

Welcome!

Purpose of Today's Webinar

To review current workgroup status and come to agreement on whether/how changes to developing the Plan will be implemented

Who's participating?

All workgroup chairs and co-chairs

OA staff

Today's Agenda

1. Review key definitions and terms
2. Where are we now?
3. Defining CPG's work product
4. Evaluation of today's webinar

Goals for Today

- 1. Review key definitions and terms
Make sure we're using a common language
- 2. Where are we now?
Achieve consensus on current status of each workgroup
- 3. Where do we go next?
Achieve consensus regarding where changes may or may not be necessary based on funder requirements, and describe the impact of any changes on each workgroup
- 4. Defining CPG's primary work product
Achieve consensus as to the nature of CPG's work product and determine how it will be integrated within the Plan

Definitions

- The Plan - The integrated planning document to be submitted to CDC and HRSA and to be used as a work plan for OA (due June 2012)
- The Architecture - The outline, structure, and flow of the Plan
- CPG Work Product - The actual work produced through CPG that will be incorporated within the Plan

Definitions

- Vision – Long-term, aspirational view of community planning
- Mission – Defining and clarifying the purpose of, and audience for, the Plan
- Principles – Shared beliefs and basic assumptions that serve as our foundation

Definitions

- Strategies – Roadmap to help us move toward achieving principles
- Goals – Expected or desired outcomes
- Objectives – Precise, realistic, measurable targets to direct our movement toward achieving goals

Definitions

- Monitoring – The process of ongoing review to assure that direction remains true to vision, mission, principles, goals
- Evaluation – Annual process to assess progress made and document results of monitoring
- Justification – Explanation with supporting data on why a specific principle, strategy, or goal is put forward by CPG

Where are we now?

Objective:

Through assessing the status of each workgroup, achieve understanding and consensus among workgroup leaders and co-chairs regarding CPG's progress to date

Based on conclusions reached in Part 1, Part 2 discussion will assess the nature and extent of any changes required for CPG's future work

Workgroups: Community Assessment

- Objective:** By the end of the session, members will achieve consensus on status.
- Status:** Community Needs Assessment is complete. Data analysis (quantitative and qualitative) of Community Needs Assessment to be conducted by DAWG. DAWGs and Community Assessment will provide summary of results to full CPG membership.

Workgroups: MEGO

Objective: By the end of the session, members will achieve consensus on status.

Status: First four goals completed.
Decisions in process around finalizing goals and associated objectives.
Finalized goals and objectives will be put forward to membership.
Will begin work on Monitoring and Evaluation as related to the Plan.

MEGO Goals

1. Reduce HIV incidence
2. Increase access to care and optimize health outcomes
3. Reduce HIV-related health disparities
4. Achieve a more coordinated response to the HIV epidemic in California

Workgroups: Data Analysis (DAWGs)

Objective: By the end of the session, members will achieve consensus on status.

Status: Waiting for community assessment raw data in order to collaborate with OA in refining data for presentation.

Workgroups: Governance and Membership

Objective: By the end of the session, members will achieve consensus on status.

Status: All tasks for this phase of CPG have been completed. CDC planning guidance should be available for review in January. Teleconferences with health departments and planning bodies will be held, and there will be a 30-day public comment period.

Workgroups: Stakeholder Engagement

Objective: By the end of the session, members will achieve consensus on status.

Status: Completed development of brief CPG description to be posted on OA website, and conducted local presentations about CPG.
Will propose and assist with strategy for obtaining community input for the Plan.
Will provide recommendations for utilization of OA Advisory Network as a mechanism for community input.

Workgroups: Priority Setting

Objective: By the end of the session, members will achieve consensus on status.

Status: Waiting for the 2009 Epi Profile update and data analysis from Community Needs Assessment.

In early stages of considering methodologies to determine priorities.

Will identify outstanding data/information needs and assess current CDC/HRSA requirements in light of California priorities and needs.

Workgroups: Resource Strategies

Objective: By the end of the session, members will achieve consensus on status.

Status: Considering resource strategy/resource allocation recommendations and defining areas of potential change compared to OA's current policies.

Clarifying areas of intersection with Community Assessment, Data, and Priorities workgroups.

In early stages of agreeing upon formula and other allocation parameters; currently reconsidering the need for this.

Where do we go next?

Achieve consensus regarding where changes may or may not be necessary based on funder requirements

Describe the impact of any changes on each workgroup

Workgroups: No changes required

- Governance/membership
- Community Assessment
- Stakeholder Engagement

Workgroups: MEGO

Minimal Changes Needed

- MEGO
 - Ensure that current goals and objectives align with current CDC and HRSA application
 - Assess and address any differences

Workgroups: Priorities

Impacted by new CDC/HRSA Requirements

- Priorities
 - Work to date remains useful as is
 - Less focus in future on specific methodologies

Workgroups: Resource Strategies

Impacted by new CDC/HRSA Requirements

- Resource Strategies
 - Discussions and questions raised to date provide a valid basis for moving forward
 - Little to no current need to address resource allocations at the level of detail previously planned
 - This workgroup is impacted by new CDC and HRSA requirements

HRSA Requirements

- EIIHA activities, a required component of the HRSA application, must include “parent groups” identified by HRSA. Subpopulations within these groups (“target groups”) may be designated by OA and local contractors.
- 75% of Part B grant funds must be used for a specific array of “core medical services”. These services must be addressed before funds may be used for HRSA-defined “support services”

HRSA Requirements

- Expanded Fiscal and Programmatic Monitoring of all contractors and subcontractors to be done on an annual basis. Previously, monitoring was required once per three-year contract period.
- OA must coordinate EIIHA activities with cities that are directly funded via ECHPP.
- Part B grantees must refer HIV-negative individuals to prevention/support services. This results in greater demand for documentation of referral networks and outcomes for both contractors and OA as well as formalized relationships between prevention and care staff.

CDC Requirements

In general, the CDC has taken a much more prescriptive approach, including:

- More specific guidelines for HIV testing
- Strong emphasis on a full range of prevention with positives activities
- Added emphasis on prevention services in medical settings
- Recognition of the important role of structural and policy interventions
- Increased and robust collaboration between prevention and care

CDC Requirements

- Emphasis on testing and prevention in care settings requires expanded working relationships with clinics
- Emphasis on evidence-based interventions results in new training/TA needs
- Focus on high-risk populations requires shifts in programs and personnel

CDC Requirements

- Focus on prevention with positives requires specific expertise and includes interventions new to prevention, such as treatment adherence
- Emphasis on policy requires that OA and LHJs coordinate in new and complex areas such as health care reform

Proposed change of Work Product

Our goal here is to:

- Achieve group agreement on the nature of any changes that may need to be made regarding CPG's primary work product
- Develop clear descriptions of those changes in relation to the Plan

New Work Product?

One approach

Focus CPG around broad principles that parallel the goals of the NHAS, and...

Based on those principles, propose:

- Strategies for moving toward the goals

- Measurable objectives for each goal

Provide data-driven justification for each entry at every level

Just as an example: Priorities

- Principle: All HIV+ persons should have access to comprehensive HIV primary care
- Goal: Increase access to care in minority communities
- Strategy 1: Increase ADAP utilization among AA women through targeted use of Part B funds
- Strategy 2: (to be proposed)
- Objectives: To be developed with OA
- Justification: Data-driven; to be developed by CPG

Example: Community Assessment

- Principle: All HIV+ persons will have access to HIV care
- Goals: Increase access to care and optimize health outcomes
- Strategy 1: Improve surveillance activities for transgender populations
- Strategy 2:
- Strategy 3:
- Objectives: To be developed with OA
- Justification: Data-driven; to be developed by CPG

Example: Resource Strategies

- Principle: Reduce incidence of HIV
- Goal: Direct prevention resources to areas of highest impact
- Strategy 1: Assess capacity of LHJs to effectively utilize funding to achieve population-level impact
- Strategy 2:
- Strategy 3:
- Objectives: To be developed with OA
- Justification: Data-driven; to be developed by CPG

Other approaches?

- Ideas, thoughts, inspiration?

If the work product changes...

So far, we're considering two ways to utilize that work within the Plan

- New CPG section within the current Architecture
- Intersperse CPG principles, strategies, goals, and objectives within appropriate sections

Thoughts?

Next steps

- Bring these ideas to each workgroup, then...
- Bring workgroup perspectives to full membership for discussion and final consensus

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