

# New Jersey HIV Planning Group General Assembly Meeting Agenda

**Thursday, July 18, 2024**

Hybrid via In person and ZOOM Video Conference

Hilton Inn Camden (1 Penn St, Camden, NJ 08102)

1:00 pm – 4:00 pm

**Chelsea Betlow**  
Government Co-Chair

**Jaivon Lewis**  
Community Co-Chair

**Johanne Rateau**  
Community Vice-Chair

**\*Please note all times are approximate**

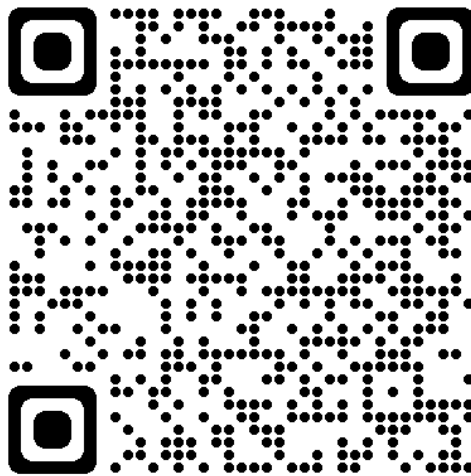
12:30 pm	<i>Lunch &amp; Networking; Greeters- Stephanie Berroa-Allen, Samarie Rivera, George Lowe</i>	
1:00 pm	Welcome & Moment of Silence Review & Approve Agenda Review & Approval of April Minutes	Anjettica Boatwright & Jaivon Lewis
1:10 pm	<i>New Member Ratification</i> <ul style="list-style-type: none"> <li>• Kevin Taylor</li> <li>• Tameka Allen</li> <li>• Lynnette Abdulwaliyy</li> </ul>	Laurie Litt
1:20 pm	NJHPG Quarterly Review; Cycle 2, Cycle 3, Member Awards, and Updates	HCPST
1:40 pm	Cycle 1 Recommendation Report-Out	Chelsea Betlow & Stephanie Berroa-Allen
Break (10 minutes)		
2:20 pm	Epidemiological Profile	Surveillance Unit
3:00 pm	DHSTS Special Project Update- 10 minutes	Chelsea Betlow
3:10 pm	Partner Updates-5 minutes <ul style="list-style-type: none"> <li>• Newark Eligible Metropolitan Area (NEMA)</li> <li>• Middlesex, Somerset, Hunterdon Transitional Grant Area (Middlesex-Somerset-Hunterdon TGA)</li> <li>• Hudson TGA</li> <li>• Bergen Passaic TGA</li> <li>• Philadelphia Office of HIV Planning</li> </ul>	
3:35 pm	Member & Community Announcements	Johanne Rateau
3:50 pm	Evaluation	HCPST
4:00 pm	Adjournment	Johanne Rateau

**Next meeting: Thursday, October 17, 2024 (Central Region)**

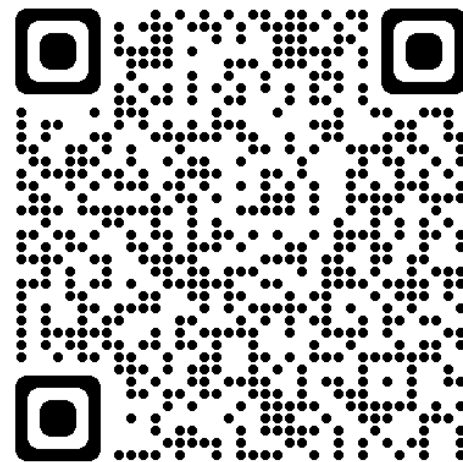
*HCPST – HIV Community Planning Support Team*



April 18, 2024 Meeting Minutes



General Assembly Voting



General Assembly Meeting Evaluation

# New Jersey HIV Planning Group General Assembly Meeting Minutes

**Thursday, July 18th, 2024**

Hybrid via In person and ZOOM Video Conference  
Hilton Waterfront | 1 Penn Street, Camden, NJ

## ATTENDANCE

### NJHPG Member

Abraham Corsino	<b>P</b>	Kelly Williams	<b>P</b>
Anjettica Boatwright	<b>P</b>	Laurie Litt	<b>P</b>
Allison Delcalzo-Berens	<b>P</b>	Michelle Harvey	<b>P</b>
Angela Brandle	<b>P</b>	Monique Springer	<b>P</b>
Amir Gatlin-Colon	<b>P</b>	Rafael Kaipa Llovera	<b>P</b>
Chad Balodis	<b>P</b>	Ric Miles	<b>P</b>
Chelsea Betlow	<b>P</b>	Robert Lord-Schell	<b>P</b>
Claudia Ortiz	<b>P</b>	Rosie Ruiz	<b>LOA</b>
Crystal Mitchell	<b>P</b>	Samarie Rivera	<b>P</b>
Denise Brown	<b>P</b>	Saquan Stevenson	<b>P</b>
George Lowe	<b>P</b>	Shalik Thompson	<b>P</b>
Jaivon Lewis	<b>P</b>	Stephanie Berroa-Allen	<b>P</b>
Jamir Tuten	<b>P</b>	Tammara Bryant	<b>P</b>
Jocelyn Perry	<b>A</b>	Travis Love	<b>P</b>
Johanne Rateau	<b>P</b>		
Jose Avilla	<b>P</b>		

### NJHPG Committee Member

Kathy O'Brien, Kevin E. Taylor, Tameka Allen, Gabrielle Ferrigno, Steve Dunagan

### Non-Voting Members

Alicia Gambino, Alexa Pena, Andrea Norberg, Anindita Fahad, Ann Echono Idoko, Ayo Ajiboye, C. Orbojo, Carol Vincent, Charla Cousar, Cynthia Mimmo, Diana Jacob, Dr. Minuski, E. Omoike, Elizabeth Mayer, Diana Jacob, Eric Wuethrich, Heidi Haiken, Jahnae Morgan, JB, Jenn, Jersey, Juliet Roberts, June Dowell-Burton, Kathleen Donahue, Khadijah Reid, Kristen Ehlers, Luce Morgan, Lynette Abdulwaliyy, Melisa Hart, Michael Hager, Mishta Stanislaus, Monique Springer, N. Suleiman, Olsen, Paul Cate, RAYMOND WELSH, Renee Cirillo, Sam, Steve Novis, Susan Burrows, Swetha Kamath, Alexa Pena, Amnens Rodriguez, Amy Pereira, Chelise Junior, Cori Wilson, Donna Woodard, Emily Ai, Gary Merryman, Jerome T. Pipes, Jessica Tkacs Way, Jonathan Ruberte, Kim Yvette Thomas, Luis Otano, Martha Chavis, Mary Nolan, Maureen Courter, Melanie Mercado-Miller, Michelle Harvey, Minoos Chrisian, Nissa Gustafson, R'Mani Bullock, Renee Cirillo, Sebastian Quiana, Shea, Shelby, Theodore Vidal, Tiara, Tionna Brailsford, Turquoise C Reaves

### HIV Community Planning Support Team

Dottie Dowdell	<b>P</b>	Taylor Lightner	<b>P</b>
Selena Aponte	<b>P</b>		

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

## AGENDA

Item	Discussion
<b>Welcome and Moment of</b>	Anjettica Boatwright began the meeting at 1:08 pm, followed by a moment of silence for those recently lost within the community.



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.

<b>Silence</b>	
<b>Approval of the Agenda</b>	Jaivon Lewis reviewed the Agenda. Jaivon asked for a motion to approve the Agenda for today’s meeting Stephanie Berroa-Allen motioned, seconded by Laurie Litt. HCPST conducted a vote, and the motion passed.
<b>Approval of Meeting Minutes</b>	Jaivon Lewis asked for a motion to approve January 18, 2024, meeting minutes. George Lowe motioned, seconded by Robert Lord Schell. HCPST conducted a vote, and the motion passed.
<b>New Member Ratification Vote</b>	Laurie Litt introduced herself as one of the Governance Co-Chairs for NJHPG. She explained the need for the planning body to have time to complete new business such as approving Agendas, Minutes, and Bylaws. The Governance Committee has the responsibility to ensure that the Bylaws are up to date and working in accordance with having a functional planning body. The Governance Committee is also responsible for the nomination of new NJHPG Members this half of the year there were 5 individuals up for nomination; Kevin Taylor, Tameka Allen, Lynnette Abdulwaliyy, John Nelson, and Luis Otano. All 5 nominees were voted in and ratified as new NJHPG Members.
<b>NJHPG Overview</b>	<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"> <li>1) Black, Hispanic, White MSM - 25 years old - 44 years old</li> <li>2) Males Who Inject Drugs</li> <li>3) Black &amp; Hispanic Heterosexual Females - 25 years old - 44 years old</li> <li>4) Transgender Women</li> <li>5) Youths</li> <li>6) Others; Sex workers, Immigrants, Older Adults, Disabled &amp; Justice Involved Individuals</li> </ol> <p>At NJHPG we have Quarterly General Assembly’s Meetings and Monthly Committee Meetings;</p> <ul style="list-style-type: none"> <li>• Executive Committee- Closed Meetings, NJHPG Co-Chairs Only</li> <li>• Governance Committee- Closed Meetings, NJHPG Members Only</li> <li>• Open Committees- Follow Assigned Workplans</li> <li>• Integrated Plan- Assign Activities &amp; Develop Recommendations</li> <li>• Priority Setting- Develop Recommendations</li> <li>• Community Engagement- Develop Recommendations</li> <li>• Data &amp; Research- Create Resources, Fulfill Data Requests, Develop Recommendations</li> </ul> <p>At our meetings we have three types of attendees;</p> <ul style="list-style-type: none"> <li>• Guests/Non-Voting Attendee <ul style="list-style-type: none"> <li>○ Participation Only, CANNOT VOTE</li> </ul> </li> <li>• Committee Members <ul style="list-style-type: none"> <li>○ Participation and Voting within their Prospective Committee</li> <li>○ Must attend 3 meetings within 6-months</li> </ul> </li> <li>• NJHPG Members <ul style="list-style-type: none"> <li>○ Participation, Voting within their Committee of Choice &amp; at General Assembly Meetings</li> </ul> </li> </ul>
<b>Meeting Evaluation Review</b>	<p>The HCPST provided a summary of the October meeting evaluation. The following was identified:</p> <ul style="list-style-type: none"> <li>• 54 respondents (22 NJHPG Members, 6 Committee Members &amp; 24 Non-voting attendee)</li> </ul>



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	<ul style="list-style-type: none"> <li>• 86% In person and 36% virtual attendance</li> <li>• Strengths <ul style="list-style-type: none"> <li>○ Almost 90% felt prepared for the meeting.</li> <li>○ 96% felt they were able to participate.</li> <li>○ 93% of people understood the information presented in the meeting.</li> <li>○ 93% agreed there was enough time for announcements</li> <li>○ Flow of the Meeting was effective!</li> </ul> </li> <li>• Areas of Improvement <ul style="list-style-type: none"> <li>○ Meeting Accessibility- dropped to only 81% agreeing the meeting was accessible.</li> <li>○ "I will attend future meetings" (dropped from 100% to 92%)</li> </ul> </li> <li>• This meeting had a lot of great information which people LOVED! But it was overwhelming to some, possible recommendations from the people; <ul style="list-style-type: none"> <li>○ short breaks</li> <li>○ have presenters be in person</li> <li>○ release the materials earlier</li> </ul> </li> </ul>
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<p><b>NJHPG Quarterly Review</b></p>	<p>The Support Team shared an educational presentation that included the work NJHPG has been able to accomplish last quarter;</p> <ul style="list-style-type: none"> <li>• Completed the Monitor &amp; Evaluation Framework for Cycle 1 Activities</li> <li>• New NJHPG Website</li> <li>• Newsletter</li> <li>• Voting for Co-Chairs <ul style="list-style-type: none"> <li>○ Committee Co-Chairs</li> <li>○ New Co-Chair Nominations will start in August</li> <li>○ Voting will happen in September</li> <li>○ At the beginning of October, we will have a Co-Chair Training</li> <li>○ November &amp; December Shadowing &amp; Attending Coordination Calls</li> <li>○ December Strongly Recommended Executive Meeting</li> <li>○ Previous Co-Chairs Support New Co-Chairs in January</li> </ul> </li> <li>• Community Co-Chair <ul style="list-style-type: none"> <li>○ Nominations start in August and will close October 1st.</li> <li>○ Membership will Vote in October General Assembly to Mentor for the last quarter of their term.</li> </ul> </li> <li>• NJHPG Recognition; Annual Awards &amp; Quarterly Spotlight <ul style="list-style-type: none"> <li>○ Quarterly Spotlight- Quarterly, leaders at NJHPG will spotlight or feature members on the NJHPG Website who have gone above and beyond in the eyes of their Committee's Co-Chair. This form of retention will provide an opportunity to showcase the planning body's work and the people involved to a wider audience. Showcasing the interesting work done by the planning body can attract new members and guests. Overall, a well-designed spotlight program can contribute to a more vibrant, engaged, and effective planning body. <ul style="list-style-type: none"> <li>▪ Eligibility: <ul style="list-style-type: none"> <li>• Any NJHPG Member, Committee Member, or Guest.</li> <li>• Individuals that have demonstrated exceptional service within the past quarter.</li> <li>• Self-nominations are not allowed</li> </ul> </li> <li>▪ Nomination Process:</li> </ul> </li> </ul> </li> </ul>
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- Co-Chairs will have the opportunity to nominate any one attendee who has had exemplary participation within their Committee in the past quarter. Co-Chairs are not required to nominate a member every quarter.
- Co-Chairs will provide a case for their one nomination at the Executive Committee meeting. This would include behaviorally specific examples and reasoning as to why they believe this individual is deserving.
- Annual Awards- Commitment to Advocacy: Recognizing a member who has tirelessly advocated for the needs of people living with and affected by HIV/AIDS.
  - Effective advocacy efforts on behalf of people living with and affected by HIV/AIDS.
  - Ability to build relationships with policymakers and decision-makers.
  - Contribution to positive changes in policies and legislation.
- Annual Awards- Member of the Year: Recognizing a member who has fostered meaningful partnerships and engagement with communities most impacted by HIV/AIDS.
  - Effective engagement with communities most impacted by HIV/AIDS.
  - Fostering partnerships and collaborations with community-based organizations.
  - Building trust and understanding between the NJHPG and the community

The Support Team shared that the committees followed the workplan from Cycle 2 successfully completing 7 SMARTIE Recommendations in 2024 so far. They then shared the Cycle 3 Workplan for all four working committees, the assigned activities with their descriptions are listed below;

#### Integrated Plan Committee

- 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)

#### Priority Setting Committee

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

#### Data & Research Committee



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	<ul style="list-style-type: none"> <li>- 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)</li> <li>- 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)</li> </ul> <p>Community Engagement Committee</p> <ul style="list-style-type: none"> <li>- System Activity 4.1: Increase the diversity of the workforce of providers who deliver HIV prevention, testing, and supportive services. (NHAS 1.4.2)</li> <li>- 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)</li> <li>- System Activity 4.3: Increase the diversity of the workforce of providers who deliver HIV care and supportive services. (NHAS 2.4.2)</li> <li>- 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)</li> </ul>
<p><b>Cycle 1 Report Out</b> <b>53 minutes in</b></p>	<p>Johanne Rateau transitioned the group into discussing the first Report Out from the Department of Health (DOH). She stated this report required an immense amount of preparation from the committees in 2023 when they first started making recommendations, to the review approval from the executive committee, all the way to the monitor &amp; evaluation framework that was completed by the DOH. She took a moment to applaud the work done so far and hopes for it to continue to inspire the work moving forward. After she passed the microphone to Stephanie Berroa Allen &amp; Chelsea Betlow the Department ;</p> <p><b>System 5.3- Work in collaboration with the New Jersey Board of Medical Examiners to promote requirements for continuing education for primary care providers that include HIV/AIDS-related content, including but not limited to HIV testing, HIV prevention, and HIV/AIDS care. These topics, along with conducting sexual health assessments and discussing sexual health, should also be an integral part of the curriculum for students in NJ’s medical schools.</b></p> <ul style="list-style-type: none"> <li>• SY-5.3-1&amp;2) Report out on the meeting with QI at Jefferson as the subcontractor as well as the meeting with the Board of Examiners about advocating for addition CEU's that are specific to Ending the Epidemic.</li> <li>• SY-5.3-3) Announce any upcoming events as well as collect future topics to be addressed about harm reduction.</li> </ul> <p><i>Report Out- When it comes to continued education credits and training, the DOH has plans to meet to expand and improve on the current training and resources available which may look like a Resource list to bring more awareness. They will also meet with the Board of Examiners to talk about advocating for their participation in HIV related CEU's</i></p> <p><b>System 5.5- NJDOH DHSTS shall take the appropriate measures to provide accurate and more timely surveillance data to facilitate targeted testing initiatives.</b></p> <ul style="list-style-type: none"> <li>• SY- 5.5.3) Report out the dates of the next available data trainings.</li> </ul> <p><i>Report Out- There is the Epidemiological Data that presented today, and dashboards for data are currently being developed. This task is</i></p>



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*lengthy time wise as data needs to be cleaned, currently we are trying to better coordinate more emergent or timey processes for topics like outbreaks and cluster detection.*

**Program 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.**

- PR-5.8.1) Chelsea/Proxy will inform July '24 General Assembly that there is an appealing awareness campaign rolling out, and there is more to come.
- PR-5.8.2.a) Chelsea/Proxy will report out of the public health detailing at the July '24 general assembly

*Report Out- When talking about Non-Ryan White Provider Awareness campaigns, the DOH is talking about tool kits, the dear colleague letter, test and treat, and the public health detailing project being done with Rutgers. Public Health Detailing is when you connect with medical facilities and do an initial assessment of knowledge and then address any gaps in understanding the process of prevention testing diagnosis and treatment.*

**Program 5.11- Use social media and dating/hook- up apps to advertise and perform outreach for engagement in HIV testing. Advertising campaigns should be varied and up- to- date.**

- PR-5.11.1 & 2) At July General Assembly Chelsea/Proxy will inform agencies that their PMO's are available to provide assistance on locating TA for developing and managing social media and how to conduct outreach in non-traditional sites.

*Report Out- One of the main goals of this recommendation is to provide technical assistance to agencies doing outreach on these sites. We encourage you to reach out to your PMO's for TA and capacity building if your agencies do this type of outreach.*

**Program 5.13- Provide community public service announcements about non- traditional settings for HIV screening.**

- PR-5.13.3) Update the attendant that the CDC NOFO, over the next 5 years will allow the DOH to conduct regional environmental scans (needs assessment + gaps analysis) with AETC and an academic partner. The workplan will start August of 2024, the first update will be at April '25 General Assembly.

*Report Out- The DOH will do a regional/environmental scan to see what areas offer what services and find the gaps with overall location as well as within private sector facilities.*

**System 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.**

- SY-6.12.1a) Chelsea/Proxy will inform the committee of the HIV Emergency Housing Hotline, HIMIS, and housing ambassadors available.
- SY-6.12.1c) Report Out that DOH will request additional housing funds in their next fiscal year. (increases emergency financial assistance money prevent evictions, capacity building, case manager training/consumer navigation)

*Report Out- The division used to contract with the division of human affairs to manage HOPWA because they managed other housing funds. There is now a new RFA with Hyacinth to offer better resources to our*





	<p><i>community and more opportunities to offer more housing vouchers. There is also a housing hot line for NJ with ARFC (AIDS Resource Foundation for Children). Additionally, any agency that has non-medical case manager can also become housing ambassadors and meet and collaborate with other housing ambassadors with ARFC. The relationship with DCA needs to be grown and redeveloped through collaboration in the future. Finally, the DOH will request the need for additional housing funds, however they highlighted it is not guaranteed.</i></p>
<p><b>Epidemiological Profile</b></p>	<p>The Surveillance Team at the DOH presented Trends and Distribution of HIV Diagnosis, Prevalence, Deaths and Outcomes of Care in New Jersey the key take aways are listed below and access to the full presentation can be found <a href="#">here</a>.</p> <ul style="list-style-type: none"> <li>- New diagnosis reduced by 9.7% in 2022 compared to 2013</li> <li>- Number of persons living with HIV increased 2.2% from 2013 to 2022</li> <li>- Majority (42.4%) of persons living with HIV in 2022 were Black/African American</li> <li>- If the prevalence rate of HIV in Hispanic /Latino MSM was similar to the rate in Whites, then HIV prevalence would have been reduced by 36.1 cases per 1000</li> <li>- 45 out of every 100 Black persons diagnosed with HIV are virally suppressed at 6 months</li> <li>- 55 out of every 100 Hispanic/Latino persons diagnosed with HIV are virally suppressed at 6 months</li> <li>- 67 out of every 100 White persons diagnosed with HIV are virally suppressed at 6 months</li> <li>- Total number of unhoused persons diagnosed with HIV in New Jersey appear to be decreasing but the number of unsheltered unhoused cases appear to be increasing</li> <li>- In 2021 <ul style="list-style-type: none"> <li>o attributable deaths due to HIV were highest in those &gt;= 65 years</li> <li>o male-to-male sexual contact was the predominant mode of transmission (41%) in deaths attributable to HIV</li> <li>o most (53%) attributable deaths to HIV occurred in Black/ African Americans</li> <li>o men were predominantly affected by deaths attributable to HIV</li> <li>o men were predominantly affected by deaths due to HIV</li> </ul> </li> <li>- In 2022 <ul style="list-style-type: none"> <li>o 48% of all new diagnoses were among persons who identified as Hispanic/Latino</li> <li>o male-to-male sexual contact accounted for 43% of new diagnosis</li> <li>o 82.6% of new HIV diagnosis were men</li> <li>o ages 25-34 years had 40% of newly diagnosed infections</li> <li>o male to male sexual contact was the predominant mode of transmission in men across all races</li> <li>o heterosexual contact was predominant mode of transmission in women across races</li> <li>o the proportion of perinatal transmissions doubled compared to 2018</li> <li>o MSM and heterosexual contact were the predominant mode of transmission</li> <li>o males were more than double the number of females living with HIV</li> </ul> </li> </ul>



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	<ul style="list-style-type: none"> <li>○ transgender women were the most frequently occurring gender identity outside men and women</li> <li>○ majority (31%) of persons living with HIV were aged 55-64 years</li> <li>○ male to male sexual contact was the predominant mode of transmission in men; heterosexual contact was the predominant mode in women</li> <li>○ deaths attributable to HIV had decreased by 51% compared to 2013</li> <li>○ proportion of persons diagnosed in late stages of HIV decreased by over 4% from 2018</li> <li>○ persons who identified as Asians had the highest proportion of persons diagnosed in late stages of HIV</li> <li>○ persons aged 55 to 64 years had the highest percentage of persons diagnosed in late stages of HIV</li> <li>○ proportion of cases linked to care in 30 days increased by over 5% from 2018</li> <li>○ proportion of cases linked to care in 30 days increased by over 5% from 2018</li> <li>○ percentage of persons living with HIV who were virally suppressed at the end of the year decreased by 2% from 2018</li> <li>○ percentage of cases virally suppressed after 6 months of diagnosis increased by 3.5% from 2018</li> <li>○ percentage of persons living with HIV with unmet needs decreased by over 5% from 2018</li> <li>○ the diagnosis rate in MSM is 7 times that of Injection drug use. Hispanic/Latino diagnosis rate is 11 times that of Whites</li> </ul>
<p><b>DOH DHSTS Updates</b></p>	<p>Chelsea Betlow shared the following updates on behalf of the DOH DHSTS:</p> <ul style="list-style-type: none"> <li>• The public health detailing project is up and running at Rutgers. At the end of last year, they had preliminary visits with 12 sites (<i>primary care, residency clinical, and FQHCs</i>). These visits collected the overall awareness of the work that has been done to end the epidemic.</li> <li>• The DOH will be launching an awareness campaign for all STI's soon.</li> <li>• There is a PrEP for Women campaign that launched with FXB &amp; AETC- <a href="https://www.endhivnj.org/prep4women">https://www.endhivnj.org/prep4women</a></li> <li>• The DOH will be launching the rebranding for drug user health after their final sampling/approval.</li> <li>• Hyacinth's HOPWA program is fully up, running, and applications.</li> </ul>
<p><b>Partner Updates</b></p>	<p><u>Newark Eligible Metropolitan Area (NEMA):</u> NEMA was not present therefore had no new updates.</p> <p><u>Middlesex-Somerset-Hunterdon TGA:</u> Middlesex-Somerset-Hunterdon TGA provided the following updates:</p> <ul style="list-style-type: none"> <li>• Successes; Viral load suppression rate- 93%. We are in the end stages of data collection for our TGAs Needs Assessment. It has been a collaborative process between providers and community agencies. The TGA has implemented a new food program administered by the Recipient. Eligible consumers, referred by Case Managers, will receive a gift card to use at groceries, depending on which is closest to their address. The hope is consumers can purchase food items that best meet their needs, i.e., religious, dietary, etc. Continuing collaborative efforts, Eric B. Chandler and Robert Wood Johnson AIDS Program host joint HIV testing events.</li> </ul>



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- Innovation; CQM Program- Within the CQM Program, will be doing deeper 'drill down' focusing on a cohort of consumers who are NOT virally suppressed. We are developing a survey that will be administered for each patient who is not virally suppressed to get information that is above and beyond what is seen in CAREWare. Standing Committees- Our new Mentorship and Outreach Committee is focusing on consumer recruitment through the improved live flyer program. The committee is developed a mentorship program helping to orient there 5 new members to the Planning Council once outreach and recruitment has been done. This committee will be planning our World AIDS Day events going forward.
- Trends; We are seeing a higher influx over the last few years of Hispanic consumers needing higher levels of care in our TGA as they are presenting very ill. Our providers are working to meet the needs of these consumers.
- Challenges/Opportunities for improvement; ADDP- The patients are without medications. Additionally, the team is spending lots of time unable to assist their patients

Hudson TGA

Hudson TGA was not present therefore had no new updates.

Bergen Passaic Patterson TGA

Bergen Passaic Patterson TGA, Ric Miles provided the following updates:

- Successes; They nominated a New Vice Chair- Adriana Perrea
- Innovation; The planning Council revamped our Bring a New One, that encourages existing participants to bring one consumer with them in the hope of them becoming returning participants. There are new training binders and resources to help new and existing members have a better understanding of the planning Council.
- Trends; The Council continues to adjust to senior members; this leaves a knowledge gap. So we now leave space for education and level setting which seems to be working.
- Challenges/Opportunities for Improvement; The Council struggles reaching out to consumers and getting them to attain membership. They received feedback at alternative meeting times may help aid in the recruitment process.

Philadelphia Office of HIV Planning:

The Philadelphia Office of HIV Planning was not present therefore had no new updates.

*However, Jerome Pipes reported that they had additional funds specifically for housing and if anyone was interested to reach out to the Philadelphia Office of HIV Planning for more information.*

**Community Announcements**

Johanne Rateau opened the floor for Community Announcements. Ray Welsh mentioned that August 4, 5, 6, & 7<sup>th</sup> they will be holding their annual Ocean Grove Retreat to participate in status neutral self care like massages, discussion groups, reiki, speakers who will be covering medical topics and social topics like how to navigate dating. For more information reach out to [ray@njbuddies.com](mailto:ray@njbuddies.com)

Kim Thomas announced two educational opportunities; July 23 on Injectable Drug Use, on August 20 there is dinner and a speech about Injectable PrEP for Consumers.

Eric Wuethric shared that the Prevention Resource Network in Asbury Park have two new open positions for counseling and testing.



George Lowe from The Center in Asbury Park is now a HOPWA site to provide housing to a much larger audience. We were also able to hire a new Director of Client Services- Saquan Stevenson. Finally we got over 20 HOPWA spots where we can offer medical care to individuals right there at The Center.

Jamir Tuten mentioned their research and clinical trials in a new prevention medication. For more information please review- <https://www.purposestudies.com/purpose3/> & <https://www.purposestudies.com/purpose4/> .

Samarie Rivera from the Housing Collaborative mentioned that the Collaborative is paused on placing people as of now (July 18), however they are still taking calls to refer individuals. Samarie encourages all ambassadors & non-ambassadors to attend the next meeting as there will be a large level setting and foundation building for everyone to get educated on the housing opportunities available.

Renee Cirillo stated the New Jersey Department of Health (NJDOH) is trying to organize a quarterly meeting for all HOPWA-funded programs across New Jersey. The aim is to foster partnerships, enhance understanding of available programs, and share resources pertinent to HOPWA initiatives. As a starting point, we are gathering contact information for other HOPWA recipients in New Jersey. Please reach out to Mary Nolan at [Mary.Nolan@doh.nj.gov](mailto:Mary.Nolan@doh.nj.gov) or [Renee.Cirillo@doh.nj.gov](mailto:Renee.Cirillo@doh.nj.gov) for more information as needed.

Charla Cousar added there is an opportunity at the DOH in the Office of Opioid and policy for a harm reduction outreach coordinator with connections in Camden County.

**Adjournment**

HCPST shared the Meeting Evaluation and reminded attendees that the next General Assembly Meeting will be on October 18, 2024.

Johanne Rateau asked for a motion to adjourn. Samarie Rivera motioned, seconded by Stephanie Berroa-Allen the meeting adjourned at 3:53pm.



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