

Get on Board: Member Enhancement Training

Station 18: Integrated Planning

October 2, 2024

Presentation created by Behavioral Science Research Corp.









Training sessions are designed to promote understanding of the Ryan White Program planning council (Partnership) and service system.

#### Get on Board!



Your presenters are Marlen Meizoso and Christina Bontempo, Partnership Staff who have more than 40 years combined experience with the Partnership and the Ryan White Program.





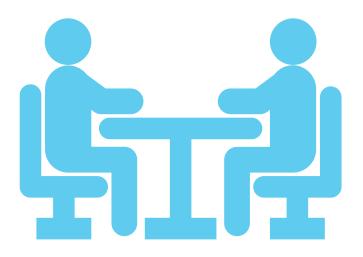
Please chat questions or comments to us throughout today's presentation.



This presentation will be posted online at www.aidsnet.org/the-partnership/#getonboard1.



Contact us at (305) 445-1076.



### Today's Objectives

Define the *Miami-Dade County HIV/AIDS Prevention and Care Plan* 

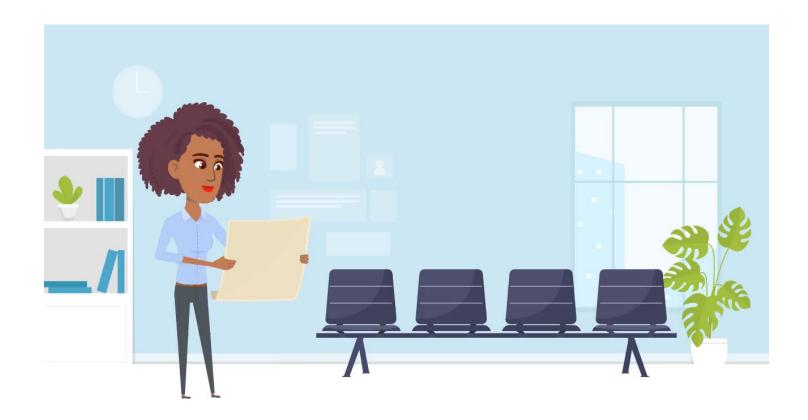
Explain the role of the Miami-Dade HIV/AIDS Partnership related to the Integrated Plan.

Understand your role in Integrated Planning.

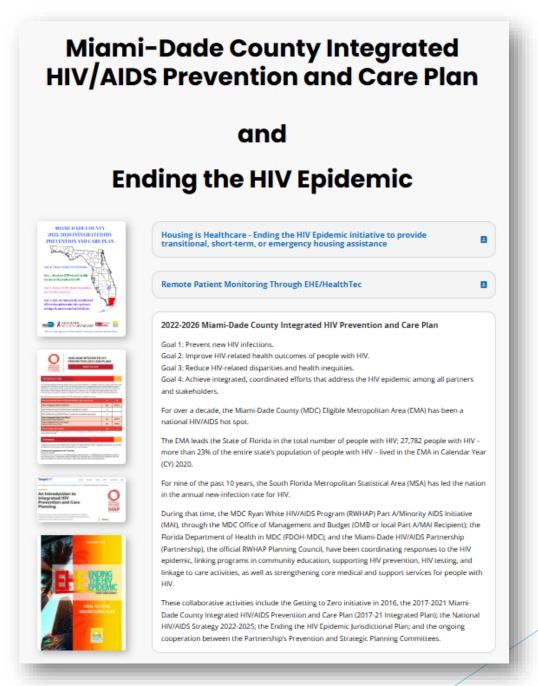
Understand how the Integrated Plan impacts your work and/or care.

## What is the Integrated Plan?

(Click to view the video)







www.aidsnet.org/the-partnership/#mdchivplan1

## Plan Structure



Includes Ending the HIV Epidemic, Fast Track Cities, Getting to Zero, and other community initiatives



Two main components: 1) Prevention and 2) Care and Treatment



Lead Partnership Committees: Prevention Committee and Strategic Planning



Includes 41 Activities resulting in 120 Measurements of Progress

#### Four Goals of the National HIV/AIDS Strategy (NHAS)



1) Prevent New HIV Infections



Down



2) Improve HIV-Related Outcomes of People with HIV



3) Reduce HIV-Related Disparities and Health Inequities



4) Achieve Integrated, Coordinated Efforts that Addresses the HIV Epidemic Among All Partners and Stakeholders

# Example: Goal 1 Prevent New HIV Infections

#### NHAS Goal 1: Prevent New HIV Infections

Objective 1.2 (P1) Increase the percentage of people living in MDC who are aware of their HIV status from the national baseline of 87% in 2019 to 90% by December 31, 2026.

Strategy P1.2: Expand HIV/STI testing in traditional and non-traditional settings.

Activity 1.2.3: Increase the number of mobile units offering HIV/STI testing in the community.

VMSG Number	Measurement	Baseline (Jan 2022)	Current Data (Dec 2023)	Target (Dec 2026)
1.2.3.1	Number of operational mobile units conducting HIV/STI testing	1	1	1
1.2.3.2	Number of HIV tests conducted at a mobile unit	1,057	923	4,000
1.2.3.3	Number of HIV positive results from HIV tests conducted at a mobile unit	12	24	40
1.2.3.5	Number of persons linked to HIV care at a mobile unit	19	10	40
1.2.3.6	Number of STI tests conducted at a mobile unit	2,989	999	4,000
1.2.3.7	Number of STI positive results from STI tests conducted at a mobile unit	31	79	100
1.2.3.8	Number of people referred for STI treatment at a mobile unit	265	167	320
1.2.3.9	Number of persons linked to PrEP at a mobile unit	94	42	160

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

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

Objective 2.1 (L1) Increase the percentage of newly identified positive persons with HIV who are linked to care through initial TTRA protocol within seven (7) days from 68% in 2021 to 80% by December 31, 2026.

Strategy L1.1: Expand capacity and access to local TTRA.

Activity 2.1.3: Provide and develop information that promotes the benefits of HIV treatment adherence for vulnerable populations, i.e., B/AA, Hispanic, and MSM.

#### Measurement 2.1.3.1

No. and listing of specific campaign for information dissemination to newly identified positive people with HIV.

**TARGET** = **1**December 31, 2026



Reporting Period	Campaigns	Target
January 1, 2022 – June 30, 2022	0	In Progress
July 1, 2022 – December 31, 2022	0	In Progress
January 1, 2023 – June 30, 2023	1	Target Met

# Example: Goal 3 Reduce HIV-Related Disparities and Health Inequities

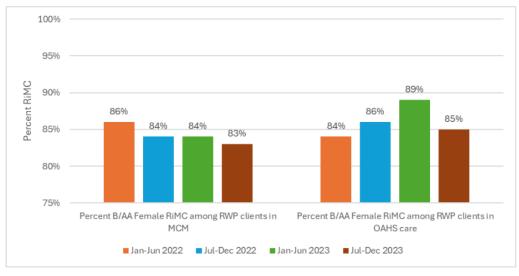
#### NHAS Goal 3: Reduce HIV-Related Disparities and Health Inequities

Objective 3.2 (DR1) Increase RWHAP RiMC rates among priority populations.

Strategy DR1.2: Increase RiMC rates from 88% in 2021 to 90% by December 31, 2026, for B/AA Females.

Activity 3.2.1: Semi-annually track RiMC rates among RWHAP providers of MCM and OAHS services to B/AA Females.

BASELINE
January 1, 2022
88%
B/AA Females RiMC



TARGET			
December 31, 2026			
10			
90% B/AA Females RiMC			

VMSG Number	Measurement	Jan-Jun 2022	Jul-Dec 2022	Jan-Jun 2023	Jul-Dec 2023
3.2.1.1	Percent B/AA Female RiMC among RWP clients in MCM	86%(242/281)	84% (254/303)	84% (266/315)	83% (306/368)
3.2.1.3	Percent B/AA Female RiMC among RWP clients in OAHS care	84%(129/153)	86%(132/153)	89% (147/165)	85% (166/195)



# Why is the Miami-Dade HIV/AIDS Partnership's Integrated Plan Important?

- The Integrated Plan provides the guidance to improve health outcomes for individuals who are HIV positive or at risk for HIV.
- Goals are aligned with state and national strategies to reduce HIV transmission, increase HIV testing, link people to care, and retain people in care.
- Community buy-in and involvement in developing and monitoring the Plan means everyone is working toward the same goals and maximizing resources.

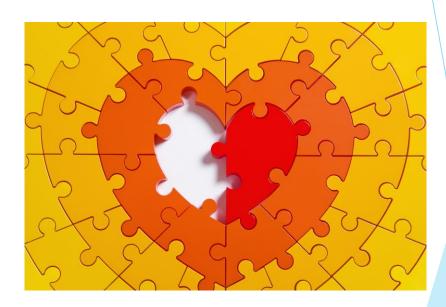
#### Who is Involved?

- People with HIV, both RWHAP and non-RWHAP clients
- FDOH-MDC representatives
- RWHAP (all Parts) representatives
- ADAP representatives
- State of Florida General Revenue representative
- Local private and public college and university researchers
- HIV Prevention providers
- ► LGBTQ+ advocates
- Advocates for victims of domestic or other abuse
- Local hospital representatives

- RWHAP subrecipients providing:
  - Medical case management
  - Outpatient/ambulatory health services
  - Oral health care
  - Mental health services
  - Substance use disorder treatment (outpatient and residential)
  - Health insurance premium and cost sharing assistance

### Who is Missing?

- Local business leaders
- Faith-based institutions
- Social media influencers
- Representatives from state or local law enforcement and/or correctional facilities
- Local, regional, and school-based clinics; healthcare facilities; clinicians; and other medical providers
- You?





#### What Can I Do?

- Join the Prevention Committee or the Strategic Planning Committee.
- Attend Joint Integrated Plan Review Team (JIPRT) meetings. All meetings are open to the public!
- Share your input at meetings.
- Share the Integrated Plan goals and activities with your organization and collaborators.

#### How Do I Start?

- Read the 2022-2026 Miami-Dade County Integrated HIV Prevention and Care Plan
- Read the IHAP TAC 2022-2026 Integrated HIV Prevention and Care Plans Brief Review
- Take the TargetHIV course: An Introduction to Integrated HIV Prevention and Care Planning
- Come to JIPRT Meetings
- ► FIND IT ALL ON AIDSNET.org! www.aidsnet.org/the-partnership/#mdchivplan1

#### An Introduction to Integrated HIV Prevention and Care Planning

This <u>self-paced course</u> serves as an introduction to the fundamentals of integrated planning, and is designed for anyone who is new to integrated HIV prevention and care planning or anyone who would like a refresher on the basics.

By the end of this course, you will be able to:

- . Understand the rationale for and benefits of inte
- · Describe how integrated planning aligns with oth
- Understand integration of HIV prevention and ca integration
- Understand the five stages of the integrated pla practices, and how they can support the develop and Care Plan
- · Identify other resources to support integrated pl

START THE ONLINE COURSE



#### 2022-2026 INTEGRATED HIV PREVENTION AND CARE PLANS

**BRIEF REVIEW** 

#### INTRODUCTION

The Integrated HIV/AIDS Planning Technical Assistance Center (IHAP TAC) conducted a thematic analysis of the 2022-2026 Integrated HIV Prevention and Care Plans, including the Statewide Coordinated Statements of Need (SCSN) (hereafter referred to as IPs). The goal of this activity was to: 1) identify common technical assistance (TA) needs and trends across Ryan White HIV/AIDS Program (RWHAP) Parts A and B jurisdictions; and 2) identify innovative practices, tools, and resources that can support jurisdictions to effectively develop, implement, monitor, evaluate, and improve their IPs.

The table below provides a breakdown of 75 IPs submitted by jurisdictions by type:

TYPE OF INTEGRATED HIV PREVENTION AND CARE PLAN		%
Total, Integrated State-only Plans		46.7%
RWHAP Part B only (No RWHAP Part A recipients in state)	27	
RWHAP Part B only (RWHAP Part A recipients submitted separately)	8	
Total, Integrated State/City Plans* RWHAP Part A/Part B Plans		26.7%
Total, Integrated City-only Plans RWHAP Part A-only Plans	20	26.7%

\*Note: While the joint CDC and HRSA Integrated HIV Prevention and Care Plan Guidance describes RWHAP Part A plans as "City Plans," often the recipients are counties.

# The Future of the Integrated Plan

# FUTURE



Guidance on the **2027-2031**Integrated Plan is expected in January 2025.



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- Please raise your hand or chat your questions.
- Answers to questions we do not get to today will be posted with this presentation at:

#### www.aidsnet.org/the-partnership/#getonboard1

- Contact us for more information and to learn how you can be a decision-maker with the Partnership!
  - Marlen Meizoso, M.A., Project Manager/Research Associate, Marlen@behavioralscience.com
  - Christina Bontempo, Project Manager/Community Liaison, Cbontempo@behavioralscience.com

# Save the Date for 2025!

Get on Board! January 8, 2025, at Noon









