

System Activity 8.1, 8.2, & 6.4												
Prep for 2027												
Data & Research	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
System Activity 6.5												
System Activity 6.6 & 6.7												
System Activity 7.2 & 6.3												
System Activity 7.3												
Policy Activity 6.3 & 6.7												
Policy Activity 7.2 & 7.3												

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

- **Policy Activity 6.8:** Support the Attorney General’s “Immigrant Trust Directive” (Directive No. 2018-6), which limits the types of voluntary assistance that New Jersey law enforcement officers may provide to federal civil immigration authorities. Undocumented persons living with HIV/AIDS must be guaranteed safe care and support services. (NHAS 3.1.4)
- **Program Activity 6.11, 6.12, 6.13, & 6.14:** Develop and implement a comprehensive, multi-sectoral strategy for healthy aging with HIV, focusing on identifying and integrating specialized models of care, addressing the unique psychosocial and behavioral health needs of older people with HIV and long-term survivors (including substance use, mental health, and social isolation), increasing the capacity and collaboration of a wide range of aging and medical service providers, and fostering multi-agency partnerships to address evolving challenges.
- **Stigma Activity 6.3 & 7.5:** Integrate and promote systemic models of care, specifically trauma-informed care and harm reduction, across all relevant settings and among key stakeholders like law enforcement, to improve the quality of care and reduce negative interactions for individuals affected by HIV/AIDS.
- **Policy Activity 6.2:** Upon Ryan White CARE Act reauthorization, work with the NJ congressional delegation to include TasP and U=U client education in the Ryan White Standards of Care.
- **Policy Activity 7.1:** Advocate for a U.S. Food and Drug Administration (FDA) indication for the antiretrovirals identified in the CDC guidelines as PEP.⁸ An FDA indication will allow for more assistance and support from the pharmaceutical industry.
- **GAC Activities:**

- System Activity 6.1 & 6.2: New Jersey healthcare payers should back U=U by creating value-based care or pay-for-performance models that incentivize providers to help clients achieve viral suppression. They should also partner with medical provider associations to educate healthcare providers about U=U and other HIV/AIDS biomedical interventions, making these priority policy issues.
- System Activity 7.4 & 6.9: Work with all health care payers in New Jersey to evaluate and enhance timely access to coverage, ensuring maximum parity in insurance benefits for drug treatment and mental health services across all health insurance carriers.
- System Activity 7.6 & 7.7: Give future consideration to the feasibility of developing an Office of LGBTQ Health within the NJDOH and consider opportunities to create regional LGBTQ health centers of excellence to deliver culturally competent care in welcoming settings, while simultaneously continuing to increase the LGBTQ-related cultural humility of all medical settings statewide.
- Program Activity 6.2: Adopt a “Test-and-Treat” protocol, known as “early treatment initiation,: to assist clients who are newly diagnosed with HIV in getting linked to treatment quickly and disseminate an educational module in all clinical facilities.
- Program Activity 6.7: Encourage HIV/AIDS care providers to make telemedicine services widely available to address barriers to care, such as transportation issues. (NHAS 2.3.3)
- Policy Activity 6.6: Explore strategies to prevent loss of access to medications when an individual is changing health insurance plans. (NHAS 4.2)
- Policy Activity 7.7: Identify strategies for the development and adoption of statewide comprehensive, culturally appropriate, sex-positive sexual health education standards.

The Priority Setting Committee is responsible for understanding and assessing where services are now and where they need to be. The Committee considers; what is needed, what is missing, what is lacking, what is cutting edge, what is innovative, how we can fill in the gaps, and how to do this with a Statewide perspective, and how to draw from quantitative and qualitative data from and other sources to understand what is needed.

- **Program Activity 6.1 & 6.3:** Expand and integrate non-medical case management and linkage-to-care support for all people with HIV across public and private healthcare sectors. This aims to ensure comprehensive access to social services and adherence support, leveraging successful models beyond traditional programs like Ryan White.
- **Program Activity 6.8, 6.9, & 7.10:** Enhance coordinated care and expand access to comprehensive support services, including housing as treatment, mental health, and substance use services, for people with HIV and other priority populations, to address social determinants of health and prevent HIV acquisition.
- **Program Activity 7.3, 7.4, 7.5, 7.6, 7.7, & 7.11:** Expand and streamline access to PrEP and PEP across New Jersey by standardizing PEP starter packs and distribution, leveraging and expanding PrEP Counselor and Community Health Worker programs into high-impact clinical settings (STD/Family Planning Clinics), developing and implementing innovative delivery

models like TelePrEP and Same-Day PrEP, and considering a broader prevention case management program for HIV-vulnerable populations with complex needs.

- **Program Activity 8.1 & 6.4:** Establish regional and statewide learning collaboratives to annually review data on new HIV diagnoses, identify priority populations (including Men who have Sex with Men (MSM) and Persons Who Inject Drugs (PWID)), and pinpoint areas for systemic improvement in HIV prevention and response. These collaboratives will ensure that all intervention strategies for HIV clusters, particularly those involving MSM and PWID, comprehensively address both sexual and injection-related transmission prevention, fostering a targeted and effective public health response.
- **Program Activity 6.10:** Encourage the reinstatement of faith-based public health programming to reach more individuals, combat stigma, and build supportive communities. (NHAS 3.1.5)

The Community Engagement Committee will work to identify prevention, care, treatment needs, and interventions for high-risk populations; develop outreach strategies to inform and engage communities while meeting them where they are through access and equity, presence at community events; cultivate/develop future leaders in the community; and build community space, presence & trust.

- **Stigma Activity 6.1, 6.2, 7.1, 7.2, & 7.4** - Create culturally appropriate education and awareness campaigns that address HIV/AIDS-related services available in all locations that screen and test for HIV, PEP, PrEP, U=U and the "harm reduction approach" to care.
- **Stigma Activity 6.4 & 6.5:** Assess stigma using a standardized stigma measurement tool and work in partnership with the New Jersey Division on Civil Rights to create an educational module on HIV/AIDS and HIV/AIDS-related stigma and discrimination for all support service programs that receive any state or federal funding in NJ.
- **Stigma Activity 6.6:** Launch an HIV/AIDS Speaker's Bureau, including persons affected by substance use disorder. (NHAS 3.3.1)
- **Program Activity 7.9 & System Activity 7.5:** Expand the competency and LGBTQ cultural humility of substance use treatment facilities and mental health providers to aid with crystal methamphetamine and other types of substance use-related addictions and co-occurring addictions, like sex addiction. (NHAS 3.1)
- **System Activity 8.1, 8.2, & 6.4:** Identify and eliminate barriers preventing individuals from engaging in or remaining in HIV care, while simultaneously addressing service gaps to interrupt rapid HIV transmission, particularly among men who have sex with men (MSM) and other key populations.

The Data and Research Committee takes the lead in requesting data from the State and then analyzing and understanding the data received. The Committee is a resource for all other committees and their data needs.

- **System Activity 6.5:** NJDOH DHSTS should implement "Data to Care" for surveillance purposes. "Data to Care," according to the CDC, is a public health strategy that supports the health department's use of HIV surveillance data to identify PWH and connect them to care or support services.

- **System Activity 6.6 & 6.7:** NJDOH DHSTS will improve data system interoperability and develop a strategy for adopting statewide HIV and STD performance measures for all providers, aligning with federal guidelines.
- **System Activity 7.2 & 6.3:** Establish a unified, user-friendly online enrollment system that provides seamless access to all Ryan White HIV/AIDS Program (RWHAP) services, including ADAP, and integrates a newly created State PrEP Drug Assistance Program (PrEP-DAP) to ensure comprehensive care and prevention.
- **System Activity 7.3:** Electronic health records in emergency rooms, urgent care centers, and primary care settings should prompt clinicians to discuss PrEP and its role as a preventative medicine with patients.
- **Policy Activity 6.3 & 6.7:** Enhance New Jersey's HIV surveillance and monitoring capabilities by requiring comprehensive laboratory reporting of key HIV indicators (CD4, viral load, genotype) and fostering interagency data sharing initiatives to improve rates of virologic suppression among people with HIV.
- **Policy Activity 7.2 & 7.3:** Implement measures to protect patient privacy regarding PrEP access (e.g., preventing unwanted disclosure of EOBs to primary policyholders) and explore the development and financing of a PrEP research pilot program offering all PrEP services free of charge, coupled with research on adherence and persistence efficacy.