

3, 2, 1: Countdown to Implementation: A Practical Approach to Integrated HIV Prevention and Care Plans

The Integrated HIV/AIDS Planning
Technical Assistance Center

August 25, 2022

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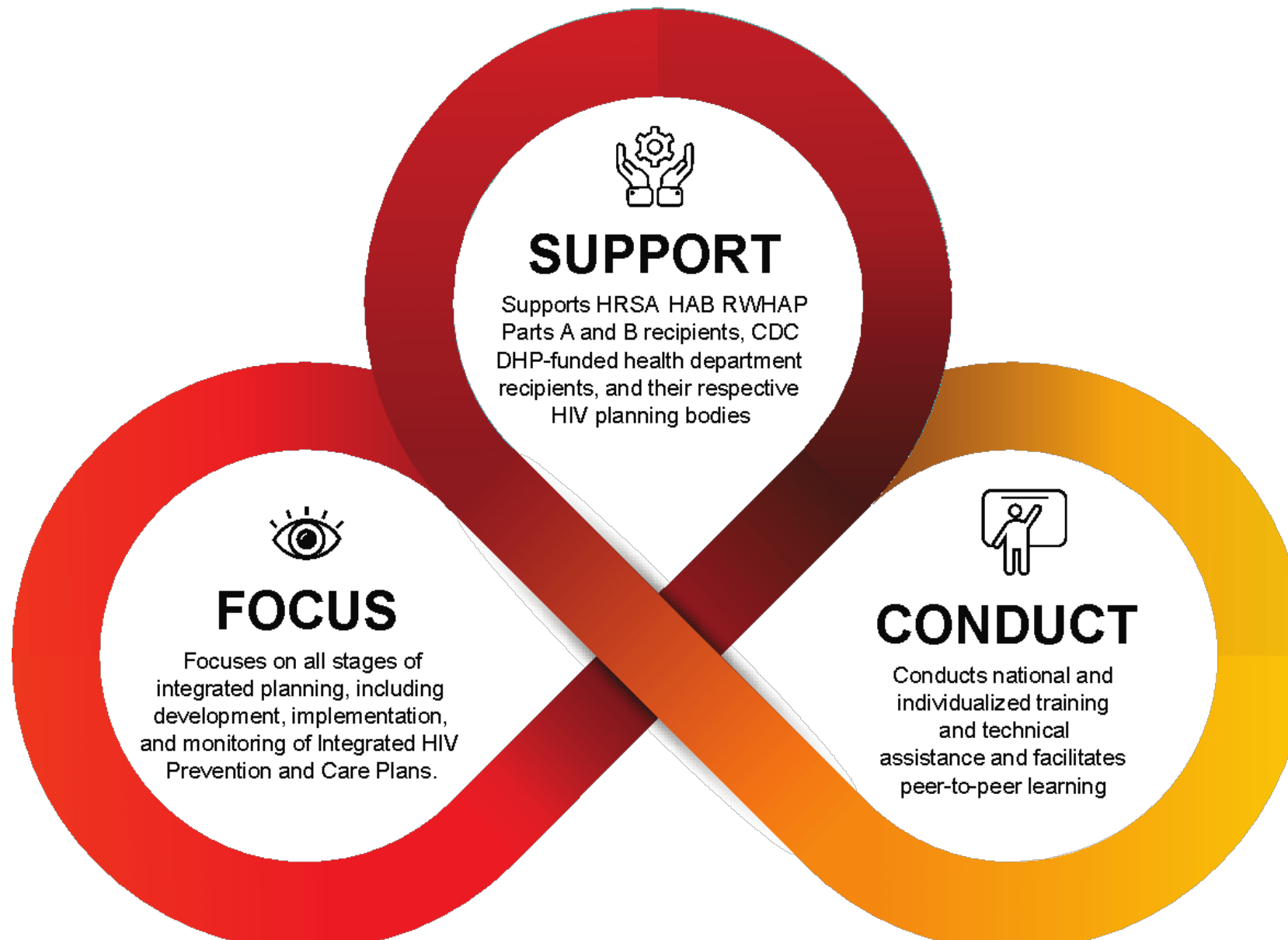
NATIONAL
RYAN WHITE
CONFERENCE
ON HIV CARE & TREATMENT

Today's Session

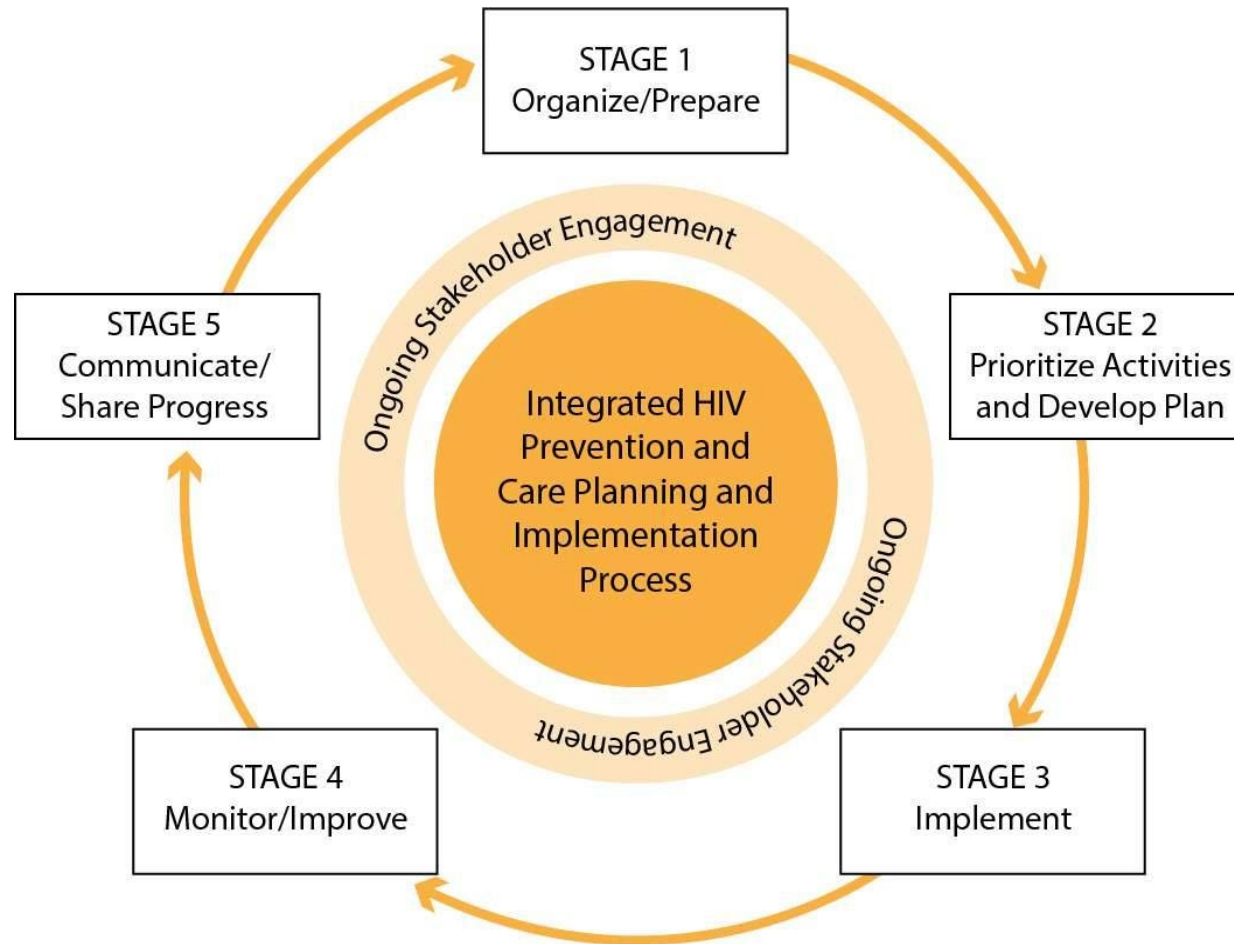
- Today's two part session will focus on:
 - The final stages of Integrated Plan development and submission
 - Strategies and best practices to support implementation, monitoring, and evaluation of Integrated Plans following submission

Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need, CY 2022-2026 are due to CDC DHP and HRSA HAB on December 9, 2022

About the Integrated HIV/AIDS Planning Technical Assistance Center



Stages of integrated planning





Three Months to Go Before Submission!

The Final Stages of Integrated Plan Development

August 25, 2022



INTEGRATED HIV/AIDS PLANNING
TECHNICAL ASSISTANCE CENTER



Today's objectives

By the end of the session, participants will be able to:

- Identify the final steps for completion of the Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need, CY 2022-2026
- Describe at least two strategies and tips for successfully completing the integrated planning process
- Identify how to access IHAP TAC resources and tools for integrated planning on [TargetHIV.org](https://www.targethiv.org)

Integrated Plan Guidance

- I. Executive Summary of the Integrated Plan and SCSN
- II. Community Engagement and Planning Process
- III. Contributing Data Sets and Assessments
- IV. Situational Analysis
- V. Goals and Objectives
- VI. Integrated Planning Implementation, Monitoring and Jurisdictional Follow Up
- VII. Letters of Concurrence

Key themes from the planning process

- Deciding how to coordinate and collaborate with other jurisdictions (e.g., Part A and Part B collaboration)
- Determining how to organize Integrated Plan goals and/or objectives (e.g., using the four *National HIV/AIDS Strategy (NHAS)* goals or the four *Ending the HIV Epidemic in the United States (EHE)* strategies)
- Taking a syndemic approach by including STIs and viral hepatitis
- Innovating for improved and expanded community engagement
- Being strategic about developing a plan fit for implementation (i.e., not something that sits on the shelf)
- Many are new to the integrated planning process

Final stages of Integrated Plan development



Reflections on getting to submission

- *“I like to think of it as being a train conductor, where there's lots of different cars with a lot of different people in each car. And I feel like my role is to make sure that we are all moving in the same direction toward our final destination.”*
- *“I am responsible to make sure that there are the appropriate stakeholders around the table and making sure that [the Part A's] interests are represented since we are doing it as a joint collaboration with the state.”*

Key activities prior to submission

- Present/share a complete draft with planning bodies and other key stakeholders
- Respond to and integrate feedback
 - Make sure to close the loop! Let people know how their input was incorporated and help them see the results of their efforts.
- If using an external consultant for plan development, ensure the planning council/body is fully and meaningfully engaged
 - Communicate how stakeholder input was valued and incorporated in the plan
- Obtain letters of concurrence, non-concurrence, or concurrence with reservations from planning bodies
 - Make sure letters specify how the planning body was involved
- Complete the *CY 2022–2026 CDC DHP and HRSA HAB Integrated Prevention and Care Guidance Checklist* (Appendix 1 of the Integrated Plan Guidance) to include with the submission

Appendix 1: Guidance Checklist

- Indicate use of new or existing materials, where allowed by the Guidance

Appendix 1
CY 2022 – 2026 CDC DHAP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist

Requirement	Requirement Detail	Please indicate whether the jurisdiction created new material and/or the Title/File Name of any existing material attached to meet requirement	Page(s) Where Requirement is Addressed
Section I: Executive Summary of Integrated Plan and SCSN	<p><i>Purpose:</i> To provide a description of the Integrated Plan, including the SCSN and the approach the jurisdiction used to prepare and package requirements for submission</p> <p>Tips for meeting this requirement</p> <ol style="list-style-type: none"> Be sure to write the summary with enough detail to ensure the reader understands how you have met Integrated Plan requirements. If you are using a combination of new and existing materials, be sure to describe how submitted materials relate to each other. 		
I. Executive Summary of Integrated Plan and SCSN	Provide an overall description of the Integrated Plan, including the SCSN, and the extent to which previous/other plans/SCSNs inform this plan/SCSN, or provide an overall description of an existing plan/SCSN that meets all requirements and includes the information below.	<i>New material required</i>	

IHAP TAC resource for completing the checklist

- [Fillable checklist](#) to complete for submission
- Includes all required information in Appendix 1, as well as an optional column for notes specific to each requirement

CY 2022 – 2026 CDC DHP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist

Requirement:	New Material and/or Existing Material Used to Meet Requirement:	Document Title/File Name of Existing Material Attached to Meet Requirement	Page Number(s) Where Requirement is Addressed in Existing Material	Notes (If Applicable)
Section I: Executive Summary of Integrated Plan and SCSN				
1. Executive Summary of Integrated Plan and SCSN	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
a. Approach	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
b. Documents Submitted to Meet Requirements	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Section II: Community Engagement and Planning Process				
1. Jurisdiction Planning Process	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
a. Entities Involved in Process	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
b. Role of the RWHAP Part A Planning Council/Planning Body (not required for state only plans)	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
c. Role of Planning	Choose an item.	Click or tap here to	Click or tap here to	Click or tap here to

Letters of concurrence

- Required for each planning body in the jurisdiction
 - CDC Prevention Program Planning Body Chair(s) or Representative(s)
 - RWHAP Part A Planning Council/Planning Body(s) Chair(s) or Representative(s)
 - RWHAP Part B Planning Body Chair or Representative
 - Integrated Planning Body
 - EHE Planning Body
- See Appendix 6 in the Integrated Plan Guidance for a Sample Letter of Concurrence or Concurrence with Reservations
- Key details to include in the letters:
 - Process used by the planning body to provide input or review the plan
 - How jurisdictions with directly funded states and cities plan to coordinate their HIV planning process (if applicable)

How can I keep to a 100 page limit?!?

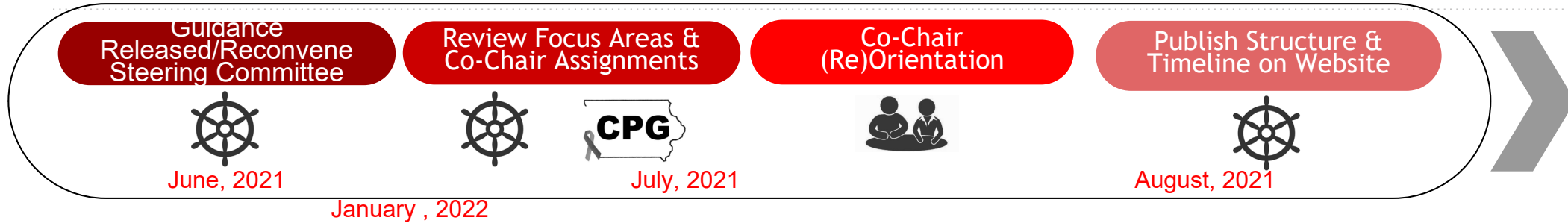
- Rationale for page limit: keeps plans concise and accessible to all stakeholders and community members charged with implementing and providing feedback on actions
- There is some flexibility in page limit, especially if the submission includes EHE Plans or an Integrated Plan with multiple jurisdictions
 - City- or state-only submissions should adhere to 100 page limit
- Appendices (e.g., reference materials and other documents) and the Guidance Checklist **do not count** towards the page limit

Sample timelines for Integrated Plan development

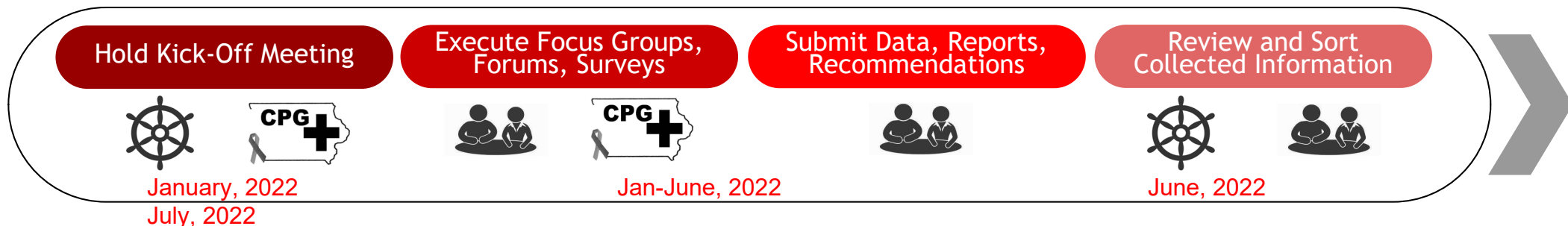


Revised Stop HIV Iowa **Planning Structure & Timeline**

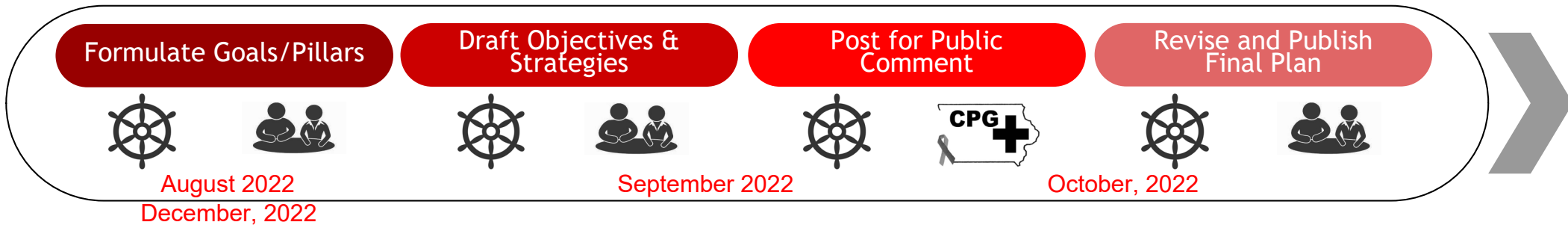
STEP 1: Review & Confirm Structure



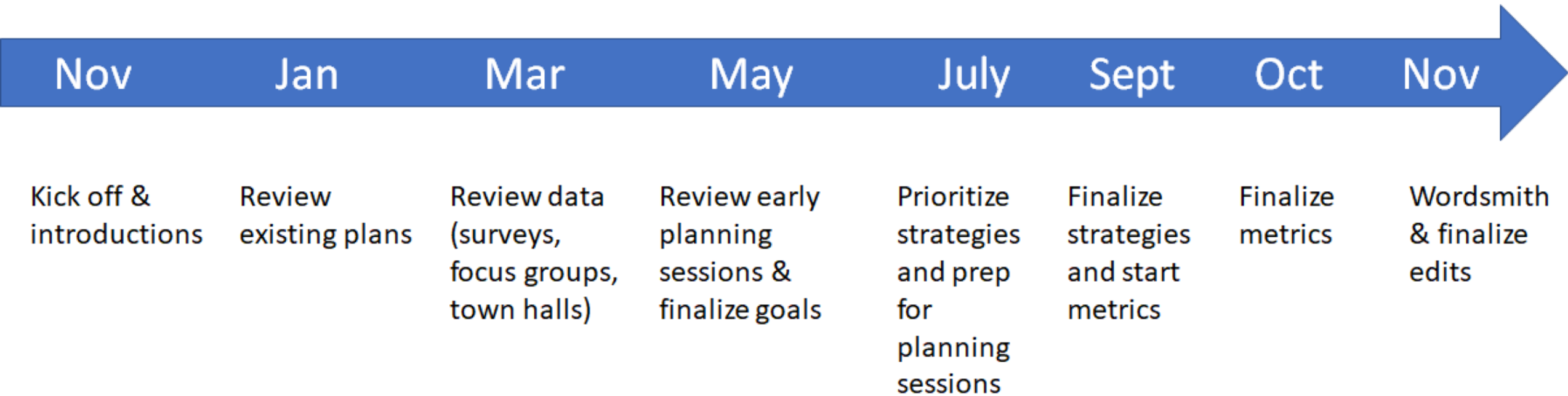
STEP 2: Information Gathering



STEP 3: Draft, Review, Publish



The Arizona Plan



The best timeline is a **FLEXIBLE** timeline!

Timelines and Finishing Touches in Maryland

- October 2021 – June 2022
 - Biweekly engagement meetings
 - Quarterly planning group meetings
- June 2022 – September 2022
 - Draft for group review 9/08/2022
 - Draft for state health department review 9/30/2022
- December 2022
 - Group consensus
 - Submission to federal partners



**Developing and
disseminating
a “living
document”**



Set yourself up for successful implementation

- The Integrated Plan provides an overarching vehicle to coordinate approaches for addressing HIV at the state and local levels
 - Describe how the Integrated Plan meets your community's needs
- Give your jurisdiction credit for the work you are already doing

“Most of you probably all have amazing programs and amazing outcomes and you don't need to necessarily always be reinventing the wheel. Just know that you can put those processes down on paper as part of your plan.”

Set yourself up for successful implementation

- Be flexible and embrace the plan as a living document
 - Establish and maintain plans for ongoing community engagement
 - Update the plan, as needed, to address evolving needs and make improvements
- Plan for how you will ensure continuity in the event of staff turnover
 - Specify roles and responsibilities for Integrated Plan activities
 - Provide training to new staff on the integrated planning cycle
- Establish clear monitoring and evaluation processes
 - Identify baseline data
 - Ensure that you can access or collect data to monitor progress
 - Identify clear roles and responsibilities for data collection and reporting
 - Describe plans to coordinate among stakeholders and funding streams

Dissemination plans and resources

- Disseminate final plan to all key stakeholders and establish how and when you will share plan updates and progress towards meeting goals
- **In Action!** For their 2017-2021 Integrated Plan, Wisconsin developed an abbreviated version to distill their 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.01631

Importance of communication

*“We had some communication problems the last cycle and we had concurrence with reservations. We understand now that everybody's got to communicate everything on a regular basis and that there's no “need-to-know” basis. **There's no hiding data.**”*

Resources



IHAP TAC integrated planning webinar series

1. Gearing Up for Integrated Planning: Approach, Timeline, and Community Engagement (January)
2. Making the Case with Data: Epidemiologic Snapshots, Resource Inventories, and Needs Assessments (February)
3. Situational Analysis: Pulling it All Together (March)
4. Charting the Course for the Next Five Years: 2022-2026 Goals, Objectives, and Strategies (May)
5. Integrated Planning 101: Back to basics with integrated planning experts! (June)
6. Where the Rubber Meets the Road: Implementation, Monitoring, Evaluation, Reporting, and Dissemination (July)

HIV Resources Inventory Compiler

- Supports three key actions:
 - **Data Collection:** Captures information necessary for completing the HIV prevention, care, and treatment resource inventory section of the Integrated Plan submission
 - **Resource Inventory Table Creation:** Generates a table in PDF format for (optional) inclusion with the Integrated Plan submission
 - **Funding Analysis Dashboard:** Analyzes the collected data with six pre-programmed options
- Use of the Compiler is not required by CDC and HRSA

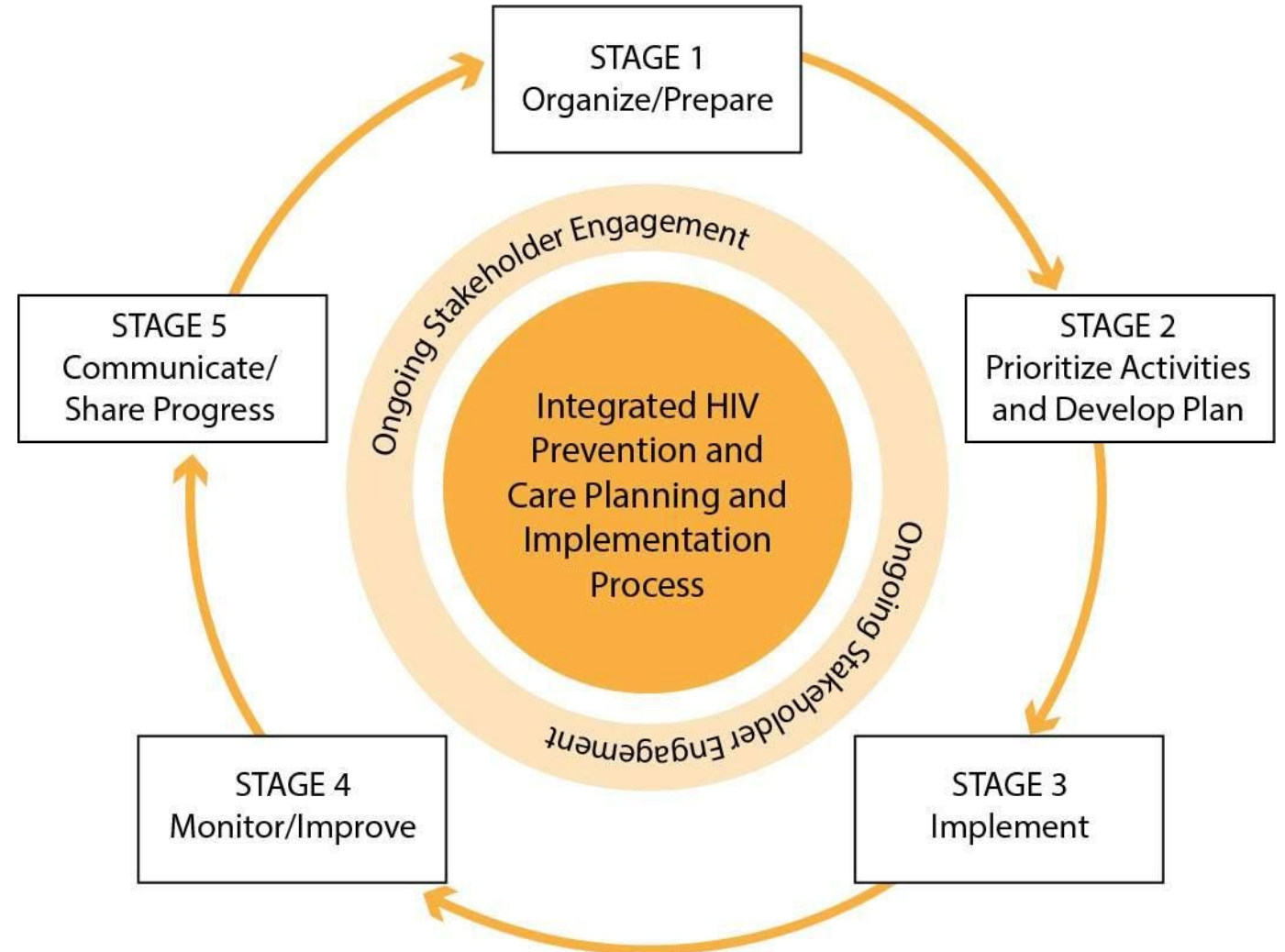
Fillable checklist for submission

CY 2022 – 2026 CDC DHP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist

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c. Role of Planning	Choose an item.	Click or tap here to	Click or tap here to	Click or tap here to

Reminder: planning is an ongoing process!

- Foster collaborative relationships with partners and stakeholders
- Identify opportunities to engage new stakeholders
- Make data-driven decisions to refine the plan
- Regularly share progress about plan implementation





Integrated HIV Prevention and Care Planning

Shifting the Focus from
Development to Implementation

August 25, 2022



INTEGRATED HIV/AIDS PLANNING
TECHNICAL ASSISTANCE CENTER



Today's objectives

By the end of the session, participants will be able to:

- Describe at least two strategies to support successful implementation, monitoring, and evaluation of Integrated Plans
- Describe at least one strategy to facilitate the simultaneous implementation of multiple plans within jurisdictions
- Identify how to access IHAP TAC integrated planning resources and tools on [TargetHIV.org](https://www.TargetHIV.org)

The case for integrated planning

- Allows health departments and planning groups to submit one plan to lead the implementation of both HIV prevention and care services
- Meets all programmatic and legislative requirements associated with both CDC and HRSA funding
- Reduces grant recipient burden and duplicative planning efforts
- Promotes collaboration and coordination around data analysis

The case for integrated planning

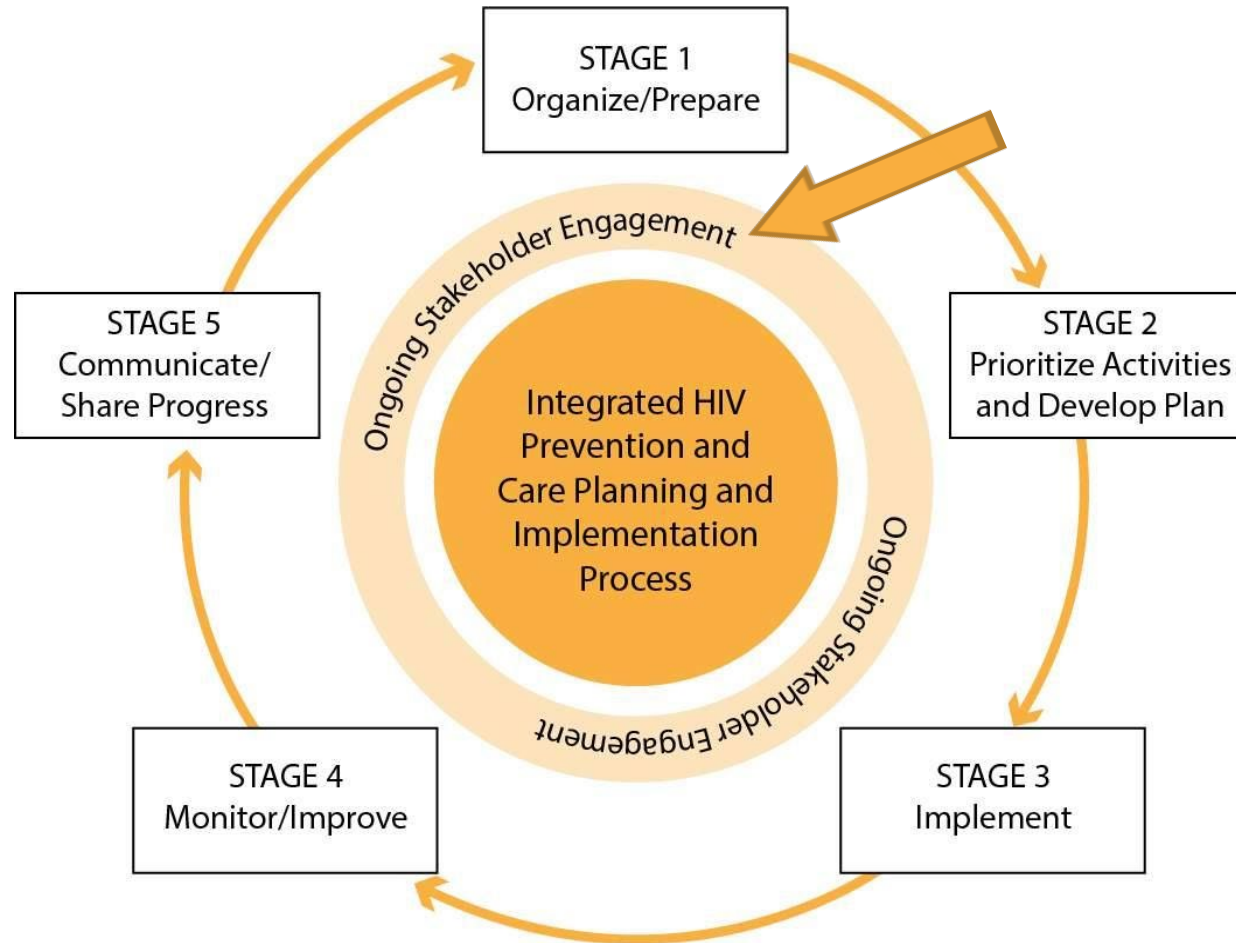
- Requires engagement of a wide range of stakeholders, including people with HIV and people who experience risk for HIV
- Intended to accelerate progress toward meeting national goals while allowing each jurisdiction to design an HIV services delivery system that reflects its local vision, values, and needs

“In [our jurisdiction], we see the Integrated Plan as a tool for a path forward.”

The case of integrated planning

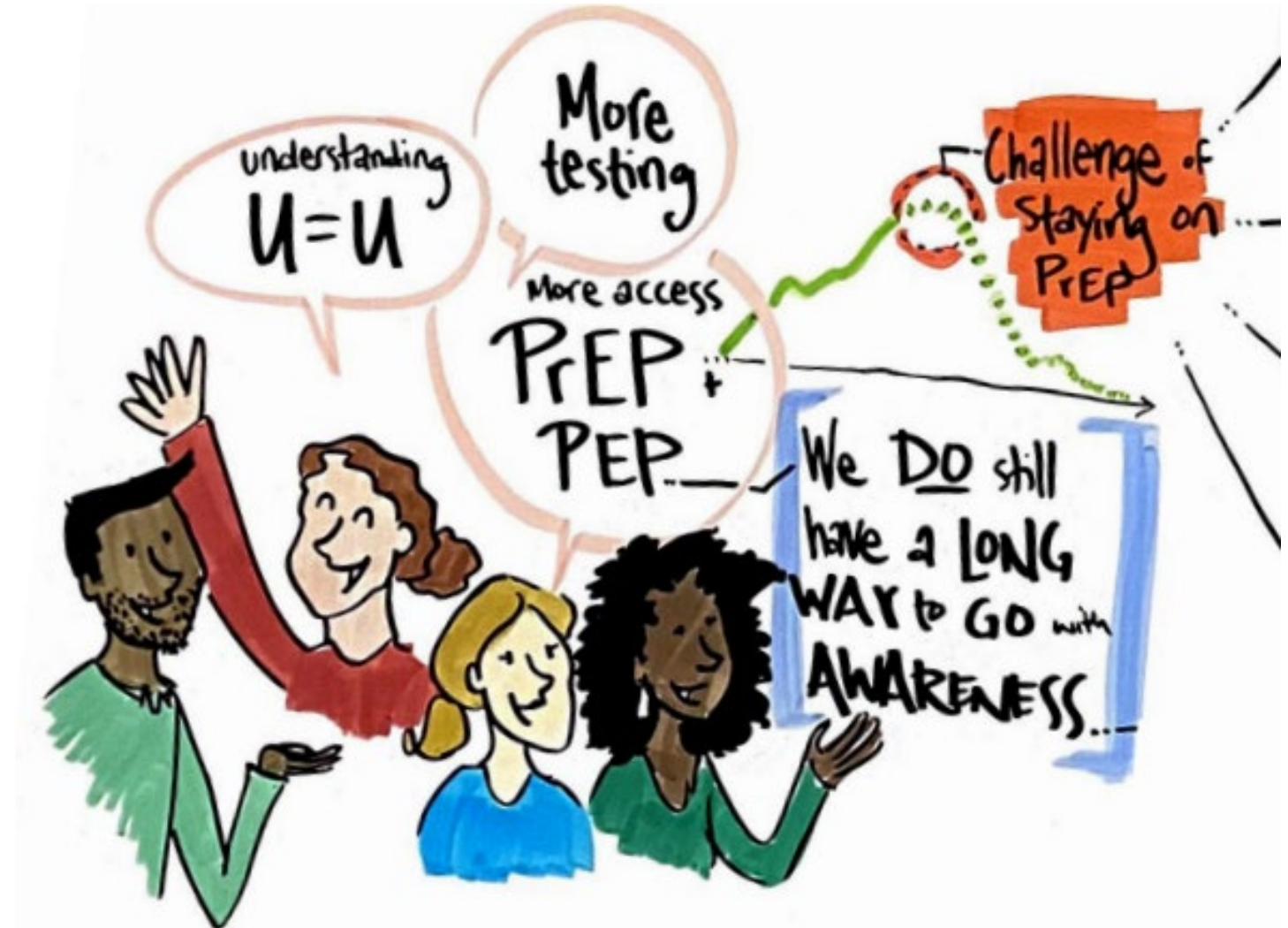
- Fosters new approaches to address barriers to HIV prevention, care, and treatment
- Serves as a jurisdictional roadmap
- Leverages existing resources and improves efficiency and coordination of HIV prevention and care service delivery
- Promotes collaboration and coordination in the use of data for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

Integrated planning is ongoing



Example: Arizona's aims for integrated planning

- Concurrence
- Transparency
- Communication
- Monitoring



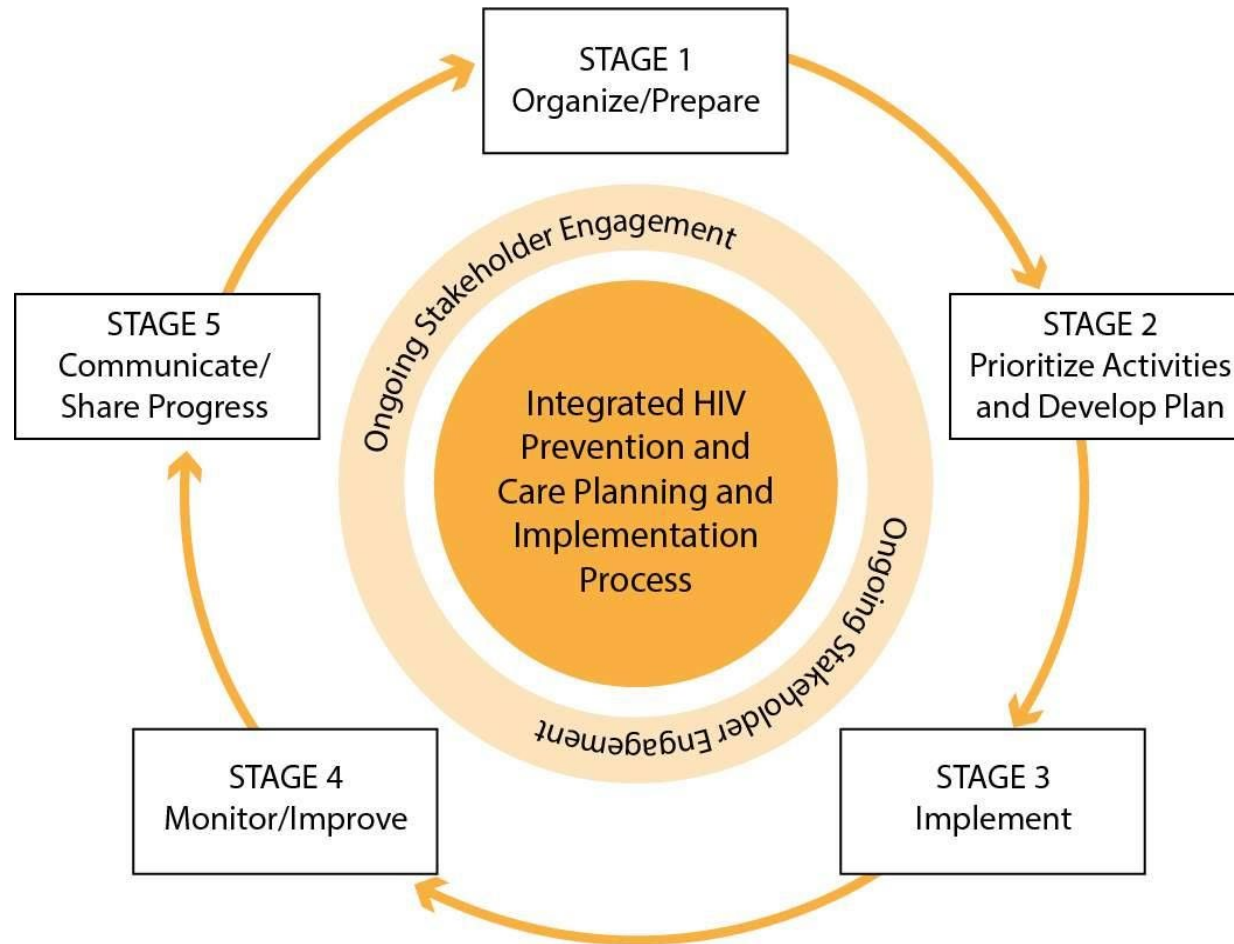
Ongoing stakeholder engagement

- Maintain active engagement and involvement from planning bodies, community members, and other stakeholders that participated in the plan development process
 - Demonstrate that you value the expertise and time people are giving - acknowledge their time and investment
 - Close the loop - let people know how their input was incorporated and help them see the results of their efforts
 - Do not expect people to always come to you - go to them!
 - Assess continued opportunities for virtual participation - step up your online presence!

Ongoing stakeholder engagement

- Develop strategies to identify new stakeholders so you are not always asking the same people to do more of the same
 - Identify who is not at the table
 - Develop recruitment and retention plans to include new voices who reflect the communities most affected by HIV and other related health concerns in your jurisdiction
 - Provide opportunities for short-term input to people unlikely to seek membership in a planning group
 - Leverage other stakeholder groups in the jurisdiction

Stages of integrated planning



Stage 3: Implement plan

- Key activity: document implementation process
 - Develop a realistic implementation plan based on the Integrated HIV Prevention and Care Plan submission, including:
 - Roles and responsibilities for planning bodies, recipients, subrecipients, other partners, and stakeholders
 - Timelines
 - Outcomes and data sources for monitoring progress
 - Document protocols to support implementation
 - Decision-making process
 - Communications to report progress and challenges

Stage 3: Implement plan

- Implementation plans should include information on the persons or agencies responsible for:
 - Implementing plan activities
 - Coordinating activities and funding streams
 - Monitoring plan implementation and outcomes
 - Communicating with stakeholders
- The Integrated Plan is a living document - ensure activities are actionable and can be monitored

Stage 3: Implement plan

- A multi-year plan can be overwhelming
- 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

Stage 4: Monitor and improve plan

- Key activity: Implement monitoring plan
 - Update the monitoring plan developed in Stage 2 to ensure effective and responsive tracking of progress and successes:
 - Measures, data sources, and data collection processes
 - Reporting structures and processes for reporting
 - Data management protocols
 - Ongoing quality assurance

Stage 4: Monitor and improve plan

- Key activity: Use data to monitor progress
 - Use health outcome data and real-time data dashboards to monitor jurisdictional progress in improvements in HIV prevention, care, and service delivery
 - Identify HIV care continuum, health outcome, and prevention 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

Step 4: Monitor and improve plan

- Update plan, as necessary

“I look forward to revising the plan annually when we need it and taking pieces of the plan where we know might be insufficient to other community entities beyond those that are giving input right now, to help us flush through some operational details or where we can sort of steer the ship to be as responsive as possible.”

Stage 5: Communicate and share progress

- Key activity: Develop accessible materials for broad audiences
 - Snapshot summary documents to promote and share the Integrated Plan
 - Updates on implementation process
 - Dashboards and data visualization tools to monitor progress
 - Highlights of updates to the Integrated Plan in response to community feedback and evaluation results

“We're trying to increase the understanding of the role that the Plan has and what will come after it. We're trying to describe that this is our blueprint. This is our path to ending HIV.”

Stage 5: Communicate and share progress

- Key activity: Share updates and progress
 - Provide updates on plan activities and progress to planning groups 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

Stage 5: Communicate and share progress

- Key activity: 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
 - Inform stakeholders how feedback was incorporated

In action! Reporting on plan progress in Wisconsin



2. Increase access to PrEP: one pill, once a day that can help prevent HIV

About this key element:

PrEP is a prescription medication (one pill taken once a day) that can reduce a person's risk of getting HIV by over 90%. Increasing access to PrEP in Wisconsin includes growing the number of service providers offering PrEP, providing support to help people pay for PrEP through several financial assistance programs, increasing PrEP adherence, and providing medical follow-up.

Actions taken since the launch of the Integrated Plan:

1. Funded PrEP navigators

In 2018, the Wisconsin HIV Program provided funding for PrEP navigation services for the first time. Six agencies were funded to provide navigation to assist clients in addressing barriers to accessing PrEP. The navigators work with clients to schedule medical appointments, complete labs, and secure financial assistance if necessary. The six agencies funded are AIDS Resource Center of Wisconsin (ARCW), University of Wisconsin Health (UW Health), Sixteenth Street Community Health Center, Holton Street Clinic, Froedert and Medical College of Wisconsin, and Health Connections (formerly Greater Milwaukee Center).

2. Hosted a PrEP summit

The Midwest AIDS Training and Education Center-Wisconsin (MATEC-WI) and the Wisconsin HIV Program hosted a PrEP summit in 2018 for about 40 physicians and providers. Attendees learned about raising awareness of and expanding access to PrEP services.

3. Provided PrEP referrals through Walgreens HIV testing program

Since 2018, pharmacists providing HIV testing at Walgreens have offered 142 PrEP referrals to clients who test negative. They counsel clients about where to get PrEP and who to contact for more information.

4. Opened new PrEP clinics through partnerships

Between 2017 and 2019, ARCW, Diverse and Resilient, and the Milwaukee Health Department partnered to open new PrEP clinics. The new PrEP clinics expand access to PrEP by offering these services at agencies people are already comfortable visiting for their sexual health needs.

5. Improved PrEP data collection

In 2019, the Wisconsin HIV Program began collecting PrEP data in EvaluationWeb. The Program will be able to collect better data on awareness and PrEP use among people accessing HIV testing services.

Future Plans

- Support campaigns and outreach efforts that increase PrEP awareness in communities affected by HIV
- Train more health care providers to offer PrEP services statewide
- Remove barriers so that youth and young adults are able to access PrEP
- Develop and host a PrEP Navigator Training in 2019

Sometimes there's more than one plan...

National/federal plans and initiatives (country-wide)	<ul style="list-style-type: none">● National HIV/AIDS Strategy● EHE Initiative● STI National Strategic Plan● Viral Hepatitis National Strategic Plan
Jurisdictional plans and Initiatives (city, county, region, state)	<ul style="list-style-type: none">● Integrated HIV Prevention and Care Plan● EHE Plan● EtE or Getting to Zero Plan● Fast-Track Cities Initiative● Cluster and Outbreak Detection and Response Plan● Hepatitis Elimination Plan● Ending the Syndemic/Epidemics Plan
Recipient/grantee plans and initiatives (organization, agency)	<ul style="list-style-type: none">● Programmatic applications● Work plans● Strategic plans

Leveraging existing plans and products

- Integrated Plan Guidance acknowledges that many jurisdictions have already conducted extensive HIV planning processes
 - Allows for submission of portions of existing plans to satisfy requirements as long as the Integrated Plan submission addresses the broader needs of the geographic jurisdiction and applies to the entire CDC and HRSA HIV funding portfolio
- Integrated Plan Guidance emphasizes that the Integrated Plan should not redevelop existing products, such as epidemiologic profiles, if these products are current and up-to-date.
 - Existing versions of these documents may be updated or modified, if needed, for the current integrated planning process.

Simultaneous implementation of multiple plans

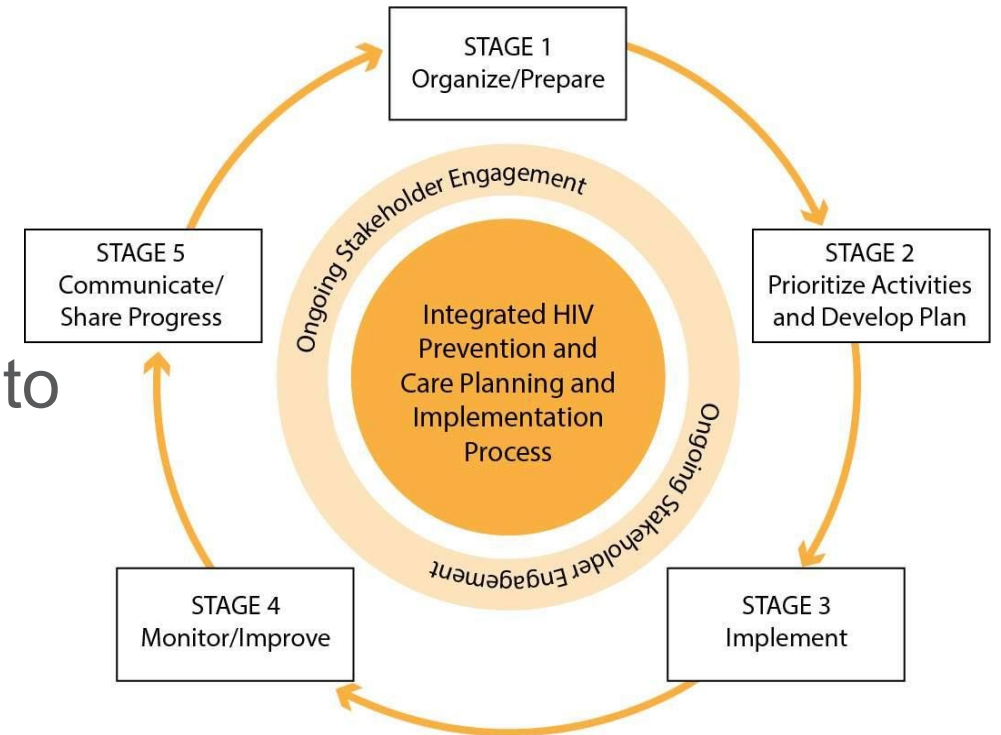
- Distinguish areas of alignment and key differences between plans
- Communicate how other plans contributed to Integrated Plan development and how the jurisdiction views the relationship between plans
- Look for new opportunities for coordination and collaboration
 - Establish a shared vision for implementing, monitoring, and communicating progress across plans
 - Consider combining planning groups or creating liaison positions to represent distinct HIV planning efforts across different groups
- Prioritize transparency and equitable access to data
- Focus on community engagement, priority populations, status neutral approaches, and health equity

Tips from the field

- Communicate - talk with stakeholders, leadership, and evaluators across initiatives to help everyone understand how things at a local level can have an impact on other activities
- Use available resources - Many of the same people are at multiple tables; help them understand what resources are available and how to use them
- Understand various funding streams - some funding streams supporting other jurisdictional plans may have more flexibility
- Acquire champions within organizations and community to move plans and initiatives along - obtain input from local leadership on efforts moving forward

Reminder: planning is an ongoing process

- Align monitoring, reporting, and communication activities across plans when feasible
- Revise planning tools and processes
- Promote transparency, equitable access to data, and accountability
- Continually engage stakeholders in decision-making



IHAP TAC can help!

- **New to Integrated Planning or Need a Refresher?**
 - Online Course: An Introduction to HIV Prevention and Care Planning
 - Access at www.targethiv.org/ihap
- **Don't know what you need?**
 - **Visit our website at www.targethiv.org/ihap**
 - Join our mailing list at <https://targethiv.org/ihap/subscribe>
 - Review resources
 - Request tailored technical assistance
 - **Contact us at ihaptac@jsi.com**



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Thank you!



This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U69HA30144, Ryan White HIV/AIDS Program Integrated HIV Planning Implementation. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



Questions?