

The planning process that led to the development of COHAS began in October 2013 when CDPHE convened a community process to discuss plan content and stakeholder engagement. At this meeting, there was an open discussion of a proposed planning group structure, with expanded parity, inclusion, and representation (P-I-R). There was also a presentation of a draft outline of Colorado's Jurisdictional Plan that would meet the requirements of the CDC, as well as anticipated requirements pending from HRSA.

Building on the October meeting, a follow up meeting occurred in December 2013. This meeting went even farther in describing how CDPHE and the community would need to pull together to achieve parity, inclusion, and representation, including PLWHA, people at risk of HIV, content experts, consumers, and other interested community members. There was also a discussion of potential strategies, goals, and outcomes for HIV testing, linkage to medical home, and retention in care. An updated draft of the Jurisdictional Plan was shared, including all of the essential topics required by CDC. Scalability was explored at some length, since this was a relatively new concept to CDPHE and the community.

The next major steps in the planning process occurred between January and March of 2014. The March meeting of the HIV Care and Prevention Coalition included a broad discussion of what an ideal, integrated system of prevention and care would include, including responsiveness to the changes of the Affordable Care Act, increased community involvement, biomedical, and structural strategies. In addition, the meeting included a discussion of parity, inclusion, representation, transparency, trust, looking forward, and respect as critical attributes of the plan development process. This meeting also featured the first draft content of the Jurisdictional Plan, concerning the epidemiology of HIV.

Three chapters of the Jurisdictional Plan were presented at community meetings in April and May of 2014: the Linkage to Care (now Linkage to a Medical Home) Chapter, the Retention/Adherence Chapter, and the Intensive Services Chapter. A fourth chapter on Behavioral Health was also presented in partial form, including mainly the portions for PLWHA. These chapters were released electronically before each meeting, discussed at multiple public meetings, and re-posted on the CDPHE web site as revisions were made.

Three additional chapters of the plan were released in July: the Overview/background Chapter, Primary Prevention Chapter, and Early Identification Chapter. The Behavioral Health and Intensive Services Chapters were also re-released with additional prevention content and other changes. As with the previous chapters, these drafts were released electronically before each meeting, discussed at multiple public meetings, and re-posted on the CDPHE web site as revisions were made.

In late August, the first "compiled" draft of the Jurisdictional Plan, now titled the Colorado HIV AIDS Strategy (COHAS) in response to public request, was released electronically and posted on the CDPHE web site. Meetings on September 8 and 26 elicited a number of requests for additional content and clarification, and 3 subsequent revisions incorporated these requests.

In terms of P-I-R, the meeting leading up to a final draft of the plan included representatives of the most impacted populations in Colorado: MSM, IDU, at-risk heterosexuals, African Americans, Latinos, and Native Americans. It also included physicians, nurses, social workers, mental health professionals, behavioral scientists, pharmacists, and other content experts. Staff from clinics, prevention agencies, the AETC, Department of Corrections, and other stakeholders were extensively involved at every stage.

The version that is up for consideration for a letter of concurrence was posted to the CDPHE webpage on October 1, 2014. Further, this version of the COHAS was emailed to the extensive participant email list.