



**Introduction to the 2022-2026
Integrated HIV/AIDS Prevention
and Care Plan**

General Training via Zoom

January 27, 2022

www.aidsnet.org

Housekeeping

- This training is being recorded. Slides will be posted on AIDSNET.org.
- All CHAT is through the moderator.
- You are encouraged to be on camera.
- Any questions and suggestions raised during this training will be addressed at Joint Integrated Plan Review Team meetings.

The Integrated Plan

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Integrated HIV Prevention
and Care Plan Guidance,
including the Statewide
Coordinated Statement of
Need, CY 2022- 2026

Division of HIV/AIDS Prevention

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention

HIV/AIDS Bureau

Health Resources and Services Administration

June 2021

in·te·grat·ed

Various parts or aspects
linked or coordinated

plan

A detailed proposal for
doing or achieving
something

Coordination

The Plan will incorporate the goals and objectives of these local, state, and national initiatives to achieve the national HIV goal:

“Reducing the number of new HIV infections in the US by 75% by 2025, and then by at least 90% by 2030.”

2017-2021 Integrated Plan for HIV Prevention and Care

National HIV/AIDS Strategy 2022-2025

Ending the HIV Epidemic Jurisdictional Plan

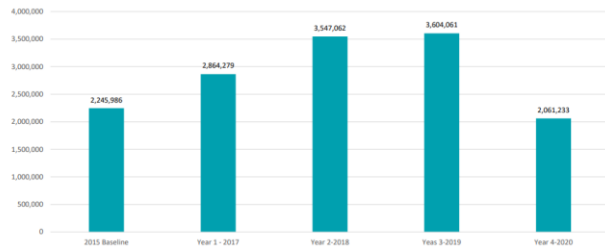
Getting to Zero and other initiatives

2017-2021 Integrated HIV Prevention and Care Plan

NHAS 2020 GOAL #1: REDUCE NEW HIV INFECTIONS

Strategy P1.1 Increase access to condoms by HIV positive persons and HIV-vulnerable populations, including but not limited to injection drug users (IDU), Trans-identified persons, gay and bisexual men

Yearly Number of Condoms Distributed 2017-2020



NHAS 2020 Goal #2: Increase Access to Care & Improve Health Outcomes for People with HIV

RETENTION IN CARE

Strategy R1.1 Identify RWP client target populations who are at greatest risk for dropping out of care.

ACTIVITY R1.1b
Identify RWP client demographic characteristics (ethnicity, gender, age) and risk factor(s) associated with low RIC rates and track RIC rates by demographic and risk factor groups across and within subrecipients.

RWP MCM CLIENTS RETAINED IN CARE BY ETHNICITY GROUP TOTALS (DESCENDING ORDER BY % RIC)

Ethnicity	CY 2019		CY 2020	
	Total N	% RIC	Total N	% RIC
All RWP MCM Clients	6,879	86.0%	7,199	75.7%
Hispanic	4,058	88.9%	4,492	78.6%
Haitian	823	86.0%	721	76.8%
White, non-Hispanic	460	82.4%	521	71.0%
African American/Black	1,503	79.3%	1,425	68.2%
Other	35	88.6%	40	64.5%

The 2022-2026 Plan will build off the existing 2017-2021 Plan, which develops and monitors

Objectives

Strategies

Activities

Responsible Entities

Evaluation Questions

Outputs

to achieve the goals of the
National HIV/AIDS Strategy

National HIV/AIDS Strategy

The 2022-2025 NHAS

The Strategy focuses on four goals:

Goal 1: Prevent New HIV Infections.

Goal 2: Improve HIV-Related Health Outcomes of People with HIV.

Goal 3: Reduce HIV-Related Disparities and Health Inequities.

Goal 4: Achieve Integrated, Coordinated Efforts That Address the HIV Epidemic Among All Partners.

These are the goals which define the outline for the Integrated Plan.

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NATIONAL HIV/AIDS STRATEGY
WHAT YOU NEED TO KNOW

The National HIV/AIDS Strategy provides the framework and direction for the Administration's policies, research, programs, and planning for 2022–2025 to lead us toward ending the HIV epidemic in the United States by 2030.

The Strategy reflects President Biden's commitment to accelerate and strengthen our national response to ending the HIV epidemic. It details principles and priorities to guide our collective national work to address HIV in the United States over the next four years.

It is a national plan designed to re-energize a whole-of-society response to the HIV epidemic that accelerates efforts while supporting people with HIV and reducing HIV-associated morbidity and mortality.

★★★★★

The Updated NHAS

- Recognizes racism as a serious public health threat that directly affects the well-being of millions of Americans, acknowledges ways in which it drives and affects HIV outcomes, and highlights numerous opportunities to intervene to eliminate the HIV-related disparities that result and pursue equity in our national HIV response.**
- Underscores the vital role that the Affordable Care Act (ACA) plays in our response to HIV and calls for maximizing use of services available through Marketplace and Medicaid coverage because of the ACA.**
- Expands discussion of populations with or experiencing risk for HIV, whose unique circumstances warrant specific attention and tailored services, such as immigrants, individuals with disabilities, justice-involved individuals, older adults, people experiencing housing instability or homelessness, and sex workers.**
- Adds a new focus on the needs of the growing population of people with HIV who are aging.**
- Enhances a focus on quality of life for people with HIV.**
- Strengthens emphasis on the importance of better integrating responses to the intersection of HIV, viral hepatitis, STIs, and substance use and mental health disorders.**
- Calls for expanding engagement opportunities for people with lived experience in the research, planning, delivery, assessment, and improvement of HIV prevention, testing, and care services.**
- Puts greater emphasis on the important roles of harm reduction and Syringe Services Programs in our national response to HIV, as well as to hepatitis C virus infection and substance use disorder.**

Learn more about the **National HIV/AIDS Strategy** at HIV.gov/topics/nhas

Priority Populations

- Gay, bisexual, and other men who have sex with men, in particular Black, Latino, and American Indian/Alaska Native men
- Black women
- Transgender women
- Youth aged 13–24 years
- People who inject drugs

Learn more about the **National HIV/AIDS Strategy** at HIV.gov/topics/nhas

GOAL 2
Improve HIV-Related Health Outcomes of People with HIV.

GOAL 3
Reduce HIV-Related Disparities and Health Inequities.

GOAL 4
Achieve Integrated, Coordinated Efforts That Address the HIV Epidemic Among All Partners.

Strategy Vision
A world where new HIV infections are prevented, every person knows their status, and every person with HIV receives the care and treatment they need to live free from stigma and achieve their full potential for health and well-being throughout their life span.

Expands the focus on addressing the social determinants of health that influence an individual's HIV risk or outcomes.

Incorporates the latest data on HIV incidence, prevalence, and trends.

Adds a new focus on opportunities to engage the private sector in novel and important ways in the nation's work to end the HIV epidemic.

Ending the HIV Epidemic

EHE

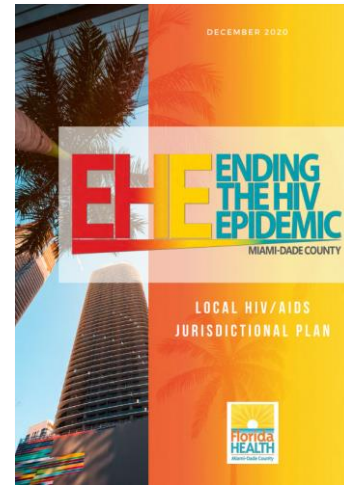
The Ending the HIV Epidemic Plan addresses four pillars toward achieving the 90% reduction in new HIV cases by 2030:

Pillar 1: Diagnose

Pillar 2: Treat

Pillar 3: Prevent

Pillar 4: Respond



Activities outlined into the EHE Plan will be incorporated into the Integrated Plan.

Ending the HIV Epidemic: A Plan for America

The U.S. Department of Health and Human Services (HHS) has launched Ending the HIV Epidemic: A Plan for America. The cross-agency initiative leverages critical scientific advances in HIV prevention, diagnosis, treatment, and outbreak response by coordinating the highly successful programs, resources, and infrastructure of many HHS agencies and offices.

GOAL: HHS will work with each community to establish local teams on the ground to tailor and implement strategies to:

- reaching 75% reduction in new HIV infections by 2025 and at least 90% reduction by 2030.
- Diagnose** all people with HIV as early as possible after infection.
- Treat** the infection rapidly and effectively to achieve sustained viral suppression.
- Prevent** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).
- Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

Getting to Zero and Other Local Initiatives

Resources and data collected for Getting to Zero, Fast Track Cities, Test Miami, and other local initiatives will also be considered in Integrated Planning.

Links to all these resources are online at aidsnet.org/integrated-plan-review-team/.

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GETTING 2 ZERO

The Initiative

The Miami-Dade County "Getting to Zero" HIV/AIDS initiative established a set of recommendations focusing on prevention, treatment, and systems change. The process enhanced services, built partnerships, and established collaborations. In the time period, since publication of the Task Force report, the responsible agencies have been working to expand successful strategies and implement new practices. In moving forward, the HIV response is still confronted by a number of challenges and it will take the collective impact of our elected officials and our community to identify solutions for the achievement of getting to zero. To save the greatest number of lives possible and prevent further HIV transmission, we must know our local epidemic and focus our efforts on key populations at greater risk.

HELP US GET 2 ZERO

- Know the Facts**
Protect Yourself
To educate the community about HIV/AIDS prevention and de-stigmatize persons living with HIV/AIDS.
- Get Tested**
Know Your Status
Encourage Miami-Dade County residents to know their status and expand routine testing in the health care system.
- Get Treated**
Stay Healthy
Create a seamless network of care and ensuring high quality of care throughout the county for people living with HIV/AIDS to achieve viral suppression.

MAKE HIV HISTORY

4/3/2018 2

Deadlines and Responsible Parties

- The final Integrated Plan is due to the Centers for Disease Control and Prevention and HIV/AIDS Bureau of the Health Resources and Services Administration by December 9, 2022.
- Jurisdictions have the option to submit The Plan as an:
 1. Integrated state/city prevention and care plan;
 2. Integrated state-only prevention and care plan; and/or
 3. Integrated city-only prevention and care plan.
- Behavioral Science Research Corp., the Miami-Dade County Office of Management and Budget, and the Florida Department of Health-Miami-Dade County, working with the Partnership's Strategic Planning and Prevention Committees, are tasked with completing The Plan.

Section I

Executive Summary

- The Plan will include:
 1. How the Statewide Coordinated Statement of Need (SCSN) is addressed:
 - Goal 1: Prevent New HIV Infections
 - Goal 2: Improve HIV-Related Health Outcomes of People with HIV
 - Goal 3: Reduce HIV-Related Disparities and Health Inequities
 - Goal 4: Coordination of Stakeholders
 2. The approach we used in developing the Plan:
 - Updating the existing Plan by:
 - Developing new goals, and
 - Building on existing strengths.
 - Incorporating NHAS, EHE, and other community initiatives.
- **Committee Expectations for Executive Summary**
 - Review draft prior to the February 14 JIPRT meeting.
 - Attend and contribute your expertise at the February 14 JIPRT meeting.

Section II

Community Engagement and Planning Process

- The Plan will describe:
 - Our approach to the planning process;
 - How we engaged community members and stakeholders in development of the Plan; and
 - How we fulfilled legislative and programmatic requirements (SCSN, RWHAP Part A and B planning requirements, and CDC planning requirements).
- **Committee Expectations for Community Engagement and Planning**
 - Encourage RWP clients to be involved as members, in focus groups, via surveys, and other opportunities.
 - Review drafts prior to the April 11 and May 9 JIPRT meetings.
 - Attend and contribute your expertise at the April 11 and May 9 JIPRT meetings.

Section II

Community Engagement and Planning Process

Committee Activity: Key Stakeholders – Required

Input from the following key stakeholders is required:

- Health department staff.
- Community-based organizations serving populations affected by HIV as well as HIV services providers.
- HIV clinical care providers including (RWHAP Part C and D).
- Non-elected community leaders including faith community members and business/labor representatives.
- Community health care center representatives including Federally Qualified Health Centers.
- Hospital planning agencies and health care planning agencies.
- Mental health providers.
- Social services providers including housing and homeless services representatives.
- People with HIV, including members of a Federally recognized Indian tribe as represented in the population, and individuals co-infected with hepatitis B or C.
- Substance use treatment providers.
- Individuals (or representatives) with an HIV diagnosis during a period of incarceration (within the last three years) at a federal, state, or local correctional facility.

Section II

Community Engagement and Planning Process

Committee Activity: Key Stakeholders – Suggested

Input from the following key stakeholders is suggested:

- Populations at risk or with HIV representing priority populations.
- Existing community advisory boards [Partnership/Committees and FDOH Workgroups].
- Local, regional, and school-based clinics.
- Healthcare facilities; clinicians; and other medical providers.
- Behavioral or social scientists; epidemiologists.
- STD clinics and programs; intervention specialists.
- Medicaid/Medicare partners and private payors.
- Representatives from state or local law enforcement and/or correctional facilities.
- Community-based and faith-based organizations, including civic and social groups.
- Professional associations, local academic institutions, local businesses.
- Community members resulting from new outreach efforts.
- Community members that represent the demographics of the local epidemic (e.g., race, ethnicity, age, etc.).
- Community members unaligned or unaffiliated with agencies currently funded through HRSA and/or CDC.

Section III

Contributing Data Sets and Assessments

- The Plan will:
 - Analyze qualitative and quantitative data and its impact on HIV in our community;
 - Determine prevention and care and treatment service needs;
 - Identify barriers for clients accessing those services; and
 - Assess gaps in service delivery.
- **Committee Expectations for Contributing Data Sets and Assessments**
 - Respond promptly to data requests.
 - Review draft prior to the March 14 JIPRT meeting.
 - Attend and contribute your expertise at the March 14 JIPRT meeting.

Section IV

Situational Analysis

- The Plan will provide:
 - An overview of strengths, challenges, and identified needs with respect to several key aspects of HIV prevention and care activities; and
 - A snapshot of the Community Engagement and Planning Process and the Contributing Data sets and Assessments.

- **Committee Expectations for Situational Analysis**

NOTE: July meetings are currently scheduled as stand-alone meetings; if the committees need to meet jointly in July, stand-alone meetings will be cancelled.

- Review drafts prior to the July meeting(s).
- Attend and contribute your expertise at the July meeting(s) (stand-alone or JIPRT).

Section V

2022-2026 Goals and Objectives

- The Plan will detail goals and objectives for the next 5 years (2022-2026)
- Goals and objectives are already in process and should be reviewed to ensure they reflect strategies for a unified, coordinated approach for all HIV prevention and care funding.
- Goals and objectives are currently based on the SCSN and should also incorporate the four Ending the HIV Epidemic pillars: Diagnose; Treat; Prevent; and Respond.
- **Committee Expectations for Goals and Objectives**
 - Review drafts prior to the August 8 JIPRT meeting.
 - Attend and contribute your expertise at the August 8 JIPRT meeting.

Section VI

Implementation, Monitoring & Jurisdictional Follow Up

- The Plan will:
 - Describe the infrastructure, procedures, tools, etc. we expect to use to achieve the Plan goals.
 - Detail the path for successful goal completion, including:
 1. Implementation
 2. Monitoring
 3. Evaluation
 4. Improvement
 5. Reporting and Dissemination

- **Committee Expectations for Implementation . . .**
 - Review drafts prior to the August 8 JIPRT meeting.
 - Attend and contribute your expertise at the August 8 JIPRT meeting

Section VII

Letters of Concurrence

A Letter of Concurrence will be signed by the Chair of the Miami-Dade HIV/AIDS Partnership – the official Ryan White Program Planning Council – and will specify the Partnership’s involvement, including:

- Input from community stakeholders;
- Input from the Integrated Planning Body (JIPRT);
- Input from the Ending the HIV Epidemic Planning Body (JIPRT, FDOH-MDC, OMB)

- **Committee Expectations for Letter of Concurrence**
 - Review drafts prior to the August 8 JIPRT meeting.
 - Attend and contribute your expertise at the August 8 JIPRT meeting

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Conclusion

Completion of the 2022-2026 *Integrated HIV/AIDS Prevention and Care Plan*
cannot happen without YOU!

Thank you in advance for your commitment to this major endeavor.

- The complete IP Guidance, NHAS, and other reference documents are online at <http://aidsnet.org/integrated-plan-review-team/>.
- All meetings of the Strategic Planning Committee and Prevention Committee are open to the public. You, your staff, and your clients are encouraged to join and participate in planning. You are also invited to attend meetings as a guest.

Please contact Christina Bontempo, Project Manager/Community Liaison,
cbontempo@behavioralscience.com, or (305) 445-1076, for more information.

Thank you!