

**New Jersey HIV Planning Group**  
**General Assembly Meeting Agenda**

**Thursday, April 17th, 2025**

Hybrid via In person and ZOOM Video Conference  
 Mary Roebling Building (20 West State Street, Trenton, NJ)  
 1:00 pm – 4:00 pm

**Chelsea Betlow**  
 Government Co-Chair

**Jaivon Lewis**  
 Government Vice-Chair

**Johanne Rateau**  
 Community Co-Chair

**Saquan Stevenson**  
 Community Co-Chair

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

12:30 pm	<i>Lunch &amp; Networking; Greeters- Ric Miles &amp; Kevin E. Taylor</i>	
1:00 pm	Welcome & Moment of Silence Approve Agenda & January Minutes	Johanne Rateau
1:15 pm	By-Law Revisions: <ul style="list-style-type: none"> <li>• <i>2.11 E – Removal for Non-Attendance Policy</i></li> <li>• <i>5.2 - Requirements for Number of Committee Members</i></li> </ul>	Laurie Litt
1:25 pm	NJHPG Quarterly Review & Updates	HCPST
1:35 pm	Recommendation Report-Out- Cycle 1 & 2	DOH Team
Break (10 min)		
2:25 pm	EDUCATION <ul style="list-style-type: none"> <li>• <i>CAI (How to take care of yourself while you mobilize)</i></li> </ul>	Beth Hurley
3:00 pm	DHSTS Updates	Renee Cirillo
3:10pm	Partner Updates-5 <i>minutes</i> <ul style="list-style-type: none"> <li>• Newark Eligible Metropolitan Area (NEMA)</li> <li>• Middlesex, Somerset, Hunterdon Transitional Grant Area (TGA)</li> <li>• Hudson TGA</li> <li>• Bergen Passaic TGA</li> <li>• Philadelphia Office of HIV Planning</li> </ul>	
3:35 pm	Quarterly Spotlight Recognition	HCPST
3:40 pm	Member & Community Announcements	Johanne Rateau
3:55 pm	Evaluation	HCPST
4:00 pm	Adjournment	Johanne Rateau

**Next meeting: Thursday, July 17, 2025 (Southern Region)**

*HCPST – HIV Community Planning Support Team*



January 2025 Meeting Minutes



General Assembly Voting



General Assembly Meeting Evaluation

<b>ATTENDANCE</b>			
<b>NJHPG Member</b>			
Abraham Corsino	<b>P</b>	Karen Walker	<b>P</b>
Anjettica Boatwright	<b>P</b>	Kelly Williams	<b>P</b>
Allison Delcalzo-Berens	<b>P</b>	Kevin E. Taylor	<b>P</b>
Angela Petrone	<b>P</b>	Laurie Litt	<b>P</b>
Amir Gatlin-Colon	<b>P</b>	Luis Otano	<b>P</b>
Amy Pereira	<b>P</b>	Lynnette Abdulwaliyy	<b>P</b>
Chelsea Betlow	<b>P</b>	Monique Springer	<b>P</b>
Claudia Ortiz	<b>P</b>	Rafael Kaipa Llovera	<b>P</b>
Crystal Mitchell	<b>P</b>	Ric Miles	<b>P</b>
Jaivon Lewis	<b>P</b>	Robert Lord-Schell	<b>P</b>
Jamir Tuten	<b>P</b>	Rosie Ruiz	<b>P</b>
Jocelyn Perry	<b>P</b>	Samarie Rivera	<b>P</b>
Johanne Rateau	<b>P</b>	Saquan Stevenson	<b>P</b>
John Nelson	<b>P</b>	Shalik Thompon	<b>P</b>
Jose Avila	<b>P</b>	Stephanie Berroa-Allen	<b>P</b>
Justin LiGreci	<b>P</b>	Tameka Allen	<b>P</b>
James Valentin	<b>P</b>		
<b>NJHPG Committee Member</b>			
Gabrielle Ferrigno Steve Dunagan			
<b>Non-Voting Members</b>			
Alicia Gambino, Alicia Kearney, Alison Modica, Aliya Roman, Ana Willis, Anthony DeAngelo, Ayo Ajiboye, Barbara Agbemafle, Beth Hurley, Carla-Ann Alexander, Chris D'Errico, Clarise Bradshaw, Carol Vincent, Cynthia Mimmo, C Lafferty, Ena, Eric Wuethrich, Gelen Almonte Perez, Georgett Shelton, Heidi Haiken, Janice Adams-Jarrells, Iris Fernandez, Jacques Joseph, Jahnae Morgan, Jayden Jackson, Jen Thornton, Jersey Hart, Jessica Clark, Jill Nicolosi, Joe Sirak, Jonathan Ruberte, Joseph Succar, Julie Coker, Justin Almodovar, Karyn Berk, Kathleen O'Brien, Katina Edwards, Khadiza Haque, Khadijah Reid, Kristen Ehlers, Kristen Krause, Leonard Norris, Lisa Siberon, Meg Bilby, Melina, Michelle Harvey, Mino, Mumah Tawe, Nahid Suleiman, Nicole Sage, Oscar Amaechina, Phillip Vazquez, Ray Welsh, Rebecca LaSerre, Renee Cirillo, Richell Garcia, Ruby Batista, Ruth Abrams, Sherri Giorgio, Steve Novis, Susan Burrows, Syd Rosen, Timothy Daniels, Tri Nguyen, Vanessa, Veronica Siringano, Victor Bedoya, Yolonda Frazier			
<b>HIV Community Planning Support Team</b>			
Dottie Dowdell	<b>P</b>	Taylor Lightner	<b>P</b>

**New Jersey HIV Planning Group**  
**General Assembly Meeting Minutes**  
**Thursday, January 17th, 2025**  
 Hybrid via In person and ZOOM Video Conference  
 NJCRI WOW CommuniTEA Center - Newark

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

**AGENDA**



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.

Item	Discussion
<b>Welcome and Moment of Silence</b>	Johanne Rateau began the meeting at 11:35 am, followed by a moment of silence to remember those we've lost and recognize the resilience of individuals living with HIV/AIDS. We continue the fight for access to treatment and a future free from HIV stigma and HIV transmission.
<b>Approval of the Agenda</b>	Johanne Rateau reviewed the Agenda. HCPST conducted a vote, and the Agenda was approved.
<b>Approval of Meeting Minutes</b>	HCPST conducted a vote, and the 10/17/2024 minutes were approved.
<b>Appointment of Government Vice-Chair</b>	<p>On behalf of Chelsea Betlow, Johanne Rateau transitioned to announce the individual who has been appointed for Government Vice-Chair. She first reminded everyone that the Government Vice-Chair will serve under the Government Chair and assist them in their duties. They will not be bound by attendance or term limits and will serve on the Executive Committee.</p> <p>She then announced Jaivon Lewis as NJHPG's Government Vice-Chair.</p>
<b>Voting Items</b>	<p>Ric Miles introduced himself as one of the Governance Co-Chairs for NJHPG. The next item on the Agenda was New Member Ratification. The New Members listed below each came to the front to introduce themselves. Following this, members voted to approve each of them as New Members.</p> <ul style="list-style-type: none"> <li>• Amy Pereira</li> <li>• James Valentin</li> <li>• Justin LiGreci</li> <li>• Karen Walker</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>• In-Person; 25 and Online; 23</li> <li>• There were only 4 (8%) Committee Members, 22 Guests (47%) &amp; 21 NJHPG Members (45%)</li> <li>• Strengths <ul style="list-style-type: none"> <li>○ 98% understood the information that was presented.</li> <li>○ 96% felt prepared to participate in the meeting discussion.</li> <li>○ 94% thought there was enough time to ask questions or make comments.</li> <li>○ 100% of attendants felt the flow of the meeting was effective.</li> </ul> </li> <li>• Areas of Improvement <ul style="list-style-type: none"> <li>○ Meeting Accessibility- 70% agreed the meeting was accessible.</li> </ul> </li> </ul>
<b>Media Day</b>	<p>The HCPST next transitioned to the Media Day segment. They first discussed the NJHPG Social Media Toolkit created by the Governance Committee. This toolkit can be found on Basecamp and contains email prompts, social media captions, logos, and more.</p> <p>Saquan Stevenson next stated the goals and objectives of Media Day.</p> <p>Goals:</p> <ol style="list-style-type: none"> <li>1. Educate the public and media about NJHPG's role in addressing HIV in NJ.</li> <li>2. Showcase the benefits of NJHPG Membership to attract new community members, stakeholders, and advocates.</li> <li>3. Highlight collaborative efforts and opportunities for partnership.</li> </ol>



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	<p>4. Utilize storytelling to foster empathy and reduce stigma around HIV. 5. Encourage individuals to get tested, use prevention tools, or access care and support services.</p> <p>Objectives:</p> <ol style="list-style-type: none"> <li>1. Decide on the hashtag that will be used. (#NJHPG4EVERYONE, #NJHPGWORKINGTOGETHER, #NJHPGWENEEDU)</li> <li>2. Create engaging content of NJHPG Members. (recreate TikTok trends, create new social media trends, record videos of personal testimonies, take photos showcasing membership, take committee photos)</li> </ol> <p>NJHPG Members spent the next 30 minutes taking photos and videos for Media Day.</p>
<p><b>Welcome &amp; Moment of Silence</b></p>	<p>Saquan Stevenson began the open portion of General Assembly at 1:04 pm, followed by a moment of silence to remember those we've lost and recognize the resilience of individuals living with HIV/AIDS. We continue the fight for access to treatment and a future free from HIV stigma and HIV transmission.</p>
<p><b>NJHPG Overview</b></p>	<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>
<p><b>NJHPG Quarterly Review</b></p>	<p>The Support Team shared an educational presentation that highlighted some of NJHPG's successes in 2024;</p>



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	<ul style="list-style-type: none"> <li>• NJHPG ratified in 10 New Members</li> <li>• We now have a total of 33 NJHPG Members and 7 Committee Members</li> <li>• In 2024 our Committees completed 2 Full Work Cycles and a total of 16 DOH recommendations.</li> <li>• Overall, NJHPG has completed 24 Recommendations and by the end of 2025 we will be just about 50% through our Integrated Plan.</li> <li>• We have successfully created the DOH Dream Team.</li> <li>• Developed an Award Recognition Process</li> </ul> <p>The Support Team also highlighted the Cycle 4 Work Plan which can be accessed on the NJHPG website. They also announced that NJHPG will hold its first Community Education Ad-Hoc Meeting on 2/6 from 10am – 12pm. George Lowe, the chair of this committee, then came up to say a few words.</p>
<p><b>Cycle 1 &amp; 2 Report Out</b></p>	<p>The HCPST transitioned the group into discussing the Updates and Report Out from the Department of Health (DOH) Division of HIV, STD, and TB Services (DHSTS). They stated that during this time, the audience will first hear the Committee’s Co-Chair read through the Activity and Action Step. Following this, a representative from the DOH will update everyone on the steps that have been taking toward completing the Action Step.</p> <p><b>Program Activity 1.3</b> - Include critical analysis and health communication skills in HIV programs to provide participants with the tools to seek and identify accurate health information and to advocate for themselves and their communities. (<i>Community Engagement Committee</i>)</p> <p><b>Action Step 2:</b> Utilize Memorandums of Agreements to create impactful and measurable goals that connect community and stakeholders through outreach and engagement.</p> <p><b>Report Out – Gab Ferrigno:</b>  <i>Script:</i> The Division of HIV, STD and TB Services (DHSTS) has been working with Michael Hager and Jersey Hart on a community engagement initiative called Fireworx for the past several years. The project began with the program My Voice, Our Stories (MVOS), a storytelling project that engages cohorts of individuals and empowers them to tell their story through a variety of creative initiatives. The project then quickly expanded to include Dear Rosa, an oral history project dedicated to amplifying the voices of women living with HIV. The project has since expanded to include Querida Rosa (para hispanohablantes), Dear Kiki (geared toward the queer community), and Dear Friends (which engages cohorts of homeless or unstably housed individuals). The culmination of all of these wonderful initiatives fall under the project umbrella of Fireworx. The project set out to empower community members to tell their stories and interact with HIV systems of care in a way that is meaningful to community and not extractive. The project allows for storytellers to take back their own story and tell it in a way that feels good to them through a variety of different creative outlets. Those stories are then taken and utilized to create a code book that translates real stories from HIV impacted communities to inform the actual needs of those communities and how funding and programming should be spent and shaped by funders and agencies.</p> <p>Through the Fireworx initiative, there has also been a NJ Ending the</p>



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HIV Epidemic website developed (endhivnj.org) that has become a landing pad for the project, as well as several awareness campaigns developed through EHE initiatives over the past several years. The Fireworx project has also collaborated with FXB at Rutgers in the development of their PrEP campaign geared towards women in NJ, Take PrEP & Take Charge. The project is also in the developmental stages of creating a one stop shop resource that will be hosted by Find Help but linked to the website for all HIV and related needs that can be accessed by both community and providers.

**Stigma Activity 1.1** - Work with communities to reframe HIV services and HIV-related messaging so that they do not stigmatize people or behaviors. (*Community Engagement Committee*)

**Action Step 1:** Support agencies/groups with stigma funding to partner Storytellers with Marketing Teams to create forms of media with community members for community members that they can listen to, read, or watch about humanizing HIV. Expand destigmatizing forms of media which can include advertisements, billboards/transit ads, google/e-ads, posters, pamphlets, podcasts, social media, search engines, content marketing (videos, interactive forms of media like games/surveys/blogs), and advertise on apps.

**Action Step 2:** Support/Promote Partnerships with agencies that have fundraisers/galas for each priority population to bring education, stories, & awareness

**Report Out – Gab Ferrigno;**

*Script:* These Action Steps will also be addressed through the Fireworx initiative.

**Program Activity 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. (*Community Engagement Committee*)

**Action Step 2:** Introduce & educate School Nurses, Primary Care Physicians, Pediatricians, & Parents/PTA. (highlight youth priority population- Title 5 which allows anybody 13 and over to receive HIV treatment, testing, and nPeP/PreP.

**Report Out – Charla Cousar:** Educating providers (primary care, GYN, Emergency services, & pediatricians), stakeholders, and cohorts with public health detailing & continual work with GILEAD FOCUS (currently underway). Reissue dear Colleague Letter to providers. (MISHTA) *DHSTS will Reissue the Dear Colleague letter.*

*Script:* In an effort to increase education and involvement of providers, DHSTS has funded a public health detailing project through Rutgers, directed by Dr. Ann Bagchi. Public Health Detailing is an evidence-based strategy to encourage clinical practice change through brief, educational, one-on-one provider visits. This project will implement Dr. Bagchi's model for public health detailing that (1) addresses HIV prevention and care, and (2) can be replicated across the state in healthcare settings that do not currently adhere to CDC recommendations for routine HIV screening such as, primary care practices, emergency departments [EDs], urgent care centers and public health clinics. The project is currently working with 14 facilities, which include residency clinics, FQHCs, and primary care, with a goal of increasing awareness of and identifying practice-specific barriers to implementing routine HIV screening, as well as seeking an overall increase in the number of settings offering routine HIV screening and increasing the uptake of PrEP. We also continue to partner with Carol Vincent and Gilead FOCUS to increase routine HIV testing. "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).”

**Action Step 3:** “Let Us In”, Build Relationships & assign Outreach Representatives to Infiltrate hard to reach populations with Soft Education & an open space for feedback/discussion on Awareness Days; schools, elderly homes, PTA meetings, community centers, salvation army, etc. (education programs have been developed by organizations such as Iris House)

**Report Out – Gab Ferrigno;** Future MVOS data & information will be used to inform educating people in the future to advocate for HIV testing, prevention, & treatment.

*Script:* This Action Step will also be addressed through the Fireworx initiative.

**Program Activity 5.5** - Provide or facilitate professional education and/or training to healthcare providers in the locations listed below on HIV/AIDS, acute HIV infection, HIV testing, and how to properly support a client who has tested positive. (*Integrated Plan Committee*)

**Action Step 3:** Create a communication plan via email & campaigns to inform providers of Available CEUs & State’s Mandate/Recommend on which trainings to attend.

**Report Out – Chelsea Betlow:** AETC/FXB/Jefferson AETC will create flyers & marketing to inform the community on the existing education available.

*Script:* The DOH will provide sites that offer available courses that we recommend. All of NJTACD programs are available to the public.

**Action Step 6:** Recommend/Mandate that Emergency Rooms/Hospitals are connected/partners with a local clinic or resources available to them.

**Report Out – Jaivon Lewis;** Recommend connected partners in RFA tool kits. Community Navigators will be implemented into funded agencies to help patients navigate outside their agencies system. Community Navigators will also be used for non-Ryan White Care and treatment facilities.

*Script:* The dear colleague letter was implemented in March 2023 The New Jersey Department of Health (NJDOH) urged healthcare providers to take actions to end the HIV epidemic in New Jersey through the adoption of routine HIV screening as a standard of care in healthcare settings. The community health worker program was instituted to connect community-based partners and hospital systems. Status neutral case managers were also included in the plan to bridge the gaps. There have been some areas of success as well as areas of improvement that has been identified, and the division is working towards coming up with sustainable solutions that will help us achieve our goal.

**System Activity 1.1** - Encourage the implementation of effective recruitment of community partners through community-based participatory research and social networking approaches. (*Priority Setting Committee*)

**Action Step 2:** DOH partners with colleges & universities to provide education to their students on places/locations their students could work at, while showcasing the organizations as a place to be tested, treated, or receive preventative treatment options.



	<p><b>Report Out – Renee Cirillo:</b>  <i>Script:</i> On January 30, 2024, the NJ Department of Health (NJDOH) hosted a job fair at the National Guard armory in Lawrenceville, New Jersey. There were many people job seeking there. There, representatives from several DOH Divisions gathered resumes, gave an overview of the employment process, and explained how our programs operate on a daily basis. On August 15, 2024 the NJ Civil Service Commission hosted a Statewide Job Fair at Kean University as an opportunity for all, offering a wide array of public service positions. Additionally, students seeking internships send resumes and/or queries directly to NJDOH. We have established internships for a range of specific initiatives when the chance arises, such as service mapping and Federal market rate study.</p> <p><b>Action Step 3:</b> Have local agencies alternate partnering with Storytelling Events in person &amp; on social media. Using guests &amp; participants, collect their stories through surveys/interviews. Use guests &amp; participants as possible new recruits.</p> <p><b>Report Out – Gab Ferrigno:</b>  <i>Script:</i> This Action Step will also be addressed through the Fireworx initiative.</p>
<p><b>Hyacinth Leadership &amp; Advocacy</b></p>	<p>Axel Torres Marrero began his presentation on Hyacinth Leadership/Advocacy by asking attendees to take a deep breath and reminding them that despite the current political climate, we have been here before. There was a time where there were no medications, and the life expectancy was only 18 months. He shared that the chess board is different now, which is why it is important to know how to advocate for yourself and your community.</p> <p>He next spoke about Hyacinth Leadership which is an advocacy training designed to engage individuals living with or at risk for HIV and community stakeholders to give them the tools to fully participate in public health policy. Most graduates of their leadership groups participate in AIDSWatch (the largest domestic HIV federal advocacy initiative, regional community forums, budget hearings and legislative visits regarding legislation that would help or hinder our work to end AIDS).</p> <p>Within this training, individuals will spend a lot of time discussing the social impact of stigma, combatting misinformation, and U=U. They will also discuss the structure of the US Government (Legislative branch, Executive branch, and Judicial branch). In addition to learning about the federal government, individuals will also learn about the impact of state and local government. One of the next things addressed in the training is how a bill becomes a law, followed by HIV related policies and funding. Lastly, the training will dive into Building Your Advocacy Toolkit. This includes a discussion about the 4 types of audiences (Human, Pragmatic, Economic, and Deal Makers). In this section participants will also learn tips for public speaking and media outreach.</p> <p>The dates of the upcoming trainings are listed below:</p> <ul style="list-style-type: none"> <li>• 1/28 and 1/30 - Newark</li> <li>• 2/4 and 2/6 - New Brunswick</li> <li>• 2/24 and 2/25 - Atlantic City or Camden</li> </ul>
<p><b>DHSTS Updates</b></p>	<p>Chelsea Betlow shared that she has just returned from a brief personal break, so she did not have much of an update. She did share that a lot of the grants that had some stalls are working their way through. If</p>



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	<p>agencies had seen that their harm reduction grants, or 25 CDC grants were stalled, it would have had more to do with their central office and setting up the spending plans in Sage. She will have more updates at the next General Assembly.</p>
<p><b>Partner Updates</b></p>	<p><u>Newark Eligible Metropolitan Area (NEMA):</u>  Carla-Ann Alexander provided the following updates:</p> <ul style="list-style-type: none"> <li>• They are currently doing their contracting and they just released their Part A awards to their 36 vendors and subrecipients. Those contract documents are due by 1/24.</li> <li>• They have a new service category called Home Based and Community Health Services. Further planning for service standards is underway.</li> <li>• For FY2025 Needs Assessment they are focused on the needs of the Asian population. They are also finalizing NEMA’s Cluster Detection Response Plan.</li> <li>• In reference to clinical quality management, they are implementing a NEMA line retention project with the goal to start at the beginning of their fiscal year (3/1/25).</li> </ul> <p><u>Middlesex-Somerset-Hunterdon TGA:</u>  Middlesex-Somerset-Hunterdon TGA, Minnoo provided the following updates:</p> <ul style="list-style-type: none"> <li>• Their mentorship and outreach committee held their WAD Event in December. They opened the doors to members, consumers, and community at large. There was a large number of donated goods that they were able to donate to a local food pantry in their TGA.</li> <li>• Their viral suppression rate is at 92%.</li> <li>• They spent their first meeting of the year honoring their work from the previous year and held their elections.</li> <li>• Lastly, they have been working on outreach. They have upgraded a life flyer program but are seeking new ways of reaching the community. They also launched 2 social media platforms.</li> </ul> <p><u>Hudson TGA</u>  Timothy Daniels shared that they did not have their meeting this past month, so they will not have an update until the next General Assembly.</p> <p><u>Bergen Passaic Patterson TGA</u>  Bergen Passaic Patterson TGA, Ric Miles provided the following updates:</p> <ul style="list-style-type: none"> <li>• They had their end of the year meeting in December, where the mayor of Patterson was in attendance to receive their annual report. Elections were held for the chair and vice-chair of their planning council.</li> <li>• They are still fighting to meet their legislative requirements which is always a struggle.</li> <li>• Lastly, they closed their application process for their 2 year Ryan White grant which was due on the 10<sup>th</sup>.</li> </ul> <p><u>Philadelphia Office of HIV Planning:</u>  The Philadelphia Office of HIV Planning was not present therefore had no new updates.</p>
<p><b>Award Ceremony</b></p>	<p>Jaivon Lewis transitioned into the award ceremony. Today we will be presenting the Quarterly Spotlight Award. This award celebrates the contributions of any member or guest who has made a positive impact on the planning body within the past quarter. Co-Chairs had the</p>



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	<p>opportunity to nominate an NJHPG Member, Committee Member, or Guest who has had exemplary participation within their committee. They provided a case for their one nomination at the Executive Committee meeting including behaviorally specific examples and reasoning as to why they believe this individual is deserving. The Executive Committee Membership evaluated and reviewed all nominations to select an award recipient based on their measurable impact, commitment to ending the epidemic, and alignment with NJHPG’s mission, vision, and values. The selection process included a confidential scoring rubric and a closed ballot vote. The recipient of this Quarterly Spotlight Award came from the Governance Committee, so we will have the Co-Chairs, Laurie Litt and Ric Miles, come up to say a few words and announce our winner</p> <p>Ric Miles came up and announced Jamir Tuten as the recipient of the Quarterly Spotlight Award. Jamir was not present in person, so Ric Miles read his award letter.</p>
<p><b>Community Announcements</b></p>	<p>Johanne Rateau opened the floor for Community Announcements.</p> <p>Steven Dunagan reminded attendees that they have condoms and lube available for sites that DO NOT have a budget for condoms. They can email him at <a href="mailto:steven.dunagan@doh.nj.gov">steven.dunagan@doh.nj.gov</a>.</p> <p>Khadiza Haque shared that there is an AHF Access Center now located in Plainfield, NJ. I specifically work with prescriptions, so patients are able to pick up their medications from the Plainfield location if they are interested. As requested, I am following up via email, please let me know if you have any questions or comments. The Plainfield AHF Access Center phone number is: 908-731-7402.</p> <p>Jayden Jacksin shared that on December 23, 2024, right before the holiday, an Ordinance was proposed that directly affects one of the city's most vulnerable and marginalized populations, our unhouse. The first vote was held at the city council meeting on January 2<sup>nd</sup> but both times it was not listed on the agenda posted on the city's website showing a lack of transparency. The ordinance would bring into effect 90 days of jail time and/or \$2000 for individuals whose only crime is homelessness. Yet another council meeting happened this past Tuesday where this was discussed, and it was not on the posted agenda on the site. Most organizations do not know that this is happening. I bring this up because we are all aware that Housing is treatment &amp; prevention. The final vote will be on January 21st.</p> <p>Georgett Shelton shared that South Jersey AIDS Alliance has 3 new Team Leaders in each of the counties we serve. Nicole Sage in Cumberland County in our Vineland Office. Rebecca LaSerre in Cape May County in our Rio Grande Office. Jennifer Thornton at Oasis in Atlantic City. SJAA is looking to fill non-medical case management openings in Atlantic City, a CHW position in Cumberland County, a Harm Reduction Health nurse in Cape May County and Community Health Educators in our new Salem County mobile HRC Program. Please look on Indeed for more information. Or reach out to Georgett Shelton at <a href="mailto:gshelton@sjaids.org">gshelton@sjaids.org</a>. The New Jersey AIDS Walk will be happening May 4th this year! Please visit the website at <a href="https://www.njaidswalk.org/">https://www.njaidswalk.org/</a> for more information.</p> <p>Kristen Krause shared that they have now expanded to recruit PLWH in all of NJ and not just Essex/Hudson counties. We are working to recruit for a study called PIONEER which hopes to identify multiple</p>



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	<p>stakeholders’ perceptions, needs, and priorities of implementing anal cancer screening and treatment services for PWH. For those living with HIV, we're hoping to speak to those who are over 35 who receive their healthcare services in NJ via Zoom and they'll receive a \$50 gift card as a thank-you for their time. We're also hoping to chat with advocates and health care providers involved with HIV and/or cancer care in NJ to participate in online interviews via Zoom- advocates will receive a \$50 gift card and providers will receive a \$100 gift card as a thank-you for their time.</p>
<p><b>Adjournment</b></p>	<p>HCPST reminded attendees to fill out the evaluation and that the next General Assembly Meeting will be on April 17<sup>th</sup>, 2025.</p> <p>Johanne Rateau asked for a motion to adjourn. The meeting adjourned at 3:31pm.</p>



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