

New Jersey HIV Planning Group

State Recommendation Tool

Weekday, Month #Day, 20xx

Electronic Meeting via ZOOM Video Conference

SMARTIE

Reminder

These are recommendations for NJ Department of Health. The activities were created and laid out in the Integrated Plan based off of current HIV statistics. The activities have been assigned amongst each of the six committees along with a 5 year timeline for them to be completed.

Recommendations for NJ Action Plan

Time-Bound: the recommendation should be started by **01/31/2025** & finished by **07/01/2025**

The **Strategic** and **Ambitious** outcome of this recommendation is to achieve **Activity & Strategy # System Activity 3.1**; **Strategy 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)**

Thinking about **Equity and Inclusion**: *Do you foresee any unintentional inequities, exclusion, or disproportional impacts with this recommendation? Are all people being heard and represented in this decision?*

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Black, Hispanic, White MSM (25-44)</i>	<i>Males who Inject Drugs</i>	<i>Black & Hispanic Heterosexual Females (25-44)</i>	<i>Transgender Women</i>	<i>Youths</i>	<i>Others; sex workers, immigrants, older adults, disabled, & justice involved individuals</i>

How can you change or add to this recommendation to increase the equity & inclusion of this activity?

This Committee does not foresee any unintentional inequities, exclusion, or disproportional impacts with this recommendation.

Realistic plan to achieve this includes the following activities, stakeholders, time, resources, and capacity.

1. **Action Step** Create an RFA that funds training for health care professionals and front-line staff on stigma, discrimination, and unrecognized bias toward populations with or who experience risk for HIV, including LGBTQI+ people, immigrants, people who use drugs, and people involved in sex work.)
 - a. *Stakeholders Involved/Needed*
DOH, Hospitals, Medical Boards, Agencies, Grantees, Community Groups, Ryan White Providers, Board of Education, College Students, Teachers
 - b. Is this task **measurable**? Yes No
Deliverables;
 - Recommend a standardized tool for measuring HIV stigma - include in FOA or RFP process.
 - Recommend a standardized educational program for health care providers on stigma and cultural humility.
 - Recommend that agencies and providers provide clients with information on their rights.
 - c. *Due by; 7/1/2025*

2. **Action Step** Collect data on what stigma looks like in New Jersey.)
 - a. *Stakeholders Involved/Needed*
DOH, Grantees, Service Providers, Clinics, Agencies, Hospitals, Schools, House of Worship, Shelters, Soup Kitchens, Local Food Pantries, Drop In Centers, Harm Reduction Centers, Senior Care Facilities,
 - b. Is this task **measurable**? Yes No
Deliverables;
 - Recommend that current storytelling projects (ex: Dear Rosa & MVOS) integrate discussions about what stigma looks like in New Jersey
 - Recommend the creation of a universal survey that will be sent out by agencies to collect data on stigma across the state.
 - Use this data to inform the expansion/integration of programs.
 - Share data at NJHPG General Assembly Meetings.
 - c. *Due by; 7/1/25*

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Wednesday, September 11th, 2024

SMARTIE Recommendations for NJ Action Plan

Time-Bound: the recommendation should be started by **1/1/2025** & finished by [Click or tap to enter a date.](#)

The **Strategic** and **Ambitious** outcome of this recommendation is to achieve **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 community-based organizations, the private sector, academic partners, and the community. (NHAS 4.2)**

DOH Update:

- Best Practices as Target HIV, HIV Symposium

Thinking about **Equity and Inclusion**: *Do you foresee any unintentional inequities, exclusion, or disproportional impacts with this recommendation? Are all people being heard and represented in this decision?*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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How can you change or add to this recommendation to increase the equity & inclusion of this activity?

[Click or tap here to enter text.](#)

Realistic plan to achieve this includes the following activities, stakeholders, time, resources, and capacity-

1. **Action Step** Develop and use a single database across the entire state of New Jersey to increase coordination and sharing.
 - a. *Stakeholders Involved/Needed*
DHSTS, PLWHA, Agencies, Physicians, Faith-Based Organizations, Pharmaceutical Partners, Community-Based Organizations, Outreach Ministries, Local/County Government

b. Is this task **measurable?** Yes No

Deliverables;

- Record the same customer numbers across all platforms in order to keep track of coordination.
- Determine the most suitable database (CAREWare, CHAMP, eCOMPAS) or create a way to communicate across platforms.

c. Due by; **07/01/2025**

~~2. **Action Step** Host a statewide Day of Learning for specific populations for the purpose of sharing best practices (include social workers, case managers, and outreach ministries, etc.)~~

~~a. *Stakeholders Involved/Needed*~~

~~–DOH, PLWHA, Agencies, Physicians, Faith-Based Organizations, Pharmaceutical Partners, Community-Based Organizations, Outreach Ministries, Local/County Government~~

~~b. Is this task **measurable?** Yes No~~

~~*Deliverables;*~~

~~c. Due by; **Click or tap to enter a date.**~~

3. **Action Step** Recommend that funded agencies form MOAs with private practices to increase coordination and sharing of best practices.

a. *Stakeholders Involved/Needed*

DHSTS, PLWHA, Agencies, Physicians, Faith-Based Organizations, Pharmaceutical Partners, Community-Based Organizations, Outreach Ministries, Local/County Government

b. Is this task **measurable?** Yes No

Deliverables;

- Recommend that CHW's use the Dear Colleague Letter to bridge the gap between practices.
- MOAs should address:
 - Identify barriers that prevent individuals from receiving prevention services/treatment (*ex: insurance, stigma, cost, EMR systems, etc.*)
 - Complementary services available through Ryan White funded service providers that private practices may not be aware of.

c. Due by; **07/01/2025**

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SMARTIE Recommendations for NJ Action Plan

Time-Bound: the recommendation should be started by **01/01/2025** & finished by **6/30/2025**

The **Strategic** and **Ambitious** outcome of this recommendation is to achieve **Activity & Strategy # System Activity 3.3**; **Strategy** 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)

Thinking about **Equity and Inclusion:** *Do you foresee any unintentional inequities, exclusion, or disproportional impacts with this recommendation? Are all people being heard and represented in this decision?*

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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How can you change or add to this recommendation to increase the equity & inclusion of this activity?

This Committee does not foresee any unintentional inequities/inclusions, but recommend that agencies routinely document gender, sex assigned at birth, and sexual orientation data in their EMRS.

Realistic plan to achieve this includes the following activities, stakeholders, time, resources, and capacity.

1. **Action Step** Recommend and provide support for providers to complete training on ways to migrate data from electronic medical record systems to a required database to eliminate double data entry
 - a. **Stakeholders Involved/Needed**
DOH, Providers/Laboratories, Data Staff, IT Departments/Developers, Government Funded/ Non-Funded Agencies,
 - b. Is this task **measurable**? Yes No
Deliverables;
 - Community Based Assessment (CBA) request to do a needs assessment of NJ Stakeholders to identify the training needs of agencies. (Notes) The state can only provide trainings on databases that they use and manage. The migration can only happen with databases that support data migration.
 - SPNS Assessment – Identify available funding/toolkits.
 - Develop a method to track which agencies are completing the data migration training and the EMR they use.

c. Due by; 4/1/25

2. **Action Step** DOH collaborates with outside stakeholders to develop routine training for all databases that are currently required to use.)

a. *Stakeholders Involved/Needed*

DOH, Providers/Laboratories, Data Staff, IT Departments/Developers, Government Funded/Non-Funded Agencies, AETC (TACD)

b. Is this task **measurable**? Yes No

Deliverables;

- Recommend routine data training as part of onboarding for all new hires by making it part of the RFA.
- Request TA from NASTAD to help with the statewide HIV-related data integration.
- Collaborate with AETC to develop a regular training schedule.
- Incorporate discussions about needs/challenges and discuss the effectiveness of the data training at the quarterly meetings.

c. *Due by; 6/30/2025*

3. **Action Step** Recommend that programs staff a data quality assurance employee.)

a. *Stakeholders Involved/Needed*

DOH, Providers, IT Departments/Developers, Data Staff, Government Funded/Non-funded Agencies

b. Is this task **measurable**? Yes No

Deliverables;

- Recommend that programs staff or educate/train an employee (*someone already on the staff*) on quality assurance to RFAs.
 - *Grant Funders if possible, could incorporate a data Quality Assurance (QA) employee into the grant to pay for their salary.*
 - Hire or enhance regional quality assurance staff who can collect and compile data for analysis before it goes to the health department.
 - *Strengthen collaborations between other stakeholders/partners who already incorporated quality assurance staff.*
- Work with CQII (Center for Quality Improvement and Innovation) to assist with training data quality assurance employees.
- Conduct a survey to identify the agencies that currently have a data QA employee on their staff.

c. *Due by; 6/30/2025*

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Time-Bound: the recommendation should be started by [Click or tap to enter a date.](#) & finished by [Click or tap to enter a date.](#)

The **Strategic** and **Ambitious** outcome of this recommendation is to achieve [Activity & Strategy #](#) System Activity 3.4 [Strategy](#) Foster public-private-community partnerships to identify and scale up best practices and accelerate HIV advances. (NHAS 4.4)

Thinking about **Equity and Inclusion:** *Do you foresee any unintentional inequities, exclusion, or disproportional impacts with this recommendation? Are all people being heard and represented in this decision?*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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How can you change or add to this recommendation to increase the equity & inclusion of this activity?

[Click or tap here to enter text.](#)

- Develop and promote PSAs that articulate and accelerate information regarding HIV advances for our various populations.

Realistic plan to achieve this includes the following activities, stakeholders, time, resources, and capacity.

1. **Action Step** Recommend that a MOA template is created and disseminated by PMOs to funded agencies.)
 - a. *Stakeholders Involved/Needed*
DHSTS, Funded Agencies, non-funded agencies, PMOs, PROCEEDS, AETC, Rutgers, TA Capacity Development Agencies
 - b. Is this task **measurable**? Yes No
Deliverables;
Create and disseminate standardized MOA's that are adaptable to state funded/non funded agencies.
Provide Technical Assistance on how to develop MOA's electronically. (Looking at Bergen Passaic and Mercer Counties for guidance on this recommendation).
 - c. *Due by;* Click or tap to enter a date 6/1/2025

2. **Action Step** Host an event for stakeholders to discuss collaboration and provide capacity development across funded and non-funded agencies ie private practices.)
 - a. *Stakeholders Involved/ Needed*
DHSTS, Gilead, funded agencies, non-funded agencies (persons in decision making roles, service Providers), TA Capacity Development Agencies
 - b. Is this task **measurable**? Yes No
Deliverables;
 - Create a planning team and outreach team
 - Identify all potential partners utilize the PMO for funded sites
 - c. *Due by;* Click or tap to enter a date 6/1/2025

 - d. **Action Step**) *Due by;* Click or tap to enter a date.

3. **Action Step** Click or tap here to enter text.)
 - a. *Deliverables;* Click or tap to enter a date.

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The **Strategic** and **Ambitious** outcome of this recommendation is to achieve **Activity & Strategy #** **System Activity 3.5**; **Strategy** 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)

NHAS 4.5 Goals:

- **4.5.1** - Streamline and harmonize reporting and data systems to reduce burden and improve the timeliness, availability, and usefulness of data.
- **4.5.2** - Monitor, review, evaluate, and regularly communicate progress on the National HIV/AIDS Strategy.
- **4.5.3** - Ensure that the National HIV/AIDS Strategy’s goals and priorities are included in cross-sector federal funding requirements.
- **4.5.4** - Strengthen monitoring and accountability for adherence to requirements, targets, and goals by funded partners.
- **4.5.5** - Identify and address barriers and challenges that hinder achievement of goals by funded partners and other interested parties.

Thinking about **Equity and Inclusion**: *Do you foresee any unintentional inequities, exclusion, or disproportional impacts with this recommendation? Are all people being heard and represented in this decision?*

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How can you change or add to this recommendation to increase the equity & inclusion of this activity?

Realistic plan to achieve this includes the following activities, stakeholders, time, resources, and capacity.

1. **Action Step** Task the newly integrated DOH data team with implementing quarterly meetings to identify trends in the collected data and develop new performance measures/data collection requests.)
 - a. *Stakeholders Involved/Needed*
DHSTS, DOH Data Team,
 - b. Is this task **measurable**? Yes No
Deliverables;
 - DOH data team will schedule quarterly meetings with HIV prevention, care and treatment stakeholders to identify trends in the current performance measures data documented in the progress reports from all DHSTS funded and non-funded agencies. (geographical trends/clusters/surveillance data, newly diagnosed, demographic trends, clients in care, clients out of care, program data etc.)
 - Based on identified trends, the program leads, along with the data team will discuss potential interventions that can be put in place to address the trends.
 - This information will be presented at one of the quarterly NJHPG General Assembly Meetings.
 - Translate data and disseminate in a way that is useful for agency and community stakeholders.
 - c. *Due by; 10/31/2025*

2. **Action Step** Develop and disseminate an annual survey to funded and non-funded agencies to collect information on data systems and data collection.)
 - a. *Stakeholders Involved/Needed*
DHSTS, Funded Agencies,
 - b. Is this task **measurable**? Yes No
Deliverables;
 - The annual survey should include the following questions;
 - What funding does your agency receive?
 - What HIV-related services does your agency provide?
 - What data system does your agency currently use?
 - What data is collected?
 - How does your agency utilize the collected data?
 - What are barriers in data collection? Are there any limitations with your current data system?
 - The survey should also assess the needs for a course to understand data.
 - Disseminate the results of the survey at a future NJHPG General Assembly Meeting.
 - Use the collected information to identify barriers/training needs and create an action plan to address the needs.
 - c. *Due by;11/30/2025*

3. **Action Step** Recommend regional or programmatic MOAs and data use agreements be established between all DHSTS funded agencies and non-DHSTS funded agencies that offer HIV/STI and viral hepatitis services by making it part of RFAs. The purpose of the MOA is to establish service integration and data sharing.)

a. *Stakeholders Involved/Needed*

DHSTS, DHSTS Funded Agencies, Non DHSTS funded agencies (private practices, CBO's, Community Health Centers, Dental Clinics)

b. Is this task **measurable**? Yes No

Deliverables;

- Identify the number and types of current of MOA's and in what regions.
- Identify the outcomes and gaps of the MOA's between DHSTS funded and non-funded agencies (e.g. number of client referrals, client linkages,)
- DHSTS funded agencies will report their outcomes in quarterly report-outs.

c. *Due by;*10/1/25

4. **Action Step** Streamline data systems so that all providers can utilize formatted and integrated reporting (also recommended in PS System 3.2).)

a. *Stakeholders Involved/Needed*

DHSTS, DHSTS Funded Agencies, Health Service Providers,

b. Is this task **measurable**? Yes No

Deliverables;

- Identify the data systems that can be streamlined
- Require funded agencies to use centralized data systems for data entry and timely reporting
- Provide training and technical assistance for centralized data systems.
- Identify the number of unduplicated clients/client services/performance measures per funded programs or data systems.

c. *Due by;* 12/1/2025

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SMARTIE Recommendations for NJ Action Plan

Time-Bound: the recommendation should be started by [Click or tap to enter a date.](#) & finished by [Click or tap to enter a date.](#)

The **Strategic** and **Ambitious** outcome of this recommendation is to achieve [Activity & Strategy #](#) **System Activity 4.1**; [Strategy](#) Increase the diversity of the workforce of providers who deliver HIV prevention, testing, and supportive services. (NHAS 1.4.2) & [Activity & Strategy #](#) **System Activity 4.3**; [Strategy](#) Increase the diversity of the workforce of providers who deliver HIV care and supportive services. (NHAS 2.4.2)

Thinking about Equity and Inclusion: *Do you foresee any unintentional inequities, exclusion, or disproportional impacts with this recommendation? Are all people being heard and represented in this decision?*

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How can you change or add to this recommendation to increase the equity & inclusion of this activity?

This Committee has noted that when implementing this recommendation best practices should be inclusive of justice involved individuals.

Realistic plan to achieve this includes the following activities, stakeholders, time, resources, and capacity.

- [Action Step](#) Ensure that the workforce of providers who deliver HIV prevention, testing, and supportive services complete training on diversity (race, religion, gender, sexuality, financial status, HIV status, etc), stigma, discrimination, and unrecognized bias by making it part of the RFA.
 - Stakeholders Involved/Needed*
DOH, Colleges/Universities, Agencies, Faith-Based Organizations, Community-Based Organizations
 - Is this task **measurable**? Yes No
Deliverables;
 - Provide funding to establish routine diversity, stigma, and discrimination training for HIV prevention, testing, and supportive service providers.
 - Develop a method to evaluate the effectiveness of the training.
 - Due by;* January 2025

2. **Action Step** Recommend that the DOH and all service organizations evaluate their hiring standards.)
- a. *Stakeholders Involved/Needed*
DOH, Agencies, PMOs
- b. Is this task **measurable**? Yes No
- Deliverables;*
- Tweak language on job postings to be more inclusive (ex: “in lieu of a Bachelor’s degree... X years of experience”).
 - Utilize best practices for marketing and recruitment for job postings.
 - Create dissemination process to be utilized by PMO’s to disseminate to organizations and agencies.
 - *Schedule Bi-annual meetings (round table) for agencies to come together to understand hiring standards.*
- c. *Due by; January 2025*
3. **Action Step** Recommend that the DOH expands the current academic detailing to include HRs in the health systems.)
- a. *Stakeholders Involved/Needed*
DOH, Health systems, New Jersey Hospital Association
- b. Is this task **measurable**? Yes No
- Deliverables;*
- Have DHSTS report out on the current academic detailing project and its’ outcome.
- c. *Due by; January 2025*
4. **Action Step** Ensure that Agencies are taking the necessary steps to increase the diversity of their workforce by recommending the following in RFAs.)
- a. *Stakeholders Involved/Needed*
DOH, Colleges/Universities, Agencies, Faith-Based Organizations, Community-Based Organizations
- b. Is this task **measurable**? Yes No
- Deliverables;*
- Provide recruitment tactics for individuals with lived experience
 - Provide TA/cultural competence for justice involved individuals
 - Recommend that Agencies utilize AETC/FXB to train the workforce staff/providers to increase diversity.
 - Promote collaboration between Agencies and Colleges/Universities/Technical Schools to develop focused recruitment programs that attract individuals from diverse backgrounds.
- c. *Due by; January 2025*

New Jersey HIV Planning Group
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Electronic Meeting via ZOOM Video Conference

SMARTIE Recommendations for NJ Action Plan

Time-Bound: the recommendation should be started by [Click or tap to enter a date.](#) & finished by [Click or tap to enter a date.](#)

The **Strategic** and **Ambitious** outcome of this recommendation is to achieve [Activity & Strategy #](#) **System Activity 4.2**); [Strategy](#) Increase the inclusion of paraprofessionals on prevention teams by advancing training, certification, supervision, financing, and team-based care service delivery. (NHAS 1.4.3))

[Activity & Strategy #](#) **System Activity 4.4**); [Strategy](#) Increase the inclusion of paraprofessionals on prevention 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))

Thinking about Equity and Inclusion: *Do you foresee any unintentional inequities, exclusion, or disproportional impacts with this recommendation? Are all people being heard and represented in this decision?*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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How can you change or add to this recommendation to increase the equity & inclusion of this activity?

Due to the negative connotations often associated with the term “paraprofessional,” this Committee proposes removing the term and using “**allied professionals**” instead. This term more accurately reflects the diverse range of roles that are essential in multidisciplinary teams. These roles include, but are not limited to Community Health Workers, Patient Navigators, and Housing Ambassadors.

The revised Activity will read “**Increase the inclusion of allied professionals on prevention teams by advancing training, certification, supervision, financing, 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.**”

Realistic plan to achieve this includes the following activities, stakeholders, time, resources, and capacity.

1. **Action Step** Expand training that is available for allied professionals.)
 - a. *Stakeholders Involved/Needed*
DHSTS, Agencies, AETC, FXB, PCHP (Primary Care & HIV Program),
 - b. **Is this task measurable?** Yes No
Deliverables;
 - Recommend that programs cross-train allied professionals (*someone already on the staff*) on the screening/management of HIV, STIs, viral hepatitis, mental and substance use disorders, and other behavioral health conditions.
 - Work with AETC/FXB to assist with the training of their staff using various training modalities.
 - Identify and utilize trainings that are already available.
 - c. *Due by; 10/01/2025*

2. **Action Step** Create awareness on the importance of allied professionals on multidisciplinary teams.)
 - a. *Stakeholders Involved/Needed*
DOH DHSTS, PMOs, Funded Agencies,
 - b. **Is this task measurable?** Yes No
Deliverables;
 - Include the term “allied professionals” in grants.
 - Ask agencies to include what their plans are to increase allied professional inclusion in the methods and evaluation of their grants (plans should include methods to increase the number bilingual allied professionals)
 - Include progress updates on how the agencies created awareness of the importance of allied professionals on multidisciplinary teams in the narrative of the quarterly progress report and meetings.
 - Recommend an evaluation to identify gaps in care teams without allied professionals.
 - c. *Due by; 10/01/2025*

3. **Action Step** Improve retention tactics for allied professionals.)

a. *Stakeholders Involved/Needed*

DOH DHSTS, Funded Agencies, Allied Professionals,

b. **Is this task measurable?** Yes No

Deliverables;

- Recommend an experience evaluation for allied professionals to assess the extent to which their roles in care teams are meaningful, productive, and well-supported.
- Conduct a research analysis on the structure of these types of roles and compensate employees for their lived experience.
- Identify current research that has been conducted on retention with Allied Professionals.
- Develop and implement a comprehensive competency training/education, mentorship program and burnout prevention strategy within the agency for allied professionals that will be outlined in the Attachment C of the RFA.
- Establish and implement detailed compensation guidelines for allied professionals as part of the grant objectives, funding requirements, and institutional policies that are outlined in the RFA.
- Reinstate Rutgers training programs (e.g Case Management Certification Program, Social networking program.)

c. *Due by; 10/01/2025*

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Time-Bound: the recommendation should be started by **1/1/2025** & finished by **3/1/2026**

The **Strategic** and **Ambitious** outcome of this recommendation is to achieve Activity & Strategy # **System Activity 4.5** Strategy **Promote the expansion of existing programs and initiatives designed to increase the numbers of non-White research and health professionals.**

Thinking about **Equity and Inclusion:** *Do you foresee any unintentional inequities, exclusion, or disproportional impacts with this recommendation? Are all people being heard and represented in this decision?*

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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How can you change or add to this recommendation to increase the equity & inclusion of this activity?

Realistic plan to achieve this includes the following activities, stakeholders, time, resources, and capacity.

1. Action Step When DOH reviews the criteria for funding, encourage agencies to build relationships and partnerships with universities and colleges.
 - a. *Stakeholders Involved/Needed*
DOH, Higher Education Institutions, Medical Institutions, Agencies Conducting Research, Teaching Programs
 - b. Is this task **measurable**? Yes No
Deliverables;
Provide reasons/benefits of building these partnerships.
 - Offer/Recommend Internships for any entities conducting research to inspire students to get into the field.
 - Create awareness for internships, observer, or pipeline training programs
 - Create Relationships with groups running/leading internships, observer, or pipeline programs

- Add these reasons to build relationships to funding streams that conduct research or the above listed programs
 - To Follow Their Research & Collaborate by Sharing Data & Trends
 - Engage their student body in programs being launched
- c. *Due by; 2/7/2025*

2. **Action Step** Create a needs assessment/gap analysis to determine the diversity of the workforce of HIV Services/State Funded Agencies.)

a. *Stakeholders Involved/Needed*

DOH, State Funded Agencies & Organizations, Higher Education Institutions (HBCUs, Universities with Transgender Populations/Programs, etc.)

b. Is this task **measurable**? Yes No

Deliverables;

1. Create digestible up to date data on the diversity of the workforce within NJ and list the barriers to recruitment.
2. Include the collection of data from the community and highlight/seek responses specifically from the priority populations
3. Identify the Gaps/Barriers of Diversity in the Workforce, Unknown Knowledge, and Cultural Competence
 - Ensure the community matches the workforce

c. *Due by; 12/22/2025*

3. **Action Step** Use the information collected from the needs assessment/gap analysis to help increase diversity in the workforce & level of education/understanding.)

a. *Stakeholders Involved/Needed*

Rutgers, Higher Education Institutions, Medical Institutions, Agencies Conducting Research, Teaching Programs, association of black social workers, groups for latinx physicians, affinity groups)

b. Is this task **measurable**? Yes No

Deliverables;

1. Provide TA to the agencies/facilities struggling with recruiting diverse staff
 - a. *help with targeted strategies or interventions for recruitment*
 - b. *utilize best practices/strategies from successful programs/higher education institutions (language, materials)*
2. Provide training to individuals/agencies/facilities struggling with education/understanding/cultural competence

c. *Due by; 3/1/2026*

New Jersey HIV Planning Group

State Recommendation Tool

Electronic Meeting via ZOOM Video Conference

SMARTIE Recommendations for NJ Action Plan

Time-Bound: the recommendation should be started by **1/1/2025** & finished by **1/1/2026**

The **Strategic** and **Ambitious** outcome of this recommendation is to achieve **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)**

Thinking about **Equity and Inclusion:** *Do you foresee any unintentional inequities, exclusion, or disproportional impacts with this recommendation? Are all people being heard and represented in this decision?*


<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Black, Hispanic, White MSM (25-44)</i>	<i>Males who Inject Drugs</i>	<i>Black & Hispanic Heterosexual Females (25-44)</i>	<i>Transgender Women</i>	<i>Youths</i>	<i>Others; sex workers, immigrants, older adults, disabled, & justice involved individuals</i>


How can you change or add to this recommendation to increase the equity & inclusion of this activity?

Realistic plan to achieve this includes the following activities, stakeholders, time, resources, and capacity.

1. **Action Step** Review findings from needs assessment that was recommended in System 4.5)
 - a. *Stakeholders Involved/Needed*
DHSTS and NJHPG
 - b. Is this task **measurable**? Yes No
Deliverables;
Present/Disseminate findings of the needs assessment to NJHPG. (due date for the needs assessment was end of 2025)

Highlight the baseline numbers of the workforce.
 - c. *Due by; April 2026*

2. **Action Step** Provide Technical Assistance/Resource Hub for Best Practices in Mentorships provided to providers (HIV service providers) 
- a. *Stakeholders Involved/Needed*
HIV service providers, TACD/AETC, HEI (Higher Education Institutions)
- b. Is this task **measurable**? Yes No
- Deliverables;*
Technical Assistance
1. Include barriers to recruitment
 - a. Engagement Strategies- incentive programs, provide resume addition for experience, include conferences/webinars/trainings,
 2. Include cultural competence
 3. Include trauma informed approaches/ methods
 4. Include resources for the use of language and verbiage
 5. What does supervision look like?
 6. What does evaluation look like? Provide evaluation tools?
 7. How to select and prepare mentors
 - a. Identify skills, qualities, and capacity for good mentors
 - b. Identify best pairing methods
- Resource Hub*
1. One-stop-shop to access all the resources provided in the technical assistance.
- c. *Due by;* January 2026/December 2025

3. **Action Step** Provide Technical Assistance/Resource Hub for Best Practices in Internships 
- a. *Stakeholders Involved/Needed*
HIV Service Providers, AETC/TACD
- b. Is this task **measurable**? Yes No
- Deliverables;*
Technical Assistance Training
1. Address barriers of required teaching licensure
 2. Include barriers to recruitment
 3. Engagement Strategies- incentive programs, provide resume addition for experience, include conferences/webinars/trainings,
 4. Include cultural competence
 5. Include trauma informed approaches/ methods
 6. Include resources for the use of language and verbiage
 7. What does supervision look like?
 8. What does evaluation look like? Provide evaluation tools?
- Resource Hub*
1. One-stop-shop to access all the resources provided in the technical assistance.
- c. *Due by;* January 2026/December 2025