



The Final Stretch: Mastering SMART Goals, Monitoring, and Concurrence

March 24, 2026
3:00-4:00 ET



INTEGRATED HIV/AIDS PLANNING
TECHNICAL ASSISTANCE CENTER



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

Integrated Planning 3.0 learning series!

Integrated planning webinar and peer learning series goals

- Review and discuss the guidance section by section
- Highlight jurisdictional efforts for integrated planning
- Address emerging and ongoing questions
- Facilitate peer engagement and learning

Today's objectives

By the end of the webinar, participants will be able to:

- Describe the purpose of Section V - Goals and Objectives of the Integrated Plans
- Identify at least two components of Section VI - Implementation, Monitoring, and Follow-Up
- Know how to write a SMART Goal or Objective



Let us know who you are!

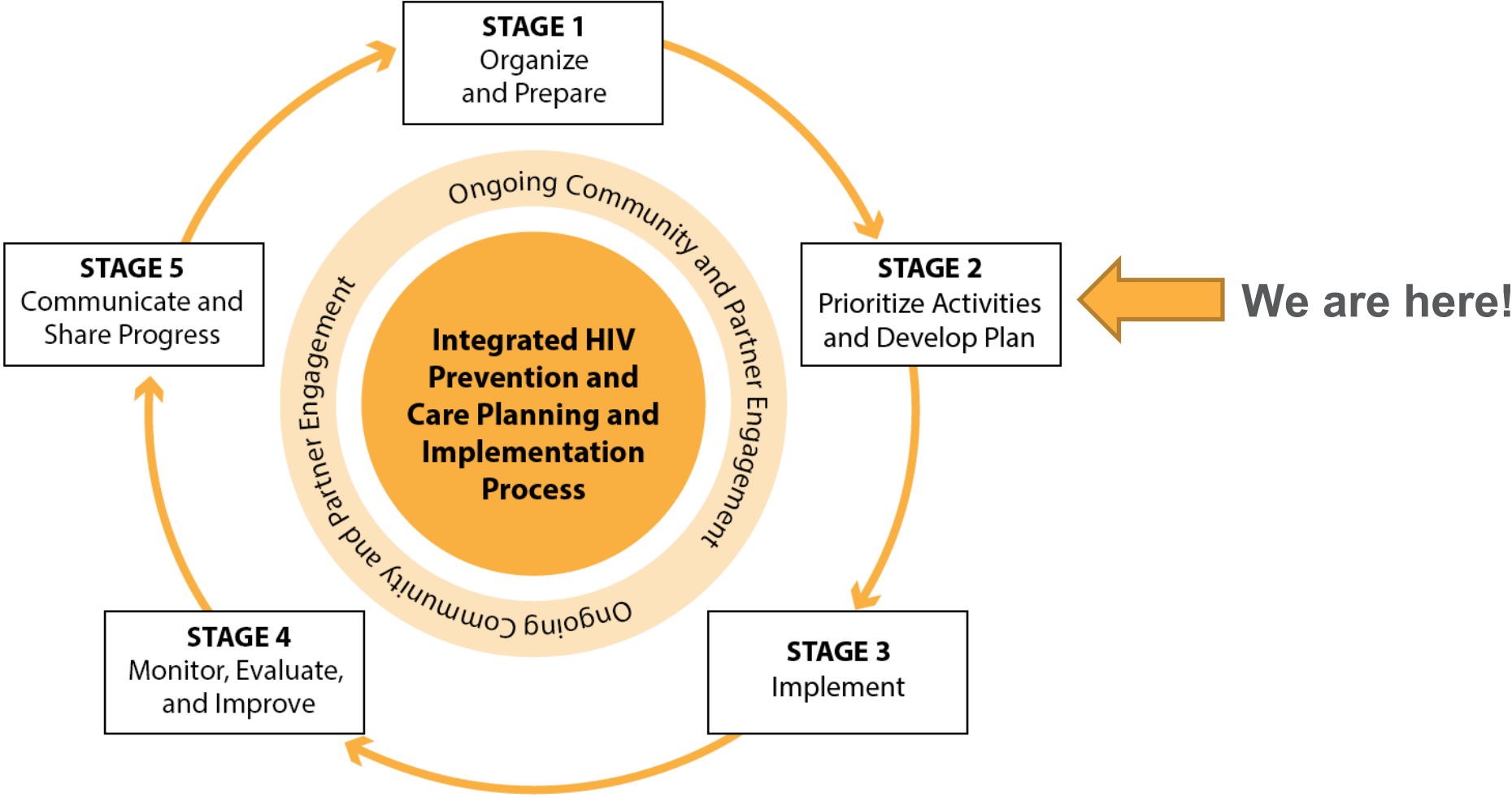
In the chat, please share your:

- Name, jurisdiction/organization, role

In the chat, let us know:

- *What questions do you hope to have answered at the end of this session?*

Stages of integrated planning



Section V - Goals and Objectives

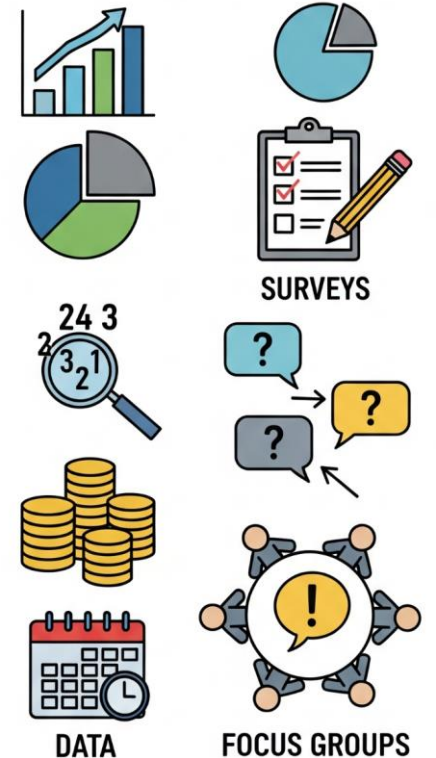
Purpose: Detail jurisdiction's goals and objectives for 2027-2031



- Reflect strategies that ensure comprehensive and coordinated approach to HIV prevention and care funding
 - Goals should be broad-reaching and address the priority areas identified in the Situational Analysis.
 - Organized by the four Ending the HIV Epidemic (EHE) strategies – at least 3 objectives per strategy
 - Ensure goals address any barriers or needs identified during the needs assessment process.
- Jurisdictions may submit other updated plans to satisfy this requirement as long as they include goals that cover the entire HIV prevention and service area

First Step: Priority Setting

- Review progress on goals from existing plans
 - 2022-2026 Integrated Prevention & Care Plan
 - EHE Plan
 - Getting to Zero Plan
 - Jurisdictional prevention/care plans
- Review current needs assessment and updated epidemiological data
- Consult stakeholder and community advisors, prioritizing perspectives of people with HIV



Operationalizing the Situational Analysis

- Identify key priorities in alignment with jurisdictional needs
- Organize within the 4 pillars of the Ending the HIV Epidemic

Diagnose

Prevent

Treat

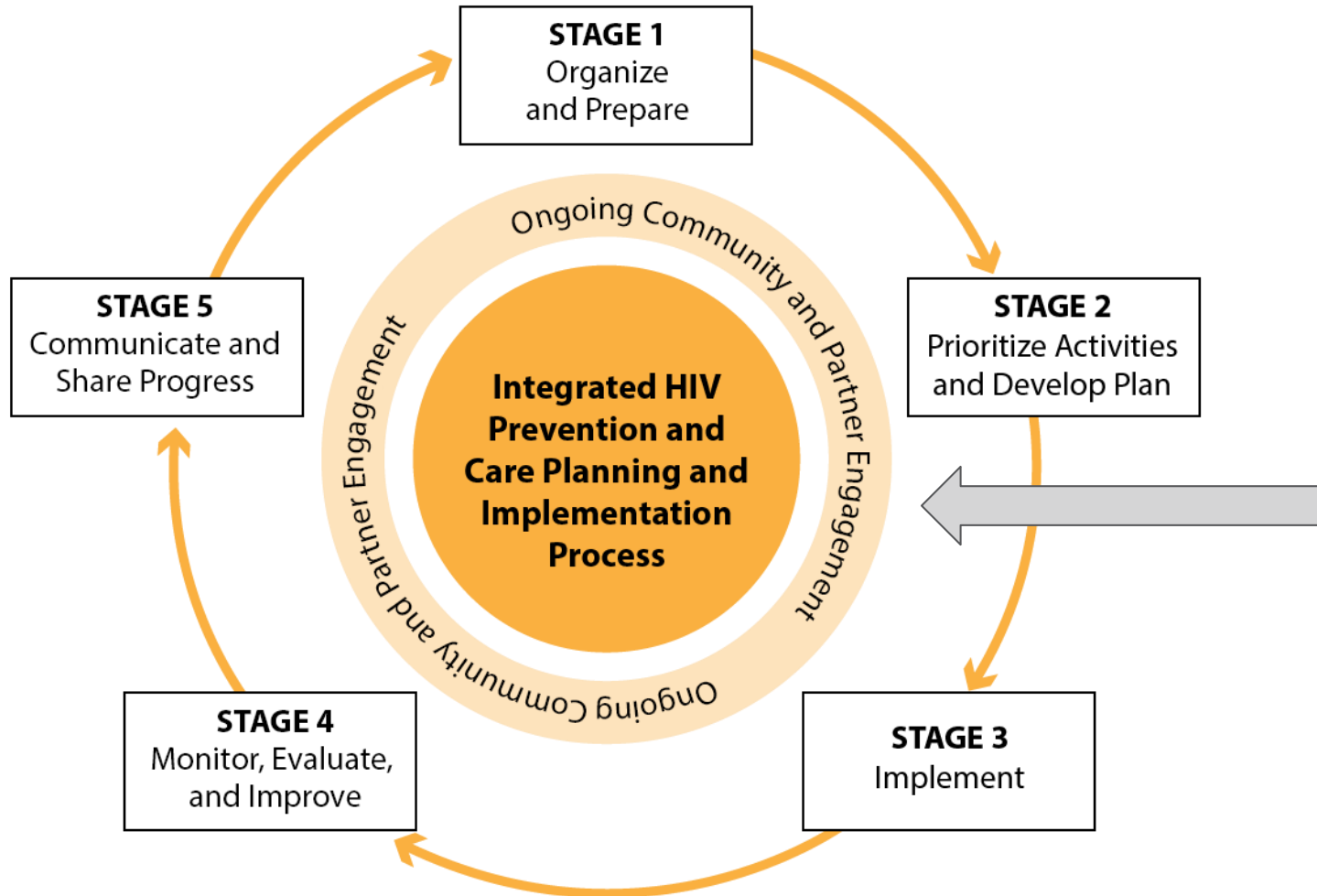
Respond

- Draft SMART objectives and corresponding strategies that ensure a comprehensive, coordinated approach for all HIV prevention and care funding
- Identify key measures, including baseline measures to track progress



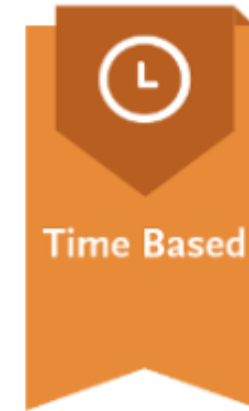
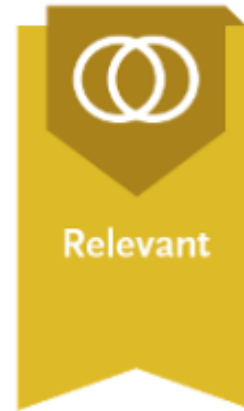
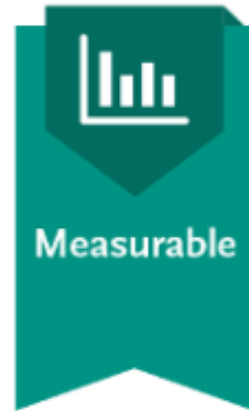
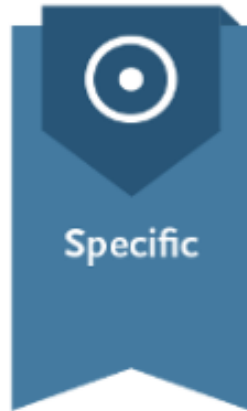
Note: This process should be community and data-informed!

The role of community and partner engagement



Objective development and refinement occurs with advisory community members, advisors, and implementation partners.

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

Writing SMART Objectives for the IP





 Identify a key trend and/or priority from the Situational Analysis.

- 🎯 **Goal:** Draft a SMART goal in line with the pillars of EHE (can use EHE pillar to satisfy)
- **Objective:** Draft a SMART objective, addressing jurisdictional needs related to the goal.
 - 🔍 **Key Activity:** Measurable strategies that support the jurisdiction in achieving the objective.
 - 👥 **Responsible Parties:** Parties involved in executing and tracking implementation of the objective.
 - 🤝 **Key Partners:** Organizations and community members who will support implementation and/or advise the strategy.
 - 📊 **Performance Measures:** Data sources to monitor progress.
 - 🚀 **Progress toward national HIV goals:** How the goal advances national HIV strategies.

Example: SMART Objectives





Trend Identified in Situational Analysis: Low PrEP awareness, and reduced access is causing underutilization by individuals at risk for HIV

 **Goal:** Prevent new HIV infections using proven interventions.

-  **Objective:** By December 2031, increase PrEP uptake among populations at disproportionate risk for HIV by 35% (from [x] to [x]).
 -  **Key Activity:** By December 2028, the Department of Public Health will develop and disseminate two new educational PrEP resources.
 -  **Key Activity:** By December 2029, the Department of Public Health will launch a PrEP Community of Practice, engaging a minimum of 50 new primary care providers to educate on PrEP protocols, rapid start, and billing procedures.
 -  **Key Activity:** By December 2031, long-acting injectable PrEP will be made available at 80% of FQHCs within the jurisdiction.

Example: SMART Objectives (cont)




Trend Identified in Situational Analysis: Low PrEP awareness, and reduced access is causing underutilization by individuals at risk for HIV

-  **Responsible Parties:** RWHAP Part B (state department of public health responsible for developing PrEP resources and launch CoP), funded FQHCs
-  **Key Partners:** community members, HIV planning body, FQHC primary care providers, people with HIV, PrEP consumer advisory group
-  **Performance Measures:** PrEP navigation data, pharmacy data, CoP participation rate, provider survey (long-acting injectable PrEP)
-  **Progress toward national HIV goals:** reduce HIV related disparities, increase uptake of prevention interventions

Example: SMART Objectives





Trend Identified in Situational Analysis: Average of 21 days between diagnosis and initiation of antiretroviral therapy

 **Goal:** Treat people with new HIV diagnoses within seven days.

-  **Objective:** By December 2031, increase the number of funded health centers providing HIV Rapid Start antiretroviral therapy as the standard of care by 10% (from [x] to [x])
 -  **Key Activity:** By December 2028, the Department of Public Health will review and assess all regional HIV partner services protocols to develop a model for use in the state.
 -  **Key Activity:** By December 2029, expand provider community of practice where local clinicians who implement rapid ART initiation can learn.

Example: SMART Objectives (cont)

Trend Identified in Situational Analysis: Average of 21 days between diagnosis and initiation of antiretroviral therapy

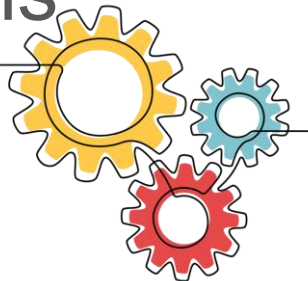
-  **Responsible Parties:** RWHAP Part B (state department of public health responsible for developing protocols and and launch CoP), funded FQHCs
-  **Key Partners:** community members, HIV planning body, FQHC primary care providers, people with HIV
-  **Performance Measures:** # of health centers implementing HIV Rapid Start ART, average time from diagnosis to initiation of antiretroviral therapy
-  **Progress toward national HIV goals:** reduce HIV related disparities, treat HIV timely and effectively.

Section VI – Implementation, Monitoring, and Follow-up

- **Describe infrastructure, procedures, systems, and tools to support**
 - Implementation
 - Monitoring
 - Evaluation
 - Improvement
 - Reporting and dissemination
- **Describe roles and responsibilities for each phase**

Implementation

- Describe the process for coordinating all key stakeholders to meet the IP's goals and objectives
 - New partners
 - People with HIV
 - People and communities disproportionately impacted by HIV
 - Providers and administrators from different funding streams
- Include information about how IP will influence the way jurisdiction leverages and coordinates funding streams including but not limited to HAB and CDC funding



Monitoring

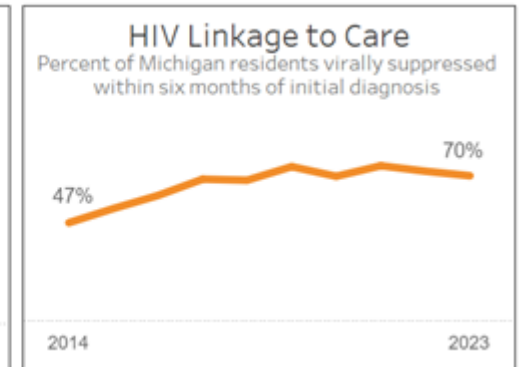
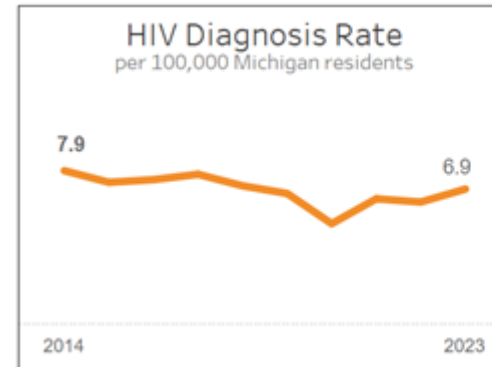
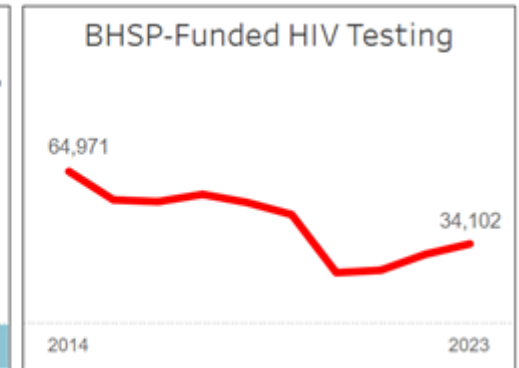
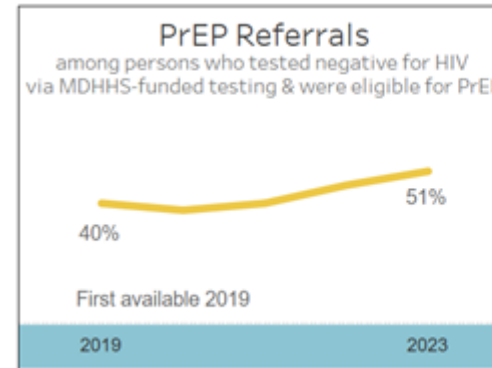
- Describe process for monitoring progress toward goals and objectives
- Describe how monitoring will be coordinated among different stakeholders and funding streams, including specific coordination activities and timelines
- For states with multiple plans, include specific timelines and coordination activities to avoid duplication of efforts and potential gaps in service provision

Note: Recipients will be asked to provide updates to both CDC and HRSA as part of routine grant monitoring



Evaluation

- Describe performance measures and methodology used to evaluate progress on goals and objectives
- Include information about how often the jurisdiction analyzes performance measures and presents data to the planning group



Improvement

- Describe how the jurisdiction will continue to use data and community input to make revisions and improvements to the plan
- Include how often the jurisdiction will make revisions and how those decisions will be made



Develop implementation work plan

- Objectives are integrated into the work plan, which outlines specific activities, responsible parties, and performance measures.
- **Tip:** Use this as an opportunity to ensure you have data sources and assigned procedures for outcome measurements.

Lessons Learned

- Ensure that activities can be tracked, available data.
- Ensure clear roles and responsibilities for activities and data collection
- Allow flexibility
 - Plan is a living document and should be reviewed and updated at least annually
 - Adjust activities and data indicators to capture what can track

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
<i>Example Objective 1.1</i>	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
<i>Example Strategy 1.1.a</i>	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
<i>Example Objective 2.1</i>	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
<i>Example Strategy 2.1.a</i>	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

Report and Disseminate

- Describe how jurisdiction will provide regular updates to their planning bodies and stakeholders on the progress of plan implementation, solicit feedback, and use the feedback for plan improvements

PLAN AT-A-GLANCE



DIAGNOSE

GOAL #1: Improve and expand testing for HIV, STIs, and hep C

GOAL #2: Decrease stigma for people living with or experiencing risk for HIV, STIs, and hep C



PREVENT

GOAL #1: Reduce new transmissions of HIV, STIs, and hep C

GOAL #2: Improve prevention efforts among priority populations



TREAT

GOAL #1: Rapidly and effectively link all persons diagnosed with HIV, STIs, or hep C to care/cure

GOAL #2: Keep all people with HIV in care, and cure all people diagnosed with STIs and hep C

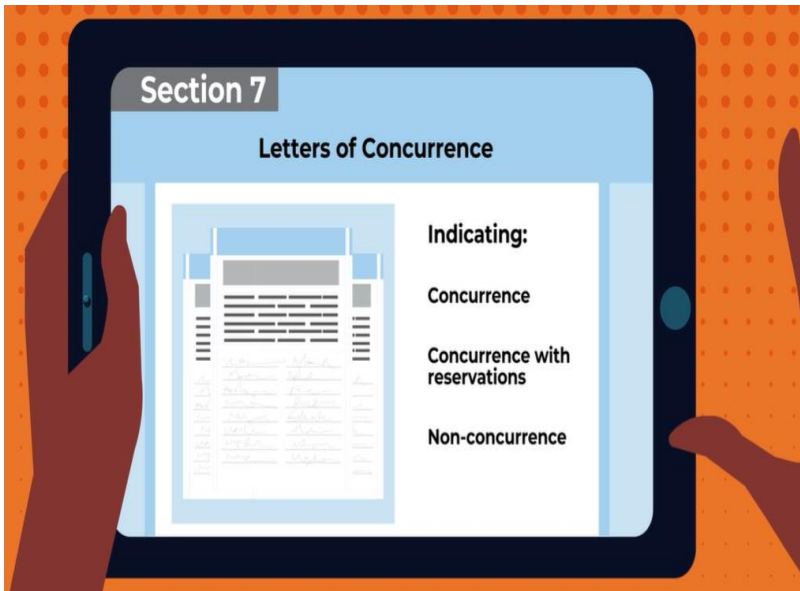


RESPOND

GOAL #1: Build capacity for CDR (cluster detection and response) and surveillance

GOAL #2: Strengthen statewide HIV, STI, and hep C prevention and care systems

Section VII – Letters of Concurrence



- Plan concurrence specifies how each planning body was involved in process
- Planning bodies can submit:
 - Concurrence
 - Concurrence with reservations
 - Non-concurrence
- Sample letter included in the IP Guidance (Appendix 6)

Sample Letter (Appendix 6 in IP Guidance)

Dear (Name):

The [insert name of Planning Body, e.g. planning council, advisory council, HIV planning group, planning body] [insert *concur* or *concur with reservations*] with the following submission by the [insert name of State/Local Health Department/ Funded Agency] in response to the guidance set forth for health departments and HIV planning groups funded by the CDC's Division of HIV Prevention (DHP) and HRSA's HIV/AIDS Bureau (HAB) for the development of an Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN) for calendar year (CY) 2027-2031.

The planning body (e.g. planning council, advisory council, HIV planning group, planning body) has reviewed the Integrated HIV Prevention and Care Plan submission to the CDC and HRSA to verify that it describes how programmatic activities and resources are being allocated to the most disproportionately affected people and communities and geographical areas with high rates of HIV. The planning body [insert *concur* or *concur with reservations*] that the Integrated HIV Prevention and Care Plan submission fulfills the requirements put forth by the CDC's Notice of Funding Opportunity for Integrated HIV Surveillance and Prevention Programs for Health Departments and the Ryan White HIV/AIDS Program legislation and program guidance.

[Insert the process used by the planning body to provide input or review the jurisdiction's plan.]

[If applicable, insert how jurisdictions with directly funded states and cities plan to coordinate their HIV Planning process.]

The signature(s) below confirms the [insert *concurrence* or *concurrence with reservations*] of the planning body with the Integrated HIV Prevention and Care Plan.

Letters of Concurrence by Plan Submission Type

Required Letters of Concurrence			
Type of Plan			
Planning Body	Integrated State/City Prevention and Care Plan	Integrated State-Only Prevention and Care Plan	Integrated City-Only Prevention and Care Plan
RWHAP Part A Planning Council	✓ ^[1]	✓ ^[1]	✓
RWHAP Part B Planning Group	✓	✓	
CDC Prevention Planning Group	✓	✓	✓

[1] RWHAP Part A recipients needed to submit letters of concurrence to all states where 10% or more of the HIV cases in their jurisdiction reside.

If there are additional planning bodies in the state/territory or jurisdiction, additional letters of concurrence should be submitted.

Let's hear from you!



- What will the concurrence process look like for you?
- How will you present your plan for planning body concurrence?
- Will this process be different than have you done so in the past?



Questions?

Please take our evaluation!



Upcoming Virtual Event

- **Next Office Hours: Three months to go until Integrated Plan Submission!**
 - April 14, 2026, 3:00-4:00 pm ET
- **Purpose: Provide an open space for questions and discussion among peers**
 - Roles and responsibilities:
 - **You!** Ask questions, share your integrated planning experiences, and discuss challenges and successes
 - **Us!** Moderate discussions, answer questions when possible, and document unanswered questions for further follow-up
 - Session will not be recorded

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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