

New Jersey HIV Planning Group
General Assembly Meeting Agenda

Thursday, July 17th, 2025

Hybrid via In person and ZOOM Video Conference
 Hilton Inn Camden (1 Penn St, Camden, NJ 08102)

11:30 am – 4:00 pm

Chelsea Betlow
 Government Co-Chair

Jaivon Lewis
 Government Vice-Chair

Johanne Rateau
 Community Co-Chair

Saquan Stevenson
 Community Co-Chair

***Please note all times are approximate**

NJHPG Members Only

11:30 am	Welcome & Moment of Silence Review & Approve Agenda Review & Approval of April Minutes	Johanne Rateau
11:40 am	New Member Ratification	Ric Miles
11:50 am	NJHPG Member Updates & Evaluation Review	HCPST
12:00 pm	NJHPG Media Day	Governance/HCPST
Open Portion		
12:30 pm	<i>Lunch & Networking; Greeters: Saquan Stevenson & Kevin E. Taylor</i>	
1:00 pm	Welcome & Moment of Silence	Saquan Stevenson
1:05 pm	NJHPG Quarterly Review & Welcome New Members	HCPST
1:20 pm	Epidemiological Profile	Surveillance Unit
Break (10 min)		
2:10 pm	Quality Improvement Collaborative (QIC)	Melanie Mercado-Miller
2:40 pm	DHSTS Updates	DHSTS
2:45pm	Partner Updates-5 <i>minutes</i> <ul style="list-style-type: none"> • Newark Eligible Metropolitan Area (NEMA) • Middlesex, Somerset, Hunterdon Transitional Grant Area (TGA) • Hudson TGA • Bergen Passaic TGA • Philadelphia Office of HIV Planning 	
3:10 pm	Quarterly Spotlight Recognition	Jaivon Lewis
3:20 pm	Funding Updates	Axel Torres-Marrero
3:40 pm	Member & Community Announcements	Saquan Stevenson
3:55 pm	Evaluation	HCPST
4:00 pm	Adjournment	Johanne Rateau

Next meeting: Thursday, October 16, 2025 (Central Region)

HCPST – HIV Community Planning Support Team



April 2025 Meeting Minutes



General Assembly Voting



General Assembly Meeting Evaluation

ATTENDANCE			
NJHPG Member			
Abraham Corsino	P	Karen Walker	P
Anjettica Boatwright	P	Kelly Williams	P
Allison Delcalzo-Berens	A	Kevin E. Taylor	P
Angela Petrone	P	Laurie Litt	P
Amy Pereira	P	Luis Otano	P
Chelsea Betlow	A	Lynnette Abdulwaliyy	A
Claudia Ortiz	P	Monique Springer	P
Crystal Mitchell	P	Rafael Kaipa Llovera	P
George Lowe	P	Ric Miles	P
Jaivon Lewis	A	Robert Lord-Schell	A
Jamir Tuten	P	Rosie Ruiz	A
Jocelyn Perry	P	Samarie Rivera	P
Johanne Rateau	P	Saquan Stevenson	A
John Nelson	A	Shalik Thompon	P
Jose Avila	P	Stephanie Berroa-Allen	LoA
Justin LiGreci	P	Tameka Allen	A
James Valentin	P		
NJHPG Committee Member			
Gabrielle Ferrigno, Raymond Welsh			
Non-Voting Members			
Abel Saldana, Albert, Alicia Parker, Alicia Kearney, Alison Modica, Aliya Roman, Ana Willis, Ann Idoko, Anthony DeAngelo, Beth Hurley, Brent Drolette, Carla-Ann Alexander, Carol Vincent, Chara Cousar, Chris D-Errico, Clarise Bradshaw, Cynthia Mimmo, Debra, Denise Brown, Dennis Smith, Emmanuel Gamarra, Eric Wuethrich, Eric Reyes, Heidi Haiken, Ingrid Floyd, Jacques Joseph, Jahnae Morgan, Jerome Pipes, Joe Sirak, Jonathan Ruberte, Jose Lugo, Joseph Chiusano, Julie Coker, June Dowell-Burton, Justin Almodovar, Karla Olivia, Kayla Horne, Kristen Ehlers, Khadijah Reid, Khadiza Haque, Kim Carter-Nichols, Kimberly McCargo, Lourdez Hernandez, Luce Morgan, Mary Nolan, Meg Bilby, Melissa Knot, Melissa Hart, Michael Hager, Mishta Stanislaus, Nahid Suleiman, Nikeshia Deal, Raafat Imad Ahmed Al-Sajafi, Rasheed Gongga, Rebecca Laserre, Rekha Damaraju, Renee Cirillo, Rith Abrams, Sherri Giorgi, Shwetha Kamath, Stacy Smith, Susan Burrows-Clark, Tiecher Belfield, Timothy Daniels, Tionna Brailsford, Tonia Pressley, Tri Nguyen, Veronica Siringano, Victor Bedoya, Wendy Henderson			
HIV Community Planning Support Team			
Dottie Dowdell	P	Taylor Lightner	P
Deyonna Pope	P		

New Jersey HIV Planning Group
General Assembly Meeting Minutes
Thursday, April 17th, 2025
 Hybrid via In person and ZOOM Video Conference
 Mary Roebing Building – Trenton, NJ

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



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

AGENDA

Item	Discussion
Welcome and Moment of Silence	Johanne Rateau began the meeting at 1:00 pm, followed by a moment of silence to remember those we've lost and recognize the resilience of individuals living with HIV/AIDS. We continue the fight for access to treatment and a future free from HIV stigma and HIV transmission.
Approval of the Agenda	Johanne Rateau reviewed the Agenda. Laurie Litt motioned to approve the Agenda. HCPST conducted a vote, and the Agenda was approved.
Approval of Meeting Minutes	Anjettica Boatwright motioned to approve the minutes. HCPST conducted a vote, and the 1/16/2025 minutes were approved.
Voting Items	<p>The next item on the Agenda was voting on By-Law Revisions. Laurie Litt introduced herself as one of the Governance Co-Chairs for NJHPG. She then introduced the following By-Law Revisions:</p> <ul style="list-style-type: none"> • Section 2.11 E – Removal for Non-Attendance Policy • Section 5.2 - Minimum Number of Committee Member Requirements <p>HCPST conducted a vote and the By-Law Revisions were approved.</p>
NJHPG Overview	<p>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. There are 122 Activities listed within the Integrated plan that explain what needs 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 the role of planning through the completion of SMARTIE Recommendations.</p> <p>There are 6 Priority Populations listed within the Integrated Plan;</p> <ol style="list-style-type: none"> 1) Black, Hispanic, White MSM - 25 years old - 44 years old 2) Males Who Inject Drugs 3) Black & Hispanic Heterosexual Females - 25 years old - 44 years old 4) Transgender Women 5) Youths 6) Others; Sex workers, Immigrants, Older Adults, Disabled & Justice Involved Individuals <p>At NJHPG we have Quarterly General Assembly's Meetings and Monthly Committee Meetings;</p> <ul style="list-style-type: none"> • Executive Committee- Closed Meetings, NJHPG Co-Chairs Only • Governance Committee- Closed Meetings, NJHPG Members Only • Open Committees- Follow Assigned Workplans • Integrated Plan- Assign Activities & Develop Recommendations • Priority Setting- Develop Recommendations • Community Engagement- Develop Recommendations • Data & Research- Create Resources, Fulfill Data Requests, Develop Recommendations <p>At our meetings we have three types of attendees;</p> <ul style="list-style-type: none"> • Guests/Non-Voting Attendee <ul style="list-style-type: none"> ○ Participation Only, CANNOT VOTE • Committee Members <ul style="list-style-type: none"> ○ Participation and Voting within their Prospective Committee ○ Must attend 3 meetings within 6-months • NJHPG Members <ul style="list-style-type: none"> ○ Participation, Voting within their Committee of Choice & at General Assembly Meetings
NJHPG Quarterly Review & Updates	The Support Team shared a few slides that highlighted some of NJHPG's successes in the past quarter;



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- NJHPG hosted the first Community Education Ad-Hoc Meeting on 2/6
 - Focusing on Housing
 - Turnout of about 30 Members and Guests
- Emergency Meeting to Discuss Congressional Budget Implications
 - Planned by Executive Co-Chairs in less than 24 hours
 - Turnout of 219 individuals

They next shared a few things to look forward to in the upcoming quarter.

- Next Community Education Ad-Hoc on 5/1 from 10am-12pm
 - Focus will be on Transgender Health and Wellness
- Piloting a Process to Have NJHPG Representation at NJ Events
- New DOH Report-Out Process
 - Dream Team will report-out during Committee Meetings, rather than at General Assembly, starting in July

The Support Team also highlighted the Cycle 4 Work Plan which can be accessed on the NJHPG website.

Cycle 1 & 2 Report Out

The HCPST transitioned the group into discussing the Updates and Report Out from the Department of Health (DOH) Division of HIV, STD, and TB Services (DHSTS). They stated that during this time, the audience will first hear the Committee’s Co-Chair read through the Activity and Action Step. Following this, a representative from the DOH will update everyone on the steps that have been taken toward completing the Action Step.

System Activity 1.1 - Encourage the implementation of effective recruitment of community partners through community-based participatory research and social networking approaches.

Action Step 1: DOH hosts regional advocacy training Day of Learning for local members of the community including local agencies to inform people of their options. Taking the framework from ELEVATE curricula to address needs in workforce recruitment, development, and advancement for priority populations.

Report Out – Renee Cirillo:

Script: DHSTS participates in job fairs, hires interns and supports the idea of creating additional opportunities to engage with community. DHSTS requests further clarification from the recommending committee and invites discussion around what a “regional advocacy training Day of Learning” would ideally look like.

System Activity 6.12 - Identify opportunities to expand housing vouchers available for both Housing Opportunities for Persons with AIDS (HOPWA) and Section 8. Encourage coordination between HOPWA and Section 8.

Action Step 2: Enforce Assembly Bill 500- 'Fair Housing Act'; ensure 20% of the new buildings are used as LOW INCOME housing & subsidized housing options. Grants will be to be given to specific Housing organizations to help Enforce the Fair Housing Act & educate Communities on their Local Housing Rights & Opportunities

Report Out – NJHPG: NJHPG should reach out to Hyacinth/Axel/GAC and other housing agencies to look at the Fair Housing Act.

System Activity 7.1 - Develop a PEP protocol for emergency rooms and urgent care centers to assist providers in these settings in



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responding to potential HIV transmission related to sexual activity or injection drug use. The protocol should follow CDC guidelines and specifically consider the needs of sexual assault survivors.

Action Step 1: Endorse PEP; establish baseline information about the current quality of PEP care, improve the current quality of care of the PEP processes- NJHPG is requesting specific changes to ensure individual receive care before 72 hours.

Report Out – Lara Dykstra: DOH will work with GILEAD to identify 5 sites where ART & PrEP kits can be accessed.

Script: The DHSTS has been actively working with team members of Gilead to not only identify 5 sites where both ART and PrEP can be accessed same day via “starter packs” but to address the barriers that these agencies themselves are facing due to institutional restrictions. The goal is to work with these institutions to create protocols and procedures surrounding “starter pack” distribution.

Program Activity 2.2 - Develop new and scale up effective, evidence-based or evidence-informed interventions that address intersecting factors of HIV, homelessness or housing instability, mental health and violence, substance use, and gender especially among cis- and transgender women and gay and bisexual men

Action Step 3: Create an up-to-date statewide tool that informs patients on HIV specific health and supportive services available to them.

Report Out – Gab Ferrigno: This is being accomplished through FindHelp.

Script: DHSTS has been working in partnership with the Jefferson team to launch a customized version of the Find Help website to be utilized as a statewide resource for both community and providers. When completed, the portal will act as a one-stop statewide tool for accessing direct HIV services, as well as supportive services, by region.

Program Activity 1.1 - Create and promote public leadership opportunities for people with or who experience risk for HIV.

Action Step 1: Create a model that supports the ideology of having people with lived experience in leadership positions within and outside employment opportunities.

Report Out – Gab Ferrigno & Renee Cirillo: Talk to Damon and Gilead to receive funding to promote public leadership opportunities.

Script: Thus far, conversations started in December 2024 with Damon Koslow, ED of Office of Primary Care and Rural Health Community Health Services in NJDOH and with Luce Morgan, Operations Manager of NJTACD but no concrete plans have been made yet. We are still exploring how to transform this idea into a workable concept.

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 4: CEU course will be reviewed by AETC & FXB on an annual cycle.

Report Out – Charla Cousar: DOH will encourage and focus on best practices for PEP & PrEP to state funded facilities through preexisting materials such as the memo/dear colleague letter. Leverage current relationships (Ann Bagchi) and hospital associations.

Script: DOH will continue to monitor the success of the Public Health Detailing project, led by Dr. Ann Bagchi, which, in part, focuses on



increasing the uptake of PrEP at clinical sites not currently meeting CDC recommendations for routine HIV screening.

Action Step 5: Encourage best practices for PEP & PrEP in EMR & increase restrictions & barriers for providers when declining testing or PrEP.

Report Out – Charla Cousar: Reach out to Gilead Focus and have them report out at the General Assembly (providers declining testing for their patients).

Script: DOH will approach Gilead Focus to request a presentation at the July 2025 NJHPG meeting highlighting the work they have done thus far in New Jersey to increase provider participation in both HIV testing and PrEP. Key findings/successes may be implemented into DOH funded routine testing initiatives as appropriate.

Program Activity 5.8 – Develop an awareness campaign about the Ryan White HIV/AIDS program and the state care network for non-Ryan White providers and encourage people to ask for testing if it is not offered during regular medical visits.

Action Step 1: Use the new social media associate to create appealing & current media around HIV; Testing education, treatment, prevention methods, & advocating for testing.

Report Out – Gab Ferrigno: DOH approved a state funded STI Testing Campaign. MVOS & AETC currently have portions of the campaign available, more will continue to roll out.

Script: DHSTS funded Rutgers FXB center for a statewide PrEP campaign focusing on women of color. The hope is that the next campaign taken on by this awesome team will be geared towards HIV testing advocacy and/or educating providers on why routinized testing should be part of standard wellness care.

Program Activity 1.3 - Include critical analysis and health communication skills in HIV programs to provide participants with the tools to seek and identify accurate health information and to advocate for themselves and their communities.

Action Step 1: Continue the development and integration of Find Help as a universal database

Report Out – Gab Ferrigno:

Script: Please see previous response regarding Find Help. The plan is to integrate our customized Find Help portal on the EHE website, as well as the HPG website and potentially the DHSTS state website page.

System Activity 5.5- NJDOH DHSTS shall take the appropriate measures to provide accurate and more timely surveillance data to facilitate targeted testing initiatives.

Action Step 1: NJDOH DHSTS will build capacity FTE with Tableau experience to work on data analytics and quality management to align with the 2024 state budget. Establish & update the current processes of collecting, cleaning, & disseminating different types data.

Report Out – Shwetha Kamath: DOH will be finalizing a data sharing agreement.

Script: The internal data sharing agreement has been finalized and has been submitted for approval from upper management.

CAI Presentation

Beth Hurley and Eric Reyes next presented from CAI.



	<p>CAI helps health care and social service organizations improve the quality of their services – particularly for communities that have been marginalized – by providing training, technical assistance, and other capacity-building support. They have been working, with the support of the DOH, to provide technical assistance and training support to build that capacity to integrate a culture of trauma-informed care, then implement new services like screening for trauma, education on trauma, and psychoeducational support services.</p> <p>Eric then asked the audience a series of questions:</p> <ul style="list-style-type: none"> • How is stress impacting clients? <ul style="list-style-type: none"> ○ Anxiety & Stress ○ Missing appointments ○ Adhering to medication ○ Housing uncertainty ○ Stress about navigating limited resources ○ Avoidance ○ Fear of public places • What kind of strategies are you using to help them deal with that stress? <ul style="list-style-type: none"> ○ Slow down in the panic ○ Paying attention physiologically ○ Giving them space, allowing our space to be their space ○ Warm referrals ○ Letting them know they are not alone ○ Being transparent • How has stress impacted your staff? <ul style="list-style-type: none"> ○ Burnout ○ Lack of motivation ○ Isolation • What kind of strategies are you using to support your staff? <ul style="list-style-type: none"> ○ Getting outside ○ Taking breaks ○ Staff appreciation ○ Leaving on time or early <p>Lastly, they mentioned a few upcoming trainings.</p> <ul style="list-style-type: none"> • Verbal De-escalation training 2.0 - 4/24 • Compassion Fatigue & Vicarious Trauma – 5/7
<p>DHSTS Updates</p>	<p>Renee Cirillo shared a few updates on behalf of DHSTS.</p> <ul style="list-style-type: none"> • An RFA application was released to Ryan White Part B Grantees. There is a technical assistance coming up next Tuesday. • They are in the process of preparing letters of intent – process of notifying agencies that receive CDC funding about their renewals. • DHSTS will continue to keep everyone in the loop as they receive more information about funding. They are also working on their own contingency plans for grantees.
<p>Partner Updates</p>	<p><u>Newark Eligible Metropolitan Area (NEMA):</u> Carla-Ann Alexander provided the following updates:</p> <ul style="list-style-type: none"> • The operations of the planning council has been brought in house. It will no longer be done by their vendor. Moving forward, anything that has to do with the planning council activities and management, can go straight to Carla-Ann. • They are executing their FY 25 Part A EHE Contracts and losing out FY 24 grants.



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- They are finalizing their cluster detection response plan and obtaining signatures for the MOAs or supporting programs.
- They had their first in-person early intervention and retention collaborative meeting which went very well.
- Their Champ 4.0 is live and some recipients are being enrolled

Middlesex-Somerset-Hunterdon TGA:

Middlesex-Somerset-Hunterdon TGA, Jennifer provided the following updates:

- They are constantly working on outreach. They have upgraded their live flyer program to help facilitate this, but are always looking for new ways to support this endeavor in hopes of adding committee members.
- They also revamped their mentorship program for interested individuals.
- They have 3 new members and another application on file.
- They added a new agenda item to their meetings called "Bridging Our Voices" and it is meant to be an open conversation between consumers and providers, allowing space to share their story or ask questions.

Hudson TGA

Timothy Daniels shared for Hudson TGA:

- The Education Committee is planning a workshop on cultural competency regarding the South Asian Community and a sensitivity training for mental health workers.
- Their EHA Committee reviewed and discussed the outcome of the integrated plan, and if there were any changes they would like to be made.
- Their Housing Committee is coordinating with the Jersey City Housing Authority to discuss how the transition is getting and what the plans are for the transition of HOPWA to the NYC catchment area.

Bergen Passaic Patterson TGA

Bergen Passaic Patterson TGA was not present to give an update.

Philadelphia Office of HIV Planning:

The Philadelphia Office of HIV Planning sent their updates to the Support Team to disseminate after the meeting. Jerome Pipes presented the highlights.

Member Recruitment: A large recruitment effort in spring 2024 led to 14 new members joining HIPC, many bringing expertise in prevention, care, and social determinants of health. Recruitment efforts continue into 2025 with support from the Division of HIV Health (DHH).

2. Expanded Partnerships: Collaborations with researchers from the University of Pennsylvania, local organizations like Action Wellness, and others have enhanced HIPC's resources and knowledge base. These partnerships help HIPC address pressing issues like PrEP access, HIV care for reentry populations, and mental health for BIPOC communities.

3. Priority Setting: The Comprehensive Planning Committee (CPC) is in the midst of its annual Priority Setting process, identifying and ranking service needs, such as those for individuals aging with HIV, and the impact of social determinants of health on service priorities.



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<p>4. Innovative Efforts:</p> <ul style="list-style-type: none"> • EPI Profile Infographics were developed to simplify complex data, making it more accessible to the community. • A Service List was created to help Ryan White clients understand available services. • An FAQ document was created to clarify HIPC’s goals and processes. <p>5. Presentation and Engagement Improvements: New presentation guidelines were implemented to make virtual meetings more interactive, and virtual meet-and-greet events helped foster community and strengthen member relationships.</p> <p>6. Nomination and Conduct Improvements: The Nominations Committee formalized a code of conduct and implemented an anonymized tracking system to monitor member behavior and ensure a safe and respectful environment.</p> <p>Trends:</p> <ul style="list-style-type: none"> • A Surveillance Presentation is upcoming, analyzing data to understand service utilization and population needs. <p>HIPC is also reviewing service utilization trends to identify gaps and improve service delivery.</p> <p>Challenges:</p> <ol style="list-style-type: none"> 1. Member Appointments: Despite successfully recruiting new members, the Mayor’s office has not appointed them since Spring 2024, which limits engagement and knowledge transfer. Additionally, tax clearance requirements have hindered participation from some community members. 2. Member Recruitment Challenges: HIPC is preparing for the loss of several veteran members due to term limits, requiring a strong recruitment effort to ensure continuity. 3. Balancing Representation: Recruiting members that represent priority populations while adhering to HRSA guidelines remains a challenge, especially when some priority populations are underrepresented in the area. 4. Navigating Uncertainty: OHP staff are managing the challenges posed by a rapidly changing political and social landscape, ensuring that HIPC members are informed and able to collaborate on solutions. 	
<p>Award Ceremony</p>	<p>The Support Team transitioned into the award ceremony. Today we will be presenting the Quarterly Spotlight Award. This award celebrates the contributions of any member or guest who has made a positive impact on the planning body within the past quarter. Co-Chairs had the opportunity to nominate an NJHPG Member, Committee Member, or Guest who has had exemplary participation within their committee. They provided a case for their one nomination at the Executive Committee meeting including behaviorally specific examples and reasoning as to</p>



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	<p>why they believe this individual is deserving. The Executive Committee Membership evaluated and reviewed all nominations to select an award recipient based on their measurable impact, commitment to ending the epidemic, and alignment with NJHPG’s mission, vision, and values. The selection process included a confidential scoring rubric and a closed ballot vote. The recipient of this Quarterly Spotlight Award came from the Community Engagement Committee, so we will have the Co-Chair, Shalik Thompson, come up to say a few words and announce our winner</p> <p>Shalik Thompson came up and announced Lynnette Abdulwaliyy as the recipient of the Quarterly Spotlight Award. Lynnette was not present in person, so Shalik read her award letter to the audience.</p>
<p>Community Announcements</p>	<p>Johanne Rateau opened the floor for Community Announcements.</p> <p>A guest announced that Axel Torres Marrero will be hosting a Hyacinth Leadership Training in South Jersey on 5/15 and 5/16. A flyer was shared in the room and via the chat for the online audience.</p> <p>Alison Modica shared that she is now the director for the Northeast team on the Community Liaison Group. She will be joined by Jamir Tuten who will be stepping in as the Gilead Community Liaison for New Jersey.</p> <p>Justin LiGreci shared that he has been working with the DOH about the ADDP and HIP component which is the AIDS Distribution Program and the Health Insurance Premium Program. There are 950 people living with HIV that take advantage of the HIP Program. Justin expressed his concerns with the fact that the employer can opt out of participating in this program which leaves thousands of people who are not getting the entitlement that they deserve.</p> <p>Khadiza Haque shared that she is with the AIDS Healthcare Foundation and reiterated the importance of medication adherence.</p>
<p>Adjournment</p>	<p>HCPST reminded attendees to fill out the evaluation and that the next General Assembly Meeting will be on July 17th, 2025.</p> <p>Johanne Rateau asked for a motion to adjourn. The meeting adjourned at 3:32pm.</p>



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