Julie Hook:

Good afternoon or good morning, depending on where you are. My name is Julie Hook from the Integrated HIV/AIDS Planning Technical Assistance Center or the IHAP TAC. Thank you for joining our webinar today on Integrated Planning 101. This webinar will describe the five optimal stages of integrated planning and introduce lessons learned, best practices, and resources for the integrated planning process and development of integrated plans. During the webinar, my JSI colleagues, Molly Tasso and Devin Brown will define and describe integrated planning, provide the rationale for integrating HIV prevention and care planning, and walk through the five stages. Throughout the webinar, we'll incorporate examples from jurisdictions and highlight available resources to assist jurisdictions in their integrated planning work.

Julie Hook:

If you have any questions, we'll be answering them at the end of the call and we'll answer as many as time permits, please chat them into the chat feature. I also wanted to mention that when the webinar ends, an evaluation will pop up immediately and we hope that you'll fill this out as it helps us to improve and inform future webinars and trainings. Our slides are available on our website now, if you want to download them, the link is being chatted out right now. I hope you're familiar with the IHAP TAC, but if not, we're HRSA funded and began in 2016 to support Ryan White HIV/AIDS Program Part A and Part B recipients and the respective planning bodies and councils with their overall integrated planning efforts and implementation and monitoring of their integrated plans. The current project period extends through 2023 and we provide both national and targeted technical assistance and training activities. The IHAP TAC is led by JSI, along with our partner HealthHIV.

Julie Hook:

After this webinar, we hope that you'll be able to describe the five optimal phases of Integrated HIV Prevention and Care Planning, describe at least one best practice for developing integrated plans, and identify at least one resource to help support integrated planning efforts on the development of future Integrated HIV Prevention and Care Plans. The jurisdictions, we know that you have a lot of different initiatives going on that are guiding HIV prevention and treatment efforts. While we know integrated planning can feel like just one more thing to add on, it's a process that hopefully can ease implementation of other initiatives. So let's take a look at how integrated planning can support other initiatives.

Julie Hook:

So before we start, we just wanted to acknowledge that we're delivering this webinar in the midst of a public health crisis. We know health departments are on the frontline and are in the midst of responding to the current cases and surges. We thank you for the work you're doing and for joining us today. Also, the work of integrated planning has certainly changed within the context of COVID-19 and we've done our best to highlight that throughout the webinar, but as we go through today's presentation, please chat us with any unique COVID related challenges that have arisen including any solutions you've developed while conducting community planning in the context of COVID.

Julie Hook:

I'm sure most people know the CDC and HRSA first released the guidance in 2015 to support the submission of an integrated prevention and care plan. The National HIV/AIDS Strategy or NHAS continues to guide all the national efforts in integrated planning that's designed to accelerate progress towards reaching the NIH goal and strengthen performance along the HIV care continuum. Because NHAS serves as a roadmap for all that we do, the goals continue to guide integrated planning and will inform the development of the Integrated HIV Prevention and Care Plans for 2022 through 2027. In addition, the Ending the HIV Epidemic Initiative will also help to achieve the NHAS goals. Integrated planning as a way for jurisdictions to demonstrate how they coordinate government funded services, reconcile different planning efforts, including the EHE plans, and align funding streams to meet national and local goals.

Julie Hook:

Guidance for the upcoming Integrated HIV Prevention and Care Plan has been postponed due to the COVID-19 emergency. The news was outlined in a June, 2020 letter from HRSA and CDC program leaders. The letter explains that the expected release of the guidance will be delayed. HRSA and CDC in that letter also outlined expectations for continued use of integrated plans and encouragement for a refinement of ongoing planning, incorporation of EHE plans, and community engagement. The letter also acknowledged that many jurisdictions have developed their EHE plans that were required as part of the EHE initiative funding from CDC and may be in the process of refining those activities now. We encourage you to incorporate your community engagement with EHE plans in your integrated planning activities to the extent that it is helpful. The Integrated HIV Prevention and Care Plan is the umbrella plan for all of your HIV related resources and activities, and the EHE plan should work in conjunction as a subset of focused resources and activities.

Julie Hook:

While we wait for the release of the new guidance, the IHAP TAC is still here and available to help provide technical and training assistance around integrated planning where it helps with lots of different things, including integrated planning activities, engaging community and community in integrated planning efforts, aligning the care plans with other initiatives, implementing and monitoring your plans, and optimizing resource allocation methodologies.

Julie Hook:

So now that you know a little bit about us, we want to hear about you. In a moment we'll just be launching a poll. So what is your knowledge of integrated planning? Are you an expert? For example, I was heavily involved in the development of the 2017-21 plans and I'm actively involved with integrated planning in my jurisdiction. Intermediate, I'm responsible for implementing activities of the 2017-21 Integrated Plan. I'm a novice, I'm new to my position and/or I'm unfamiliar with the 2017-21 Integrated Plan. What's integrated planning? I have no idea or other, please chat us into the box. So we'd love to hear from folks with this poll that just has popped up to hear if you're an expert, have been involved with integrated planning for a long time, whether or not you're intermediate, you maybe have been working on integrated planning for a little bit, you're novice, may be new to your role, you have no idea what integrated planning is, so it's great that you're on this webinar or other. Okay, folks, a couple more seconds.

Julie Hook:

Great. So the results should be right up here. It looks like almost 20% feel that they're experts, which is great since we look at some of this information as refreshers. About 37% are intermediate, 40% are novice, and 4%, what's integrated planning? So great. So we have a good diversity, it'd be great to hear from those of you that are experts potentially maybe chat in things, best practices you see, if you see some reflection of something you see potentially on the slide that you guys have been doing, I would love to hear about it. For those of you that are new to integrated planning, I'm glad you're able to join us, and hopefully we'll be able to answer some questions for you.

Julie Hook:

So first we just want to talk about why integrate HIV prevention and care planning. It sounds like a lot of effort, so what are the benefits and what are the ways to approach integrating intervention and prevention and care? The integrated planning process requires communication within jurisdictions to ensure the accurate identification of need, inclusion of stakeholders, and development of efficient and comprehensive approach to HIV prevention and care coordination. Integrated planning process represents a collective effort across a variety of stakeholders, including people with HIV, those that are vulnerable to HIV, service delivery providers, state, local, and tribal authorities, and other community members to prioritize and coordinated a thoughtful HIV prevention and care treatment approaches. Jurisdictions document the data and strategies identified through the planning process and their integrated prevention and care plans. Successful integrated planning can result in what you see outlined on the current slide, including supporting a more coordinated, creative, and efficient approach to providing HIV and prevention treatment services, and the central piece of successful integrated planning relies on relationship building especially with stakeholder and consumer groups. Now I'd like to turn the presentation over to my colleague Devin.

Devin Brown:

Good morning, good afternoon, everybody. This is Devin. Just as Julie said, delighted to be here to present to you all today. So I'm going to talk a little bit about what do we mean by integration. So before we look more closely at what integration actually means, I want to be clear about the integrated planning process versus the Integrated HIV Prevention and Care Plan itself. So the integrated planning process brings together HIV prevention and care priorities and includes activities required for Integrated Plan development, the details of which will be different for each jurisdiction. Later on today, we'll specifically look at the five stages of the integrated planning process that Julie mentioned earlier. The Integrated HIV Prevention and Care Plan consists of a jurisdictions proposed approach to integrating HIV prevention and care service delivery and should be related to the intended outcomes identified in the planning process.

Devin Brown:

So all the contents of the Integrated HIV Prevention and Care Plan will be directed by HRSA and CDC guidance. The approach to integrated services will be determined by each jurisdiction. Likewise, integration does not look the same across jurisdictions and can happen in different ways, including across HIV and other infectious diseases. So as we go through the different ways that jurisdictions can conduct their integrated planning process, we ask, start thinking about which pieces apply to your context.

Devin Brown:

So now, what do we actually mean when we talk about integrated planning activities? What does that look like? As you can see on the slide here, integration can take place across several domains that includes planning groups, planning activities, physical integration, integrating recipients staff, and procurement. We'll look more closely at each domain in just a few minutes. In addition to occurring across different domains, integration can also occur across a spectrum within each domain, ranging from no integrations to full integration. Remember, there is no single or right way for integration to look. That said, we all know how important measurement is in ensuring movement toward a goal. To help with that process, the IHAP TAC developed an instrument that measures progress toward integration across multiple domains. It was piloted with eight Ryan White Part A and Part B recipients and the revised tool will be included in a forthcoming needs assessment launching sometime next month.

Devin Brown:

So let's take a closer look at the different ways that integration can happen within organizational, procurement, and planning buckets ranging from no integration to full integration. We've got a graphic here help illustrate what we're talking about. So here's some examples of how integration can occur within organizational structure, and that includes communication, data sharing, and/or structure and leadership. We know this may not be really easy to read right now, but we have the slides available, I believe we chatted them out earlier on our website, so you are more than welcome to look more closely at this on your own. The point we really want to emphasize here is that integration does not look the same for everybody. As we've said, there's no one size fits all approach, and this slide along with the next two really exemplify that.

Devin Brown:

So this slide describes how integration could occur within the procurement domain and then this next one describes some ways in which integration can occur within the planning buckets. So integration can take place within planning body structures, the decision or priority setting process, resource allocation, and/or the special initiatives planning process. Now I'm going to pass it over to my colleague, Molly.

Molly Tasso:

Great. Thank you so much, Devin. Hi, everyone. My name is Molly Tasso, I'm a member of the IHAP TAC team. I'm going to start today by talking a little bit about the models of integrated planning. So circling back to what we discussed earlier, integrated planning doesn't only mean one fully unified or merged prevention and care planning body. It's really important that we recognize that a fully merged planning body really may not be feasible for all jurisdictions, nor is it really the only ideal approach to integrated planning, this is truly not a one size fits all. So we really just want to underscore that point. So because of that, we really encouraged jurisdictions to explore different types and different levels of integration to determine which model really best suits their needs and to think about integration as an ongoing process. So the level of integration can be intensified over time and can be built upon, so there's really no need to rush the process.

Molly Tasso:

So here are five different types generally of integrated planning models that a jurisdiction can pursue. Again, this is not an exhaustive list of all models or planning activities, but just is here to give you a sense of the options that you can pursue if you haven't already and you're curious about exploring some of these options. So I'm going to walk through quickly a general description and also provide an example, either real or hypothetical of what each of these look like in practice. So the first type of... This is really a sort of integrated planning activity not so much a model, but it's just based on basic information sharing. So understood here as a situation in which each planning body informs the other planning body of their work, either using presentations, reports, webinars, conference calls, or other maybe more informal communication activities. In practice, this might a representative from a local HIV prevention group attends a Part A planning council or planning body meeting and provides a report on issues impacting HIV prevention services statewide and nationally.

Molly Tasso:

So the second model is something we call cross representation, and this is where one or more members of each planning body actually serve as members of the other body. So as you can see in this graphic, you have the red and the blue planning bodies which operates separately, but then one person in the middle, which is colored yellow, serves on both. So that person can act as a liaison and facilitate communications. In practice, this might take shape in the form of an HIV prevention group representative or a Ryan White Part B representatives serving as a member on a Ryan White Part A planning council. For example, in Massachusetts, they have established cross representation between the Boston Ryan White Part A Planning Council and the Massachusetts Integrated Prevention and Care Committee. So that's a great example to look to.

Molly Tasso:

Third, the next option is an integrated information gathering and/or data analysis. So this is a situation where care and prevention planning bodies engage in data-based collaboration through joint activities. So this might include needs assessment activities, evaluations, consumer input activities, analysis of HIV care continuum data, or service planning and strategy developments being done together, jointly as a singular group. So in practice, this may take the shape of a joint work group that includes prevention and care representatives that are responsible for designing and implementing a needs assessment or developing the EPI profile for both the state and maybe a Part A jurisdiction. It may also involve an HIV prevention planning group representative participating in the development of a Ryan White Statewide Coordinated Statement of Need, which is a required component of the integrated HIV prevention and care plan. So to just put a fine point on it, we can look to Ohio where in 2018, the Ryan White Part A and Part B programs in the Ohio Department of HealthHIV Prevention Program, they began conducting a multi-year joint statewide needs assessment targeting both Ohioans at risk for infection and also individuals living with HIV.

Molly Tasso:

So forth, the next model involves the development of an integrated committee of a larger planning body. So with this type of planning structure, there's a standing committee on a larger planning body that carries out collaborative planning tasks for both prevention and care. As an example, this may include a Ryan White Part A Planning Council establishing a standing prevention committee or a joint program committee. In Houston, the Part A Planning Council gives a great example. They've established an early identification of individuals with HIV work group, which includes members of the Party A Planning Council, but also the Houston Prevention Planning Group. So together they work on this early identification strategy.

Molly Tasso:

Then last we have the idea of a unified prevention and care planning body. So some jurisdictions may decide to pursue this, and it's characterized by a single statewide or Part A planning body responsible for carrying out both prevention and care planning activities. This may take the shape of an advisory body housed within a state department of health that is responsible for conducting care and prevention planning, or it may be a combined prevention and care planning body in a city that receives Part A funds and direct CDC prevention funds. In St. Louis, San Diego, and Kansas City for example, these are cities that don't receive direct CDC prevention funds but have integrated prevention into the work of their Ryan White planning bodies. So as you can see, there are a ton of variations and iterations of this idea of just integrating or jointly conducting planning activities. But we hope that these general models start to frame some of this for you.

Molly Tasso:

Before we move forward, we just have a quick poll here. I'm just going to read it before we launch it. So We're curious in learning who's on the call and what type of integrated HIV prevention and care planning model does your jurisdiction have, or maybe is working towards. So information sharing, cross representations, integrated information gathering and data analysis, integrated committee of a larger planning body, or a fully unified prevention and care planning body, or we would love to hear a of new and interesting twist on this, so please, if something is not on this list, please chat us some information in the chatbox.

Molly Tasso:

So go ahead and answer to the best of... So we have some folks chatting into the chatbox as well. So someone's responded that their jurisdiction, they have an integrated Part A, Part B, and prevention planning body. So that is great to see. We'll give folks a few more seconds. Okay, so I'm going to go ahead and close the poll. So it looks like a fully unified prevention and care planning body is about 30% of participants, and then also cross representation integrated info gathering and integrated committees is also represented here on the call as well. So it sounds like people are certainly moving towards or have already or are moving towards integrating the work that they're doing with prevention care, and that's really great to see.

Molly Tasso:

So before we start launching into this idea of the stages of integrated planning, I just want to highlight one quick resource from the IHAP TAC that's going to be chatted in the chatbox as well. But all the information that I just presented on, including the graphics, is available on our website. Again, we are always curious and interested in learning about different models of integration or planning that you may be employing in your jurisdiction. So please never hesitate to chat to us now here on the webinar or send us an email or get in touch with us any other way. So I'm going to hand it over to Devin and we're going to launch into a discussion of the actual stages of integrated planning.

Devin Brown:

Right. Thanks, Molly. So we've already covered a lot, we've talked about what the purpose and benefits of integrated planning are, the difference between the integrated planning process and the Integrated HIV Prevention and Care Plan, what integrated planning means and the different approaches that jurisdictions can take to integrated planning. So, as Molly said, now it's time to get into the action to talk about the stages of integrated planning. Integrated HIV prevention and care planning is a continuous process with five main stages that we have illustrated in this graphic on the slide in front of you. We want to highlight integrated planning as ongoing and iterative, meaning that it's cyclical and lessons learned can feed into subsequent stages and hopefully inform improvements. It also means that jurisdictions do not necessarily start over in stage one, but rather can reorganize or update plans based on previous planning activities.

Devin Brown:

So you'll see that we have communicate and share progress as the fifth stage, and this is something that you actually should be doing throughout the entire cycle, you'll hear us mention this in almost every stage we talked about today. We've included it as its own stage here to emphasize how important this piece is to integrated planning. So we're going to jump into stage one, organize and prepare. So a successful planning process starts with reviewing a jurisdiction's current context to determine how to move forward. These initial tasks involve establishing collaborative relationships, garnering information about the community served, and using relevant data to inform plan development.

Devin Brown:

When establishing communication strategies, identify key stakeholders who are not already engaged from the outset but who you think should be engaged and established and agreed upon documented structure and process to help guide this collaborative work. It's really helpful in this stage to identify and assign roles for developing the integrated plan. This can minimize duplicated efforts, distribute the work, and make space for creative input. Establishing roles and responsibilities early on in the process can minimize confusion or any kind of miscommunication moving forward, and it can also help set some expectations of accountability for everybody involved in this process.

Devin Brown:

In stage one, you really want to engage your stakeholders. You can do this by forming a planning committee or work group or convening an existing planning body to discuss the responsibilities and requirements for integrated planning and make recommendations for an overall approach to the planning process, effective community engagement plays an essential role in this step. The goal of community involvement is to enhance coordination and collaboration and access to prevention care and treatment services. Engaging the community from the start of the planning process strengthens their involvement and incorporation of their input and plan related activities. Community stakeholders include people with personal and professional experience, expertise, or skills in HIV such as people with HIV, HIV service providers, and others vulnerable to and affected by HIV. Particular consideration should really be given to historically underrepresented groups. Connect with stakeholders in settings and ways that are comfortable to them, and try to avoid falling back on conventional or out of date methods. These relationships that you're establishing here serve as the foundation for the planning process and provide direct insight into the community, so they're really essential.

Devin Brown:

When we talk about meaningful stakeholder engagement, what is that? Meaningful community engagement must be continuous, ongoing, and bi-directional, and must take into account the unique needs and challenges in each community. To do this, you need to exercise cultural humility, connect with diverse communities within a jurisdiction, and recognize that communities within a jurisdiction may require tailored engagement activities. So like I mentioned on the last slide, it's not one approach for everybody. Meaningful community engagement also consults a wide range of stakeholders and occurs in a variety of venues and formats and through various modalities to accommodate the needs and preferences of community members. This can include giving consideration to community involvement burden, the time of day and days of the week, and the geographic settings that this engagement takes place in. It also must occasionally take us out of our comfort zone to challenge conventional wisdom and encourage innovation.

Devin Brown:

So as we mentioned earlier, we know that COVID-19 has turned everything on its head. Members of our IHAP team facilitated some recent discussions about community engagement during COVID-19, and we just wanted to share some of what we heard. In order to adapt to this new setting, engagement strategies that folks shared included an increased use of e-newsletters and stakeholder distribution lists, recording meetings, leaving notes on the agency's door for people who show up in person and may not be aware that the location is closed or not offering in person services, connecting through people with connections, really maximizing existing communication networks, to combat Zoom fatigue, folks scheduled more one-on-one meetings by phone, people used COVID funding to increase infrastructure for virtual engagement, being flexible, getting community input in whatever way works best for them, providing brief TA videos, polling members to learn about internet and phone access, and conducting individualized training customized for people using laptops, desktops, and phones.

Devin Brown:

We would really love to hear from y'all, how are you engaging stakeholders during the COVID-19 emergency? We'd love to know how you've adjusted to this new reality that everyone has had to adapt to pretty quickly. So feel free to chat some of your ideas in the chat. So how have you engaged stakeholders during the COVID-19 pandemic? Maybe some of them were on that last slide. Go back. Someone said virtual meetings, Zoom meetings, online forum, and really taking advantage of this new virtual space, webinars, virtual training, random check-ins via phone, Uber Eats during long meetings. I like that, that's a creative idea. Lunchtime check-in, these are great. COVID-19 has really inspired a whole new level of innovation I think. Check-ins via Team. Wonderful. Feel free to keep chatting those and I'm going to move us on.

Devin Brown:

So continuing with these stage one activities, review existing data and collect new data. Integrated planning as a data-driven process that includes reviewing existing data, collecting new data, and analyzing and describing findings so they can be used to make decisions. Developing a plan to review and collect data involves the steps outlined on the slide here. Review the major integrated planning questions that the planning process is intended to answer, determine what types of quantitative and qualitative data are needed to help answer the questions, identify data priorities and gaps in existing data, develop a plan for collecting and analyzing data, gather and review existing data or secondary data such as, I have a hard time with this word, such as epidemiologic data and other needs assessments for usefulness for the integrated plan, as needed, adapt or develop and pilot test new data collection instruments, you can use surveys, interviews, focus groups, and other methods to collect new data, and then use existing data sharing agreements or create new ones as needed.

Devin Brown:

So through this needs assessment, jurisdictions collect and analyze information about the number, characteristics, and needs of people with HIV who are in and out of care and those vulnerable to HIV. Identify current resources available to meet identified needs and determine gaps in HIV prevention and care services. Jurisdictions should conduct a needs assessment every three to five years, monitor progress over time and make annual adjustments as needed. As part of the needs assessment process, jurisdictions develop an epidemiologic profile which describes the socio-demographic, geographic, behavioral, and clinical characteristics of people with and communities vulnerable to HIV in the jurisdiction. The needs assessment also includes development of a resource inventory and assessment of provider and workforce capacity as a way to get a clear view of comprehensive service delivery. So as described here, needs assessments include the development of several pieces, an epidemiologic profile, a resource inventory, a profile of provider capacity and capability, an estimate and assessment of unmet need, an estimate and assessment of people with HIV who are unaware of their status, and an assessment of gaps in service needs.

Devin Brown:

So then you're going to use all the data you've collected both old and new data from the needs assessment to describe successes and gaps in HIV prevention and care. Following data collection, review, analyze, and present data to help describe successes and gaps in the HIV prevention and care landscape in the jurisdiction. Not only will data drive the development of the integrated plan, but it will also establish a measurable starting point from which progress can be tracked and shared. Identify individuals responsible for data analysis, review and analyze data, synthesize and format data so that planning committees, and planning bodies, planning council members can understand the current state of HIV in the jurisdiction and identify themes and use the data for decision-making. Create user-friendly visuals such as tables, charts, and graphics to help stakeholders interpret the data. You can create and use HIV care continuum outcome data to highlight HIV prevention and care successes and gaps that can also inform plans development.

Devin Brown:

So just like today where we have a lot of different people here with different integrated planning experiences we saw some that poll, you'll likely have work group members coming with different understandings of integrated planning. It's really important to get folks aligned and a helpful way to do this is by providing orientation and training, especially on integrated plan development and the different components, it's also a time to clearly define roles, responsibilities, and expectations. So we have a real life example here of Pennsylvania developed some orientation to help in the construction of their integrated plan. Central to orientation and getting everybody on the same page is establishing a shared language. Prevention and care staff may use different terminologies or definitions for the same words or concepts, Broward County did this by creating a common lexicon. You can also conduct a care and prevention crosswalk of key service definitions, data systems, and data points to help cross train care and prevention staff.

Devin Brown:

As we mentioned earlier, IHAP TAC also has developed an online glossary of integrated planning terms and it's included and the implementation section of the online resource guide, and I think that link should be available in the chat. So we've made it through stage one, and I'm going to pass it over to Molly to take you through stage two.

Molly Tasso:

Great, thanks so much Devin. So you've organized and prepared yourself. So now moving into stage two, we will begin to prioritize activities and develop the plan. So with the available data that's been gathered and analyzed, the Part A and/or B recipient with their planning committees should move forward following the timelines and protocols that have already been hashed out in that first stage to begin the process of outlining priorities and actually writing and developing the Integrated HIV Prevention and Care Plan.

Molly Tasso:

So one thing, we know that this isn't the only plan that you all are being asked to develop and the 2017 to 2021 plan isn't the only one you've developed to date. So we really encourage you to reflect on your processes for developing other plans, such as the Getting to Zero Plan or Ending the Epidemic Plan are in your jurisdiction and glean best practices and maybe challenges you had and reflect on that process to move forward with the next iteration of the integrated planning process. If possible, really we encouraged jurisdictions to consider aligning these other plans with their integrated plan because doing so will really help to ensure consistency across goals and strategies and performance measures. That will really just increase and enhance the collaboration between health departments, community members, and stakeholders.

Molly Tasso:

I do want to note, before we dive too much into this, please go ahead and chat in any questions you have, we've got a whole team here ready to answer them or any questions or anything you might like us to go back and review at the end if we have time. So launching into the stage two activities, the first key activity is to structure the actual plan development process. So this includes developing timelines that account for draft development plus multiple rounds of review and revisions, that's really important because you should be engaging the community and stakeholders throughout and soliciting feedback. So you want to give yourself the time to really take that in and then revise the plan as needed. You also need to be referencing the federal guidance often and closely to ensure that you have all the necessary information in the plan or that you have all the necessary information that you need to draft each of the required sections.

Molly Tasso:

At the same time you are writing the plan, you should be also developing a monitoring plan. So a plan to monitor and improve the integrated plan, which will ensure effective and responsive tracking of your progress and your successes. Also when possible we really encourage folks to use technology as much as you can that would allow multiple parties to simultaneously view, edit, and contribute to the plan development, so something like Google Docs or Microsoft SharePoint, something along those lines of collaborative writing and editing technology we've heard is very helpful.

Molly Tasso:

Throughout stage two also like I said, continue to engage stakeholders and community members in the process. If you are using an external consultant to facilitate some of this work, really just make sure that the planning council members are fully and meaningfully engaged throughout the process. It's also important to remember that you really should be engaging a range of stakeholders, not just those that are easily accessible or obvious to engage on this work. There may be great variation within a jurisdiction, including diverse focus populations and geographic aspects that require multiple and tailored approaches, so be mindful of that when you are thinking about your engagement activities. Of course, as we've discussed and as Devin just really walked us through, now more than ever, it's very important to be flexible and innovative when planning how and where to solicit feedback.

Molly Tasso:

So if it's not safe or appropriate to conduct an in-person meeting, just think through how you can use technology to facilitate a remote process. If you do decide to host a virtual meeting, considered do all community members have access to computers, smart phones, reliable internet. All of these factors really must be taken into consideration and really thoughtfully approached, including the level of burden that's being placed on communities who are seeking to participate and provide feedback. As Devin said, really the bottom line is that we really need to think outside of the box and be willing to try new things.

Molly Tasso:

We look to Maryland who has a great example of some great community engagement. So they solicited feedback from a variety of advisory groups including states and city planning councils and committees, the MSM Response Team, the Transgender Response Team, the HIV Perinatal Team, and the Maryland Hepatitis Coalition, and STI Community Coalition. So that's a really wonderful snapshot of very broad stakeholders, all being brought into the planning process, which is really wonderful to see. Engaging the appropriate planning council or planning body really is a key step in developing the plan because this is the effective way to garner feedback from community representatives that can really guide you and make sure that your plan is that you're proposing and putting together feels doable and is actually relevant to what's happening on the ground. So this step is minimizing the likelihood that a plan is developed but not at all reflective or responsive to the broader context of the community, and that's really the outcome that we're all trying to avoid.

Molly Tasso:

So during this step, you'll want to present information to the planning council or planning body, usually again, in an open meeting to which the public is invited, again, either in person or remotely, and it's very important. One best practice is to provide copies or summaries of the plan to stakeholders before the meeting so that they can review and provide feedback either directly during the meeting or if they can't attend, some other way. But giving folks the time to digest what you've put together and to really consider it, instead of just asking them on the spot in the meeting what they think, that will solicit much more I think thoughtful and helpful feedback. Then of course, after receiving this feedback, you should go back to the table and review and revise your integrated plan as necessary.

Molly Tasso:

Then of course, the final Integrated HIV Prevention and Care Plan, that must be reviewed by the full planning councils you're working with, the Part A. That planning council is required, this is part of the formal HRSA requirements with the Integrated Plan, that planning council is required to submit a letter of concurrence, concurrence with reservations, or no concurrence. So you will be engaging the Party A planning council in your jurisdiction throughout this process.

Molly Tasso:

Then lastly in stage two, is of course the work of disseminating the plan to all stakeholders and establishing mechanisms for sharing plan updates and your progress towards your goals and objectives with everyone. So one great way to approach this, and was done in Wisconsin for example, they developed an abbreviated version of their plan, which distilled 130 page plan into a great 10 page document and then a one at a glance document, which is I think one or two pages, that really just helps hone in on the big takeaways and the key strategies and outcome measures, and that is a really great way to communicate the plan and disseminate the plan to the community and also allowing them to be engaged in the process of the monitoring improvement too, which we'll talk about in a few minutes. So we've gone ahead and chatted out those links to those documents.

Molly Tasso:

Then also just a few other quick resources. We also at IHAP TAC have compiled and posted the publicly available Integrated HIV Prevention and Care Plans, so the 2017 to 2021 plans. The ones that are publicly available are posted on our website, and so we are also chatting out that link. Then finally, as a project, we identified exemplary sections of plans and included them in our online resource guide. So this list is not exhaustive but does pull out and highlight some really strong examples that jurisdictions put together of the required sections. These would be perhaps helpful for you to take a look at as you are looking to develop or revise sections of your Integrated Plan for the upcoming planning cycle. So I'm going to send it back over to Devin, who's going to walk us through stage three, which is implementing the plan.

Devin Brown:

All right. So we know that implementing Integrated Plan activities can feel maybe daunting and progress can seem really hard to achieve. But as you begin to put your Integrated Plan into action, we ask that you consider the following activities to help establish a streamlined, organized, and clear implementation process. For stage three, it's really helpful to document your process. For each activity assigned to one entity, you'll want to confirm who will be responsible for the activity to ensure that it's completed. Establishing these pieces at this point will minimize confusion as you move further into the implementation process. This requires identifying individual roles and responsibilities for assigned tasks and activities, communicating protocols to support implementation and mechanisms to share progress and challenges, identifying measures, data sources, and data collection processes, and reporting structures.

Devin Brown:

For joint activities that require collaboration across the programs, you're going to want to describe roles and responsibilities of each entity to support collaborative activities, communication protocols to support implementation, and mechanisms to share progress and challenges, decision-making process and the final decision maker, policies and procedures to implement decisions, measures, data sources, and data collection processes, and reporting structures. So between the joint activities that require collaboration across programs and the one entity, the activities are kind of similar, but you'll note that the joint activities just require a couple of additional steps to make sure that communication is happening and things are clear to everybody involved.

Devin Brown:

So having the lists on hand, that helps frame activities as action and steps can bring the jurisdictions progressively closer to goals and objectives. The action steps can generate momentum and help structure regular updates to key stakeholders as you implement your plan. What we have here is a really great example of what Arizona created to help them track progress of metrics. So the spreadsheets that you see include overall goals, smart objectives, tasks, status updates, a detailed description of each task, performance metrics, who's involved, and the start and end date for each task. So it gets really specific about who's responsible and when this is going to get done, and that can just help keep you on track as you implement your plan. Now we're going to go back to Molly for stage four.

Molly Tasso:

Great, Thanks Devin. So as we've talked about, it's critically important to be monitoring and improving the plan as you're implementing the Integrated Plan. So creating an actionable monitoring and improvement plan helps your jurisdiction keep on track and also demonstrate success and document ongoing barriers or challenges that you can address. So we initially referred to the integrated planning process as an iterative and cyclical process, and this is really where this shows up. So as you begin to monitor your integrated plan, you may start to recognize things about the plan that you may have overlooked during the development, so now is the time to make adjustments as you need. Reviewing and revising the monitoring plan as you go will help ensure that the plan is responsive and again, aligned with the current landscape of Integrated Plan implementation, and also will give you the opportunity to revisit and adjust if you need the measures and data sources, data collection process, and your reporting structures and processes.

Molly Tasso:

Then of course in doing so, in implementing the monitoring plan, what you're doing is assessing the implementation of the goals and the smart objectives and projected activities that were written into the Integrated Plan. Then throughout this process, there we go, you'll also be updating stakeholders on what you found throughout your monitoring process. So really best practice is to share the data, as well as the conclusions that you may have gleaned, conclusions that partners may have gleaned also from their data, and then present that again, in a format that allows people to understand what they're looking at and to provide feedback. Then of course, throughout you can be using all of this feedback as well to be updating your Integrated Plan accordingly too. So this really is an ongoing process where you're reviewing and revising continuously.

Molly Tasso:

Then lastly, you can use HIV care continuum data and real-time data dashboards to monitor progress. So for example, you should identify the appropriate care continuum data and related sources and determine a plan and routine time to review surveillance program and care data, use data to measure changes related to the HIV care continuum, and also consider quality improvement approaches such as rapid cycle improvement, if that's something that your health department or organization may use. So with that, we're nearing the end, I'm going to hand it back over to Devin who's going to walk us through stage five, which is communicate and share progress and then that will wrap up our five steps of integrated planning.

Devin Brown:

All right, y'all, we've made it to stage five. In case we haven't said it enough already, stakeholder engagement is essential throughout the entire planning process. But this fifth and final stage builds on previous activities to share information about Integrated Plan implementation and progress with key stakeholders and communicate with broader audiences as appropriate. So in this stage, jurisdictions have the opportunities to synthesize data and present information in the most appropriate format based on the needs of the audience. Jurisdictions may develop infographics, other visuals and briefs tailored to community, key messages and progress to diverse groups or partners.

Devin Brown:

Just like we mentioned earlier, sharing updates and progress with stakeholders is an essential activity through all the five stages to ensure that your plan accurately reflects what's happening on the ground. That said, in this stage, we focus on how you can share updates and progress. It's important to update and share Integrated Plan implementation progress regularly with planning bodies and other stakeholders. Communication on plan progress includes highlighting successes, identifying challenges in implementation, and recommending modifications to plan activities. You can do this by creating a progress report or activity dashboard that's updated and shared regularly according to an established schedule. You can distill the Integrated Plan and its activities into a succinct visual or snapshot to promote or communicate progress. We have examples of documents and other visuals that you can use to share with stakeholders about plan activities and tasks.

Devin Brown:

For example, when Wisconsin first developed their integrated plan, they developed an abbreviated overview to describe the plan, that's what you see on the left. In 2019, they released a progress report to share updates on implementation of their Integrated Plan. Both of these resources are in our online resource guide that you can find in the chat and on our website. So these resources, plus several more tools and tips to support the process of Integrated HIV Prevention and Care Planning are all available on IHAP TAC page on the TargetHIV site. Finally, we want to touch on some of the tools and resources available for jurisdictions to guide their integrated planning efforts and implementation of their integrated plans. We maintain an online resource guide and continue to add to it as we develop new tools or identify new resources in different jurisdictions. So now we've got one final poll for you, I think it's the final one.

Devin Brown:

We'd love to know what stage of integrated planning do you find the most challenging, is it stage one, the pre-planning, organizing and preparing the plan, stage two plan development, the plan and prioritize plan activities, stage three, implementation of plan activities, stage four, monitor and improvement, or stage five communications and sharing progress? So I'll go to open slide. Let us know what you think is the most challenging stage, and maybe it's all of them, and you're welcome to chat that in too. I see in the chat three and four. Yeah, we should have an all of the above options. All right, seeing some answers still coming. Leave it open for just a few more seconds. If you're new to this, you certainly can share what you think might be the most challenging. So it looks like folks find stage three and four to be the hardest and then pre-planning. Hopefully some of what we've provided today can help make it easier, but we understand that, of course, every jurisdiction is different and has their own challenges and successes. Wonderful, thank you all for participating.

Devin Brown:

So with that, we're really excited to share the upcoming launch of an online curriculum all about integrated planning. So this module called Integrated Planning 101 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. So hopefully this helps with some of the stages that y'all find most challenging. With that, I think we are going to open the floor to questions.

Julie Hook:

Great. Thanks, Devin and Molly. So yes, so a few questions have popped into the chat. I know there has been several worth million dollar question of when there's any indication when the guidance for the next Integrated HIV Prevention and Care Plan will be released. Unfortunately, we don't have an update on that, we have not heard yet from HRSA and CDC when the guidance will be released. However, in the meantime, from the letter and our conversations with HRSA and CDC, their joint expectation is that the Ryan White HIV/AIDS Program Part A and Part B recipients and HRSA funded state and local health departments to continue to use their existing Integrated HIV Prevention and Care Plans as their jurisdictional HIV strategy or roadmap. They also want to encourage planning groups to streamline their approaches to HIV planning, even as those approaches evolve in the context of a public health pandemic. We do realize this may be frustrating and we certainly want to be able to provide resources and TA once guidance is lodged. So if folks want to chat us into the chatbox or follow up with us about resources, their TA, that they would find helpful once the guidance is released and I have to start working on their new plans.

Julie Hook:

There was also a question around merging the Integrated Plan and the EHE Plan, so we don't have any guidance from HRSA or CDC about doing that. Although, there is indication that the Integrated HIV Prevention and Care Plan should be the umbrella plan for all the HIV related resource and activities and EHE plan should work in conjunction as a subset of focused resources and activities. I don't know if there are other JSI folks that want to chime in there. So basically just to say that HRSA and CDC really want to streamline the activities by incorporating guidance for EHE jurisdictions on what parts of the EHE plan may be used or updated for the next round of integrated planning. They don't want to create more burdens, so really want to make sure that they are streamlined as much as possible.

Julie Hook:

So another question, is the State Health Departments... This question came in during the stage four and five around updating progress. Is the State Health Department solely responsible for sharing these updates and progress? Are there examples of where members of the planning body also share progress? So I'm going to hand it over to my colleague, Stewart, to answer that question.

Stewart:

Hi, thank you so much, Julie. So the authority that administers the Ryan White Part B Program, which is I think pretty much all state and territorial health departments, so there may be some exceptions I'm not aware of, have the responsibility for submitting formal updates and progress reports to HRSA and CDC. However, Part B planning bodies, especially those that are integrated with HIV prevention groups, may be delegated responsibility for conducting periodic monitoring or assessment activities related to the progress of the Integrated Plan. So a planning body may be an active participant in terms of tracking progress and creating updates for a state integrated plan, but it is the state that is formally responsible for submitting those updates.

Julie Hook:

Great, thanks Stewart. So I did see a couple of comments in there around conveying to HRSA and CDC just about multiple plans take away from doing the actual work. Just to convey the question around maybe we use local EHE Plan for integrated our plans. Again, we can certainly provide feedback back to HRSA and CDC on this point. Again, just to say that we do know that as they are looking at developing and release of the new guidance to try aligning the plans as much as possible, again, I was just wondering if there's other folks from the JSI team who want to expand on that, feel free to pop in.

Julie Hook:

There's a question around the curriculum and the upcoming curriculum that we're going to be launching hopefully soon and whether or not it was for health department staff or community planning body members. So we really envision it for those folks at the state or local health department that are responsible for planning. Although HRSA also has a funded technical assistance center called Planning Chat that does a lot of resources around community planning for HIV and I know that they have a module that talks about integrated planning. So I don't have it right off the top of my head, but I will find it in a moment and then send it out through the chat. But I don't know if any JSI folks want to send out any Planning Chat resources they might think might focus on that. But the curriculum that IHAP TAC has developed really is focusing on that either local or state health department staff. Great, another question is, should we wait for the guidance before we start working on a new plan? Maybe I want to kick that off to you Stewart as well.

Stewart:

Sure, that's fine. So it's a great question. In general, I would say not to wait. For those jurisdictions who actively utilize their integrated plan, it should go through 2021, and the guidance that will come out, let's even say if it came out, well I don't want to really speculate, but sometime next year, it won't be due for probably nine months. So the original intent was to have the next plan go from 2022 to 2026 or 2027, but you may find yourself without a specific plan for 2022 if the integrated plan doesn't come out, if it's delayed into later part of 2021. So first of all, for any jurisdiction, I would say it's never a bad idea to revisit your goals and objectives to see which of those you've achieved, and if you want to update them continue to strive to further reduce new infections, further improve the overall quality of care for people with HIV, further reduce disparities between different groups of people with HIV that may exist in your jurisdiction, it's always good to be doing that and thinking about it.

Stewart:

That said, you don't have to obviously prepare a full planning document, but you want to base any decisions about resetting goals on success to date, where you're at now, what your continuum of care looks like, what your needs assessment data tells you, and start shaping those goals. The practice of setting goals and objectives and resetting them is a good one, so i would say my recommendation would be not to wait, and then you'll be all that more ready when the guidance does come out.

Julie Hook:

Thanks, Stuart. As I was bumbling before about that Planning Chat resource, so I did just put in the chatbox the link to the Planning Chat training module for comprehensive planning for planning body members. So I just chatted out, so hopefully folks can find that useful as well. There's another question that came in around, what site or resources have planning councils used for dashboards? I actually don't know, I'm just wondering if there are any folks who are listening in that could chat into the chatbox if their planning council or planning body is using any dashboards, it'd be interesting to see if folks are using dashboards.

Julie Hook:

So there's another question that came in, excuse me, that came in around, how do we plan our objectives if we don't know CDC goals? So the only thing that I can say is again that the NHAS guide, the Integrated Plan Guidance, that won't change in terms of the major goals and objectives, the Integrated Plan will revolve around the NHAS goals. Great. All right, well... Sorry, go ahead Stewart.

Stewart:

I just want to say we've gotten several comments and questions related to first of all the number of plans that are required by CDC HRSA and one of them talked about the EIIHA planning, the Early Identification of Individuals with HIV/AIDS, I can't say that I've got a solution. We certainly have conversations where we stress and support the notion of streamlining, but we ultimately have to go with what requirements are set out by the Feds. I know there are advocacy organizations both for Part A and Part B that work on these as well and I encourage you to continue to work with them around streamlining and reducing burdens. [inaudible 01:10:46] specifically would be recommending merging the Integrated Plan with the EHE Plan. One of the issues that would involve is the fact that there are non-EHE jurisdictions. So right now my understanding is that there are a number, like under 10, EHE states, and then states submitting to the CDC on behalf of the 47 counties around the country, and then HRSA has its own submissions related to EHE.

Stewart:

So it is a complicated net of planning and we do encourage, and I do believe CDC and HRSA support utilizing the information that goes into one of these plans that's going to the next plan opportunity that comes out. But you do need to be mindful of whether the next requirement involves data that may be later than what you could put into the EHE plan, and so be mindful of that. But these are things that the notion of ongoing integrated planning should be supporting, which is familiarity with surveillance data and information, familiarity with service utilization data, knowing how to routinely generate reports from both of those that can be put into those plans. I know we can't anticipate everyday and you can't over tax the people generating those reports. But to the extent that some of you consider yourselves experts in integrated planning, and those who are wanting to become experts, really understanding those data systems and how reports are generated and how long it takes, so that you make sure you can give people enough lead time.

Stewart:

As I think I referred to before, the time frame that will be given once the integrated planning guidance comes out, will be quite long as compared with the EHE timeline. So you will be able to have the time to ensure that you can get the data from your data units that are part of your specific health department or organization or companion Part B's for the Part A's, Part A's for the Part B's to make sure that you have the time to get the data you need to do the full integrated plan.

Julie Hook:

Great. Thanks, Stuart. So we definitely appreciate everyone's candid comments, we're going to be definitely sharing this back to our HRSA and CDC colleagues so I appreciate everyone's feedback and questions. So we also, as Devin noted, we're going to be conducting an informational gathering needs assessment in January to better understand state and local health department's challenges. This will both help inform our future TA offerings and the support that you'll need for ongoing integrated planning and as you look to develop your next integrated plan. As we've noted, you're welcome to reach out to us on TargetHIV and look at our resources, but also please feel free to contact us about any additional resources you may be looking for or targeted TA. We thank you again, we know everyone's very busy and anxious about next round of integrated planning, so I appreciate your time today. As a reminder, please fill out the evaluation that'll pop out in a moment, and please contact us if you have any additional questions or looking for any resources. Thank you and have a great afternoon.