SUMMIT 2018

Division of HIV, STD and TB Services
Integration of HIV Prevention and HIV Care and Treatment
Integrated Plan = END THE EPIDEMIC
Disproportionate Impact

HIV diagnoses 2008-2016

HIV Diagnoses 2008-2016
Disproportionate Impact

U.S. - 2016 HIV Diagnoses by Age

NJ - 2016 HIV Diagnoses by Age
Disproportionate Impact

U.S. HIV Diagnoses by Sex

NJ HIV Diagnoses by Sex
Disproportionate Impact

U.S. HIV Diagnosis by Race/Ethnicity

N.J. HIV Diagnosis by Race/Ethnicity
N.J. Ranks 14th Among States
HIV Prevention Update
New Jersey’s HIV Prevention Intervention Portfolio

➢ BIOMEDICAL INTERVENTIONS
   ✓ HIV Testing
   ✓ HIV Pre Exposure Prophylaxis (PrEP)

➢ TARGETED BEHAVIORAL and STRUCTURAL INTERVENTIONS
   ✓ Individual-level interventions
   ✓ Group-level interventions
   ✓ Harm reduction

➢ PUBLIC INFORMATION
   ✓ NJ AIDS/STD Hotline 800.624.2377 that also serves as the point of entry for emergency housing
HIV Testing

- Rapid-Rapid testing algorithm: Alere Determine HIV 1/2 Ag-Ab and Uni Gold
- Rutgers University, RWJ Medical School Department of Pathology provides test kits, training and ongoing QA
- More than 170 test sites across the state provide free and confidential testing
- Mobile testing is provided about 20 locations statewide
- In 2017, conducted 80,000 tests
  - 302 (22%) of the 1,365 new HIV/AIDS cases reported to the NJDOH in 2016, came from a test site supported by the DHSTS.
FOR THOSE TESTING HIV POSITIVE

- HIV Prevention Patient Navigators are located in 14 HIV clinics across NJ. Work side by side with care team.
- In 2017, 1394 out-of-care HIV positives were linked to care
  - 56 who were newly identified positives
  - 392 were known positives (i.e., who were in-care but moving to new HPPN sites from other care providers) and
  - 946 had fallen out of care who were reengaged.
- 104 negative partners referred to PrEP.
WHO WERE THE PrEP CLIENTS IN 2016 - 2017?

1,763 new clients seen by 24 PrEP Counselors

- 80% Male, 18% Female, 1% Transgender MTF, >1% Transgender FTM
- 40% Black, 48% White, 3% Asian, >1% American Indian/Alaskan Native, >1% Native Hawaiian/Pacific Islander, 8% other or not reported
- 37% Latino
- 30% 18-25 years old, 37% 26-35 years old
- 71% GBM, 16% Women, 23% Discordants, 3% PWID, 26% Other
Structural Interventions

- Syringe Access Programs (SAPs)
  - Five existing (since 2009)
    - Camden
    - Newark
    - Jersey City
    - Paterson
    - Atlantic City
  - Two new sites!
    - Asbury Park – August 2017
    - Trenton – January 2018
### Structural Interventions

**Syringe Access Programs (SAPs)**

- In 2017, 859,471 syringes were distributed, 545 clients received harm reduction counseling.

<table>
<thead>
<tr>
<th>Screening/Test</th>
<th>Number tested</th>
<th>Number positive</th>
<th>Rate</th>
<th>Referred</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td>327</td>
<td>3</td>
<td>&lt;1%</td>
<td>3</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>202</td>
<td>34</td>
<td>17%</td>
<td>9</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>3</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>295</td>
<td>2</td>
<td>0.7%</td>
<td>2</td>
</tr>
<tr>
<td>Syphilis</td>
<td>88</td>
<td>4</td>
<td>4.5%</td>
<td>4</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>290</td>
<td>1</td>
<td>0.3%</td>
<td>1</td>
</tr>
<tr>
<td>TB</td>
<td>4</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy</td>
<td>41</td>
<td>10 – 1HIV+</td>
<td>24%</td>
<td>10 (4 verified linkages to include the HIV+)</td>
</tr>
<tr>
<td>PrEP</td>
<td>12</td>
<td></td>
<td></td>
<td>7</td>
</tr>
</tbody>
</table>
Ryan White
Infrastructure Advances

- CAREWare moving to the Jprog host
- Online ADDP application with Smart Phone capacity due to launch before January 1, 2019
- Automated phone system
- Leadership through collaboration of program, fiscal and quality management – 2019 is an RFA year for Care
  - Rethinking deliverables and services with subrecipients
  - Defining activities
  - Looking for and funding innovation
  - Rewarding collaboration, innovation and quality
Integration, Co-location & Collaboration

- Integration of HIV Services – HIV Testing, PrEP Counselors, Linkage to Care Coordinators (LCCs), Medical Case Managers (MCM), Non MCM, Community Health Workers (CHW), and Legal Services;

- Strengthening and establishing consumer and provider networks, community leadership and engagement, and other partnerships to extend the reach in all 21 counties.

- Program Collaboration and Service Integration (PSCI). Our intention is to “strongly encourage” collaboration by partnering a CBO and clinic CHW.
Braided Funding

Braided Funding: Financial assistance from individual funding streams to states, local governments and other pass-through entities is coordinated by all stakeholders so each individual award maintains its award-specific identity.

Current System

- Focus is on compliance rather than outcomes
- Program fragmentation, overlap and duplication

Intergovernmental Partnership: Blended and Braided Funding: A Guide for Policy Makers and Practitioners,
Braided Funding

- Maximizes the impact of limited funding and reductions in funding
- Provides an opportunity to sustain new and innovative prevention and care programs
- Improve efficiencies in achieving health outcomes by coordinating programs and services
- Increases outreach and education around PrEP and HIV treatment
- Support for enrollment into health care coverage
- Strengthen systems to deliver PrEP and HIV treatment
- Support medication adherence.
- Efficient use of staff, and aids the integration of innovations
Medical-Legal Partnership

- Medical-legal partnership is a model that embeds lawyers and paralegals into healthcare teams to detect, address and prevent social conditions that harm health. Those legal experts are work in the HIV within the HIV clinics where a warm hand off to legal better addresses the clients needs.
  - Works closely with service providers to assist with housing needs and would provide: legal counseling to resolve landlord/tenant disputes; information concerning regulatory and statutory protections; and entitlements; legal defense in eviction proceedings; and protect against housing discrimination. An provide advise on available housing resources.
  - The attorney/advocate will represent clients in administrative and court hearings for appeals of adverse rulings for entitlement benefits.
  - Assist with limited powers of attorney, DNR's, advance directives and standby guardianships.
  - Fight discrimination; and
  - assist in cases of domestic violence
- Currently, DHSTS is funding Medical-Legal partnerships in Atlantic, Bergen, Cumberland, Mercer, Monmouth, Passaic and soon Ocean County.
Trauma Informed Care (TIC)

- CAI provided training to 550 agency staff; 21 TIC education sessions
- 11 out of 12 agencies in the first cohort have met with their individual coaches
- CAI received 434 survey responses designed to measure changes in knowledge, attitudes, and self-efficacy. Staff reported the greatest increases (23%) in their self-efficacy or confidence to integrate TIC into their daily practice.
- Environmental scans, screening and evaluation methodology tools are now being finalized.
Currently, DHSTS funds 30 CHWs in teams of two. Each team is expected to have at least bilingual CHW.
Community Health Workers – Can literally meet clients where they are.

- Establish close relationships with patients based on shared life experience and unique community knowledge.
  - Build trust: overcoming power distinctions and mistrust of institutions.
  - Foster candid and continuous communication.
- Attend medical team meetings
- Accompany clients to appointments to facilitate access to medical care, substance abuse treatment, mental health services, housing and other needed services.
- Help clients to learn about ART therapy, filling prescriptions and to understand the importance of adherence and health insurance literacy

- Improve health outcomes & reduce disparities for:
  - Racially and ethnically diverse patients/clients
  - Linguistic minorities
  - Low-income communities and rural communities
New Jersey HIV Housing Collaborative

- DHSTS initiative, lead by AIDS Resource Foundation for Children (ARFC), to ensure that every person living with HIV in the state of New Jersey is stably housed.
- Uses the HIV/AIDS Hotline as a pipeline to ARFC for emergency housing (placement within 2 hours!), transitional and permanent housing, and homelessness prevention.
- ARFC trains DHSTS-funded non-medical case managers to be Collaborative Ambassadors who can best help their clients with housing needs.
- Since October 2018....
  - Received 550 Hotline calls and 318 housing referrals.
    - 56% received immediate access to emergency housing.
    - 29% were diverted from homelessness.
    - 20% have achieved stable housing.
- Of significance, 211 is now part of the collaboration and sharing data
Health Insurance Premium Payment Program

COBRA terminations must enter enroll in Medicaid if FPL is <138% or Marketplace if income is >138%.
OPEN ENROLLMENT FOR HEALTH INSURANCE NOVEMBER 1ST TO DECEMBER 15TH
What’s Next in Care

- Data-to-Care
- OPEN ENROLLMENT November 1 through December 15th
- Expansion of HIPP
- Transgender structured housing with clinical services
Data to Care

Goals of the *Data to Care* Strategy

- Increase the number of HIV-diagnosed individuals who are engaged in HIV care, and
- Increase the number of HIV-diagnosed persons with an undetectable viral load.

The most basic data requirements for data extraction are:

- Currently residing in jurisdiction
- HIV diagnosis at or before the end of the specified time period,
- Vital status “Alive,” and
- No CD4 (count or %), viral load, or genotype test result during a specified time period.
Data to Care

Examples of other data from the NIC list that Data to Care programs might use to prioritize individuals for follow-up include:

- Time from last care visit
- Time since any new information reported to HIV surveillance program
- Most recent unsuppressed viral load
- Geographic area of current residence
- Transmission category
- Race/ethnicity
- Current age