



**INTEGRATED  
HIV/AIDS  
PLANNING**  
TA CENTER

JANUARY 20, 2022

**GEARING UP FOR INTEGRATED  
PLANNING:** APPROACH, TIMELINE,  
AND COMMUNITY ENGAGEMENT

**DIGITAL WEBINAR COMPANION GUIDE**

# INTRODUCTION

This webinar companion guide offers attendees a resource to supplement the information covered during the webinar and extend the webinar's benefits beyond the allotted presentation time. It contains:

- [Presenter bios](#)
- [Presentation slides](#)
- [Questions for consideration](#)
- [Integrated planning resources](#)
- [Up Next: January 2022 Peer Learning Series](#)

The HRSA-funded **Integrated HIV/AIDS Planning Technical Assistance Center** (IHAP TAC) supports Ryan White HIV/AIDS Program Parts A and B recipients, CDC DHP-funded recipients, and their respective HIV planning bodies with integrated planning, including the development, implementation, and monitoring of their Integrated HIV Prevention and Care Plans. We provide national and individualized training and technical assistance and facilitate peer-to-peer learning.

State and local jurisdictions across the country are working on their response to the [Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026](#). The IHAP TAC is hosting a webinar and peer learning series to support these efforts. The series will review and discuss the guidance section by section and address priority areas and ongoing points for clarification identified by jurisdictions and planning stakeholders.

The first webinar in our series, *Gearing Up for Integrated Planning: Approach, Timeline, and Community Engagement*, provides an overview of the integrated planning process and explanation of the intersections between integrated planning and other HIV and syndemic planning efforts. Guest speakers from the Arizona Department of Health Services share examples of how their Integrated Planning process is structured and coordinated, and guest speakers from the Maryland Department of Health and Iowa Department of Public Health discuss their approach to community engagement.

By the end of this webinar, participants will be able to:

- Describe at least two approaches to coordinating the integrated planning process
- Identify at least two strategies to engage community members across the integrated planning lifecycle, including identification of new stakeholders and voices
- Discuss opportunities to adapt traditional engagement approaches to the current environment to ensure ongoing, meaningful stakeholder input and feedback
- Better understand the connections between Integrated Planning and other HIV planning efforts

## PRESENTER BIOS



### **Carmi Washington**

Carmi Washington Flood is the Chief of the Office of Faith Based and Community Partnerships within the Maryland Department of Health. There she serves to connect faith and community-based organizations to expertise and resources that will build capacity for whole health and wellness for individuals, families and the neighborhoods where they live, work and play.

Carmi serves on several community boards and coalitions including the Get SMART Project at Morgan State University, the Human Services Advisory Board for Anne Arundel Community College, the Why Women Cry Coalition, the Maryland Statewide Child Evangelism Fellowship Board, the Department of Public Safety and Corrections Female Offender Workgroup, the Johns Hopkins Medical Religious Partners Work Group, the West Baltimore Drug Free Community Coalition, and the Johns Hopkins Center for Adolescent Health Community Advisory Board.

Carmi holds a Masters of Arts degree in Ministry and Leadership Administration from Lancaster Bible College and Seminary, a Bachelor of Science degree in Psychology from Michigan State University, and a certificate in Christian Counseling from Faith Theological Seminary.

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### **Deborah Reardon-Maynard**

Deborah Reardon-Maynard is the Program Improvement Manager for the HIV Prevention Program at Arizona Department of Health Services in Phoenix, Arizona. In this role, she supports statewide planning efforts and works with programs implementing targeted or behavioral interventions and condom distribution as well as capacity building. She received her BA in Sociology and Community Health Education with a focus on sexual health from Northern Arizona University, and her MPH with an emphasis in Health Education from University of Arizona.

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### **Isabel Evans**

Isabel Evans is the Ending the HIV Epidemic in the U.S. Program Coordinator at the Arizona Department of Health Services in Phoenix, Arizona, where she manages special projects for people with HIV and supports statewide planning efforts. Previously, she completed CDC's Public Health Associate Program at the National Association of County and City Health Officials (NACCHO), with a focus on local opioid overdose prevention programming. She received her BA in Public Health Studies & East Asian Studies from Johns Hopkins University, and her MSc in Public Health from the London School of Hygiene & Tropical Medicine.

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### **Holly Hanson**

Holly Hanson has served as the Ryan White Part B Program Manager for the state of Iowa for more than twenty years. She is responsible for ensuring program compliance with the Ryan White Treatment Extension Act, including strategic planning, reporting requirements, grant and budget management, program implementation, and communication.

Holly received her Bachelor of Arts in Social Work from the University of Iowa and her Master of Arts in Counseling Psychology and Counselor Education from the University of Colorado at Denver. Before coming to the Iowa Department of Public Health she was a therapist and outreach worker at Columbine Connections in Littleton, Colorado and has a particular passion for bringing trauma informed care to the HIV field in a meaningful way.



# Gearing Up for Integrated Planning Approach, Timeline, and Community Engagement

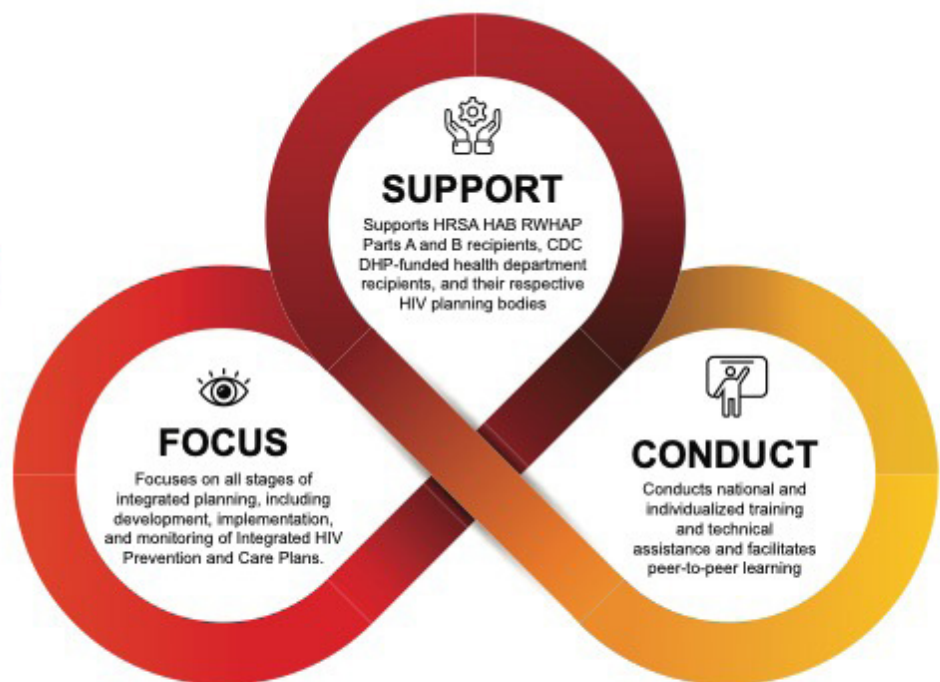
January 20, 2022  
3:00 - 4:30 pm EST



**INTEGRATED HIV/AIDS PLANNING**  
TECHNICAL ASSISTANCE CENTER



## About the Integrated HIV/AIDS Planning TA Center



## Welcome to our new learning series!

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### Integrated planning webinar and peer learning series goals

- Review and discuss the guidance section by section
- Highlight jurisdictional efforts
- Address emerging and ongoing questions
- Facilitate peer engagement and learning

### More information available at [TargetHIV.org/ihap](https://TargetHIV.org/ihap)

- Participation in the webinar is *not* required for the peer learning session

INTEGRATED HIV/AIDS PLANNING  
TECHNICAL ASSISTANCE CENTER

## Welcome

**Dr. Susan Robilotto**

**Director, Division of State HIV/AIDS Programs**

**HIV/AIDS Bureau (HAB)**

**Health Resources and Services Administration (HRSA)**



### Today's objectives

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**By the end of the webinar, participants will be able to:**

- Describe at least two approaches to coordinating the integrated planning process
- Identify at least two strategies to engage community members across the integrated planning lifecycle, including identification of new stakeholders and voices
- Discuss opportunities to adapt traditional engagement approaches to the current environment to ensure ongoing, meaningful stakeholder input and feedback
- Better understand the connections between Integrated Planning and other HIV planning efforts

### Agenda

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- Lay of the integrated planning land
- HIV planning initiatives
- Brief overview of Sections I and II of the guidance
- HIV planning terminology
- Jurisdictional presentations
  - Arizona
  - Iowa
  - Maryland
- Q&A
- Wrap up and next steps

## Have a question?

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**Have a question for one of the presenters? Please use the Q&A feature.**

Click on "Q&A" located along the bottom of your screen



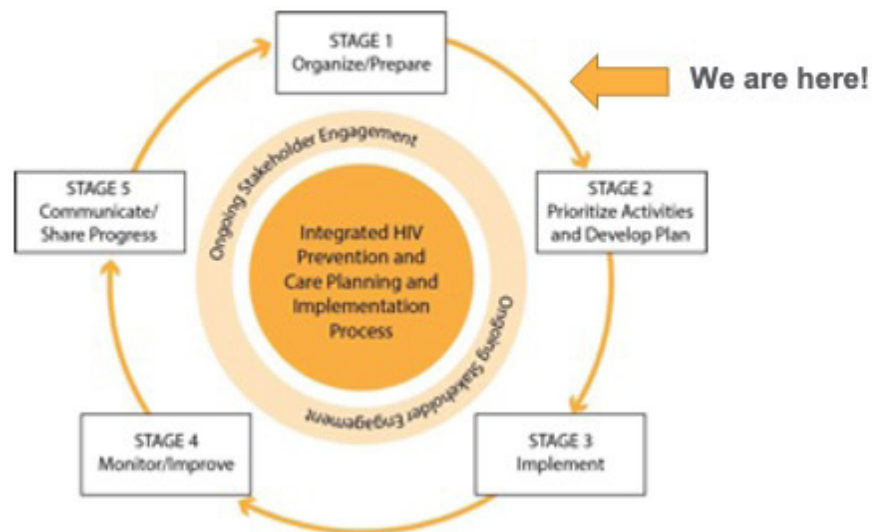
**INTEGRATED HIV/AIDS PLANNING**  
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## Poll

**Were you involved in the  
CY 2017-2021 integrated  
planning process?**



## Stages of integrated planning

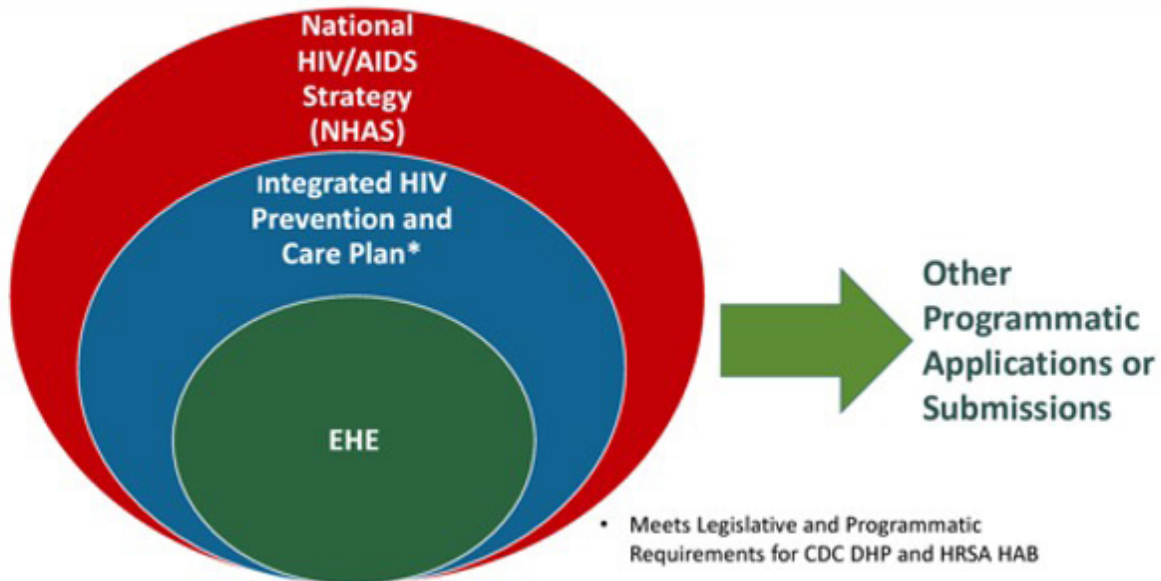


## Lay of the integrated planning land

- Plans are due by December 9, 2022
- Guidance for CY 2022-2026 builds on first Integrated Plan Guidance for CY 2017-2021
- Plans meet all programmatic and legislative requirements associated with CDC and HRSA funding
- Plans are living documents to be reviewed and updated, as needed



## Connection to national initiatives and plans



Source: CDC and HRSA Guidance Overview Webinar; October 27, 2021. Available at <https://aeroethiv.org/library/integrated-hiv-prevention-and-care-plan-guidance-including-statewide-coordinated-statement>.

## Tiered view of the connections

<b>National/federal plans and initiatives</b> (country-wide)	<ul style="list-style-type: none"> <li>• National HIV/AIDS Strategy</li> <li>• EHE Initiative</li> <li>• STI National Strategic Plan</li> <li>• Viral Hepatitis National Strategic Plan</li> </ul>
<b>Jurisdictional plans and Initiatives</b> (city, county, region, state)	<ul style="list-style-type: none"> <li>• Integrated HIV Prevention and Care Plan</li> <li>• EHE Plan</li> <li>• EtE or Getting to Zero Plan</li> <li>• Fast-Track Cities Initiative</li> <li>• Cluster and Outbreak Detection and Response Plan</li> <li>• Hepatitis Elimination Plan</li> <li>• Ending the Syndemic/Epidemics Plan</li> </ul>
<b>Recipient/grantee plans and initiatives</b> (organization, agency)	<ul style="list-style-type: none"> <li>• Programmatic applications</li> <li>• Work plans</li> <li>• Strategic plans</li> </ul>
<b>Overarching principles</b> (at all levels)	<ul style="list-style-type: none"> <li>• Achieving health equity and reducing disparities</li> <li>• Focus on priority populations</li> <li>• Implementing status neutral approaches</li> </ul>

## Approaches to integrated planning

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- Approaches depend on jurisdictional needs, feasibility, and the context for planning
- Key factors associated with the approach used:
  - Type of Integrated Plan submission based on the grantees and jurisdictions involved (state and/or local)
  - Involvement in the EHE initiative
  - Existence of other HIV planning initiatives
  - Extent to which the jurisdiction is taking a syndemic planning approach
  - Planning body structures
  - Planning infrastructure and existing relationships for community and other stakeholder engagement

## Community engagement in HIV planning

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- National initiatives
  - NHAS
  - Integrated Plan Guidance
  - EHE
- Funded programs
  - Ryan White HIV/AIDS Program legislative requirement
  - CDC and HRSA programmatic requirement

# At-a-glance:

## Integrated HIV Prevention and Care Plan Guidance, CY 2022-2026



### Integrated Plan Guidance at-a-glance

- 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

## New features of the 2022-2026 guidance

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- Use of existing HIV plans to satisfy requirements, as long as it:
  - Addresses the broader needs of the geographic jurisdiction
  - Applies to entire CDC and HRSA HIV funding portfolio
  - Includes updates that describe ongoing activities
- Use of a checklist, which:
  - Details the requirements by section
  - Allows jurisdictions to indicate whether new or existing material was used
  - Must be included with the submission
- **NEW IHAP TAC RESOURCE:** Fillable Checklist for Plan Submission

## Section I: Executive Summary

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- No existing material can be used to meet the requirements of this section
- Serves as an introduction to the Integrated Plan
- Describes the approach used to develop the Integrated Plan, including how existing materials may have been used and/or adapted to meet the requirements

## Section II: Community Engagement and Planning Process

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- Describes how the jurisdiction approached community and stakeholder engagement in the planning process
- Emphasis on using innovative approaches to bringing new partners and voices to the planning table

## How to structure/organize goals and objectives?

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- Both NHAS and EHE are referenced as organizing principles in the Integrated Plan Guidance
- No required format for the goal structure, however:
  - Guidance provides an example goal structure from the CDC 19-1906 guidance for EHE Plans
  - The checklist states:
    - Goals and objectives should be structured to include strategies that accomplish the following: **Diagnose, Treat, Prevent, Respond**
    - There should be **at least three goals and objectives for each** of these four areas
    - The goals and objectives should follow a **SMART format**

## Appendix 2: Example of goal structure

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### Diagnose (EXAMPLE)

**Goal 1:** To diagnose XX people with HIV in 5 years.

**Key Activities and Strategies:**

- 1) Increase routine testing in XX ERs, acute care settings, etc.
- 2) Increase public awareness campaigns focused on getting tested and treated in XX neighborhoods/venue to reach demographic XX

**Key Partners:** Health departments, community-based organizations, FQHCs, correctional facilities, school-based clinics, sexual health clinics, women's health services/prenatal services providers, hospitals, etc.

**Potential Funding Resources:** CDC HIV Prevention and Surveillance Programs, RWHAP, Bureau of Primary Health Care (Health Centers), State and/or Local Funding, Medicaid, etc.

**Estimated Funding Allocation:** \$X

**Outcomes (reported annually, locally monitored more frequently):** # of newly identified persons with HIV

**Monitoring Data Source:** EMR data, surveillance data

**Expected Impact on the HIV Care Continuum:** Increase the number of people who know their HIV diagnosis by XX% and linked to medical care within 90 days by XX%

## NHAS Goals & EHE Strategies

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**NHAS Goals: Broad aspirations that enable the plan's vision to be realized**

1. Prevent new HIV infections
2. Improve HIV-related health outcomes of people with HIV
3. Reduce HIV-related disparities and health inequities
4. Achieve integrated, coordinated efforts that address the HIV epidemic among all partners and interested parties

**EHE Strategies: Focus areas for scaling-up efforts to end the epidemic**

1. **Prevent** new HIV transmissions by using proven interventions
2. **Diagnose** all people with HIV as early as possible
3. **Treat** people with HIV rapidly and effectively to reach sustained viral suppression
4. **Respond** quickly to potential HIV outbreaks

## Speakers

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**Deborah  
Reardon-Maynard**

Program Improvement  
Manager, HIV  
Prevention Program,  
Arizona Department of  
Health Services



**Isabel  
Evans**

EHE Program  
Coordinator, Arizona  
Department of Health  
Services



**Carmi  
Washington Flood**

Chief of the Office of  
Faith Based and  
Community  
Partnerships within  
the Maryland  
Department of Health



**Holly  
Hanson**

Ryan White Part B  
Program Manager  
for the state of Iowa

## The View from Arizona



# Integrated Planning in Arizona

Deborah Reardon-Maynard & Isabel Evans

## PLANNING TEAM

### **Deborah Reardon-Maynard**

she/her/hers

ADHS HIV Prevention

Program Improvement Manager

[Deborah.Reardon@azdhs.gov](mailto:Deborah.Reardon@azdhs.gov)

### **Isabel Evans**

she/her/hers

ADHS HIV Care & Services

EHE Program Coordinator

[Isabel.Evans@azdhs.gov](mailto:Isabel.Evans@azdhs.gov)



## AGENDA

1. What's our context?
2. How did we prepare for planning?
3. Where are we now?
4. What are we hoping for from this plan?



# What's our context?

## OUR KEY PLAYERS & THEIR WORK

- Arizona Department of Health Services (ADHS)
  - HIV Prevention
  - Ryan White Part B
  - Viral Hepatitis
  - STD Control
- Maricopa County Department of Public Health (MCDPH)
  - Ryan White Part A - Phoenix EMA
- Clark County Social Services
  - Ryan White Part A - Las Vegas TGA

*Note: EHE responsibility is split between ADHS (CDC) and MCDPH (HRSA)*

## PLANNING GROUPS

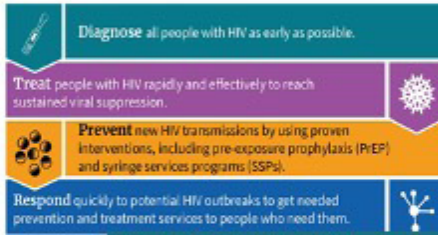
- HIV
  - Statewide Advisory Group (SWAG)
  - RPWA Planning Council
    - Phoenix EMA
    - Las Vegas TGA
  - Fast Track Cities - Phoenix
- Hepatitis C
  - Hep Free AZ
- STD
  - National AI/AN STD Prevention



## WHAT EXISTS?

### Ending the HIV Epidemic

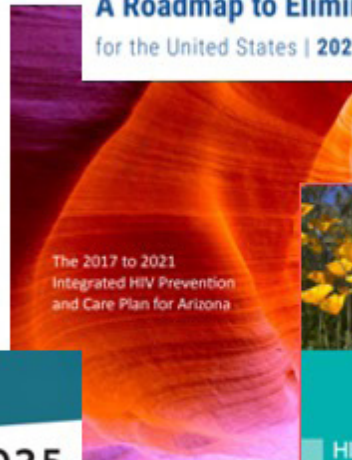
75% reduction in new HIV infections in 5 years and at least 90% reduction in 10 years.



### DIVISION OF VIRAL HEPATITIS 2025 STRATEGIC PLAN



### National Strategic Plan A Roadmap to Elimination for the United States | 2021-2025



### HIV Cluster Detection and Outbreak Response Plan for the State of Arizona

Prepared by the Arizona Department of Health Services' HIV Prevention, Surveillance, and Ryan White Part B Care and Services Programs  
July 2022 | 10/2022 (2)

- 1 Integrating HIV planning with STDs (syphilis) and hepatitis C (HCV)
- 2 Organizing around the EHE pillars
- 3 Keeping "what worked" from EHE community engagement & planning

# How did we prepare for planning?

**STEP ONE:** Internal prep

**STEP TWO:** Getting partners onboard

**STEP THREE:** Looking at the past

**STEP FOUR:** Mapping out the "future"

**STEP FIVE:** Setting everything up

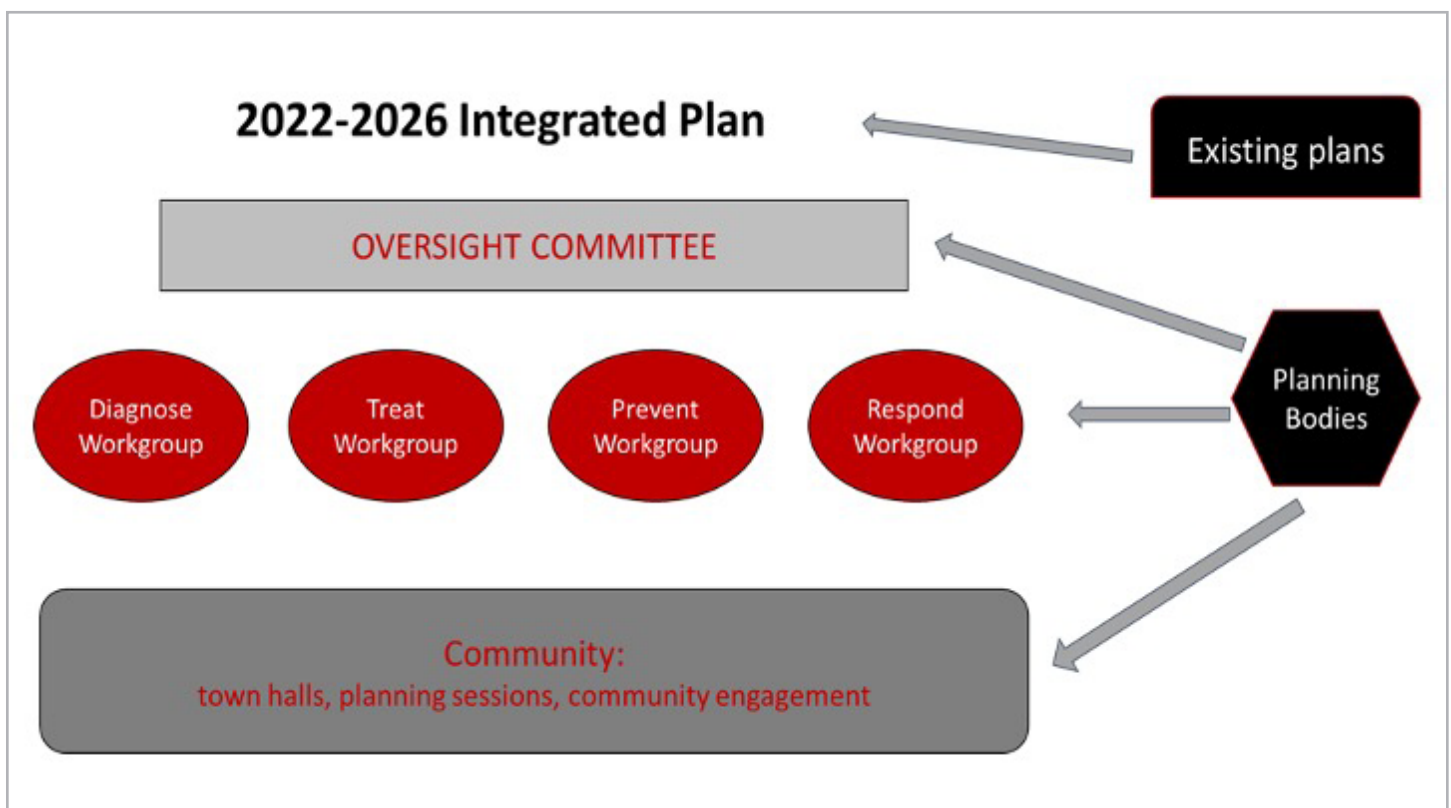
## STEP FIVE: Setting everything up

### Challenges:

- 3 separate health conditions coming together
  - Multiple planning groups, multiple prevention/care systems, etc.
- Balancing a big table with a feasible table
- Getting the right mix of people & experiences

### Our "solution":

- Tiered structures and groups!



# Where are we now?



### **OVERSIGHT COMMITTEE & PILLAR WORKGROUPS**

- Conducted initial recruitment
  - Continuing to do updates & ongoing recruitment
- Hosted kick off meetings in 2021
  - Oversight Committee will meet quarterly in 2022
  - Pillar Workgroups will meet bimonthly in 2022
- Providing ongoing email updates

### **PLANNING BODIES**

- Standing agenda item for multiple planning bodies
  - Share updates
  - Provide most recent data
  - Get feedback on our plans
- Providing invites to planning body members for ALL engagement & planning sessions

### **NEEDS ASSESSMENT**

- HIV surveys
  - Developed and completed in 2021
  - Now undergoing analysis
- STD/sexual health survey & Hepatitis C survey
  - In development and launching soon
- Focus groups for person-centered experiences
  - Kicking off this month!

### **INTERNAL PLANNING TEAM**

- Weekly team check-ins (usually more often!)
- Biweekly updates to the ADHS staff
  - ◆ HIV, STD, and Hep C
- Preparing for meetings
- Supporting needs assessment efforts
- Reviewing existing plans, data, and community feedback
- Building communications materials and strategies





What are we hoping for from this plan?

## OUR AIMS FOR PLANNING:

- Concurrence
- Transparency
- Communication
- Monitoring



## CONTACT INFORMATION

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[Deborah.Reardon@azdhs.gov](mailto:Deborah.Reardon@azdhs.gov)

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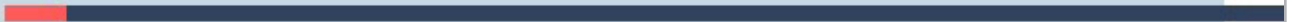
Graphics: Karina Branson with [ConverSketch](#) (March 2020)

# The View from Iowa



| STOP HIV IOWA

**Community Engagement: Creating Space  
and Facilitating Opportunities for Diverse  
and Ongoing Community Engagement**

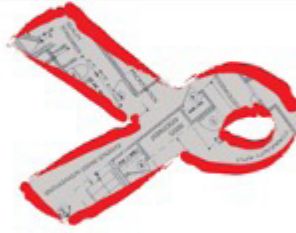


## Iowa's HIV Strategic Planning History

2001 - Began merging HIV prevention & care planning and planning groups



### Iowa Comprehensive HIV Plan A BLUEPRINT FOR PREVENTION & CARE SERVICES: 2007-2009



STOP HIV IOWA

## Stop HIV Iowa and Integrated Planning



### NATIONAL HIV/AIDS STRATEGY

for the United States  
2022-2025



Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026

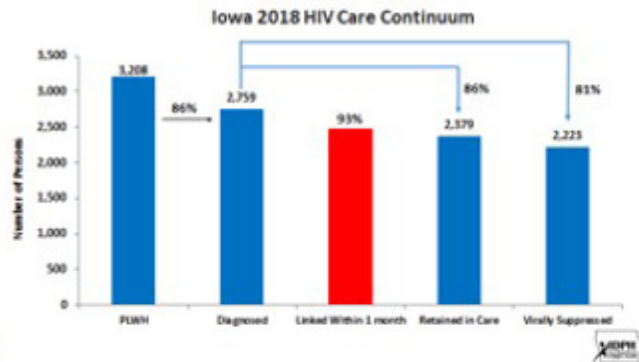


THE FUTURE IS NOW  
STOP HIV IOWA

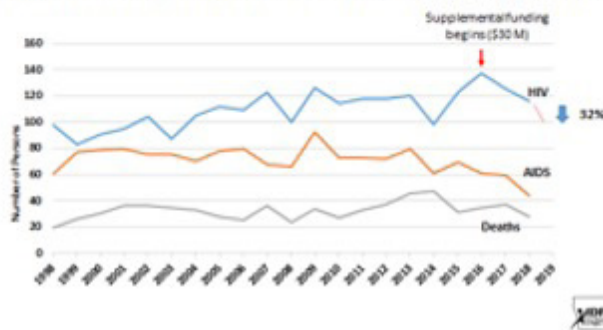
# PRESENTATION SLIDES

## Here in Iowa... 2019

Iowa Comprehensive HIV Plan 2017-2021

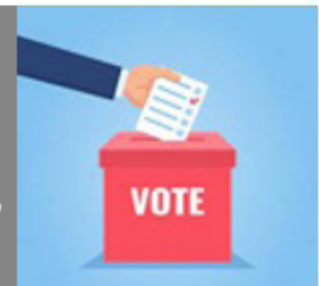


Projected 32% Decrease in Diagnoses of HIV among Iowans since 2016



June 2019

CPG votes to move forward with an "Ending the HIV Epidemic" Plan



## November 2019 CPG Meeting

- Stop HIV Iowa Steering Committee presented Proposed Stop HIV Iowa Planning Structure
  - Goals - broader community input, engage more people in the process, and expand methods of collecting information

- Collected feedback from CPG
- State of the State presentation
- Small & Large group activities

### Stop HIV Iowa Planning Structure Proposal



### November 2019 CPG Meeting Brainstorm strategies & categorize into areas of focus (AKA Focus Areas)



Stopping HIV in Iowa means... 75% reduction in HIV acquisitions in 5 years, and 90% reduction in 10 years.

STOP HIV IOWA

### November 2019 CPG Meeting - Identifying Focus Areas



## November 2019 CPG Meeting - Information Gathering



If you were the co-chair for this focus area...

1. Who would you talk to (e.g. subject matter experts, organizations reaching specific populations, specific communities)?
2. How you you organize your information gathering (what kinds of meetings would you have, would you conduct surveys?)
3. What data needs do you see?



## Focus Area Co-Chair Orientation



### Agenda

- National Perspective
- Stop HIV Iowa Planning Structure
- Co-Chair Team Responsibilities
- Focus Area Outreach Plan Development
- Planning Logistics
- Focus Area Breakout
- Next Steps



# Role of the Co-Chairs

1. Where have we been?

2. Where are we now?

3. Where do we need to be to end the epidemic?

4. How are we going to get there?

5. What are the gaps, barriers, and challenges?

6. How do we best engage the community?

7. Conduct community engagement activities.

8. Develop recommended strategies and activities to end the epidemic.

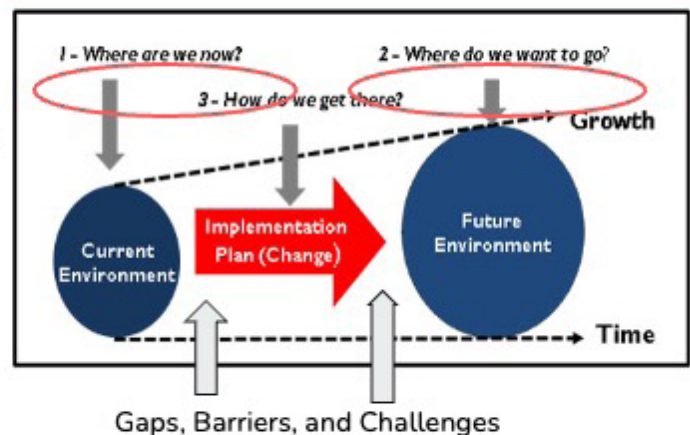
"State of the State" of your focus area... what is the current landscape, what strategies/activities were implemented in the past and/or are currently being implemented, what's working, what's not working, what are the current gaps, barriers, and challenges, etc.

Within the scope of your focus area. What needs to happen? What goals do we need to achieve? What need to be in place? How are we going to make those things happen? And... what is going to get in the way?

## Focus Area Landscape Assessments & Outreach Plans

Purpose:

- Gathering and organizing your thoughts, current data, and other relevant information;
- Documenting the process, your thoughts, current data and information - to be used in the development of the Integrated Plan.
- To decide what information/input you need to gather and from whom (development of your outreach plan)
- To have a tool to use (in whole or in part) when gathering information from community members and other stakeholders





## Role of the Co-Chairs

Design and implement a process to determine what it would take to end the HIV epidemic from your focus area perspective.

- Collection and review of Background Information/Resources (e.g., current studies, policies, data, current plans and efforts, etc.)
- Effort to hear other voices (e.g., key informant interviews, focus groups with experts and/or community, survey, or community forum)

### Focus Area Outreach Plan

Review & update Focus Area Outreach Plan proposal and “submit” to Steering Committee by **September 30, 2021**

## Guiding Principles for Developing Outreach and Research Plans

- Ensure expert opinions, including lived and learned experience
- Geographic variety
- Offer accessible times and locations
- You are not on your own; there is overlap in focus areas
- Focus on evidence-based strategies to end HIV, HCV, and STIs in Iowa
- Innovative strategies with sound theoretical bases are encouraged
- Consider impact of COVID-19
- Allow your participants to inform the process including offering best strategies/methods for community engagement
- Be realistic about capacity and time when developing outreach



March 2020



June 2021



## Co-Chair Outreach Plan Meeting - December 2021



| STOP HIV IOWA



## Stop HIV Iowa Kick-Off Meeting January 27, 2021

**Purpose:** Bring together stakeholders to announce we are developing a plan to Stop HIV in Iowa, build buy-in and interest, and get stakeholders excited/involved!

- Introduce the planning structure
- Describe the focus areas and community engagement work they will do to help develop strategies and activities for the plan
- Make space for stakeholders to meet with focus area co-chairs to “dive deeper” for participants to share their expertise and insights to inform the work in the nine focus areas.

| STOP HIV IOWA

### 3-minute Introduction Presentation (pre-recorded)

- You will have the week of January 10-14 to record your 3 minute presentation. Our goal is to have this pre-recorded presentation feel as “in-person” as possible.
- [Recording Guidance Document](#)
- Please have your final recording (Mp4 file) in [this folder](#) by COB Friday January 14.**

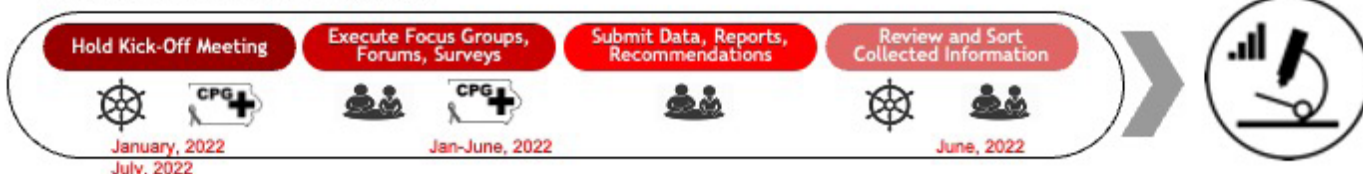
STOP HIV IOWA

## Revised Stop HIV Iowa Planning Structure & Timeline

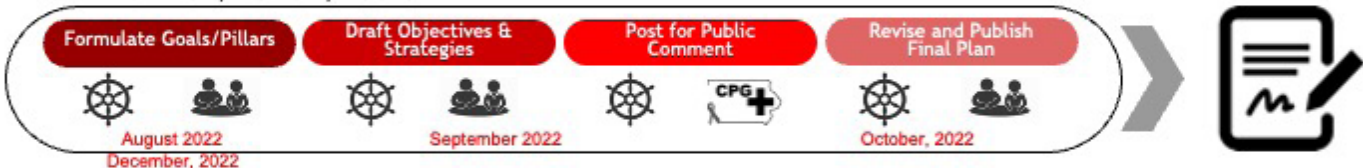
### STEP 1: Review & Confirm Structure



### STEP 2: Information Gathering



### STEP 3: Draft, Review, Publish



# The View from Maryland



## Community Engagement

*a space where everybody counts and everybody contributes*

Carmi Washington Flood  
Prevention and Health Promotion Administration  
Chief, Office of Faith Based and Community Partnerships

January 20, 2022



## A Place At the Table

- Making Room
  - Central location
  - Facility access
  - Transportation support
  - Childcare support
- Specific Invitations
  - Local health departments
  - CBOs, ASOs
  - Affiliate agencies



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## Traveling to Other Tables



- Local Engagement Gathering Sessions (LEGS)
  - Bi-annual meetings in 5 regions of the state
  - Different meeting times (breakfast, lunch, dinner)
  - Presence of leadership

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## Intentional Conversations

- Stakeholder Engagement Series
  - Perinatal
  - Aging/Older Adults
  - Gender Affirming
  - African American
  - Latinx
  - Youth



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## Jurisdictional Reviews

- EHE Plan Sharing
  - Baltimore City
  - Prince George's County
  - Montgomery County

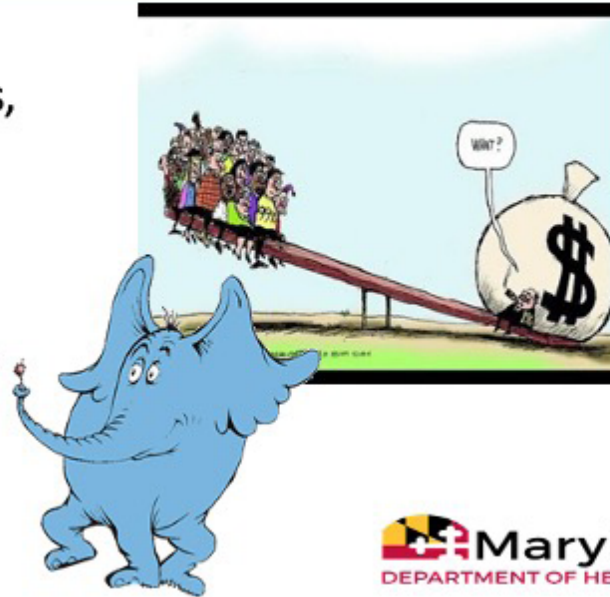


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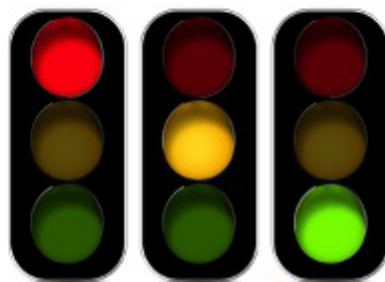
## Rural Specific Discussions

- Targeted LEGS to address the sights, fights and rights
  - (LEG-INS) *local engagement gatherings in neglected spaces*
  - Southern Region
  - Western Region
  - Eastern Region



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## Integrating Issues and Concerns



- Community Engagement Live Listening Sessions (CELLS)
- 12 consistent concerns
- 3 meetings each topic
  - Problems
  - Practices
  - Priorities
- ❖ Phases *(added for measurement & evaluation purposes)*



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## Timelines and Finishing Touches

- 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



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### ***Prevention and Health Promotion Administration***

***<https://phpa.health.Maryland.gov>***

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# Questions?

Click on "Q&A" located along the bottom of your screen



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## Upcoming series events

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- **First Peer Learning Session**  
January 31 from 3:00-4:00 pm EST
- **Next Webinar**  
Making the Case with Data: Epidemiologic Snapshots,  
Resource Inventories, & Assessments  
February 17 from 3:00-4:00 pm EST

Registration details available at <https://targethiv.org/library/ihap-webinars>.

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## The IHAP TAC can help!

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- **New to Integrated Planning or Need a Refresher?**
  - Online Course: An Introduction to HIV Prevention and Care Planning
  - Access at [www.targethiv.org/ihap](http://www.targethiv.org/ihap)
- **Don't know what you need?**
  - **Visit our website at [www.targethiv.org/ihap](http://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](mailto:ihaptac@jsi.com)**

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# Thank you!



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## PROMPTS FOR ADDITIONAL DISCUSSION

As you reflect on the webinar content, consider these prompts for discussion with your colleagues and integrated planning partners.

- What do the connections between all the HIV and related planning initiatives look like in our jurisdiction, and what does that mean for our integrated planning process and how the Integrated Plan will be implemented?
- How can our jurisdiction effectively leverage and incorporate materials and processes from other HIV planning initiatives in support of Integrated Plan development, implementation, and monitoring?
- How can we strengthen the involvement of partners from STI, hepatitis, and behavioral health/substance use to build a syndemic approach into our Integrated HIV Prevention and Care Plan?
- Do our organizational structures and processes create effective opportunities for coordination and collaboration across all CDC and HRSA recipients in the jurisdiction?
- How will we ensure that information and feedback from the community is effectively operationalized throughout the planning process, as well as during implementation, monitoring, and communication of progress?
- Do planning groups and other entities involved in the integrated plan development process have access to the information, training, and resources necessary to effectively support the integrated planning process? If not, how will we ensure they do?
- What additional actions might we need to take to ensure our planning “table” is an accessible and desirable experience for community members and other key stakeholders?

## INTEGRATED PLANNING RESOURCES

### [An Introduction to Integrated HIV Prevention and Care Planning \(IHAP TAC\)](#)

This self-paced, online course serves as an introduction to the fundamentals of integrated planning, and is designed for anyone who is new to integrated HIV prevention and care planning or anyone who would like a refresher on the basics.

### Glossary of Terms

Check out the [IHAP TAC glossary](#) for terms specifically related to integrated planning.

Other terms that are helpful to be familiar with as you begin to develop your Integrated Plan include:

- **Goals** - Broad aspirations that enable a plan’s vision to be realized (see Table 3, page 24 in the National HIV/AIDS Strategy)
- **Objectives** - Changes, outcomes, and impact a plan is trying to achieve (see Table 3, page 24 in the National HIV/AIDS Strategy)
- **Strategies** - Choices about how best to accomplish objectives (see Table 3, page 24 in the National HIV/AIDS Strategy)
- **Action Steps** - Specific activities that will be performed to implement the strategies and achieve the goals of the plan (see Table 3, page 24 in the National HIV/AIDS Strategy)
- **Progress Reports** - Reports on progress, successes, and challenges (see Table 3, page 24 in the National HIV/AIDS Strategy)

### Acronym List

- ADHS - Arizona Department of Health Services
- CPG - Iowa’s HIV and Hepatitis Community Planning Group
- EHE - Ending the HIV Epidemic in the U.S.
- EMA - Eligible Metropolitan Area
- HAB - HIV/AIDS Bureau (of HRSA)
- HRSA - Health Resources and Services Administration
- IHAP TAC - Integrated HIV/AIDS Planning Technical Assistance Center

- JSI - JSI Research & Training Institute, Inc.
- MCDPH - Maricopa County Department of Public Health
- NHAS - National HIV/AIDS Strategy
- SCSN - Statewide Coordinated Statement of Need
- SWAG - Statewide Advisory Group
- TA - technical assistance
- TGA - Transitional Grant Area

[National HIV/AIDS Strategy for the United States 2022-2025](#) (White House Office of National AIDS Policy)

[Integrated HIV Prevention and Care Plan Guidance, Including the Statewide Coordinated Statement of Need, CY 2022-2026](#) (HRSA HIV/AIDS Bureau and Centers for Disease Control and Prevention)

[Fillable CY 2022 – 2026 CDC DHP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist](#) (IHAP TAC)  
The checklist is a new feature required in the submission of the Integrated Plans for 2022-2026. Use this fillable checklist to outline which elements required new content and which elements were developed as part of another jurisdictional plan. The checklist details submission requirements for jurisdictions including RWHAP legislative requirements and SCSN; allows recipients to create an Integrated Plan that meets local needs; and asks recipients to identify page number(s) within the document/plan where the requirement is listed.

[Integrated HIV Prevention and Care Planning Online Resource Guide](#) (IHAP TAC)  
This Online Resource Guide is intended to support Ryan White HIV/AIDS Program (RWHAP) Parts A and B recipients, CDC HIV prevention recipients, and their planning bodies with the ongoing integrated planning and the development, implementation, and monitoring of their Integrated HIV Prevention and Care Plans. The guide includes 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.

[Strategies and Lessons Learned for Consumer and Stakeholder Engagement in Integrated HIV Prevention and Care Planning and Implementation](#) (IHAP TAC)  
This webinar includes strategies for ongoing consumer and stakeholder engagement in the integrated prevention and care planning, implementation, and monitoring processes. During the presentation, representatives from two jurisdictions share lessons learned related to successfully engaging consumers and other stakeholder groups.

[Recruitment and Retention of New Planning Council/Planning Body Members](#) (Planning Community HIV/AIDS Technical Assistance and Training)  
During this webinar, participants learn about strategies to improve recruitment and retention of new planning council and planning body members. Speakers provide insights into the legislatively required membership categories and describe a recommended process for bringing on new members. They also share best and promising practices such as establishing consumer trust and providing effective, ongoing orientation throughout the year.

## UP NEXT: JANUARY 2022 PEER LEARNING SERIES

Join our peer learning session on **January 31 from 3:00 - 4:00 pm EST** to connect, share, and discuss challenges and strategies with other jurisdictions and members of the IHAP TAC team. If you haven't already, you can [register here](#). And, to learn about the upcoming webinars and peer learning sessions in our series, [visit our website](#).

Stay in touch! [Sign up for our listserv](#) to receive up-to-date information about new resources and upcoming learning opportunities.

**THANK YOU FOR YOUR PARTICIPATION!**



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