1. **What is happening?** The new era of HIV policy advocates a “treatment – as – prevention” approach to controlling the epidemic and providing care to populations that are affected. HRSA and CDC are requiring jurisdictions to integrate HIV prevention and care planning. Integrating treatment with prevention will lead to more efficient planning for services, better use of resources, improve prevention, reduce new infections and will facilitate the delivery of holistic services.
2. **When did CCCHAP and MHSPC talk about integrating?** Early 2013, conversations started around the idea of integrating CCCHAP & MHSPC into one planning body. In November 2013, a small subgroup (including Hennepin County Ryan White Part A, DHS Ryan White Part B, MDH HIV Prevention, Grantee staff and Co-chairs of CCCHAP & MHSPC) was formed to plan a process for discussing the best way to integrate prevention & care planning in Mn. In February and March 2014, MHSPC members attended CCCHAP meetings and CCCHAP members attended MHSPC meetings to conduct listening sessions to learn more about what each committee does and discuss integrating. In March 2014, a survey was completed with MHSPC and CCCHAP members regarding integrating both councils. Over half of the survey respondents strongly agreed that some level of integrated prevention and care planning will be essential in the future. The majority of survey respondents agreed that the most effective way to achieve integrated planning is through a new, joint planning body made up of prevention and care partners that satisfies the requirements of CDC and Ryan White planning. In March 2014, per the survey results, the decision was made between grantees and co-chairs of CCCHAP and MHSPC to create a new integrated planning body.
3. **Why create a new integrated HIV prevention and care planning body?** To reflect the best holistic strategies to deliver HIV/AIDS prevention and care services in light of limited resources, this aligns with the 4th goal of National HIV strategy, breaks down silos and increases our ability to easily monitor the outcomes across the continuum of care and create a more coordinated jurisdictional response to HIV.
4. **Is creating a new integrated planning body mandatory?** HRSA and CDC are encouraging the coordination of care and prevention planning. Integrating planning bodies is not mandatory. Comprehensive planning is mandated.
5. **Has anyone created an integrated prevention and care planning body (CCCHAP & MHSPC) before?** Other jurisdictions have done some level of integrating planning bodies but not on a statewide level that includes Prevention, Part A and Part B.
6. **Who is doing the work of forming the new integrated planning body?**  The initial small subgroup concluded its work with the recommendation that a workgroup be formed by grantees to drive this work forward. Committee members’ feedback and involvement will be sought at key decision points.
7. **What if I don’t like the end result?** As long as something is not tied to a mandate, members will be able to make changes. The planning body convenes January 2016, after that time members will be able to make changes in accordance with the bylaws and Intergovernmental Agreement. This is an evolutionary process.
8. **What if I don’t like parts or components of the new planning body?** The workgroup’s aim is to involve council members in this process whenever possible. This is a new process for everyone that is evolving and changing. There are federal mandates that will drive the creation of this effort, once the new planning body is created and in place there will be things that can be revisited. This effort will not be “complete” January 2016 and will continue to evolve as we all break new ground together, learn from each other, and look to the future as a new planning body.
9. **When will the new planning council convene?** January 2016
10. **If I am a current member of CCCHAP or a current member of planning council, will I have to reapply to be a part of the new planning body?** In short yes, in order to keep this as fair a process as possible and give everyone a chance, everyone that is a current member of the existing planning bodies will have to reapply to give everyone a chance to be a part of the new planning body.
11. **What happens if I am not selected to be on the new planning body?** There will still be opportunities to get involved through community involvement for people who are non-members. Community membership on committees will continue. The grantees support a Consumer Voice Committee of the new planning body. There will also be other venues for consumer input during prioritization of services based on the MN HIV Services Planning Council process as there has been in the past.
12. **Will prevention get lost with the creation of an integrated body?** No, because it is a new planning body focused on both prevention and care and not one planning group “absorbing” the other. Requirements from CDC and HRSA will continue with the new planning body.
13. **Does the work in the current planning bodies (CCCHAP and MHSPC)stop or slow down**? No we are continuing to operate in accordance with our work plan.
14. **Does the work of the current MHSPC and CCCHAP stop or slow down**? No, we are continuing to operate in accordance with our work plan. Both planning bodies need to continue to carry out their responsibilities. The mandated responsibilities of an HIV services planning council and an HIV prevention community planning group will not change with the convening of the new integrated HIV prevention and care planning body. Continuity of these activities will be seamless. For example, the MHSPC needs to begin development of the Service Area Reviews to prepare for the next biennial Ryan White HIV services prioritization process which will be completed by the new planning body in 2016.

Links:

Community Cooperative Council on HIV/AIDS Prevention (CCCHAP): <http://www.health.state.mn.us/ccchap>

MN HIV Services Planning Council (MHSPC): <http://www.mnhivplanningcouncil.org/integrated-planning.html>