PATERSON-PASSAIC COUNTY-BERGEN COUNTY
HIV HEALTH SERVICES PLANNING COUNCIL

2018 ANNUAL REPORT

Delivered by Karen Walker, Planning Council Chair
Annual Meeting – December 4, 2018 – The Brownstone in Paterson - 11:30 A.M.

Good Afternoon and a special welcome to ---

- **The Honorable André Sayegh**, Mayor of the City of Paterson and Planning Council CEO
- **Dr. Paul Persaud**, Acting Director, Department of Health and Human Services,
- **Millie Izquierdo**, Director Ryan White Grants Division
- **Khalilah Daniels**, Vice-Chair of the Planning Council
- and all Planning Council Commissioners, guests and members of the public.

Today, it is my pleasure to present the Planning Council's 2018 Annual Report.

From the time the Planning Council was created till now, it has served as a special and unique connection to the HIV community and to those affected by HIV and AIDS.

Commissioners of the Planning Council have a strong commitment to improving the well-being of people living with HIV and we certainly have a desire to help people who need help.

We are volunteers, community leaders, healthcare professionals, government officials, and people directly affected by HIV. And, above all else, there is one thing that ties us together and that is…**consideration**.

"Consideration for others is the basis of a good life, a good society." — Confucius

Imagine having to do everything **FOR** yourself, **BY** yourself in order to **SURVIVE**. While one person may be good at something, another person could be lousy at it…but that's fine! We live in a setting where individuals bring their own strengths, skills and abilities. We can split our work and in an organized fashion, use our individual strengths, skills and abilities to help each other.

In other words, it a collaborative effort.

I would like to thank all planning council commissioners, alternate members, and the Office of the Recipient for their contributions in 2018. As most of you may have heard previous Chairpersons say…"every year, we work hard to become more efficient and more effective than the previous year."

Well, it's no different today.

On a federal level, the vision is: The United States will become a place where new HIV infections are rare, and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic status, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.

For us, not only do we follow the federal guidance, we also created a mission to strive to identify all individuals living with HIV/AIDS or at risk of HIV infection in Bergen and Passaic counties and provide access to prevention, continuous care and support services.

The Bergen-Passaic Transitional Grant Area (TGA), encompasses 1 city and 2 counties. Paterson, Passaic County and Bergen County.

The largest amount of HIV cases is found in the urban centers of Paterson, the City of Passaic and Hackensack. The Bergen-Passaic TGA ranks 3rd in New Jersey (in terms of infections and prevalence) with 4,348 persons living with HIV/AIDS in Paterson, Passaic County and Bergen County.

New Jersey as a state, is in the top 10 (ranking 8th) in the United States as far as HIV diagnoses.

In Bergen and Passaic counties, the general population is comprised of only 11% African American/Black and 19.4% Hispanic/Latino YET, together account for more than 74% of all new HIV/AIDS cases.

The Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV who are uninsured or underinsured. The Program works with

cities, states, and local community-based organizations to provide HIV care and treatment services to more than half a million people each year. The Program reaches over half of all people diagnosed with HIV in the United States.

Throughout the years, we've seen significant progress. Individuals with HIV are able to live longer, healthier lives, however, we are far from the finish line.

Keeping a laser focus on specific actions is key. These actions include:

- Ending the stigma and discrimination that surrounds HIV
- Helping people living with HIV/AIDS (PLWH) to remain engaged in care and helping them to achieve viral suppression
- Increasing access to prevention services for those who are HIV-negative and at highest risk of becoming infected, and

- Widespread routine HIV testing

ABOUT OUR FUNDING

The Ryan White HIV/AIDS Program is administered by the HIV/AIDS Bureau (HAB) of the Health Resources and Services Administration (HRSA). The Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services, is the primary federal agency for improving access to health care by strengthening the healthcare workforce, building healthy communities and achieving health equity.

HRSA (Health Resources and Services Administration) is also our funding stream through what is referred to as Part A of the Ryan White HIV/AIDS Program, which is grants to metropolitan

areas hardest hit by the epidemic for HIV medical care and support services.

- This year's grant award for Part A Direct Services is $3,182,060.00 a decrease of 1%, from the previous year, equivalent to $29,714.00 less.
- In Fiscal Year 2017 the City of Paterson received a 3-year Special Projects of National Significance (SPNS) award in the amount of $900,000 under the initiative titled, Improving HIV Health Outcomes through the Coordination of Supportive Employment and Housing Services. We were 1 of only 10 jurisdictions to receive the grant across the nation, out of a total of 80 applicants.

- Total resources dedicated to PLWH (people living with HIV/AIDS) in the Bergen-Passaic TGA totals in excess of $19.8 million in Fiscal Year 2017, consisting of:
    - Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C/D and F
    - Minority AIDS Initiative (MAI)
    - Housing Opportunities for Persons with AIDS (HOPWA)
    - Special Projects of National Significance (SPNS)
    - New Jersey Department of Health, Division of HIV, STD, TB Services Care and Treatment Programs
    - New Jersey Department of Mental Health and Addiction Services (NJ-DMHAS)
    - Targeted HIV Substance Programs, Federal and State Prevention Programs;

- and various private grant programs.

ABOUT OUR RESULTS

The Bergen-Passaic TGA, in partnership with New Jersey-DHSTS (Division of HIV, STD and TB Services), has established an award-winning program to link people to prevention and care services. The process begins with street outreach and early intervention services, offered by Part A sub-recipients and Centers for Disease Control and Prevention (CDC) funded outreach. HIV testing is routinely available throughout the TGA at CDC-funded testing sites and mobile HIV testing vans operating in both counties. HIV education is provided at all encounters regardless of whether the individual agrees to be tested. When an individual tests HIV-positive, they are accompanied and assisted within one business day to the New Jersey DHSTS (Division of HIV, STD and TB Services) Patient

Navigator Program at St. Joseph's HIV Comprehensive Care Center in Paterson or to one of three Part A clinics for linkage to medical care. Part A clinics are located in both Bergen (1 clinic) and Passaic (2 clinics) Counties. The programs operate collaboratively, supported by the Part A Bergen-Passaic Linkage to Care Cross Collaboration and the Part A Early Intervention Services (EIS)/Outreach Work Group.

In 2018, the TGA identified 95 Early Intervention Services (EIS) new cases of HIV. The goal of increasing the rate of viral suppression by an additional 5% was achieved. Currently, the Part A medical clinics enjoy an overall viral suppression rate of 91% which exceeds the statewide and national averages of only 49%.

The FY 2019 EIIHA (Early Identification of Individuals with HIV/AIDS) Plan continues along the same path as its earlier

iterations. The FY 2019 plan builds upon previous successes, particularly with expanded collaboration efforts, and updates the activities planned for this next year. Further, EIIHA (Early Identification of Individuals with HIV/AIDS) activities are aligned to the Integrated Prevention and Care Plan 2017-2021 as they relate to reducing the number of unaware and persons infected with HIV through prevention. Three objectives in Part I of the plan support the goal through identifying, informing, referring, and linking the newly diagnosed and late diagnosed in medical care. Additionally, the plan addresses the need for enhanced partner elicitation and programs intended expand access to PrEP (pre-exposure prophylaxis) and Non-Occupational Post Exposure Prophylaxis (nPEP).

Health literacy initiatives, important for all non-English speaking PLWH (people living with HIV/AIDS), are also addressed in the target population portion of the plan.

ABOUT OUR RESPONSIBILITIES

The Planning Council must find out about what services are needed and by which populations, as well as the barriers faced by people living with HIV in the TGA. This is referred to as needs assessment. The planning council reviews service needs and ways that Part A services work to fill gaps in care with other Ryan White parts through the Statewide Coordinated Statement of Need (SCSN) as well as with other programs like Medicaid and Medicare. Based on needs assessment, utilization, and epidemiologic data—the planning council decides what services are most needed by people living with HIV in the TGA (also known as priority setting) and decides how

much Ryan White HIV/AIDS Program Part A money should be used for each of these service categories (this is our resource allocations).

The Planning Council conducted a successful Priority Setting and Resource Allocations process, with a focus of linking each funded service category to the HIV Care Continuum. Priorities and allocations determined during the PSRA process emphasize the need for all allocations to support the HIV Care Continuum, including identifying individuals unaware of their HIV status, linking these individuals to care, and helping clients achieve viral suppression. The Planning Council has been trained to review and interpret HIV Care Continuum data.

The planning council also provides guidance to the Office of the Recipient on service models, targeting of populations or service areas, and other ways to best meet the identified priorities (these are known as directives).

The planning council is responsible for evaluating how rapidly Ryan White Part A funds are allocated and made available for care. This involves ensuring that funds are being contracted quickly and through an open process, and that providers are being paid in a timely manner.

PLANNING & DEVELOPMENT COMMITTEE (1 of 3 standing sub-committees)

- The Planning & Development Committee, in conjunction with the recipient's quality management committee, solicited the input of community members, service category experts, sub-recipients, and consumers in the development and update of service standards. The Planning Council reviewed all core service standards and finalized them.
- In 2017, the Planning Council introduced a blue-print for ending the HIV epidemic in Bergen and Passaic counties, namely the 2017-2021 Integrated HIV Prevention and Care Plan, a five-year plan. We included outside organizations as key partners to help us implement the plan and realize our goals. In 2018, we updated the Integrated Plan and

hosted a stakeholders meeting to revisit the goals and objectives outlined in the plan. We had an opportunity to share our progress with stakeholders and, through workgroups, we were able to update the contents of the plan.

ABOUT COMMUNITY DEVELOPMENT COMMITTEE (CDC)

The CDC is responsible for membership recommendations, community engagement and events and preparing the agenda for Day of Capacity Building. Aligned with the planning council's overall mission, CDC works toward helping PLWH (people living with HIV/AIDS) get the continuous care and support services they need by promoting available resources.

The Community Development Committee has done a great job in overseeing our roster and making sure we comply with the requirements related to membership categories and ensuring

that the Planning Council is reflective of the HIV epidemic in the Bergen-Passaic TGA.

Currently, the Planning Council membership total is 27 and our representation of PLWH (people living with HIV/AIDS) is 41%.

This year's Day of Capacity Building allowed us to receive a training from AIDS United on Cultural Humility along with two other smaller-scale info sessions (Spinal Health and the Immune System; and HIV & Inflammation).

Upcoming Projects

- The Planning Council worked closely with community members, service category experts, sub-recipients, and consumers in identifying a need to conduct a TGA wide health literacy assessment. This effort is seeking to identify possible and/or perceived barriers to viral suppression and

utilizing data from the health literacy assessment to overcome these barriers. The results of this needs assessment will be utilized to design more focused and innovative approaches to assisting PLWH in the TGA to achieve viral load suppression. Outcomes from this needs assessment will inform activities related to the Integrated HIV Prevention and Care Plan and inform future Ryan White Part A quality improvement projects.

- Also, the Planning Council will take part in a project in conjunction with researcher Dr. Bryan Garner of Research Triangle Institute (RTI). RTI received a 5-year grant from the National Institute on Drug Abuse. HIV Planning Councils across the United States will participate in a consensus building process to develop Substance, Treatment & Strategy (STS) recommendations for AIDS

Service Organizations (ASOs) across the United States. The goal of the project is to help improve the extent to which ASOs are able to identify and address the comorbid condition of substance use disorders with HIV/AIDS.

IMPACT OF THE CHANGING HEALTHCARE LANDSCAPE

The TGA's primary health care costs have increased since the inception of the Affordable Care Act and Medicaid expansion, due to an increased number of clients who are ineligible for ACA or Medicaid plans. In addition to primary medical care, mental health and substance abuse costs have decreased as these services are now partially covered either by an Affordable Care Act (ACA) plan or state Medicaid insurance plans. Ryan White Part A has expanded core medical and support services such as medical case management, medication adherence, substance abuse outpatient, medical transportation, outreach,

and non-medical case management services to all Ryan White Part A clients.

In an effort to continue outreach and link clients to health care coverage options, the TGA continues to collaborate with community partners by providing technical assistance (TA) and training for Non-medical case management (NMCM), Medical-case management (MCM) and Early Intervention Services (EIS linkage specialists) to vigorously pursue enrollment of clients in the Affordable Care Act/Marketplace. Since the first enrollment period, the TGA has worked with community partners to link clients with Affordable Care Act/Marketplace navigators/assistors for enrollment. This collaborative is comprised of all, Ryan White Part B, C, D, F recipients, Ryan White HIV/AIDS Program sub-recipients, hospital systems, and multiple community partners.

Another strategy was to receive training and technical assistance to develop and support the Affordable Care Enrollment (ACE). These strategies focused on eligible clients, specifically minority populations, to better understand health insurance options, the benefits of coverage, and how to use insurance once enrolled. The TGA continues its collaborative efforts to offer tools, materials, training and technical assistance to the community for Affordable Care Act enrollment. The TGA develops all necessary bilingual forms to comply with the vigorous pursuit policy.

A third strategy implemented by the TGA was to collaborate with community partners to provide resources to Non-medical case management (NMCM), Medical-case management (MCM), Early Intervention Services, Planning Council, consumers and community stakeholders on the ACA and Marketplace plans.

Affordable Care Act marketplace plans in the TGA do not always benefit clients. Many clients were misinformed about their ability to continue services with their primary care physicians and were forced to choose new healthcare providers. In some instances, clients chose insurance plans based on approved physicians, often resulting in medication copays at high tiers and with high deductibles. This inadvertently caused higher out of pocket expense to clients and enrollment could not be maintained. Loss of health insurance and access to health care minimizes continuity of care, loss in retention, less medication adherence, and lower viral suppression.

IN CLOSING

The planning council has demonstrated integrity and responsibility for many years and we'll continue that tradition in 2019.

I would like to say thank you to the members of the following committees: Planning and Development (P&D), Quality Management, Community Development Committee (CDC) and the Steering Committee for their time, input and hard work.

I will now ask you to please join me in welcoming our CEO, Mayor André Sayegh.

Bergen-Passaic TGA socio-demographic characteristics of the HIV epidemic 2017
Sources: Columns A-D: New Jersey Department of Health Services, HIV/AIDS Surveillance; Column E: U.S. Census Bureau, Estimate for 2016 Bergen and Passaic Counties, NJ

HIV/AIDS Incidence Race / Ethnicity		HIV/AIDS Prevalence Race / Ethnicity		General Population Race / Ethnicity	
20.8%	White	**25.5%**	White	**74.2%**	White
27.5%	Black/African American	**35.8%**	Black/African American	**11.2%**	Black/African American
46.7%	Hispanic	**36.6%**	Hispanic	**19.4%**	Hispanic
5.0%	Multiracial	**2.0%**	Multiracial	**2.5%**	Multiracial
HIV/AIDS Incidence Age Groups		**HIV/AIDS Prevalence Age Groups**		**General Population Age Groups**	
1.7%	<13 years	**0.12%**	<13 years	**22.2%**	<18 years
2.5%	13-19 years	**0.47%**	13-19 years	**62.5%**	18-64 years
60.8%	20- 44 years	**26.1%**	20- 44 years	**15.3%**	65+ years
24.2%	45- 59 years	**49.5%**	45- 59 years		
10.8%	60+ years	**23.8%**	60+ years		
HIV/AIDS Incidence Gender		**HIV/AIDS Prevalence Gender**		**General Population Gender**	
77.5%	Male	**66.3%**	Male	**48.7%**	Male
22.5%	Female	**33.7%**	Female	**51.3%**	Female