

Policy Activity 5.1												
Stigma Activity 5.1												
System Activity 5.2												
System Activity 5.9												
Update Resource Directory												

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

- **Stigma Activity 5.3:** Train healthcare providers on conducting behavioral health assessments using a trauma-informed approach. (NHAS 2.3.2 and 3.2.2)
- **System Activity 5.4:** Encourage all healthcare payers to include HIV testing and linkage to HIV/AIDS care as a healthcare provider quality measure. (NHAS 3.4.2)
- **Policy Activity 5.5:** Work in collaboration with the New Jersey Local Boards of Health to provide educational training to staff members on HIV screening. (NHAS 1.2.1)
- **Program Activity 5.7:** Work with emergency departments in key cities to ensure that they have staff who are able to perform HIV testing and counseling on site at all times. (NHAS 1.2.2)

The Priority Setting Committee is responsible for understanding and assessing where services are now and where they need to be. The Committee considers; what is needed, what is missing, what is lacking, what is cutting edge, what is innovative, how we can fill in the gaps, and how to do this with a Statewide perspective, and how to draw from quantitative and qualitative data from and other sources to understand what is needed.

- **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)

The Community Engagement Committee will work to identify prevention, care, treatment needs, and interventions for high-risk populations; develop outreach strategies to inform and engage communities while meeting them where they are through access and equity, presence at community events; cultivate/develop future leaders in the community; and build community space, presence & trust.

- **Program Activity 5.1:** Increase knowledge of HIV among people, communities, and the health workforce in geographical areas disproportionately affected. **& Program Activity 5.4:** Engage people who experience HIV risk in traditional public health and health care delivery systems as well as in nontraditional community settings.
- **Program Activity 5.2:** Integrate HIV messaging into existing campaigns and other activities pertaining to other parts of the syndemic, such as STIs, viral hepatitis, substance use, and mental health disorders, as well as in primary care and general wellness, and as part of annual reproductive health visits and wellness visits.
- **Stigma Activity 5.2:** Develop a model for how to create and provide training on how to take stigma-free sexual health histories for healthcare providers providing targeted HIV testing. (NHAS 2.3.2 and 3.2.2) **& Stigma Activity 5.4:** Develop and provide trainings on stigma reduction to providers in non-traditional settings, as defined above. (NHAS 1.1.1, 3.1, 3.3)
- **Policy Activity 5.3:** Work in collaboration with the New Jersey State League of Municipalities (NJLM) to include routine HIV screening and harm reduction as topics presented at the annual NJLM Conference. (NHAS 1.1.2)
- **System Activity 5.6:** Work with health care payers to issue annual HIV testing “report cards” assessing providers’ HIV testing proficiency. (NHAS 2.4.1 and 3.4.2)
- **System Activity 5.7:** Work with non-traditional screening sites to ensure access to rapid, fourth-generation HIV testing. (NHAS 1.2.2) **& System Activity 5.8:** If screening sites do not have access to testing, ensure screening sites have the correct and most up-to-date resources to refer and link clients to HIV testing. (NHAS 3.4.2)

The Data and Research Committee takes the lead in requesting data from the State and then analyzing and understanding the data received. The Committee is a resource for all other committees and their data needs.

- **System Activity 5.1:** Increase awareness of HIV-related disparities through data collection, analysis, and dissemination of findings,
- **Policy Activity 5.1:** Adopt the CDC guideline recommendation to allow for “opt-out” HIV testing with notification but without requiring a specific signature for HIV testing consent distinct from general consent for medical care. This will be a condition of funding for community-based organizations funded for HIV testing by NJDOH DHSTS. (NHAS 1.2.2)
- **Stigma Activity 5.1:** NJDOH will assess stigma amongst healthcare providers via a standardized stigma measurement tool. This will guide the creation and implementation of stigma-related interventions. (NHAS 3.1.2)
- **System Activity 5.2:** Work with NJ’s healthcare systems to incorporate prompts in electronic health records to facilitate routine HIV testing. (NHAS 1.2.2)
- **System Activity 5.9:** With capacity building and technical assistance from various stakeholders, help these sites develop and/or enhance their ability to appropriately bill health insurance payers for HIV screening. (NHAS 3.4.2)