Integrated HIV Prevention and Care Plans - Shifting from Development to Implementation

October 7, 2026
3:00-4:00pm ET

INTEGRATED HIV/AIDS PLANNING
TECHNICAL ASSISTANCE CENTER

JSI

About us!

INTEGRATED HIV/AIDS PLANNING
TECHNICAL ASSISTANCE CENTER

Conducts national and tailored training and technical assistance

Supports Ryan White HIV/AIDS Program Parts A & B recipients and their planning bodies

Facilitates peer-to-peer sharing and information exchange on integrated planning

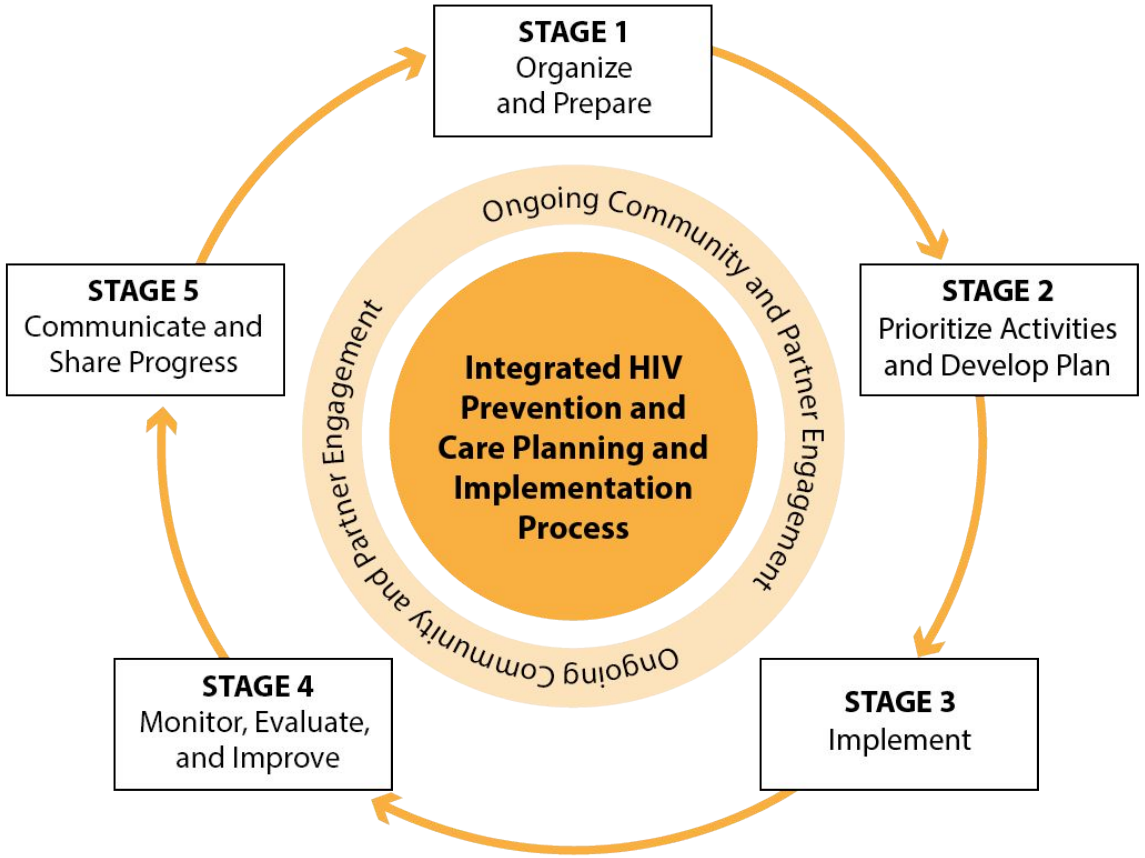
ihaptac@jsi.org

Overview of Today's Session

- Operationalize Integrated Plans by applying SMART objective frameworks to translate high-level goals into actionable, community facing work plans.
- Understand how to design monitoring and evaluation workflows that use dashboards, data visualization, and regular reporting cycles to track progress and maintain transparency with RWHAP Part A and Part B stakeholders.
- Describe how to implement sustained stakeholder engagement strategies that keep planning bodies and community members actively involved in implementing and updating the 2027-2031 Integrated Plan.

Setting the Stage

Stages of integrated planning



Ongoing community and partner engagement

Enhances Coordination

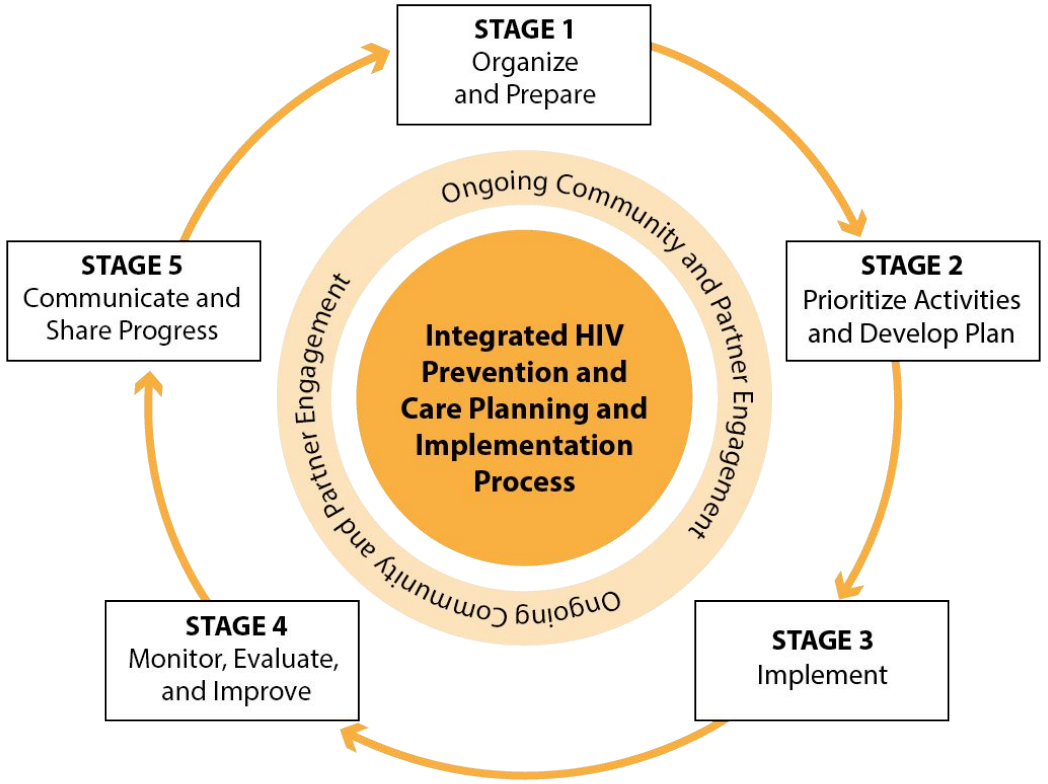
Improves alignment and structured interactions across all participating stakeholder groups.

Promotes Collaboration

Builds deeper trust and shared responsibility among community members and key partners.

Fosters Seamless Access

Enables integrated pathways connecting individuals directly to prevention, care, and treatment services.



Community and partner engagement

Community Participation

HRSA and CDC require that HIV planning processes involve **community participation**.

Engage From the Start

Engaging the community **from the start** of the planning process strengthens their involvement and ensures their input is incorporated in plan-related activities.

Representation

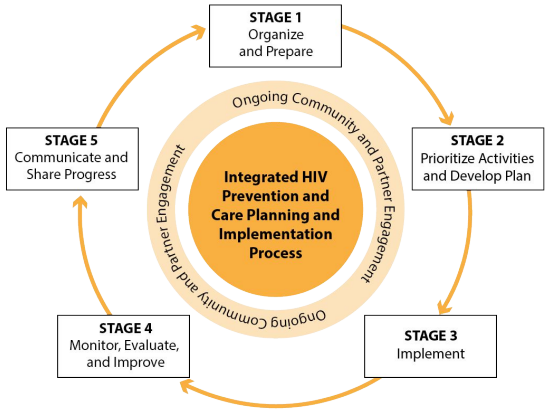
Include people with **personal and professional experience, expertise, or skills** in HIV—such as people with HIV, those who benefit from prevention services, HIV service providers, and others affected.

Meet people where they are

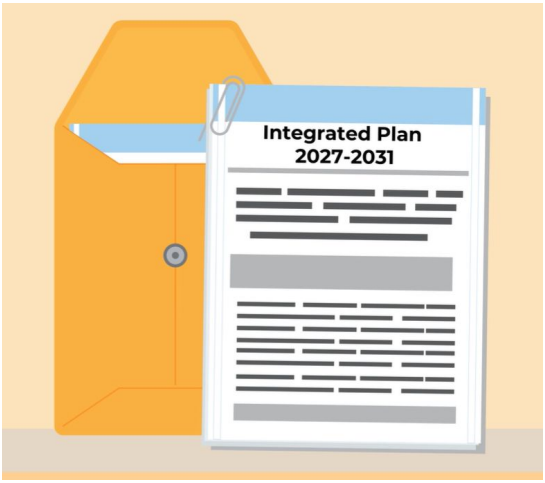
Connect with community partners in **settings and ways that are comfortable** and accessible to them.

ip vs. IP

Process



Outcome



Key Takeaway: Treat the Integrated Plan as a living document, adaptable to meet current realities and needs within your jurisdiction.

Plan Submission Complete!

Plans submitted to HRSA and CDC in June 2026

What now?

Progress Reporting on 2021-2026 Integrated Plan

Celebrate Success

- 2021-2026 IP
- 2027-2031 IP development process

Share challenges and shortfalls with community partners

Prepare for implementation of 2027-2031 Integrated Plan

Shifting to Implementation

Successful implementation

- The Integrated Plan provides an overarching vehicle to coordinate approaches for addressing HIV at the state and local levels
  - Describe how the Integrated Plan meets your community's needs
  - Highlight the work you are already doing
  - Promote what is working identified from data-driven activities

> *"Most of you probably all have amazing programs and amazing outcomes and you don't need to necessarily always be reinventing the wheel. Just know that you can put those processes down on paper as part of your plan." – RWHAP Part B recipient*

Establish Collaborative Process

Collaborative Structure

Shared Expectations: Develop a documented process outlining roles and expectations for collaboration between planning bodies, recipients, and subrecipients.

Communication: Establish formal protocols to support implementation and share ongoing progress and challenges.

Decision-Making: Define clear partner roles, procedures, and final decision-making authorities for cross-program activities.

Integrated Work Plan

Actionable Roadmap: Translate your high-level Integrated Plan into a structured and dynamic work plan.

Strategic Alignment: Fully integrate core objectives directly into concrete activities, tasks, and responsibilities.

Clear Accountability: Define clear ownership, realistic timelines, and measurable outcomes to monitor implementation progress.

Outcome Measurement

Data Sources: Identify and secure reliable data sources for tracking work plan metrics and monitoring objectives.

Assigned Procedures: Establish systematic, documented workflows and assign staff to measure and evaluate program outcomes.

Continuous Quality: Utilize captured insights to optimize collaborative structures and adjust activities in real time.

Featured resource: Work plan & monitoring table

EXAMPLE: Integrated HIV and Prevention and Care Plan Work Plan and Monitoring Table, 2027-2031

Example **Goal 1: Diagnose all people with HIV as early as possible.**								
Objective / Strategy #	**Objective / Strategy**	**EHE Strategy**	**Performance Measure**	**Measure Definition**	**Baseline Year**	**Baseline Value**	**Timeline**	**Data Source**
Example **Objective 1.1**	**By December 31, 2031, increase the annual number of HIV tests conducted by DPH-funded providers by 10% from [X] to [X].**	Diagnose	# of HIV tests	# of HIV rapid tests distributed, # of HIV testing encounters by funded providers	2026	[X]	12/31/31	DPH testing data
Example Strategy 1.1.a	Train 80% of funded HIV testing providers (n=X) in rapid test protocol and results interpretation.	Diagnose	# of providers trained		2026	[X]	1/1/29	Epi database
Strategy 1.1.b								
Strategy 1.1.c								
Objective 1.2								
Strategy 1.2.a								
Strategy 1.1.b								
Strategy 1.1.c								
Example **Goal 2: Treat HIV timely and effectively.**								
Objective / Strategy #	**Objective / Strategy**	**EHE Strategy**	**Performance Measure**	**Measure Definition**	**Baseline Year**	**Baseline Value**	**Timeline**	**Data Source**
Example **Objective 2.1**	**By January 1, 2030, increase the total number of people with HIV in [jurisdiction] who are engaged in care from 85% [n=X] to 90% [n=X].**	Treat	# of people with HIV who are engaged in care	# of individuals individuals with HIV with a reported ≥1 VL or CD4 test result within the last 12 months	2026	[X]	1/1/30	eHARS
Example Strategy 2.1.a	Increase the number of DPH-funded health centers providing HIV Rapid Start antiretroviral therapy as the standard of care by 10% (from [X] to [X]).	Treat	# of health centers implementing HIV Rapid Start ART	Rapid Start defined as initiating ART within 72 hours of diagnosis	2026	[X]	1/1/30	CAREWare ID program report

Activate Windows

SMART Goals and Objectives

- **Specific**: What do you want to accomplish? Include the “who,” “what,” and “where”
- **Measurable**: What data will you use to track progress? What baseline measures will you use? Focus on “how much” change is expected
- **Attainable (or achievable)**: Is this reasonable and doable? Realistic given program resources and planned implementation
- **Relevant**: Does it align with overall goals? Relate directly to the program goal
- **Time-based**: What is the timeline? State “when” the objective will be achieved

Set yourself up for successful implementation

Ensure Continuity

- Specify roles and responsibilities for Integrated Plan activities
- Provide training to new staff and community advisors on the integrated planning cycle

Reporting Process

- Establish and maintain clear reporting processes
- Keep planning bodies and councils actively informed and aligned

Living Document

- Update the plan as needed to address evolving needs and improvements
- Adapt to HIV outbreaks, health insurance, and funding shifts
- Adjust goals based on newly identified needs or programmatic innovations

Stage 4: Monitor, evaluate, and improve plan

Implement a comprehensive monitoring plan that incorporates key data components:

Baseline & Measures

- Establish solid baselines, clear performance measures, and identify data sources.
- Define standard collection processes for consistency.

Data Access

- Ensure direct access to necessary data flows.
- Acquire or collect relevant data continuously to properly monitor implementation progress.

Roles & Ownership

- Identify and assign clear roles for personnel.
- Delegate precise responsibilities for both data collection and routine reporting.

Frequency & Sharing

- Define how often performance measures are analyzed.
- Schedule regular presentation of findings back to the planning group.

Stage 4: Monitor, evaluate, and improve plan (cont.)

Track progress - monitor and assess implementation of goals, SMART objectives, and projected activities

Data Management

- Develop data management plan with routine update schedules
- Assign roles and responsibilities for data collection, management, and reporting

Reporting Systems

- Use data to assess progress
- Develop reporting mechanisms for subrecipients
- Ensure data aligns with IP objectives and can be combined

Ongoing Assessment

- Assess progress and the overall implementation process
- Consider quality improvement approaches to improve plan implementation
- Update plan as necessary

Community Feedback: Share progress, solicit feedback from community partners on plan implementation, and make modifications where necessary.

Stage 5: Communicate and share progress

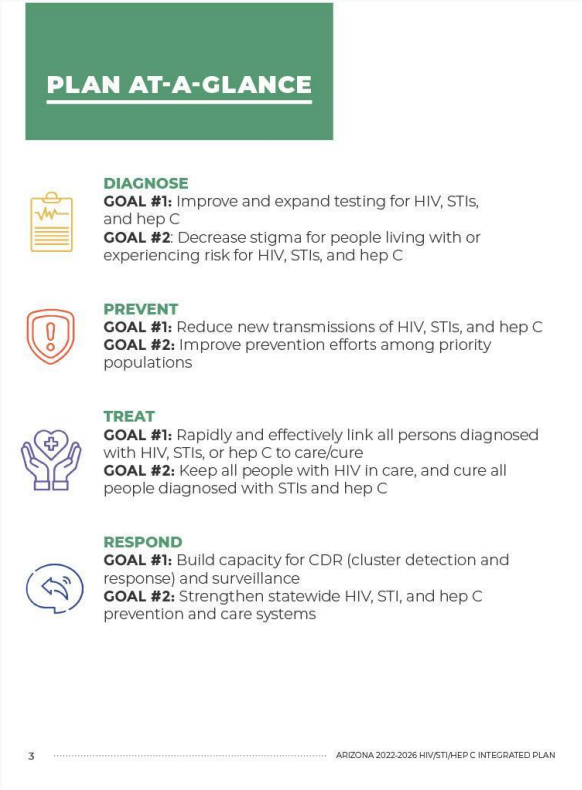
Prioritize Visuals

Engage audiences with accessible, high-impact materials.

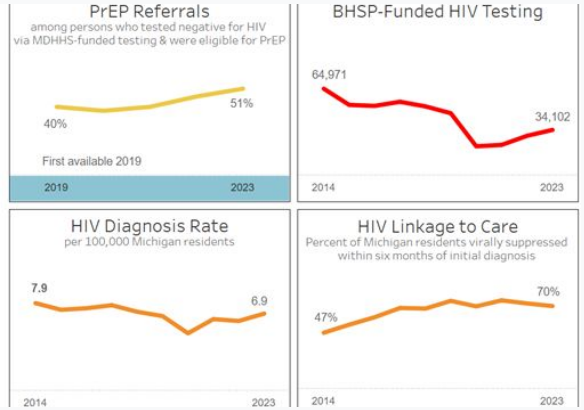
Develop materials tailored for broad audiences, utilizing snapshots and visual dashboards to effectively communicate plan objectives, track key milestones, and share ongoing progress transparently.

Clear snapshots drive better engagement

Plan At-A-Glance



Data Snapshots



Interactive Dashboards

Provide public-facing, easy-to-understand data portals that display progress measures dynamically.

Image: Michigan DHHS

Stage 5: Communicate and share progress (cont.)

Share updates and progress - keep partners, planning groups, and stakeholders aligned through clear reporting

Partner Updates

- Engage key stakeholders
- Provide plan activity and progress updates directly to community partners and planning groups.
- Transparently share milestones to sustain active participation and trust.

Tailored Data

- Synthesize and present complex data in appropriate formats based on audience needs.
- Ensure reporting highlights successes, active challenges, and lessons learned.

2. Increase access to PrEP: One pill, once a day that can help prevent HIV

About this key element:

PrEP (Pre-Exposure Prophylaxis) is a prescription medication pill taken once a day that can reduce a person's risk of getting HIV by over 90%. Increasing access to PrEP in Wisconsin means:

- Growing the number of service providers offering PrEP
- Providing support to help people pay for PrEP through several financial assistance programs
- Increasing PrEP adherence
- Providing medical follow-up

Actions Taken Since the 2019 Progress Report

- **Offered a PrEP Navigation and Adherence Workshop**

The HIV Prevention Unit collaborated with Midwest AIDS Training and Education Center (MATEC) of Wisconsin and Washington University to offer a PrEP Navigation and Adherence Workshop from April 13 to April 15, 2021. The workshop focused on key updates to PrEP financing and shared tools to support clients facing barriers to PrEP adherence.

- **Provided ongoing support to the PrEP Navigators Network**

Continued to provide support to a network of 10 PrEP Navigators between seven agencies with CDC HIV Prevention grant funding. Agencies included clinical settings, AIDS service organizations, STI clinics, and community-based organizations. PrEP Navigators help clients address insurance or cost-related barriers. Clients received support over the course of the PrEP continuum, from initiation to picking up the

- **Expanded TelePrEP services to Northeast Wisconsin**

In 2021, Vivent Health began offering TelePrEP services in northeast Wisconsin. These services were expanded in order to increase access to PrEP for people who live in rural areas that would typically need to travel long distances to be seen at a physical site.

- **Expanded PrEP accessibility in rural Wisconsin**

MATEC Wisconsin provided training and technical assistance to the Healthfirst Network so they could begin offering PrEP services. The Healthfirst Network is a family planning provider with clinics in nine counties of central and northern Wisconsin. This expansion increases PrEP accessibility in rural parts of the state and helps reach clients who may not have known PrEP was an option for them.

Jurisdictional Spotlight

Washington State Department of Health: Building Implementation Governance

HIV Integrated Prevention and Care Plan 2027-2031 | Presented by Starleen Maharaj-Lewis, Syndemic Planning Coordinator

Five interdependent teams, each with a defined level of authority, connect strategic oversight to community accountability.

1 Integrated Plan Change Team

Operational decisions; PDSA cycle leadership

Bi-weekly

2 Cross-Parts Sub Committee

Strategic oversight; removes barriers

Monthly

3 Core Prevention & Care Team

Day-to-day program coordination

Bi-weekly

4 Cross-Parts RW & EHE Team

Aligns funding streams; cuts duplication

Monthly

5 Community & Partner Advisory

Validates impact; surfaces barriers

Quarterly

THE HOW-TO, IN THREE MOVES:

1. Name each team's LEVEL of authority (strategic, operational, advisory) before naming its members.
2. Set cadence by function, not convenience: fast-moving decisions bi-weekly, oversight monthly, community quarterly.
3. Give every team a standing agenda tied to the PDSA cycle - Plan, Do, Study, Act - so meetings produce decisions, not updates.

How We Assigned Roles: The RACI Approach

A shared reference table prevents duplication and closes gaps before they become conflicts.

R **Responsible** — *Does the work*

A **Accountable** — *Owns the outcome*

C **Consulted** — *Gives input first*

I **Informed** — *Updated after*

Integrated Plan Change Team Activity	Coordinator	RW Manager	Project Management	Assessment	Sponsor
Develop workplan & strategy assignments	R	C	R	C	I
Facilitate PDSA change cycle	A	C	R	C	I
Approve major modifications	C	C	I	I	A
Coordinate HIV group & community input	A	I	I	I	I
Report progress to leadership / HRSA-CDC	R	C	I	I	A

ESCALATION LOGIC

- Team disagreement → Integrated Plan Change Team
- Deliverable at risk → Flag immediately
- Community conflict → Document + explain
- Funding shift → Executive Sponsor, same day

THE HOW-TO: ASSIGNING ROLES AND DECISION AUTHORITY

1. Build the RACI matrix BEFORE assigning names to roles - map activities to functions first, then match people, so authority follows accountability rather than convenience or seniority.
2. One Accountable owner per row, always. Shared accountability is the single most common cause of dropped work across multi-part, multi-agency planning structures.
3. Review and confirm the matrix WITH the team, not for them. A co-created RACI catches role confusion before it becomes conflict.

Six Months to Launch: July 2026 - January 2027

Four phases, one continuous PDSA (Plan, Do, Study, Act) improvement cycle running underneath all of them.

GOVERN
July 2026

- Confirm governance structure
- Sign charters
- Set meeting cadence

ALIGN
Aug - Sep 2026

- Build integrated workplan
- Assign strategy accountability
- Draft dashboards

ASSESS
Oct - Nov 2026

- Subrecipient readiness check
- Identify TA needs
- First PDSA cycle

LAUNCH READY
Dec 2026

- Finalize Year 1 priorities
- Executive review
- Confirm launch

JANUARY 2027: IMPLEMENTATION BEGINS - All teams active | Dashboards live | PDSA cycles running | Community engagement ongoing

FIRST SIX MONTHS: WHAT WE PRIORITIZED, IN ORDER

1. Governance and accountability BEFORE workplan detail - teams need to know who decides before deciding what.
2. Data and dashboard infrastructure EARLY - waiting until January to build monitoring tools means flying blind for a quarter.
3. Community and subrecipient readiness LAST but not least - confirmed once structures exist, so engagement has something concrete to respond to.

Questions?

Please take our evaluation!

IHAP TAC can help!

- **Contact us at ihaptac@jsi.org to:**
  - Join our mailing list
  - Help you to identify resources
  - Request tailored technical assistance

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Thank you!

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