Travis Barnhart:

Good afternoon, and thank you for joining today's webinar, Integrated Planning 101: Back to Basics with Integrated Planning Experts. This webinar is part of our ongoing learning series about integrated planning. My name is Travis Barnhart, and I am a technical assistance consultant with JSI Research and Training Institute Incorporated. I will be your facilitator for today's meeting, along with my colleague Devon Brown. Next slide, please.

Travis Barnhart:

Today's presentation comes to you from the Integrated HIV/AIDS Planning Technical Assistance Center, or IHAP TAC. Since it's beginning in 2016, IHAP TAC has provided support to HRSA's HIV/AIDA Bureau, Ryan White HIV/AIDS program, Part A and B recipients, CDCs Department of HIV Prevention funded health department recipients, and their respective HIV planning body. The IHAP TAC conducts national and individualized training and technical assistance, and facilitates peer to peer learning. We focus on all stages of integrated planning, including the development, implementation, and monitoring of integrated HIV prevention and care plans.

Travis Barnhart:

You can find more information and resources from IHAP TAC on the targethiv.org website. You can see the link there in the chat. Today's webinar slides and recording will be available on targethiv soon. Next slide, please.

Travis Barnhart:

For today's agenda, we'll do a quick over overview from the integrated plan guidance, and then Devon will take us through the steps in the cycle of integrated planning. After this brief reintroduction to integrated planning, we will turn to a facilitated panel discussion with our experts to discuss their experiences with integrated planning. You'll have the opportunity to ask questions of our panelists, and in an upcoming slide, we'll explain how you can submit those questions. Next slide, please.

Travis Barnhart:

At the end of today's session, we hope that you leave with the ability to describe the rationale and goals of integrated planning, specifically in the context of additional national HIV and AIDS planning initiatives, describe basic components of the 2022 to 2026 integrated plan and understand how those are developed, and understand what role you play in your jurisdiction's integrated plan development process. Next slide.

Travis Barnhart:

Throughout this webinar, please use the Q and A function in Zoom located along the bottom of your screen and shown here on the slide, to ask any questions you may have. Next slide. So, what is integrated planning and why is it done? Integrated planning sounds like a lot of effort, so what are the benefits of integrated planning? Why is it important to integrate approaches to HIV prevention and care? Integrated planning can strengthen your stakeholder connections, ensure representative out inputs, and streamline your HIV prevention and care activities. And ultimately, successful integrated planning can lead to improved health outcomes for people with and vulnerable to HIV. While the

undertaking may feel overwhelming at first, we're here to help break it down for you in manageable steps.

Travis Barnhart:

So, on this slide on Integrated Planning 101, HRSA and CDC release guidance for the first HIV prevention and care integrated plans in 2015, and that guidance helped jurisdiction develop their integrated plans for 2017 to 2021. The guidance for the second IP integrated plan, which covers 2022 to 2026, builds on that previous guidance. It's important to note that all jurisdictions were required to submit a first integrated plan. These plans are available on the targethiv website, in the IHAP TAC materials. Following the guidance helps jurisdictions ensure they're meeting all programmatic and legislative requirements associated with CDC and HRSA funding, including the statewide coordinated statement of need, or SCSN. Each jurisdiction's plan is due to CDC and HRSA by December 9th, 2022. And beyond submission of the integrated plan, which we refer to here at JSI as uppercase I and P, jurisdictions are expected to continue participating in ongoing integrated planning, or lower case I-P. As you do this, your plan should be reviewed and updated as needed. In other words, your IP is not just a document that is written and then put on a shelf, but instead it's a living document. Next slide.

Travis Barnhart:

The integrated planning process requires communication within jurisdiction to ensure the accurate identification of need, inclusion of stakeholders, and development of an efficient and comprehensive approach to HIV prevention and care coordination. The integrated planning process represents a collective effort among a variety of stakeholders, including people with HIV, communities vulnerable to HIV and related comorbidities, service delivery providers, state, local, and tribal authorities, and other community members, to prioritize and coordinate thoughtful HIV prevention care and treatment approaches. Jurisdictions document the data and strategies identified through the planning process and their integrated HIV prevention and care plans. Successful integrating planning can result in what you see outlined on the current slide, ultimately supporting a more coordinated, creative, and efficient approach to providing HIV prevention and treatment services.

Travis Barnhart:

An essential piece of successful integrated planning relies on relationship building, especially with stakeholder groups. Good planning is imperative for effective local and state decision making, to develop systems of prevention and care that are responsive to the needs of persons at risk for HIV and people with HIV. Community engagement is an essential component for planning comprehensive, effective HIV prevention and care programs in the United States. Next slide.

Travis Barnhart:

We recognize that in many jurisdictions, there are multiple planning initiatives, and want to take a few minutes to examine the connections between integrated planning and the other HIV planning. The image on this slide is often used by CDC and HRSA to describe the relationship between the national HIV/AIDS strategy, or [NHA 00:08:58], the integrated HIV prevention and care plan, the ending the HIV epidemic, or EHE initiative, and other programmatic applications or submissions. But in many ways, this is just the tip of the iceberg. Next slide.

Travis Barnhart:

This table attempts to reveal more of the iceberg, and even so, is not an exhaustive list of all the potential plans that may influence and or contribute to the integrated planning process. The table is organized by the geographic scope of the plan. At the national level, we've added the STI and viral hepatitis strategic plans, which may also have complements at the jurisdictional level. At the jurisdictional level, you'll see many of the planning initiatives referenced in the integrated plan guidance as having the potential to be used as existing material for the integrated plan submission, though we must acknowledge that that isn't necessarily as simple as it sounds, given that the scope of all of these plans varies, and it is unlikely that any one plan meets all the requirements for the integrated plan submission, thus requiring adaptation in order to be included as existing material for the integrated plan submission.

Travis Barnhart:

This table also recognizes planning activities at the recipient or organizational level, such as work plans for specific funding streams and strategic plans for an organization. The bottom row of the table emphasizes that throughout all of these planning efforts, there are overarching principles that should provide a glue of sorts, to bind these processes together, such as community engagement, achieving health equity and reducing disparities, oops, and focus on priority populations. Next slide.

Travis Barnhart:

So, next we are talking about approaches to integrated planning. The existence of other planning initiatives influences how a jurisdiction approaches the integrated planning process, which we'll hear more about during the panel discussion. This slide highlights a number of other factors that impact jurisdictional approaches to integrated planning, such as the involvement in the EHE initiative, existence of other HIV planning initiatives, including Fast Track Cities or Getting to Zero, the type of integrated plan submission based on the grantees and jurisdictions involved at the state and or local level, the extent to which the jurisdiction is taking a pandemic planning approach, planning body structures, and planning infrastructure and existing relationships for community and other stakeholder engagement. I'd now like to turn this presentation over to my colleague, Devon. Devon.

Devon Brown:

Thank you, Travis. All right. So, we have touched on the purpose and the benefits of integrated planning, the different approaches that jurisdictions can take to integrated planning, the difference and relationship between the integrated planning process and the integrated HIV prevention and care plan, and the connection between integrated planning and other levels of HIV planning. So, now we get to get into the action, and I'm going to review the stages of integrated planning. So, first I just want to begin by acknowledging that integrated planning is an ongoing cycle, which we have illustrated here on the slide. Right now, it's probably pretty safe to assume that everyone is very, very focused on Stage 2 of the cycle, which is prioritizing activities and developing the plan.

Devon Brown:

But this stage isn't necessarily independent of three, four, or five, which represent implementation, monitoring, and communication. And describing how you will undertake these next stages is a part of the planning process. To learn more about the stages of integrated planning, especially if you're new, you can check out our IHAP TAC self-paced online course, that's called An Introduction to Integrated HIV

Prevention and Care Planning. And I believe that my colleague, [inaudible 00:13:08], just put the link for that course in the chat. So, make sure to take a look at that.

Devon Brown:

So, we're going to get started with Stage 1, which is organize and prepare. So, a successful planning process starts with reviewing your current context to determine how to move forward. These initial tasks involve establishing collaborative relationships, gathering information about the communities you serve, and using relevant data to inform your plan development. When establishing communication strategies, it's really essential to identify key stakeholders who are not already engaged from the outset, but who really should be engaged, and establish and agreed upon documented structure and process to guide your collaborative work. For clear and efficient communication, it's really helpful to identify and assign roles for developing the integrated plan. Doing this will help minimize duplication of efforts. It distributes the work, and it makes space for creative input. Establishing roles and responsibilities early on will help minimize confusion or miscommunication moving forward, and it helps set some expectations of accountability for everyone who's involved in the process. Next slide.

Devon Brown:

So, Stage 2, prioritize activities and develop the plan. Again, this is where we think that probably most of you all are at, maybe you're a little bit further along, but you're probably in this stage. So, the first key activity in Stage 2 is to structure the actual plan development process. This involves developing timelines that account for draft development, that also include multiple rounds of review and revisions as appropriate, referencing the federal guidance to ensure that you have all the necessary information to draft the required sections, developing a monitoring plan to ensure effective and responsive tracking of progress and successes, and when possible, using technology like Google Docs or Microsoft SharePoint, that allows multiple parties to simultaneously view, edit, and contribute to plan development.

Devon Brown:

Also in Stage 2, you'll continue to engage stakeholders and community members in the process. If you are using an external consultant, ensure that planning council, planning body members are fully and meaningfully engaged in this process. In situations where that didn't happen, some jurisdictions found that members of their planning councils or planning bodies lacked familiarity with the plan and then had significant issues when it came time to begin implementing the plan. So, just make sure that they're updated as the process moves along. And it's important to remember that you must engage a range of stakeholders, not just those that are easily accessible or feel obvious to engage. There may be wide variation within a jurisdiction, including diverse focus populations and geographic aspects that require multiple approaches. Communities within a jurisdiction may require tailored engagement activities. It's not necessarily a one size fits all engagement approach.

Devon Brown:

And now more than ever, you've really got to be flexible and innovative when planning how and where to solicit feedback. If it's not safe or appropriate to conduct an in-person meeting, how can you use technology to facilitate the process remotely? I'm sure a lot of you all have gotten pretty good at that at this point. And if you decide to host a virtual meeting, do all community members have access to computers, to smartphones, to reliable internet? All these factors really should be taken into

consideration, including the level of burden being placed on communities seeking to participate. The bottom line is that we have to think outside the box and be willing to try new things, to ensure that everybody who needs to be engaged can truly engage.

Devon Brown:

So, we move into Stage 3, which is implement the plan. So, for each activity assigned to one entity, you'll want to confirm who will be responsible for that activity to make sure that it's completed. For example, will it be a specific planning body committee? Will it be a particular staff member? Establishing these pieces at this point in the process will minimize confusion as you move further into the implementation process. This requires identifying individual roles and responsibilities for assigned tasks and activities. It involves identifying communication protocols to support implementation and ways to share progress and challenges. It requires identifying measures, data sources, and data collection processes and reporting structures.

Devon Brown:

And then similarly, for joint activities that require collaboration across programs, you'll want to make sure that you describe roles and responsibilities of each entity to support the collaborative activity, communication protocols to support implementation, and again, ways to share progress and challenges, decision making processes and who the final decision maker will be, policies and procedures to implement the decision, measures, data sources, and data collection processes, and again, reporting structures. And having a list on hand that helps frame your activities as action steps can bring you progressively closer to meeting your identified goals and objectives. And these action steps can really help generate momentum and maintain momentum, and they can provide structure for delivering regular updates to key stakeholders.

Devon Brown:

All right. We're moving into Stage 4, which is monitor and improve your plan. So, you might recall how we initially referred to the integrated planning process as iterative and cyclical. Excuse me, that's a hard word to say. And so, here's an example of how this shows up in the practice. As you begin to monitor your integrated plan, you may start to recognize things about your monitoring plan that were overlooked during its initial development, so now is the time to make adjustments. This will help ensure that your monitoring plan is responsive and aligned with the current landscape of integrated plan implementation, and it will also give you an opportunity to revisit and adjust, if it's necessary, your identified measures, your data sources, your data collection processes, and any reporting structures and processes that you've put into place.

Devon Brown:

And of course, in implementing the monitoring plan, you'll be assessing the implementation of goals, smart objectives, and the projected activities that were written into your integrated plan, capital I, capital P. Also during Stage 4, you'll want to update stakeholders on what you found through your plan monitoring activities. The best practice is to share the data as well as conclusions gleaned from partner data, and present them in a format that allows for people to provide feedback. Of course, you can use feedback gathered in this process to also update your integrated plan as well. And this will help continue the participation in and support, really a feeling of ownership of the integrated plan.

Devon Brown:

And lastly in Stage 4, you can use HIV Care Continuum data and real time data dashboards to monitor your progress. For example, you could identify the appropriate HIV Care Continuum data and related sources, determine a plan and routine time to review surveillance, program, and care data, use data to measure changes related to the HIV Care Continuum, and consider quality improvement approaches such as rapid cycle improvement. And now we're in Stage 5, communicate and share progress. So, as we mentioned earlier, sharing updates and progress with stakeholders is an essential activity through all five stages, to ensure that your plan accurately reflects what's happening on the ground. And you may remember in that graphic that we had of the cycle, that's this continuing internal loop throughout the cycle. So, that said, in Stage 5, we focus on how you can share updates in progress. It's important to update and share integrated plan implementation progress regularly with planning bodies and other stakeholders.

Devon Brown:

Communication on plan progress includes highlighting successes, identifying challenges in implementation, and recommending modifications to plan related activities. The IHAP TAC has some examples of documents and visuals that you can adapt or share, to share your plan activities or task updates with your stakeholders. For example, you can create a progress report or activity dashboard that's updated and shared regularly, according to an established schedule that you figure out. Or you can distill the integrated plan and its activities into a succinct visual or snapshot to promote or communicate your progress. So, I know that was a very quick overview, but remember that we also do have that self-paced online course that you are welcome to take, and it walks you through the process in a lot more detail. And in the next part of our session today, we will have an opportunity to really ground a lot of what we just covered in some real life experiences. So, with that, I'm going to pass it back to Travis to get us started in that conversation.

Travis Barnhart:

Thank you, Devon. We're going to now turn to our expert panel.

PART 1 OF 4 ENDS [00:23:04]

Travis Barnhart:

We're going to now turn to our expert panel. And as we kick off this discussion, I'm going to have each panelist actually just introduce themselves. And prior to us starting the webinar, I shared some questions with them, but just so you and the listening to the webinar, know what we're asking them, I'll read through that real quick. So for each one, you'll hear their name and their affiliation. We've asked them to share what organization they work with, their job title. And if they're working for Ryan White Part B, Part A, prevention, that type of information.

Travis Barnhart:

Second we've asked each one to share what their local jurisdiction approach is to the integrated plan development. So for example, are they a part B alone working on the jurisdictional HIV prevention plan? If they're a part A, are they working on their plan just alone, or is it a part A and part B working together, et cetera. So you'll hear that. And then third we've asked them to share what their role is in developing,

submitting, and or implementing their jurisdiction's integrated plan. And if they were in a similar role in the submission of the first integrated plan. So we'll just go in order from left to right for the panelists listed on the slide. And we'll start with Holly Hanson.

Holly Hanson:

Hi there. So, yes, my name is Holly Hanson. I am the Ryan White Part B program manager from Iowa. And we do not have a Ryan White Part A in the state. So it is just an integrated plan with our prevention friends and the part B. So my role, let's see, developer, implementer, all of those things. And I've been doing this for a long time. I've been with the health department for 21 years. Been planning really seriously since probably 2005, really.

Holly Hanson:

And I was very much involved in the last integrated plan process. And as a matter of fact, that was really our second integrated plan. We were a little bit rebels and we developed our own integrated plan without guidance, which was a little easier actually, when we could just do it without guidance. And so that one was from 2012 to 2015. So we were kind of plan list for a couple years in there while [inaudible 00:25:43] and CDC came together with their combined guidance. So then we did the one that was required after that. Planning is one of my favorite things, though I'm feeling a little overwhelmed right now.

Travis Barnhart:

Thank you, Holly. Next we'll move to Carissa.

Carissa Weisdorf:

Thanks Travis. Hi, I'm Carissa Weisdorf and I use she her pronouns. I'm the coordinator of the Minnesota Council for HIV AIDS Care and Prevention. So we serve as the single community planning body in Minnesota for our one TGA that serves 11 counties near the Minneapolis St. Paul region of Minnesota, as well as two counties in western Wisconsin. And then we serve as the community planning group for Part B for all of the state, as well as prevention. So in 2016, in preparation for the first integrated HIV Care and Prevention Plan, Minnesota combined our two previous planning bodies. One was a planning body for Part A and Part B. And then we had a separate one for prevention.

Carissa Weisdorf:

And at that point I served on the integrated planning work group that combined the two councils. And then I was part of the planning council support staff in 2016 when the council worked with our three government agencies that convened the council to create the plan. I was in a different role at the time. Now I serve as the lead planning council support staff and I'm serving on the integrated plan steering committee that's developing our integrated plan currently.

Travis Barnhart:

Thank you so much. We'll move on to Barry.

Barry Callis:

Hi, thanks Travis. Good afternoon, everyone. I'm Barry Callis and I'm a social worker and I'm director of Behavioral Health and Infectious Disease Prevention for the Office of HIV and AIDS, which is a division of the Bureau of Infectious Disease and Laboratory Sciences in Massachusetts. And I oversee our responses to population health, our integrated prevention and care planning work, our advisory groups and all things community engagement that seek to inform the design and redesign of prevention and care services for people living with and at risk for HIV, STDs, and viral hepatitis. And I've been through several iterations of involvement in local planning. And I very much consider myself a student of integrated planning just because each process is so different.

Barry Callis:

The approach that we're taking, we are as the state, we are the Part B recipient of Ryan White resources. We have historically worked very closely with the part A recipient, which is the City of Boston Public Health Commission. And we have elected to submit a joint city and state integrated prevention and care plan. And for us, this is the first time we have done this. And so I think that's great news for us. In the past, we've always collaborated with each other. But I think this time around will give us I think added value of coordinating, not just the planning process, but what happens once the plan is submitted, making sure that the services are what they should be and if not, how do we cost correct quickly?

Barry Callis:

I also just wanted to state that Suffolk County is one of the EHG. We are one of the EHG jurisdictions. So our EHG jurisdiction is Suffolk County. And my role in the development of the integrated prevention and care plan for our joint submission, I'd like to think of it as being a train conductor, where there's lots of different cars with a lot of different people in each car. And I feel like my role is to make sure that we are all moving in the same direction towards our final destination. Thanks.

Travis Barnhart:

Thank you, Barry. We'll now move on to Sean.

Sean Ryan:

Hi, good afternoon. Thanks Travis. My name is Sean Ryan. I'm with the Kansas City Missouri Health Department. I am the HIV Services Manager there, which means I oversee the Ryan White Part A services for the 11 county KCTGA as well as all of our HIV prevention programming for the region. Our approach is a combined local Part A combined with our state of Missouri Part B to develop a joint plan. What we're doing a little bit differently this go around is having a third party vendor consultant who will help sort of organize that plan with us and kind of take the lead on herding cats and getting it all together. Last time we did the integrated plan I was in a different role. Instead of being the party recipient and HIV services manager, I was overseeing the HIV case management and linkage to care programs regionally.

Sean Ryan:

So I was representing those types of services in the plan and helping to develop measurements and action items for those services and how they would be involved in the plan. So obviously my role is different this go around. I see myself more now, I think Barry described it well, as a conductor. I do see

myself more as being responsible to make sure that there are the appropriate stakeholders around the table and making sure that Kansas City's interests are represented since we are doing it as a joint collaboration with the state. And that's it. Thanks.

Travis Barnhart:

Thank you, Sean. And last panelist here, Joey.

Joey Wynn:

Good afternoon, everyone. My name's Joey Wynn. I'm in Fort Lauderdale, Florida. I'm a grants and contracts manager at a nonprofit hospital, Holy Cross Health. We're an affiliate of the national Trinity Health Hospital System. My role in this, I'm the local chairman of the consortia, our south Florida AIDS network Broward, and we have a interesting hybrid model. We have three different planning bodies in Broward County. The Part A planning council, the Part B consortia and the prevention council. So we are working on an integrated plan, collaborating and coordinating with these three entities, as well as coordinating with the statewide approach.

Joey Wynn:

State of Florida has 15 different regions and six of the regions have Part A entities in them. So it's a complicated dance between the 15 regions. So we have committees. I chair at the statewide level, the coordination of efforts committee, which pulls together data to create dashboards for prevention and for care. And I've been involved in this process for both cycles, chairing the committee for coordination of efforts. So it's a complex myriad of state and local Part A, Part B and prevention, all trying to coordinate with all the different activities that we have. Thank you.

Travis Barnhart:

Thank you, Joey. All right. We are going to take down the slides now and if you need to adjust your view back to gallery, so it feels more like a panel. That's how you can get all of our panelists up there at the same time. Just a reminder. If you have questions, please use the Q and A function at the bottom of your screen. Shivey has pointed that out in the chat, but that's a good way to ask questions of our panelists. We're going to start with some questions that we created first, but we will keep an eye on the Q and A as we're going through. So I will throw this question out there. I'm going to let the panelists decide who answers first and we'll see how that goes. So the first question. Ongoing, meaningful stakeholder engagement is an essential component of successful integrated planning. When you look at who you're soliciting input from about your jurisdiction's HIV prevention and care activities, who do you think is missing and what is your jurisdiction doing to actively try to solicit input from those missing stakeholders? Whoever wants to start.

Sean Ryan:

I'll jump in. I think it's always a challenge to get consumer engagement. And one thing that we've tried to tap into are our other planning groups that we have. So even just beyond our local planning council and their involvement in the integrated plan. We have other groups where we've engaged with consumers and brought them to the table and checking with them to make sure that they could be a part of this larger planning body. So for example, we have a statewide quality team that we have that goes across jurisdictions to make sure that our clinical quality management plans are in place across the

state. We have consumers around the table for those and community members who are already kind of well versed in smart goals and things like that. So those are perfect candidates to have around the table for integrated plan as well.

Travis Barnhart:

Thank you, Sean. Other panelists.

Holly Hanson:

Well, I might piggyback off of that and kind of talk a little bit about... A lot of times we have good consumer involvement, but they're generally the same folks and have been for several years. So I think one of our biggest challenges has getting some new folks excited about being part of this. I think Sean really touched on, there's such a huge learning curve to be able to wrap your head around a lot of the things that we do and where do we want to go and stuff like that. So we are hanging on to those folks that have been around helping us for so long and just trying to get out into other parts of the state more. I'm in Des Moines. We're kind of in the middle of the state and we've, before really expected folks to come to us for these processes. We had some online stuff, but we've really expanded that this time.

Holly Hanson:

So we've done, I guess we would call it a hybrid this time. So we're absolutely stepped up our online presence and game as well as done some in person things. But we are leaving Des Moines and we're going to the corners of the state to open it up for other folks, as well as getting more folks involved in the groundwork and having key informant interviews, focus groups, way more than we ever had before to really... When we say we got community involvement, that will be more true this time than ever before.

Barry Callis:

Travis, do we have time for one more on this question?

Travis Barnhart:

Yeah, we have plenty of time.

Barry Callis:

Sure. I just wanted to chime in. One of the things that I'd like to add is that, so in Massachusetts we have a pretty diverse range of advisory groups and that includes integrated prevention and care group as many of us or all of us do. And I want to go back to something that the JSI colleagues talked earlier in the presentation about. Flexibility and seeing this plan as a tool for the path forward. I think in this way of doing advisory work, at least for us, we're still doing our advisory meetings virtually. We're not yet meeting in person. And so I guess we don't want to let the ideal get in the way of good enough for now. And I also feel like at the point when we're finished with the plan is really taking a difference approach in the future.

Barry Callis:

Once the plan is done and submitted is to... I think where the action is at the point is at the point of implementation, and to take this plan and the priorities that set forth more locally once the plan's

submitted. So I look forward to revising the plan annually when we need it and taking pieces of the plan where we know might be insufficient to other community entities beyond those that are giving input right now, to help us flush through some operational details or where we can sort of steer the ship to be as responsive as possible.

Carissa Weisdorf:

I would add in Minnesota, we are taking a different approach to when we developed the last plan, certainly utilizing our current council structure. We have had more difficulty since the pandemic started with recruitment and retention of planning council members. So we are currently not completely reflective of the HIV epidemic. However, we have some new recruitment and retention strategies planned because of our involvement with the planning chats learning collaborative that just concluded. But we're really going to be utilizing other ways that we've gathered community feedback for other strategies that are in our state. So we have a statewide strategy to end HIV in Minnesota, and they recently conducted a number of focus groups throughout the state. So we want to look at the feedback gained from those focus group sessions. And we also have a local county strategy called Positively Hennepin that also recently conducted listening sessions.

Carissa Weisdorf:

And that was able to engage a lot of unaligned consumers that utilize Ryan White services in our county that don't currently participate on the planning council. So they are new voices to us. I think some of the voices that we have lacked, we're in Minnesota currently experiencing an HIV outbreak in people who inject drugs. So in our two largest counties in Minnesota, as well as a city in northern Minnesota. In the statewide strategy listening sessions, they indicated that that was a population that they didn't hear strongly from, people who are impacted from the HIV epidemic.

Carissa Weisdorf:

However, they did hear from voices of providers who are servicing, providing services to that population. So even if we didn't have the voices of the people who were impacted, hearing from people who provide the services, many of them who are people with HIV, or have lived experience as a person who injects drugs currently or formally can help us with strategies around our HIV outbreak. And then I also did want to mention too, that we have youth voices that we currently don't really hear from too much, but with the Part A capacity building grant, we're doing more work with agencies that provide services to youth, and we're trying to sponsor more local events that people want to come to as a place to gather and socialize. And at the same time, provide resources for engagement around HIV services. So maybe we'll make some additional connections that way.

Travis Barnhart:

And Joey, did you want to add anything to that one?

Joey Wynn:

The only thing I would add is oftentimes this process is complicated and long and people don't go back with results to the people that they polled or asked. Oftentimes people with HIV are asked for their expertise and their time, and they're not given any kind of response to here's what we did based on what you provided. And I think that that's something we can all do better, even in my area. I think that's

part of why people don't stick around is they don't feel like they get results from all the work or effort that they put into it. So that's something I think everybody needs to keep in mind.

Travis Barnhart:

That's a great point. That ties back to what Devon was talking about in the fifth stage of the cycle there. Yeah. All right. I'm going to move on to our second question. What kind of relationship building or system strengthening needs to take place to get everybody around the integrated planning table? And that maybe similar to what we just asked, but maybe a little bit different. What kind of relationship building or systems strengthening needs to take place?

Carissa Weisdorf:

I'd say what Joey just expressed. It's huge with community engagement that you have to value the expertise and the time that people are giving to you. You don't want to keep going back to the same populations and asking the same questions. So that's one thing that when we kind of debriefed what we were going to talk about and me as a spokesperson that we wanted to make sure that we are being conscious about how we report back to the community about what we've heard, what we've done, based on the feedback that they've given us. And then also, maybe what's not possible to do so. Really just looking for authentic and ongoing engagement, not just a one time we come in, gather the information we need and then leave, but trying to find opportunities to continue a relationship.

Sean Ryan:

I would agree with that 100%. I always see this as relationship building is really an investment and it takes a lot of time and energy and it's not something, unfortunately now, if you just reach out to somebody out of the blue and say, "Hey, we need help with this integrated plan," whether that's a community organization or a consumer, and you haven't fostered that relationship already with them to show them how you're willing to help them out and you think that what they're doing is important, they're going to be less likely to really come to the table and want to offer things up and devote as much time and energy as it takes to develop a plan like this. So if you haven't already started meaningful reach out to consumers and other local agencies start doing it now, because when you invest in those agencies, it's these times when it'll come back to you. You'll benefit greatly from that investment when they're around the table and they know that they're valued.

Holly Hanson:

Yeah. I would agree a hundred percent with that. And especially just putting a fine point on an acknowledgement that it does take time and it is an investment and it's just the best time spent and it ends up saving you time in the long run because you have those relationships, you have created a dialogue that has resulted in a-

PART 2 OF 4 ENDS [00:46:04]

Holly Hanson:

You have created a dialogue that has resulted in a product that hopefully both parties or all parties have bought into at least to some degree. And so, then you can really get the ship all sailing in the same direction.

Joey Wynn:

I think another thing that signals to people non-verbally is where you have the meetings, when you have the meetings. If you have meetings that are nontraditional nights or weekends, food, there's just a lot of things to consider that are unspoken communication that we value you and we understand this isn't your job and we're asking you to participate. So, you've got to think about all kinds of aspects of it, not just in a governmental building from nine to five, or eight o'clock in the morning. You've got to be more flexible with when and where and how you do the meetings. And I'm a very big proponent and anybody in Florida will tell you, is that I know people hate Zoom, but for some people that's the only way they get to a meeting. If it's far away or the wrong time, or they don't have childcare, or they're not able to get there, the digital component should be a vital part ongoing from now on, so that other people can get to the table virtually that otherwise could not be there physically.

Barry Callis:

Yeah. I just wanted to add, I completely agree with everything that people are saying and wanted to add two points. The first being we're trying to increase the understanding of the role that the plan has and what will come after it. And for us, we're trying to describe that this is our blueprint. This is our path forward to a future procurement. This is our path forward to ending HIV. So, we're trying to just build some understanding that the plan is not this isolated document that rests here with no relationship to something here. So, we're trying to expand the relationship and value that the plan has to other things that are equally important. So, that's one thing that we're doing and the other piece around how to bring greater livelihood in life to the plan is we're thinking about how do we communicate beyond our existing systems to make sure that... for example, doing a webpage that's maybe devoted specifically to all things engagement, potentially hosted by a third party outside of the Health Department, where we could host any number of things that we want to communicate with the communities about.

Travis Barnhart:

Excellent. Thank you. And the one thing I think I would add, and maybe there might be some thoughts on this too, is if you're asking other people to come to your table, how willing are you to come to their table and participate in their processes? I don't know if any of the panelists have examples of that you want to share.

Barry Callis:

I would just say there are times when there might be something that comes up in a planning process that falls outside of something that's within our ability to influence. And so, we will join those tables when we are invited. So, there might be something that falls outside of the scope of HIV, but might be something related to a social determinate of health that does impact HIV. So, we have done that in our last planning process and we plan to do it again.

Travis Barnhart:

Great. Okay. All right. I'm going to move on to the next question. What are some key lessons learned or takeaways from the first integrated plan development process and subsequent plan implementation and monitoring, and how has this informed this second round of integrated planning?

Holly Hanson:

I can start with that one. I mentioned earlier in my intro that we actually did an integrated plan in... must have been 2011. So it was for the years, 2012 to 2015. And that time was a really exciting time for us doing that plan. It made a lot of sense to us and it did not sit and get dusty on the shelf. And we were all on the same page as to what was in that plan and we got a lot done. Then when the guidance came out for the next one and we went to develop the next one, we got really hung up on how to structure goal three, which was kind of the health equity overarching goal.

Holly Hanson:

And what ended up getting on the page was confusing. And in one iteration, actually quite stigmatizing. But it went out, we kind of got stuck there and then we just never really figured out how to fix that. And so this go around, we just approached it so different and I'm eager to see what we come up with to put under goal three, but I think it's going a lot better and there's a lot more thought going into it. I think we were just more confused on what they're exactly asking for. And we got too caught up in the details maybe of what they wanted, rather than what was going to really work for us, if that makes sense.

Sean Ryan:

Yeah. I can relate to a lot of that too, for sure. When we did our first plan, one of the things that in hindsight was so obvious, was we worked for a year on this plan and we thought we had a very good solid plan and when we were done, everybody wanted to celebrate and then we all kind of just forgot about it. And in the meantime, there was a massive leadership change in turnover at the statewide level, as well as locally, not just within the Health Department or the Recipient Office, or other sub recipients. And so, what ended up happening is the people who developed the plan were largely gone by the time we were supposed to be monitoring it. And so, when all the new leadership got in place, it was kind of like, "Well, whose responsibility is all of this?"

Sean Ryan:

So, what we're doing or hoping to do and planning more now, is one, making sure we write the plan in a way that is easy for anyone who's new who comes in, to kind of decode what the actions are, what the measurements are. And ultimately, who's responsible for tracking that information and monitoring it, but also keeping those stakeholders who were part of the planning process, also meeting frequently throughout the plan's implementation to make sure that we're not missing anything that was part of the plan. So, that the people who plan are also some of the people who are involved monitoring, if you can do it. Sometimes it's hard as I said, there's turnover. The other key lesson that we learned, and I hope everybody kind of takes this to heart and does, is give yourself credit for the stuff you're already doing. Most of you probably all have amazing programs and amazing outcomes and you don't need to necessarily always be reinventing the wheel. Just know that you can put those processes down on paper as part of your plan and really use those to your advantage for sure.

Carissa Weisdorf:

So this year around, we have organized ourself with a steering committee. So, the steering committee includes council staff, our two community co-chairs of the council. And we have a CDC appointed co-chair through the Minnesota Department of Health, as well as representatives from the three government agencies that will collaborate with the council in creating the plan. So, I think this has been an improvement. Last time we did most of the work kind of segregated, and then I'll put the plan together and didn't start meeting regularly as a group until near nearing submission. We've also been

able to keep really organized with the help of an outside project manager, as several of the panelists have mentioned. And so, she really keeps us moving forward, very organized.

Carissa Weisdorf:

She understands the type of data and information that we already have and has ideas of where we can bring this to the council and our committees to get their feedback, to find out if what we're thinking aligns with what community members are thinking and where we can make changes into... especially, around our goals and objectives and activities. She also provides a monthly update to the council, so that keeps everybody informed of what's happening behind the scenes. So, we maybe prevent bringing the plan or parts of the plan to the council and they're not exactly sure what we're talking about, or where along in the process we are with completion of the plan. I think one thing that we want to improve for this round is also making sure that we're more deliberate about updating the integrated plan as we move forward past 2022. We did that a little bit with this most recent plan, but as things change or we have new needs emerge, we want to make sure that what we have in our plan now, is still meeting the needs of our current landscape in the state.

Travis Barnhart:

Sorry, I hit the mute button, but it didn't unmute me. I do want to jump in real quick. I know Sean Ryan needs to leave us, Sean, before you jump off, do you have any closing thoughts you would like to share before you have to go?

Sean Ryan:

No, I think this is great that you guys are providing this guidance to everybody and this panel has said everything that's on my mind. So, I would just stress again, like Devon touched on it earlier in her slides for implementation and monitoring. So, make sure that you are taking those to heart too, and not losing sight of those when developing your plan.

Travis Barnhart:

Great. Thank you. Thanks for joining us today.

Sean Ryan:

Of course. Thank you.

Travis Barnhart:

All right. I'm going to jump onto the next question. So, think about your previous or existing plans and this doesn't just have to be your last integrated plan, but it can include that. So thinking about your previous or existing plans, do you use them, how do you use them, and what can you do to create a new integrated plan that will be useful to you and your jurisdiction?

Joey Wynn:

I'll go first on this one. We have a lot of plans. We have too many plans. So, we were looking forward to taking the best parts of all the different kinds of plans, whether it's prevention or comprehensive needs assessment, we've got all kinds of the ending HIV versus the NHAS, versus the statewide plan versus the local Broward Part A, and so, we took the best piece of all of those, to actually augment this plan so that

we would have one reference plan for moving forward. And we had some communication problems the last cycle, that were pretty bad and we had concurrence with reservations. And so, we understand now that everybody's got to communicate everything on a regular basis and that there's no need to know. There's no hiding data.

Joey Wynn:

There's no, you shouldn't be concerned about how much money's going to this category or that category. We had to have a real heart to heart with all the grantees and the community stakeholders to say, we're supposed to be doing this together. Everybody needs to be able to have access to the information together. So, we wanted it to be useful so that it's data informed decision making. We all have to do that. If we have one tool that's informative, illustrative and comprehensive, we only have to use one instead of going back and forth between all the different plans that we have and that we want to move forward together, where we're sharing information on a regular basis. And everybody learns at the same time, all the information.

Barry Callis:

I just wanted to chime in about once the plan is completed and submitted, being really practical with its implementation with advisory stakeholders and potentially working with a third. So in Massachusetts with our EHE Plan and with our Integrated Prevention and Care Plan, we are working with an external team, a third party vendor, that's working with us on engagement and they'll write the plan. And there's a lot of value in having a third party, not just develop the plan with you, but help you at the point of implementation. So, I would just offer that as something that we have done with, EHE, I look forward to doing it with this plan.

Barry Callis:

I do appreciate the focus of the pillars or the strategies in this guidance. At the same time, I find that can be a real challenge because there are other pieces and other folks have talked about this, but there are other pieces that are really essential to be effective that fall outside of that structure. And I know that we have the flexibility of adding them and we do, but I would encourage us to add those things that are real for you, irregardless of they're in the guidance or not.

Holly Hanson:

Yeah, I would echo that Barry, kind of goes back to what I was saying previously when we tried to put the square peg in the round hole, because that's what we thought we had to do. It just stalled out our work a little bit, but we have a history of really using these plans. I've operated without the plans and you just end up going all over the place. And so, we really believe in doing this. And I think every cycle we learn from and try and incorporate those into the next planning cycle. I really felt for Sean, what he was talking about with the turnover, and I know that happens for sure. And I think it's a great idea to be able to write it in such a way somebody else can pick it up.

Holly Hanson:

But also, one of the big things that we're putting in our plan is what are some things that we can do to reduce that turnover? Because we are not going to end the epidemic if we're just constantly turning through people. So, that's one thing that we're doing in the plan. And you talked about structure, I think

that's really important too. You've got the four overarching goals that NHAS does, but then you've got the pillars that the other initiative does. And so, how do you work that? So, we had a lot of conversations on, how are we going to structure this? How are we going to ensure those four pillars are in our plan? We're going with the four national HIV AIDS strategies, way of organizing it.

Travis Barnhart:

I think that's a good question too, for the other panelists. So Iowa is doing the National HIV AIDS Strategy goals. Massachusetts is using the EHE pillar strategies. What about Minnesota and Florida, which direction have those two jurisdictions decided to go?

Joey Wynn:

We went with the EHE, but still at the end of all of that, put all the other components from other plans in there as well, that were important for us. Because we didn't want to leave out things that are functional and important, but we actually liked that four pillar strategy because most everything fit into it. So, our process was taking things that existed and figuring out where they fit in the new objective numbers. And there was a planning staff that had to just take that structure and fit everything in the right place, in the right order. And then each local area has a structure to go by, so that it's all pretty consistent. So, it's a challenge to set it up, but moving forward, it makes it much easier. And it's standardized now, at least that we did that, that way.

Carissa Weisdorf:

I think we're likely to do the four pillars of the EHE. We don't receive EHE funding in Minnesota, but considering we do have an HIV outbreak occurring currently in our state, we want to include specific objectives around response. So, we're moving in that direction. And that will also allow us to really incorporate all of the plans that we currently have as well as the Minnesota HIV cluster and outreach detection response plan or coder. So, I think that will give us kind of a richer set of goals and objectives and activities as we move forward. We do have a number of plans at the local and state as well as planning council level. So, we've created a crosswalk to see where our plans align currently, and where they don't align and we understand that they don't always need to align and there're different reasons why they don't, but just to have kind of where we're moving in the right direction concurrently has been helpful.

Travis Barnhart:

Great. Thank you. Okay. Let's see. I have one more question that we created and then we'll get to some from the participants or the folks on the webinar. So, what may be the biggest obstacle to completing your jurisdiction's integrated plan this time around? And what do you think you or others can do to address this obstacle, to ease the process? And it might be helpful to actually answer, where are you at, in your process of your plan development?

Carissa Weisdorf:

So, we are firmly in stage two. We are kind of still in the process of gathering all of our information that will inform the section of the needs assessment. So, we haven't gotten to actually putting pen to paper as far as what our goals are going to look like, but we do feel that staff shortages at government agencies, turnover that others have mentioned, has been a barrier to creating the next plan. Many of

our staff are new to the integrated planning process. For our council because we have term limits, many council members are new to the integrated planning process, as well as our planning council in general. So, there's a lot of education that needs to happen for people to be active members and have an active voice in this development. So, some of the things that we are currently doing is really highlighting the training that are provided by IHAP TAC.

Carissa Weisdorf:

There's a lot of resources available to people at all levels of the planning process. And then also, bringing specific asks to our planning council. So, rather than coming with broad ideas or information that we want to get from our planning council members, we're going to bring very specific ideas that we want to get their feedback from. So, I think that's going to be helpful also recognizing that this is a living document. So, we know that we're kind of constrained on time right now with the many competing priorities happening with all of the government agencies right now, with site visits and priority setting and resource allocation. So, we know that it may not be perfect this first go around, but that we are going to have a good monitoring and evaluation plan in place and that we can change it when necessary.

Holly Hanson:

So in Iowa, we are definitely firmly in stage two and we are at the kind of the tail end almost, of gathering information from community and stakeholders. And I think one of our biggest challenges is we really... because we're doing the integrated plan and what we are calling our, Stop HIV Iowa, which is our EHE plan. We were about ready to start that when COVID started. And so, we just pushed pause on that. And then now, we're just trying to do them at the same time. And so, one of our biggest goals, as I mentioned earlier, was to really get a wider range of community voice, stakeholder voice, and so-

PART 3 OF 4 ENDS [01:09:04]

Holly Hanson:

... range of community voice, stakeholder voice. And so, we created, it's changed, over time, it's either eight or nine focus areas. They're your standard focus ares, whether that be prevention, or care, support services. But we also did things like behavioral health, stigma, social determinants or health, and health equity, in general. There's nine areas and they have three chairs, so there's a health department chair, community co-chair, and a sub-recipient co-chair. They'll all out doing these things. And then, all of that information's going to be coming in, so we have to synthesize that and coordinate that.

Holly Hanson:

And though we've done pretty elaborate, big initiatives before, in planning, this is by far the biggest. Somebody just taught me the quote, "I would've written you a shorter letter, but I didn't have time," and I just get a kick out of that. And I feel like that's definitely going to be an issue, now. It's like, "How do we synthesize this information?" and, as we talked about, get back to the community, "We heard your voice and it's in the plan," in a way that is accessible to be able to read, to be able to understood.

Holly Hanson:

And then, the other big thing that I think we've done okay at, in the past, but not great, we really have to pick up our game on that, is that reporting back to folks and really monitoring the implementation.

And so, we need to do a better job of putting that in the plan. We haven't actually put it in the plan, before, how we're going to do that, so that's going to be new for us, to really think about that, more concretely, than we have before.

Barry Callis:

I'd like to describe that we're midway in our process of collecting responses to the pillars. And in Massachusetts, we have five pillars. And the firth pillar is workforce, just because... And I wanted to share that because in our EEG work, and in this work, our groups concurred that if we don't have a representative, diverse, skilled and trained workforce, we can put as many relevant things on paper, but if we don't pay attention to the workforce, we're not going to be as effective as we could.

Barry Callis:

I'll just say that we're midway through information collecting. It's been, I think, really good, what we're getting, so far. And at the same time, I'm reminded about some of the basics. We're beginning to hear some basic things, that we've heard in the past, but we're hearing them anew, in multiple groups. Things like the role that The Health Department can play in a more overt way. In addition to things, programmatically, that we need to advance. I would say, it's great to hear some of the really basic things that need to be shored up or brought back. And it's great to hear some of the directions that some of the work, I think, is going to take. We're midway. We hope to complete our engagements, by the end of July 2022.

Joey Wynn:

Yeah. I'll expand on that, too, from a Florida perspective. I think we were disappointed by the short amount of time that we had, for this new cycle. It was like, "Hurry up and wait." And then, all of a sudden, you finally get the language. And when you back out how much time it takes, once it's got to go through The Department of Health process, for approval, and up to the governor's office, and all of that, all of a sudden, everything's due by the beginning of August, which means everything's got to be finished by July. You got to get all these claiming bodies stratified, components of it.

Joey Wynn:

The essential time needed to do these tasks was really chopped short because of the delay of getting out the guidance. I think, that's the biggest piece. COVID was a hug barrier for us because we had lots of things going on. And then, everything went upside down. And then, trying to figure out how to do it all digitally, with Zoom, and getting iPads to people. Between COVID and not enough time to do, in the best way possible, were major challenges for this cycle.

Travis:

And not to mention, the 100 page, page limit, right? Yeah. Okay. We a couple of questions that have come in. Again, I just want to remind folks who are on the webinar, you can still type in any questions through the Q&A function, there, at the bottom of your screen.

Travis:

One question we had is, "Is there a list of best practices for how to implement cross-agency monitoring of the plan?" We may not have an answer to, "Is there a list," but do you have ideas about best

practices, for how to implement cross-agency monitoring of the plan? And it could be, not necessarily across the agency, but maybe across parts. Or prevention care. Think about it, in those different ways.

Barry Callis:

I have a couple of thoughts, that come to mind. In an ideal world, those entities would be part of the planning process, itself. And if not, to bring back to them, at some point, the stake that they have in that and what you can do to get it to mobilize.

Holly Hanson:

Yeah. I would agree, Barry. And I'm just trying to think about this. And I know, for our last plan, we had regional meetings with our sub-recipients, where we present... They would each have some representatives, that were involved in the process, but certainly not everybody doing the work, was in involved in making the plan. We took half a day, going through, "Here's what the plan says. Where do you see yourself in the plan?" and that kind of thing. It's, as we were talking earlier, that's information sharing, relationship building.

Holly Hanson:

It took a lot of time, but when they're in the plan, they are a significant part of ending the HIV epidemic, we really thought it was very important for them to know what the plan is and provide any other feedback, at the time. Because we can always be doing, like Chris was saying, we can always update the plan, PDSA cycle it. And so, if folks didn't get their voices heard, or they're like, "Oh. I get it, now," and they want to share some things, or say, "Okay. This is different, now," or, "Did you ever think about this?" there's opportunities to do it, that way. It's not exactly answering the question, but I don't know how to answer it, really.

Travis:

No. That's fine.

Devon:

Travis, can I just pop in [inaudible 01:16:59]-

Travis:

Sure. Yeah.

Devon:

... I just want to say that I think it's challenging to answer Holly because there isn't a list of best practices. But just reinforcing, I think, a lot of what you all have just said and, I think, echoing that what can really help this particular process is, going back to that establishing roles and responsibilities, early on, and identifying who can be those point people, or that communication. It sounds like you've recognized that this is something that could be, to whoever asked the question, something that could be a challenge, so who can you tag, at this point, to carry that forward? And I'm going to put a link in the chat, just a resource on our website, that may be helpful.

Joey Wynn:

And I'd also like to chime in here, about don't fall into the trap of letting the grant piece do almost all of it. They're professional planners, out there, for other things, than HIV. There are opinion leaders in the community, that are brilliant, that can think and help beef up your strategic plan and your action plans. You got to trust that people want to do the right thing and that they can bring in ideas, that you didn't think about, or look at how to measure things, in a very different way. Sometimes you get indirect measures, that work just as good as a direct measure, and that's feasible, quick, and cheap. You got to trust in the group thought process and allow for other people to own some of the process. And not just let the grantees do it and say, "What do you think?"

Travis:

I like that. Shawn Ryan and I come from the same area, in Missouri, before I came to JSI. I would say that's one of the issues that happened with Missouri's plan, is, eventually, it was really just Part B Missouri. And even when they would pull together meetings, of everybody, it was just the state reporting like, "Here's where we're at. Here's what we did. Here's what we did. Here's what we did." And it got really boring, honestly, to go to those meetings and just hear them reporting out, the same things, over and over, again.

Joey Wynn:

And didactic does not mean meaningful participation.

Travis:

Yeah. Okay. One other question that we had, it says, "When it comes to appointing council members..." or planning body members. We could change it to planning body, as well. "What role should people with HIV play, as well as the sub-recipients and stakeholders?" And I did cut it, out of that, "In developing, implementing, monitoring, the plan," all the different stages. What role should people with HIV, as well as sub-recipients and stakeholders play in that?

Carissa Weisdorf:

Travis, I did put a quick answer to the question, in there.

Travis:

Oh. Thank you.

Carissa Weisdorf:

Hopefully, Sherry was able to see that. But it's an integrated plan, between your planning body and your government agencies that receive HRSA and CDC funding, for a reason, because it isn't a government plan. It's meant for the community to have input in and ownership over, so what I put in my answer is that, our planning council, which, again, serves as the statewide community planning body, has ownership over the goals and objectives sections, as well as the monitoring.

Carissa Weisdorf:

In this current iteration, annually, we present the data on how we're doing, to achieve our goals. And if we're not on track or we haven't met our goals, it's the community members that get that information, and then also provide us with feedback about new strategies that we can take, as a council, as

government bodies, as providers, who sit on the council and receive our information. New ideas, thinking outside of the box, on, "How can we impact our goals?"

Carissa Weisdorf:

And then, I also mentioned that people with HIV, we have a very strong, underlying consumer voice in our planning council. About two-thirds of our executive committee is made up of unaligned people with HIV. And then, we have people who are providers, living with HIV, on our council and committees, as well, so I think we're really hearing from the community and the work that we do.

Travis:

Thank you. Barry?

Barry Callis:

Yeah. I, very much, believe that people with HIV should be and are part of all of this development process. All of the stages of both development and implementation. At the same time, I think there's an opportunity to strengthen people with HIV's meaningful involvement, in all phases of this. And I actually have seen a bit of a deficit is some of that, in our local work. And I think I've seen some of a deficit in that nationally, too. And I feel like we have an obligation and a duty to do better, in that regard.

Holly Hanson:

Yeah. I would agree with everything that's been said, so far. Definitely, the voices of folks living with HIV is very critical, at all times, in all different ways. Recruitment and retention of those folks has always been a little bit of a challenge. Though, there's been some folks that have been around for quite a while, so we are very lucky to have the voices that we do, but we're always looking for more.

Holly Hanson:

I think it's really critical for stakeholders that work in some of the comorbidity area, rather that be housing or behavioral health, really important to get some of those expert viewpoints and options. As well as our sub-recipients, who are doing work, every single day, and have some insights that I am not going to have. And so, I always want to hear their voice, in a more formal way, than us going out to site visits, because were responsible for monitoring them, too. Really better opportunity for them to get their voices heard and what it's going to take to end the HIV epidemic.

Barry Callis:

Travis?

Travis:

Go ahead, Barry.

Barry Callis:

I just-

Travis:

Yeah?

Barry Callis:

... While folks are thinking about what they might want to add to this, something else came to mind, that we've been piloting. Which is, working existing members of our advisory groups, to reach into their own personal, social networks, to do a secondary set of engagements with people, that we don't hear from, that might not come to a meeting, whether it be Zoom, or in person. But really trying to be creative about how we hear from people, that, one, are often not asked their opinion. And two, not part of processes, where they might hear about how to get engaged with something. But really, working with people, who are already part of the system, to try to expand the circle of who gets asked and who gets involved.

Barry Callis:

And it takes alto of coaching and guidance, but we have seen the value of that happening, locally. And I think, as health departments, if we have not invested in people, to do this work, not just develop the plan, but once the plan... I feel like there's some person power, here, that has to be consistently allocated to advisory and engagement, beyond the development and monitoring of the plan. Just a personal opinion.

Carissa Weisdorf:

Going off of what Barry just mentioned, we're going to really use data that we received from our 2020 Comprehensive Needs Assessment. It was the most successful one, to date, that we had, in Minnesota, where we heard from over 800 people with HIV, throughout the state. And also, were able to hear from a lot of demographics, to mirror what the demographics of HIV looks like, in our area. That's going to provide a lot of information, as we move forward, not only with our plan, but with our allocations that we do, as a council, and informing the work that the government agencies do.

Travis:

Great. That's amazing. I hate-

Joey Wynn:

I think one-

Travis:

... Sorry. I was just-

Joey Wynn:

... If I could just do one last, quick thing, it's very-

Travis:

... Yeah. One last, out there. Yep.

Joey Wynn:

... All right. Yes. You have to look at just not somebody that's going to be a planning council member, all the time. You've got to come up with ad-hoc focus groups. You've got to come up with opinion leaders, that you reach out to, once a quarter. You've got to have mini-surveys, that you can put out, digitally, for people. You've got to make this more temporary, to be able to reach more people, because there are fewer and fewer people that want to put hours and hours into this. You've got to redesign how you get some of the kinds of data that you need.

Travis:

Good point. All right. I hate to cut this off. We've had a really great discussion today, but we do need to wrap up the discussion, or it's getting really close to 4:30. I apologize, there was a question that did come in, there, at the end, that we won't be able to get to. But we will have this available, as a recording, as Julie answered, there. As we wrap up, today, first of all, I want to say, thank you so much, to our panelists who joined us, today. Great information that you shared. We're hearing some good feedback in the chat.

Travis:

As I mentioned, at the beginning of today's presentation, this webinar is part of our Integrated Planning learning series. And we hope that you'll continue to join us, for upcoming events. On the side, there, today, you can see, our next webinar will be focused on Section 6 of the Integrated Planning Guidance. It's scheduled for Thursday, July 14th, at 3:00 PM. Note, this webinar will be presented in Spanish, but we provide simultaneous Spanish to English translation. A new thing we're trying, here, at JSI.

Travis:

You can find more information about these events, including registration links, at the website, on the side. And we will, also, enter that in the chat, again. The next part is, again, we understand Integrated Planning process might be still daunting, but the technical assistance center, we're here to help you. If you are new to Integrated Planning, or would like a refresher, we encourage you to start with our introductory online module, that Devon mentioned earlier, which it provides a self-paced online course.

Travis:

And if you aren't sure where to start or what you need, visit our website to subscribe to our mailing list, review the resources and tools we have available, and request tailored technical assistance. And again, all of that information is available on TargetHIV.org. Thank you so much for joining us today. And you are a wonderful expert panel. Thank you, again. Please, take a moment to fill out the survey. And thank you and have a great afternoon. Goodbye, everybody.

PART 4 OF 4 ENDS [01:29:03]