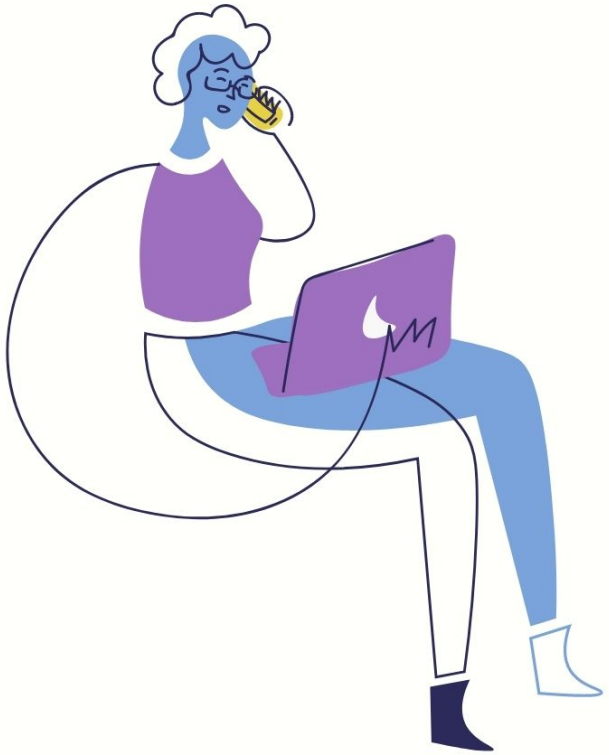
OFFICE OF HIV PLANNING

TRAINING SERIES: HOW TO BE A GREAT COMMUNITY PLANNER

Integrated Planning



Importance of the Integrated Plan

- *"Good planning is imperative for effective local and state decision making to develop systems of prevention and care that are responsive to the needs of persons at risk for HIV infection and PLWH"*
- The Plan *"not only meets the legislative and programmatic requirements of CDC and HRSA, but also serves as a jurisdictional HIV/AIDS Strategy or roadmap"*
  - Dear Colleague Letter to RWHAP Part A and Part B and CDC prevention program recipients accompanying the Guidance for the Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need, June 19, 2015

Importance of the Integrated Plan

- A coordinated approach to addressing the HIV epidemic at the state and local levels:
  - Strategic collaboration among stakeholders helps strengthen HIV prevention, care, and treatment services
- A vehicle to:
  - Identify HIV prevention and care needs, existing resources, barriers, and gaps within jurisdictions
  - Set goals and objectives, and outline strategies to address them
- A living document that can be refined and updated
- A means of reducing the burdens of multiple independent plan submissions

HRSA/HAB Expectations for PC in Integrated Planning

- Play a lead role in plan development
- Participate in the *Statewide Coordinated Statement of Need (SCSN)* process
  - Designed to collaboratively identify significant issues related to the needs of PLWH in the State and maximize coordination across all RWHAP Parts and programs
  - Result is a document reflecting the input and approval of all RWHAP Parts
  - Led by Part B

HRSA/HAB Expectations

- Develop a work plan for reaching plan goals and objectives that includes:
  - Specific tasks for the PC
  - Clear responsibilities, usually assigned to various PC/PB committees
  - Timelines
- Implement the plan
- Use the plan to guide the ongoing work of the PC
- Regularly review plan progress
- Make plan a living document by refining objectives and strategies as needed

Information the Plan Should Provide

- **Where we are now:** a description of the current situation:
  - *Burden of HIV* – epidemiologic overview
  - *Status of diagnosis and care* – HIV Care Continuum with its five stages (diagnosis, linkage, retention, anti-retroviral therapy, and viral suppression)
  - *Current system of prevention and care* – including inventory of prevention and care services, financial resources, and workforce
  - *Assessment of service needs, barriers, and gaps* – based on a wide range of available data and an understanding of data systems, limits, and gaps

Information the Plan Should Provide

- **Where we need to be:** identification of the desired situation in terms of the epidemic and the service system
  - *Goals and objectives*, related to NHAS goals and the HIV Care Continuum – focus on diagnosis, early linkage to care, retention in care, treatment outcomes such as viral suppression, and reduction in HIV-related health disparities
  - *Desired service system* – scope and quality
- **How we will get there:** a work plan to meet goals and objectives and create the desired service system
  - Strategies, activities, and resources
  - Clear responsibilities for implementation
  - A process for monitoring progress

HRSA/HAB Guidance for Plan Content and Format

- HRSA/HAB provides a Guidance for each Plan – usually at least one year before the due date
- Guidance provides content requirements
- Some flexibility usually provided regarding format
- *Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2017- 2021* came jointly from HRSA/HAB and CDC

2017-2021 Plan Components: Needs Assessment

- **Epidemiologic Overview or Profile** – a description of the burden of HIV in the jurisdiction now, with trends over at least 5 years
- **HIV Care Continuum** –
  - Proportion of PLWH engaged at each of the 5 stages using the most recent calendar year data
  - Identification of issues and opportunities for improving services
  - Disparities in engagement among key populations
  - Use of the HIV Care Continuum in planning and decision making about use of funds, and in improving engagement and outcomes

Plan Component: Needs Assessment

- **HIV Financial and Human Resources Inventory** for the jurisdiction, including:
  - Funding sources and funding amounts
  - How resources are being used for service delivery
  - Which components of HIV prevention and/or HIV Care Continuum are impacted
  - Workforce capacity and its impact on HIV prevention and care service delivery
  - Resource gaps and efforts to fill them

Plan Component: Needs Assessment

- **Assessment of Service Needs, Barriers and Gaps**
  - Identifies and describes current HIV prevention and care services
  - Identifies service gaps
  - Describes barriers to use of existing services
  - Looks at needs for specific populations – like individuals at higher risk for infection and PLWH who know their status but are not in care (have unmet need)
  - Identifies disparities in access to care for certain populations and underserved groups
  - Describes coordination among prevention, care, and treatment programs and other needed services
  - Describes the process used to identify prevention and care service needs

Plan Component: Needs Assessment

- **Data: Access, Sources, and Systems:** Identification of relevant data sources and systems and the availability and accessibility of data – description of:
  - Main sources of data for the needs assessment
  - Data policies that supported or served as barriers to the needs assessment
  - Data or information that was needed by the planning group but was unavailable
  - In all cases, needs assessment includes development of the HIV Care Continuum

2017-2021 Plan Component: Integrated Prevention and Care Plan

The 5-year Plan, including:

- **Goals** – expected long-term effects of plan, consistent with the NHAS goals:
  - Reducing new infections
  - Increasing access to care and improving health outcomes for PLWH
  - Reducing HIV-related health disparities
- **Objectives** – measurable statements of results to be achieved
- **Strategies** – approaches through which the objectives will be achieved
- **Resources** – funds and personnel committed to implementing the activities
- **Anticipated challenges or barriers** in plan implementation

Plan Component: Integrated Prevention and Care Plan

- **Collaborations, Partnerships, and Stakeholder Involvement** – includes:
  - Description of the contributions of stakeholders and key partners in plan development
  - Identification of key stakeholders and partners not involved in plan development whose involvement is needed to improve outcomes
  - Letter of concurrence (or concurrence with reservations) to the goals and objectives from the PC/PB

Plan Component: Integrated Prevention and Care Plan

- **PLWH and Community Engagement** – inclusion of at-risk groups and diverse representation of PLWH, especially consumers – includes a description of:
  - How the people involved in Plan development are reflective of the local epidemic
  - How inclusion of PLWH contributed to Plan development
  - Methods used to engage communities, PLWH, those at substantial risk, and other impacted population groups
  - How impacted communities are involved in the planning process

2017-2021 Plan Component: Monitoring and Improvement

- **Monitoring and Improvement** to measure progress towards goals and objectives – includes description of:
  - Process to be used for regularly updating PC/PBs and other stakeholders on the progress of plan implementation, requesting feedback, and using that feedback for plan improvements
  - Plan for monitoring and evaluating implementation of Plan goals and objectives
  - Strategy for using surveillance and program data to assess and improve health outcomes along the HIV Continuum of Care

HRSA/HAB Expectations for Integrated Prevention and Care Plans

- Align with the goals of the National HIV/AIDS Strategy (NHAS)
- Reflect the principles and intent of the HIV Care Continuum
- Include a process for providing regular updates to PC/PBs on progress and challenges in Plan implementation
- Provide an opportunity for PC/PBs and other stakeholders to provide feedback that is used for Plan improvements

[Plan Guidance, 2015]

Sum Up

- RWHAP legislation requires development of a multi-year comprehensive plan, with PC/PB playing a major role
- 2017-2021 Integrated HIV Prevention and Care Plan is the first calling for a joint plan for prevention and care
- Plan content and format reflect a changing epidemic and other related initiatives – but always call for:
  - Information/data about the current epidemic and services
  - Goals, objectives, and a work plan to improve services and outcomes
  - A collaborative planning process with strong community and consumer involvement
  - A work plan to guide plan implementation
  - Measures and a process for monitoring progress

PLAN DEVELOPMENT

Typical PC/PB Responsibilities for Integrated/Comprehensive Planning

Typical Steps in Plan Development

Collaborative Planning with Another Jurisdiction

HRSA/HAB Expectations for the PC in Integrated Planning

- Play an active role in development, review, and updating of the Plan
- Participate in the development of the Statewide Coordinated Statement of Need (SCSN), coordinated by the Part B program
- Work collaboratively with the recipient in plan development and implementation
- Help engage PLWH and other stakeholders

Steps in Plan Development

1. **Understand the Plan Guidance from HRSA/HAB** (a joint step for Co-Chairs, PC support, and recipient)
   - Develop a summary of required content
   - Identify new data that will be needed
   - Identify new or challenging requirements
   - Look at the timeline, especially due date
   - Review collaboration requirements and needs

Steps in Plan Development

2. **Assign responsibilities for plan development**
   - **Lead role:** Bylaws usually specify a standing committee, and that committee's Chair/Co-Chairs lead the process
   - **Work group:** Often includes members of the lead committee, other committees, a few outside experts/stakeholders
   - **Support:** Data and assistance from other committees – e.g., Needs Assessment and Consumer Committees, Executive Committee to support and review
   - **Recipient roles:** Providing client-related data, participating in discussions and decision making, arranging for epi profile and other surveillance data, writing portions of the plan
   - **PC support staff roles:** Coordination, technical support, writing or overseeing the consultant writer

Steps in Plan Development

3. **Develop a "plan to plan"** – includes:
   - A timeline that works backwards from the due date and takes into account other PC/PB responsibilities and time required for review
   - A work plan with tasks, with deliverables, responsibilities, and timelines
   - A draft outline for the plan that includes all required content
   - Agreed-upon formats for major tables, like the Financial and Human Resources Inventory and Work Plan

Steps in Plan Development

4. **Arrange for needed collaboration**
   - Consider HIV prevention and care providers, PLWH groups, other HIV-related planning groups, non-HIV providers
   - Provide specific requests and offer specific roles
5. **Obtain, review, and analyze needed data and information**
   - Existing data from recipient and PC
   - Epidemiologic data, including HIV Care Continuum
   - New needs assessment data
   - Input from consumers, other PLWH, and the broader community through community forums or other sessions

Steps in Plan Development

6. **Brainstorm and agree on goals, objectives, and key strategies**
   - Begin by presenting data
   - Involve diverse stakeholders, especially consumers
   - Outline main components of the work plan
7. **Prepare each section of the plan**
   - Epi profile
   - Tables/inventories
   - Work plan
   - Narrative sections
   - Monitoring, evaluation, and feedback

Steps in Plan Development

8. **Review and refine draft plan** – allow time for:
   - Internal review by lead committee or working group
   - Review by recipient and Executive Committee
   - Presentation/review with full PC/PB and other stakeholders
   - Revisions based on feedback
   - Internal review by recipient agency and CEO as required
9. **Finalize and submit**
   - Allow time to format and proofread
   - Prepare letter of concurrence from the PC

Steps in Plan Development

10. **Present plan to community**
    - Present at community forums
    - Discuss with stakeholders
    - Post on the PC/PB and/or recipient websites
    - Set up an ongoing reporting and feedback loop
11. **Debrief**
    - Discuss the process and results
    - Identify lessons learned
    - Ensure plans are in place for ongoing collaboration in plan implementation and monitoring

10 Factors That Can Make Collaborative Planning Difficult

1. Insufficient pre-planning
2. Confusion about roles and responsibilities
3. Poorly defined, poorly documented structure and processes
4. Lack of consumer and community input and engagement
5. Sense of unfair burden on one person or entity
6. Lack of accountability
7. Serious disagreements about goals, objectives, and/or priorities
8. Attempts by one person or entity to control the process or make decisions "behind the scenes"
9. Distrust
10. Deadlines missed

Sum Up

- Developing an integrated plan can be a demanding but informative process requiring:
  - Collaboration
  - A clear "plan to plan," with well defined tasks and roles
  - Use of a great deal of data from multiple sources
  - Careful but innovative thinking about how to improve services and outcomes

USING THE PLAN

- Implementing the Plan
- Reviewing Progress
- Updating the Plan

HRSA/HAB Expectations

- Every EMA has clearly defined tasks and responsibilities for helping to implement the Plan
  - If a multi-jurisdictional plan does not specify tasks and committee responsibilities for your Part A program and PC, develop a work plan that does
- EMA participates in regular review of progress towards Plan goals and objectives
  - PC and community are provided ongoing feedback
- The Plan = a living document that guides the annual planning cycle
- Plan objectives and strategies refined/updated as needed

Steps in Plan Implementation

1. Review the new Plan with the Executive Committee and with the full PC/PB
   - Focus on goals, objectives, key strategies, and work plan
2. Identify and assign tasks from the Plan to specific committees as part of their annual work plan
3. Use the Plan in developing the EMA's annual work plan
4. Implement tasks in committees, and report progress
5. Assign responsibility for monitoring progress on PC tasks

Review of Plan Progress: Two Levels

1. Review of progress on adoption of Plan strategies and implementation of tasks that:
   - are assigned to the PC
   - become a part of its annual work plans
2. Review of progress on the Plan's goals and objectives that involves:
   - use of agreed-upon performance and outcomes measures
   - monitoring of these data over time

Reviewing Progress towards Plan Goals and Objectives

- Plan goals usually based on NHAS goals:
  - Reduce new HIV infections
  - Increase access to care and improve health outcomes for PLWH
  - Reduce HIV-related disparities and health inequities
  - Achieve a more coordinated response to the HIV epidemic
- Objectives often relate to percent of people at various steps along the HIV care continuum:
  - Diagnosis
  - Linkage to care
  - Retention in care
  - Use of antiretroviral therapy
  - Viral suppression

Reviewing Plan Progress

- Goals, objectives, and measures may relate to:
  - the overall population with HIV – with progress measured using surveillance data
  - RWHAP clients – with progress measured through client data
- PC and recipient usually monitor progress within the EMA

PC Roles in Assessing Plan Progress

1. **Document progress on PC tasks,** usually through:
   - Reviewing task completion based on committee work plans and reports
   - Having the committee with coordination responsibility prepare a summary of progress and challenges quarterly, twice a year, or annually

PC Roles in Assessing Plan Progress

2. **Work with the recipient on monitoring of RWHAP client progress and outcomes,** which requires:
   - ensuring that objectives are stated in measurable terms
     - Often percent or percent change
     - *For example:* An increase from 84% to 88% of newly diagnosed people with HIV linked to care within one month
   - determining sources for data to be used to assess progress:
     - RWHAP client-level database
     - Results of clinical chart reviews (often part of the recipient's quality assurance monitoring)
   - regularly receiving and reviewing data from the recipient

PC Roles in Assessing Plan Progress

3. **Work with the recipient to review data on all people with HIV living in the EMA, regardless of whether they receive RWHAP services,** which usually means:
   - identification of needed data – such as HIV Care Continuum and EIIHA (Early Identification of Individuals with HIV/AIDS) data
   - receiving data from surveillance staff (state or local) who manage the Enhanced HIV/AIDS Reporting System (eHARS)
   - receiving data from the recipient for PC/PB discussion and review

PC Roles in Assessing Plan Progress

4. **Use all available data to review progress and challenges**, which includes**:**
   - reviewing surveillance and RWHAP client data to understand progress towards goals and objectives
   - reviewing PC and recipient work related to these goals and objectives
   - identifying areas in which strategies or tasks need more attention or require refinement
   - using this review to help guide planning for the following year

Need for Updating the Plan

The Plan will need periodic updating to address:

- changes in the epidemic
- advances in prevention and care
- changes in RWHAP programs or program guidance
- new initiatives or funding streams
- lessons learned from implementation, for example:
  - strategies or models that did not work as planned
  - recognition that some tasks may be too demanding
  - early completion of some tasks

HRSA/HAB Expectations for Updating the Plan

Programs (individual Part A programs and multi-jurisdictional partners) should:

- use data on Plan progress, challenges, and overall status for internal review by PC and recipient
- share this information with stakeholders, including people with HIV
- request their feedback – and use it
- refine plan objectives and strategies as needed
- refine work plan and responsibilities to reflect revised objectives and strategies

Sum Up

- PC is responsible for implementing some Plan tasks and strategies and monitoring progress on those activities
- Assessing progress towards goals and measurable objectives often involves use of surveillance and RWHAP client data – usually provided by the recipient or partners from other jurisdictions such as the Part B or HIV prevention program
- Integrated plans often need to be updated
- Implementation, review, and updates best accomplished through clearly defining:
  - PC and committee roles
  - Cooperation with recipient, other partners and stakeholders

QUESTIONS

Nicole Johns

Office of HIV Planning

Nicole@hivphilly.org

Find the integrated plan at - Hivphilly.org