

New Jersey HIV Planning Group
Integrated Plan Committee Meeting
Agenda
Wednesday, June 5th, 2024

George Lowe
 Co-Chair

Allison Delcalzo-Berens
 Co-Chair

The Integrated Plan Committee supports the development and maintenance of a comprehensive, integrated plan, in partnership with the other grantees that reviews HIV care and prevention services across the State on a 3-year cycle per guidance from CDC & HRSA.

***Please note all times are approximate**

10:00am	Welcome & Moment of Silence Establishment of Agenda Review and Approval of Meeting Minutes	Allison Delcalzo-Berens
10:10am	Introductions • <i>Name & Organization</i>	George Lowe
10:20am	Evaluation Review SMARTIE Recommendation Process Review	HCPST
10:35am	New Business • Assign Cycle 3 Activities	Allison Delcalzo-Berens
11:35am	Committee Announcements & Public Comments	George Lowe
11:45am	Integrated Plan Committee Agenda Next Meeting: July 10th, 2024	Allison Delcalzo-Berens
11:55pm	Evaluation	HCPST
12:00pm	Adjournment	George Lowe

Members of Committee (Quorum: 5): Allison Delcalzo-Berens, Carla-Ann Alexander, Jill York, Karen Walker, Kathy Ahearn-O'Brien, Tameka Allen, Chad Balodis, George Lowe



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Cycle 2 Workplan

JANUARY - JUNE 2024 Workplan

TASKS	Goals 1 & 2; 7 Activities					
	January	February	March	April	May	June
Integrated Plan Committee						
Integrated Plan Review						
Program Activity 1.1						
Assign Cycle 3 Activities						
Priority Setting Committee						
System Activity 1.1						
Program Activity 2.1						
Program Activity 2.2						
Community Engagement Committee						
Stigma Activity 1.1						
Program Activity 1.2						
Program Activity 1.3						

Cycle 3 Activities

System Activity 3.1: Integrate programs to address the syndemic of HIV, STIs, viral hepatitis, substance use, and mental health disorders in the context of social and structural/institutional factors, including stigma, discrimination, and violence. (NHAS 4.1)

System Activity 3.2: Increase coordination among and sharing of best practices from HIV programs across all levels of government (federal, state, tribal, local, and territorial) and with public and private health care payers, faith-based and 60 community-based organizations, the private sector, academic partners, and the community. (NHAS 4.2)

System Activity 3.3: Enhance the quality, accessibility, sharing, and uses of data, including HIV prevention and care continuum data and social determinants of health data. (NHAS 4.3)

System Activity 3.4: Foster public-private-community partnerships to identify and scale up best practices and accelerate HIV advances. (NHAS 4.4)

System Activity 3.5: Improve mechanisms to measure, monitor, evaluate, and use the information to report progress and course correct as needed in order to achieve the strategy's goals. (NHAS 4.5)

System Activity 4.1: Increase the diversity of the workforce of providers who deliver HIV prevention, testing, and supportive services. (NHAS 1.4.2)

System Activity 4.2: Increase the inclusion of paraprofessionals on prevention teams by advancing training, certification, supervision, financing, and team based care service delivery. (NHAS 1.4.3)

System Activity 4.3: Increase the diversity of the workforce of providers who deliver HIV care and supportive services. (NHAS 2.4.2)

System Activity 4.4: Increase the inclusion of paraprofessionals on teams by advancing training, certification, supervision, reimbursement, and team functioning to assist with the screening/management of HIV, STIs, viral hepatitis, mental and substance use disorders, and other behavioral health conditions. (NHAS 2.4.3)

System Activity 4.5: Promote the expansion of existing programs and initiatives designed to increase the numbers of non-White research and health professionals. (NHAS 3.5.1)

System Activity 4.6: Increase support for the implementation of mentoring programs for individuals from diverse cultural backgrounds to expand the pool of HIV research and health professionals. (NHAS 3.5.2)



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New Jersey HIV Planning Group Integrated Planning Committee Meeting Minutes

Wednesday, June 5th, 2024
Electronic Meeting via ZOOM Video Conference

ATTENDANCE			
NJHPG Members			
Allison Delcalzo-Berens	P	George Lowe	P
Amir Gatlin-Colon	P	Jaivon Lewis	P
Anjettica Boatwright	P	Monique Springer	
Chad Balodis	P		
Committee Member			
Jill York	P	Kathy Ahearn-O'Brien	P
Karen Walker	P	Tameka Allen	P
Non-Voting Member			
Carol Vincent, Clifford Barnett, Jerome Pipes, Junne Burton, Luis Otano, Maeve Yurcisin, Manny Gamarra, Mary Nolan, Rekha Damaraju, Swetha Kamath, Stephanie Choi, Tri Nguyen			
HIV Community Planning Support Team			
Dottie Rains-Dowdell	A	Taylor Lightner	P
Selena Aponte	P		

P- Present; A- Absent; LoA – Leave of absence



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AGENDA	
Item	Discussion
Welcome and Moment of Silence	Allison Delcalzo-Berens began the meeting at 10:06 am and welcomed all members & guests. She then followed with a moment of silence to honor those lost to HIV and those still fighting the virus.
Approval of the Agenda	Allison Delcalzo-Berens reviewed the agenda with the Committee. Anjettica Boatwright motioned to approve the agenda, seconded by Tameka Allen. HCPST conducted a vote, motion passed.
Approval of Meeting Minutes	Allison Delcalzo-Berens reviewed the past Meeting Minutes with the Committee. Anjettica Boatwright motioned to approve the minutes, seconded by Jill York. HCPST conducted a vote, motion passed.
Introductions	George Lowe started introductions by asking attendees to unmute and introduce themselves.
Evaluation Review	<p>The HCPST presented the past Evaluation. There were 16 responses; 3 NJHPG Members, 6 Committee Members, & 7 Guests.</p> <p>1) What questions do you have for the DOH?</p> <ul style="list-style-type: none"> • N/A (x4) • None at this time (x3) • None (x2) • No questions • What is the purpose of having doh representatives attend the meeting if all they do is sit there with there camera off and not engage in the conversation? <p>2) What questions do you have for the HIV Community Planning Support Team?</p> <ul style="list-style-type: none"> • N/A (x3) • None at this time (x3) • None (x3) • No questions • none at this time...You do an excellent job! :-)



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	<ul style="list-style-type: none"> • Can we done more for transgender getting more information • Considering a comment on the last evaluation, what can we do to increase our trans involvement? There has to be some community organizations that work with the trans community that we can reach out to get active engagement on the planning group <p>3) What additional topics would like discussed or featured at future Integrated Plan meetings?</p> <ul style="list-style-type: none"> • N/A (x4) • None at this time (x3) • None • Help more transgender • I'd really like to see you guys delve more into the evaluation process of the Integrated Plan. When will the process get underway? <p>4) Final Comments, Questions, Concerns.</p> <ul style="list-style-type: none"> • N/A (x2) • None • None at this time (x2) • Nothing to address at this time. • This was a informative meeting • The meeting was great • Everything is informative • The Co-Chairs do a really good job of trying to keep everyone engaged and participating. • The committee should really look at ways to get people more actively engaged so that you have more robust conversations versus everyone just being off camera. You may want to consider some ice breakers or different activities throughout the course of the agenda.
<p>Process Review</p>	<p>The Support Team next presented the NJHPG SMARTIE Recommendation Process Map. They walked the Committee through each of the steps listed below.</p> <p>1. Integrated Plan Committee assigns activities</p>



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	<ol style="list-style-type: none"> 2. Co-Chairs prepare Education Didactics & Committees draft recommendations 3. Committees finalize recommendations 4. Executive Committee edits/approves all recommendations 5. NJDOH and Leadership complete Monitor and Evaluation Framework 6. DOH implements recommendations 7. NJDOH will publicly report on progress 8. Reports will be shares on NJHPG website and with community stakeholders 9. Future Planning <p>After reviewing each of these steps, the Support Team opened the floor for any questions.</p> <p>Allison Delcalzo-Berens asked when they can expect the first DOH Report-Out. The Support Team shared that the first Report-Out will occur at the July General Assembly.</p>
<p>New Business</p>	<p>Allison Delcalzo-Berens transitioned the Committee to New Business to assign the Cycle 3 Activities.</p> <p>The Support Team stated that the Integrated Plan Committee will take on 2 of the Activities and the Priority Setting & Community Engagement Committee will take on 4. They then read through the Committee descriptions and turned it back over to the Committee to begin assigning Activities.</p> <p><i>After reading through all 11 Activities the Committee decided that System Activity 3.3 should fall under the Data and Research Committee. They also decided that System Activity 4.1 and 4.3 are almost identical and should be groups together. They also noticed that System 4.2 and 4.4 are also similar and should be given to the Community Engagement Committee.</i></p> <p>The Assigned Cycle 3 Activities are listed below;</p> <ol style="list-style-type: none"> 1. <u>System Activity 3.1- Integrate programs to address the</u>



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syndemic of HIV, STIs, viral hepatitis, substance use, and mental health disorders in the context of social and structural/institutional factors, including stigma, discrimination, and violence. (NHAS 4.1)

Priority Setting

2. System Activity 3.2 - Increase coordination among and sharing of best practices from HIV programs across all levels of government (federal, state, tribal, local, and territorial) and with public and private health care payers, faith-based and 60 community-based organizations, the private sector, academic partners, and the community. (NHAS 4.2)

Priority Setting

3. System Activity 3.3 - Enhance the quality, accessibility, sharing, and uses of data, including HIV prevention and care continuum data and social determinants of health data. (NHAS 4.3)

Data and Research

4. System Activity 3.4 - Foster public-private-community partnerships to identify and scale up best practices and accelerate HIV advances. (NHAS 4.4)

Priority Setting

5. System Activity 3.5 - Improve mechanisms to measure, monitor, evaluate, and use the information to report progress and course correct as needed in order to achieve the strategy's goals. (NHAS 4.5)

Integrated Plan

6. System Activity 4.1 - Increase the diversity of the workforce of providers who deliver HIV prevention, testing, and supportive services. (NHAS 1.4.2)

Community Engagement

7. System Activity 4.2 - Increase the inclusion of paraprofessionals on prevention teams by advancing training, certification, supervision, financing, and team based care service delivery. (NHAS 1.4.3)

Community Engagement



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	<p>8. <u>System Activity 4.3</u> - Increase the diversity of the workforce of providers who deliver HIV care and supportive services. (NHAS 2.4.2) Community Engagement</p> <p>9. <u>System Activity 4.4</u> - Increase the inclusion of paraprofessionals on teams by advancing training, certification, supervision, reimbursement, and team functioning to assist with the screening/management of HIV, STIs, viral hepatitis, mental and substance use disorders, and other behavioral health conditions. (NHAS 2.4.3) Community Engagement</p> <p>10. <u>System Activity 4.5</u> - Promote the expansion of existing programs and initiatives designed to increase the numbers of non-White research and health professionals. (NHAS 3.5.1) Integrated Plan</p> <p>11. <u>System Activity 4.6</u> - Increase support for the implementation of mentoring programs for individuals from diverse cultural backgrounds to expand the pool of HIV research and health professionals. (NHAS 3.5.2) Integrated Plan</p>
<p>Community Announcement and Public Comments</p>	<p>George Lowe transitioned the Committee to the next section of the agenda and asked attendees to share any updates or announcements.</p> <p>Jill York shared that she just got back from OSAP and they changed their name to the Association for Dental Safety. She stated that this is relevant because many of the individuals who sit on the board support People Living with HIV. She did a presentation on how they are trying to teach students not to be bias or have stigma against People with HIV. She also shared that they think New Jersey is doing a fantastic job of really promoting all of this work.</p> <p>Jaivon Lewis shared that he believes New Jersey is the</p>



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	flagship state for ending the HIV Epidemic and thanked the Committee for their work.
Agenda for next meeting July 10 th , 2024	Next meeting on July 10th from 2pm to 4pm, the committee will be drafting their first recommendation of Cycle 3.
Evaluation	HCPST shared evaluation link for feedback on today’s meeting. Results will be presented at the next meeting.
Adjournment	George Lowe asked for a motion to adjourn the meeting. Jill York motioned, seconded by Tameka Allen. The meeting adjourned at 11:49 am.

Meeting Documents

- Draft Integrated Plan Committee Agenda_6.5.24
- DRAFT NJHPG Integrated Planning Committee Meeting Minutes_5.1.24
- SMARTIE Recommendation Flow Chart
- Cycle 3 Activity Assignment



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