

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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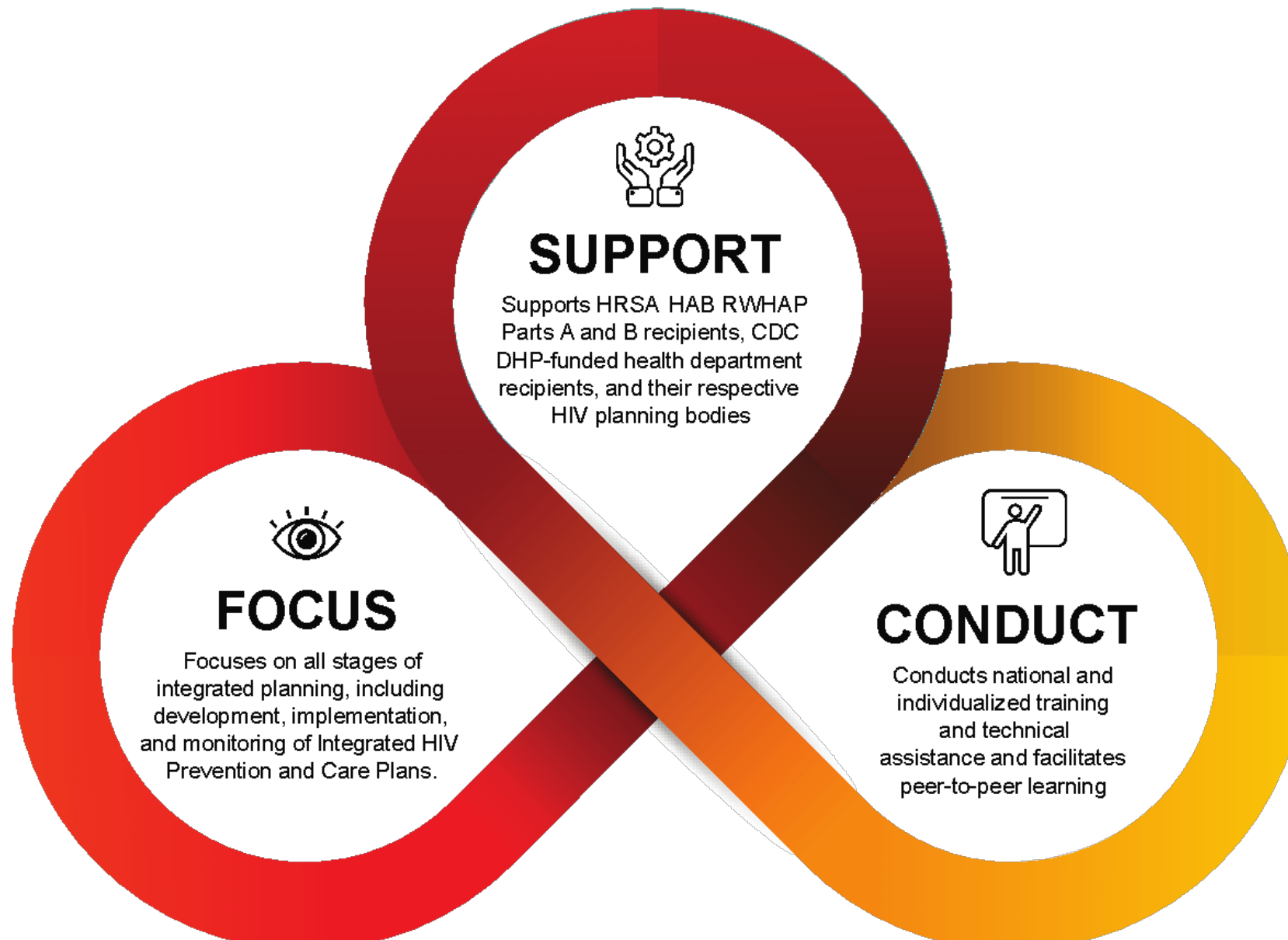
NATIONAL
RYAN WHITE
CONFERENCE
ON HIV CARE & TREATMENT

Today's Session

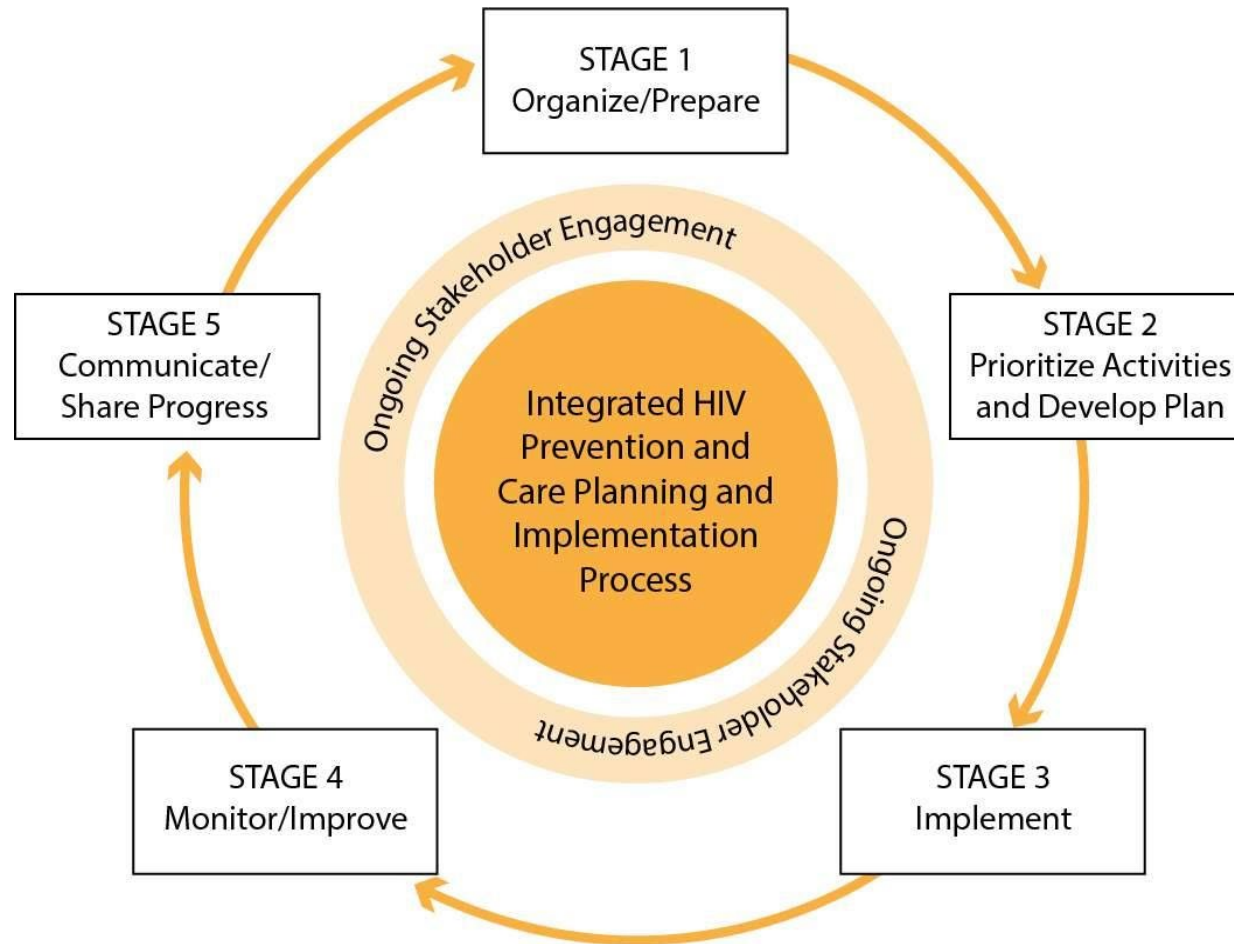
- Today's two part session will focus on:
 - The final stages of Integrated Plan development and submission
 - Strategies and best practices to support implementation, monitoring, and evaluation of Integrated Plans following submission

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?!?

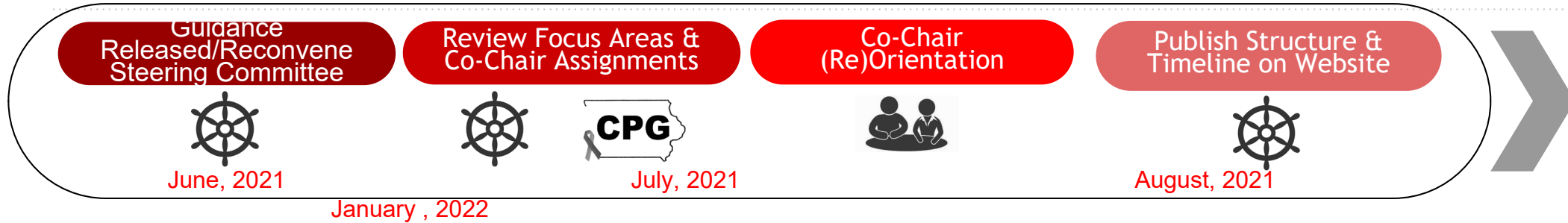
- Rationale for page limit: keeps plans concise and accessible to all stakeholders and community members charged with implementing and providing feedback on actions
- There is some flexibility in page limit, especially if the submission includes EHE Plans or an Integrated Plan with multiple jurisdictions
 - 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

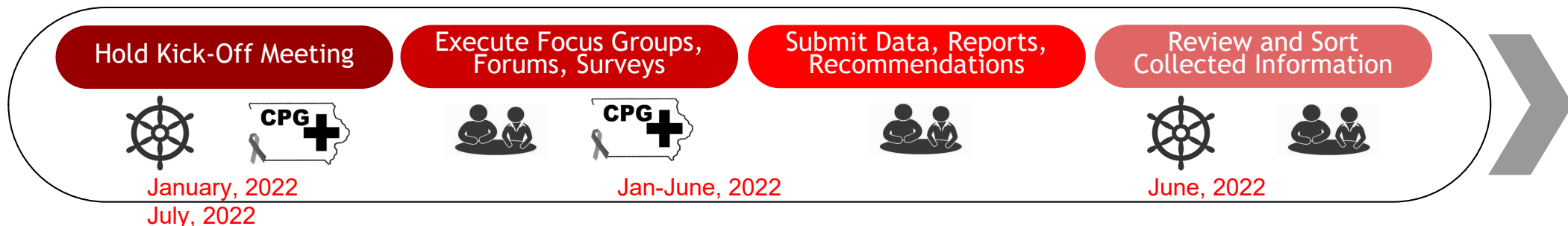


Revised Stop HIV Iowa **Planning Structure & Timeline**

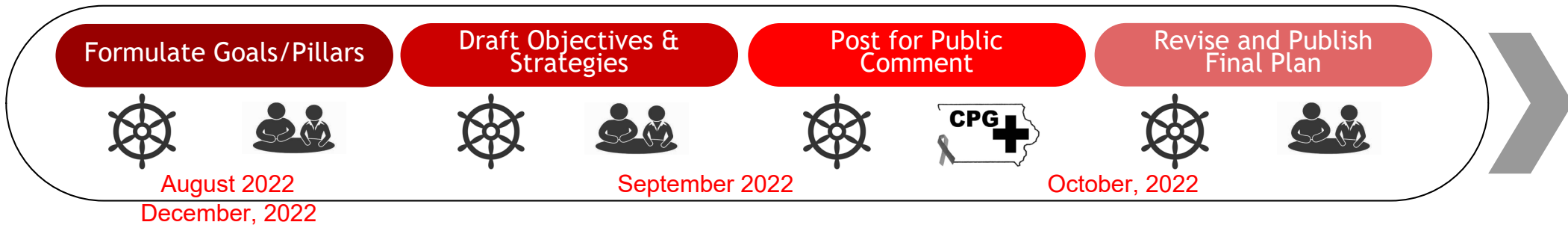
STEP 1: Review & Confirm Structure



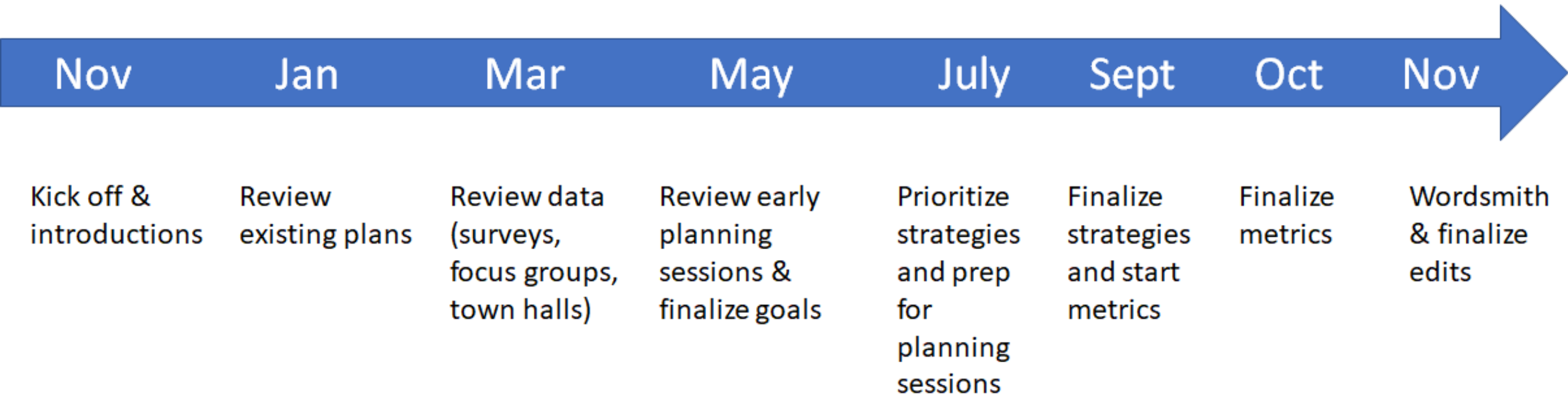
STEP 2: Information Gathering



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

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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

