DHSTS HIV Testing Coordinators Meeting

April 22, 1013
The Division of HIV, STD and TB Services (DHSTS), in collaboration with The New Jersey HIV/AIDS Planning Group's (HPG) Prevention and Care Collaborative Workgroup developed a best practice model for an integrated approach to HIV/AIDS prevention and care activities for the State of New Jersey. The model was created in response to the National HIV/AIDS Strategy (NHAS) to address three primary goals:

1. Reducing the number of people who become infected with HIV;
2. Increasing access to care and improving health outcomes for people living with HIV; and

To fully address the NHAS, the Prevention and Care Collaborative Workgroup reviewed mandates from the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC). These programmatic mandates included:

1. Early Identification of Individuals with HIV/AIDS (EIIHA);
2. Treatment as Prevention (TasP); and
A Model Of Collaboration & Integration:
The Prevention and Care Collaborative Workgroup

The Prevention and Care Collaborative Workgroup supports the development of collaborative partnerships between the DHSTS and: Medical Centers, Infectious Disease Clinics, Federally Qualified Health Centers, Local Health Departments, HIV testing sites, Community Based Organizations (CBOs), Addiction Services, Medicaid, and all service providers impacting populations disproportionately affected by HIV are also affected by other infections including TB, Hepatitis C virus (HCV), Hepatitis B virus (HBV) and STDs.

At a recent site visit with Cooper, one example of the Navigator Program, this initiative was described by DHSTS' Program Office the exact intent Program Collaboration Service Integration (PCSI).
REGIONAL COLLABORATIONS FORMED

- DHSTS formed or assisted in the formation of collaborations in each of the twenty-one New Jersey counties to include both Ryan White (RW) Part A Transitional Grant Areas (TGAs) and Ryan White (RW) Part A Eligible Metropolitan Areas (EMAs) and Ryan White Part B Planning Regions. Additionally, collaboration extends to the Federally Qualified Health Care center (FQHCs) and community clinics.

- The centerpiece of each regional collaboration is a HIV Specialty Care Clinic or Hospital. A wide range of agencies who experience a single rapid positive test or agencies that discover an out of care HIV+ client will immediately access care (within the same or next business day). Using the Rapid to Rapid (R2R) algorithm, CBOs and non clinical testing sites are able to facilitate immediate linkage to care and actively participating in re-engagement with their partnering medical sites. Resulting in…
Eleven New Jersey Collaborations:

1. Bergen/Passaic: RW Part A TGA - EIIHA
2. Newark (Newark Community Health and UMDNJ/St. Michael’s)
5. Hudson County: RW Part A TGA - EIIHA
7. Mercer County: RW Part B
8. Monmouth/Ocean
9. Camden/Burlington (SAFEPAT)
10. Cumberland/Salem/Gloucester
11. Atlantic/Cape May Counties: RW Part B
How to Join Your Regional Collaboration

1. Atlantic, Cape May Counties – Jean Haspel - Jean.Haspel@atlanticare.org
2. Camden, Burlington – Pam Gorman - Gorman-Pamela@CooperHealth.edu
3. Cumberland, Salem, Gloucester – Kim McCargo - kcosbymccargo@chcinj.org
4. Newark EMA – 4 ERICs:
   - Morristown - William Shapiro - william.shapiro@atlantichealth.org
   - Newark Community Health - Claire Roudette - croudette@nchcfqhc.org
   - Trinitas - Judy Lacinak - jlacinak@trinitas.org
   - UMDNJ – Gary Paul Wright – gpwright@aaogc.org
5. Middlesex, Hunterdon, Somerset - Donna VanAlst- vanalst@ssw.rutgers.edu
6. Mercer - MaryLou Freund - Marylou.Freund@HenryJAustin.org
7. Ocean Monmouth – Barbara Benwell- bbenwell@meridianhealth.com
8. Bergen, Passaic – TGA contact - Pat Virga - pvirga@newsolutionsinc.com
9. Hudson – TGA contact - Mathew Zysman - mzysman@liberthcs.org
New Jersey Navigators