CDC/HRSA Integrated HIV Statewide Coordinated Statement of Need/Prevention and Care Plan (2017-2021) Guidance Outline

Executive Summary

The executive summary will provide an overview of the guidance document which summarizes a description of the Center for Disease Control and Prevention’s (CDC) programmatic guidance and Health Resources and Services Administration’s (HRSA) legislative requirements that form the basis for jurisdictional (service area) HIV plans.

Introduction

A. Summarize CDC and HRSA support of integrated HIV SCSN/Plans.
B. Each HRSA and CDC-funded jurisdiction needs to participate in the completion and submission of an Integrated HIV Statewide Coordinated Statement of Need/Prevention and Care Plan (henceforth referred to as Integrated SCSN/Plan), even if one Integrated SCSN/Plan is submitted on behalf of several jurisdictions (service areas). The Integrated SCSN/Plan should include information on who is responsible for developing the Integrated SCSN/Plan within the jurisdictions (i.e., Ryan White HIV/AIDS Program (RWHAP) Part A planning councils, RWHAP Part B advisory groups, and CDC HIV planning bodies). This new format will allow jurisdictions to submit one integrated HIV plan. However, this new format also provides the flexibility to submit separate HIV plans, if deemed appropriate, as long as all of the required elements – prevention, care and treatment – have been included.
C. CDC and HRSA will identify progress on achieving programmatic goals and objectives of the plan via CDC’s and HRSA’s reporting requirements (i.e., annual application, annual progress reports, and implementation plans).

Section I: SCSN/Needs Assessment

The SCSN is a legislative requirement for RWHAP Part A and B grantees. Conducting comprehensive Needs Assessments is a partnership activity of the planning council and RWHAP Part A grantee, with the planning council taking the lead role. Needs Assessments are also a requirement of the CDC’s Jurisdictional HIV Prevention Plan and are a part of the RWHAP Part B grantees process to develop an SCSN. All Integrated SCSN/Plans must include a description of the process and outcomes of the jurisdictional HIV needs assessment.

A. Epidemiological Overview

The jurisdiction will submit an Epidemiological Overview based on the “Integrated Guidance for Developing Epidemiologic Profiles: HIV Prevention and RWHAP Planning” issued by CDC and HRSA in July 2014 for this Integrated Plan.
B. HIV Care Continuum
   a. The HIV Care Continuum allows grantees to help gauge progress towards goals and to direct HIV resources most effectively. Grantees are to provide a graphic depiction and a narrative description, including the identification of health disparities, of the CY 2015 HIV Care Continuum of the jurisdiction.
   b. Describe any unique challenges or barriers (e.g., data collection, data sharing, collaboration with other local, state, and federal programs) that exist in developing the HIV Care Continuum.
   c. Describe how the HIV Care Continuum may be or is currently utilized in (1) planning, prioritizing, targeting, and monitoring available resources in response to needs of people living with HIV (PLWH) in the state or jurisdiction and (2) improving engagement at each stage of the continuum.
   d. Describe any partnerships (e.g., HIV surveillance, prevention and/or care and treatment, data agreements) that were developed to address data gaps along the HIV care continuum.

C. Resource Inventory
   a. A resource inventory identifies the resources a service area has and what resources a service area needs.
   b. Provide in table format public and private funding sources for HIV services in the jurisdiction and how the resources are being used (i.e., activities/services delivered). The table should include the dollar amount(s) and the percentage of the total available funds in 2015, and the estimated, anticipated funds in the next funding cycle for the respective funding sources. At a minimum, the table should contain information for:
      i. Funding Sources (All RWHAP Parts funding, including Special Projects of National Significance (SPNS) and AIDS Education and Training Centers (AETC); All CDC-funded HIV-related Prevention and Surveillance; Minority AIDS Initiative (RWHAP, CDC and Substance Abuse and Mental Health Services Administration (SAMHSA)), SAMHSA, Housing and Urban Development (HUD)/Housing Opportunities for Persons with AIDS (HOPWA), Medicaid expenditures, HRSA/Bureau of Primary of Health Care, Federal Office of Rural Health Policy, Indian Health Service, Health and Human Services (HHS)/Office on Women’s Health, HHS/Office of Minority Health, HHS/Office of Population Affairs, HHS/Administration for Children and Families, other federal public funding, state, and local public funding, and private sources)
      ii. Funding Amount
      iii. Funded Agencies/Providers
      iv. Activities/Services Delivered
v. HIV Care Continuum Stage Impacted
   c. Provide a narrative description of the HIV workforce capacity and how it impacts
      HIV service delivery. Describe how the regional AETC or Capacity Building
      Assistance Services contributes to assessing HIV workforce capacity in your
      service area and what strengths and needs it identified in your HIV workforce.

D. Assessing Needs, Gaps, and Barriers
   a. Describe the process used to identify the prevention and care service needs of
      PLWH (both diagnosed and undiagnosed) and people not infected with HIV.
   b. Describe the prevention and care service needs of PLWH and persons at risk for
      HIV.
   c. Describe the service gaps identified by PLWH and persons at risk for HIV.
   d. Describe barriers to prevention and care services, including, but not limited to:
      i. Social and structural barriers
      ii. State or local legislative policy barriers (e.g., the Affordable Care Act,
         routine testing, etc.)
      iii. Program-related barriers (e.g., access to data)
      iv. Provider-related barriers. Discuss any stakeholders that are not involved
         with planning for HIV service that need to be in order to address gaps
         along the HIV Care Continuum more effectively
   v. Client-related barriers

E. Data: Access, Sources, and Systems
   a. Provide a description of the data sources and systems used to conduct the needs
      assessment.
   b. Describe any data sharing agreements or data policies that facilitated the conduct of
      the needs assessment.

Section II: Integrated HIV Prevention and Care Plan

A. Framework and Goals
   This section will ask grantees to use the National HIV/AIDS Strategy (NHAS) as the
   organizing framework for their Integrated Plan. The Integrated Plan should respond to the
   needs identified in Section I of the 2017-2021 Integrated HIV SCSN/Prevention and Care
   Plan and align with the four NHAS goals:

   1. Reducing new HIV infections
   2. Increasing access to care and improving health outcomes for PLWH
   3. Reducing HIV related disparities and health inequities
   4. Achieving a More Coordinated Jurisdictional Response to the HIV Epidemic

   For each NHAS goal, grantees should:
   a. Identify objectives using the S.M.A.R.T. – specific, measurable, achievable,
      realistic, and time-phased format for the service area for each NHAS goal.
b. Describe (1) system-level strategies, (2) activities/interventions (including responsible parties), (3) resources needed, and (4) at least two outcomes for the service area.
c. Describe how data from federal and non-federal programs are considered in the development of the plan.
d. For each NHAS goal, describe how the service area specific resources are optimally prioritized and targeted, including CDC and HRSA funding.

B. Collaborations, Partnerships, Stakeholders Involvement
   a. Describe the coordinating efforts of stakeholders and key partners and their specific contribution to the development of the plan.
   b. Describe stakeholders and partners not involved in the planning process, but are needed to more effectively improve outcomes along the HIV Care Continuum.
   c. Provide a concurrence, concurrence with reservations, or non-concurrence letter from the co-chairs of the planning bodies.

C. PLWH and Community Engagement
   a. Describe the methods used to engage communities, people living with HIV, and impacted population groups to ensure that HIV prevention and care activities are responsive to their needs in your service area.
   b. Describe 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.
   c. Provide documentation of the community engagement process.

Section III: Monitoring and Improvement
Progress on the implementation of their Integrated SCSN/Plans will be assessed via reporting requirements submitted to CDC/DHAP and HRSA/HAB.
Describe the Feedback Loop, including:
   a. The 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.
   b. The plan to monitor and evaluate the implementation of the goals and the S.M.A.R.T. objectives from Section II of the 2017-2021 Integrated Plan.
   c. The strategy to utilize surveillance and program data to assess and improve health outcomes along the HIV care continuum, which will be used to impact the quality of the HIV service delivery system, including strategic long-range planning.