

## Comprehensive Plan CFHPC Policy-05

<i>Bylaws Reference</i>	Sections 2.6, 7.2.2, and 7.2.3
<i>Scope</i>	Ryan White HIV/AIDS Program (RWHAP) Part A and Part B
<i>Effective</i>	1/12/18
<i>Revised</i>	12/13/18, 1/30/19, 05/31/23

### Purpose

To develop an integrated comprehensive plan (Comp Plan) in collaboration with the Ryan White HIV/AIDS Program (RWHAP) Part A Recipient, Part B Lead Agency, and other key stakeholders for the provision of services; the plan must include strategies for identifying people with HIV (PWH) not in care and strategies for coordinating services to be funded through existing HIV prevention and substance abuse treatment programs

### Policy

The Planning Council shall work with the Part A Recipient, Part B Lead Agency, and other stakeholders to develop a 3-to-5-year Integrated Comprehensive Plan, as described by HRSA. The Planning Council shall then monitor the progress of the plan and update as needed.

### Procedure

The Service Systems Planning & Quality Committee shall establish a work group to coordinate development of the Comp Plan. The work group shall:

1. Prepare for Comp Plan development:
  - a. The work group shall include representatives from Part A, Part B, Part C, Part D, Prevention, Substance Abuse, and other key stakeholders.
  - b. The work group shall set routine meeting dates, times and locations.
  - c. Planning Council Support may engage a contractor to write the narrative sections of the Plan.
2. Collect data to be used in setting the goals of the Comp Plan. The data shall include but is not limited to:
  - a. Epidemiological Profile
  - b. Utilization Reports
  - c. Community Needs Assessment
  - d. Resources available in the community
  - e. Updates and status of the current Comp Plan
  - f. EIIHA & Unmet Need
  - g. National HIV/AIDS Strategy
  - h. Clinical Outcome Measures/HIV Care Continuum Data



- i. Service Provider Capacity & Capability
3. Determine and assess:
  - a. The number of individuals who are unaware of their status,
  - b. The service delivery gaps, and
  - c. Unmet needs of the population.
4. Create a strategy to close the gaps.
5. Develop the 3-5 year Integrated Comprehensive Plan, ensuring that it follows HRSA guidance. It will include information such as the following:
  - a. Statewide Coordinated Statement of Need/Needs Assessment
  - b. Integrated HIV Prevention and Care Plan (Plan goals, objectives, strategies, metrics, and anticipated challenges or barriers); Collaborations, Partnerships, and Stakeholder Involvement; and PWH and Community Engagement)
  - c. Monitoring and Improvement
6. Create an annual implementation plan to include:
  - a. Goals and measurable objectives
  - b. Strategies or action steps to reach the objectives
  - c. Measurements or indicators to determine the success or challenges with the objectives
  - d. Who is responsible for each action step
  - e. Start and completion dates
7. Monitor the progress of the implementation plan at least quarterly.
  - a. The Recipient and other responsible parties shall report the progress of each action to the Service Systems Planning & Quality Committee
  - b. The Service Systems Planning & Quality Committee shall evaluate the progress and make recommendations for amending and updating the Comp Plan to the Executive Committee.
  - c. The Executive Committee shall review the recommendations, update the Comp Plan as necessary and report to the Recipient.