

New Jersey HIV Planning Group Integrated Plan Committee Meeting Agenda

Wednesday, March 5th, 2025

10am-12pm

Tameka Allen
Co-Chair

Allison Delcalzo-Berens
Co-Chair

The Integrated Plan Committee supports the development and maintenance of a comprehensive, integrated plan, in partnership with the other grantees that reviews HIV care and prevention services across the State on a 3-year cycle per guidance from CDC & HRSA. This Committee is assigned fulfilling recommendations and assigning activities to the working committee each cycle.

***Please note all times are approximate**

10:00am	Welcome & Moment of Silence Establishment of Agenda Review and Approval of Meeting Minutes	Tameka Allen
10:10am	Introductions • <i>Name & Organization</i>	Allison Delcalzo-Berens
10:20am	Evaluation Review & NJHPG Overview	HCPST
10:25am	Old Business • Finalize Recommendations for Stigma 5.3	Allison Delcalzo-Berens & Tameka Allen
10:55am	New Business • System Activity 5.4 Education Didactic • Draft Recommendations for System Activity 5.4	Allison Delcalzo-Berens & Tameka Allen
11:40am	Draft Integrated Plan Committee Agenda <i>Next Meeting: April 2nd, 2025</i>	Allison Delcalzo-Berens
11:45am	Committee Announcements & Public Comments • <i>Information Sharing (Legislative Updates)</i>	Tameka Allen
11:55am	Evaluation	HCPST
12:00pm	Adjournment	Allison Delcalzo-Berens

Members of Committee (Quorum: 3): Allison Delcalzo-Berens, Jill York, Kathy Ahearn-O'Brien, Tameka Allen, George Lowe



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New Jersey HIV Planning Group Integrated Planning Committee Meeting Minutes

Wednesday, February 5th, 2025
Electronic Meeting via ZOOM Video Conference

ATTENDANCE			
NJHPG Members			
Allison Delcalzo-Berens	P	Luis Otano	A
Amir Gatlin-Colon	A	Monique Springer	P
George Lowe	A	Tameka Allen	P
Jaivon Lewis	P		
Karen Walker	P		
Committee Member			
Jill York	P	Kathy Ahearn-O'Brien	P
Non-Voting Member			
Barbara Teh, Carol Vincent, Charla Cousar, Mary Nolan, Renee Cirillo, Shwetha Kamath			
HIV Community Planning Support Team			
Dottie Rains-Dowdell	P	Taylor Lightner	P

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

AGENDA	
Item	Discussion



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.

Welcome and Moment of Silence	Allison Delcalzo-Berens began the meeting at 10:04 am and welcomed all members & guests. She then followed with a moment of silence to honor those lost to HIV and those still fighting the virus.
Approval of the Agenda	Allison Delcalzo-Berens reviewed the agenda with the Committee. Chad Balodis motioned to approve the agenda, seconded by Tameka Allen. HCPST conducted a vote, and the motion passed.
Approval of Meeting Minutes	Allison Delcalzo-Berens reviewed the past Meeting Minutes with the Committee. Kathy O'Brien motioned to approve the minutes, seconded by Jill York. HCPST conducted a vote, the motion passed.
Introductions	Tameka Allen started introductions by asking attendees to unmute and introduce themselves.
Evaluation Review	<p>The HCPST presented the past Evaluation. There were 14 responses; 4 NJHPG Members, 4 Committee Members, & 6 Guests.</p> <p>1) What questions do you have for the DOH?</p> <ul style="list-style-type: none"> • No, N/A (x9) • Can we utilize Social Services as individuals that can help to do mental health/behavioral screenings under Diagnose? <p>2) What questions do you have for the HIV Community Planning Support Team?</p> <ul style="list-style-type: none"> • None (x6) • How can I support You? <p>3) Final Comments, Questions, Concerns.</p> <ul style="list-style-type: none"> • Nothing further to add • Thank you • Amazing meeting, Loved all the energy • GREAT MEETING LOTS OF INFORMATION TO USE



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<p>NJHPG Overview</p>	<p>The Support Team next presented the Integrated Plan Committee Overview PPT. They walked the Committee through a PPT the information is listed below.</p> <p><u>Goal of NJHPG</u></p> <ul style="list-style-type: none"> • We are a planning body that works through the NJ Integrated Plan with the goal of ending the transmission of HIV within the state of New Jersey. • The 120+ Activities listed within the Integrated plan explains what need to happen to achieve the goal of ending the epidemic. • It is up to the individual committees to inform the Department of Health how they would like these activities to be implemented. • NJHPG fulfills that role of planning through the completion of SMARTIE Recommendations. <p><u>Priority Populations</u></p> <ul style="list-style-type: none"> • Black, Hispanic, White MSM- 25 years old - 44 years old • Males who inject drugs • Black & Hispanic Heterosexual Females- 25 years old - 44 years old • Transgender Women • Youths • Others; Sex workers, Immigrants, Older Adults, Disabled & Justice Involved Individuals <p><u>Purpose & Objectives of the Integrated Plan Committee</u></p> <ul style="list-style-type: none"> • The Integrated Plan Committee supports the development and maintenance of a comprehensive, integrated plan, in partnership with the other grantees that reviews HIV care and prevention services across the State on a 3-year cycle per guidance from CDC & HRSA. • This Committee is assigned with fulfilling recommendations and assigning activities to the working committee each cycle. • SMARTIE Recommendation Process- https://public.3.basecamp.com/p/7g2s3WaZraXKypVUmFewPwmG
<p>Gilead FOCUS</p>	<p>Carol Vincent next gave a brief presentation on Gilead</p>



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<p>Presentation</p>	<p>FOCUS. The key points are summarized below.</p> <p><u>About FOCUS:</u></p> <ul style="list-style-type: none"> • The FOCUS program is the public health initiative of Gilead Sciences Inc. that supports access to screening and linkage to comprehensive preventative services and linkage to care for life-threatening diseases, including HIV, HCV, HBV—and soon, cancer. • FOCUS supports healthcare organizations in developing and implementing best practices for institutional policy-driven screening, linkage to comprehensive prevention services for eligible individuals, and linkage to care following national and international public health guidelines. FOCUS partners aim to close the gap in health disparity and inequity for communities disproportionately impacted by high rates of morbidity, mortality, and late diagnosis of blood-borne viruses (BBV). <p><u>FOCUS' Impact:</u></p> <ul style="list-style-type: none"> • Changing Systems at Healthcare Institutions <ul style="list-style-type: none"> ○ Through over 600 impactful partnerships with some of the most prestigious health systems, clinics, community organizations, state and regional health departments, and in collaboration with government, FOCUS partners have successfully operationalized public health screening guidelines, supporting more than 18 million tests in underserved communities for HIV, HCV, and HBV • Addressing Health Disparities and Inequities <ul style="list-style-type: none"> ○ Providing equitable opportunities for individuals—regardless of race, gender, sexual orientation, drug use, employment status, housing status, or incarceration—is key to addressing these epidemics. There is a long tail of have-to-reach populations, and FOCUS partners develop solutions to meet these individuals where they are so that they can access testing and medical care in an equitable manner • Sustaining and Scaling with Public/Private Partnership Approach <ul style="list-style-type: none"> ○ FOCUS partners' screening programs identify trends in
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	<p>local epidemics and best practices that help inform state and local health department responses, policy development, and funding allocation. Many health departments have aligned their own programs to match FOCUS elements to better address BBV epidemics in their communities, scale screening and linkage to care programs, and sustain the impact of FOCUS across the country.</p> <ul style="list-style-type: none"> • Advancing Best Practices <ul style="list-style-type: none"> ○ FOCUS supports partners to develop and share best practices in blood-borne virus screening, diagnosis, and linkage to care— improving public health systems and how they reach populations. Many published best practices and policy changes have emerged because of partner work and have led to policy changes at the local, state, and national levels. FOCUS partners have had over 1,500 abstracts accepted to key conferences such as CROI, IAS, and AASLD, and have published over 190 articles in peer-reviewed journals, including three articles in CDC’s MMWR.
<p>Old Business</p>	<p>Allison Delcalzo-Berens next transitioned the Committee to Old Business to finalize their recommendations for Stigma Activity 5.3.</p> <p>Stigma Activity 5.3 - Train healthcare providers on conducting behavioral health assessments using a trauma-informed approach.</p> <p>Action Steps:</p> <ol style="list-style-type: none"> 1. Invite CAI and NJTACD to present at an NJHPG General Assembly meeting on activities and outcomes of the trauma informed training. <ol style="list-style-type: none"> a. <i>Stakeholders Involved/Needed</i> <ul style="list-style-type: none"> • DHSTS, CAI, NJTACD b. Is this task measurable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Deliverables;</i> <ul style="list-style-type: none"> • NJHPG can request NJTACD and CAI to present at an NJHPG General Meeting. c. <i>Due by; 06/01/2025</i>



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2. Highly recommend that all DHSTS or Ryan White funded sites implement regularly scheduled trauma-informed training for their staff.

a. Stakeholders Involved/Needed

- DHSTS, Funded Agencies, Providers (medical case managers, anyone doing intake/triage or reception, community health workers, care coordinators; providers at urgent care centers, emergency rooms, and private practices)

b. Is this task measurable? Yes No

Deliverables;

- Identify sites that already implement trauma-informed trainings.
- Identify other CEU courses around Trauma informed care to continue training all staff- such as NJTACD, AETC, AETC new England, Care Quest institute for dental providers Prevention Resource Network

c. Due by;

3. Identify current resources and ensure they are readily available.

a. Stakeholders Involved/Needed

b. Is this task measurable? Yes No

Deliverables;

c. Due by;

4. Review BHIP recommendations and establish a TA or training protocol.

a. Stakeholders Involved/Needed

b. Is this task measurable? Yes No

Deliverables;

c. Due by;



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Community Announcement and Public Comments	Tameka Allen then asked attendees to share any updates or announcements. The Support Team reminded attendees of the Leadership Hyacinth trainings.
Agenda for next meeting March 5th, 2025	Next meeting on March 5th from 10am to 12pm, the committee will continue finalizing recommendations for Stigma Activity 5.3.
Evaluation	HCPST shared evaluation link for feedback on today’s meeting. Results will be presented at the next meeting.
Adjournment	Tameka Allen asked for a motion to adjourn the meeting. Karen Walker motioned, seconded by Chad Balodis. The meeting adjourned at 12:01pm.
Meeting Documents	
<ul style="list-style-type: none"> • Draft Integrated Plan Committee Agenda • DRAFT NJHPG Integrated Planning Committee Meeting Minutes • Committee Evaluation • Stigma Activity 5.3 Recommendations 	



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