Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2027- 2031

Division of HIV Prevention

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

HIV/AIDS Bureau

Health Resources and Services Administration

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Executive Summary

The Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) developed this guidance to support the submission of the Integrated HIV Prevention and Care Plan (hereafter referred to as Integrated Plan), including the Statewide Coordinated Statement of Need (SCSN) for calendar year (CY) 2027-2031 (hereafter referred to as Integrated Plan Guidance). This guidance builds upon the previous guidance issued in 2015 and 2021. That guidance allowed funded health departments and planning groups to submit one integrated HIV plan to lead the implementation of both HIV prevention and care services. As in 2021, the Integrated Plan Guidance for CY 2027-2031 meets all programmatic and legislative requirements associated with both CDC and HRSA funding. It reduces grant recipient burden and duplicative planning efforts and promotes collaboration and coordination around data analysis. The Integrated Plan Guidance necessitates engagement from a wide range of collaborators and partners including communities disproportionately affected by the HIV epidemic and people with HIV. The Integrated Plan Guidance intends to accelerate progress towards meeting national goals while allowing each jurisdiction to design a HIV services delivery system that reflects local vision, values, and needs.

CDC and HRSA funded recipients will notice several key changes in the Integrated Plan Guidance for CY 2027-2031. These changes reflect feedback from internal and external collaborators, which include recipients and people with HIV as well as priorities detailed in the National HIV/AIDS Strategy 2022 – 2025 (NHAS) published in December 2021 and the implementation strategies outlined in the Ending the HIV Epidemic in the U.S. (EHE) initiative. Specifically, recipients who have already conducted extensive planning processes in response to the CDC's *High-Impact HIV Prevention and Surveillance Programs for Health Departments (PS24-0047)* program or through other jurisdictional efforts (e.g., Getting to Zero plans, Fast Track Cities, HIV Cluster Detection and Response plans) may submit portions of those plans to satisfy this Integrated Plan Guidance as long as the Integrated Plan submission addresses the broader needs of the geographic jurisdiction and applies to the entire HRSA and CDC HIV funding portfolio. To that end, additional details on key changes can be found in the *CY 2027– 2031 CDC DHP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist (See Appendix 1)*. This checklist details submission requirements and allows each jurisdiction to determine which elements may require new content and which elements were developed as part of another jurisdictional plan.

Integrated Plan submissions address the broader needs of the geographic jurisdiction and apply to the entire HRSA and CDC HIV funding portfolio. Additionally, jurisdictions should submit plans that follow the goals and priorities as described in the NHAS and use data to devise strategies that reduce new HIV infections by 90% by 2030. Proposed strategies should include the implementation of activities that will diagnose all people with HIV as early as possible, treat all people with HIV rapidly and effectively to reach sustained viral suppression, prevent new HIV transmissions by using proven interventions, and respond quickly to potential outbreaks to get appropriate prevention and treatment services to people who need them.

Section I: Introduction

In the United States, we have the tools to end the HIV epidemic and continue to make progress toward that goal. From 2018 to 2022, estimated HIV infections in the U.S. decreased by 12 percent largely attributed to the decrease in new HIV infections among people aged 13 to 24.[1] The work of dedicated individuals across HIV prevention and care delivery systems have contributed to this decrease in HIV diagnoses and the increase in viral suppression rates for clients in the Ryan White HIV/AIDS Program (RWHAP) from 69.5 percent in 2010 to 89.7 percent in 2022.

Although rates of new HIV incidence have decreased overall and viral suppression continue to increase, racial and ethnic differences in diagnoses and treatment outcomes of HIV persist. Health disparities persist among gay, bisexual and other men who have sex with men, particularly Black, Latino, and American Indian/Alaska Native men; Black women; transgender women; youth aged 13-24 years; and people who inject drugs[2]. To reach the national goal of reducing new HIV infections, our systems of HIV prevention and care must work together in unprecedented ways to address health inequities that remain. This includes providing equal access to all available tools so that no population or geographic area is left behind and efforts to end the HIV epidemic are accelerated.

The Integrated Plan Guidance for CY 2027-2031 is the third five-year planning guidance developed by CDC and HRSA. This Integrated Plan Guidance builds on the previous iterations of the Integrated Plan Guidance by allowing each jurisdiction to develop new goals and objectives that align public and private sectors to leverage strengths from the last five years and to add or revise services to address local health inequities that may remain. The Integrated Plan Guidance speaks to the need for aggressive actions necessary to achieve the NHAS goals and targeted efforts to end the HIV epidemic in the U.S. by the year 2030.

Specifically, the Integrated Plan Guidance was designed to:

1. Coordinate HIV prevention and care activities by assessing resources and service delivery gaps and needs across HIV prevention and care systems to ensure the allocation of resources based on data (e.g., other payors, number of ADAP-eligible clients on health insurance coverage, in-depth analysis of needs assessment of people with HIV and people who can benefit from HIV prevention services or are vulnerable to HIV acquisition);

2. Address requirements for planning, community engagement, and coordination established by the RWHAP legislation as well as programmatic planning and community engagement requirements established by both HRSA and CDC through guidance;

[1] HV Surveillance Supplemental Report: Estimated HIV Incidence and Prevalence in the United States, 2018–2022

[2] Black is defined as African American or Black and Latino is defined as Latino or Hispanic (U.S. Department of Health and Human Services. 2021. National HIV/AIDS Strategy. (pp 19) Washington, DC

3. Improve health outcomes along the HIV care continuum by using data to prioritize those populations where systems of care are not adequately addressing high HIV morbidity and/or lower overall viral suppression rates;

4. Promote a whole-person approach[3] to help overcome structural and social barriers to care, eliminate stigma, and improve the health of people with HIV and people who can benefit from prevention services;

5. Reduce recipient burden by allowing jurisdictions to submit portions of other significant planning documents (e.g., EHE Plans, Fast Track Cities, Getting to Zero, or HIV Cluster Detection and Response plans) to meet Integrated Plan requirements and by aligning submission requirements and dates across HIV prevention and care funding;

6. Advance health equity by ensuring that government programs promote equitable delivery of services and engage people with lived experience in service delivery system design and implementation; and,

7. Leverage strategic partnerships to prioritize efforts, and focus resources and evidence informed interventions, to reach those who are diagnosed, but not engaged in care.

Relationship to other National Plans and Initiatives

HRSA and CDC recognize that many jurisdictions have established and implemented extended planning processes as part of other local initiatives including but not limited to EHE funding, Fast Track Cities, locally funded Getting to Zero initiatives, or Cluster Detection and Response Plans. To minimize burden and align planning processes, the jurisdiction may submit portions of these plans to satisfy the Integrated Plan Guidance requirements. Jurisdictions should review the NHAS or subsequent updates to the current national plan by visiting www.hiv.gov and subscribing to receive updates.

National Framework for Ending the HIV Epidemic

It is important to think about this Integrated Plan Guidance within the framework of national objectives and strategic plans that detail the principles, priorities, and actions that direct the national public health response and provide a blueprint for collective action across the federal government and other sectors (see *Appendix 5*). HRSA and CDC support the implementation of these strategies.

In January 2021, the U.S. Department of Health and Human Services (HHS) released the NHAS which creates a collective vision for HIV service delivery across the nation. Each jurisdiction should create Integrated Plans that address four goals[4]:

[3] A whole-person approach to HIV prevention and treatment considers the multitude of factors affecting a person's health. Source: https://www.cdc.gov/hiv/policies/strategic-priorities/hiv-and-whole-person-care/index.html#:~:text=A%20whole%2Dperson%20approach%20can,expand%20flexible%20and%20tailored%20interventions.

[4] U.S. Department of Health and Human Services. 2021. National HIV/AIDS Strategy (pp 3-10) Washington, DC.

- Prevent new HIV infections
- Improve HIV-related health outcomes of people with HIV
- Reduce HIV-related disparities and health inequities
- Achieve integrated, coordinated efforts that address the HIV epidemic among all partners and collaborators

To achieve these goals, the NHAS identifies key priority populations, focus areas, and strategies. All plans submitted in response to the Integrated Plan Guidance should incorporate the national goals and strategies detailed in the NHAS. This should include activities that:

- Leverage public and private community resources toward meeting the goals;
- Address health inequities for priority populations including inequities related to the syndemics of HIV, sexually transmitted infections (STIs), viral hepatitis, and behavioral health issues including but not limited to substance use disorders;
- Create strategic partnerships across a broad spectrum of service systems as a means to lessen the impact of social and structural determinants of health such as systemic racism, poverty, unstable housing and homelessness, stigma, and/or under- or un-employment;
- Implement innovative program models that integrate HIV prevention and care with other services and other service organizations as a means to address comorbid conditions and to promote a whole-person approach to care; and,
- Coordinates HIV prevention and care systems around key focus areas to strengthen the local response.

For more information on the NHAS, visit: https://files.hiv.gov/s3fs-public/NHAS-2022-2025.pdf.

In 2020, HHS began implementation of the Ending the HIV Epidemic in the United States initiative coordinated around four strategies – diagnose, treat, prevent, and respond – that leverage highly successful programs, resources, and infrastructure. The EHE initiative aligns with the NHAS plan to reduce new HIV diagnoses in the United States, decreasing the number of new HIV infections to fewer than 3,000 per year. The EHE initiative focuses resources, expertise and technology in jurisdictions hardest hit by the HIV epidemic. For more information on the EHE initiative, visit: https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview.

The Integrated Plan Guidance utilizes the HIV care continuum model and the whole-person approach. The HIV care continuum depicts the stages a person with HIV engages in from initial diagnosis through their successful treatment with HIV medication to reach viral suppression. Supporting people with HIV to reach viral suppression not only increases their own quality of life and lifespan, it also prevents sexual transmission to an HIV-negative partner, thus providing an additional strategy to prevent new HIV infections. Effective strategies to address barriers within HIV prevention, care, and treatment systems are needed to increase the number of people with HIV that reach and maintain viral suppression.

The adoption of a whole-person approach can improve HIV prevention and care service delivery and outcomes. Persons with positive test results should be linked to HIV care, treatment, and other social support services; and persons testing negative should be linked, as needed, to biomedical HIV prevention services, such as PrEP, and other social support services.

The HIV care continuum allows recipients and planning groups to measure progress and to direct HIV resources most effectively. HRSA and CDC encourage jurisdictions to use the HIV care continuum to identify populations for whom the service system may not be adequately engaging in HIV prevention services or may not support improved HIV health outcomes. Additionally, all jurisdictions should include performance measures in their Integrated Plan submission including the core performance measures that measure progress along the HIV care continuum for all priority groups. Please see *Appendix 4* for links to suggested CDC and HRSA data sources, performance measures, and indicators.

Section II: Planning Requirements and Submission Guidelines

Integrated planning is a vehicle for jurisdictions to identify HIV prevention and care needs, existing resources, barriers and gaps, and outline local strategies to address them. The Integrated Plan submission should articulate existing and needed collaborations among people with HIV, service providers, funded program implementers, and other collaborators, including but not limited to other programs funded by the federal government, such as the Housing Opportunity for Persons with AIDS (HOPWA) program and providers from other service systems such as substance use prevention and treatment providers. The Integrated Plan submission should reflect current approaches and use the most recent data available. To ensure coordinated implementation of their Integrated Plan submission, each jurisdiction should include information on the persons or agencies responsible for developing the plan, implementing the plan, coordinating activities and funding streams, and monitoring the plan.

HIV Planning Requirements

All CDC DHP and HRSA HAB funded jurisdictions (the 50 states, RWHAP Part A-funded Eligible Metropolitan Areas and Transitional Grant Areas, directly-funded CDC HIV prevention cities, Puerto Rico, the United States Virgin Islands, and the United States Affiliated Pacific Island jurisdictions) are required to have a planning process that includes the development of a system-wide plan for the delivery of HIV prevention and care services and the establishment of an HIV planning group, planning council, or advisory group, also known as a planning body.

By design, the HIV planning body must engage people with different interests, responsibilities, and involvement with HIV to inform and support the development and implementation of an Integrated Plan submission that guides the delivery of HIV prevention and care services. CDC and HRSA recognize and understand the value of individuals who receive services actively participating in the planning process for HIV service delivery, as this drives services that are tailored to the needs of clients in the jurisdiction, and these individuals must be engaged in the development and implementation process.

For the development of the Integrated Plan, jurisdictions should include and use their existing local prevention and care HIV planning bodies, as consistent with CDC and HRSA planning group requirements, and engage traditional collaborators and community members (e.g., people with HIV, people with certain risk factors for acquiring HIV, AIDS Education and Training Centers (AETCs), state Medicaid agencies, STI/sexually transmitted disease (STD) clinics and local education agencies (LEAs)) to get input. In addition, recipients should broaden their existing group of partners and collaborators to include other federal, state, and local HIV programs, local organizations, and community groups not previously engaged for the purposes of improving data sources, leveraging services, and assisting with key portions of the plan, such as the HIV prevention and care inventories.

When developing the Integrated Plan submission, the planning body should collaborate with the recipient to review and analyze data (e.g., resource inventory, needs assessments, satisfaction surveys, listening sessions) for program action and decisions, prioritize resources to those jurisdictions at highest risk for HIV transmission and acquisition, and address health equity by improving both individual and population-based HIV health outcomes in those jurisdictions. Through strategic collaborations among collaborators, HIV planning is based on the principle that local planning is the best way to respond to local HIV prevention and care service delivery needs and priorities. Please refer to CDC's most recent HIV Planning Guidance (HPG) and the RWHAP Part A and Part B Manual for more details about HIV planning processes.

Integrated Plan Components

The Integrated Plan submission should demonstrate an understanding of and considerations for all funding sources, service delivery, and system integration (entire system of HIV prevention and care). It should include the following sections:

1. Introduction
2. Community Engagement and description of Jurisdictional Planning Process
3. Contributing Data Sets and Assessments, including:
    a. Epidemiologic Snapshot
    b. HIV Prevention, Care and Treatment Resource Inventory
    c. Needs Assessment
4. Situational Analysis Overview, including priority populations/groups
5. CY 2027-2031 Goals and Objectives to be organized by the goals in the NHAS and inclusive of the strategies: Diagnose, Treat, Prevent, and Respond. See *Appendix 2* for examples.
6. Integrated Plan Workplan

In addition to these sections, please use the checklist attached, as *Appendix 1,* to ensure the jurisdiction submits all of the documents needed to meet submission requirements, including existing materials and newly developed materials needed for each required section.

As part of a complete Integrated Plan submission, jurisdictions must provide a signed letter from the planning body(ies) documenting concurrence, non-concurrence, or concurrence with reservations with the Integrated Plan submission. In RWHAP Part A jurisdictions that cross state lines, the Part A Planning Councils/Planning Bodies need to submit signed letters to all RWHAP

Part B jurisdictions included in the Part A jurisdiction. As part of the Integrated Plan submission, jurisdictions will need to outline the communities and collaborators represented in the planning and concurrence process (e.g., community members, people with HIV, service providers, governmental entities). Submissions that do not contain the required letters of concurrence will be deemed incomplete and returned for revisions.

See the table below for the required letters of concurrence depending upon the plan submission type. If there are additional planning bodies in the state/territory or jurisdiction, additional letters of concurrence should be submitted. Please see *Appendix 6* for a sample letter of concurrence.

Required Letters of Concurrence			
	Type of Plan		
Planning Body	Integrated State/City Prevention and Care Plan	Integrated State-Only Prevention and Care Plan	Integrated City-Only Prevention and Care Plan
RWHAP Part A Planning Council	✓	✓[5]	✓
RWHAP Part B Planning Group	✓	✓	
CDC Prevention Planning Group	✓	✓	✓

Submission

The Integrated Plan submission must include all the components outlined in this guidance and include a completed *CY 2027- 2031 CDC DHP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist*. Plans must be comprehensive to ensure that all HIV prevention and care funding work together to reduce new HIV diagnoses and to increase viral suppression among all people with HIV. The new plan should use existing documents such as an epidemiologic profile, if documents are current. Existing versions of documents may be updated or modified if needed during the current integrated planning process.

Each HRSA and CDC-funded jurisdiction needs to participate in the completion and submission of an Integrated Plan and must include the following:

- Detailed information of who is responsible for developing the Integrated Plan within the jurisdiction (i.e., RWHAP Part A planning councils/body(ies), RWHAP Part B advisory groups, Integrated Planning Bodies and CDC HIV planning bodies).

- Well defined goals and objectives. Each jurisdiction should provide a descriptive detail and process for how it will address HIV prevention, care, and treatment needs in its service areas and accomplish the goals of the NHAS.

[5] RWHAP Part A recipients needed to submit letters of concurrence to all states where 10% or more of the HIV cases in their jurisdiction reside.

All funded jurisdictions (funded by both CDC DHP and HRSA HAB) must submit an Integrated Plan and address all sections as outlined in the guidance. State and/or local jurisdictions (municipalities) have the option to submit to CDC and HRSA:

- Integrated state/city prevention and care plan,
- Integrated state-only prevention and care plan, and/or
- Integrated city-only prevention and care plan.

NOTE: All submissions should demonstrate an integrated prevention and care plan as a method to better coordinate a response to HIV among all partners and collaborators. Per legislative and programmatic requirements, CDC and HRSA expect coordination among funded entities and community collaborators in the development of the Integrated Plan.

The Integrated Plan submission may include several jurisdictions (e.g., the state, the RWHAP Part A jurisdiction(s) in that state, CDC directly funded cities in that state). Each HRSA and CDC-funded jurisdiction must participate in the completion and submission of the Integrated Plan.

- For jurisdictions submitting city-only plan, the city Integrated Plan should complement the state Integrated Plan, including the SCSN.
- Both the city-only and state-only Integrated Plans should describe how the jurisdictions will coordinate actions to prevent duplication.
- Both city-only and state-only plans should include and address the HIV epidemic within its jurisdiction.

The jurisdiction's Integrated Plan submission is due to CDC DHP and HRSA HAB ***no later than 11:59 PM ET on June 30, 2026***. Submissions should be no longer than 100 pages, not including the completed checklist, and no smaller than 11pt font.

The submission package must contain the following documents:

- A CY 2027 – 2031 Integrated Plan that includes all components outlined in this guidance;
- A completed *CY 2027 – 2031 CDC DHP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist* detailing where CDC and HRSA may find each of the required elements; and
- A signed letter from all jurisdictional HIV planning groups/bodies indicating concurrence, concurrence with reservations, or non-concurrence with the plan.

Further detailed instructions on how to submit your jurisdiction's Integrated Plan will be addressed during the upcoming webinar. You may also reach out to your CDC and HRSA project officers for questions or concerns regarding your Integrated Plan.

While there is not a standard template for the Integrated Plan submission, the plan submitted must include all the components outlined in this guidance and include a completed *CY 2027 – 2031 CDC DHP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist*. Plans must be broad enough to ensure that all HIV prevention and care funding work together to reduce new HIV diagnoses and to increase viral suppression among all people with HIV. The new written plan should not redevelop existing products such as epidemiologic profiles, if these products are current and up-to-date. Existing versions of these documents may be updated or modified if needed for the current integrated planning process.

Workplan Monitoring

The Integrated Plan Workplan provides an overarching vehicle to coordinate approaches for addressing HIV prevention and care needs at the state and local levels. The Integrated Plan Workplan must contain goals, SMART (specific, measurable, achievable, relevant and time-bound) objectives, specific activities, responsible parties, key partners, and performance measures that address both HIV prevention and care needs.

In addition, the goals and objectives must be in alignment with both the NHAS goals and the four EHE strategies, listed below:

- Diagnose all people with HIV as early as possible
- Treat people with HIV rapidly and effectively to reach sustained viral suppression
- Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP) and syringe services programs (SSPs)
- Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

Monitoring the Integrated Plan Workplan will assist recipients and planning bodies with identifying ways to measure progress toward goals and objectives; selecting strategies for collecting information; and analyzing information to inform decision-making and improve HIV prevention, care, and treatment efforts within the jurisdiction. Jurisdictions must identify how they will provide regular updates to the planning bodies and collaborators on the progress of plan implementation, solicit feedback, and use the feedback from collaborators for plan improvements. Each jurisdiction also will need to use surveillance and program data to assess and improve health outcomes, health disparities, and the quality of the HIV service delivery systems, including strategic long-range planning.

The Integrated Plan, including the Integrated Plan Workplan, is a "living document" and must be reviewed and updated at least annually or as needed. The process for annual review should include the identification of relevant data and data systems, analysis of data on performance measures, the inclusion of planning bodies in the ongoing evaluation of activities and strategies, a mechanism to revise goals and objectives as needed based on data, and an evaluation of the planning process.

To ensure progress on Integrated Plan activities and the Integrated Plan's alignment with funding strategies, CDC and HRSA will engage in monitoring workplan activities both independently and jointly. Recipients will use established reporting requirements (i.e., applications, annual progress

reports) to document progress on achieving the objectives presented in the Integrated Plan. These reporting updates should include the jurisdiction's plan to monitor and evaluate implementation of the goals, strategies, and objectives included in the Integrated Plan. Project Officers will also utilize the Integrated Plan Workplan as a tool in monitoring and supporting the jurisdiction's progress. Additionally, CDC and HRSA project officers will continue to monitor progress during regularly scheduled calls and will conduct periodic joint monitoring calls with recipients.

CDC DHP and HRSA HAB remain committed to our ongoing partnership and the provision of technical assistance (TA) services. For TA services around integrated planning, please contact your respective project officers.

Appendix 1

CY 2027 – 2031 CDC DHP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist

Section I: Introduction of Integrated Plan and SCSN

Purpose: To provide a description of the Integrated Plan, including the SCSN and the approach the jurisdiction used to prepare and package requirements for submission

- **Write a detailed summary:** Ensure it shows how you have met the Integrated Plan requirements.
- **Combining materials**: Explain how new and existing materials relate.

Requirements	Materials	Title/File Name of materials	Page(s) for this section
1. Introduction **Describe the Integrated Plan** • Include SCSN • Explain how past plans/SCSNs inform this plan/SCSN. • Or provide an overall description of an existing plan/SCSN that meets all requirements and includes the information below.	New Material		
a. Approach **Describe your approach to preparing the Integrated Plan submission.** • Update existing plan: Modify and enhance previously submitted plan. • Integrate Existing Documents: Combine sections from current plans and documents. • Develop a New Plan: Create an entirely new plan from scratch.	Develop New Plan		
b. Documents submitted to meet requirements. Fill out for each requirement per column provided: • New or existing material • Title/File Name for materials • Page numbers within the section			

Section II: Community Engagement and Planning Process

Purpose: To describe how the jurisdiction's planning approach engaged community members and collaborators, fulfilled legislative and programmatic requirements, and addresses the HIV care and prevention needs of people with HIV and people vulnerable to HIV.

Tips for meeting this requirement

1. Review of the National HIV/AIDS Strategy.
2. This requirement may include submission of portions of other submitted plans including the EHE plans, and other jurisdictional plans (e.g., Getting to Zero plans, Fast Track Cities, Cluster Detection and Response plans).
3. Be sure to provide adequate detail to confirm compliance with legislative and programmatic planning requirements, including:

a. SCSN
b. RWHAP Part A and B planning requirements including those requiring feedback from key collaborators and people with HIV
c. CDC planning requirements

4. The community engagement process should reflect the local demographics.
5. The planning process should include key collaborators and broad-based communities that include but are not limited to:
   a. People with HIV,
   b. People vulnerable to HIV,
   c. Funded-service providers, and
   d. Collaborators, especially new collaborators, from disproportionately affected communities. See *Appendix 3* for required and suggested examples of collaborators to be included.
6. Explain how the jurisdiction will build collaborations including sharing of data and establishing/ maintaining services agreements, among:
   a. systems of prevention and care
   b. other service systems relevant to HIV in the jurisdictions (e.g., behavioral health and housing services).
7. Include community engagement related to "Respond" and support of cluster detection activities. Describe what happens when a potential cluster is detected and how community partners and affected communities are engaged.

Requirements	New/existing Materials	Title/File Name of materials	Page(s) for this section
1. Jurisdiction Planning Process **Describe Jurisdiction's approach to planning** • **Planning Steps**: explain steps in planning process. • **Groups Involved**: list involved groups for needs assessment and goal setting. • **Usage of Data Sources:** detail data sources used. • **Representation from Priority Populations:** how were they included? Consider sections from other plans, like the EHE plan. Ensure you cover these points.	New Material		
a. Entities involved in the process. List and describe the types of entities involved in the planning process. Be sure to include: • CDC and HRSA-funded programs, • New collaborators (e.g., new partner organizations, people with HIV, people vulnerable to HIV), and • Other entities such as HOPWA-funded housing service providers or the state Medicaid agency that met as part of the process. See Appendix 3 for list of required and suggested collaborators	New Material		
b. Role of the RWHAP Part A Planning Council/Planning Body Describe the role of the RWHAP Part A Planning Council(s)/Planning Body(s) in developing the Integrated Plan.	New Material		

Note: Jurisdictions submitting a State-Only Plan are not required to complete this narrative section; however, letters of concurrence must be submitted.			
c. Role of Planning Bodies and Other Entities Describe how programs and planning bodies contributed. • CDC Prevention Program • RWHAP Part B • State/territory or jurisdiction prevention and care • EHE • Community members and other entities Describe collaboration efforts. • How did prevention and care bodies work together? **Provide documentation of the type of engagement occurred. EHE planning may be submitted as long as it includes updates that describe ongoing activities.**	New Material		
d. Collaboration with RWHAP Parts – SCSN requirement Describe how jurisdictions incorporate RWHAP Parts A-D providers and Part F recipients in the planning process. Describe how RWHAP Part A or Part B only plan: • Aligns with other Integrated Plans • Avoids service duplication. • Prevents gaps in service delivery systems.	New Material		
e. Engagement of people with HIV – SCSN requirement Describe how jurisdictions engaged people with HIV in all stages of the process: • Needs assessment • Priority setting • Development of goals/objectives Describe how people with HIV will be involved in implementing the plan: • Implementation • Monitoring • Evaluation • Improvement process	New Material		
f. Priorities List key priorities that arose out of the planning and community engagement process.	New Material		

g. Updates to Other Strategic Plans Used to Meet Requirements If the jurisdiction is using portions of another local strategic plan (e.g., EHE, Ending the Epidemic, Getting to Zero) to satisfy this requirement, please describe: 1. How the jurisdiction uses annual needs assessment data to adjust that plan's priorities. 2. How the jurisdiction incorporates the ongoing feedback of people with HIV, people vulnerable to HIV, and collaborators in that plan. 3. Any changes due to updated assessments and community input. 4. Any changes made to that planning process as a result of evaluating the planning process.	New Material		
Section III: Contributing Data Sets and Assessments Purpose: To analyze the qualitative and quantitative data used by the jurisdiction to describe how HIV impacts the jurisdiction; to determine the services needed by clients to access and maintain HIV prevention, care and treatment services; to identify barriers for clients accessing those services; and to assess gaps across the HIV Prevention and HIV Care Continuums of Care. This section fulfills several legislative requirements including: 1. SCSN 2. RWHAP Part A and B planning requirements including those requiring feedback from key collaborators and people with HIV 3. CDC planning requirements including those requiring feedback from key collaborators and populations vulnerable to HIV acquisition. Tips for meeting this requirement 1. This requirement may include submission of portions of other submitted plans including the EHE plan submitted as a deliverable for PS24-0047. *Please ensure that if using a previously developed plan that the data included describes the entire jurisdiction and not just a subsection of the jurisdiction such as an EHE priority county*. 2. Be sure to provide adequate detail to confirm compliance with legislative and programmatic planning requirements. 3. Include both narrative and graphic depictions of the health disparities in the area for people with HIV and those vulnerable to HIV including information about HIV outbreaks and clusters. 4. The data used in this section should inform both the situational analysis and the goals established by the jurisdiction. 5. Please refer to the Integrated Guidance for Developing Epidemiologic Profiles (cdc.gov) for HIV Prevention and Ryan White HIV/AIDS Program Planning. 6. *Appendix 4* includes suggested data resources to assist with this submission including the Epidemiologic Snapshot.			
Requirements	**New/existing Materials**	**Title/File Name of materials**	**Page(s) for this section**
1. Data Sharing and Use Provide an overview of data available to the jurisdiction and how data were used to support planning. Identify with whom the jurisdiction has data sharing agreements and for what purpose.	New Material		
2. Epidemiologic Snapshot Provide a snapshot summary using:	New Material		

• **Current data**: by using both narrative and graphic depictions display trends using the most recent 5 years (most available data). • **Key descriptors**: people diagnosed with HIV (including newly diagnosed), people vulnerable to HIV, and those with HIV who do not know their HIV status. Highlight Priority populations for prevention and care and align with the NHAS. • **Types of data**: demographic, geographic, socioeconomic, behavioral, and clinical characteristics. • **HIV clusters:** outline key characteristics of HIV clusters and cases linked to these clusters. **Note:** Use the HIV prevention and care continuum in your graphic depiction showing burden of HIV in the jurisdiction.	New Material		
3. HIV Prevention, Care and Treatment Resource Inventory Develop an inventory that includes a table and/or narrative but must address **all** of the following information: **Providers:** • Agencies providing HIV care and prevention services in the jurisdiction. • Agencies providing substance use prevention and treatment services: describe the coordination strategy with HIV prevention and care services. **Funding Sources:** • HRSA (all RWHAP parts) and CDC funding sources. Funding amounts not needed. • Additional funding sources: HRSA's Community Health Center Program, HUD's HOPWA program, Indian Health Service (IHS) HIV/AIDS Program, Substance Abuse and Mental Health Services Administration programs, and foundations. **Provided Services:** • Services and activities by organizations • Priority population served • How services maximize the quality of health and support for those with certain risk factors of acquiring or with HIV	New Material		
a. Assessment of Strengths and Gaps across the HIV Prevention and Care Continuum **Assessment of Strengths and Gaps Inventory should include:** • Health equity • Geographic disparities • Occurrences of HIV clusters/outbreaks	New Material		

• Underuse of new HIV prevention tools (e.g., injectable antiretrovirals, environmental impacts) This analysis should include areas where the jurisdiction may need to build capacity for service delivery based on the items listed.	New Material		
b. Approaches and partnerships Please describe the approaches the jurisdiction used to complete the HIV prevention, care and treatment inventory. Be sure to include partners, especially new partners, used to assess service capacity in the area.	New Material		
4. Needs Assessment Identify and describe all needs assessment activities or other activities/data/information used to inform goals and objectives in this submission. Include a summary of needs assessment data including: **HIV Testing Services:** 1. Services needed for HIV testing access. 2. Services for staying HIV negative (e.g., PrEP, Syringe Services Programs) 3. Rapid linkage to HIV care after positive diagnosis. **HIV Care and Treatment:** 4. Services for maintaining HIV care and achieving and sustaining viral suppression. **Barriers to access:** 1. HIV testing barriers 2. Challenges with State laws and regulations. 3. HIV prevention, care, and treatment service access issues.	New Material		
a. Priorities List the key priorities arising from the needs assessment process.	New Material		
b. Action Taken List any key activities undertaken by the jurisdiction to address needs and barriers identified during the needs assessment process.	New Material		
c. Approach Please describe the approach the jurisdiction used to complete the needs assessment. Be sure to include how the jurisdiction incorporated people with HIV and people vulnerable to HIV in the process and how the jurisdiction included entities listed in Appendix 3.	New Material		

Section IV: Situational Analysis

Purpose: To provide a snapshot summary that synthesizes information from the Community Engagement and Planning Process in Section II and the Contributing Data sets and Assessments detailed in Section III that in turn informs the goals and objectives of the Integrated Plan. The situational analysis provides an overview of strengths, challenges, and identified needs across the HIV prevention and care continuum.

Tips

1. New or existing material may be used; however, if existing material is used, it needs to be updated to reflect the most current information.
2. This section not only provides a snapshot of the data and environment for goal-setting but meets the RWHAP legislative requirement for the SCSN.
3. Jurisdictions may submit the Situational Analysis requirement. *However, it must include information for the entire HIV prevention and care system and not just the EHE priority area or service system.* If using an updated or current version of your EHE plan to fulfill this requirement, be sure to include updates as noted below.

Requirements	New/existing Materials	Title/File Name of materials	Page(s) for this section
1. Situational Analysis Based on the Community Engagement and Planning Process in Section II and the Contributing Data Sets and Assessments detailed in Section III. Provide a short overview across the HIV prevention and care continuum to include: • Strengths • Challenges • Identified needs. • Analysis of structural and systemic issues impacting disproportionately affected populations resulting in health disparities. Analysis should include each of the following areas: a. Diagnose all people with HIV as early as possible. b. Treat people with HIV rapidly and effectively to reach sustained viral suppression. c. Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs) d. Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them. Note: Jurisdictions may submit other plans to satisfy this requirement, if they are current and applicable to the entire HIV prevention and care service system across the jurisdiction.	New Material		
a. Priority Populations Based on the Community Engagement and Planning Process in Section II and the	New Material		

Contributing Data Sets and Assessments detailed in Section III, describe how the goals and objectives address the needs of priority populations for the jurisdiction			

Section V: 2027-2031 Goals and Objectives

Purpose: To detail goals and objectives for the next 5 years. Goals and objectives should reflect strategies that ensure a comprehensive, coordinated approach for all HIV prevention and care funding.

Tips for meeting this requirement:

2. Recipients may submit plans (e.g., EHE, Getting to Zero, HIV Cluster Detection and Response plan) for this requirement as long as it sets goals for the entire HIV prevention and care continuum and geographic area.
3. Goals and objectives should be in SMART format and structured to include strategies that accomplish the following:
a. Diagnose all people with HIV as early as possible
b. Treat people with HIV rapidly and effectively to reach sustained viral suppression
c. Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP) and syringe services programs (SSPs)
d. Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.
4. The plan should include goals that address both HIV prevention and care needs and health disparities.

Requirements	New/existing Materials	Title/File Name of materials	Page(s) for this section
1. Goals and Objectives Description List and describe goals and objectives for the jurisdiction. Include 3 goals/objectives for each area: • Diagnose • Treat • Prevent • Respond to HIV Ensure goals address any barriers or needs identified during the planning process. See Appendix 2 for examples. Note: Jurisdictions may submit other updated plans to satisfy this requirement as long as they include goals that cover the entire HIV prevention and care service delivery system and geographic area.	New Material		
a. Updates to Other Strategic Plans Used to Meet Requirements If the jurisdiction is using portions of another local strategic plan to satisfy this requirement, please describe any changes made as a result of analysis of data.	New Material		

Section VI: 2027-2031 Integrated Planning Implementation, Monitoring, and Jurisdictional Follow-Up

Purpose: To describe the infrastructure, procedures, systems, and/or tools that will be used to support the key phases of integrated planning. In this section jurisdictions will detail how best to ensure the success of Integrated Plan goals and objectives through the following 5 key phases:

1. Implementation
2. Monitoring
3. Evaluation
4. Improvement
5. Reporting and Dissemination

Tips for meeting this requirement

1. This requirement may require the recipient to create some new material or expand upon existing materials.
2. Include sufficient descriptive detail for each of the 5 key phases to ensure that all entities understand their roles and responsibilities, and concur with the process.
3. If you are submitting portions of a different jurisdictional plan to meet this requirement, you should include updates that describe steps the jurisdiction has taken to accomplish each of the 5 phases.

Requirements	New/existing Materials	Title/File Name of materials	Page(s) for this section
1. 2027-2031 Integrated Planning Implementation Approach 1. Describe the infrastructure, procedures, systems and/or tools that will be used to support the 5 key phases (see phases above) of integrated planning to ensure goals and objectives are met	New Material		
a. Implementation 2. To achieve the jurisdictions Integrated Plan goals and objectives. Describe the process for coordinating partners: • New partners • People with HIV • People vulnerable to HIV • Providers and administrators from different funding streams Include how the plan will influence, leverage, and coordinate funding streams including but not limited to HAB and CDC funding.	New Material		
b. Monitoring 3. Describe the process for monitoring progress on the Integrated Plan goals and objectives. Include how the jurisdiction will: • Coordinate different collaborators. • Use different funding streams to implement plan goals.	New Material		

• Collaborate/coordinate monitoring of multiple different plans (e.g., city-only, state-only) to avoid duplication of effort and potential gaps in service provision. • Coordinate activities and timelines. Note: Recipients will be asked to provide updates to both CDC and HRSA as part of routine monitoring of all awards.	New Material		
c. Evaluation 4. Describe performance measures and methodology used to evaluate progress on goals and objectives. Include how often the jurisdiction: • Conducts analysis of the performance measures • Presents data to the planning group.	New Material		
d. Improvement 5. Describe how the jurisdiction will: • Continue to use data. • Use community input to make revisions and improvements to the plan. • How revision decisions will be made and how often.	New Material		
e. Reporting and Dissemination 6. Describe the process for informing collaborators, including people with HIV, about progress made to the plan. (implementation, monitoring, evaluation and improvements).	New Material		
f. Updates to Other Strategic Plans to Meet Requirements If using portions of another local strategic plan to satisfy this requirement, please describe: 1. Steps the jurisdiction has already taken to: • Implement • Monitor • Evaluate • Improve • Report/disseminate plan activities. 2. Describe Achievements/challenges in implementing: • Strategies to resolve challenges. • Plan to replicate successes. 3. Revisions made based on work completed.	New Material		

Section VII: Letters of Concurrence Provide letters of concurrence or concurrence with reservation. Each letter should specify how the planning body was involved in the Integrated Plan development. Include a letter of concurrence for each planning body in the state/territory or jurisdiction. Please note, a letter of concurrence is required from Planning Councils regardless of the type of plan submitted. See *Appendix 6* for a sample Letter of Concurrence.			
Requirements	**New/existing Materials**	**Title/File Name of materials**	**Page(s) for this section**
1. CDC Prevention Program Planning Body Chair(s) or Representative(s) Required letter of concurrence	New Material		
2. RWHAP Part A Planning Council/Planning Body(s) Chair(s) or Representative(s) Required letter of concurrence	New Material		
3. RWHAP Part B Planning Body Chair or Representative Required letter of concurrence unless City-Only Plan is submitted	New Material		
4. Integrated Planning Body Optional letter of concurrence	New Material		
5. EHE Planning Body Optional letter of concurrence	New Material		

Appendix 2

Examples of Workplan Components

Note: A workplan template is available on TargetHIV under the Integrated HIV/AIDS Planning & Technical Assistance Center (IHAP TAC) as a part of the Integrated Plan Toolkit.

Diagnose (EXAMPLE)

Goal 1: Diagnose all people with HIV as early as possible.

Objective: To increase the number of HIV tests conducted by XX% within the jurisdiction by 2031.

Key Activities/Strategies:
1) Increase capacity of health care delivery systems to offer routine testing in XX ERs, acute care settings, etc.
2) Plan and develop a wide dissemination of self-testing kits through system partners across the jurisdiction to improve access for testing.

Responsible Parties: RWHAP Part A recipient, RWHAP Part B recipient, EHE recipient, CDC recipient

Key Partners: Health departments, community-based organizations, FQHCs, correctional facilities, school-based clinics, people with lived experience and those with certain risk factors for acquiring HIV, sexual health clinics, women's health services/prenatal services providers, hospitals, etc.

Performance Measures:

- # of HIV tests
- # of newly identified persons with HIV

Progress towards NHAS Goals: Increase the number of people who know their HIV diagnosis by XX% to prevent new HIV infections.

Treat (EXAMPLE)

Goal 1: Treat HIV timely and effectively.

Objective: To engage and provide access to care for XX people with HIV by 2028.

Key Activities/Strategies:
1) Identify and address mental health barriers for people who have never engaged in care or who have fallen out of care by partnering with mental health providers
2) Develop and implement at least one effective, evidence-based, or evidence-informed interventions that improve retention in care

Responsible Parties: RWHAP Part A recipient, RWHAP Part B recipient, EHE recipient

Key Partners: FQHCs, medical care providers, hospitals, people with lived experience and those with certain risk factors for acquiring HIV, community-based organizations, mental health providers, various professional health care associations, etc.

Performance Measures:

- # of newly identified persons with HIV linked to care within 30 days
- # of persons with HIV identified as not in care linked to care within 30 days

Progress towards NHAS Goals: Increase the number of people receiving care by XX% to improve HIV-related health outcomes.

Prevent (EXAMPLE)

Goal 1: Prevent new HIV transmissions.

Objective: To increase access to PrEP by X% for priority populations by 2031.

Key Activities/Strategies:
1) Increase number of providers trained each year by X% to prescribe PrEP
2) Increase PrEP prescriptions among priority populations to reduce health disparities

Responsible Parties: RWHAP Part A recipient, RWHAP Part B recipient, EHE recipient, CDC recipient

Key Partners: Community-based organizations, people with lived experience and those with certain risk factors for acquiring HIV, FQHCs, sexual health clinics, hospitals, private providers, social service providers, primary care providers, etc.

Performance Measures:

- # of providers trained
- # of prescriptions for PrEP

Progress towards NHAS Goals: Reduce HIV-related disparities and health inequities by reducing new HIV infections

Respond (EXAMPLE)

Goal 1: Respond quickly to potential HIV clusters and/or outbreaks.

Objective: To develop a Cluster Detection and Response (CDR) Plan that can be executed effectively by 2028.

Key Activities/Strategies:
1) Identity and engage all key collaborators in the plan development process, including people with lived experience and those with certain risk factors for acquiring HIV
2) Convene existing communities of practice to share outbreak best response practices and known gaps to guide development and key strategies in the plan

Responsible Parties: CDC Recipient

Key Partners: Community members, community-based organizations, HIV care providers, FQHCs, correctional facilities, hospitals, social services providers, people with HIV, health departments, public health professionals, etc.

Performance Measures: Completion of CDR plan

Progress towards NHAS Goals: Achieve integrated and coordinated efforts that address the HIV epidemic

Appendix 3

Examples of Key Collaborators and Community Members

Community engagement is a key requirement of the Integrated Planning Guidance. Community engagement involves the collaboration of key collaborators and broad-based communities who work together to identify strategies to increase coordination of HIV programs throughout the state, local health jurisdictions, or tribal areas. Each community should select collaborators including persons with HIV who reflect the local demographics of the epidemic with lived experience and can best help align resources and set goals that promote equitable HIV prevention and health outcomes for priority populations. This should include not only traditional collaborators but engagement with new partners and non-traditional organizations. While the Integrated Plan submission should be done in collaboration with identified Integrated Planning body(s), community engagement may also include assessment processes (e.g., focus groups, population-specific advisory boards) that take place outside of or in conjunction with the Integrated HIV Care and Prevention body(s) and to inform the Integrated Plan submission.

Please Note: Persons or groups with a "*" must be included in the planning process to meet HRSA and/or CDC's legislative or programmatic requirements.

Key Collaborators to Consider for Planning Group Membership

- Health department staff*
- Community- based organizations serving populations affected by HIV as well as HIV services providers*
- 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*
- Populations with certain risk factors for acquiring HIV or with HIV representing priority populations
- Behavioral or social scientists
- Epidemiologists
- HIV clinical care providers including (RWHAP Part C and D)*
- STD clinics and programs
- Non-elected community leaders including faith community members and business/labor representatives*
- Community health care center representatives including FQHCs*
- Substance use treatment providers*
- Hospital planning agencies and health care planning agencies*
- Intervention specialists
- Jurisdictions with CDC- funded local education agencies/academic institutions (strongly encouraged to participate).
- Mental health 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*
- Representatives from state or local law enforcement and/or correctional facilities

- Social services providers including housing and homeless services representatives*
- Local, regional, and school-based clinics; healthcare facilities; clinicians; and other medical providers
- Medicaid/Medicare partners
- Area Agencies on Aging and other aging oriented organizations

Examples of Key Collaborators to Consider for Community Engagement

- Existing community advisory boards
- Community members resulting from new outreach efforts
- Community members that represent the demographics of the local epidemic (e.g., race, ethnicity, gender, age, etc.)
- Community members unaligned or unaffiliated with agencies currently funded through HRSA and/or CDC
- STD clinics and programs
- Other key informants
- City, county, tribal, and other state public health department partners
- Local, regional clinics, and school-based healthcare facilities; clinicians; and other medical providers
- Medicaid/Medicare partners and private payors
- Correctional facilities, juvenile justice, local law enforcement and related service providers
- Community- and faith-based organizations, including civic and social groups
- Professional associations
- Local businesses
- Local academic institutions
- Area Agencies on Aging and other aging oriented organizations
- Other key informants

Examples of Community Engagement Activities

- Focus groups or interviews
- Town hall meetings
- Topic-focused community discussions
- Community advisory group or ad hoc committees or panels
- Collaboration building meetings with new partners
- Public planning body(s) meetings or increased membership
- Meetings between state and local health departments
- Social media events

Appendix 4

Suggested Data Sources

Suggested Data Sources:

- Behavioral surveillance data, including databases such as National HIV Behavioral Surveillance System (NHBS), Youth Risk Behavioral Surveillance System (YRBSS), Behavioral Risk Factor Surveillance System (BRFSS) (e.g., patterns of, or deterrents to, HIV testing, substance use and needle sharing, sexual behavior, including unprotected sex, sexual orientation and gender identity, healthcare-seeking behavior, trauma or intimate partner violence, and adherence to prescribed antiretroviral therapies)
- HIV surveillance data, including clinical data (e.g., CD4 and viral load results) and HIV cluster detection and response data. HIV Surveillance Report, Supplemental Reports, and Data Tables: https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html
- STI surveillance data
- HIV testing program data (e.g., data from Early Identification of Individuals with HIV/AIDS for RWHAP Parts A and B Grantees; CDC HIV testing data)
- NCHHSTP AtlasPlus (HIV, STD, Hepatitis, TB, and Social Determinants): https://www.cdc.gov/nchhstp/about/atlasplus.html?CDC_AAref_Val=https://www.cdc.gov/nchhstp/atlas/index.htm?s_cid=ss_AtlasPlusUpdate001
- Medical Monitoring Project: https://www.cdc.gov/hiv-data/mmp/?CDC_AAref_Val=https://www.cdc.gov/hiv/statistics/systems/mmp/index.html
- Ryan White HIV/AIDS Program data (Ryan White HIV/AIDS Program Services Report; ADAP Data Report): https://ryanwhite.hrsa.gov/data/reports
- AHEAD: America's HIV Epidemic Analysis Dashboard: https://ahead.hiv.gov/
- Other relevant demographic data (i.e., Hepatitis B or C surveillance, tuberculosis surveillance, and substance use data)
- Qualitative data (e.g., observations, interviews, discussion groups, focus groups, and analysis of social networks)
- Vital statistics data (e.g., state office of vital statistics, National Death Index, Social Security Death Master File)
- Other Federal Data Sources (e.g., Medicaid Data, HOPWA Data, VA Data)
- Local Data Sources (e.g., Department of Corrections, Behavioral Health services data including information on substance use and mental health services)
- Other Relevant Program Data: (e.g. Community Health Center program data).

References for CDC DHP and HRSA HAB Performance Measures:

- HRSA HAB Performance Measure Portfolio: https://ryanwhite.hrsa.gov/grants/performance-measure-portfolio
- Core Indicators for Monitoring the Ending the HIV Epidemic: https://ahead.hiv.gov/

Appendix 5

Federal Strategic Plans and Resources

Federal Strategic Planning Documents

- Healthy People 2030: Sets data-driven national objectives to improve health and well-being over the next decade.
- National HIV/AIDS Strategy (2022 - 2025): Roadmap to accelerate efforts to end the HIV epidemic in the country by 2030.
- Sexually Transmitted Infections National Strategic Plan for the United States (2021 - 2025): Groundbreaking, first ever five-year plan that aims to reverse the recent dramatic rise in STIs in the United States
- Viral Hepatitis National Strategic Plan: A Roadmap to Elimination (2021 - 2025): Provides a framework to eliminate viral hepatitis as a public health threat in the United States by 2030.
- HHS Ending the HIV Epidemic (EHE): A Plan for America Initiative: EHE aims to reduce the number of new HIV infections in the United States by at least 90% to fewer than 3,000 per year.

Federal HIV Funding Resources

This non-exhaustive list provides web sites to assist with identifying federal HIV funding resources in U.S. jurisdictions.

General

- USA Spending
- Federal HIV Budget

Health Resources and Services Administration (HRSA)

- HRSA HIV/AIDS Programs – Grantee Allocations & Expenditures
- HRSA Bureau of Primary Health Care Health Center Recipients Locator
- HRSA Federal Office of Rural Health Policy, Rural Assistance Center, Rural HIV and AIDS Funding & Opportunities

Centers for Disease Control and Prevention (CDC)

- CDC Division of HIV Prevention (DHP) Funding and Budget
- High-Impact HIV Prevention and Surveillance Programs for Health Departments (PS24-0047) State and Local HIV Planning to End the HIV Epidemic
- Ending the Epidemic (EHE): Scaling Up HIV Prevention Services in STD Specialty Clinics
- CDC DIS Workforce Development Funding

U.S. Department of Housing and Urban Development (HUD)

- HUD Community Planning and Development Program Listing
- HUD Community Planning and Development – Cross-Program Funding Matrix and Dashboard Reports

Substance Abuse and Mental Health Services Administration (SAMHSA)

- SAMHSA Grant Awards by State
- SAMHSA's Prevention and Treatment of HIV Among People Living with Substance Use and/or Mental Disorders

National Institutes of Health

- Centers for AIDS Research (CFAR) program

Appendix 6

Sample Letter of Concurrence or Concurrence with Reservations between Planning Body and State or Local Health Department or Funded Agency

Dear (Name):

The [insert name of Planning Body, e.g. planning council, advisory council, HIV planning group, planning body] [insert ***concurs or concurs with reservations***] with the following submission by the [insert name of State/Local Health Department/ Funded Agency] in response to the guidance set forth for health departments and HIV planning groups funded by the CDC's Division of HIV Prevention (DHP) and HRSA's HIV/AIDS Bureau (HAB) for the development of an Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN) for calendar year (CY) 2027-2031.

The planning body (e.g. planning council, advisory council, HIV planning group, planning body) has reviewed the Integrated HIV Prevention and Care Plan submission to the CDC and HRSA to verify that it describes how programmatic activities and resources are being allocated to the most disproportionately affected populations and geographical areas with high rates of HIV. The planning body [insert ***concurs or concurs with reservations***] that the Integrated HIV Prevention and Care Plan submission fulfills the requirements put forth by the CDC's Notice of Funding Opportunity for Integrated HIV Surveillance and Prevention Programs for Health Departments and the Ryan White HIV/AIDS Program legislation and program guidance.

[Insert the process used by the planning body to provide input or review the jurisdiction's plan.]

[If applicable, insert how jurisdictions with directly funded states and cities plan to coordinate their HIV Planning process.]

The signature(s) below confirms the [insert ***concurrence or concurrence with reservations***] of the planning body with the Integrated HIV Prevention and Care Plan.

Signature: Date:

Planning Body Chair(s)