Minnesota Council for HIV/AIDS Care and Prevention
“The Integration”

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Minnesota HIV Structure
3 Governmental Agencies

- HIV Prevention – Minnesota Department of Health
- Ryan White Part B – Minnesota Department of Human Services
- Ryan White Part A – Hennepin County Public Health
What did we start with?

- Community Cooperative Council on HIV/AIDS Prevention (CCCHAP)
  - 22 years
- Minnesota HIV Services Planning Council (Part A and Part B) (PC)
  - 20 years
What were we trying to accomplish?

- Minnesota would have one integrated community planning body that meets HRSA Ryan White Part A and Part B and CDC HIV prevention community planning requirements.
- Combine efforts to streamline activities such as needs assessment, comprehensive planning and community involvement.
- Efficiencies are created around planning costs.
- Easier monitoring of outcomes across the continuum of care.
- A MORE COORDINATED JURISDICTIONAL RESPONSE TO HIV!
Timeline

- May 2013 – Initial conversation between grantees on integrating the two planning bodies.
- July 2013 – Initial conversation with NMAC for TA with government agencies and co-chairs.
- October 2013 – Grantees and co-chairs meet to assess interest and gather ideas.
- January 2014 – Joint listening sessions with grantees and members to assess interest and gather ideas.
- March 2014 – Co-Chairs of each group visit each others meetings to share current responsibilities of both groups. A survey is given to both groups to assess the support of merging the two bodies and to solicit suggestions for planning integration.
Timeline

- April 2014 – Grantees and co-chairs decide to move forward with the integration.
- October 2014 – Grantees to develop project definition and select a consultant to manage the project.
- January 2015 – Consultant begins work and work plan is developed.
- February – September 2015 – New planning requirements, structure, and implementation plan developed and approved by both bodies.
- October – December 2015 – Implementation. New body formed (members and committees selected, meetings scheduled, etc.)
- January 2016 – New member orientation and training
- February 2016 – New HIV prevention and care planning body convenes and begins operations
Workgroups

- Steering Committee
- Bylaws
- Structure
- Membership
What did we end up with?

- 29 filled seats of 33 available
  - 2 CCCHAP
  - 1 both CCCHAP and PC
  - 14 new to either group
  - 10 PC members
- Committee Structure
- Organizational Chart
What did we do right?

- Project Manager
- Collaboration
  - Improved Intergovernmental Relations
- Work plan
- Task groups/subcommittees
- Basecamp
- Leadership involvement
- Co-chair involvement early in the process
What could we have done better?

- Every step took longer than we thought
  - Intergovernmental Agreement
- Membership committee/selection
- Communication and branding
  - Naming process
- Members on the planning bodies changed throughout the process/better communication
Success!

- New group = better attitudes
- New enthusiasm!
- Better agency collaboration
- Erasing the distinction between prevention and care
- Integrated HIV prevention and care plan to meet all requirements of CDC, RW Part A and Part B
Planning a Comprehensive, Coordinated Response to HIV for Baltimore and Maryland

NASTAD Technical Assistance Meeting
July 27, 2016

Jeffrey Hitt, M.Ed.
Director, Infectious Disease Prevention and Health Services Bureau
Maryland Department of Health and Mental Hygiene
Comprehensive Coordinated Response

• Speak to set of needed activities beyond just health department actions

• Identify and involve a broad set of people and organizations in HIV response

• Coordinate planning and implementation across jurisdictions and funders

• Focus on creating stronger connections between programming at the local level
How did we get here?

Jurisdictions
Maryland, Baltimore, and DC

Funding Streams
Health Resources and Services Administration
Centers for Disease Control and Prevention

Planning Structures
HIV Commission
Planning Councils
Prevention Planning Groups

Other Partners
Maryland Continuum of Care, 2014

Engagement in HIV Care

- HIV Infected: 37,458
- HIV Diagnosed: 30,453
- Linked to HIV Care: 24,880
- Retained in HIV Care: 17,426
- Suppressed VL: 11,924
Expanded Continuum

general population

undiagnosed infection

linked to care

retained in care

viral suppression

vulnerable populations
diagnosis
in care
on ART
Socio-Ecological Model

- Individuals
- Networks and Communities
- Systems and Institutions
Plan Values

- Harm Reduction
- Health Equity
- Self-Determination
- Sexual Health Promotion

Plan Characteristics

- Comprehensive
- Multi-sectoral
- Focus on systems and environments
- Multi-jurisdictional
## Plan Framework

<table>
<thead>
<tr>
<th>General Population</th>
<th>Vulnerable Populations</th>
<th>Full Diagnosis of HIV Infection</th>
<th>Care Engagement</th>
<th>Viral Suppression</th>
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<tbody>
<tr>
<td><strong>Educate</strong> all Marylanders to heighten HIV awareness and reduce stigma.</td>
<td><strong>Protect</strong> individuals and communities at highest risk for HIV infection in Maryland.</td>
<td><strong>Diagnose</strong> all Marylanders living with HIV who are unaware of their HIV status.</td>
<td><strong>Engage</strong> all Marylanders living with HIV in high quality HIV care.</td>
<td><strong>Achieve</strong> viral suppression for all Marylanders living with HIV.</td>
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</table>
What’s making this work?

- Joint planning guidance
- Emphasis on common framework
- Focus on a **strategic** plan
- State as primary “author”/coordinator of the plan
- Iterative input processes by all planning groups
- Readiness
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Planning Integration in Texas
The Texas HIV Syndicate develops global recommendations for policy, systems and practice improvements to reduce HIV infection in Texas.
• Used Liberating Structure’s 25/10 exercise to garner input and feedback on plan goals
• Packets with exercise materials and instructions were mailed to planning councils and prevention bodies throughout the state and they were asked to go through the exercise and report back on feedback
• The exercise was also conducted at a Texas HIV Syndicate meeting
• A subgroup of the Texas HIV Syndicate will work on further refining goals
At end of 2014, there were 13,000 EMA residents living with a diagnosed HIV infection (PLWH) with about 3,000 new diagnoses a year. Four groups made up three out of four PLWH and four out of five of the new diagnoses: Black gay and bisexual men and other men who have sex with men (MSM), Hispanic MSM, White MSM, and Black heterosexual women. About four in five PLWH were in care for their HIV infection, and almost three in five had suppressed HIV viral load, increasing the chance of long healthy lives and lowering the chance of HIV transmission.
What’s working well?

• Relationships
• ARIES

What’s not working so well?

• ARIES
• Level of required detail
• Timeline
• Communication chains
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