NJHIV – DMHAS
Mobile Counselor Pilot Program

Division of Mental Health and Addiction Services (DMHAS)
HIV RAPID TEST SUPPORT in NEW JERSEY

DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES
Division of Mental Health and Addiction Services (DMHAS) – MISSION

• DMHAS is the single state authority for mental health and substance abuse disorders with a budget that exceeds $900 million, employs over 5,000 and serves approximately 250,000 New Jersey residents

• Responsible for the coordination, administration, management and supervision of the institutional and community public mental health system, and is also responsible for regulating, monitoring, planning and funding substance abuse prevention, treatment and recovery support services

• Operates five psychiatric hospitals, one of which is a forensic center, and monitors inpatient services provided by public hospitals and psychiatric units in local general hospitals with which the Division contracts

• Contracts with approximately 280 private non-profit agencies for community mental health and addiction services
National HIV and Substance Abuse Data for 2010

• According to the National Survey of Substance Abuse Treatment Services (N-SSATS)
  o Slightly more than half (55%) of all substance abuse treatment facilities reported providing HIV/AIDS education and counseling to their clients
  o 28% of substance abuse treatment facilities provided on-site HIV testing
  o 9% provided specialized programs or groups for individuals living with HIV
Benefits of HIV Testing in Substance Abuse Treatment Programs

• Counseling and testing strategies reduce high-risk behavior

• Reduces transmission of HIV to others, including perinatal transmission

• Improves client survival and life expectancy: Linkage to care and treatment

• Disease progression is slowed with early intervention
Division of Mental Health and Addiction Services (DMHAS) Funding for HIV-Related Services

• DMHAS spends 5% of its State Set-Aside Block Grant (Federal funding) on HIV Services
  o DMHAS contracts for Early Intervention Services (EIS) at five (5) substance abuse treatment agencies and funds HIV Case Management positions at seventeen (17) of its agencies
  o Obligates funds through a Memorandum of Agreement (MOA) with RWJ Medical School to implement rapid HIV testing technology at several licensed substance abuse treatment agencies
  o Obligates funds through a MOA with the Public Health and Environmental Laboratory (PHEL) ensuring a provision of testing and diagnostic support services for DMHAS licensed treatment agencies
DMHAS Rapid HIV Testing Initiative (RHTI) Network

• Who has been invited to participate in the RHTI?
  o All DMHAS licensed Opioid Treatment Programs (OTPs)
  o Programs that receive HIV grant funds from SAMHSA
  o DMHAS-funded substance abuse treatment programs in one of the six cities that provide contracted services via the Medication Assisted Treatment Initiative (MATI)
    – Atlantic City
    – Camden
    – Newark
    – Paterson
    – Plainfield
    – Trenton
HIV Testing Recommendations for Substance Abuse Treatment Providers

• Recommend opt-out testing to your clients, if possible
  o More effective strategy than risk-based testing only

• Test everyone at your agency unless specifically denied
  o Request information on why client denies testing and document it

• High-risk individuals should be tested every six (6) months
HIV RAPID TEST SUPPORT in NEW JERSEY

NJ HIV PROGRAM
NJHIV – WHO WE ARE

• Rapid HIV testing support group
• Composed of laboratorians
  – MD, PhD, RN, MT
• Department of Pathology and Laboratory Medicine at RWJMS/UMDNJ
  – Department of Psychiatry -Nina Cooperman, PsyD
    • Studies DMHAS sites to identify and eliminate barriers to HIV testing
NJHIV- concept

• Build upon existing UMDNJ-Robert Wood Johnson Medical School, multi-facility, point-of-care-testing program

• Develop a centralized quality assurance process

• Management by board certified Pathologists, experienced laboratory professionals, RNs and medical technologists

• Supervisory control through site coordinators
NJHIV

- Central lab oversees:
  - Regulatory and proficiency testing
  - Acquisition and validation of supplies
  - Inventory control
  - Common procedures and core policies
  - Uniform administration at all locations
  - Common training, certification of personnel, forms
  - Core communication hub [www.njhiv1.org](http://www.njhiv1.org)
  - Quality Control Rules
  - Standardized monthly site visits
Quality Assurance Program

- Professional Oversight
- Monthly site visits by core staff
- Standardization of policies/procedures
- Proper test procedures (client and QC)
- Proficiency Testing
- Centralization of:
  - Training and operator certification
    - Proper test procedures
    - Quality control
    - Temperature monitoring
  - Regulatory requirements/licensure
  - Reagent purchase and validation
  - Inventory control
  - Technical support
  - Follow-up of discordant results
SCOPE OF THE CURRENT NJ HIV RAPID TEST SUPPORT PROGRAM

NJ HIV
Rapid HIV Testing Site

First site went live
November 1, 2003
Rapid HIV Testing Sites

113 primary sites

36 satellite sites including:
  - Hospitals
  - Local health departments
  - CBOs
  - FQHCs
  - Emergency Rooms
  - Mobile Vans
  - One-time community events
  - Outreach workers
RWJ Licensed Sites
55 primary sites and 36 satellite sites including:
- Hospital ERs
- Mobile vans.

NJHIV is one of the largest centralized rapid HIV testing programs
**Sites, laboratories and point-of-care locations supervised by the Department of Pathology at RWJ MS**

<table>
<thead>
<tr>
<th>NJ HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>AtlantiCare Mission Health-Atlantic County Corrections</td>
</tr>
<tr>
<td>Atlantic City Health Department</td>
</tr>
<tr>
<td>Bergen County Health Department</td>
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<tr>
<td>Burlington County Health Department</td>
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<tr>
<td>Camden AHEC</td>
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<tr>
<td>Camden County Health Department</td>
</tr>
<tr>
<td>Catholic Charities-Hudson &amp; Union County Corrections</td>
</tr>
<tr>
<td>Check-Mate</td>
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<tr>
<td>City of Trenton</td>
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<tr>
<td>City of Vineland</td>
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<tr>
<td>Complete Health Care</td>
</tr>
<tr>
<td>Cumberland County Health Department</td>
</tr>
<tr>
<td>Dooley House</td>
</tr>
<tr>
<td>East Orange Health Department</td>
</tr>
<tr>
<td>Eric B. Chandler Health Center</td>
</tr>
<tr>
<td>FamCare</td>
</tr>
<tr>
<td>Hamilton Township STD Clinic</td>
</tr>
<tr>
<td>HiTops Inc.</td>
</tr>
<tr>
<td>Henry J. Austin Health Center</td>
</tr>
<tr>
<td>Horizon Health Center</td>
</tr>
<tr>
<td>Hunterdon County Health Department</td>
</tr>
<tr>
<td>Hyacinth Foundation</td>
</tr>
<tr>
<td>John Brooks Recovery (IHD)</td>
</tr>
<tr>
<td>Jersey Shore Addiction Services (JSAS)</td>
</tr>
<tr>
<td>Kean University</td>
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<tr>
<td>La Casa Don Pedro</td>
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<tr>
<td>Liberation In Truth Drop In Center</td>
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<tr>
<td>Middlesex County Department of Health</td>
</tr>
<tr>
<td>NAP</td>
</tr>
<tr>
<td>Neighborhood Health Centers</td>
</tr>
<tr>
<td>Newark Community Health Centers</td>
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<tr>
<td>Newark STD Clinic</td>
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<tr>
<td>NJ CRI</td>
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<th>NJ HIV</th>
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<tr>
<td>N. Hudson Community Action Corporation Health Ctrs.</td>
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<tr>
<td>Oasis Drop In Center</td>
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<tr>
<td>Ocean County Health Department</td>
</tr>
<tr>
<td>Paterson Health Department</td>
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<tr>
<td>Proceed</td>
</tr>
<tr>
<td>Saint James Social Services</td>
</tr>
<tr>
<td>Robert Wood Johnson Medical School</td>
</tr>
<tr>
<td>Visiting Nurse Association of Central NJ</td>
</tr>
<tr>
<td>Well of Hope</td>
</tr>
<tr>
<td>William Paterson College</td>
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**Hospitals / Laboratories**

<table>
<thead>
<tr>
<th>State Public Health Laboratories</th>
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<tbody>
<tr>
<td>Bayshore Community Hospital</td>
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<tr>
<td>Children's Specialized Hospital, New Brunswick</td>
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<tr>
<td>Children's Specialized Hospital, Mountainside</td>
</tr>
<tr>
<td>Robert Wood Johnson University Hospital</td>
</tr>
<tr>
<td>Robert Wood Johnson University Hospital at Hamilton</td>
</tr>
<tr>
<td>Southern Ocean County Hospital</td>
</tr>
<tr>
<td>University Behavioral Healthcare, Piscataway</td>
</tr>
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</table>

**Medical offices POCT**

<table>
<thead>
<tr>
<th>New Brunswick/Piscataway:</th>
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<tbody>
<tr>
<td>Chandler Health Center</td>
</tr>
<tr>
<td>Clinical Academic Building</td>
</tr>
<tr>
<td>Clinical Research Center</td>
</tr>
<tr>
<td>Cancer Institute of New Jersey</td>
</tr>
<tr>
<td>Medical Education Building</td>
</tr>
<tr>
<td>Monument Square</td>
</tr>
<tr>
<td>Icon Laboratories CRC</td>
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</table>
HIV EPIDEMIC IN THE US
CDC estimates

• 1.2 million people (US) are living with HIV
• One in five (20%) are unaware of their infection
• annual number of new HIV infections has remained relatively stable
• new infection rate is high level
  – About 50,000 become HIV infected each year
Diagnoses of HIV Infection among Adults and Adolescents, by Transmission Category, 2006–2009—40 States and 5 U.S. Dependent Areas

Note: Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays and missing risk-factor information, but not for incomplete reporting.

- Heterosexual contact: a
- Injection drug use (IDU)
- Male-to-male sexual contact and IDU
- Other: b

*a Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.
*b Includes hemophilia, blood transfusion, and risk factor not reported or not identified.
Diagnoses of HIV Infection among Adults and Adolescents, by Sex and Transmission Category, 2009—40 States and 5 U.S. Dependent Areas

Males
N=32,538
- Male-to-male sexual contact: 74%
- Injection drug use (IDU): 8%
- Male-to-male sexual contact and IDU: 14%
- Other: <1%

Females
N=10,255
- Heterosexual contact: 85%

Note: Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays and missing risk-factor information, but not for incomplete reporting.

a Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

b Includes hemophilia, blood transfusion, and risk factor not reported or not identified.
Diagnoses of HIV Infection among Injection Drug Users, by Sex and Race/Ethnicity, 2009—40 States and 5 U.S. Dependent Areas

Males
N=2,652

- 17%
- 30%
- 50%

Females
N=1,520

- 18%
- 26%
- 54%

Legend:
- American Indian/Alaska Native
- Asian
- Black/African American
- Hispanic/Latino
- Native Hawaiian/Other Pacific Islander
- White
- Multiple races

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays and missing risk-factor information, but not for incomplete reporting. Data on injection drug use among males do not include men who reported sexual contact with other men and injection drug use.

*Hispanics/Latinos can be of any race.
### 2009 CDC new HIV infections
- IDU – 3,932
- IDU & MSM – 1,131
- About 12% of total new HIV

### 2009 CDC new AIDS diagnoses
- IDU – 4,942
- IDU & MSM – 1,580
- About 19% of total new AIDS

### 2009 CDC cumulative AIDS diagnoses
- IDU – 273,444
- IDU & MSM – 77,213
- About 31% of total

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<tr>
<th>Transmission Category</th>
<th>Estimated Number of Diagnoses of HIV Infection, 2009</th>
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<tbody>
<tr>
<td></td>
<td>Adult and Adolescent Males</td>
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<tr>
<td>Male-to-male sexual contact</td>
<td>23,846</td>
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<tr>
<td>Injection drug use</td>
<td>2,449</td>
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<tr>
<td>Male-to-male sexual contact and injection drug use</td>
<td>1,131</td>
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<tr>
<td>Heterosexual contact*</td>
<td>4,399</td>
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<tr>
<td>Other**</td>
<td>47</td>
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<table>
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<th>Estimated # of AIDS Diagnoses, 2009</th>
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<td>Adult and Adolescent Males</td>
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<tr>
<td>Male-to-male sexual contact</td>
<td>17,005</td>
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<tr>
<td>Injection drug use</td>
<td>3,012</td>
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<tr>
<td>Male-to-male sexual contact and injection drug use</td>
<td>1,580</td>
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<tr>
<td>Heterosexual contact*</td>
<td>3,832</td>
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<td>Other**</td>
<td>158</td>
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<table>
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<tr>
<th>Transmission Category</th>
<th>Cumulative Estimated # of AIDS Diagnoses, Through 2009*</th>
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<tr>
<td></td>
<td>Adult and Adolescent Males</td>
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<tr>
<td>Male-to-male sexual contact</td>
<td>529,908</td>
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<tr>
<td>Injection drug use</td>
<td>186,318</td>
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<tr>
<td>Male-to-male sexual contact and injection drug use</td>
<td>77,213</td>
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<tr>
<td>Heterosexual contact**</td>
<td>72,183</td>
</tr>
<tr>
<td>Other***</td>
<td>12,744</td>
</tr>
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</table>
Top 10 CDC AIDS+ states

- New York    174,908
- California   142,254
- Florida    104,084
- Texas      69,735
- New Jersey     48,750
- Illinois      33,620
- Pennsylvania     33,417
- Georgia      31,734
- Maryland     30,252
- Puerto Rico   29,511
New Jersey

New Jersey is a high prevalence state
• 5th in the US in cumulative reported AIDS cases,
• 3rd in cumulative reported pediatric AIDS cases,
• 1st in the proportion of women with AIDS among its cumulative reported AIDS cases.

Statewide Prevalence of Persons Living with HIV/AIDS
• Persons Living with HIV/AIDS - 35,688 Total
• Population, Estimate 7/1/09 - 8,707,739
• Prevalence Rate/100,000 pop - 409.8
Reported as of December 31, 2010

Prevalence Rate: Persons Living with HIV/AIDS per 100,000 population

- 0.0 - 199.9
- 200.0 - 399.9
- 400.0 - 1199.9

Cases not on map #
County Unknown 12
Incarcerated at Diagnosis 1,575
HIV AND IVDU
HIV cases among IVDU

- Historically (1995-2000), up to 41% of HIV cases in New Jersey were among IVDU
- In the past 2-3 years only 8% of reported HIV cases were from IVDU
New York City IVDU study

– 1990s >30% seropositivity
– 2000s 5-6% seropositivity
– Most cases are old
– New cases < 1% per year
– incidence parallels Herpes Virus infection
– incidence does not parallel Hep C Virus infection

• IVDU population engages in high-risk sexual activity
Importance of early detection

• Early treatment may delay clinical disease
• Treatment prolongs survival-HAART
• ½ of transmission is from someone infected within the prior 6 months
• Risk reduction counseling does work
• Treatment reduces perinatal transmission
• High risk behaviors put others at risk
• High risk behaviors include high risk sexual behaviors
• Evidence from HIV Prevention that much of the transmission among drug addicts is of a sexual nature (NY)
CDC new recommendations

- MMWR September 22, 2006 / 55(RR14);1-17
- Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings

Bernard M. Branson, MD¹ H. Hunter Handsfield, MD² Margaret A. Lampe, MPH¹ Robert S. Janssen, MD¹ Allan W. Taylor, MD¹ Sheryl B. Lyss, MD¹ Jill E. Clark, MPH³

¹Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (proposed)
²Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (proposed) and University of Washington, Seattle, Washington
³Northrup Grumman Information Technology (contractor with CDC)
Revised Recommendations

• Routine HIV testing for adolescents and adults in health-care settings
• Test everybody unless specifically denied
• Screen for HIV regardless of prevalence (as effective in very low prevalence as in high prevalence areas).
• **High-risk individuals at least annually**
• **Drug users are high-risk**
  – Addiction treatment centers
  – Methadone programs
  – Needle exchange programs
  – ...strange advantage – patients keep returning to the center, so counseling, linkage to care or additional tests can be performed
Revised Recommendations

• Estimated that 38-44% of the adult population has been tested for HIV

• About 16-22 million people are tested for HIV annually

• Recommendation for increased testing to achieve decreased transmission
HIV Testing

• 1980s - T-cell assays
• 1985 – HIV Antibody testing
• 1987 – HIV Western Blot criteria
• 1996 – Oral mucosal transudate testing - OraSure
• 2003 – Rapid testing (blood and then oral transudate)
• Current: Rapid 3rd gen assays and laboratory 4th gen assays with available nucleic acid amplification testing (NAAT)
HIV Infection

- Symptoms
- Antibody by 1st gen EIA
- Antibody by Western Blot
- Antibody by 3rd gen EIA
- Antigen
- RNA / NAAT

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<tr>
<th></th>
<th>Acute Infection</th>
<th>Silent Infection</th>
<th>AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weeks after infection</td>
<td></td>
<td>5-10 years</td>
<td>1-3 years</td>
</tr>
</tbody>
</table>
Rapid Testing

• Currently in New Jersey
  – 3 rapid HIV tests
  – FDA approved
  – CLIA-waived complexity
• OraQuick HIV 1/2 (OraSure Technologies)
• StatPack (Clearview HIV 1/2, Alere)
• Unigold (Trinity Biotech)
Rapid Diagnostic HIV Assays

**ADVANTAGES:**
- No transportation expense or delay
- Minimal equipment requirements
-Whole blood, finger-stick
- Easy to interpret
- No additional laboratory personnel expense
- Negative results can be reported immediately
- Can confirm with a SECOND rapid test and refer to care
  - Treatment center then can perform additional tests required

**DISADVANTAGES:**
- Detects antibodies, not the virus
- PRELIMINARY POSITIVE on 1st Visit or a NEGATIVE
Current DMHAS Rapid HIV Testing Sites

- Bethel Family & Youth Resource Center    Newark, NJ
- Burlington Comprehensive Counseling  Mount Holly NJ
- CURA Inc    Newark NJ
- Delaware Valley Medical, Pennsauken, NJ
- Hope House    Dover, NJ
- Inter County Council    Kearney, NJ
- John Brooks Recovery    Atlantic City, NJ
- JSAS    Neptune, NJ
- New Horizon, Trenton, NJ
- Northeast Life Skills Inc., Passaic, NJ
- Ocean Medical Services, Toms River, NJ
- Organization for Recovery, Plainfield, NJ
- Paterson Counseling Center, Paterson, NJ
- Raritan Bay Medical center Behavioral Services, Perth Amboy, NJ
- Spectrum HealthCare Inc., Jersey City, NJ
- Stateline Medical Services, Phillipsburg, NJ
- The Lennard Clinic, Elizabeth & Newark, NJ
- Team Management 2000, Hackensack & West Orange, NJ
- Turning Point, Paterson, NJ
- Urban Renewal, Newark, NJ
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<tr>
<th>Rapid HIV Kits Distributed</th>
<th>5,320</th>
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<tbody>
<tr>
<td></td>
<td>Oral</td>
</tr>
<tr>
<td>Patients Tested</td>
<td>38</td>
</tr>
<tr>
<td>Negative Results</td>
<td>37</td>
</tr>
<tr>
<td>Preliminary Positives</td>
<td>1</td>
</tr>
<tr>
<td>Discordant</td>
<td>0</td>
</tr>
<tr>
<td>Invalids</td>
<td>0</td>
</tr>
<tr>
<td>Controls</td>
<td>2168</td>
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<tr>
<td>Proficiency Testing</td>
<td>264</td>
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<tr>
<td>Others</td>
<td>34</td>
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<tr>
<td>Expired</td>
<td>0</td>
</tr>
<tr>
<td>Primary DMHAS Sites Licensed</td>
<td>22</td>
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<tr>
<td>Primary DMHAS/DHSTS Sites</td>
<td>4</td>
</tr>
<tr>
<td>Satellites Licensed DMHAS</td>
<td>2</td>
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<tr>
<td>Vans Licensed DMHAS</td>
<td>1</td>
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<tr>
<td>Licenses Pending</td>
<td>2</td>
</tr>
<tr>
<td>Staff Certified</td>
<td>73</td>
</tr>
<tr>
<td>Staff Recertified</td>
<td>29</td>
</tr>
<tr>
<td>Monthly Visits</td>
<td>225</td>
</tr>
</tbody>
</table>
Referral for testing does not equate to testing

How can we increase testing?

How can we increase testing at your site?
  - Make it convenient
  - Make it quick
  - Make it complete

Make it a mobile counselor testing program!
PILOT PROGRAM

NJ HIV MOBILE COUNSELOR
Mobile HIV Counselor/Tester

concept of pilot program

• Person who would travel from a central office location to your sites to perform all activities related to rapid HIV testing
• Expectation to increase the number of HIV tests performed
• Costs supported by DMHAS through NJHIV and RWJ Medical School
Mobile HIV Counselor/Tester
NJHIV

• Certified HIV counselor by DHSS/DHSTSS
• Trained HIV tester by NJHIV
• Trained phlebotomist
• Based in Somerset, NJ licensed facility
  – No need to license individual sites
  – Comes to your sites to perform HIV rapid testing and pre/post test counseling
  – Reports to NJHIV and State DMHAS
  – Compiles statistical data for reporting
Mobile HIV Counselor/Tester
NJHIV

• Maintains inventory
• Quality assurance program/ quality control
• Proficiency requirements compliance
• Reporting requirements
• Bioanalytical Laboratory Director - oversees the program and can assist the site with discordant or unexpected results
  – Mobile counselor will collect blood samples if required to resolve discordant testing. No additional personnel required from the site

• Testing data (statistical) available to the site
Mobile HIV Counselor/Tester
NJHIV

• Purchasing reagent kits
• Purchasing control materials
• Enrollment in proficiency programs
• Recertification of staff
• Licensing, regulatory support, documentation
• Mobile counselor will have some flexibility to accommodate non-standard testing hours/days
Mobile HIV Counselor/Tester
DAS participating sites

• NO COSTS associated with reagent/ rapid HIV testing kits/ controls/ proficiencies/testing
• NO COSTS for phlebotomist on site when HIV testing is performed
• NO COSTS for testing license for HIV
• NO COSTS or need for additional staff at site
Mobile HIV Counselor/Tester
DAS participating sites

- WILL NEED to have a Professional Services Agreement (PSA) signed with RWJMS
- WILL NEED to have a formal agreement with a treatment center for referral of positive patients to care
- WILL NEED safe and secure location for testing, with adequate privacy for confidentiality
- WILL NEED to assist in scheduling depending on individual census, hours and days of operation
- WILL NEED to maintain records on site
- WILL NEED to complete NJ SAMS and SAMHSA reports
...a few of your questions about

NJ HIV MOBILE COUNSELOR PROGRAM
Will testing services include pre-test counseling and post-test counseling services? Will the agency still be required to provide pre/post testing or will this be a covered service by RWJ?

- The mobile counselor comes as a complete package:
  - pre-test counseling
  - Test and interpretation rapid HIV test
  - Test and interpretation of SECOND rapid test if FIRST is positive
  - Post-test counseling
  - Phlebotomy if needed to collect blood sample (if client accepts) for resolving a discordant result (first rapid positive, second rapid negative)

- They will bring their own supplies
  - reagent kits
  - Lancets
  - Phlebotomy supplies
  - Alcohol pads and so on

- They will maintain testing logs

- They will report results to NJHIV and State
  - copy of testing form HAS to be maintained also at the site
  - if positive result, confirmed by second rapid, client HAS to be linked to care. Site is responsible for that
What space will the HIV Mobile Tester/Counselor need for testing at the agency?

• They will need a safe and secure location
• Parking access if existing
• A small room with adequate light, desk/table for testing and forms completion

How many clients, on average, can an agency expect to have tested during the time the mobile tester/counselor is on-site at the agency?

• Will depend on site census and needs
• Schedule will be established based on site variables
  – Time slots (about 30-45 minutes/ client depending on need to perform second rapid, link)
  – Day slots
  – Site location (geographic)

What will the staff at our agency be responsible for doing, i.e. documentation, etc.?

• Maintain documentation of testing in client chart
• Establish an agreement with a treatment center/site/office where the positive client can be referred/linked into care
• Assist the mobile counselor with scheduling clients
• Assist with the safe testing location/ security
• Communicate/ feedback
• NJ SAMS data will be completed by SITE STAFF. Mobile counselor will not have access to NJSAMS
Will the RWJ mobile tester/counselor bring in materials/pamphlets on HIV prevention and education?
• possible

Will the testing be oral or by fingerstick?
• Fingerstick

Will the agency staff be responsible for notifying clients about the monthly or bi-monthly testing?
• Testing is for the agency-enrolled patients
• Testing is offered to all the clients of your programs
• This program is not intended to rapid HIV screen general population or individuals outside of the DMHAS interest
Will the mobile tester/counselor be responsible for compiling data for DHS and DHSS or is this the responsibility of the agency?

• The mobile counselor will complete required reporting forms for NJHIV and State/CDC
• Sites may have access to their testing data statistics as compiled by NJHIV
• Site has to maintain copy of testing result/form in the client chart
• Site has to link positive clients into care
Proposed sites to participate in 2012 pilot mobile counselor program
Process to Become Site for Mobile Counselor/Tester

- Contact NJHIV to initiate process
- Complete NJHIV Data Collection Form
- NJHIV drafts Professional Services Agreement (PSA)
- PSA completes legal review by UMDNJ & Site
- Once PSA is signed NJHIV contacts site to work out logistics to begin
Please answer the following questions. All information will be used to determine what steps need to be taken to obtain licensure to perform Rapid HIV testing at your site. The first step for all sites is the Professional Service Agreement or PSA.

Site Requesting Rapid HIV Testing Support Under RWJMS/ NJHIV Program
Where will rapid HIV testing be performed? Address (including room# if possible)
Laboratory Contact person:
Name:______________________________________________________________
Address:____________________________________________________________
Phone:____________________________________________________________
Fax:____________________________________________________________
Email address:________________________________________________________

Corporate address for paperwork processing if different from above:

Administrative Liaison:
Name:____________________________________________________________
Address:____________________________________________________________
Phone:____________________________________________________________
Fax:____________________________________________________________
Email address:______________________________________________________

Authorized Individual for sign off of Professional Services Agreement:
Name:____________________________________________________________
Title:____________________________________________________________
Address:____________________________________________________________
Phone:____________________________________________________________
Fax:____________________________________________________________
Email address:________________________________________________________

A medical director will need to sign off on the standing order to permit HIV testing:
Name of Medical Director: ________________________________________
Title:___________________________________________________________
Address:____________________________________________________________
Phone:____________________________________________________________
Fax:____________________________________________________________
Email address:________________________________________________________

Is Medical Director on site? Yes  No
If No when is he/she available? :______________________________

Current CLIA/NJ License Information
Thanks To:

**RWJMS**
- Evan Cadoff, MD
- Eugene Martin, Ph.D.
- Gratian Salaru, MD
- Joanne Corbo, MBA, MT
- Claudia Carron, RN
- Aida Gilanchi, MT
- Franchesca Jackson, BS
- Nisha Intwala, MT
- Patricia Ribero, MT
- Lisa May
- Karen Williams

**NJ DAS**
- Adam Bucon
- Mollie Greene

Site coordinators and counselors throughout New Jersey

Division of Mental Health and Addiction Services (DMHAS)
• Discussion