New Jersey HIV Planning Group

Strategic Planning Committee Meeting Agenda

Wednesday, May 6th, 2026

10am-12pm

Tameka Allen
Co-Chair

Angela Petrone
Co-Chair

The Strategic Planning Committee supports the development and maintenance of the statewide Integrated HIV Prevention and Care Plan in alignment with CDC and HRSA guidance. This Committee is responsible for developing actionable recommendations and refining and assigning activities to the working Committees each cycle. The addition of the Program Development Sub-Committee marks a shift toward a new path of strategic planning, enhancing its ability to more effectively address the evolving landscape of service delivery.

***Please note all times are approximate**		
10:00am	Welcome & Moment of Silence Establishment of Agenda Review and Approval of Meeting Minutes	Tameka Allen
10:10am	Introductions • *Name & Organization*	Angela Petrone
10:20am	Evaluation Review & NJHPG Overview	HCPST
10:30am	Quarterly Program Development Updates	Allison Delcalzo-Berens
10:45am	Old Business • Finalize Recommendations for Stigma Activity 6.3 & 7.5	Tameka Allen & Angela Petrone
11:20am	New Business • Prepare to Review Integrated Plan	Tameka Allen & Angela Petrone
11:40am	Draft Integrated Plan Committee Agenda *Next Meeting: June 3rd, 2026*	Tameka Allen
11:45am	Committee Announcements & Public Comments	Angela Petrone
11:55am	Evaluation	HCPST
12:00pm	Adjournment	Tameka Allen

Members of Committee (Quorum: 3): *Allison Delcalzo-Berens, Angela Petrone, Tameka Allen, Karen Walker*

The NJHPG is maintained by the Divisions of HIV, STD, and TB Services (DHSTS) with support from the South Jersey AIDS Education and Training Center (AETC) – Jefferson Health.

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Strategic Planning Committee Meeting Minutes

Wednesday, May 6th, 2026

Electronic Meeting via Zoom

ATTENDANCE			
NJHPG Members			
Allison Delcalzo-Berens	**P**	Tameka Allen	**P**
Karen Walker	**A**	Kathy Ahearn-O'Brien	**P**
Angela Petrone	**P**		
Committee Member			
Non-Voting Member			
Chad Boladis, Charla Cousar, Joe Sirack, Luce Morgan, Melanie Mercado-Miller, Tonia Pressely, Rekha Damaraju, Shwetha Kamath, Mary Nolan,			
HIV Community Planning Support Team			
Dottie Rains-Dowdell	**P**	Deyona Pope	**P**

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

AGENDA	
Item	**Discussion**
Welcome and Moment of Silence	Tameka Allen opened the meeting 10:06am and welcomed all attendees. A moment of silence was held to honor individuals lost to HIV/AIDS and recognize the resilience of people living with HIV while continuing efforts to reduce HIV stigma and transmission.
Approval of the Agenda & Meeting Minutes	Tameka Allen reviewed the Agenda and past Meeting Minutes with the Committee. The Committee reviewed and approved the meeting agenda and the April 1, 2026 Strategic Planning Committee meeting minutes through virtual motions and voting. Chad Balodis motioned to approve the agenda, which was seconded by Angela Petrone. Angela Petrone motioned to approve the previous meeting minutes, and Chad Balodis seconded the motion.
Introductions	Angela Patrone started introductions by asking attendees to unmute and introduce themselves. Committee members, NJHPG Support Team members, Department of Health representatives, and guests introduced themselves and shared their organizations and roles. Participants represented organizations including the NJ Department of Health, Jefferson Health AETC, Hudson County TGA HIV Planning Council, Hyacinth Foundation, Henry J. Austin Health Center, Morristown Medical Center, and NJHPG Support Team.
Evaluation Review	The HCPST presented the past Evaluation. There were 8 responses; 3 NJHPG Members, 1 Committee Members, & 4 Guests. 1) What questions do you have for the DOH? • None, N/A (x3) 2) What questions do you have for the HIV Community Planning Support Team? • None (x3) 3) Final Comments, Questions, Concerns. • None (x3) • Great discussion. Love the participation.

NJHPG Overview	The Support Team next presented the Strategic Planning Committee Overview PPT. They walked the Committee through a PPT. The information is listed below. <u>Goal of NJHPG</u> • We are a planning body that works through the NJ Integrated Plan with the goal of ending the transmission of HIV within the state of New Jersey. • The 120+ Activities listed within the Integrated plan explains what need to happen to achieve the goal of ending the epidemic. • It is up to the individual committees to inform the Department of Health how they would like these activities to be implemented. • NJHPG fulfills that role of planning through the completion of SMARTIE Recommendations. <u>Priority Populations</u> • Black, Hispanic, White MSM- 25 years old - 44 years old • Males who inject drugs • Black & Hispanic Heterosexual Females- 25 years old - 44 years old • Transgender Women • Youths • Others; Sex workers, Immigrants, Older Adults, Disabled & Justice Involved Individuals <u>Purpose & Objectives of the Strategic Planning Committee</u> • The Strategic Planning Committee supports the development and maintenance of the statewide Integrated HIV Prevention and Care Plan in alignment with CDC and HRSA guidance. This Committee is responsible for developing actionable recommendations and refining and assigning activities to the working Committees each cycle. The addition of the Great discussion today, Love the participation!
Quarterly Program Development Updates	Allison Delcalzo provided a quarterly update on the Program Development Subcommittee. She shared that the group held meetings in February and March and canceled the April meeting due to the HRSA site visit. Early discussions revealed that many participants were unfamiliar with the Integrated Plan and the planning process, leading the group to pause and provide an overview of the HPG and the Integrated Plan during the

	March meeting. The subcommittee has been using surveys to identify leadership priorities and areas for collaboration. Initial survey results identified funding diversification, sustainability, and partnerships as key priorities. Upcoming meetings will focus on education, collaboration, and coordination to address continuity of services amid an increasingly uncertain funding landscape. The next meeting is scheduled for May 12, 2026.
DOH Report-Out	The Support Team reported the following on behalf of Renee Cirillo. Activity: Program Activity 5.5 - Provide or facilitate professional education and/or training to healthcare providers in the locations listed below on HIV/AIDS, acute HIV infection, HIV testing, and how to properly support a client who has tested positive. Action Step 2: Increase education opportunities and/trainings for healthcare providers in Ryan White funded agencies on HIV/AIDS, acute HIV infection, HIV testing, and how to properly support a client who has tested positive. 1. Is this a realistic ask for DHSTS? (If yes, continue to fill out the template. If no, explain) DSUSS is positioned to provide education/trainings for healthcare providers in Ryan White funded agencies, specifically Ryan White Part B, if they are funded by us. 2. Share Progress Updates. Education and Training opportunities are currently available through our partnerships with NJTACD, AETC and through our relationship with grantees. 3. What help does the DOH need from the Committee/community? Feedback is always welcome 4. If the Action Step is still in progress, when can the Committee expect another progress update? The action step is in place with NJTACD/AETC

	however education and training opportunities continue to evolve based on funding availability, the feedback we receive and the needs of the consumers as well as the agencies.
Old Business	Tameka Allen then transitioned the Committee to finalized, 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. The recommendation is outlined below. Action Steps: 1. Develop and implement a standardized, statewide model of trauma-informed care and harm reduction across healthcare, social services, and law enforcement settings to improve quality of care and reduce negative interactions for individuals affected by HIV/AIDS. a. Stakeholders Involved/Needed • NJ Department of Syndemic & Substance Use Services • Law enforcement agencies (state, county, local) • Community-based organizations (harm reduction providers, HIV service organizations) • Healthcare providers (Ryan White clinics, FQHCs, hospitals) • AIDS Education and Training Centers (AETC) • People with lived experience (PLWH, PWUD, justice-involved individuals) • NJHPG members and committees b. Is this task measurable? ☒ Yes ☐ No Deliverables; • Standardized TIC & Harm Reduction

Toolkit
    - Includes protocols for trauma screening, de-escalation, stigma reduction, and referrals
- Identify current training models that currently address TIC (i.e. 5 minutes to help)
    - Train at least 75% of frontline staff, including law enforcement
- Pilot Implementation in High-Need Areas
    - Launch in 3–5 priority counties with evaluation metrics (e.g., reduced negative interactions, increased linkage to care)

c. Due by: 5/2027

2. Identify and or establish a trauma-informed diversion and care coordination model in partnership with law enforcement to redirect individuals affected by HIV, substance use, and behavioral health needs into care rather than the justice system.

a. Stakeholders Involved/Needed
- Diversion models
- Court stakeholders
- Organization stakeholders (Re-entry programs, Harm reduction programs)
- Law enforcement Stakeholders

b. Is this task measurable? ☒ Yes ☐ No
Deliverables;
- Formal MOUs Between Law Enforcement and Service Providers
    - Define referral pathways, roles, and TIC/HR expectations
- Real-Time Referral & Care Coordination System
    - Warm handoffs to HIV care, harm reduction, and support services
- Data & Equity Monitoring Dashboard
    - Tracks referrals, service engagement, and reduction in negative interactions (disaggregated by race, gender, geography)

	c. Due by: 12/2027
Community Announcement, Public Comments, and Legislative Updates	Tameka Allen asked the Committee to share any announcements. There were no announcements at the time.
Agenda for next meeting June 3rd, 2026	Next meeting on June 3rd, 2026 from 10am to 12pm. The committee reviewed the proposed agenda for the upcoming meeting, including the welcome, moment of silence, agenda approval, and approval of previous meeting minutes. The NJHPG Support Team will provide an overview of NJHPG and review meeting evaluation feedback. It was noted that no quarterly update is expected from Allison Delcalzo at this time unless new information arises following the upcoming Tuesday meeting. Old business will include continued discussion of the Integrated HIV Prevention and Care Plan, due June 30th. New business will focus on ongoing stigma-related activities and deliverables related to activities 6.3 and 7.5.
Evaluation	HCPST shared evaluation link for feedback on today's meeting. Results will be presented at the next meeting.
Adjournment	Tameka Allen asked for a motion to adjourn. The committee did not have quorum to adjourn The meeting ended at 11:30am.

Meeting Documents

- Draft Strategic Planning Committee Agenda
- DRAFT NJHPG Strategic Planning Committee Meeting Minutes
- Committee Evaluation