

Putting Plans into Action

Six Steps for Agreeing on Roles, Responsibilities, and Structure for Implementing HIV Integrated Prevention and Care Plans

Step 1. Review Your Plan

Review the work plan in your Integrated HIV Prevention and Care Plan. Most likely, the work plan was submitted in chart form and includes a column that specifies who is responsible for implementing each activity. The level of complexity in assigning roles is greatest for a joint Prevention-Part A-Part B Plan that involves three or more recipients and multiple planning bodies. Assigning roles may be least complicated if your plan covers the Part A program and Prevention activities in a jurisdiction that does not have its own HIV Planning Group (HPG) or direct funding for HIV Prevention.

Most plans include a combination of the following:

- **Activities to be carried out by a single entity or a subgroup within that entity**—for example, by the CDC HIV Prevention Program recipient, the HPG or one of its committees, the Part A or Part B recipient, and the Part A or Part B planning council/body or one of its committees
- **Activities that require collaborative implementation**—for example, a planned joint needs assessment to be carried out by Part A and Part B or a special study of linkage to care to be implemented by Prevention, Part A, and Part B

The last section of your Integrated Plan should specify a process for monitoring and improvement. This may include data gathering and review responsibilities for each recipient and for planning bodies as well, and may call for collaborative monitoring and evaluation between Prevention and Care or across RWHAP Parts.

If most of the work involves separate activities, then the main task of implementation planning is for each partner to ensure that every activity has a specific entity (e.g., a particular committee of the Part A Planning Council or a particular recipient unit or staff member) responsible for ensuring its completion. Continued collaboration may be primarily to share information and perhaps monitor progress and assess outcomes. If many joint activities were identified, then determining roles, processes, and structures will need more attention.

As you review the work plan and the monitoring and improvement section, identify and list:

- Any activities that are not assigned to a specific entity
- Needed revisions or updates regarding activities, roles, and/or timing
- Activities that call for collaboration without laying out specific responsibilities for the collaborating entities

Step 2. Identify Key Roles

Plan implementation includes several types of roles.

Determine which of the following apply to your jurisdiction and identify any that were not considered and assigned as part of the Plan:

- **Implementation of strategies/activities.** If these were not already specified in your plan, outline them now.
- **Coordination of shared activities,** so one entity or individual has primary responsibility for ensuring that the work is completed
- **Communication among entities,** both to support collaborative activities and to share progress and challenges. Regular communications are particularly important in situations where some activities are implemented separately, but their results are then used for a joint activity – for example, each entity reviews its own linkage to care processes and then the results of this review are shared and the entities work together on improved models and processes.
- **Data gathering to assess progress.** Each entity will probably be gathering data from multiple sources to measure progress towards goals and objectives. Some of these data may be obtained through client databases like CAREWare, while others come from Clinical Quality Management (CQM) efforts, HIV Care Continuum analyses, or other sources. Hopefully your Plan defines measures and data sources; responsibilities may need to be clarified.
- **Review of monitoring data** from multiple sources, to summarize progress and challenges
- **Annual evaluation,** including analysis of performance and outcome measures and linking of data to specific goals and objectives
- **Refining/updating your Plan,** a process carried out each year in some jurisdictions

Step 3. Explore Levels of Collaboration

One of the most important decisions is the level of collaboration in implementation of your Integrated Plan – between Prevention and Care and across RWHAP Parts.

Consider at least the following possible types and levels of collaboration in Plan implementation:

- **Fully integrated implementation,** usually with a single integrated planning body
- **Joint work on specific strategies/activities,** usually those already listed as shared in the work plan, such as special studies, needs assessment, or joint development and implementation of a new model for linkage to or re-engagement in care
- **Joint monitoring and assessment,** such as review of performance and outcome measures and joint CQM activities
- **Independent implementation but periodic communications and meetings,** such as quarterly written reports on progress and challenges that are shared across entities and/or a meeting of all planning bodies and recipients twice a year
- **Joint review and updating of the Plan,** perhaps annually

Considering key roles and assignments along with desired levels of collaboration helps in deciding on responsibilities for Plan implementation. Generally, each partner makes its own decisions about responsibilities for its own tasks and activities, and partners work together to assign roles involving collaboration.

Step 4. Consider Existing/New Structures

Consider the best structures for implementation, and whether to use pre-existing planning structures or new structures used to prepare the Plan, or whether a new or refined structure is needed.

Among the structures being used for Plan implementation are the following:

- **An integrated Prevention-Care planning body**
- **A Joint Implementation Committee** with representatives of both recipients and planning bodies, including consumers of Prevention and Care services
- **Joint workgroups** with responsibility for certain categories of tasks
- **A Joint Monitoring and Evaluation Committee**, which gathers and analyzes progress, performance, and outcomes data, and shares this information with all partners
- **Expansion of existing committee(s) or establishment of a new subcommittee of a planning body** (e.g., Executive Committee, Comprehensive Planning Committee, CQM Committee) to include representatives of all partners

Choose a structure that fit your needs and builds on past experience. Remember that use of an existing structure often requires less work, but successfully incorporating new members and tasks will require support and flexibility from leadership.

Step 5. Assign and Document Roles and Responsibilities

Having completed various reviews, you are ready to assign roles and responsibilities for collaborative activities and choose needed structures. Be sure to consider which jurisdiction and which entity should be responsible (recipient and/or planning body, or a specific unit or committee).

You will need to:

- **Agree on collaborative structures to be used** (e.g., task force, committee, workgroups)
- **Specify roles, responsibilities, and boundaries**—what will be done together, what will not
- **Determine the membership and member selection process for collaborative structures;** members might include recipients, planning body representatives, people with HIV including consumers, provider representation, and perhaps other experts
- **Agree on the decision making process** (e.g., voting or consensus) and final decision maker—for example, some decisions may need to come back to each planning body and recipient, while other decisions may be delegated to a joint structure on which all partners have representation
- **Develop and approve processes to implement your decisions;** including policies and operating procedures
- **Agree on staff support and coordination responsibility;** this will depend on both logical division of work and resources available to each partner

Decisions that affect multiple partners will need to be confirmed by all partners, then documented in plain language and shared with all partners. Implementation plans involving only a single program will need to be documented and communicated.

Step 6. Implement, Review, Refine

Once you have agreed on roles, responsibilities, and structures, you are ready to:

- **Orient and train everyone involved**, so there is a shared understanding of who is doing what and how information will be shared, and people with specific responsibilities understand their roles and how they relate to other tasks and partners
- **Agree on quarterly tasks**, at least during the first year, then move to biannual or annual plans
- **Review progress quarterly**, and make refinements as needed
- **Refine structure and roles quarterly**, especially the first six months, and make refinements as needed
- **More fully assess both progress and process at the end of the year**, and share both progress and challenges with all partners
- **Obtain perspectives from participants**, including not just leaders but also other planning body members and staff, recipient staff, and providers and consumers of services
- **Refine roles, responsibilities and structures as needed**

It is likely that structures and division of work will need refinement over time, both to improve processes and to reflect changes in the external environment. Such revisions should be reflected in Plan updates.

**For additional resources on integrated HIV/AIDS planning,
visit www.targetHIV.org/IHAP**

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