# Webinar: Gearing Up for Integrated Planning - Approach and Community Engagement

**September 16, 2025**

**Transcript**

[00:00:00] my colleague Rich Baker and I will be presenting on the lessons learned and best practices that we've identified from previous integrated planning processes, and this is with the hope that it can help you all as you begin, or as you continue your integrated planning 3.0 efforts.

[00:00:18] So today, we will provide an overview of the 2027-2031 Integrated HIV prevention and Care Plan guidance with a particular focus on Section 2, which is Community Engagement and Planning Process. And we will also have some time for discussion and questions.

[00:00:39] So, when we get to that point, we'll encourage people to raise their hands, come off mute to either answer or ask questions. And please note, we are recording this first part of the webinar with the slides. And then we will stop recording during the discussion and the questions and answer portion.

[00:00:59] So, the integrated HIV-AIDS Planning Technical Assistance Center, or IHAPTAC, is a HRSA HIV-AIDS Bureau-funded TA center. We offer support to Ryan White HIV-AIDS Program Parts A and B recipients, also, their planning bodies. And we also facilitate peer sharing on all aspects of integrated planning.

[00:01:26] This webinar today is part of our Integrated Planning Webinar and Office Hours Learning Series. So, we are reviewing and discussing the guidance, section by section. We would like to highlight jurisdictional efforts for integrated planning. We will also address emerging and ongoing questions, and facilitate peer engagement and learning.

[00:01:54] So, to get us started, in the chat, if you would let us know who you are, where you are coming from, your jurisdiction, your organization, and your role. That would be really helpful to see who is here. Folks a minute to do that.

[00:02:24] Thanks so much, good to see you all. continue to add to that, please, as we go through our session here. And you'll note that we do have a Q&A functionality. You can also use the chat throughout as you add questions throughout the presentation. in the Q&A function at the bottom of the screen, you can let us know if you have any questions right now that you hope to have answered by the end of the session. And welcome all. Good to see you. Thanks for adding to the chat. Always nice to see who is here.

[00:03:04] Right. Let me go to the next slide, please? Before diving in, I would like to turn it over to Dr. Susan Robilotto, the Director of the Division of State HIV-AIDS Programs, for a brief welcome.

[00:03:18] Thank you, Julie, and I think I was trying to follow in the chat who's here. Good morning to anybody who's further out than our West Coast, so, and good afternoon to everyone else. So, as Julie said, I'm Susan Robilotto, I am the Director of the Division of State HIV AIDS Programs here at HRSA, the HIV AIDS Bureau. And I'm glad that I'm able to be with you today as you gear up for the June 30th, 2026 submission of your integrated plans for calendar year 2027 to 2031. It seems a lot further away than it is, as we all know, time goes very fast, so, we're happy to be able to start this technical assistance off.

[00:04:10] As you know, the integrated planning is a vehicle for jurisdictions to identify HIV prevention and care needs, existing resources, barriers, and gaps, and outline local strategies to address them. Integrated planning is also imperative to affect state and local decision-making to develop and maintain systems of HIV prevention and care that are responsive to your local priorities.

[00:04:39] As you conduct your planning processes in your jurisdictions, this integrated planning cycle will function to meet the needs of the people with HIV and those with certain risk factors of acquiring HIV. On behalf of CDC and HRSA, I would like to thank you for your work that you continue to do every day to move the needle to ending the HIV epidemic. We remain committed to our ongoing partnership and the provision of technical assistance services to support your integrated planning needs. Hope you have a great webinar, and I'm going to turn it back to Julie.

[00:05:14] Thank you so much, Dr. Robilotto, and I think you were right, because I think we have Alaska represented as well, so still morning there. Good morning. Some friends joining from Alaska, appreciate it.

[00:05:26] Okay, if we can go to the next slide, what we are hoping you take away today is, one, understand the changes in the integrated plan guidance for the 2027-2031 cycle. We're going to talk about some strategies to engage community members across the integrated planning cycle, and then how to maintain a representative planning body to guide development and implementation.

[00:05:51] So, before we get underway any further, we'd like to get a sense of your experience. So, we're gonna launch a poll, and would like to hear if you were involved in any of the previous iterations of the plan development. So, first one, 2017 to 2021, or our current cycle, the 2022 to 2026. Both of those, or maybe this is the very first time that you've been undertaking this process. So, if Caitlin, you could launch that poll for us, and go ahead and click on the appropriate response.

[00:06:30] Looks like a few folks have been around since the beginning. Actually, more than a few, because a bunch of folks have been part of both, so… Let's see, how are we on? Okay, I think we've got everybody who has responded, so Caitlin, if we can show those results… We've got a pretty good spread, I think. We've got just over half who have said, no, this is my first time, I've not done this before. So… Glad you are here, glad we also have lots of experience in the room that we'll be able to learn from. And so with that, I think we are going to get underway.

[00:07:18] So, for any of you who have heard us talk before, and we're gonna say this a lot as we move forward, when we talk about integrated planning, we always like to distinguish between the big I, big P, and the little i, little p. So when we say the integrated HIV prevention and care plan, or the integrated plan, that's the big I, the big P. And that's the outcome. While integrated planning, the little i, little p, is the process.

[00:07:46] We do like to stress as well that the big I, big P, the integrated plan, is a living document, so it is meant to evolve as needs and services change. And then planning itself is an iterative process.

[00:08:04] So, CDC and HRSA first released joint guidance that required the submission of an integrated plan in 2015. And we know since that time, jurisdictions have worked to streamline efforts, integrate HIV prevention and care planning bodies, as well as processes, funding, service delivery. We've seen a lot of changes since that time 10 years ago, and the submission of a joint prevention and care plan addresses requirements for planning, community engagement, coordination, and these are established by the Ryan White HIV-AIDS Program legislation, as well as programmatic planning and community engagement requirements that are in both HRSA and CDC program guidance.

[00:08:50] So, the guidance for each cycle of planning builds on the foundation of previous cycles. Your planning can do the same. There's no need to rewrite the integrated plan each time. Rather, you can build on what is working well, and through the integrated planning process, identify those areas for improvement that you then will be able to incorporate into your 2027 to 2031 integrated HIV prevention and care plans.

[00:09:20] So why do we do all this? Integrated planning is designed to accelerate progress toward national goals. It is also designed to tailor service delivery to really reflect what is happening locally. Local vision, values, needs. Of course, strengthen our performance along the HIV care continuum, and support other local initiatives.

[00:09:44] successful integrated planning also looks at identifying and fostering new approaches to address barriers. It leverages existing resources in our attempt to improve efficiencies and coordination of service delivery. It promotes collaboration and coordination in using data and encourages ongoing and open, transparent lines of communication and feedback.

[00:10:12] Successful integrated planning also engages community members and partners, and that is to identify the needs of the community, to prioritize services, and allocate resources. engaging the community drives innovation. It increases the responsiveness and effectiveness of service delivery and helps focus on policy and program development.

[00:10:38] So, for all of that to happen, integrated planning can't be a one-size-fits-all approach. And so the approach that jurisdictions take depends on the specific needs, the feasibility, the context in which planning takes place. So, for example, the existence of other initiatives, like ending the HIV epidemic, can influence how a jurisdiction will approach the integrated planning process. Other factors might be the type of plan that you are undertaking, or the extent to which the jurisdiction is taking a syndemic planning approach, or maybe a whole-person planning approach.

[00:11:18] We hope that you have had a chance to review the integrated HIV prevention and Care Plan guidance for, again, calendar years 2027 to 2031. But we do want to highlight a few things. So, as we've already heard, and as you probably know, submissions are due at the end of June of next year. And submissions will include that integrated plan with all of the components that are outlined in the guidance. That includes a completed 2027, 2031 Integrated HIV prevention care plan guidance Checklist. And then signed letters from jurisdictional planning groups or bodies that indicate concurrence, concurrence with reservations, or non-concurrence.

[00:12:02] And just to note, HRSA has set up a dedicated integrated plan email address if you have questions. And as a reminder, if you do submit questions to the email, please copy your project officer as well.

[00:12:16] So, the guidance that outlines what should be included in the submission is similar to our previous guidance, and the sections you can see on the slide here, introduction, community engagement, and planning process, contributing datasets, and assessments, situational analysis, goals and objectives, integrated planning implementation, monitoring, and jurisdictional follow-up, and finally, letters of concurrence.

[00:12:42] Now, there is no standard template for plan development and submission. And jurisdictions are able to use existing jurisdictional plans to satisfy plan requirements, as long as they also address the broader needs of the full geographic jurisdiction, they apply to the entire CDC and HRSA-funded portfolios, and include updates that describe ongoing activities. And as noted, the guidance includes a checklist that details the submission requirements, also allows the jurisdiction to indicate whether they are new materials, or they used existing materials to meet each of those requirements.

[00:13:25] So just to highlight a few changes from the last guidance. Mostly the same, but a few things are different. So, there is more detailed information in the checklist itself about what to include and instructions. just a naming change, Section 1 is an introduction rather than an executive summary. Noting that in Section 3, which is the HIV prevention, care, and Treatment Resource Inventory, the amount of funding for services is not required. And finally, Section 6 is the Implementation, Monitoring, and Jurisdictional follow-up. And if you review the overview of components, you'll see that that section also is referred to as the integrated plan work plan. And there's information there about the components of the work plan, so reference those as you are developing that section.

[00:14:22] So before I turn it over to Rich, I want to quickly introduce the stages of integrated planning. Here's our little i, little p. And we want to highlight, as I've said, integrated planning is an ongoing process, it's an iterative process. That means it's cyclical. Lessons learned should feed into subsequent stages, should inform improvements. And it also means you don't start over in Stage 1, but rather reorganize or update plans based on previous activities.

[00:14:52] And of course, given the ever-changing landscape, some may find themselves modifying existing processes, refining their current plan, and others may require more intensive efforts to restructure and rebuild their planning processes.

[00:15:07] So briefly, Stage 1, organize and Prepare, answers the questions, well, where are we now? What do we need to do or have to put in place to develop the plan. Stage 2 is prioritize activities and develop the plan, so that's answering the questions, where do we want to go? Looking at our needs and services, what resources or services do we want to prioritize? Stage 3 is where we get to plan implementation. How are we going to get there? What are the steps we need to put into place to achieve our goals? Stage 4 gives us monitoring, evaluation, and improvement. So, how will we track and evaluate our progress toward those goals and objectives? And will we need to make adjustments based on what we are seeing in our evaluation? What are those? And finally, Stage 5, communicate and share progress. How will we share our progress to ensure transparency, build awareness, and share back with the community and other stakeholders.

[00:16:05] And just to note, underpinning this entire cycle, and our focus today, community engagement. Where people with lived experience and other partners are included at every stage of the cycle to enhance coordination, collaboration, and seamless access to services.

[00:16:26] So, HRSA and CDC require that planning processes involve community participation. That may include people with personal and professional experience, expertise, skills, engaging the community from the start strengthens their involvement, and also incorporating feedback into plan-related activities. And then remember to connect with community partners in settings, and in ways that are comfortable to them, and try to avoid falling back on conventional or exhausted methods.

[00:16:59] So, for this section of the plan, what jurisdictions need to outline? This includes how the jurisdiction approached the planning process, engage community members and stakeholders, and fulfilled legislative and programmatic requirements. It also includes who was involved in the planning process, any role of planning bodies, how each Ryan White HIV-AIDS program part was engaged, and how people with lived experience were involved. So this requirement can include portions of other submitted plans, including EHE plans as well. And I just wanted to note, because I do see the question in the chat, we will share slides and recording after the webinar with folks who registered. And I think with that, I am going to turn it over to Rich.

[00:17:49] Thanks, Julie. So, the next step that we're going to go through is we're going to take you through stages 1 and Stages 2 of the integrated planning process. Because many of you might be at that point right now, perhaps some of you are just starting on this journey, others of you might be a little bit further along, so we're gonna take you through step-by-step. Next slide.

[00:18:14] First piece of Stage 1 is really, really important, is making sure that everyone is on the same page. The best way that you can do that is providing orientation and training to ensure that folks on your staff, your planning council members, and others that are engaged in the process, like Julie mentioned, this is a community collaborative effort. You want to make sure the groups understand why integrated planning, and what are we aiming to do with this process? One really good step of that is your attendance here today, and encouraging others to receive these materials, sign up for our webinars, or even sharing the slides and the recording with folks who are in your programs that might benefit from getting a better understanding of the integrated planning process.

[00:18:55] Some things that you want to ensure that you incorporate into that orientation is clarification of terminology. Those of you that have been around in public health, or those of you that are new, know that public health as a field is filled with acronyms. And it can be really difficult for folks who are new to the work to understand what all the different acronyms and different departments might mean. So making sure that you're clarifying that from the jump is really important. Making sure that you go through all the different pieces of the integrated plan, so they understand what role they're going to play at each stage of the process and in the development of each section. Getting a good understanding of what other national goals and some of the EHE strategies that might influence plan outcomes and goals and objectives in your area. And really, really important is learning to understand how to develop and understand how to interpret SMART objectives. So, smart, I just didn't follow my own rule there, but SMART stands for, Specific, Measurable, Attainable, realistic and time-bound. So making sure that that's well understood as you're thinking about this. This tends to be a tricky point, because a lot of people want to create really big goals, but it's important that you create goals that you're able to achieve. So, helping folks understand what those, what that goal development looks like from the beginning, can set you up for success. And then lastly, developing that shared context and the vision for the integrated plan development.

[00:20:23] Really, really importantly, ensuring that you do this early on in the process. As Julie mentioned, we want to ensure that everyone is bought in from the beginning, so they understand how this process is going to work. At this point over the next 7 months or so. Similarly, you want to make sure that there is a pathway for ongoing and clear communications across the stakeholders, so ensuring that you have procedures put in place for how you're going to communicate out progress in certain areas, who's going to be engaged for which parts of goal development, as well as plan development. And equally as important is ensuring that you have a process for decision making. So, as this process becomes bigger, as more folks get involved, you want to make sure that there's an understanding of who's providing advisory versus who's making decisions based off of that advisory. You don't want to get further down the road to figure out that you established a really robust planning process, but you don't have any way to effectuate it because you don't have decision makers in various places. So making sure that you have that figured out is really important from the beginning.

[00:21:31] And making sure that there is a shared language or that lexicon across prevention and care. So, given that this is a coordinated, integrated HIV prevention and care plan, it's important that the different sides of the plan make sense, that they interact with each other, and we're thinking about this across systems of care and from a whole-person perspective.

[00:21:55] Equally as importantly, so as you may have heard earlier on, it's possible that jurisdictions may be submitting either as a Part A or a Part B plan, or a combined plan. Even if you're submitting independent Part A and Part B plans, it's still really important to ensure that there's collaboration and communication across so that shared vision and shared goals can continue to supplement either side. You don't want to fully silo this based on Part A versus Part B.

[00:22:28] Making sure that you have a very well-representative planning group is really important. So, Julie mentioned this from the beginning, but ensuring that you have strong representation from folks who are living with HIV, from folks who are disproportionately at risk for contracting HIV, so making sure that you have strong community representation, as well as provider representation. So, providers from the sense of those who are providing medical services, as well as support services, case management out in the community, and different community spaces that are engaging folks living with or at risk for HIV.

[00:23:06] So in the prior planning cycle, there's a variety of ways that jurisdictions did this. Some of them used existing planning body subcommittees or work groups, and they repurposed some of those goals to focus on integrated planning work. Some jurisdictions established a new planning body altogether. Others built on existing groups to support a syndemic approach, so thinking about how you can build that in, depending on what different groups are already established and working towards. And then lastly, establishment of steering committees. So, it's possible that in addition to the original planning body and planning council work, membership from a variety of different spaces may come together to form a steering committee that guides the integrated planning process over the year, often 9-month to year-long process that it takes to conduct needs assessment activities, incorporate needs assessment information into the goals and objectives development.

[00:24:06] So this is what I kind of just mentioned, but in the prior planning cycle, so when we saw separate integrated plans coming together, we did see jurisdictions promoting collaboration between that Part A and Part B, and ways that you can do that, some best practices around that, be sharing membership across the planning body, so having representatives from both coming to different meetings so that you can ensure that those perspectives are carried back and forth. Coordinating the planning activities across groups, so that includes the needs assessment and plan development activities. And then integrating elements from the other plans and developing complementary approaches.

[00:24:43] So, like I said, even though Part A may have different components than Part B, if you're developing separate plans, there's a lot of opportunities for where you can make those plans interact and create some synergy between the two of them. And even better if you can find opportunities in terms of funded partners who are carrying out and implementing the work, as well as some of that data collection side, if you can create agreements that exist across different departments, to ensure that we're moving the ball forward for both plans.

[00:25:17] So as we're thinking about what are some of the first steps of Stage 1, one of the first things that most jurisdictions lean on first is the needs assessment. So, the purpose of your needs assessment is really getting a sense of the number, the characteristics, and the needs of people with HIV in and out of care, and those who would benefit from those prevention services in your community. A lot of times that can look like a combination of epidemiological data sources, maybe coming from your state departments of health or your local jurisdictional departments of public health and some of the city departments.

[00:25:54] But importantly, it's important that we look beyond just those data and those numbers to also figure out where are the other gaps? So, jurisdictions will take on different processes that they might focus on doing listening sessions of affinity groups. Other jurisdictions may put out a provider survey or a client survey to get a sense of where are the community-based gaps for HIV services that need to be addressed with this integrated plan. Key informant interviews are another opportunity to be able to engage specific populations that may not have strong representation elsewhere.

[00:26:30] So, whatever strategy that you choose, what's most important here is that it's diversified, so that we aren't leaning on any one singular strategy to be able to get the full picture of what HIV need looks like in our community. The idea is that we should be taking a look at the current resources that are available to meet those identified needs, at the same time while also innovating and thinking outside of the box to be able to think, where are the gaps, where are the services that are being provided not reaching, and how can we retool those services and develop goals to be able to think more innovatively about how we can reach those populations moving forward.

[00:27:08] And then equally as important is that we're thinking about how we can review and present that data back to the groups. Again, it's a community process, so once we establish a strategy, we want to get feedback on the implementation of that strategy to be able to… how are we going to ask these questions out in the community, and then all the way throughout the process. So we want to be taking a look at, as we're asking these questions, that we're sharing that information back, because these same people that we are engaging to ask the questions about where is their community need, those are the same people that we want to be engaging to be able to be figuring out what types of goals and objectives are we going to put in place to move the ball forward when it comes to HIV prevention and care services over the next 5 years.

[00:27:53] Some of the ways that you can do that… really, really importantly is making sure that you're summarizing the findings and clarifying and highlighting those trends that are that you're identifying through your needs assessment process. like I said, we want to ensure that this is as community-engaged of a process as possible. So as you're collecting information, you want to be sharing that information back out into the community, as a component of getting ready to prepare for the development of those goals and objectives.

[00:28:23] Importantly, not everyone responds well to data and numbers. Finding ways to incorporate visuals, so charts, graphs, and also relying on personal stories and anecdotes can be really useful in some of those areas where the hard numbers and the graphs don't necessarily create the full picture of the story.

[00:28:46] Which brings us to Stage 2, and that's our prioritizing our activities and developing the plan. So, our setting the stage is engaging, finding the right people in the community, to be able to be engaged in the process, developing those structures, those meeting structures, those communication pathways, and that decision-making capacity, while also asking all of the questions of where are the gaps out in the community, and also what are we doing well that we want to continue to replicate moving forward. All of that sets us up for Stage 2, which is where we start to prioritize some of those activities and work on development of the plan.

[00:29:25] So, in order for us to do that, it's important, as Julie mentioned, the planning guidance builds on previous plans, and we want to encourage you to not think of this as, let's totally restart. The planning process should continue to evolve over the years, so the first place to be looking when you're thinking about your next integrated planning cycle, for those of you that are new to the process, is take a look at that 2022 to 2026 plan, figure out what works, and also start to identify where some of those gaps are to inform how you're going to work on the next plan.

[00:29:57] Other areas that you can take a look at, there's other supplemental HIV initiatives going on alongside of the integrated planning process. So, taking a look at maybe your state, your city, department, jurisdictional plans, as well as other national strategies, like the Ending the HIV epidemic, or maybe getting to zero efforts that have been going on in your community. Draw inspiration from those spaces, and also be looking at those spaces for what's missing from those conversations. Your goal should be identifying lessons learned, so what worked and what didn't work, and we should be working to improve upon the work that we've done in the past.

[00:30:35] As you're going through that, you want to make sure that you're documenting those best practices. So, as much as possible, try to draw on some institutional knowledge. Hopefully, there are people who are involved with your current integrated planning process that have been involved with it in the past. Maybe not in your local jurisdictional or your state health department, but there's likely institutional knowledge out in the community that you want to be asking those folks, especially folks who are returning what worked well, what didn't work well, and how can we incorporate those strategies, those perspectives, into the process moving forward.

[00:31:09] And of course, making sure that you're referencing the federal guidance. You don't want to get into a spot where you're realizing that maybe you don't have all of the pieces of the pie that you need in order to complete the integrated planning process. So, Julie referenced this earlier, but there is an integrated planning checklist, which is a resource that IHAPTAC can also provide to you, if that's something that's would be useful for you, but make sure that you follow that checklist from the beginning, to be thinking about ensuring that you have a roadmap and a process for how you're going to be able to get all of those different pieces of the integrated plan.

[00:31:48] So, the next thing that you're going to want to do is start thinking about how you're going to structure your plan and development process. So I mentioned this in the previous stage, but it's really important to continue doing. Ensuring that you have the leadership, staffing, and resources for effective planning. It sounds relatively straightforward, but it's really important to be thinking about, especially as you're in this early stage. Do you have all of the roles that you need filled out? Do you have open positions that you need to fill? And if you do have open positions that are going to be critical for the integrated planning process, do you have a plan for how you're going to fill those gaps if those positions are open? So be thinking about that, be communicating with your leadership to make sure that you can that you aren't caught without a plan further down the road.

[00:32:34] Similarly, making sure that you establish realistic timeframes. A lot of jurisdictions take this point in the process to be able to develop a roadmap document, which helps guide the rest of the steering committee, or who else is going to be involved in integrated plan development, is looking at it from this point forward, at what stage do I want to have certain sections of the planning process complete, who's going to be in charge of those different pieces, and making sure that, again, that you're delegating that out, that you're communicating that out, and that you're also establishing those decision-making processes early on so that you can hold folks accountable through the planning process.

[00:33:10] You don't want this process to be on one person's shoulders. It's a very, very complicated process. There's a lot of pieces to it. It involves a lot of collaboration when it's done right, so you want to make sure that you have a process set up for who's gonna be doing what piece, and that you have that communicated early on.

[00:33:28] Using collaborative tools can be a really useful way to do that, so thinking about Google Docs, SharePoints or Miro boards as a way to streamline that input and participation, and making sure that everyone is able to look at the documents in the same versions. What you don't want to get into the habit of is sharing out a document that then gets sent back to you, but you've already been working on another document. So you want to be conscious of version control as you're working and moving this process forward. So these collaborative tool spaces are an effective way to make sure that everyone's on the same page, and that you're working forward, and not having to jump back and make corrections or edits in a backward direction. Similarly, you want to make sure that you're developing a monitoring plan. So I mentioned the idea of creating integrated planning roadmap, or as a lot of jurisdictions call it, the plan for developing the plan. You want to make sure that you have a monitoring plan to ensure that the right people are included in that, and that you are also including accountability measures for when things need to be done, that dates are attached to things, and again, that those timelines are realistic based off of all of the different things that are going on in your day-to-day lives.

[00:34:42] Ensuring that you're engaging the partners in the community, so, as we mentioned, ensuring that you have diverse voices involved in the planning process. So we want to ensure that we are getting community voice, not just in the needs assessment process, but that there's strong community voice in the integrated plan development as a whole. So that includes the development of the goals and objectives, as well as the overall strategy of the plan from the beginning. And also ensuring that you're using flexible engagement methods.

[00:35:13] We are all in a space where sometimes we are over Zoom meetings out, or we're over-meetinged out in general. You can get a level of fatigue coming from the community, from asking too much participation, so be conscious of how much you're asking of the same people over and over again. If you've been really reliant on a specific community group, make sure that you're trying to do your best effort to diversify those voices, out of respect for the folks that might be regularly tapped on for support in these areas, even if they're very gung-ho about wanting to support you. And making sure that you have dedicated staff time. So, plan development, like I said, can be a labor-intensive process, and you want to make sure that you have clear-cut, identified staff time to be working on those collaborative efforts and moving the plan forward.

[00:36:05] I've mentioned this a couple times, but you want to make sure that throughout the planning process and throughout the plan development process that you have a feedback loop going back to community. So, as you're developing various sections, getting the perspectives of the community on whether or not they agree with the direction that you're taking things, that they're understanding the different directions that you are taking for your planning process, and that you're encouraging openness to evolving your process as the planning process continues.

[00:36:35] So, easy ways that you can do that is presenting some key information in open meetings and then creating opportunities for feedback and for folks to share perspectives. Another way that you can do this, sometimes in a little bit more of a controlled fashion, is presenting information and then distributing online surveys afterwards to be able to receive what some of the responses are. Recognizing that sometimes people may not feel comfortable responding live and providing their perspective in a meeting, but they might be more transparent and open about doing so if provided a survey or other opportunities via chat or an email to be able to ask those questions or share that feedback. Or maybe even approaching it a little bit more formally, so seeking a formal public comment process and a public hearing or using venues such as existing community meetings and our advisories or provider forums. I want to encourage as much as possible that you think about what type of meeting infrastructure, what type of community engagement structure already exists in the communities that you're trying to work with. And figure out if there's opportunities that you can enter into those spaces, provide information, and seek feedback. In terms of labor intensity on your side, it can be much easier to tack on to existing infrastructure than it is to kind of build things from the ground up, given that you're already going to be doing a lot in terms of the development of the plan itself.

[00:37:59] The last piece on here I want to really emphasize is that the integrated plan must be reviewed by the full planning body or planning council, resulting in a letter of concurrence, or a concurrence with reservations, or no concurrence. This is why it's really important to be involving community voice from the beginning, throughout the planning process, like I said. Definitely in the needs assessment, but beyond the needs assessment, also ensuring that community understands why you're taking the approach that you did, what type of community voice have you incorporated, and what type of community voice was involved in the development of the goals and objectives? Because when you reach the end stage, the final step before submitting the plan to CDC and HRSA is presenting a plan that needs to be reflective of the community. And if the community doesn't feel that they've been engaged throughout that process, they have the opportunity to respond to that by submitting a plan with no concurrence. So we want to ensure that we have integrated plans that reflect community needs and reflect community goals and objectives, and hopefully that will get you to the point of being able to submit a plan that has that community concurrence built into it.

[00:39:16] And then lastly, before we switch it over to some discussion, we just want to share some lessons learned, and some considerations from prior planning processes. I mentioned this at the beginning, but really be thinking about the training needs for those who are new to the integrated planning process. I know a bunch of folks on this call recognize that they were new, take advantage of TA opportunities as they come up, so as you see different workshops that are being put out by the IHAP TA Center. We're here to help support you between our webinars, as well as our community forums, and our one-to-one technical assistance that's available to you. Encourage folks to engage in those types of services, to be able to get a good sense, and also ensure that you have, you've developed training resources that are specific to your jurisdiction, so RTA can be focused on, kind of, the national guidance as it relates to integrated planning, but you really want to make sure that this is a localized process as well, which involves information about processes and procedures in your community, as well as incorporating the epidemiological and the HIV needs of your community.

[00:40:27] Identifying opportunities and innovations to improve and expand community engagement, so be thinking about how can we be engaging community in 2025? We have all this tech available to us. Does that mean that we're more connected? It does if you're able to leverage it in a way that really ensures that community feels like their voice is being heard, and that that feedback is being actually visually and visibly incorporated into the development of the plan.

[00:40:55] Making sure that you coordinate and collaborate with other jurisdictions. So, like we mentioned, ensuring that you have your Part A and your Part B collaborating, even if you're not submitting a joint plan, it's important to get a sense of what is going on at the different parts to figure out where there's opportunities for cross-collaboration and synergy between the plans. And also consider documenting out-of-scope activities, so there may be things that are outside of the scope of your specific jurisdiction's funding, or maybe due to funding cuts in your community, you're not able to do certain things that you would like to. A great example of this is, the last planning cycle, Arizona created an If We Could, We Would section with the goal of promoting innovation that may not be funded in this specific moment, but it encourages people to be thinking outside of the box, other community partners that might seek out additional grant funding, outside of the state or the jurisdiction funding sources, to be able to continue to innovate as it relates to HIV services. And this section can also potentially be inspiration for the development of future planning efforts further down the road and future cycles.

[00:42:10] So with that, we are going to transition for our last 15 minutes or so to give you an opportunity to ask questions, to share different thoughts with each other.