

Implementing the National HIV/AIDS Strategy (NHAS): State Plans

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HHS Consultation on HIV/AIDS State Plans

April 12, 2011



National Alliance of State and Territorial AIDS Directors

- **Represents the nation's chief health agency HIV/AIDS and viral hepatitis staff in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands and the Pacific Island Affiliated Jurisdictions**
 - Provides technical assistance and other support to health department HIV/AIDS and viral hepatitis programs
 - Provides national leadership on HIV/AIDS and viral hepatitis policy and programs
 - Educates about and advocates for necessary federal funding for all HIV/AIDS and viral hepatitis programs

- **Entrusted through U.S. law as the “central authorities of the nation’s public health system and as such, bear the primary public sector responsibility for health” (*The Future of Public Health. Institute of Medicine, January 1, 1988*)**
 - Responsible for a little more than half of CDC’s domestic HIV prevention budget and a third of CDC’s domestic viral hepatitis prevention budget
 - Responsible for a little more than half of federal Ryan White Program funding
 - Responsible for significant HIV/AIDS and viral hepatitis funding from jurisdictional governments
 - Responsible for implementing a comprehensive HIV/AIDS and viral hepatitis response in every jurisdiction in the U.S.

- **How can NHAS State Plans be game-changers in the epidemic?**
 - By relating directly to the goals of the NHAS
 - By being “useful” to the state and viewed as an opportunity to improve response
 - By helping direct and inform the most effective allocation of resources within states
 - By quantifying resource needs

- **Do not elevate to attention of Governors, Mayors, State Health Officials**
- **Do not write prescriptive guidance for new, additional planning process**
- **Do not expect this process to demonstrate accountability not well demonstrated via categorical programs**
- **Do not expect every state plan or process to look the same given great variability in underlying plans, resources, epidemics, etc.**
- **Do not develop complex, extensive list of indicators**
- **Do not expect the states to accomplish what the federal agencies cannot**

HIV/AIDS, Viral Hepatitis, and STD Program Reporting Requirements

Reference	Month	Day	Program	Sub-program	Name
1	February	1	CDU	Laboratory	CV Complete Report of Unlinked Tests of Tuberculosis (CUD1)
2	February	15	CDU	Expanded Testing Initiative	Quarterly Summary Data Report
4	February	15	CDU	Medical Monitoring Project	CV Quarterly Progress Report (PQR)
5	February	28	CDU	HIV Prevention	CV ARB
6	February	28	CDU	STD	CV ARB
7	March	31	Ryan White	General	Ryan White Program Data Report (RWD)
8	March	31	CDU	Laboratory	CV Financial Status Report (FSR)
9	March	31	CDU	General	Accounting Annual Performance and Evaluation Report (CAPER)
10	May	31	CDU	General	Quarterly Summary Data Report
11	May	31	CDU	Expanded Testing Initiative	CV ARB
12	May	31	CDU	Expanded Testing Initiative	CV ARB
13	June	30	Ryan White	Part C	CV ARB Report Due
14	June	30	Ryan White	Part B	CV Part B Final Audit and Compliance Statement
15	June	30	Ryan White	Part B	CV Part B Revised Budget and Narrative
16	June	30	CDU	HIV Prevention	CV Ryan White Initiative Data
17	June	30	HCPWA	General	CVH Setup
18	June	30	Ryan White	General	CV Part B Annual Report
19	July	31	Ryan White	ARBP	CV ARBP Quarterly Report
20	July	31	CDU	HIV Prevention	CV ARB
21	July	31	CDU	HIV Prevention	CV ARB
22	July	31	CDU	HIV Prevention	CV ARB
23	July	31	CDU	HIV Surveillance	CV ARB
24	July	31	CDU	HIV Surveillance	CV ARB Application
25	July	31	CDU	STD	CV ARB
26	July	31	CDU	STD	CV ARB Application
27	August	1	Ryan White	Part C	CV Part C Annual Report Due 1 date
28	August	15	HCPWA	General	CV One-year Action Plan
29	August	15	CDU	Expanded Testing Initiative	CV Quarterly Summary Report
30	August	15	CDU	Enhanced Perinatal Surveillance	CV ARB
31	August	15	CDU	National HIV Behavioral Surveillance	CV ARB
32	August	15	CDU	Medical Monitoring Project	CV ARB
33	August	15	CDU	General	CV Aggregate Reports Program Evaluation (ARPE)
34	August	27	Ryan White	Part B	CV ARBP Part B Final Annual Progress Report
35	August	28	Ryan White	Part B	CV Part B Program Reporting Policy Application
36	August	31	CDU	HIV Prevention	CV Quarterly Data for HIV Testing and PRIS
37	August	31	CDU	Medical Monitoring Project	CV ARB
38	August	31	CDU	STD	CV Performance Measure Data
39	September	1	Ryan White	Part B	CV Neighborhood 4th Report
40	September	1	Ryan White	Part B	CV Part B Consolidated List of Contractors (CLC)
41	September	1	Ryan White	General	CV Part B Contract Review Certification (CR)
42	September	1	Ryan White	General	CV Part B Provider Initial Report Due (First 6 months of year: January - June)
43	September	1	Ryan White	General	CV Part B Provider Final 6 months of ARB (July - June)
44	September	8	Ryan White	General	CV Provider Report Final Deadline
45	September	15	Ryan White	General	CV Part B Report Final Deadline
46	September	15	Ryan White	General	CV Part B Report Final Deadline
47	September	15	Ryan White	General	CV Part B Report Final Deadline
48	September	15	Ryan White	General	CV Part B Report Final Deadline
49	September	15	Ryan White	General	CV Part B Report Final Deadline
50	September	30	Ryan White	Part B	CV Part B Final Comprehensive Table
51	September	30	Ryan White	Part B	CV Part B Final Comprehensive Table
52	September	30	Ryan White	Part B	CV Part B Final Comprehensive Table
53	September	30	Ryan White	Part B	CV Part B Final Comprehensive Table
54	September	30	Ryan White	Part B	CV Part B Final Comprehensive Table
55	September	30	Ryan White	Part B	CV Part B Final Comprehensive Table
56	September	30	Ryan White	Part B	CV Part B Final Comprehensive Table
57	September	30	Ryan White	Part B	CV Part B Final Comprehensive Table
58	September	30	Ryan White	Part B	CV Part B Final Comprehensive Table
59	October	30	Ryan White	Part B	CV Part B Final Comprehensive Table
60	October	30	Ryan White	Part B	CV Part B Final Comprehensive Table
61	October	31	Ryan White	Part B	CV Part B Final Comprehensive Table
62	October	31	Ryan White	Part B	CV Part B Final Comprehensive Table
63	October	31	Ryan White	Part B	CV Part B Final Comprehensive Table
64	October	31	Ryan White	Part B	CV Part B Final Comprehensive Table
65	October	31	Ryan White	Part B	CV Part B Final Comprehensive Table
66	November	05	CDU	Expanded Testing Initiative	CV ARB
67	November	30	CDU	HIV Prevention	CV Quarterly Data for HIV Testing and PRIS
68	November	30	CDU	Expanded Testing Initiative	CV ARB
69	November	30	CDU	Expanded Testing Initiative	CV ARB
70	November	30	CDU	Expanded Testing Initiative	CV ARB
71	December	30	Ryan White	Prevention Training Center	CV ARB
72	December	30	Ryan White	Prevention Training Center	CV ARB
73	December	30	Ryan White	Prevention Training Center	CV ARB
74	December	30	Ryan White	Prevention Training Center	CV ARB
75	December	30	Ryan White	Prevention Training Center	CV ARB
76	December	30	Ryan White	Prevention Training Center	CV ARB
77	December	30	Ryan White	Prevention Training Center	CV ARB
78	December	30	Ryan White	Prevention Training Center	CV ARB
79	February	1	Ryan White	Part B	CV Part B Ryan White Program Services Report (RSP) Check Report
80	February	28	CDU	HIV Prevention	CV Quarterly Data for HIV Testing and PRIS
81	February	28	CDU	HIV Prevention	CV ARB
82	March	15	Ryan White	Part B	CV Part B Ryan White Program Data Report (RWD)
83	March	15	CDU	Enhanced Perinatal Surveillance	CV ARB
84	March	15	CDU	National HIV Behavioral Surveillance	CV ARB
85	March	15	CDU	General	CV ARB
86	March	31	CDU	Enhanced Perinatal Surveillance	CV ARB
87	March	31	CDU	Enhanced Perinatal Surveillance	CV ARB
88	May	15	CDU	HIV Training Through Prevention Training Center	CV ARB
89	May	15	CDU	HIV Training Through Prevention Training Center	CV ARB
90	June	15	CDU	Prevention Training Center	CV ARB
91	June	15	CDU	Prevention Training Center	CV ARB
92	December	15	CDU	HIV Training Through Prevention Training Center	CV ARB
93	December	15	CDU	HIV Training Through Prevention Training Center	CV ARB

Notes:
 PR - previous fiscal year
 CV - current fiscal year
 NF - next fiscal year

RWD Ryan White grant year is April 1 through March 31.
 CDU HIV Prevention grant year is January 1 through December 31.
 CDC Expanded Testing Initiative grant year is September 30 through September 29. Only 25 jurisdictions are currently funded under this initiative.
 CDC Core Surveillance grant year is January 1 through December 31.
 CDC STD grant year is January 1 through December 31.
 CDC Viral Hepatitis grant year is November 1 through October 31.
 HCPWA grant year is July 1 through June 30.

■ **Underlying Assumptions**

- **There is no single federal authority to require state plans and no shared definition of “state plan”**
- **Existing planning requirements for categorical programs and block grants are likely to continue**
- **Streamlining of federal grant requirements has not occurred but is still needed**
- **Accountability measures are best as conditions of award for individual federal programs where efforts to strengthen should be focused**

How can NHAS State Plans be game-changers in the epidemic?

■ **Guiding Principles**

- **State health departments should be the lead agency and the plans should be “useful” to the state**
- **NHAS state plans should build on a platform of existing plans, not a compilation exercise**
- **With additional resources for planning, plans should articulate optimal intervention mix and resource needs to address NHAS goals**
- **Expect plans and processes to be tailored to local environment with meaningful stakeholder engagement**

How can NHAS State Plans be game-changers in the epidemic?

■ **Guiding Principles**

- **Synergy between state and local health departments is important and could be better supported by the federal government**
- **Focus on surveillance-prevention-care continuum**
- **Opportunities for Program Collaboration and Services Integration (PCSI) are best identified locally**

- **Recommendations for Process**
 - ECHPP-like planning grants should be provided for state plan development in the remainder of states with a scale of awards ranging from \$250,000 to \$400,000
 - Consider piloting and evaluating state plan development in different jurisdictions – high, moderate, low incidence
 - Detailed federal resource information should be provided to all states

■ **Recommendations for Process**

- **Federal agencies should compel grantees to cooperate with state health department on plan development**
- **Templates/models should be developed based on ECHPP/12 City experience and/or pilot planning processes**
- **Teams of technical experts should be made available to assist with development of metrics/mechanisms to evaluate and monitor state plans**

■ **Optimal State Plan**

- **Should be a state-specific synthesis of priorities, resource needs, and time-framed action steps to reach benchmarks based on goals of the NHAS**
- **Should articulate priority setting method/modeling used to establish action steps**
- **Should allow states to describe links between surveillance, prevention and care efforts to maximize state and federal resources**
- **Should identify steps to enhance data collection, surveillance and evaluation capacities to measure NHAS outcome objectives**



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