



# Quick Reference Handout 6.1: Localizing a Joint Integrated/ Comprehensive Plan

## Introduction

RWHAP Part A programs sometimes prepare an integrated/comprehensive plan that covers only their own Eligible Metropolitan Area (EMA) or Transitional Grant Area (TGA). The plan may cover both HIV care and HIV prevention, but only for the local area. Other Part A programs develop multi-jurisdictional joint plans with their Part B program and sometimes other Part A programs in the state. One Integrated HIV Prevention and Care Plan may encompass the Part B program, several Part A programs, and HIV prevention.

These joint plans can support collaborative strategies to improve services and help end the HIV epidemic. Recipients and planning bodies from prevention and care throughout the state work together to better understand their epidemic, current systems of prevention and care, and service outcomes, and to identify collaborative approaches to improve these outcomes.

If your integrated/comprehensive plan covers only your EMA or TGA, your planning council or planning body (PC/PB) probably takes the lead on plan development, with one committee or a special work group coordinating the process and working closely with the recipient. The whole PC/PB may be updated monthly, and directly involved or consulted in the development of objectives and strategies. If your integrated/comprehensive plan is statewide, involving multiple jurisdictions, your PC/PB probably sends representatives to a plan development working group.

One challenge for a Part A PC/PB is that multi-jurisdictional plans—particularly their work plan charts—may provide less detail about the role of a specific PC/PB in implementing the plan. They are unlikely to specify what particular PC/PB committee will be responsible for a task, since the plan covers more than one planning body.

## Examples of Differing Levels of Specificity in Multi-jurisdictional vs. Single Jurisdiction Plans

**Example 1:** A plan that covers the whole state and one or more Part A programs as well as HIV prevention might include something like this in its work plan:

**Goal 2:** Increase access to care and improve health outcomes for PLWH

**Objective 2.2:** Increase the proportion of PLWH in CentralState engaged and retained in care from 81% to 85% by 2024

**Strategy 2.2.1:** Develop ongoing strategies that reduce the number of individuals who move in and out of HIV care

TASK/ACTIVITY	FOCUS POPULATION(S)	RESPONSIBLE PARTIES	TIMEFRAME
Determine the demographic characteristics of PLWH who move in and out of care	PLWH who were in and out of RWHAP care over the past three years	HIV Surveillance; RWHAP Part A and Part B	Jan. 1 – June 30, 2020
Choose target populations for re-engagement and retention	PLWH subpopulations identified as most likely to move in and out of care	Part A and Part B recipients and planning bodies	July 1 – Dec. 31, 2020

**Example 2:** A plan covering only one Part A service area might provide much more specific information about the roles of particular PC/PB committee and might include something that looks like this:

**Goal 2:** Increase access to care and improve health outcomes for PLWH

**Objective 2.2:** Increase the proportion of PLWH in CentralState engaged and retained in care from 81% to 85% by 2024

**Strategy 2.2.1:** Develop ongoing strategies that reduce the number of individuals who move in and out of HIV care

TASK/ACTIVITY	FOCUS POPULATION(S)	RESPONSIBLE PARTIES	TIMEFRAME
Determine the demographic characteristics of RWHAP clients who move in and out of care	PLWH who were in and out of RWHAP care over the past three years	<ul style="list-style-type: none"> <li>Part A recipient with help from HIV surveillance</li> <li>Planning Council Needs Assessment Committee</li> </ul>	Jan. 1 – June 30, 2020
Choose target populations for re-engagement and retention initiative	PLWH subpopulations identified as most likely to move in and out of care	Part A Planning Council, based on recommendations from Care Strategies Committee	July 1 – Dec. 31, 2020

If a joint (multi-jurisdictional) integrated/comprehensive plan is going to guide the work of your PC/PB, everyone needs to agree on and understand the responsibilities of both specific committees and the PC/PB as a whole. That means adding a few extra steps in the planning process after the joint plan is developed. The rest of this handout provides suggestions for that process.

## Suggestions for Localizing a Multi-jurisdictional Plan

The following are suggested steps for taking a multi-jurisdictional plan, identifying the parts of that plan that your PC/PB needs to help implement, assigning specific tasks to the appropriate PC/PB committees, and making them a part of your PC/PB and overall EMA/TGA work plan.

1. **Review the multi-jurisdictional plan with your Executive Committee and then the full PC/PB, with a focus on implementation.** The PC/PB members and staff and the recipient staff who helped develop this plan should present it, focusing on goals, objectives, strategies, and tasks/activities, and help everyone understand the implications of the plan for the work of your EMA/TGA and your PC/PB. For example, if the plan calls for some special collaborative needs assessment activities, be sure your PC/PB understands its responsibility to participate in this effort. If the plan calls for new initiatives to keep PLWH in care, be sure there is shared understanding of whether your EMA/TGA has agreed to develop, allocate funds for, and implement such initiatives as part of its system of care.
2. **Identify the tasks/activities in the multi-jurisdictional plan that require leadership or participation by your PC/PB.** Review the work plan (usually in chart form) to identify PC/PB responsibilities. Some implementation tasks are joint efforts of the recipient and PC/PB, and the specific roles of the PC/PB may need to be clarified. The Executive Committee might hold a work session with the PC/PB members and the recipient and PC/PB support staff most involved in plan development. If PC/PB roles in any task appear unclear or timelines seem challenging, this should be discussed with the recipient. The review should cover the entire period of the plan, and generate an annotated multi-year list of PC/PB responsibilities and tasks that can be used each year in developing PC/PB and committee work plans.
3. **Use this annotated multi-year list to refine the work plan for local implementation.** Since the EMA or TGA will be using this plan for several years, it makes sense to develop a work plan for local use the first year.
4. **Assign tasks from the multi-jurisdictional plan to specific committees of your PC/PB as part of their annual work plans.** These assignments might come from the Executive Committee. It will often be clear which committee should be responsible, because the tasks will relate to existing committee roles and duties like needs assessment or priority setting and resource allocation (PSRA), including development of directives for how best to meet needs. Some activities that relate to new strategies may require shared activities by several committees, in partnership with the recipient. For example, development of a new care strategy for improving retention for PLWH who move in and out of care might call for some special needs assessment (e.g., focus groups, key informant sessions), input from the Consumer Committee, development of a suggested service model by the committee responsible for care strategies and the recipient, and a recommendation for a funding allocation from the PSRA Committee based on cost estimates from the recipient. Tasks should be assigned as soon as possible after multi-jurisdictional plan development so that they become a part of each committee's work plan.

5. **Be sure these assigned tasks are reflected in the PC/PB’s annual work plan and the EMA/TGA annual calendar.** Many of these tasks will take considerable time and energy and involve coordination with the recipient, so they need to be shown in the PC/PB’s annual work plan, and in the calendar of key dates for both PC/PB and recipient.
6. **Assign responsibility for monitoring progress on implementation.** Someone needs to be responsible for monitoring whether tasks are being completed on time and identifying problems or delays. Some PC/PBs assign this role to a standing committee that is responsible for integrated/comprehensive planning. Others give the Executive Committee this responsibility.
7. **Be sure a process is in place to share progress, results, and challenges with the other jurisdictions included in the plan.** Usually a multi-jurisdictional plan includes a process and a committee or working group responsible for ongoing coordination and feedback among the participating jurisdictions. Be sure your PC/PB is appropriately represented in that group. Schedule regular updates for your Executive Committee and the full PC/PB.

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