



Proposed Process for Collaborative Development of an Integrated HIV Prevention and Care Plan¹

Introduction: [State] and [EMA/TGA] expect to submit a joint integrated HIV Prevention and Care Plan that encompasses HIV prevention services funded by the Centers for Disease Control and Prevention (CDC) and Parts A and B of the Ryan White HIV/AIDS Program (RWHAP). Following is the proposed process for collaborative development of the Plan. The process was developed by a workgroup including senior Part A, Part B, and prevention staff and the leaders of the three planning bodies, the [Name of the HIV Prevention Community Planning Group], [Name of the Part B statewide planning body], and [Name of Part A Program] Ryan White Part A Planning Council (PC). This document summarizes the process developed by the group, for review and approval by each the three planning bodies and by the recipients.

Parameters for Plan Development: The Plan must meet the requirements stated in the Guidance for Integrated HIV Prevention and Care Planning issued by CDC and the Health Resources and Services Administration (HRSA). A Plan must be submitted to CDC and HRSA by [Date] for the five-year period [Years]. The Guidance strongly recommends submission of plans that integrate prevention and care, and encourages Part A and Part B and CDC prevention Grant Recipients to submit a single state Plan. The Plan is expected to focus on addressing the goals of the National HIV/AIDS Strategy (NHAS), be consistent with other state or local plans such as the [EMA's/TGA's] plan for Ending the HIV Epidemic (EHE), and lead to improve performance along the steps or stages of the HIV care continuum (HCC).

Purposes: By collaborating on an Integrated Plan, it was agreed that all parties are working towards:

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

Planning Process: Following is the proposed planning process:

- **A single joint plan will be developed** by the [State] State Department of Health (DOH) Prevention and RWHAP Part B programs and the [Name] RWHAP Part A Program.
- **The lead group in plan development will be the Steering Committee (SC)**, with members including the Part A, Part B, and Prevention Grant Recipients and [#] leaders of each planning body – the Chairs/Co-Chairs or other senior leaders selected by those bodies. The SC will be supported by staff and consultants including planning body support staff and the staff or consultants assigned to help write the Plan. The SC is expected to meet at least monthly starting at least nine months before the plan is due and continuing until the Plan has been completed and submitted. *Planning bodies are asked to delegate decision-making authority about the Plan to their representatives on the SC, to allow for timely Plan development and related decision making.*

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- **Work Groups will help obtain the information and determine the content of specific sections or components of the Plan.** They will be composed of planning body members, representatives of recipient, and specialists in relevant service areas, and each will include at least one SC member. Expected Work Groups include Epidemiology, Needs Assessment/Statewide Coordinated Statement of Need (SCSN), Inventory/System of Care, and Goals/Objectives/Metrics. Work Groups will have responsibility for specific planning tasks or Plan sections, and may be active for part or all of the planning period.
- **A training session for planning body members and staff of the CDC, Part A, and Part B grant recipients and planning bodies is scheduled for [Date].** It will provide information about the Integrated Plan Guidance and expectations for the Integrated Plan, the [State] planning process, and the roles of the SC, planning bodies, staff and consultants, and external experts in Plan development. The joint training will ensure that everyone receives the same information at the same time.
- **Planning bodies and their individual members will be a part of Plan development in multiple ways, including at least the following:**
 - Provide advice to the SC regarding what Work Groups are needed, volunteer to serve on Work Groups, and recommend specialists to serve on Work Groups or otherwise provide input to the Plan
 - Attend Work Group meetings to provide input on Plan content, including priority objectives and strategies
 - Help ensure diverse community participation in Plan development
 - Identify studies or data to use in Plan development
 - Be represented at the SCSN meeting
 - Receive and comment on Plan progress at regular planning body meetings
 - Review drafts of Plan sections
 - Approve the Plan at a meeting in at least 30 days before the Plan is submitted.
- **The main sections and subsections of the Plan will be outlined and the table formats determined as soon as possible.** Then the sections will be written as appropriate information becomes available. [#] Part B, [#] prevention and [#] Part A staff or consultants will serve as lead writers, with a PC Support staff member or consultant serving as one of the lead writers from Part A. The Work Groups and SC will review drafts as they are developed.
- **Once each planning body has approved the Plan, the Chairs/Co-Chairs of each body will prepare a letter of concurrence or concurrence with reservations.** These letters will be submitted as part of the Plan.

Other Collaboration: The following additional cooperation and collaboration is projected:

- **Joint meetings of the three planning bodies [#] times a year,** both during and after Plan development, to facilitate ongoing collaboration on plan implementation, monitoring, and updating, and to help ensure that feedback is solicited from community stakeholders and used for Plan improvement.
- **Exploration and where feasible adoption of other types of collaboration,** such as ongoing information sharing and member cross-representation among the three planning bodies, integrated information gathering and/or data analysis (such as joint needs assessment) and other joint projects or activities, and use of joint committees (such as a joint Needs Assessment).