

## Transcript: The Final Stretch: Mastering SMART Goals, Monitoring, and Concurrence IHAP-TAC Webinar | March 24<sup>th</sup>, 2026 from 3-4 pm ET

goals monitoring, and concurrence. We'll provide an overview of sections five, six, and seven of the 2027-2031 Integrated HIV Prevention and Care Plan Guidance, which are the sections on goals and objectives, the integrated plan implementation, monitoring, evaluation, dissemination, as well as letters of concurrence. We'll go over developing smart goals and objectives and how to build these into a comprehensive integrated plan work plan to ensure successful integrated plan implementation, monitoring, dissemination. We'll also end with a discussion on how jurisdictions are approaching the concurrence process with their planning bodies. We've left a little more time than usual for discussion and questions, so encourage people to add questions into the Zoom-- I mean, sorry, into the Zoom chat, but also encourage people to raise their hands and come off mute to ask questions during the discussion.

The IHAP TAC is a HRSA HAB-funded TA Center, and we offer training and technical assistance and facilitation of peer sharing to Ryan White, Part A and B recipients, and their planning bodies on all aspects of integrated planning. This webinar is part of our Integrated Planning Webinar and Office Hour Learning Series, where we're reviewing and discussing the guidance section by section, highlighting jurisdictional efforts for integrated planning, addressing emerging and ongoing questions, and facilitating peer engagement and learning. So by the end of this webinar, we hope that you'll be able to describe the purpose of section five, which is goals and objectives, identify at least two components of section six, implementation, monitoring, follow-up, and know how to write a smart goal or objective.

So please let us know who you are in the chat. If you could share your name, what jurisdiction or organization you're from, and your role. And if you have any questions either now or during the presentation, it does say click on the Q&A, but we don't have that enabled right now, so put your questions into the chat function if you have any during the session.

If you've joined us before, you've definitely seen the slide where we highlight that integrated planning is an ongoing and iterative process, meaning that it is cyclical and lessons learned should feed into subsequent stages and inform improvements. It also means that jurisdictions do not start over in stage one but rather reorganize or update plans based on previous efforts. Given the ever-changing jurisdictional landscape like staffing and funding and policies, some may find themselves modifying their existing processes or refining their current integrated plan, while others may require more intensive efforts to restructure and rebuild processes. So now I'm going to pass it off to Rich to discuss developing smart goals and objectives.

Thanks, Julie. So hopefully, this is a stage that you are close to if not already achieving right now in your integrated planning process, but that's our section five goals and objectives. So the purpose of this is to detail your jurisdiction's goals and objectives spanning from the years 2027 to 2031. When you're thinking about goal development, you want to reflect on-- you want them to reflect strategies that ensure comprehensive and coordinated approach to HIV prevention and care funding, and you want to be thinking about how your goals should be broad-reaching and address priority areas that you're identifying through your situational analysis.

They'll be organized across the four Ending the HIV Epidemic strategies, and you should be thinking about having at least three objectives that is jurisdictionally specific per strategy, and the real focus of these goals should be that they're addressing the barriers or needs that you've identified throughout your integrated planning process and through that community engagement that Julie just referenced. Importantly, it is possible to submit other updated plans to satisfy the goals and objectives requirement, but you want to be conscious of ensuring that these goals and objectives apply to your full jurisdiction. So for example, if you're submitting an EHE plan that only covers part of your jurisdiction, you want to think about how those strategies can be expanded to cover the full jurisdiction depending on what type of a plan you're submitting. So let's dig a little bit deeper into what that process actually looks like. So your first step is going to be priority setting. And as Julie just mentioned, best practice is not starting

from zero every five years. What you should be doing is taking a look at existing plans. So taking a look at that 2022 to 2026 integrated prevention and care plan and thinking, "What has worked? Where have we seen success?"

Where are there continuing to be gaps? And what else do we need to potentially look at to supplement what we've done through that planning process? Importantly, this should be a process that you do with community members, with people living with HIV, and from communities of people who are disproportionately impacted by HIV in addition to your public health department peers. You can also take a look at the EHE plan. So that's the ending the HIV epidemic. These don't exist in every jurisdiction across the country.

But if you have an EHE plan within your jurisdiction, it's a great map to be able to be thinking about what are some realistic targets that we can set, what can we pull from this plan as a foundation, or what can we use directly from this plan to satisfy the goals and objectives for this planning cycle? Some jurisdictions may also have getting to zero plans, which is something that you can take a look at, also as potential ingredients for your development of your priorities for this time around. And also, many jurisdictions have your own jurisdictional prevention and care plans. Maybe this is something that guides the work of your Department of Public Health or otherwise.

So take a look at some of those. And again, think of these as integral components that can help build up the goals and objectives for this cycle of planning. The next stage is making sure that you're reviewing your current needs assessment and updated epidemiological data. So that's in your section three, which we've detailed in previous webinars. If you didn't get a chance to view those webinars and are curious, we can share those links with you. But taking a look at thinking about what did we learn through our needs assessment and really focusing on what is different this time around.

So sometimes with planning, you can get into a groove of it seems like we're saying the same thing over and over again, but it's important to recognize what has changed over the last several years. I mentioned this the last time that we had a webinar, but thinking about all that has changed since the beginning of the previous planning cycle, which was right around the year 2020 when we were starting to think about the 2022 to 2026 cycle. So that's when we saw the COVID pandemic, a real shift towards online engagement.

So think about the different ways that our world around us has shifted and think about how you can apply those needs assessment as well as the updated epidemiological data to be thinking about what your new priorities are going to be moving into 2027. And then, of course, lastly, you want to consult your stakeholder and community advisors. So that's your providers. That's the folks who are doing the work out in the field. And really be thinking about how you can prioritize the perspectives of people living with HIV as well as those that are at risk for HIV. So how do we go about doing that?

This is really what we like to refer to as operationalizing your situational analysis. So your situational analysis is one section of your plan where you're going to be taking a look at how do we apply everything that we learned through previous planning cycles? How do we take a look at all the new data that we have and start to identify based off of the input of our community advisors, what are our priorities that are going to guide the work over the next five-year cycle? It's important that you're thinking about these priorities and alignment across your jurisdictional needs, especially for folks that might be writing plans for large states, to be thinking about the diversity of needs that might exist across different communities, both in urban and rural spaces, and across the various stakeholders that are engaging in HIV services. These are going to be organized within the four pillars of ending the HIV epidemic, which are diagnose, prevent, treat, and respond. So in order to do this, you're going to draft SMART objectives, which we will get to on the next slide as a reminder, and corresponding strategies that ensure a comprehensive, coordinated approach for HIV and prevention and care funding. And I say funding, but I also mean resources and services as well. From there, you're going to identify what your key measures look like, including baseline measures to track your progress because this plan is only as good as whether or not we can track implementation and progress to be able to report that back out and also to be able to assess whether or not we are making progress towards the work that we're trying to do and starting to see outcomes that we are looking for so we can ensure that resources are allocated efficiently.

This last note on here, very important. This process should be both community and data-informed. So data-informed often is where we look to the epidemiological profile. Community-informed is that community engagement process.

So that might look to some jurisdictions like a broad needs assessment activity. But beyond just the needs assessment, there's ongoing community advisors through your HIV planning groups or your Part A planning councils that are guiding this work. It's important to be thinking about throughout the duration of the process, as we're developing goals, as we're operationalizing our situational analysis, as we're identifying priorities, and once we get to the stage of implementation, that we're thinking about this as a community-oriented process. So this is what I just mentioned, but to reinforce it one more time, it's really important that throughout the process, we're thinking about how these objectives are developed and are refined with input from community members, advisors, and our implementation partners. If this plan just looks like another strategic plan for the Department of Public Health, that doesn't come with input or advisory in terms of how this plan is going to be carried forward, you're going to have a difficult time getting the buy-in that you need in order to get this plan implemented and to start to see some of the progress that you're hoping for. So it's important that throughout every stage of this process, you're thinking about how are we engaging our community members, particularly those who are living with HIV and those who are at risk for HIV.

So let's stop a moment and remember what SMART goals and objectives mean. I think sometimes we assume we have a strong understanding of what SMART goals are, but the reality is SMART goals and objectives are really difficult to write because they're incredibly complicated. They sound simple in nature, but in practice, they're very difficult to ensure that you actually have achieved all of these different elements. So when we say smart goals, the first thing that we mean is specific. So what is it that you actually want to accomplish? You want to be thinking about the who, the what, and the where. If you make this too broad and say, for example, the state of X is going to accomplish outcome Y, who from state X is going to accomplish that outcome Y. It's important for you to be specific about specific implementing partners, whether it's your Department of Public Health, whether it's specific bureaus within your Department of Public Health who are going to be doing the action, and also what the action actually is. So making sure that they're specific is a very, very important element of a SMART goal. Similarly, they need to be measurable. So you need to be thinking about if we are going to be moving towards getting to a specific data-driven outcome, what are we going to-- what data do we have to track that progress? Do we have that data measure now? Or is that something that we need to get? What baseline measure are we going to base this off of? Are we looking at 2026 data as our baseline for what we use in this plan? Or are we going to use a specific number? You can choose whichever direction that you want. It's just important that you have a baseline measure and that you standardize that throughout so that you know what you're tracking your progress based off of. Importantly, making sure that your goal was achievable or attainable. Is this something that is reasonable or doable based off of our program resources, based off of how much funding that we have? For example, is it realistic for us to be thinking about increasing the rate of PrEP by 50% within our jurisdiction if we don't typically see that in the last five years or if we don't intend to see a massive influx of new resources that are going to be going towards PrEP? So thinking about what is an idealistic goal, but what is actually realistic within our scope of work and within the scope of resources that we have available to us. This sometimes can be a tricky one with community input because community advisors are rightfully so pushing and pushing further to try to see the outcomes that they're hoping for, which is improvements in the HIV care continuum. But it's important to recognize that these larger system changes sometimes move at a more incremental pace. And what you don't want to do is to create a goal that is unattainable for you to be able to actually accomplish within your five-year period. So it's important to give that reality check when you take a look at it in combination with what resources that you have.

The R stands for relevance. So is this actually relevant to the goal? Is the strategy that I'm proposing making sense in terms of pushing us forward to achieving that goal? And lastly, time-based. So what is the timeline for when we want this to be achieved? When we're thinking about a five-year planning cycle, that's 2027 to 2031. But do we really want every single objective that we propose to have a December 2031 end date? Or do we might want to think about what things can be realistically achieved in a timeframe leading up to that point? What key activities might get us to that larger 2031 goal, and start to think about it in terms of phases throughout that five-year period so that you don't reach 2031 and think, "We shot too far with setting that goal. This isn't realistic"? Whereas if you had established some measurability, some trackability prior to that, you also have the ability to say, "This goal doesn't make sense for us given our resources. We're going to adjust it." So reminding ourselves that it is possible to update and edit these goals throughout the planning cycle. They're not set in stone once you've written them.

So let's talk a little bit about what your process looks like for writing SMART objectives for the integrated plan. Your first task, as I've mentioned, is going to be identifying a key trend or a priority based off of your situational analysis. That's taking all of your inputs to try to figure out what do we actually need to resolve? What are some of the key bottlenecks within our jurisdiction that we need to fix? Where are there things that are going well that we want to continue to expand or improve? And use that as a foundation for your goals. The goals are pretty much set out for you with the EHE pillars. So you can either draft a SMART goal in line with the pillars of EHE, or you can use the EHE pillars directly to satisfy the goal. What's important is that you have at least three objectives per pillar. So as a reminder, your pillars are diagnosed, prevent, treat, and respond. And we want to have at least three objectives for each of those EHE pillars. The objective is a smart objective addressing your jurisdictional needs related to the goal. So that's something that is broader focused but still specific enough and measurable over the time period. And your key activities are going to be measurable strategies that support the jurisdiction in achieving that objective. We're going to have an example on the next slide. And if you take a look at the slides since we send them after, we shared some additional examples to use as a framework. So your key activities are going to be the different strategies that you're going to be using to advance that goal and to get you to the point of being able to reach the outcome that you're projecting. Your responsible parties, those are the parties that are involved in executing and tracking the implementation of the objective. And your key partners are all of the different community members, individuals, and organizations that are working to support the implementation or advise the strategy. So there may be things that are solely administered by the Department of Public Health, but are done so with the advice and the advisement of key community members. So it's important to spell out who those key community members are or who those implementing partners are in the plan also as a method of ensuring that there's buy-in so people know that this is an area of this integrated plan, that it is my role to step up.

And then you have your performance measures, so your data sources that you need to monitor progress, which includes your key baseline measures in order to know what you're monitoring based off of to track that progress. And lastly, you have your progress towards national HIV goals. So how is this goal advancing national HIV strategies? So for an example, we chose to give a prevention-focused example. So your trend identified in the situational analysis is that you have low PrEP awareness and reduced access, causing underutilization by individuals who are at risk for HIV within your jurisdiction. Relatively broad theme, probably something that is relatively familiar to you in your jurisdictions. But what do we do with that? So the goal, of course, is the EHE strategy, which is, "Prevent new HIV infections by using proven interventions." A sample potential goal that we have related to this objective-- nope, sorry. A sample objective that we have related to this goal is by December 2031, we're going to increase PrEP uptake among populations at disproportionate risk for HIV by 35%. To make this even more specific, you might want to think about who those key partners are, but those are on the next page. Key activities by December 2028, the Department of Public Health will develop and disseminate two new PrEP educational resources.

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. And lastly, by December 2031, long-acting injectable PrEP will be made available at 80% of federally qualified health centers within the jurisdiction. So here you have three different examples of key activities that are going to advance us towards increase of PrEP uptake among populations within our jurisdiction. Importantly, what you'll notice here is these key activities are also written in smart format. Digging a little bit further for our responsible parties, it's thinking about who's going to be involved with monitor and tracking. So you have your Part B funded providers as well as your health centers. Your key partners are your community members, your HIV planning body, your primary care providers, people living with HIV, as well as your PrEP Consumer Advisory Group. These are just potential examples of what might exist within your jurisdictions that you want to be thinking about as key partners that are going to be important to tap into to be able to advance these different strategies. Your performance measures are PrEP navigation data, pharmacy data, participation in the community of practice, and a provider survey around long-acting injectable PrEP. As it relates to national HIV goals, this is going to be reducing HIV-related disparities and increasing uptake of PrEP interventions. So like I mentioned, once we share the slides with you, you'll see an additional example related to the treat side of things. But hopefully, this gives some additional context of where you might direct some of your goals or might give you some information about how you might refine your existing goals

and objectives that you're working towards to make sure that they're smart enough that you're able to implement and track them.

So moving beyond the goals, we're going to want to think about what section six is, which is implementation, monitoring, and follow-up. So in order to do so, you're going to describe your infrastructure, your procedures, your systems, and tools that are necessary to support the implementation of all of these goals. That's really what the key functions of this section is. How are we advancing these goals, and what are the different key partners that we're using in order to do so? So broken down within that section, you have implementation, which focuses on all of the different elements in different groups that you're going to tap towards promoting implementation, monitoring and evaluation, how you're going to ensure that the plan gets monitored, where you're taking a look at the different steps for evaluating your own success. So again, that's taking a look back at those baseline measures, thinking about what baseline measures are necessary in order for us to monitor our progress, and then also where there's opportunities for improvement. So as a component of monitoring and evaluation, you may figure out a year or two into the process that some of the goals or objectives just don't quite fit with reality within your jurisdiction. Maybe they need to be tweaked, maybe numbers need to be tweaked, maybe implementing partners need to be tweaked, or maybe they need to be abandoned altogether. Hopefully not that. But it is important to have an opportunity for you to be able to do that critical analysis because five years is a long period of time, and you don't want to be working towards advancing a strategy that doesn't necessarily make sense for your jurisdiction anymore. And it's important that you describe the roles and responsibilities at each stage, as well as who the decision-makers are throughout that process. It's very important that you have those conversations and identify those areas from the beginning so that there isn't any confusion further as we get down into the development of the plan. And I think from there, I'm going to pass it back to Julie to take us through the next steps of implementation.

Yes. Great. So for the implementation section, jurisdictions should detail the process for coordinating stakeholders and partners to meet integrated plan goals and objectives, including people with HIV, people in communities disproportionately affected by HIV, and providers and administrators from different funding streams. So note here that while it may be helpful to start developing a work plan based on your integrated plan with tasks and responsible parties and timelines, a detailed work plan for integrated plan is not required. More detail for the work plan can be fully fleshed out after submission, as you have six months between submission and 2027 to be able to put into place those implementation activities, and if any adjustments are needed to be made between the 2026 and 2027 implementation. Creating an actionable monitoring and improvement plan will help you demonstrate success while tracking ongoing barriers and challenges. Monitoring improvement activities keep the plan on track and provide important information to share with community partners. In addition, monitoring helps you track progress on plan goals and objectives and thus improvements in health outcomes and service delivery for those with HIV and those who could benefit from HIV prevention services.

For the monitoring section, jurisdictions should describe the process for monitoring the progress on plan goals and objectives and how monitoring will be coordinated among different collaborators and different funding streams. For states with multiple plans, including specific timelines and coordination activities, can avoid duplication of efforts and identify potential gaps in service provision. And as with current grant monitoring, recipients will have to provide updates to both CDC and HRSA as part of routine monitoring of all awards. For the evaluation section, you'll want to describe the performance measures and methodology used to evaluate progress on goals and objectives and include information about how you will analyze performance measure data and also how often this information is presented to the planning group. For the improvement section, you'll want to describe how you will continue to use data and community input to make revisions and improvements to the plan. You'll want to include the time frame and the frequency of how often you will make revisions and how those revisions decisions will be made.

As mentioned on the previous slide, you don't have to develop a full work plan for submission, but it may be helpful to start mapping out objectives into a work plan with activities and data measures. You can use this as an opportunity to ensure you have access to data and don't get into a situation where there is not a process for obtaining certain data points. This slide is just re-emphasizing some of the key points mentioned already, but you want to make sure that your activities can be tracked and that there's available data that you can obtain to track all activities and outcomes. You want to ensure clear roles and responsibilities for activities and data collection. And as always, allowing flexibility. We're often talking about how the plan is a living document and should be reviewed and

updated at least annually and that you have the ability to adjust activities and data indicators to capture what you can track. As I mentioned, you don't have to have a fully fleshed out work plan at the time of submission because you can use the six months between planned submission and when the plan implementation to build out the work plan, sustain community engagement, and get ready for the implementation phase in January 2027. However, we do have an integrated plan activity work plan and monitoring template that is available on our website that Julie just chatted out. And you can use this to fully flesh out operationalizing your integrated plan. And finally, in section six, you'll describe how you'll provide regular updates to your planning bodies and stakeholders on the progress of plan implementation, solicit their feedback, and use the feedback for plan improvements. Ongoing dissemination of plan activity and progress is essential for ensuring transparency, building awareness, and engaging with those who may benefit from or provide insight into program implementation and service delivery. So now I'm going to pass it over to Rich to discuss letters of concurrence and facilitate the Q&A.

Thanks, Julie. So the final section of your integrated plan is achieving letters of concurrence from your different planning bodies. So your plan concurrence specifies how each planning body was involved in the process and really is an opportunity for the planning body to respond to the various priorities that were set and find an opportunity to share whether or not they agree with the plan or not. So essentially, your options for planning bodies they can submit concurrence, concurrence with reservations, or non-concurrence. Ideally, we're working towards a concurrence vote, but it's important to recognize that there are three different options that your planning bodies can submit related to your integrated plan.

There's a sample letter included in the IP guidance, which is Appendix Number 6, but I believe I have an example of that on this next slide. So this is an example. This example, like I said, can be found in Appendix 6 and IP guidance. This is the formal attachment that you're going to include with your integrated plan outlining the concurrence based off of what different groups have decided. So depending on which groups that you have or what type of plan you're submitting, there's different requirements for concurrence. So if you're a planning [bot?], if you are submitting an integrated state, city prevention and care plan, you need concurrence from your Part A Planning Council, as well as your Part B Planning Group and the CDC Prevention Planning Group. If this is an integrated state prevention and care plan only, it still requires a letter of concurrence from all three. And then this is an integrated city-only prevention and care plan. You only need your Part A Planning Council, as well as the CDC Prevention Planning Group, if you have them. Key point here is if you do have a separate CDC Prevention Planning Group, we know that many jurisdictions have since integrated their planning groups. So just noting that that is a jurisdictionally specific point.

So moving forward, we want to give an opportunity to hear from all of you because we recognize that this might be a stage that you are at in your planning process, is starting to think about finalizing and refining those goals and objectives. And you might be reaching the end stages or getting close to the point where you're refining the drafts of your integrated plan, or you're just starting to think about what your concurrence process is going to look like. So we wanted to give an opportunity for jurisdictions to come off mute or share in the chat what your concurrence process has looked like, how you're planning to present your plan for planning body