-hiv-prevention-and-care-plan-sections

Exemplary plans (2)

EXEMPLARY INTEGRATED HIV PREVENTION AND CARE PLAN SECTIONS



INTEGRATED HIV/AIDS PLANNING IHAP TA CENTER
targetHIV.org/IHAP

HIV Care Continuum

The 2017 to 2021 Integrated HIV Prevention and Care Plan for Arizona

REGION	West
PLAN TYPE	Integrated state/city/county prevention and care plan
JURISDICTIONS	State of Arizona and Phoenix/Maricopa County
HIV PREVALENCE	High

Arizona's HIV Care Continuum includes the following strengths: descriptions of robust data sources used; consensus from planning bodies on HIV Care Continuum definitions; and a detailed discussion of disparities related to race/ethnicity, housing, and age. The section also provides a unique description and graphic of an "Arizona Deep Dive Data Analysis Tool" and a description of the use of agency-specific HIV Care Continuums in Ryan White HIV/AIDS Program Parts A and B for program monitoring and to benchmark outcomes, including data to care tracking.

SELECTION CRITERIA: HIV CARE CONTINUUM

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

- ✓ Description of diagnosed- or prevalence-based HIV Care Continuum, including the numbers with clear definitions of numerators and denominators, for each step in the HIV Care Continuum
- ✓ Clear visuals of the HIV Care Continuum
- ✓ Description of HIV Care Continuum disparities among key populations
- ✓ Description of how the HIV Care Continuum informs Integrated Plan activities and use of available resources in response to needs of people living with HIV (PLWH) in the jurisdiction
- ✓ Description of how the HIV Care Continuum is used to improve engagement and outcomes of PLWH

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

The Arizona HIV Care Continuum

The HIV Continuum of Care—sometimes also referred to as the HIV treatment cascade—is a model that is used by federal, state, and local agencies to identify issues and opportunities related to improving the delivery of services to people living with HIV across the entire continuum of care. The Arizona HIV Continuum of Care was created using data from eHARS (electronic HIV/AIDS Reporting System), an analysis of unmet needs, and ADAP (AIDS Drug Assistance Program) information. The definitions were agreed upon by the Arizona Regional Quality Group, composed of HIV Prevention, all Ryan White Parts in Arizona and HIV Surveillance.

As shown in Figure 8, in 2014 there were 16,769 HIV infected individuals in Arizona: an estimated 1,641 who are unaware of their HIV status, and 16,769 individuals who have been diagnosed as being HIV positive. Of the 16,769 who are aware of their status, 10,590 were linked to care. Of that number, 8,105 are retained in care. 8,270 HIV positive individuals are on Antiretroviral Therapy. Finally, only 8,003 HIV positive individuals have an undetectable viral load.

The percentages of HIV cases in Arizona, as shown in Figure 9, indicate just over half of all individuals diagnosed with HIV (aware of their HIV status) are linked to care (63%), but less than half (48%) are retained in care. 48% of individuals in Arizona who are aware of their HIV status have an undetectable viral load.

When 100% of HIV positive Arizonans are linked to and retained in care, a greater number of individuals will be on Antiretroviral Therapy, which will increase the percentage of individuals with an undetectable viral load. Data suggest that HIV positive individuals with an undetectable viral load are less infectious, and are less likely to transmit HIV via sexual contact.

Continuum of Care Definitions

HIV Diagnosed: Prevalent cases that have been diagnosed

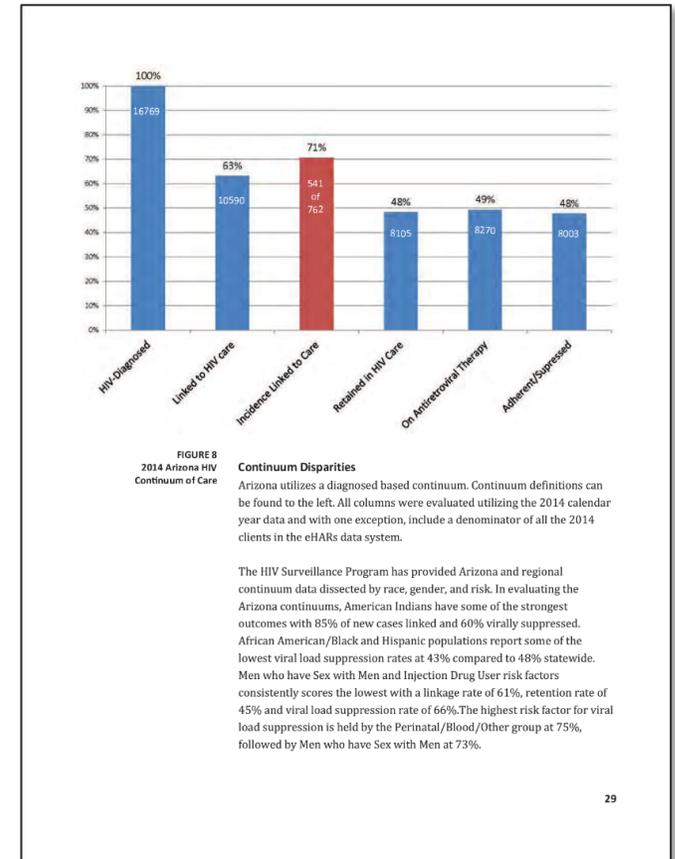
Linked to HIV Care: Prevalent cases with a documented lab test, doctor visit or medication use in the calendar year

Incidence Linked to HIV Care: Incident cases for the year of the spectrum that was linked with a documented lab test, doctor visit or medication use within 90 days of their diagnosis, but not on the same day of the diagnosis. If a person has their first CD4, viral load or genotype on the same day as their diagnostic test the date of second CD4, viral load or genotype will be used as the linkage

Retained in HIV Care: Prevalent cases with a documented lab test, doctor visit or antiretroviral (ARV) use in the first and second six months of the year

On ARV Therapy: Prevalent cases with documented ARV use or whose last viral load of the calendar year was undetectable

Adherent/Suppressed: Prevalent cases whose last viral load of the calendar year was undetectable (<200 C/U/mL)



Stage 3: Implement Plan



Stage 3 activities: Document implementation processes

- Develop and document a structure and process that clearly outlines the shared expectations for collaboration between the planning bodies, recipients, and sub-recipients, including roles and responsibilities
 - Include communication protocols to support implementation, and mechanisms to share progress and challenges
 - For activities that require collaboration across programs, describe:
 - Roles and responsibilities of each involved stakeholder to support collaborative activity
 - Decision making process and who will serve as the final decision maker
 - Policies and procedures to implement decisions

Stage 3 activities: Document implementation processes (2)

- Develop a realistic work plan based on the Integrated HIV Prevention and Care Plan, with detailed tasks, responsible parties, timelines, and measurable outcomes
 - Outline individual roles and responsibilities for assigned tasks and activities
- Establish processes for reporting and providing regular updates to planning bodies on Integrated Plan activities and tasks
 - Examples of spreadsheets that track progress of metrics available

Stage 3 activities: Implement plan

- Consider developing a list that includes small but important, achievable steps
 - Frame activities as action steps to support goals and objectives
 - Help to generate momentum
 - Provide structure for regular updates to key stakeholders

In action! Arizona's Plan Tracking Tool

The screenshot shows an Excel spreadsheet titled "Integrated Plan Tracking - Excel". The active cell is B6, containing the text "1.1.1.1". The spreadsheet is divided into two main sections: "NORTHERN ARIZONA" and "Objective 1: Increase the percentage of people living with HIV who know their serostatus to at least 90%".

NORTHERN ARIZONA

GOAL 1: INCREASE ACCESS TO CARE AND IMPROVE HEALTH OUTCOMES FOR PEOPLE LIVING WITH HIV.

Objective 1: Increase the percentage of people living with HIV who know their serostatus to at least 90%.

Strategy 1: Community Engagement

Status	Activity	Description	Performance Metric	Lead Program	Partners
Progressing	1.1.1.1	Establish a formalized processes to engage state, county and tribal entities, local providers and community stakeholders in ongoing dialog and collaboration to improve HIV services. Explore digital methods to conduct this activity.	Establishment of formalized processes	HIV Statewide Advisory Group	HIV Prevention Program, Arizo Center, State/Community-Based Stakeholders
Delayed	1.1.1.2	Annually present at least one consumer-centric, culturally responsible training designed to engage clients in medical care and supportive services. Activities should be offered using both traditional methods (support groups, peer mentoring, provider talks, etc.) and digital methods (online forums, video webinars, etc.).	At least one training is presented each year	HIV Prevention Program	Ryan White Part B Program, County/State Entities, Tribal Entities, Youth Organizations, Community-Based Organizations
Progressing	1.1.1.3	Engage additional community partners to promote HIV	The number of additional community partners	HIV Prevention Program	Ryan White Part B Program, County/State Entities, Tribal Entities, Youth Organizations, Community-Based Organizations

Objective 1: Increase the percentage of people living with HIV who know their serostatus to at least 90%.

Strategy 1: Community Engagement

Activity	Description	Performance Metric	Lead Program	Partners	Start/End
4.1.1.1	Recruit people living with HIV and other stakeholders to become to become leaders, advocates, planners and peer mentors for the local HIV community.	The number of people recruited for community leadership each year	HIV Statewide Advisory Group	HIV Prevention Program, Ryan White Part B Program, County/State Entities, Tribal Entities, Youth Organizations, Community-Based Organizations	2017 to 2018
4.1.1.2	Annually, provide at least one leadership development, advocacy, and other training for HIV community leaders.	At least one training provided each year	HIV Statewide Advisory Group	HIV Prevention Program, Ryan White Part B Program, County/State Entities, Tribal Entities, Youth Organizations, Community-Based Organizations	2018 to 2021

Strategy 2: Prevention, Testing & Linkage to Care

Activity	Description	Performance Metric	Lead Program	Partners	Start/End
4.1.2.1	Develop and implement activities that support the integration of comprehensive sexual health services as a routine part of care, including routine HIV/STD/Hepatitis testing.	The development and implementation of activities	HIV Prevention Program	Ryan White Part B Program, Arizona AIDS Education and Training Center, County/State Entities, Tribal Entities, Community-Based Organizations	2018 to 2021
	Coordinate HIV/STD/Hepatitis testing services to ensure equity of service delivery among diverse	The number and types of collaborative		Ryan White Part B Program,	2018 to

<https://targethiv.org/ihap/integrated-plan-tracking-tool>

INTEGRATED HIV/AIDS PLANNING
TECHNICAL ASSISTANCE CENTER

Stage 4: Monitor and Improve Plan



Stage 4 activities: Revise monitoring plan

- Update the monitoring plan developed in Stage 2 to ensure effective and responsive tracking of progress and successes
- Include:
 - Measures, data sources, and data collection processes
 - Reporting structures and processes for reporting

Stage 4 activities: Monitor plan implementation

- Monitor and assess implementation of goals, SMART objectives, and projected activities
 - Develop data management plans - include a routine schedule for data updates
 - Assign roles and responsibilities for data collection, management, and reporting
 - Develop reporting mechanisms to receive routine updates from sub-recipients
 - Align reporting with Integrated Plan objectives
 - Ensure format allows data to be combined with other data
 - Conduct ongoing assessments to determine what is working well and where changes may be needed

Stage 4 activities: Share and incorporate feedback

- Update stakeholders on plan implementation
 - Report progress on plan implementation
 - Share data, as well as conclusions gleaned from partner data, in an appropriate format
 - Solicit feedback for plan and program improvements
- Integrate feedback for improvement
 - Update plan to reflect feedback if necessary

Stage 4 activities: Use data to monitor progress

- Use HIV care continuum data and real-time data dashboards to monitor jurisdictional progress in improvements in HIV prevention, care, and service delivery
 - Identify HIV care continuum data and sources
 - Determine schedule/plan to review surveillance, program, and care data
 - Use data to improve and measure changes to specific steps of the HIV care continuum
- Consider quality improvement approaches, such as rapid cycle improvement, to make improvements

Stage 5: Communicate and Share Progress



Stage 5 activities: Share updates and progress

- Provide updates on plan activities and progress to PB/PCs 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
- Distill the Integrated Plan and its activities into a succinct visual or snapshot to promote or communicate progress

In action! Plan dissemination in Wisconsin

Goals, Objectives, and Strategies

Goal 1: Reduce new infections

Objective 1.1: Increase the percentage of people living with HIV who know their serostatus to at least 90% by 2020.

Objective 1.2: Reduce the number of new diagnoses by at least 25%.

HIV Testing

Activity 1A: Increase targeted HIV testing of high-risk populations in nonclinical settings.

Activity 1B: Provide comprehensive sexually transmitted infections (STI) and/or hepatitis C virus (HCV) testing to high-risk populations and people living with HIV (PLWH).

Activity 1C: Improve desirability of HIV testing to high-risk individuals by offering more client-centered options.

Activity 1D: Support availability of HIV testing as a routine service to the overall population of Wisconsin.

Strategy 2 HIV Partner Services

Activity 2A: Increase client acceptance of HIV partner services (PS).

Activity 2B: Improve PS strategies through effective information and evaluation.

Activity 2C: Improve HIV PS inter-program coordination and collaboration.

Activity 2D: Integration of HIV PS and STI disease intervention services (DIS).

Strategy 3 Pre-Exposure Prophylaxis (PrEP)

Activity 3A: Expand availability of PrEP.

Activity 3B: Increase knowledge of and referral for PrEP in HIV/STI testing and HIV PS.

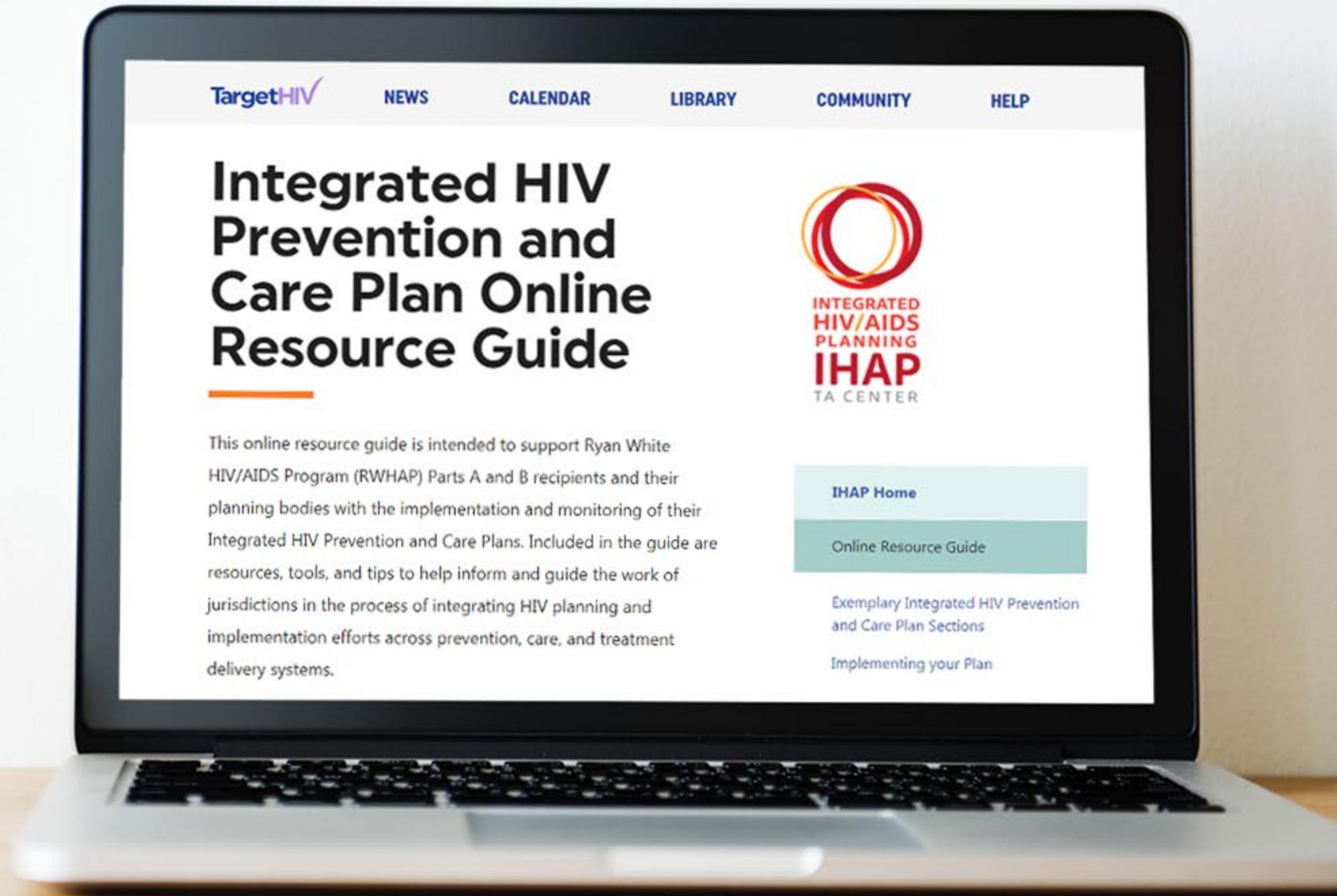
Wisconsin Integrated HIV Plan 2017-2021

2019 Progress Report



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

Integrated HIV Prevention and Care Plan Online Resource Guide



TargetHIV

NEWS

CALENDAR

LIBRARY

COMMUNITY

HELP

Integrated HIV Prevention and Care Plan Online Resource Guide



This online resource guide is intended to support Ryan White HIV/AIDS Program (RWHAP) Parts A and B recipients and their planning bodies with the implementation and monitoring of their Integrated HIV Prevention and Care Plans. Included in the guide are resources, tools, and tips to help inform and guide the work of jurisdictions in the process of integrating HIV planning and implementation efforts across prevention, care, and treatment delivery systems.

[IHAP Home](#)

[Online Resource Guide](#)

[Exemplary Integrated HIV Prevention and Care Plan Sections](#)

[Implementing your Plan](#)

Additional Resources to Support Integrated Planning



Resource Allocation

Collection of 30 resources for RA including HRSA guidance, tools and job aids, trainings, and reference guides developed by jurisdictions

The screenshot displays the TargetHIV website interface. At the top, the navigation bar includes 'Tools for HRSA's Ryan White HIV/AIDS Program', the TargetHIV logo, and links for 'Sign In | Sign Up' and a search box. Below the navigation bar, a secondary menu contains 'NEWS', 'CALENDAR', 'LIBRARY', 'COMMUNITY', and 'HELP'. The breadcrumb trail reads 'Home >> IHAP Home >> Resource Allocation'. The main heading is 'Resource Allocation', followed by an introductory paragraph: 'The Integrated HIV/AIDS Planning Technical Assistance Center (IHAP TAC) has compiled a collection of over 30 relevant resources for resource allocation (RA). These include HRSA Guidance on Ryan White HIV/AIDS Program (RWHAP) regulations, tools, training and reference guides, and research articles. The resources are organized into four categories below: HRSA guidance, tools and job aids, trainings and reference guides, and research articles.' A callout box contains the text: 'For an overview of the resource allocation requirements, see [Resource Allocation Considerations for RWHAP Part A and Part B](#).' Below this, there is a '+ Expand all' link and a category filter for '+ HRSA Guidance'. On the right side, the IHAP logo is displayed, consisting of two overlapping circles in red and yellow, with the text 'INTEGRATED HIV/AIDS PLANNING IHAP TA CENTER' underneath. A vertical sidebar on the right contains three links: 'IHAP Home', 'Online Resource Guide', and 'Resource Allocation', with the latter being highlighted.

Virginia Department of Health Annual Allocations Procedure

July 2018

Author: Virginia Department of Health – Part B
IHAP TAC

[DOWNLOAD THIS RESOURCE](#)

This resource outlines the steps the Virginia Department of Health considers when developing their annual resource allocation amounts. This includes all service categories.

Browse for More

Source:
[IHAP TAC](#)

We'd like your feedback

Was this page helpful? *

- No
- Yes

[SUBMIT](#)

Philadelphia HIV Integrated Planning Council Allocation Materials

July 2018

Office of HIV Planning, Philadelphia PA

[DOWNLOAD THIS RESOURCE](#)

This document includes all of the financial and service data the Philadelphia EMA Planning Council uses. It allows them to make resource allocation decisions for Part A funds.

The materials include:

- RWHAP service category definitions

Related Resources

[Philadelphia EMA HIV Integrated Planning Council Ryan White Part A Resource Allocation Process](#)

We'd like your feedback

Was this page helpful? *

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Tools for HRSA's Ryan White HIV/AIDS Program

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Home » Help » Technical Assistance Directory » Integrated HIV/AIDS Planning (IHAP) TA Center

Integrated HIV/AIDS Planning Technical Assistance Center

In June 2015, the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) and the Centers for Disease Control and Prevention (CDC) Division of HIV/AIDS Prevention (DHAP) released the Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need for calendar years 2017-2021. For the first time, the guidance allows jurisdictions to submit one Integrated HIV Prevention and Care Plan to both HRSA HAB and CDC DHAP.



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Questions?