

New Jersey HIV Planning Group Integrated Planning Committee Meeting Minutes

Wednesday, September 4th, 2024
Electronic Meeting via ZOOM Video Conference

ATTENDANCE			
NJHPG Members			
Allison Delcalzo-Berens	P	Jaivon Lewis	P
Amir Gatlin-Colon	P	Luis Otano	P
Johanne Rateau	P	Monique Springer	P
Chad Balodis	P	Tameka Allen	P
George Lowe	P		
Committee Member			
Jill York	P	Kathy Ahearn-O'Brien	P
Karen Walker	LOA		
Non-Voting Member			
Jerome Pipes, Carol Vincent, Cliff Barnet, Charla Cousar, Emmanuel Gamarra, Steve Dunagan, Renne Cirillo, Lara Dykstra, June Dowell-Burton, Shwetha Kamath, Joe Sirak, Rekha Damaraju			
HIV Community Planning Support Team			
Dottie Rains-Dowdell	P	Taylor Lightner	P
Selena Aponte	P		

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



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AGENDA	
Item	Discussion
Welcome and Moment of Silence	Allison Delcalzo-Berens began the meeting at 10:02 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. Luis Otano motioned to approve the agenda, seconded by Chad Baldois. 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 Luis Otano. HCPST conducted a vote, the motion passed.
Introductions	George Lowe started introductions by asking attendees to unmute and introduce themselves.
Evaluation Review	<p>The HCPST presented the past Evaluation. There were 6 responses; 3 NJHPG Members, 3 Committee Members, & 2 Guests.</p> <ol style="list-style-type: none"> 1) What questions do you have for the DOH? <ul style="list-style-type: none"> • No (2x) • None • No questions • N/A (x3) 2) What questions do you have for the HIV Community Planning Support Team? <ul style="list-style-type: none"> • N/A (x4) • None at this time • None • No questions at this time • none - Selena is awesome - she makes us all sound so smart :) 3) What additional topics would like discussed or featured at future Integrated Plan meetings? <ul style="list-style-type: none"> • N/A



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	<ul style="list-style-type: none"> • None at this time • Bridging the gaps with education and training • How can DOH increase internship opportunities for high schoolers and undergraduate students. Possible career fairs hosted by DOH to increase exposure and awareness. <p>4) Final Comments, Questions, Concerns.</p> <ul style="list-style-type: none"> • Nothing to Report • None • Great Meeting (2x) • N/A (2x)
<p>Work Plan Review</p>	<p>The Support Team next presented the Integrated Plan Committee Workplan for the remainder of the year. 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



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	<p>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.</p> <ul style="list-style-type: none"> • 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><u>Assigned Activities for Cycle 3</u></p> <ul style="list-style-type: none"> • System Activity 4.5: Promote the expansion of existing programs and initiatives designed to increase the numbers of non-White research and health professionals. (NHAS 3.5.1) • 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)
Old Business	<p>George Lowe transitioned into Old Business, where the committee finalized the last action step in System Activity 4.5 Recommendation.</p> <p><u>Action Step 3.</u> Use the information collected from the needs assessment/gap analysis to help increase diversity in the workforce & level of education/understanding.</p> <ol style="list-style-type: none"> 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. Deliverables; <ol style="list-style-type: none"> 1. Provide TA to the agencies/facilities struggling with recruiting diverse staff <ol style="list-style-type: none"> a. help with targeted strategies or interventions for recruitment b. utilize best practices/strategies from successful programs/higher education institutions (language, materials)



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	<p>2. Provide training to individuals/agencies/facilities struggling with education/understanding/cultural competence</p> <p>c. Due by; 3/22/2026</p>
<p>New Business</p>	<p>Allison Delcalzo-Berens & George Lowe transitioned the Committee to New Business and shared the education didactic for 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)</p> <p><u>Department of Health Update</u></p> <ul style="list-style-type: none"> • Continue to press organizations to value Experience over Education. • Notes; <ul style="list-style-type: none"> ○ Equitable pools of Interns (not just hub/pulled from one school/org). ○ Create a supported pathway or mentorship program for those with lived experience & those in higher education post graduation. ○ Create a scholarship fund for Public Health/HIV education. ○ Evaluate Return on Investment of mentees. Develop Best Practices from PMOs. ○ Expand job placement organization, job training, career closets, etc. <p><u>National HIV AIDS Strategy</u></p> <ul style="list-style-type: none"> • Goal 3: Reduce HIV-Related Disparities and Health Inequities <ul style="list-style-type: none"> ○ Goal 3.5- Train and expand a diverse HIV workforce by further developing and promoting opportunities to support the next generation of HIV providers including health care workers, researchers, and community partners, particularly from underrepresented populations <ul style="list-style-type: none"> ▪ 3.5.2) Increase support for the implementation of mentoring programs for individuals from diverse cultural



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backgrounds to expand the pool of HIV research and health professionals.

Best Practices of HIV Mentorships in NJ

- Hyacinth Foundation
- Positive U
- Center in Asbury
- NJCRI
- Not DOH Funded Through HIV- Garden State Equality

Non-HIV Related Mentorships in NJ

- Prevention is Key
- Pipeline Program at Rutgers Dental Program (Jill York)
- Peer Recovery Warm Line –Mental Health Association of NJ
- National Alliance of Mental Illness
- Family Intensive Support Services (FISS)
- NJ Peer Recovery Network (NJPRN)

Possible Recommendation Ideas

- Two Types of Mentorship Programs
 - Specify Best Practices for individuals with lived experience
 - Specify best practices for individuals coming from an educational route
- Address Recruitment Strategies for Mentorships & Internships
 - Provide TA for Agencies & Organization to Make Connections with Higher Education Institutions or Hospitals for Interns
 - Marketing Strategies- incentivize programs (\$, hours, credits, networking, CEUs), provide resume addition for experience, include conferences/events/webinars
- Include an Evaluation of the Practice's Effectiveness
 - Provide a universal evaluation tool to distribute to DOH Funded agencies or organizations with mentorship programs.
 - Provide a universal evaluation tool to distribute to participants in Mentorship Programs
- Encourage Agencies to Partner with, Market, or



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Connect with Job Trainings

Then moved the committee into drafting the recommendation for System 4.6. The brainstorm is listed below;

Committee Brainstorm;

- What is lived experience in the perspective of Integrated Plan?
 - One or more of the following:
 - Someone with HIV, someone using prevention services, HIV work experience, peers
- What is the current population/demographics of students?
- What are barriers for agencies to recruit individuals with lived experience?
 - Are there barriers for people with lived experience applying for these mentorships or positions?
- Define Mentorship- what does it mean to be in the workforce, mentorships can be a part of an internship, can happen within a healthcare team, can be
- Define Internships- education credits, targets individuals in education
- The University of Michigan's Guides for Mentors and Mentees
- Leonard Cassuto's "The Graduate Adviser" column at The Chronicle of Higher Education
- The National Academies of Sciences, Engineering, and Medicine's report on The Science of Effective Mentorship in STEMM
- Utilize NJHPG Recruitment tactics

Draft Action Steps

1. Review findings from needs assessment that was recommended in System 4.5
 - a. Determine next steps.
2. Provide Technical Assistance/Resource Hub for Best Practices in Mentorships
 - a. Include barriers to recruitment
 - i. Engagement Strategies- incentive programs,



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	<p>provide resume addition for experience, include conferences/webinars/trainings,</p> <ol style="list-style-type: none"> b. Include cultural competence c. Include trauma informed approaches/ methods d. Include resources for the use of language and verbiage e. What does supervision look like? f. What does evaluation look like? Provide evaluation tools? g. How to select and prepare mentors <ol style="list-style-type: none"> i. Identify skills, qualities, and capacity for good mentors ii. Identify best paring methods 3. Provide Technical Assistance/Resource Hub for Best Practices in Internships <ol style="list-style-type: none"> a. Adress barriers of required teaching licensure <p>Allison Delcalzo-Berens moved the committee into he 2025 Co-Chair Vote where Allison Delcalzo-Berens & Tameka Allen were voted in by the committee.</p>
Community Announcement and Public Comments	George Lowe then asked attendees to share any updates or announcements. There were no announcements.
Agenda for next meeting October 2 nd , 2024	Next meeting on October 2 nd from 10am to 12pm, the committee will be finalizing their second recommendation of Cycle 3 for System 4.6.
Evaluation	HCPST shared evaluation link for feedback on today’s meeting. Results will be presented at the next meeting.
Adjournment	George Lowe asked for a motion to adjourn the meeting. Luis Otano motioned, seconded by Monique Springer. The meeting adjourned at 11:43am.

Meeting Documents

- Draft Integrated Plan Committee Agenda
- DRAFT NJHPG Integrated Planning Committee Meeting Minutes



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- Integrated Plan Committee Cycle 3 Workplan
- Education Didactic- System 4.6
- Draft Recommendation- System 4.6



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New Jersey HIV Planning Group Integrated Plan Committee Meeting Agenda

Wednesday, September 4th, 2024
10am-12pm

George Lowe
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	Allison Delcalzo-Berens
10:10am	Introductions • <i>Name & Organization</i>	George Lowe
10:20am	Evaluation Review Overview of NJHPG & Cycle 3 Workplan	HCPST
10:30am	Old Business • Finalize Recommendation from System 4.5	George Lowe
10:45am	New Business • Education Didactic System 4.6 • Draft Recommendation for System 4.6 <i>D&R Volunteers: Steve Dunagan & Monique Springer</i>	Allison Delcalzo-Berens
11:30am	Draft Integrated Plan Committee Agenda <i>Next Meeting: October 2nd, 2024</i>	George Lowe
11:35am	2025 Co-Chair Vote	HCPST
11:40am	Committee Announcements & Public Comments - Nominate for Annual Awards	Allison Delcalzo-Berens
11:45am	Evaluation	HCPST
12:00pm	Adjournment	George Lowe

Members of Committee (Quorum: 4): Allison Delcalzo-Berens, Amir Gatlin-Colon, Jill York, Kathy Ahearn-O'Brien, Tameka Allen, Chad Balodis, George Lowe



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Cycle 3 Assigned Activities

System Activity 4.5: Promote the expansion of existing programs and initiatives designed to increase the numbers of non-White research and health professionals. (NHAS 3.5.1)

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)

July 2024 - December 2024						
TASKS	Goals 3 & 4; 11 Activities					
	July	Aug.	Sept.	Oct.	Nov.	Dec.
Integrated Plan Committee						
System Activity 4.5						
System Activity 4.6						
Combine Activities from Goal 5						
Assign Activities from Goal 5						
Priority Setting Committee						
System Activity 3.1						
System Activity 3.2						
System Activity 3.4						
Community Engagement Committee						
System Activity 4.1 & 4.3						
System Activity 4.2						
System Activity 4.4						
Data & Research Committee						
System Activity 3.3						
System Activity 3.5						
Data Request Volunteers						



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