Integrating HIV Prevention and Care Plans and Planning: Moving Forward

Health Resources and Services Administration
HIV/AIDS Bureau

Centers for Disease Control and Prevention
Division of HIV/AIDS Prevention

For the:
2016 National Ryan White Conference on HIV Care and Treatment
August 25, 2016
HIV/AIDS Bureau Vision and Mission

Vision
Optimal HIV/AIDS care and treatment for all.

Mission
Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people living with HIV/AIDS and their families.
HIV/AIDS Bureau Priorities

- **NHAS 2020/PEPFAR 3.0** - Maximize HRSA HAB expertise and resources to operationalize NHAS 2020 and PEPFAR 3.0.

- **Leadership** - Enhance and lead national and international HIV care and treatment through evidence-informed innovations, policy development, health workforce development, and program implementation.

- **Partnerships** - Enhance and develop strategic domestic and international partnerships internally and externally.

- **Integration** - Integrate HIV prevention, care, and treatment in an evolving healthcare environment.

- **Data Utilization** - Use data from program reporting systems, surveillance, modeling, and other programs, as well as results from evaluation and special projects efforts to target, prioritize, and improve policies, programs, and service delivery.

- **Operations** - Strengthen HAB administrative and programmatic processes through Bureau-wide knowledge management, innovation, and collaboration.
Vision & Mission Statement

Vision
A future free of HIV.

Mission
To promote health and quality of life by preventing HIV infection and reducing HIV-related illness and death in the United States.
Integrated Planning resides in the Office of the Director (OD).

It is an important component of our “Comprehensive HIV Prevention Programs for Health Departments,” Funding Opportunity Announcement (FOA).
Overview

- **June – August 2013**: HIV Planning Group (HPG) Leadership Regional Trainings

- **February 2014**: HRSA/HAB and CDC/DHAP released a joint letter

- **July 8-9, 2014**: NASTAD/CDC/HRSA Integrated Data & Integrated SCSN/Comprehensive Plan Consultation Meeting

- **Early Spring 2015**: Draft guidance outlined to key national and federal partners for review and comment


- **September 2016**: Integrated HIV Prevention and Care Plan Due
What is Integrated HIV Planning?

- Integrated planning is the process by which HIV care and prevention planning groups:
  - Review information about the HIV epidemic in the jurisdiction.
  - Assess needs and service utilization data to inform decisions.
  - Provide recommendations and allocate resources for HIV prevention and care services to address the HIV epidemic.
What is an Integrated HIV Prevention and Care Plan?

- The Integrated HIV Prevention and Care Plan reflects the community’s vision and values regarding how best to deliver HIV prevention and care services.

- The Integrated HIV Prevention and Care Plan is a living document that serves as a jurisdictional HIV/AIDS strategy, or roadmap, for CDC and HRSA grant recipients.
Why an Integrated HIV Prevention and Care Plan?

• **Streamline** communication, coordination, and implementation of needed HIV prevention and care services to improve health outcomes along each stage of the HIV Care Continuum.

• **Reduce** reporting burden for federal recipients.

• **Engage** a broader group of stakeholders in jurisdictional HIV prevention and care planning.

• **Maximize** federal, state, and local HIV prevention and care investments.
## Examples of Integrated HIV Prevention and Care Planning Activities

<table>
<thead>
<tr>
<th>Type of Integrated Planning Activity</th>
<th>Explanation/Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information Sharing</td>
<td>Use of presentations, reports, webinars, conference calls, and other activities to inform each planning body about the work of the other.</td>
</tr>
<tr>
<td>Cross Representation</td>
<td>One or more members of each planning body also serves as a member of the other body, to facilitate information sharing and collaboration.</td>
</tr>
<tr>
<td>Integrated Information Gathering and/or Data Analysis, or Other Joint Projects or Activities</td>
<td>Includes data-based collaboration such as joint needs assessment activities, evaluations, special studies, service-focused roundtables with providers and clients, joint town halls or other consumer input activities, and analysis and discussion of jurisdictional HIV Care Continuum data. Also includes joint service planning and development, funded joint efforts like CAPUS (Care and Prevention in the United States initiative) or activities such as a community testing and linkage to care initiatives.</td>
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<tr>
<td>Integrated Prevention and Care Plan</td>
<td>3- or 5-year plan developed jointly that includes both prevention and care and is submitted to both CDC and HRSA/HAB.</td>
</tr>
<tr>
<td>Integrated Committee of a Larger Planning Body</td>
<td>Group that carries out collaborative planning tasks covering both prevention and care, includes membership from both prevention and care planning bodies, and is a standing committee of a larger planning body, such as a Ryan White planning council or statewide advisory group or a prevention planning group.</td>
</tr>
<tr>
<td>Unified Prevention-Care Planning Body</td>
<td>Single statewide or Part A regional planning body responsible for carrying out both prevention and care planning.</td>
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</table>
Plan Options for State and Local Jurisdictions:

• Integrated state/city prevention and care plan to CDC and HRSA
• Integrated state-only prevention and care plan to CDC and HRSA
• Integrated city-only prevention and care plan to CDC and HRSA
• City-only prevention plan to CDC
• City-only care plan to HRSA

It is ideal and preferable that an integrated HIV prevention and care plan be submitted to both CDC and HRSA.
Submission & Review Process

• Submit the Integrated HIV Prevention and Care Plan to HRSA and CDC by September 30, 2016.

• HRSA and CDC will conduct a joint review and provide joint feedback as appropriate.
General Review Process for Integrated Plans

• Plans will be submitted to CDC and HRSA on September 30, 2016 to the following:
  • CDC: PS12-1201@cdc.gov
  • HRSA: Electronic Handbooks (EHB)

• Plans will be dispersed to respective CDC and HRSA Project Officers:
  • Project Officers include: (HRSA Part A, HRSA Part B, HRSA AETC, CDC PPB, and CDC HISCB).
  • CDC/HRSA will disseminated reviewed plans to grantee/recipient.
  • Project Officers will host a joint conference call with the grantee/recipient to discuss reviewed Plan(s).
Key Resources

• Integrated HIV Prevention and Care Plan, including the SCSN Guidance (CY 2017- 2021)

• Integrated HIV Prevention and Care Planning Activities
  https://careacttarget.org/library/rwhap-cdc-integrated-planning-examples

• National HIV/AIDS Strategy Community Action Plan Framework

• Understanding the HIV Care Continuum
Technical & Capacity Building Assistance

• **Primary Source of TA: CDC and HRSA Project Officers**
  - CDC and HRSA Recipients and HIV Planning Bodies are expected to coordinate technical assistance requests within their jurisdiction with their HIV prevention and surveillance counterparts.

• **CDC and HRSA-funded National TA & CBA Providers**
  - National Alliance of State and Territorial AIDS Directors (NASTAD)
  - Urban Coalition for HIV/AIDS Preventions Services (UCHAPS)
  - Asian Pacific Islander American Health Forum
  - City & County of San Francisco
  - New York City Department of Heath
  - JSI Research & Training Institute, Inc. (JSI)
NEW HRSA HAB Technical Assistance Resources

FY 2016 RWHAP Integrated HIV Planning Implementation Cooperative Agreement – JSI Research and Training Institute, Inc.

- Integrated HIV/AIDS Planning (IHAP) Technical Assistance Center (TAC):
- Technical assistance to RWHAP Part A and B recipients and planning bodies to support activities and strategies for integrating HIV planning across prevention and care and treatment service delivery systems.

- Support activities related to the CDC/HRSA Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN) submissions.
Lessons from the Field

• National Alliance of State and Territorial AIDS Directors (NASTAD)

• Urban Coalition for HIV/AIDS Prevention Services (UCHAPS)
Ready to End the Epidemics: State, City, and Community Partnerships and Integrated Planning

A Colorado Perspective

National Ryan White Conference on HIV Care and Treatment
Integrated Planning
August 25, 2016

Melanie Mattson
Colorado Department of Public Health and Environment

Anthony Stamper
Denver Office of HIV Resources
Ending the AIDS Epidemic

WHETHER YOU
THINK YOU CAN,
OR THINK YOU CAN'T.
YOU'RE RIGHT.

(HENRY FORD)
Ending the AIDS Epidemic

The Importance Community Engagement and Collaboration
It is Critical to Build Trust Between Government and Community

• Data Sharing Task Force

• The importance of data sharing in relation to our collaboration across CO to end the epidemic

• Senate Bill 146 – STI Modernization – Collaboration with community
Becoming a Fast Track City

2015

February
• DPH approached by IAPAC

May
• FTCI supported by RW Planning Council

June
• DPH/IAPAC meeting with Department of Environmental Health
• “This is great. Why have I not heard of this before?”

July
• DPH meeting with Denver Mayor

August
• Denver Deputy Mayor signs Paris Declaration
• AIDS Walk

December
• Colorado Governor signs proclamation
• Denver City Council approves

Office of HIV Resources
Denver Environmental Health

Colorado Department of Public Health & Environment

National Ryan White Conference on HIV Care & Treatment
State of Colorado

Proclamation

WHEREAS, since the early 1980s, Colorado, the United States, and the world have been devastated by the loss of life and the impact of AIDS (Acquired Immunodeficiency Syndrome) and HIV (Human Immunodeficiency Virus); and

WHEREAS, we endorse UNAIDS and the City and County of Denver in acknowledging the significance of the 90-90-90 Paris Declaration and issue a call to action for achieving the global milestones of knowledge of HIV status and maximizing the positive health outcomes of HIV treatment which includes viral suppression; and

WHEREAS, we aspire to making Colorado a state that fully responds to the needs of those living with HIV and those at risk of acquiring HIV; and

WHEREAS, we are committed to realizing the goals of the Colorado HIV/AIDS Strategy to end the AIDS epidemic in Colorado, to significantly reduce new HIV infections, and to support people living with HIV in order to live long and productive lives free of stigma by 2020; and

WHEREAS, we want to live in a state where all Coloradans understand that HIV and the related stigma and discrimination affect everyone; and

WHEREAS, on World AIDS Day 2015, we remember those who have lost their lives to AIDS related illness, and honor those living with the daily challenges of HIV, as well as thank those who have dedicated countless hours to compassionate service; and

WHEREAS, Colorado led the nation in establishing the Denver Principles in 1983 and the HIV Care Continuum in 2011;

Therefore, I, John W. Hickenlooper, Governor of the entire State of Colorado, do hereby proclaim, forever after, December 1, 2015, as WORLD AIDS DAY

in the State of Colorado.

GIVEN under my hand and the Executive Seal of the State of Colorado, this first day of December, 2015

John W. Hickenlooper
Governor
Three Key Stakeholder Workgroups

1. PrEP

2. HIV Testing and Counseling

3. Services for Persons Who Inject
Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need, CY 2017- 2021

Better known as:
Colorado HIV/AIDS Strategy (COHAS)
What are we doing to impact the care continuum?

**Prevention / Diagnosis**
- PrEP
- Syringe access
- Risk Reduction
- Testing

**Linkage**
- Linkage to Care Coordination

**Retention**
- Data to Care Coordination
- Case Coordination

**Viral Suppression**
- ADAP, ACA
- Retention support

Cooperation Monitoring Reporting
Colorado HIV/AIDS Strategy - COHAS
Colorado Prevention Cascade

**Universal Interventions**
- Outreach/Marketing/Social Media
- "Broad Appeal" Selective Interventions
  - Forums
  - Events
  - Short Topical Workshops
  - Retreats
  - Psychosocial Support Projects
  - Community Development

**Selective Interventions**
- "Client Centered" Selective Interventions
  - Evidence Based Interventions (group and individual level)

**Indicated Interventions**
- Biomedical Approaches
- "Critical Events" Assistance
- Access to primary care, mental health care, substance use services
Innovations to “Get to Zero”

Integration of Care & Prevention Programs

Utilizing the infrastructure for ADAP to implement our PrEP program

Expansion and Innovation in the use of DIS, Linkage to Care and Retention in Care staff

Extending these services to “all” contracted agencies....coming soon!
Innovations to “Get to Zero”
Expanding the role of DIS

PROVIDE RESOURCES AS NECESSARY to ensure successful linkage to care and treatment

Disease Investigation Specialists – immediate linkage to enrollment services in ADAP, Medicaid, and Ryan White $$ when a patient has not enrolled in coverage

Linkage to Care – in addition to above, assessment of substance abuse, mental health issues, and access to resources through “Critical Event” pilot (described later)

Retention in Care personnel from State Health & partner agencies reviewing patients who appear to have dropped out of care, again, with $$ resources to assist – including housing, inpatient mental health and substance abuse treatment, medical transportation –
Innovations to “Get to Zero”
Utilizing our ADAP Infrastructure

Leveraging our existing healthcare access staff (ADAP), has been an essential part of the success of the new and growing Biomedical Intervention Program.

ADAP staff provide inter-unit collaborative assistance with:

- Colorado Medicaid Enrollment
- Affordable Care Act Marketplace Insurance Enrollment
- Clinical Service and Medication Co-pay Determination
- Existing Plan Interpretation (HMO, PPO, HSA)
- General Financial Barriers & Navigation Guidance
Innovations to “Get to Zero”
Colorado’s Critical Event Initiative

What is a “critical event”? An event that makes it much more likely a client will drop out of medical care or never seek medical care to begin with.

A “marker” for a destabilizing crisis.

A severe challenge to a client who wants to achieve and maintain viral suppression.
HIV Care Continuum, Colorado 2015

CDPHE and the UNAIDS 90-90-90 Strategy
90-90-90
An ambitious treatment target
to help end the AIDS epidemic
UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

90% of all living with HIV will know their HIV status
90% of all living with HIV will receive sustained antiretroviral therapy
90% of all receiving antiretroviral therapy will have durable viral suppression

Designed by David Lawal for THE NATION NEWSPAPER
An Ambitious Goal

• Yes it is.....

• Is it merely Aspirational or Achievable?
Thank you

Melanie Mattson
Colorado Department of Public Health and Environment
Melanie.Mattson@state.co.us

Anthony Stamper
Denver Office of HIV Resources
Anthony.stamper@denvergov.org
Integrated HIV Planning: Achieving Success in a Complicated Landscape

2016 National Ryan White Conference on HIV Care and Treatment

Dea Varsovczky
August 25, 2016
ABOUT UCHAPS

The Urban Coalition for HIV/AIDS Prevention Services (UCHAPS) is a national collaboration of community partners and health departments dedicated to preventing new HIV infections and reducing health disparities, morbidity, and mortality.

UCHAPS was founded on the community planning model, with membership consisting of health departments and HPGs in jurisdictions directly funded by CDC for HIV Prevention.

UCHAPS member jurisdictions are among the epicenters of the urban HIV epidemic and are often at the forefront of piloting new intervention strategies.
UCHAPS MEMBER JURISDICTIONS

- Atlanta
- Baltimore
- Chicago
- Fort Lauderdale
- Houston
- New York City
- Philadelphia
- City and County of San Francisco
- Washington, DC
## Integrated Planning: It’s Complicated

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Integrated Planning Body</th>
<th>Expected Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlanta</td>
<td>No</td>
<td>State/Local/Prev/Care</td>
</tr>
<tr>
<td>Baltimore</td>
<td>No</td>
<td>State/Local/Prev/Care*</td>
</tr>
<tr>
<td>Chicago</td>
<td>Yes</td>
<td>Local Prev/Care</td>
</tr>
<tr>
<td>Ft. Lauderdale</td>
<td>No</td>
<td>Local Prev/Care**</td>
</tr>
<tr>
<td>Houston</td>
<td>No</td>
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</tr>
<tr>
<td>New York City</td>
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<td>Washington, DC</td>
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Technical Assistance

Peer to Peer
- Membership Meetings
- Conference Calls
- Mentoring

Sharing of Materials & Resources

Expert Consultation
Frequently Asked Question:

How does the CDC/HRSA HIV planning process inform and support broader planning processes?
Opportunities & Challenges

Plans to End Epidemic
• Broader scope for plans
• New partnerships

Community Engagement
• New models deployed
The Future

Operationalizing plans will require:

• Continued coordination across federal agencies

• Deployment of innovative community engagement models

• Flexibility
THANK YOU!

Contact Information:
Dea Varsovczky
Email: dea@uchaps.org
Tel: 202-469-3454
Website: www.uchaps.org
Integrated Planning: Chicago’s Experience

Dave Kern
Aug 25th 2016
Overview

• Overview of Chicago’s Integrated Planning Group
• Organizing Framework
• Defined
• Value
• Chicago’s Framework
• Discussion of Chicago’s 2015-2017 Planning Process
• Challenges (real and anticipated)
Chicago Integrated Planning Group

Chicago Area HIV Integrated Services Council

Formed in 2012

Integrated prevention, care and housing
Replaced existing prevention and care planning bodies
Developed first integrated plan in 2014

Geographic coverage dependent on federal designation
Prevention – City of Chicago
Care – Chicago EMA (City + 9 counties)
Housing – Chicago EMSA (City + 6 counties)

Vision: Develop a city-wide plan that identifies and addresses how housing, treatment, substance abuse, mental health and other essential services can prevent HIV infection through suppressed viral load and behavioral interventions.
Chicago Integrated Planning Group

• Chicago Area HIV Integrated Services Council

  • Committees
    • First pass
      • Prevention
      • Care
      • Housing
    • Second pass
      • Primary Prevention and Early Identification
      • Linkage and Retention in Care
      • ART and Viral Suppression
  • Membership and Community Engagement
  • Steering Committee
  • Ad Hoc PSRA and other short-term committees
Chicago Integrated Planning Group

• Until 2016, planning outputs remained siloed
  • CDC prevention priority setting
  • HRSA Priority Setting Resource Allocation (PSRA)
  • No formal housing priority setting process

• January – September 2016, CAHISC adopted a outcome-based planning process
  • Outcomes framework created and adopted
  • Prevention priorities informed by framework
  • PSRA not significantly informed by framework
  • Housing (TBD)

• October 2016 ➔
  • New integrated planning model
Framework – Defined

ˈfrām-, ˈwərk\ – the basic structure of something; a supporting structure
Framework- Value

• Creates a foundation for setting and achieving goals

• Provides focus on priority strategies and aims

• Limits distractions from outlying priorities (even if they’re popular)

• Provides basis for stakeholder engagement to garner buy-in and collective ownership

• Is easily communicated to a range of stakeholders
Framework- Value

• For HIV:
  • Provides a common ground for planning groups and health departments
  • Provides health departments a community-supported roadmap for aligning investments with impact and outcomes
  • Requires HIV prevention and care/treatment to work in tandem to achieve outcomes and impact
Chicago’s Planning Framework

• Strive to achieve outcomes that directly influence HIV transmission:
  
  **Primary Outcomes:**
  1. Suppress viral load in all persons living with HIV (PLWH).
  2. Increase use of pre-exposure prophylaxis (PrEP) among gay and bisexual men of all races/ethnicities and Black women.

  **Secondary Outcomes:**
  3. Decrease incidence of GC and syphilis among gay and bisexual men of all races/ethnicities and PLWH.
  4. Increase use of non-occupational post-exposure prophylaxis (nPEP) among gay and bisexual men of all races/ethnicities.
  5. Increase use of condoms among gay and bisexual men of all races/ethnicities, Black women and persons living with HIV.
  6. Increase the use of clean needles among persons who use injection drugs.
Chicago’s Planning Model

• Our central challenge:
  • Using current-level resources, how do we rapidly expand the number of customers who achieve viral suppression and achieve sufficient Truvada® levels to maintain HIV-negative status (i.e., successful PrEP)?
Chicago’s Planning Model

NEW MODEL!

HIV Community Services
- Outreach and Education
- Community Engagement
- Healthcare Navigation and Coordination
- Care Management
- Linkage to Clinical Care and Public Health

At-Risk Persons

Persons Living with HIV

Public Health Services
- Surveillance
- Disease Investigation
- HIV/STD Partner Services
- Re-engagement in HIV Care
- Linkage to Clinical Care and Community Services

HIV Clinical Care
- Medical Care and Treatment
- Early Intervention Program/Drug Assistance Programs
- Health Insurance
- Linkage to Community and Public Health Services
Chicago’s Planning Model

• HIV Community Services connect at-risk people and PLWH to medical, behavioral, and other health-related care.

• Current HIV Community Services include:
  • **Prevention services**, including HIV testing, PrEP promotion, engagement / retention services (including data-to-care), community engagement and mobilization, marketing

  • **Ryan White services**, including early intervention services, outreach, medical and non-medical case management programs, substance use and mental health services

  • **HIV housing services** including facility-based, short-term housing assistance
Chicago’s Planning Model

Changing perspective:
To support CAHISC’s priority framework, including primary outcomes – viral suppression and PrEP – we need to consider interventions and services differently.

Moving forward, we must prioritize interventions and services that are focused on linking and keeping people connected to the healthcare system. Successful ARV is our goal.
Chicago’s Planning Model

**Similar needs** → clinical care, behavioral healthcare, supportive services, etc.

**Common barriers and obstacles** → access, cost, quality, etc.

1. Outreach / Recruitment
2. Testing
3. Linkage to Healthcare
4. Engagement / Retention in Healthcare
5. ARV for PrEP/HIV Treatment
6. Successful PrEP Use*/Viral Suppression
7. Decreased HIV Transmission

**Persons Living with HIV**

**At-Risk Persons**

**Common indicator of success:** appropriate use of ARVs

**NEW MODEL!**

*Sufficient concentration of ARV to confer protection*
ARV use for PrEP/HIV Treatment

Outcomes and Process Evaluation

Oral health care, housing, substance use disorder services, mental health services, financial assistance, transportation, psychosocial support services, health education, food assistance, legal services, linguistic services, etc.

Persons Living with HIV

At-Risk Persons

Common pathways and outcomes

Successful PrEP Use*/Viral Suppression

Decreased HIV Transmission
## Chicago’s Planning Model

<table>
<thead>
<tr>
<th>Current models</th>
<th>New model</th>
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<tbody>
<tr>
<td>Includes services for HIV- and HIV+</td>
<td>Includes services for HIV- and HIV+</td>
</tr>
<tr>
<td>Separates services for HIV- and HIV+</td>
<td>Integrates services for HIV- and HIV+</td>
</tr>
<tr>
<td>Funds highly targeted stand-alone services</td>
<td>Funds comprehensive, targeted “bundles” of services</td>
</tr>
<tr>
<td>Heavy focus on behavioral and biomedical outcomes</td>
<td>Heavy focus on biomedical outcomes</td>
</tr>
<tr>
<td>Limited engagement of healthcare system</td>
<td>Significant engagement of healthcare system</td>
</tr>
</tbody>
</table>
Challenges

• Customers
  • *Will current and future customers prefer an integrated service delivery model?*
  
  • How do we minimize barriers and obstacles to a high-quality customer experience?

• City support
  • *What will this new system mean for existing relationships, contractual and otherwise?*
  
  • What potential political mine fields must we navigate?
  
  • Will it cost more?
  
  • What if it doesn’t it work?
Challenges

• Grantor expectations and requirements
  • Will federal partners allow us the flexibility to deploy our new outcomes-based model?

  • Will we be able to meet requirements of our federal grants without giving up too much flexibility?

  • Will federal funders actively support and advise us on how to be successful (vs. telling us NO)?

• CAHISC
  • Will our planning group embrace the details and implications of the model as they begin to surface?

  • Will they be willing to step back from traditional methods for CDC and HRSA priority setting to embrace true client-level service integration?
Challenges

• Delegate agencies and sub-recipients
  • Will contractors be willing to embrace the high-level aspirational vision of integration?

• Will they embrace a laser focus on biomedical outcomes?

• Will they support the changes that are necessary at the program and service delivery level, even if they agree with the vision?

• Will they be willing and able to participate in systematic coordination of services, at the cost of local autonomy?

• How will RFPs, contracts, capacity building and administrative support need to change?
Challenges

• HIV/STI Bureau
  • How will the Bureau’s organizational structure need to evolve to support the new model?

  • Will Bureau team members embrace the new structure, roles and responsibilities?

  • Will they be willing to learn new and unlearn old ways of doing business to make the new model successful?

  • What internal cross-training and support will be necessary to ensure success?
Challenges

• Other partners
  • Will new partners, such as the healthcare delivery systems, be willing to partner with public health to help us achieve our outcomes?

• Will healthcare financing be available (and plentiful!) to significantly expand the reach of our new model to move us toward a population-level health impact?

• Will healthcare payers be open to providing reimbursement for activities and services historically paid for by public health funds?
The beginning is the most important part of the work.
- Plato
INTEGRATED HIV/AIDS PLANNING
Technical Assistance Center

PRESENTED AT
Ryan White National Conference
August 25, 2016
TEAM

STEWART LANDERS: Principal Investigator
MICHELE CLARK: Project Director
JULI POWERS: TA Coordinator
JULIE HOOK: TA Coordinator

MIRA LEVINSON: Evaluator
BISOLA OJIKUTU: Clinical Advisor
PAUL ROHDE: Project Associate
KEY INFORMATION

3-year project beginning July 1, 2016

Supports Ryan White HIV/AIDS Program Parts A & B grant recipients and their planning bodies

Will conduct virtual and in-person technical assistance activities
TA RESPONSE 1.

Develop tools and processes to support the HRSA HAB and CDC DHAP review of Integrated HIV Prevention and Care Plans and provide feedback to jurisdictions.
TA RESPONSE 2.

Deliver targeted TA to select jurisdictions implementing integrated planning activities.
TA RESPONSE 3.

Support peer learning opportunities across jurisdictions.
TA RESPONSE 4.

Develop and disseminate strategies, tools, and trainings for RWHAP recipients and planning bodies to identify and support activities to integrate planning across prevention and care and treatment service delivery systems

• **Identify best and promising practices** and existing resources

• **Develop new materials** to meet additional TTA needs

• **Conduct webinars** to address cross-cutting planning and implementation issues
RESOURCE INVENTORY

“Curated” set of documents and tools (best practices including webinars, case studies, workshops) on a given topic – in this case Integrated HIV Planning and related topics

Can **inform** the integrated planning process, **increase** capacity, **review** best practices, and **improve** your plan.

Live link will be available to access inventory
RESOURCE INVENTORY: Examples

• Integrated HIV Prevention and Care Plan Guidance, Including the Statewide Coordinated Statement of Need, 2017-2021
• Integrated Guidance for Developing Epidemiologic Profiles
• 2015 Part B Manual
• Integrated HIV Epidemiologic Profiles for HIV Prevention and Care Planning Training
• CDC/HRSA Overview of Integrated HIV Prevention and Care Plan Including the SCSN Guidance

• Integrating HIV/AIDS Community Planning
• Integrated HIV Prevention-Care Planning Activities
• Managing Scarcity: Report on a Statewide Initiative to Build Skills and Enhance Collaboration Among Ryan White HIV Planning Councils in California
KICK-OFF WEBINAR

MONDAY, SEPTEMBER 12
1:00 – 2:00 PM EDT

Answers to your questions about integrated HIV/AIDS planning
Send advance questions to
IHAPTAC@jsi.com
WE WANT TO HEAR FROM YOU!

The IHAP TAC will emphasize:
• Peer learning
• Responding to articulated needs

So we would like to ask a few questions....
DO YOU HAVE A CLICKER?

Do not press any buttons unless we ask you to!
- Before leaving this room...
- Leave it on your chair
- Leave it with one of us
- Place it in a basket by the exit
Polling Q1

In what region of the country is your jurisdiction located?

a. South
b. West
c. Midwest
d. Northeast
POLLING Q2

What type of plan is your jurisdiction submitting?

a. Integrated state/city prevention and care plan to CDC and HRSA
b. Integrated state-only prevention and care plan to CDC and HRSA
c. Integrated city-only prevention and care plan to CDC and HRSA
d. City-only prevention plan to CDC
e. City-only care plan to HRSA
f. Other
POLLING Q3

How would you describe the engagement of people living with HIV or AIDS in your integrated HIV/AIDS planning process?

a. Extensive involvement in all aspects of planning
b. Good participation of PLWH in community stakeholder group
c. Weak participation of PLWH in community stakeholder group
POLLING Q4

How would you describe the engagement of people at risk for HIV infection in your integrated HIV/AIDS planning process?

a. Extensive involvement in all aspects of planning
b. Good participation of people at risk for HIV infection in community stakeholder group
c. Weak participation of people at risk for HIV infection in community stakeholder group
POLLING Q5

Have you involved partners in the integrated HIV/AIDS planning process outside of traditional health related agencies (such as education, corrections, housing)?

a. Yes
b. No
c. Unsure
POLLING Q6

How confident are you that the Integrated HIV/AIDS Plan will be frequently used and/or updated (a living document) within your jurisdiction over the next 5 years?

a. Extremely confident
b. Very confident
c. Somewhat confident
d. Not at all confident
CONNECT WITH US

Attend our kick-off Webinar on Monday, September 12 at 1:00 PM if you have questions about your Integrated HIV/AIDS Plan

Submit TA requests or request additional information through ihaptac@jsi.com

Join the IHAP TAC mailing list at our booth!
INTEGRATED HIV/AIDS PLANNING
Technical Assistance Center

THANK YOU!
Technical Assistance Communication between CDC and HRSA

- Grantee/Recipient
  - HRSA Part A
  - HRSA Part B
  - CDC PO
  - CDC CRIS

- CDC/HRSA Workgroup

- TA Provider

- Grantee/Recipient
Questions & Answers

HRSA HAB Contacts:

Candace Webb, MPH
Branch Chief
Division of State HIV/AIDS Programs
Email: cwebb@hrsa.gov
Phone: (301) 443-9089

Amelia Khalil, MA
Public Health Analyst
Division of Metropolitan HIV/AIDS Programs
Email: AKhalil@hrsa.gov
Phone: (301) 443-0527

CDC DHAP Contacts:

June Mayfield, BS, MCHES
Project Coordinator for Prevention Programs and HIV Planning
Email: bgo0@cdc.gov
Phone: 404-639-0968

Erica Dunbar, MPH
Program Lead for Health Department Initiatives
Email: egd8@cdc.gov
Phone: 404-639-8330