



**Model Letter of Collaboration
Between the HIV Prevention, Ryan White Part A and
Ryan White Part B Grant Recipients, and Part A Planning Council
on Development of an Integrated Plan¹**

Note: *This model letter of collaboration is designed to help clarify integrated planning roles and responsibilities of the Part B and state HIV prevention recipient (generally the State Department of Health), the Part A recipient, sometimes also a recipient of direct HIV prevention funding (usually a county or state Department of Health), and the Part A planning council. The agreement can be between just the two recipients, but a three-way agreement may be more appropriate. A Part A planning council is considered a separate entity from the recipient, has legislatively-defined lead responsibility for Part A comprehensive/integrated planning, and has its own staff and budget (though from Part A administrative funds). A PC's budget is likely to include resources for comprehensive/integrated planning as well as for needs assessment, which should occur as input to the plan. This model letter therefore includes the PC as a party to the collaboration agreement. Because prevention and care planning bodies do not have legislative or decision-making responsibility and typically do not have a separate budget, they are represented by the Part B recipient. In a state with several Part A jurisdictions, this model can also be expanded to include them.*

Purpose of this Letter: This letter describes the scope and process for collaboration between the HIV Prevention and Ryan White Part B Programs at the [State] Department of Health (DOH), the [Name] Ryan White Part A HIV Services Program at the [Name] Department of Health, and the [Name] Part A Planning Council in the development of an Integrated HIV Prevention and Care Plan (including a Statewide Coordinated Statement of Need) for the State of [State]. The parties to this letter of collaboration are referred to in this Letter as Part B-Prevention/DOH, Part A/DOH, and Part A/PC.

Time Period: This letter covers collaboration from [starting date] through [ending date], including development and submission of the Integrated Plan and preparations for its implementation in [first year covered by plan]. The agreement can be updated and extended with the approval of the three parties.

Expected Impact of Collaboration: The intent of the collaboration is to develop an Integrated Plan that will contribute to:

1. Greatly reduced new transmissions;
2. Parity in access to HIV services throughout the state;

¹ Prepared by Emily Gantz McKay of EGM Consulting. Originally developed as part of an MSCG Technical Assistance Contract assignment. Revised in August, 2020.

3. Systems of care that are comprehensive, high quality, and appropriate for the various people living with HIV (PLWH) subpopulations in [State]; and
4. Viral suppression among people living with HIV (PLWH).

Responsibilities for the Integrated Plan Development Process: All parties will support a collaborative Plan development process involving grant recipients and their staff, planning bodies, and planning body staff. The parties will be responsible for:

- *Establishment of, active participation in, and coordination of a joint Integrated Plan Steering Committee (SC) that will play the lead role in Plan development.* Membership will include the Part A and the Prevention/Part B grant recipients, and [#] leaders representing each of the three planning bodies: [Name of the HIV Prevention Community Planning Group], [Name of the Part B planning body], and [Name of the Ryan White Part A Planning Council] (PC). The SC will be the primary planning body for Integrated Plan development and decision making, although all parties and their planning bodies will have the opportunity to review drafts and concur with the final Plan. The SC will take the lead in the identification and development of 5-6 priority areas for action to focus the Plan. All three parties will ensure that the SC is “staffed” by the staff and/or consultants they have assigned to play a key role in writing the plan, as well as planning body staff members.
- *Active participation in and coordination of Work Groups established by the SC,* which will include members from the three planning bodies, staff of the three programs, and outside experts and hold in-depth discussions and analysis that will help determine the content of various segments of the Plan.
- *Coordination of and participation in an all-day training session [date] on the Integrated Plan Guidance and the process for developing the Plan.* The training is intended for all planning body members along with staff of the CDC Prevention, Part A, and Part B programs, and both parties will work to maximize planning body member attendance and to ensure that all staff, including planning body staff, participate. The joint training will ensure that everyone receives the same information about Plan development at the same time.
- *Ongoing leadership, coordination, and staff support that leads to development of an Integrated Plan* that meets the requirements of the Plan Guidance and contains data and action plans that provide a focused, substantive blueprint for action to guide HIV Prevention, RWHAP Part A, and RWHAP Part B programs and services.

Components of Collaboration:

1. *Part B-Prevention/State and Part A, including DOH and the PC, will collaborate on all phases of the development of a single joint Integrated HIV Prevention and Care Plan for [State] for the period [start and end years].* That Plan will be submitted to the three funding agencies: the Division of HIV/AIDS Prevention (DHAP) within the Centers for Disease Control and Prevention (CDC) and the Division of State and Territorial HIV/AIDS Programs (DSHAP) and the Division of Metropolitan HIV/AIDS Programs (DMHAP) within the Health Resources and Services Administration’s HIV/AIDS Bureau (HRSA/HAB), which administers the Ryan White HIV/AIDS Program (RWHAP).

2. *All three parties will assist in identifying and making available the quantitative and qualitative data needed for the Plan; this includes internal and external data and reports.*
3. *Part B-Prevention/DOH and Part A/DOH will participate in the development of an Epidemiologic Overview based on the updated “Integrated Guidance for Developing Epidemiologic Profiles: HIV Prevention and RWHAP Planning” issued by CDC and HRSA in August 2014. This includes involvement in obtaining needed data, preparing charts, and writing narrative segments in “plain language.”*
4. *All parties will participate in determining measures and shared methods for obtaining baseline and progress data for Plan monitoring, using National HIV/AIDS Strategy (NHAS) and HIV care continuum measures and other standards specified by HRSA and CDC.*
5. *The three parties will share responsibility for the writing and editing of the Plan, with about half the writing done by Part B-Prevention and half by Part A, including: [Revise sections based on new Guidance]*
 - Section I: The Statewide Coordinated Statement of Need/Needs Assessment
 - Section II: The Integrated Prevention and Care Plan
 - Section III: Monitoring and Improvement
6. *All parties will identify, explore, and include in the joint Plan action steps for increasing collaboration on issues that will contribute to increased parity in access to culturally-appropriate care, such as the following: [List should reflect your Part A and Part B-Prevention situation; here are some ideas]:*
 - Identifying service models used in the Part A jurisdiction that may be appropriate for use elsewhere in the state
 - Aligning the Part A and Part B client certification and recertification processes
 - Exploring ways to ensure that all clients have access to care coordination/medical and non-medical case management that helps them obtain services paid for through non-Ryan White or CDC-funded sources such as public or private insurance
 - Statewide quality improvement initiatives
 - Improving performance along the HIV care continuum for key target populations including young adults (aged 18-25) and transgender PLWH
7. *The parties will agree on a process for ongoing collaboration in the implementation, monitoring, and updating of the Plan, once developed.*
8. *All parties commit themselves to increased collaboration in other areas, including ongoing information sharing and member cross-representation among the three planning bodies, and agreement on time-limited or long-term integrated information gathering and/or data analysis, and other joint projects or activities.*

Understanding of Planning Body Differences: All parties recognize that while the CPG and Part B planning body are advisory to the CDC Prevention and RWHAP Part B recipients, the PC is a legislatively mandated decision-making body that, by statute, plays a lead role in the development of the comprehensive plan for the RWHAP Part A Program. In addition, the PC has its own staff and a budget negotiated with the Part A recipient. The PC will therefore play a more intensive role in plan development, PC Support staff will help to draft the plan, and the PC will

have direct responsibility for implementing some work plan tasks. All three planning bodies will have equal representation on the SC, which has lead responsibility for Plan development, and the same opportunities for participation in the Work Groups.

Costs: No funds will be transferred from one entity to another, but all parties will share the costs of Plan development and will discuss and agree on how to cover necessary costs not listed below:

- Each party will cover the personnel costs for the work of its staff on the Plan, and the costs for any consultant it hires to help develop and write the Plan.
- Each party will provide meeting space for some Plan-related meetings, based on space availability and convenience, and/or share responsibility for managing technology for remote meetings.
- Community meetings will be held in locations chosen by each party.
- Each party will contribute to meeting costs such as food for participants at face-to-face meetings where needed.
- If travel is required, each party will be responsible for covering the costs of its staff and other official representatives to the extent its budget and policies permit.
- Each party will reimburse of participation costs (such as travel) for consumers of Ryan White services who participate in necessary Plan input or development sessions, consistent with their policies and budgets.
- The two recipients will agree on responsibility for layout and formatting of the Plan prior to submission.

Approval: Signatures below from the recipients and the PC Support manager indicate approval of this letter of collaboration. By signing this letter, each party commits to a full-faith effort to meet the responsibilities stated in the Letter and to assist and support the work of the other party in Integrated Plan development.

Signatures

For HIV Prevention and RWHAP Part B: Name: _____

Signature: _____ Date: _____

For Part A Recipient: Name: _____

Signature: _____ Date: _____

For Part A Planning Council: Name: _____

Signature: _____ Date: _____