

New Jersey HIV Planning Group

Priority Setting Committee Meeting Agenda

Wednesday, April 9, 2025

Electronic Meeting via ZOOM Video Conference

Kevin E. Taylor

Co-Chair

Samarie Rivera

Co-Chair

The Priority Setting Committee is responsible for understanding and accessing where services are now and where they need to be.

***Please note all times are approximate**

| | | |
|---------|---|----------------------------------|
| 10:00am | Welcome & Moment of Silence Establishment of Agenda Review and Approval of Meeting Minutes | Samarie Rivera |
| 10:15am | Evaluation Review & NJHPG Overview | HCPST |
| 10:25am | Old Business <ul style="list-style-type: none">Finalize Recommendations for Program Activity 5.3 | Samarie Rivera & Kevin E. Taylor |
| 11:45am | Priority Setting Committee Agenda Next Meeting: May 14, 2025 | Samarie Rivera |
| 11:50am | New Announcements | Kevin E. Taylor |
| 11:55am | Meeting Evaluation | HCPST |
| 12:00pm | Adjournment | Kevin E. Taylor |

HCPST – HIV Community Planning Support Team

Voting Members (Quorum; 4) - Samarie Rivera, Claudia Ortiz, Kevin Taylor, Amy Pereira, Monique Springer, Rafael Kaipa, Ray Welsh



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Cycle 4 Activities

January 2025- December 2025

Policy Activity 5.2: Mandate relevant healthcare providers to order HIV testing for certain patients identified as high-risk. (NHAS 1.2.2)

Program Activity 5.3: Incorporate a status-neutral approach to HIV testing, offering linkage to prevention services for people who test negative and immediate linkage to HIV care and treatment for those who test positive.

Program Activity 5.6: Prioritize expanding the number of Disease Intervention Specialists employed by the NJDOH to be able to confidentially elicit partners at the time of a client's STD or HIV diagnosis. (NHAS 1.2.4)

Program Activity 5.9: Consider incentives to encourage testing among individuals in the identified priority populations who are most vulnerable to HIV, including those individuals who are lost to care, who use emergency departments for primary care, and those with substance use and/or mental health issues. (NHAS 3.4.3)

Program Activity 5.10: Encourage the expansion of the trauma-informed care model used by the NJDOH Division of HIV, STD, and TB Services (DHSTS) and its funded agencies to all providers who routinely interface with the priority populations who are vulnerable to HIV acquisition. (NHAS 2.3.2 and 3.2.2)

Program Activity 5.12: Create an educational module to provide guidance on performing HIV screening and testing and proper procedures after a person tests positive. (NHAS 3.4.3)



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New Jersey HIV Planning Group Priority Setting Committee Meeting Minutes

Wednesday, March 12, 2025
Electronic Meeting via ZOOM Video Conference

ATTENDANCE

| NJHPG Member | | | |
|--|----------|------------------|----------|
| Amy Pereira | P | Kevin E. Taylor | P |
| Claudia Ortiz | A | Monique Springer | P |
| Jaivon Lewis | A | Rafael Kaipa | A |
| Johanne Rateau | P | Samarie Rivera | P |
| | | | |
| Committee Member | | | |
| Raymond Welsh | P | | |
| | | | |
| Non-voting Attendees | | | |
| Alicia Parker, Alison Modica, Carol Vincent, Christian Baez-Mendez, Jerome Pipes, Justin Almodovar, Lara Dykstra, Margaret Bilby, Shwetha Kamath | | | |
| HIV Community Planning Support Team (HCPST) | | | |
| Dottie Dowdell | P | Taylor Lightner | P |

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



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| AGENDA | |
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| Item | Discussion |
| Welcome and Moment of Silence | Samarie Rivera welcomed attendees and began the meeting at 10:06am . She then led the committee in a moment of silence to honor those lost to HIV and those still fighting the virus. |
| Approval of Agenda & Meeting Minutes | <p>Samarie Rivera reviewed the meeting Agenda. Anjettica motioned to approve the agenda, seconded by Kevin Taylor. The Agenda was voted on and approved.</p> <p>The Support Team presented March's minutes. Anjettica motioned to approve the Meeting Minutes, seconded by Kevin Taylor. The Meeting minutes were voted on and approved.</p> |
| Review of March's Evaluation | <p>The Support Team reviewed March's Meeting Evaluation with attendees. 19 people attended the Priority Setting meeting. 12 people responded to the evaluation: 7 NJHPG Members, 2 Committee Members, & 3 guests.</p> <ol style="list-style-type: none"> 1. What questions do you have for DHSTS? <ul style="list-style-type: none"> • None, (x7) • Very relevant topic about making HIV testing part of comprehensive blood work testing 2. Final Comments, Questions, Concerns <ul style="list-style-type: none"> • None (x4) • This was a great great meeting • This group is engaged and everyone is invested in the conversation. Meeting has a good flow. Lots of experience in the room and everyone's input is welcomed. Good meeting. • ROBUST AND REAL CONVERSATIONS! • Seems like 1&3 can be combined. Also option to do a separate provider specific brochure that they do not share with clients, just something they can reference to prepare. • The discussions were engaging |



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| | <ul style="list-style-type: none"> • Good meeting... • Great conversation! |
| NJHPG Overview | <p>The Support Team then transitioned to present an NJHPG Overview PowerPoint. This presentation highlighted:</p> <ul style="list-style-type: none"> • The Purpose of NJHPG • The Goal of the Priority Setting Committee • The 5 Priority Populations (outlined in the Integrated Plan) • The Priority Setting Community Agreements • The Cycle 4 Work Plan • 3P's for forming recommendations to DOH |
| New Business | <p>The Co-Chairs transitioned to present the education didactic for Program Activity 5.3. The presentation is summarized below.</p> <p>Program Activity 5.3 - Incorporate a status-neutral approach to HIV testing, offering linkage to prevention services for people who test negative and immediate linkage to HIV care and treatment for those who test positive.</p> <p>NJ DOH Update:</p> <ul style="list-style-type: none"> - DHSTS fully endorses the status-neutral approach to HIV testing and provides funding to agencies known as our ELIXIR grantees to implement status-neutral practices. The status-neutral approach is also a core aspect of routine testing DHSTS funded efforts and initiatives. <p>The Committee then started to brainstorm:</p> <p>What we know:</p> <ul style="list-style-type: none"> • ELIXIR - Engagement and Linkage to an Intentional and eXceptional Intervention, Re-Imagined • A "status-neutral" approach to HIV care means addressing the health needs of individuals regardless of their HIV status, integrating HIV prevention and treatment services into routine healthcare, and focusing on the "whole person" |



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rather than solely on HIV status.

(<https://www.naccho.org/uploads/body-images/NACCHO-Status-Neutral-Approach-Daskalakis.pdf>)

- **Examples of Status-Neutral Care:**

- Routinized HIV testing: Making HIV testing a routine part of healthcare visits, not just for specific at-risk populations.
- Early Access to Prevention: Offering HIV prevention tools like pre-exposure prophylaxis (PrEP) to those at risk, regardless of their current HIV status.
- Linking to Care: Ensuring rapid access to HIV treatment for newly diagnosed individuals.

Possible Recommendation Ideas:

- Provide training educating health care providers for delivering status neutral training in a trauma informed way.
- Accessibility to PrEP and PEP
- Identify barriers to Routine HIV testing especially in Emergency Departments
- Status Neutral Case Managers

Gaps/Barriers:

- Lack of resources for people at risk such as housing, housing assistance, shelters, benefits, charity care, food insecurity, barriers to obtain PrEP and PEP. PrEP is costly for those underinsured and uninsured.
- Systems issues- Criminalization of homeless population for being homeless
- Education and training for providers.
- Expansion of hours to accommodate clients. Also consider what is included in the panel of tests. Focusing on the whole person.
- Not being able to provide all the needs of the client in one place-possible solution is to partner with other agencies that can provide.

The Committee wrapped up New Business by narrowing it down to 5 potential Action Steps.



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| | <ol style="list-style-type: none"> 1. Expanded funding to hire Status Neutral Case Managers 2. Train Senior Center Case managers on the status neutral approach. 3. Provide training/education for health care providers for delivering status neutral services in a trauma informed way. Ryan White and non-Ryan White providers. AETC offers training. 4. Collaboration and Partnership amongst agencies. 5. Collaboration with other stakeholders that offer status neutral trainings for non-Ryan White providers. |
| Attendee Announcements | <p>Kevin E. Taylor transitioned the Committee to New Announcements.</p> <p>Alison Modica shared that she will now be working in the capacity of the Northeast Region Director.</p> <p>Samarie Rivera shared that she still has vacancies in Essex County and the Housing Collaborative Hotline is still open.</p> <p>Ray Welsh shared that Harrison House has one room that is available.</p> |
| Next Committee Meeting April 9th, 2025 | The next meeting will be on April 9, 2025, from 10am to 12pm. |
| Evaluation | HCPST shared a link to the meeting evaluation. |
| Adjournment | Claudia Ortiz made a motion to adjourn the meeting, and it was seconded by Monique Springer. The meeting adjourned at 12:01 pm. |

Meeting Documents



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- DRAFT NJHPG Priority Setting Committee Agenda_4.9.2025
- DRAFT NJHPG Priority Setting Committee Meeting Minutes_3.12.2025
- Program Activity 5.3 Education Didactic



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