New Jersey HIV Planning Group

Integrated Plan Committee Meeting Agenda

Wednesday, March 6th, 2024

Electronic Meeting via ZOOM Video Conference

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
10:05am	Introductions • *Name, Organization, & Strength*	George Lowe
10:10am	Evaluation Review	HCPST
10:40am	Old Business • Finalize & Approve Monitor & Evaluation Guidance	Allison Delcalzo-Berens & George Lowe
11:00am	New Business • Review the Data within the Integrated Plan- *Determine what Baseline Data is Needed for the Monitor & Evaluation Framework* • *Pending- Education Didactic for Program Activity 1.1*	Allison Delcalzo-Berens & George Lowe
11:30am	Committee Announcements & Public Comments	George Lowe
11:45am	Integrated Plan Committee Agenda Next Meeting: April 3rd, 2024	Allison Delcalzo-Berens
11:55pm	Evaluation	HCPST
12:00pm	Adjournment	George Lowe

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

Cycle 2

Program Activity 1.1: Create and promote public leadership opportunities for people with or who experience risk for HIV. (NHAS 3.3.1)

JANUARY - JUNE 2024 Workplan

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

New Jersey HIV Planning Group
Integrated Planning Committee Meeting Minutes
Wednesday, March 6th, 2024
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ATTENDANCE			
NJHPG Members			
Allison Delcalzo-Berens	**P**	Jaivon Lewis	**P**
Amir Gatlin-Colon	**P**	Johanne Rateau	**P**
Anjettica Boatwright	**P**	Monique Springer	**P**
Chad Balodis	**P**	Michelle Harvey	**P**
George Lowe	**P**		
Committee Member			
Carla-Ann Alexander	**P**	Kathy Ahearn-O'Brien	**P**
Jill York	**P**	Tameka Allen	**P**
Karen Walker	**P**		
Non-Voting Member			
Clifford Barnett, June Dowell-Burton, Lara Dykstra, Luis Otano, Manny Gamarra, Mary Nolan, Michael Roland, Tri Nguyen, Veronica Siringano			
HIV Community Planning Support Team			
Dottie Rains-Dowdell	**P**	Taylor Lightner	**P**
Selena Aponte	**P**		

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

AGENDA	
Item	**Discussion**
Welcome and Moment of Silence	Allison Delcalzo-Berens began the meeting at 10:02 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 Chad Balodis. HCPST conducted a virtual 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 Kathy Ahearn-O'Brien. HCPST conducted a virtual vote, motion passed.
Introductions	George Lowe started introductions by asking attendees to unmute and introduce themselves.
Evaluation Review	The HCPST presented the past Evaluation. There were 16 responses; 7 NJHPG Member, 4 Committee Members, & 4 Guests. 1) What questions do you have for the DOH? • N/A (x7) • None at this time (x3) • None (x2) • No 2) What questions do you have for the HIV Community Planning Support Team? • N/A (x6) • None at this time (x4) • None (x2) • None but your doing a great job. 3) What additional topics would like discussed or featured at future Integrated Plan meetings? • N/A (x2) • None at this time (x2) • None

	• Nothing to report • No recommendations at this time • Maybe 2 minutes or so at the start of every meeting (or every other meeting) dedicated to stating what the purpose of this committee is and what it's working on. • The goal of the committee 4) Final Comments, Questions, Concerns. • New to the group. As I become more familiar I will have more to contribute. Thank you for your work. • No. Thank you for putting in the time and effort into this committee. It's needed and appreciated. • Finding ways to engage the entire committee. • Some off topic subject lingered a little too long but aside from that, good meeting.
Integrated Plan Summary	George Lowe transitioned the group into reviewing a summary of the Integrated Plan for the new individuals in the room. WHAT IS IT? The Integrated Plan is an umbrella document that outlines HIV care and prevention needs and strategies and recommendations to meet those needs. THE INTEGRATED PLAN WAS INFORMED BY THE- National HIV Strategy & the EHE. STAKEHOLDERS- NJHPG Planning Body, TGAs, EMAs PRIORITY POPULATIONS- Black, Hispanic, and White – MSM Between 25-44 Years Old, Black and Hispanic– Heterosexual Females Between 25-44 Years Old, Males Who Inject Drugs, Transgender, Women, Youth, Other Populations: Sex Workers, Immigrants, Older Adults, Individuals with Disabilities, And Justice Involved Individuals
Old Business	Allison Delcalzo-Berens transitioned to Old Business. The Support Team then shared the DRAFT Monitor and Evaluation Guidance for attendees to review and discuss. Allison Delcalzo-Berens briefly reviewed the document such as the definition of monitoring & evaluation, principles of monitor & evaluation, monitoring & evaluation framework, accountability, and future planning. There was no feedback or changes to the document, Anjettica Boatwright motioned to approve the Monitor and Evaluation Guidance, seconded by Jill York. The Support Team shared a virtual

	vote & it was approved. Allison Delcalzo-Berens then explained the next steps are for this document to be approved at the next Executive Committee meeting. George Lowe & Allison Delcalzo-Berens congratulated the committee on their accomplishment of completing the full cycle of the recommendation process.
New Business	Before going into step 1 of forming a recommendation the Support Team showed the Data & Research request form which is housed by the support team on an excel spread sheet. It provides a space to put in data & research requests for working committees. These requests can be used to inform the recommendations made to the state. George Lowe & Allison then transitioned the committee to the education didactic for Program Activity 1.1: Create and promote public leadership opportunities for people with or who experience risk for HIV. (NHAS 3.3.1) Resorces; Methods and Emerging Strategies to Engage People with Lived Experience: Improving Federal Research, Policy, and Practice (hhs.gov) HOW WILL CREATING PUBLIC LEADERSHIP OPPORTUNITIES END HIV? *Definitions* • Lived Experience: representation of an individual's human experiences, choices, and options and how those factors influence one's perception of knowledge. • People with lived experience/expertise: Individuals directly impacted by a social issue or combination of issues who share similar experiences or backgrounds and can bring insights of their experience to inform and enhance systems, research, policies, practices, and programs that aim to address issue/s. • Potential roles: storytellers, advisors, grantees, partners, staff (ordered in ascending level of engagement) • Potential activities: research and program evaluation; consultation; service and program

	delivery; strategic communications *Aims and Consequences* • Aims/Intentions- Advance equity and access, contribute to the set of tools available, improve programming/increase community relevance, Enhance thoughtful/meaningful engagement • Consequences/Considerations- Unintended adversity and secondary trauma, Compensation (commensurate) and resources, Lack of planning and preparation (written policies and procedures, sustainable engagement, training/support, quality management), Lack of bidirectional learning opportunities/lack of training for workforce without lived experience, Barriers to engagement – individual level (childcare, technology or transportation requirements), Barriers to engagement – system/infrastructure (background checks, power disparities, educational requirements) *Benefits/Impacts* • Benefits for individuals – improved awareness and knowledge; developed professional skills; increased self-efficacy and empowerment; strengthened community connectedness and support; better understanding of programs/agencies • Benefits for programs/initiatives – improved ability to deliver responsive services, programming, training, and technical assistance; strengthened products, tools, and resources by making them more accessible, responsive, and tailored to the needs of the priority populations; improved representation in and increased priority communities' influence on decision-making processes/practices • Benefits for agencies – directing funding and resources to the needs of the priority communities; enhancing service and delivery infrastructure; informed and empowered groups of advocates who have networks and skills • Lack of data around how the engagement impacts systems

	NJ DEPARTMENT OF HEALTH UPDATE *MVOS- My Voice Our Story* • Description- MVOS has five goals that were developed by RAI (Ready, Aim Innovate), ARFC, and NJ DOH. The aims touch all impact areas of the project, including system and individual level competencies, HIV end point health outcomes, opportunities for HIV prevention and destigmatization, and the creation of new and lasting public/private partnerships. • Length of Program- The time of each cohort can vary, but the general idea is that each cohort in total takes about 6 months. This includes time of engagement, the creation of their stories in whatever medium they chose to tell them, and then the following Story Slams. So far, the Story Slams have been onetime events. • Funding- NJDOH funds the AIDS Resource Foundation for Children (ARFC) who contracts and collaborates with RAI on their work for MVOS/Dear Rosa. • Successes/Outcomes- Thus far MVOS has had two highly successful Story Slams. They continue to utilize the results from those stories for the creation of a code book which has taken each of those stories and translated it in a way that allows for measurable data that can be used to shape and change how we continue in spaces surrounding community engagement, grant funding, and program development. The success of the first few cohorts has also brought interest from other communities throughout the state to participate with their own cohorts. MVOS has been featured at several different conferences, including USCHA, and is optimistic to present at several different conferences in the coming year. • Goals- 1. Embrace community storytelling and expression as an untapped source of qualitative data for system planning using evidence-based models,

	including mixed methods analysis and implementation science. 2. Create a human resource pathway for interested community members to get involved in system planning starting with stories, leading to NJHPG and other planning groups, and introducing interested persons to the CHW (community healthcare workers) training program. This promotes individual economic resilience. 3. Develop current and relevant exhibit material for use in schools, community centers, clinics, and more! This reinforces local cross-sectoral and civil society collaboration to end HIV. 4. Generate opportunities for local businesses and large corporations to get involved in supporting the community in Hudson and Essex counties. This promotes local economic resilience in the community. 5. Improve HIV Care Continuum performance for key populations (i.e., young gay black men 13-24 and gay black men over 50 in the first two cycles, AA women in the following cycle, and then all the additional cycles listed above). The idea with each cycle to focus on populations in different communities throughout the state. *Hyacinth Leadership Advocacy & Leadership Program* • Description- Leadership Hyacinth is an advocacy training program designed to engage individuals living with HIV and community stakeholders and train and give them the tools to fully participate in public health policy work. • Goals- Run 6-8 training sessions that concentrate on basic civics, the federal and state HIV funding landscape, federal and state legislation, leadership development, finding your voice, messaging, public speaking, and advocacy strategies. • Length of Program – 10 years and counting. • Successes/Outcomes- recruited and trained over 100 individuals living with HIV or community stakeholders to complete Leadership Hyacinth. Several groups have consisted of gay men of color,

	women living with or working in the field and health care professionals. We have successfully partnered with the Vineland City Department of Health, Garden State Equality, South Jersey AIDS Alliance, Edge, and others to train their staff in consumer advocacy. This work affords us the ability to reach every congressional district in collaboration with consumer and other public health professionals. Leadership graduates participate in policy debates surrounding federal and state budget and appropriations, Medicaid/Medicare safety net programs, housing issues, prevention policy and health care infrastructure. BREAKOUT ROOM DISSCUSSION *Define Public Leadership in HIV* • A new way of thinking about leadership. • It is a continuous role where a person has an invested interested or direct link as a stakeholder to HIV (the cause at hand). • Individuals in public leadership roles are individuals with experienced HIV. This expertise is the best tool to use to collaborate with agencies to create the best possible system. • Public leaders are culturally diverse, we well known influencers that publicly motivate multiple communities. Public Leaders are a representation of their community, and a launching pad for their wants & needs. • Public leadership is not forced, it is genuine with no hidden agenda. • Servant Leadership. • Positions vs Movements; using trusted individuals in tandem with public leadership there can be a perfect blend of education & community. Movements rather than position inspires individuals to attain public leadership positions. *Places & Spaces* • Agency level • Normalizing hiring people with lived experience

	(mandating % of staff who have HIV) • Capacity building and mentorship, building pathways to recruit PWH into leadership positions • PWH involved in shaping agency policies and procedures • Institutions • How are human subjects intentionally engaged in academic settings (research and studies) • Coordination between planning bodies • Systems level • Funding for and replication of AIDS Watch-type projects throughout the state • Involving PWH in program evaluation (having consumer interviews during site visits or asking for survey results) • Including PWH in NOFO/RFP development and public comment periods *Identify Barriers* • Funding for leadership and advocacy programs • Transportation to and from leadership events • Education/knowledge of leadership opportunities • Housing • Motivation for PLWH to become community leaders • PLWH are not adequately acknowledged for their expertise through life experiences – creates lack of motivation to be a public leader • Providing a living wage *Best Practices (this group also identified barriers that effect best practices)* • Removing Funding/Grant's educational requirements of a bachelor's degree from when recruiting community leaders • Changing the onboarding process & hiring approval process from DOH • Building trust between agencies & community to recruit local leaders • Clinical Supervision for peers. Trust in the belief that they can do the work. • Increase state funding for community health

	workers' salaries. • Speaking opportunities for school, government, and health care. • Stipends pay individuals more fairly for their stories compared to when they are on a salary. • Data & Research Request; Which organizations have lived experience programs, and where does their funding come from? Allison Delcalzo-Berens asked the committee if they had any Data & Research requests for the next committee meeting. The attendees decided to request information on positions, individuals, or best practices in NJ for Public Leadership Opportunities for individuals with lived experiences. Which organizations have lived experience programs, and where does their funding come from? (Any agencies doing storytelling identify funding opportunities for public leadership roles).
Community Announcement and Public Comments	George Lowe opened the floor to any announcements, the committee wished Anjettica Boatwright an incredibly happy birthday.
Agenda for next meeting April 3rd, 2024	Allison Delcalzo-Berens suggested reviewing the data & research request and drafting Program Activity 1.1. The next meeting will be on April 3rd from 10am to 12pm. The next General Assembly is on April 18th from 1-4pm.
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. Anjettica Boatwright motioned, seconded by Karen Walker. The meeting adjourned at 11:58 am.
Meeting Documents	
• Draft Integrated Plan Committee Agenda_3.6.24 • DRAFT NJHPG Integrated Planning Committee Meeting Minutes_2.7.24	

- DRAFT NJHPG Monitor & Evaluation Guidance
- Integrated Plan 1 Pager
- Program 1.1 Education Didactic PPT