



Overview Integrated HIV Prevention & Care Plan Guidance, 2017-2021

While there is not a standard template for the Integrated HIV Prevention and Care Plan (“the Plan”), it must include all of the components outlined in the guidance.

Jurisdictions may utilize or reference existing content from program implementation plans, state or city plans, or other planning documents if it meets the requirements.

Jurisdictions funded by both CDC DHAP and HRSA HAB should submit a single Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need. *Separate plans may be submitted to both the CDC and HRSA if local structural factors make a single submission unfeasible.*

The plan:

1. May be submitted on behalf of several jurisdictions, but each HRSA and CDC-funded jurisdiction needs to participate in the completion and submission of a plan;
2. Should include information on who is responsible for developing it within the jurisdictions; and
3. Should define and provide the goal(s) which allows jurisdictions to articulate their roadmap on how they will address the prevention, care, and treatment needs in their service areas and accomplish the goals of the National HIV/AIDS Strategy and the principles and the intent of the HIV Care Continuum.

State and/or local jurisdictions (municipalities) have the option to submit a(n):

- 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; or a
- City-only care plan to HRSA.

Specific CDC and HRSA requirements:

- RWHAP Part A Grantees to participate in the development of a Statewide Coordinated Statement of Need.
- RWHAP Part B Grantees to facilitate the development of a Statewide Coordinated Statement of Need.
- CDC funded grantees to conduct a needs assessment.



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SECTION 1: Statewide Coordinated Statement of Needs/Needs Assessment (SCSN)

A. Epidemiologic Overview includes a table, graph, and/or narrative of the following:

- Geographical region of the jurisdiction
- Socio-demographic characteristics of clients
- Risk indicators for HIV infection in the population covered by your service area

B. HIV Care Continuum* (CC) includes:

- Graphic depiction and a descriptive narrative of the HIV CC of the jurisdiction using the most current calendar year data.
- Narrative (and graphic, if available) description of disparities in engagement among key populations along the HIV CC.
- Description of how HIV CC may be or is currently utilized

*Determine which approach (either the *prevalence-based continuum* or *diagnosed-based continuum*) to utilize, depending on what is most feasible/effective, although it may be best to use both in some cases

C. Financial and Human Resources Inventory includes:

- Table that includes, at a minimum, information on funding sources, funding amount (\$), funded Service Provider Agencies, Services Delivered, HIV Care Continuum Step(s) Impacted
- Narrative description of the HIV Workforce Capacity in the jurisdiction and how it impacts the HIV prevention and care service delivery system
- Narrative description of how different funding sources interact to ensure continuity of HIV prevention, care, and treatment services in the jurisdiction.
- Narrative description that identifies any needed resources and/or services in the jurisdiction that are not being provided, and steps taken to secure them.

D. Assessment of Needs, Gaps, and Barriers includes:

- Process used to identify HIV prevention and care service needs of people at higher risk for HIV and PLWH (diagnosed and undiagnosed)
- HIV prevention and care service needs of persons at risk for HIV and PLWH.
- Service gaps identified by and for persons at higher risk for HIV and PLWH.
- Barriers to HIV prevention and care services.

E. Data: Access, Sources, and Systems includes:

- Main sources of data and data systems used to conduct the needs assessment, including the development of the HIV CC.
- Any data policies that facilitated and/or served as barriers to the conduct of the needs assessment, including the development of the HIV CC.
- Any data and/or information that the planning group would like to have used in conducting the needs assessment including developing the HIV CC and the plan, but that was unavailable.



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SECTION II: Integrated HIV Prevention & Care Plan

A. Integrated HIV Prevention & Care Plan includes:

- At least 2 objectives (using the SMART format – specific, measurable, achievable, realistic, and time-phased) that correspond to each NHAS goal.
- At least 3 strategies that correspond to each objective.
- Description of the activities/interventions, targeted populations, responsible parties, and time-phased, resources needed to implement the activity for each strategy.
- Metrics that will be used to monitor progress in achieving each goal outlined in the plan.
- Anticipated challenges or barriers in implementing the plan.

B. Collaborations, Partnerships, and Stakeholder Involvement includes:

- Specific contributions of stakeholders and key partners to the development of the plan
- Description of stakeholders and partners not involved in the planning process, but who are needed to more effectively improve outcomes along the HIV CC
- Letter of concurrence to the goals and objectives of the Integrated HIV Prevention and Care Plan from the co-chairs of the planning body and the health dept. representatives

C. People Living With HIV (PLWH) and Community Engagement includes:

- Description of people involved in developing the Integrated HIV Prevention and Care Plan are reflective of the epidemic in the jurisdiction.
- Description of how the inclusion of PLWH contributed to the plan development.
- Methods used to engage impacted population groups to ensure that HIV prevention and care activities are responsive to their needs in the service area.
- Description of how impacted communities are engaged in the planning process to provide critical insight into developing solutions to health problems to assure the availability of necessary resources.

SECTION III: Monitoring & Improvement includes:

- Process for regularly updating planning bodies and stakeholders on the progress of plan implementation, soliciting feedback, and using the feedback from stakeholders for plan improvements.
- Plan to monitor and evaluate implementation of the goals and SMART objectives from Section II
- Strategy to utilize surveillance and program data to assess and improve health outcomes along the HIV CC, which will be used to impact the quality of the HIV service delivery system, including strategic long-range planning.

SECTION 4: Submission & Review Process

- Must be submitted by **September 30, 2016**
 - CDC: submit to PS12-1201@cdc.gov and send a courtesy copy to your project officer.
 - HRSA: submit through the appropriate portal in the Electronic Handbook.
- Joint CDC/HRSA review and feedback of the jurisdiction's Plan will be provided
- If applicable, Plan updates will be submitted on an annual basis through the progress report.