Newark EMA

HIV Health Services Planning Council

NEEDS ASSESSMENT UPDATE 2024

August 2024

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NEEDS ASSESSMENT - UPDATE 2024

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INTRODUCTION

The information below was extracted from the Ryan White Part A Manual published by HRSA/HAB in 2013 on its website. It reflects requirements of the Ryan White HIV/AIDS Treatment Extension Act (RWTEA) of 2009, Public Law 111-87, October 30, 2009. The citations are referenced to the Public Health Service Act (42 U.S.C. 300ff-11).

A. Legislative Background - Planning Council Duties

Completion of the needs assessment is a significant part of the **eight duties of the planning council**, as shown in federal law, most recently updated by the Ryan White Treatment Extension Act. Five sections - (4)(A), (B), (F), (G) and (H) - speak directly to the needs assessment. The purpose of the needs assessment is to assist the planning council in meeting Section (4)(C) – establish service priorities for the allocation of funds within the eligible area – and (4)(D) - develop a comprehensive plan for the organization and delivery of health and support services.

42 U.S. Code § 300ff–12 - Administration and planning council

(b) HIV health services planning council

(4) Duties: The planning council established or designated under paragraph (1) shall—

(A) determine the size and demographics of the population of individuals with HIV/AIDS, as well as the size and demographics of the estimated population of individuals with HIV/AIDS who are unaware of their HIV status;

(B) determine the needs of such population, with particular attention to—

(i) individuals with HIV/AIDS who know their HIV status and are not receiving HIV-related services;

(ii) disparities in access and services among affected subpopulations and historically underserved communities; and

(iii) individuals with HIV/AIDS who do not know their HIV status;

(C) establish priorities for the allocation of funds within the eligible area, including how best to meet each such priority and additional factors that a grantee should consider in allocating funds under a grant based on the—

(i) size and demographics of the population of individuals with HIV/AIDS (as determined under subparagraph (A)) and the needs of such population (as determined under subparagraph (B));

(Additional language not included)

Needs assessment data are critical to conducting other planning tasks. Needs assessment results must be reflected in both the planning council's priority setting and resource allocations and in the EMA's/TGA's comprehensive plan. Planning councils are required to:

- Address coordination with programs for HIV prevention and the prevention and treatment of substance abuse
- Include links with outreach and early intervention services

- Address capacity development needs
- Be closely linked with comprehensive planning and annual implementation plan development, as interconnected parts of an ongoing planning process.

Section 2603(b)(1) specifies that in seeking supplemental funding, the EMA/TGA is expected to include in its application for funding an array of information, including needs assessment data that demonstrate need.

Section 2603(b)(2)(B) specifies that, in making awards for **demonstrated need**, the Secretary may consider any or all of the following factors:

i. "The unmet need for such services, as determined under section 2602(b)(4) or other community input process as defined under section 2609(d)(1)(A).

ii. An increasing need for HIV/AIDS-related services, including relative rates of increase in the number of cases of HIV/AIDS.

iii. The relative rates of increase in the number of cases of HIV/AIDS within new or emerging subpopulations.

iv. The current prevalence of HIV/AIDS.

v. Relevant factors related to the cost and complexity of delivering health care to individuals with HIV/AIDS in the eligible area.

vi. The impact of co-morbid factors, including co-occurring conditions, determined relevant by the Secretary.

vii. The prevalence of homelessness.

viii. The prevalence of individuals described under section 2602(b)(2)(M).

ix. The relevant factors that limit access to health care, including geographic variation, adequacy of health insurance coverage, and language barriers."

B. HAB Expectations

Needs assessment is expected to generate information about:

- The size and demographics of the HIV/AIDS population within the service area, including those who are unaware of their HIV status (not tested), and
- The needs of PLWHA, with emphasis on individuals with HIV/AIDS who know their HIV status and are not receiving primary health care, and on disparities in access and services among affected subpopulations and historically underserved communities.

HAB expects Part A needs assessments to meet all legislative requirements and to provide a sound information base for planning and decision making.

PURPOSE, RESEARCH QUESTIONS AND METHODOLOGY

Purpose

The purpose of the Needs Assessment - Update 2024 is to determine needs of Undocumented People Living with HIV (PLWH) who are increasingly accessing Ryan White HIV/AIDS Program (RWHAP) services and the needs of Newly-Diagnosed individuals, particularly as related to the goals of the National HIV/AIDS Strategy (NHAS) 2021-2025 and the Integrated HIV Prevention and Care Plan 2022-2026 (IHP 22). Specifically, these goals are to provide access to care for HIV, to improve HIV-related outcomes for persons with HIV and to reduce HIV-related disparities and health inequities.

The investigation of needs of those individuals Newly Diagnosed with HIV follows up on the Needs Assessment – Update 2023 which explored Linkage to Medical Care of newly diagnosed individuals within 30 days of HIV diagnosis.

Research Questions and Methodology

Research Question #1:

- What are the needs of Undocumented PLWH in the Newark EMA?

Research Question #2:

- What are the needs of Newly-Diagnosed Individuals in the Newark EMA?

Approach/Methodology

The scope and methodology of the needs assessment update were the same for both questions:

(1) Development of a **Demographic Profile** of each of the two sub-populations receiving RWHAP-funded services in the Newark EMA using the CHAMP client level data base as of December 31, 2023.
(2) Development of a **Survey Tool** specific to each sub-population for completion by all subrecipient agencies funded by Newark EMA RWHAP to identify needs, RWHAP services provided, other non-RWHAP services, service gaps, best practices, and recommendations to address gaps and unmet needs of Undocumented and Newly Diagnosed PLWH.
(3) Additional steps including:
(4) Administering the survey to agencies and collecting responses via survey monkey or hard copy.
(5) Tabulating results,
(6) Reporting findings, conclusions and recommendations for services improvement.

NEEDS ASSESSMENT - UPDATE 2024

PART 1: NEEDS OF UNDOCUMENTED PEOPLE LIVING WITH HIV (PLWH)

1.1 Purpose of Part 1 of Needs Assessment – Update 2024

The number of undocumented individuals is increasing throughout the U.S. including People Living with HIV (PLWH). The EMA's RWHAP has experienced an increase as well. The purpose of this part of the Needs Assessment – Update 2024 is to better understand this subpopulation – their demographics and service needs. In so doing, the EMA can better address their service needs, improve access to medical care and supportive services, and improve their health outcomes.

1.2 DEMOGRAPHIC PROFILE – UNDOCUMENTED RWHAP CLIENTS

1.2.1 Snapshot: Undocumented PLWH Receiving RWHAP Services in the Newark EMA

Trends in RWHAP Clients

- The number of undocumented PLWH receiving RWHAP services in the Newark EMA has **increased by 30% or 223 individuals from 739 as of 12/31/22 to 962 as of 12/31/23.** This trend has continued in 2024.
- The number of RWHAP clients is steadily increasing mostly due to **undocumented PLWH -who accounted for 86% of the increase** in Newark EMA RWHAP clients 2023.

Snapshot - Demographics

- 2/3 are Hispanic/Latino and 29% Black/African American
- 2/3 are Male, age 25-44
- 70% are uninsured
- 77% have incomes <100% FPL and 85% <139% FPL (Medicaid Expansion limit)
- Nearly all live in Stable Permanent or Temporary Housing
- 1 in 6 (16%) reside outside of the EMA.
- 11% are newly diagnosed with HIV.

Snapshot – Country Region of Origin

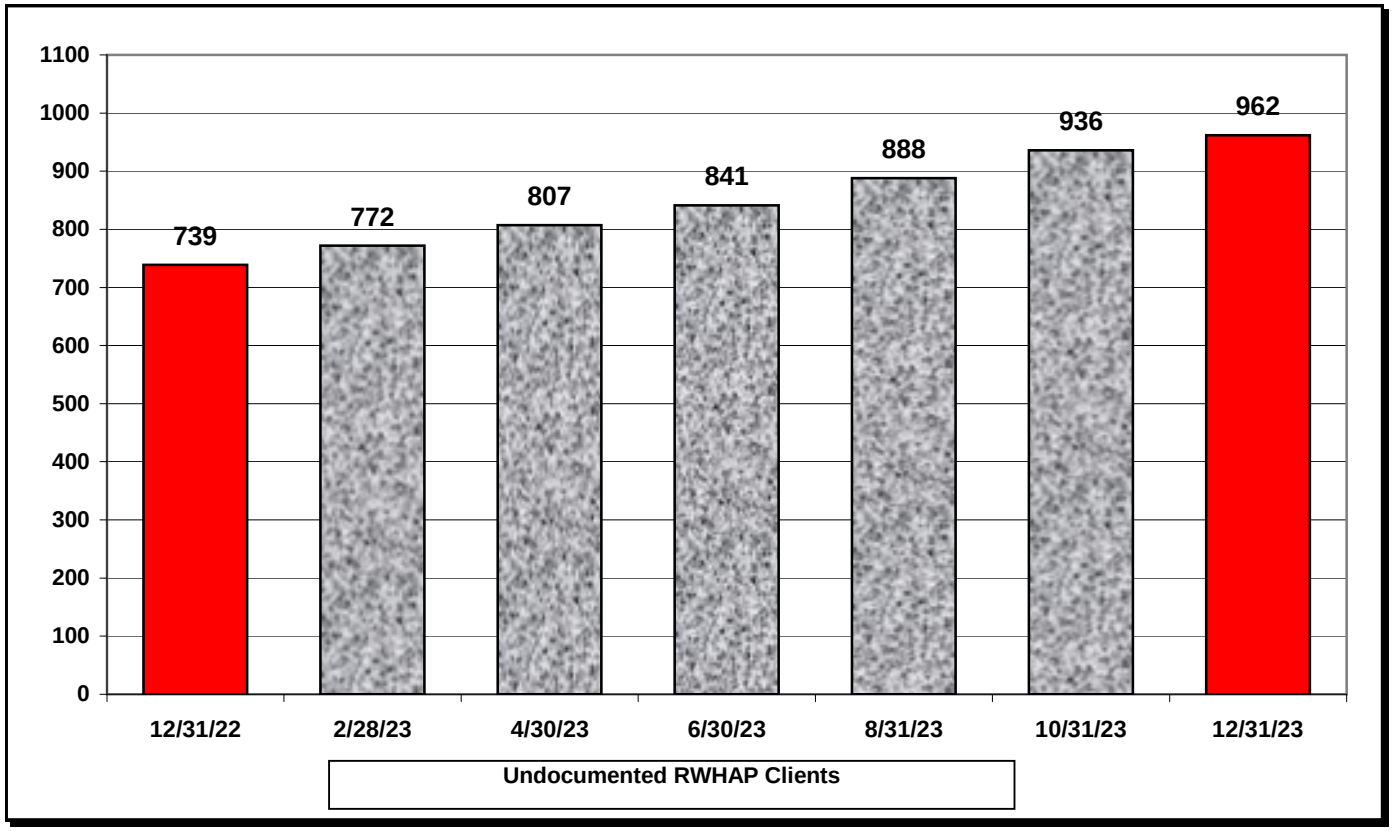
- Over 2 in 5 (41%) are from South America, Central America and Mexico
- 1/3 (31%) are Not Hispanic
- Nearly 1/4 (23%) are "Other" whose country of origin was not identified.

Detailed data tables are in Appendix B.

DEMOGRAPHIC PROFILE OF UNDOCUMENTED RWHAP CLIENTS 2023

Source: CHAMP Client Level Data System 12/31/22 - 12/31/23.

Figure 1: Number of Undocumented RWHAP Clients in Newark EMA - 12/31/22 - 12/31/23



HIGHLIGHTS - 1/1/23 to 12/31/23

Total Undocumented RWHAP Clients

	1/1/23	12/31/23	Increase # Clients	Increase %
	739	962	223	30.2%
Total RWHAP Clients	6413	6671	258	4.0%
% Undocumented	11.5%	14.4%	86.4%	

Most of RWHAP increase (86.4%) was among Undocumented PLWH.

DEMOGRAPHIC PROFILE OF UNDOCUMENTED RWHAP CLIENTS 2023

SNAPSHOT: Undocumented RWHAP Clients as of 12/31/23

In terms of demographics:

- 2/3 are Hispanic/Latino and 29% Black/African American
- 2/3 are Male, age 25-44
- 70% are uninsured
- 77% have incomes <100% FPL and 85% <139% FPL (Medicaid Expansion limit)
- Nearly all live in Stable Permanent or Temporary Housing
- 1 in 6 (16%) reside outside of the EMA.
- 11% are newly diagnosed with HIV.

By Country/Region of Origin:

- Over 2 in 5 (41%) are from South America, Central America and Mexico
- 1/3 (31%) are Not Hispanic
- Nearly 1/4 (23%) are "Other" whose country of origin was not identified.

DEMOGRAPHIC PROFILE OF UNDOCUMENTED RWHAP CLIENTS 2023

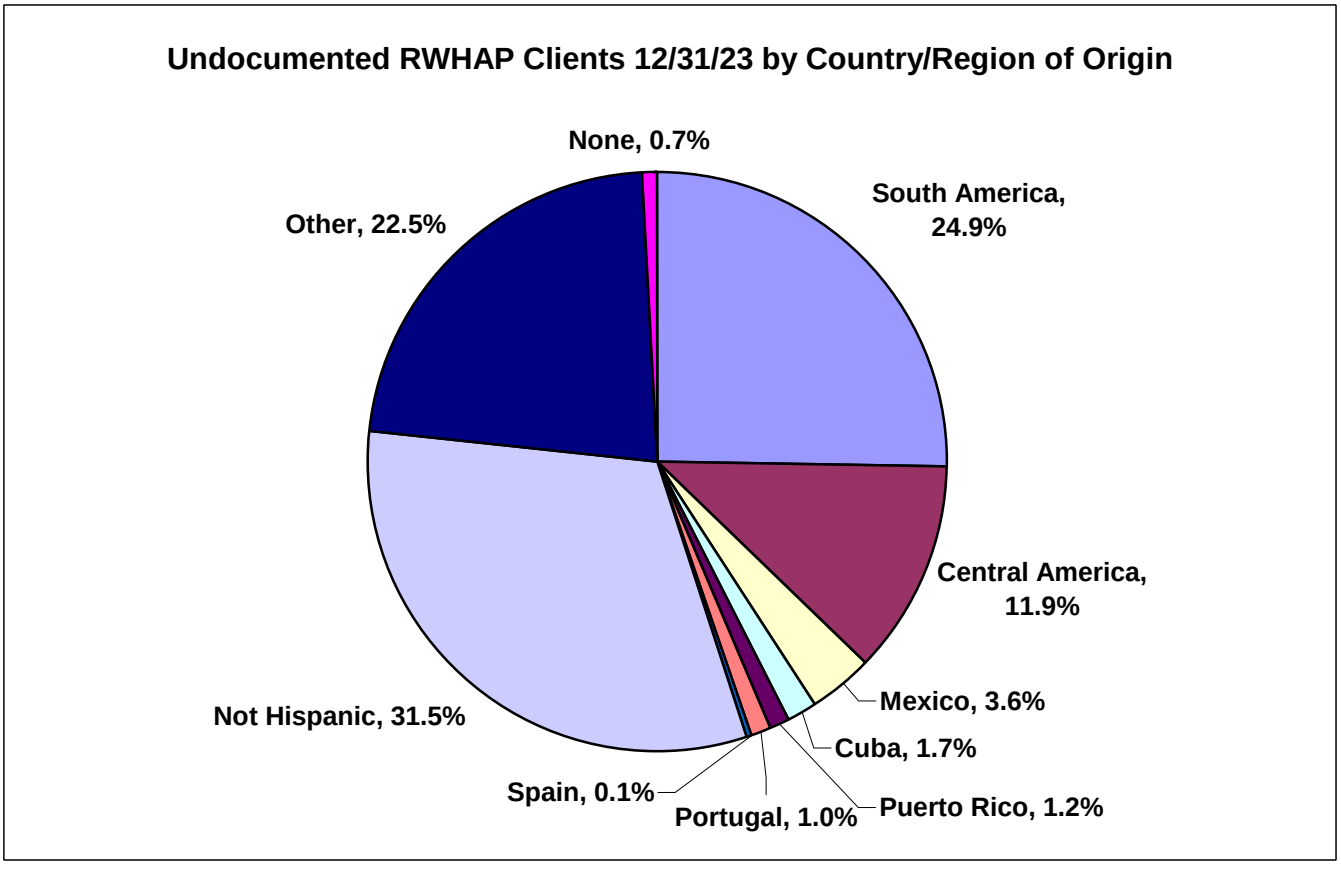
	1/1/23 # Clients	12/31/23 # Clients	1/1/23 % Undoc	12/31/23 % Undoc		Significant Trends/Comments
Race/Ethnicity						
Black Not Hispanic	222	282	30.0%	29.3%		**No change. 65% Hispanic/Latino & 29% Black/Afr. American**
Hispanic/Latino	475	628	64.3%	**65.3%**		
Gender						
Male	505	659	68.3%	**68.5%**		**Majority are male**
Female	225	285	30.4%	29.6%		(Slight increase in Transgender)
Age						
Age 25-34	168	249	22.7%	**25.9%**	⬆	**Increase in Age 25 - 34**
Age 35-44	252	315	34.1%	32.7%		**Increase in # among all ages.**
Age 45-54	157	217	21.2%	22.6%	⬆	
Age 55-64	103	111	13.9%	11.5%		
Subtotal	**577**	**781**	**78.1%**	**81.2%**		
Health Insurance						
Uninsured	541	690	73.2%	**71.7%**	⬆	**Mostly uninsured, followed by**
Private Ins	109	130	14.7%	13.5%		**Private Insurance & Medicaid**
Medicaid	84	135	11.4%	14.0%	⬆	**Slight Increase in % Medicaid.**
Subtotal	**734**	**955**	**99.3%**	**99.3%**		
Income/Poverty Level						
</= 100% FPL	588	746	79.6%	**77.5%**	⬆	**77% under 100% FPL & 85% <139%**
</= 138% FPL	645	814	87.3%	**84.6%**	⬆	**FPL Medicaid Expansion Limit**
Housing Status						
Stable Permanent Hsg	380	491	51.4%	**51.0%**	⬆	**Most live in either Stable**
Temporary Housing	352	462	47.6%	**48.0%**	⬆	**Permanent or Temporary Housing**
Subtotal	**732**	**953**	**99.1%**	**99.1%**		
Geography - County of Residence						
Essex	390	486	52.8%	50.5%		**% increase in those living Outside**
Union	195	253	26.4%	26.3%		**EMA. All counties had increase in**
MSW	46	60	6.2%	6.2%		**#s.**
Subtotal	631	799	85.4%	**83.1%**	⬆	
Outside NEMA	108	163	14.6%	**16.9%**	⬆	
Geography - 5 Cities of Residence						
Newark	254	307	34.4%	31.9%		**Slight decline in % of those residing**
East Orange	30	36	4.1%	3.7%		**in EMA's 5 largest cities but all**
Irvington	53	71	7.2%	7.4%		**cities had increase in #s.**
Elizabeth	120	154	16.2%	16.0%		
Plainfield	36	45	4.9%	4.7%		
Total	**493**	**613**	66.7%	**63.7%**	⬇	
Newly Diagnosed						
Newly Diagnosed	73	101	9.9%	**10.5%**	⬆	**26% increase in # of newly**
Not Newly Diagnosed	666	861	90.1%	**89.5%**		**diagnosed. No change in %.**

DEMOGRAPHIC PROFILE OF UNDOCUMENTED RWHAP CLIENTS 2023

UNDOCUMENTED RWHAP CLIENTS BY COUNTRY/REGION OF ORIGIN

Country/Region of Origin	1/1/23 # Clients	12/31/23 # Clients	1/1/23 % Undoc	12/31/23 % Undoc	Change #	Change %
South America	193	240	26.1%	24.9%	47	24.4%
(Includes Brazil)	***74***	***77***	***10.0%***	***8.0%***	***3***	***4.1%***
Central America	88	114	11.9%	11.9%	26	29.5%
Mexico	31	35	4.2%	3.6%	4	12.9%
Cuba	6	16	0.8%	1.7%	10	166.7%
Puerto Rico	11	12	1.5%	1.2%	1	9.1%
Europe	0	0	0.0%	0.0%	0	0.0%
Portugal	8	10	1.1%	1.0%	2	25.0%
Spain	2	1	0.3%	0.1%	-1	-50.0%
Subtotal (Poss. Hisp)	**339**	**428**	**45.9%**	**44.5%**	**89**	**26.3%**
Not Hispanic	**235**	**303**	**31.8%**	**31.5%**	**68**	**28.9%**
Other	**156**	**216**	**21.1%**	**22.5%**	**60**	**38.5%**
No Country	4	7	0.5%	0.7%	3	75.0%
Missing/Invalid	0	0	0.0%	0.0%	0	0.0%
TOTAL	**734**	**954**	**99.3%**	**99.2%**	**220**	**30.0%**

Figure 2:



TRENDS IN UNDOCUMENTED RWHAP CLIENTS BY DEMOGRAPHICS - 2023

Figure 3: Undocumented RWHAP Clients 1/1/23-12/31/23 - by Race/Ethnicity

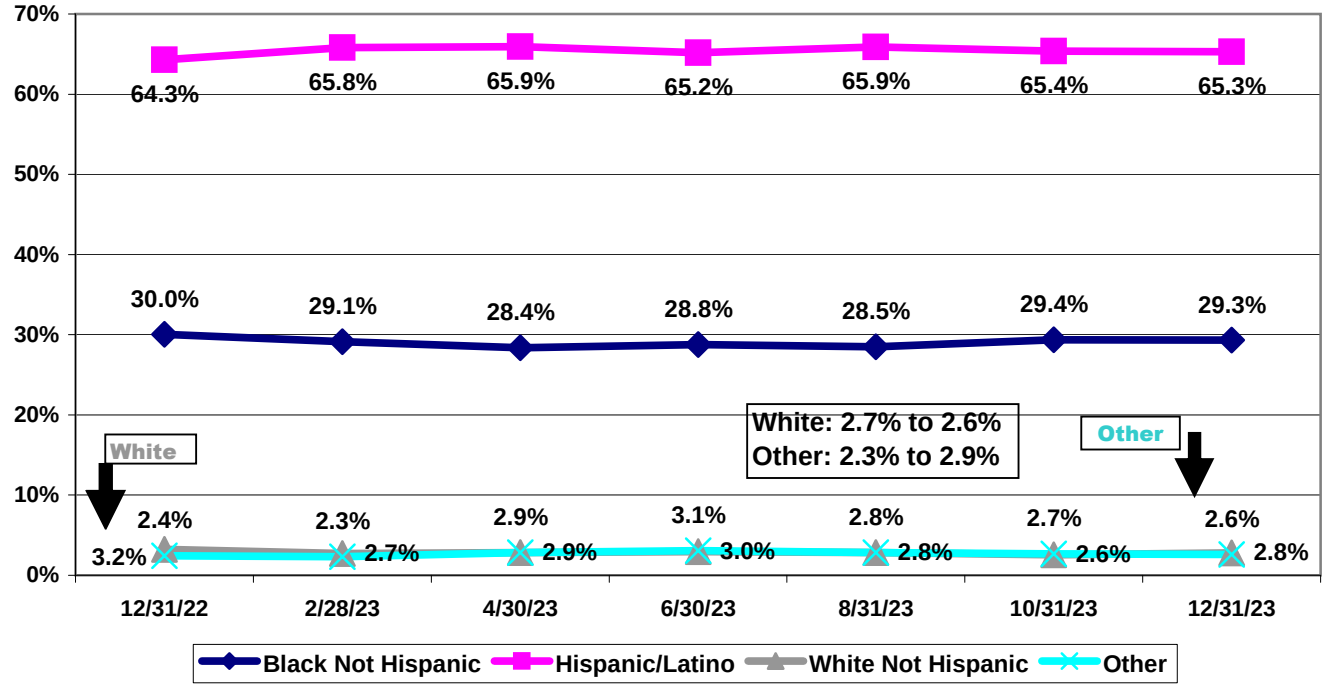
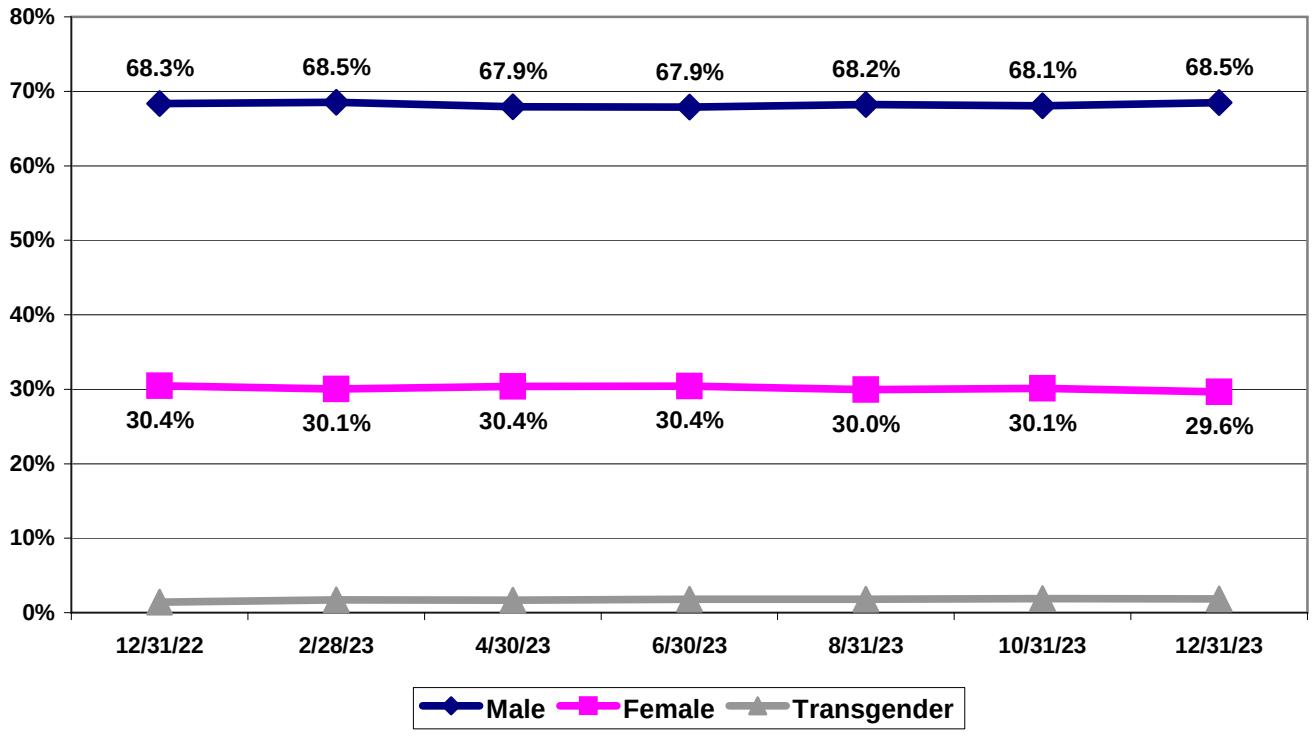


Figure 4: Undocumented RWHAP Clients 1/1/23-12/31/23 - by Gender



TRENDS IN UNDOCUMENTED RWHAP CLIENTS BY DEMOGRAPHICS - 2023

Figure 5: Undocumented RWHAP Clients 1/1/23-12/31/23 - by Age

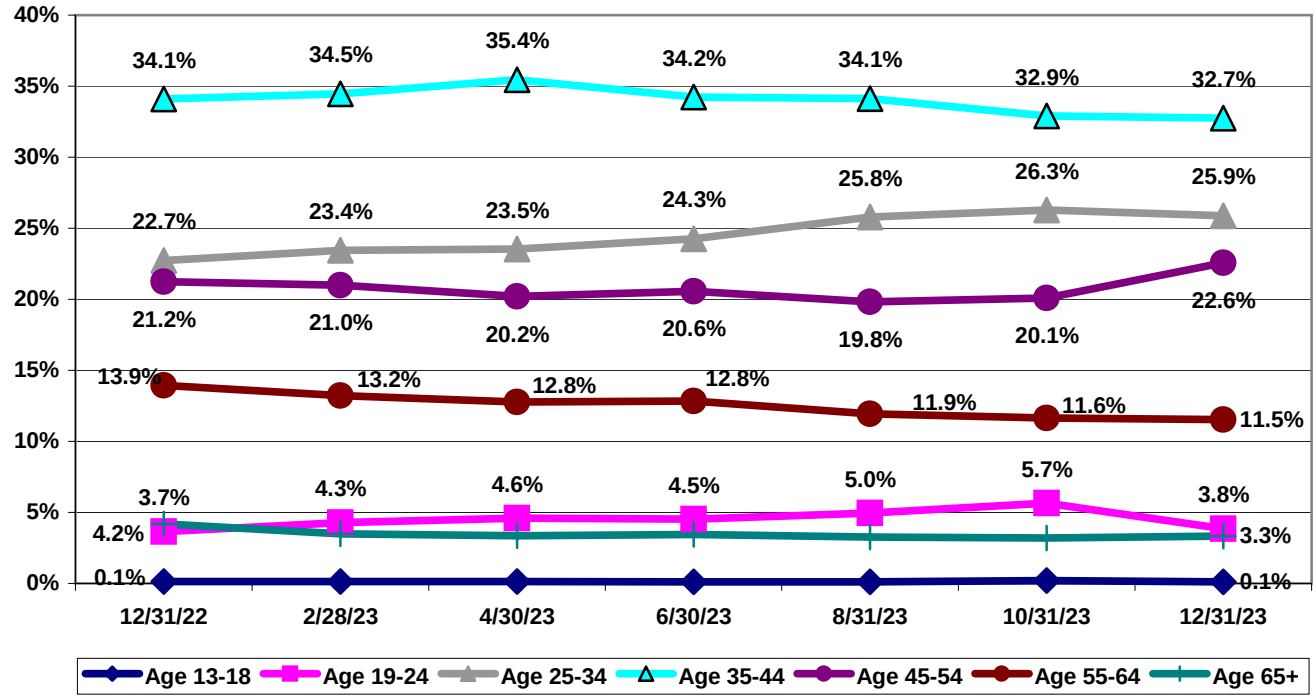
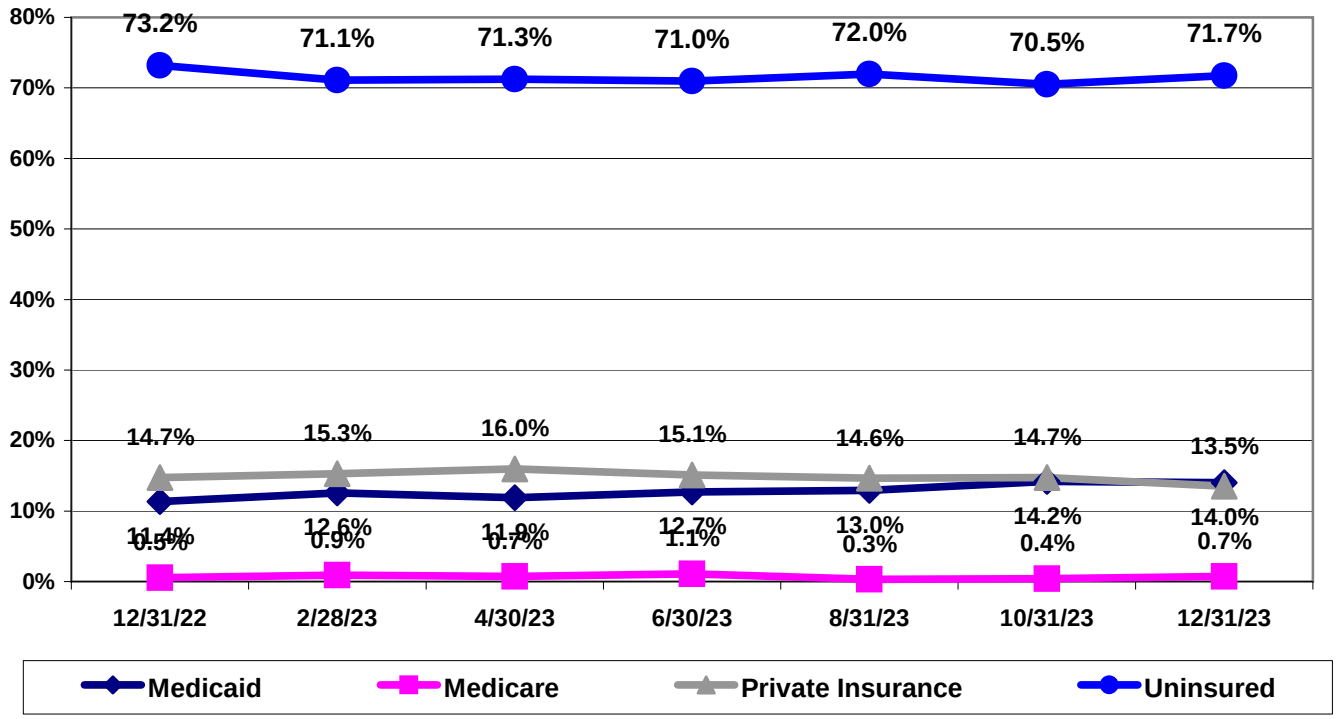


Figure 6: Undocumented RWHAP Clients 1/1/23-12/31/23 - by Insurance Status



TRENDS IN UNDOCUMENTED RWHAP CLIENTS BY DEMOGRAPHICS - 2023

Figure 7: Undocumented RWHAP Clients 1/1/23-12/31/23 - by Income

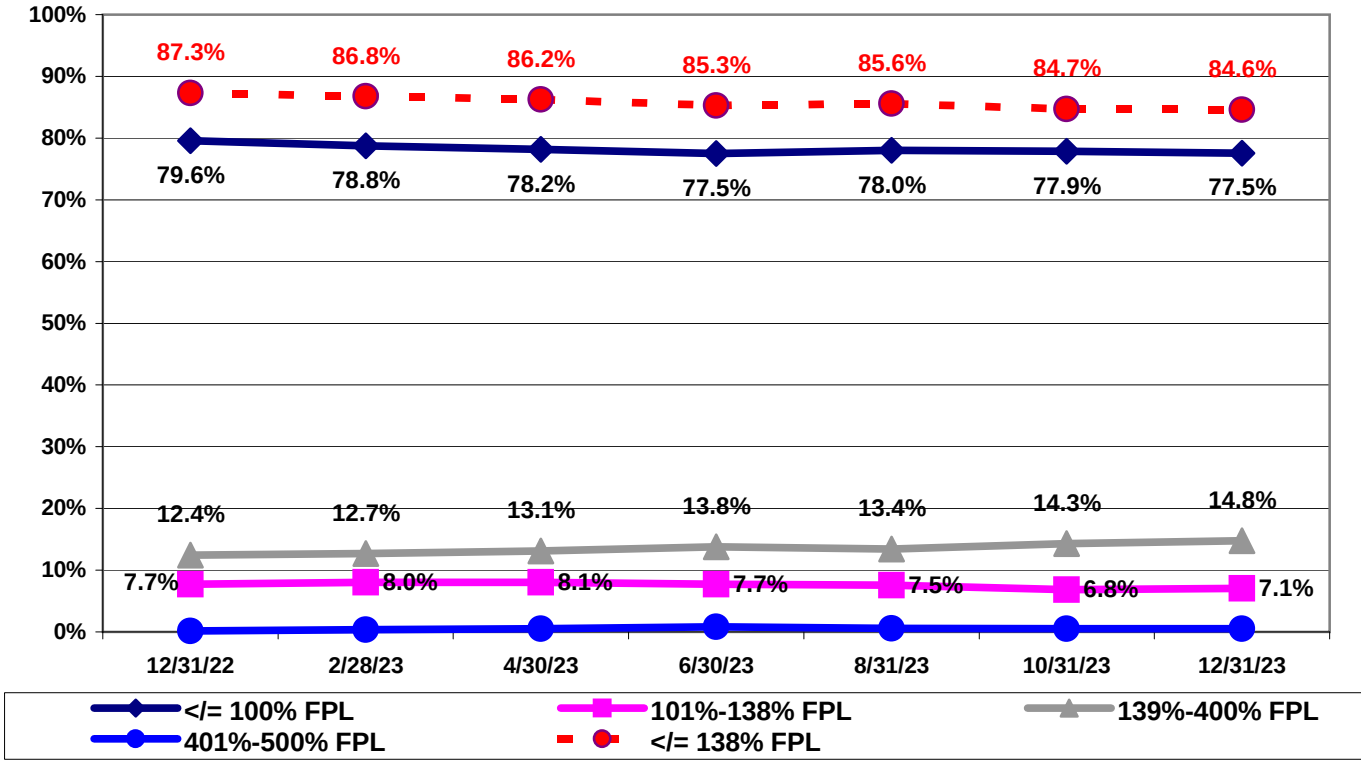
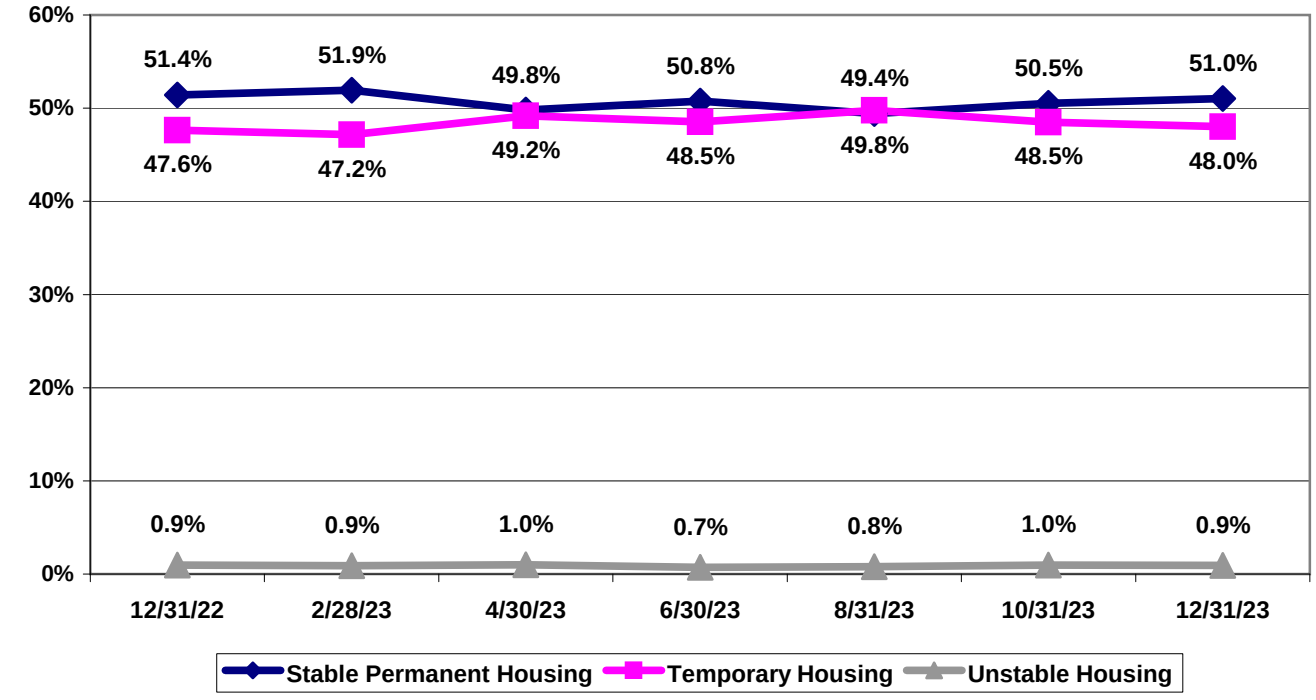


Figure 8: Undocumented RWHAP Clients 1/1/23-12/31/23 - by Housing Status



TRENDS IN UNDOCUMENTED RWHAP CLIENTS BY DEMOGRAPHICS - 2023

Figure 9: Undocumented RWHAP Clients 1/1/23-12/31/23 - by County of Residence

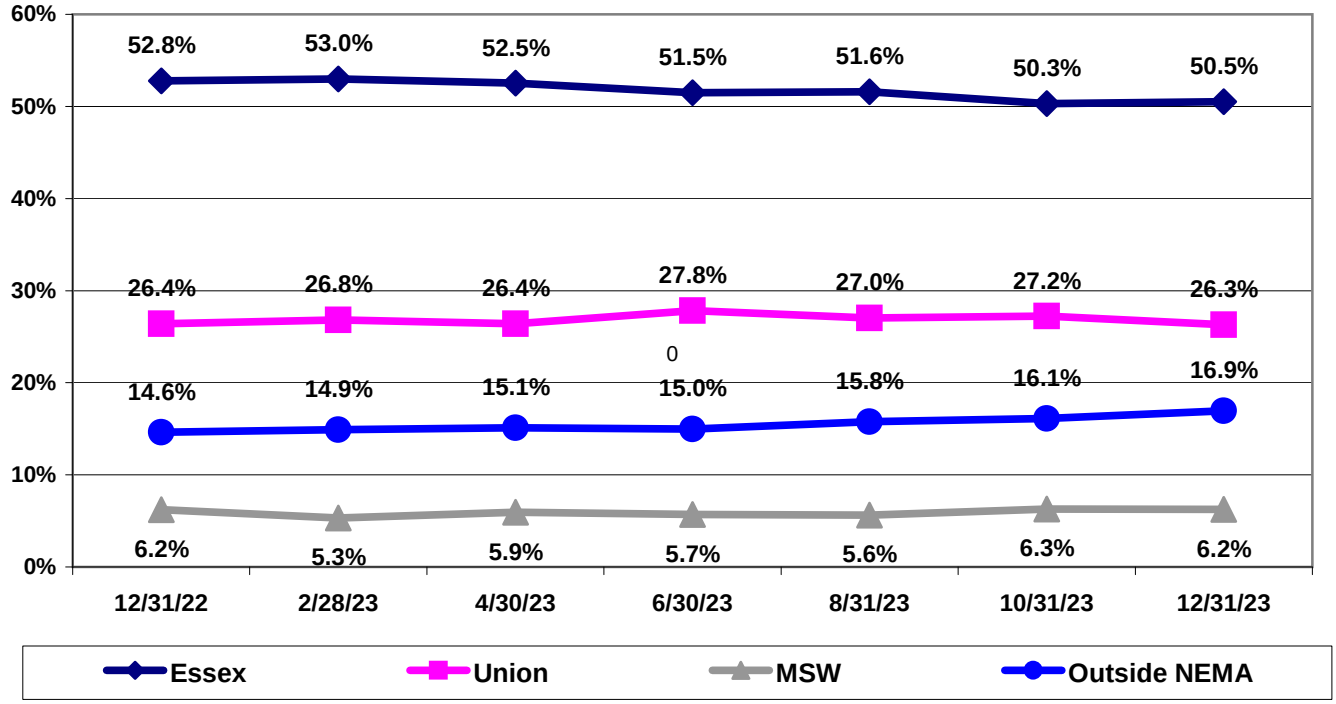
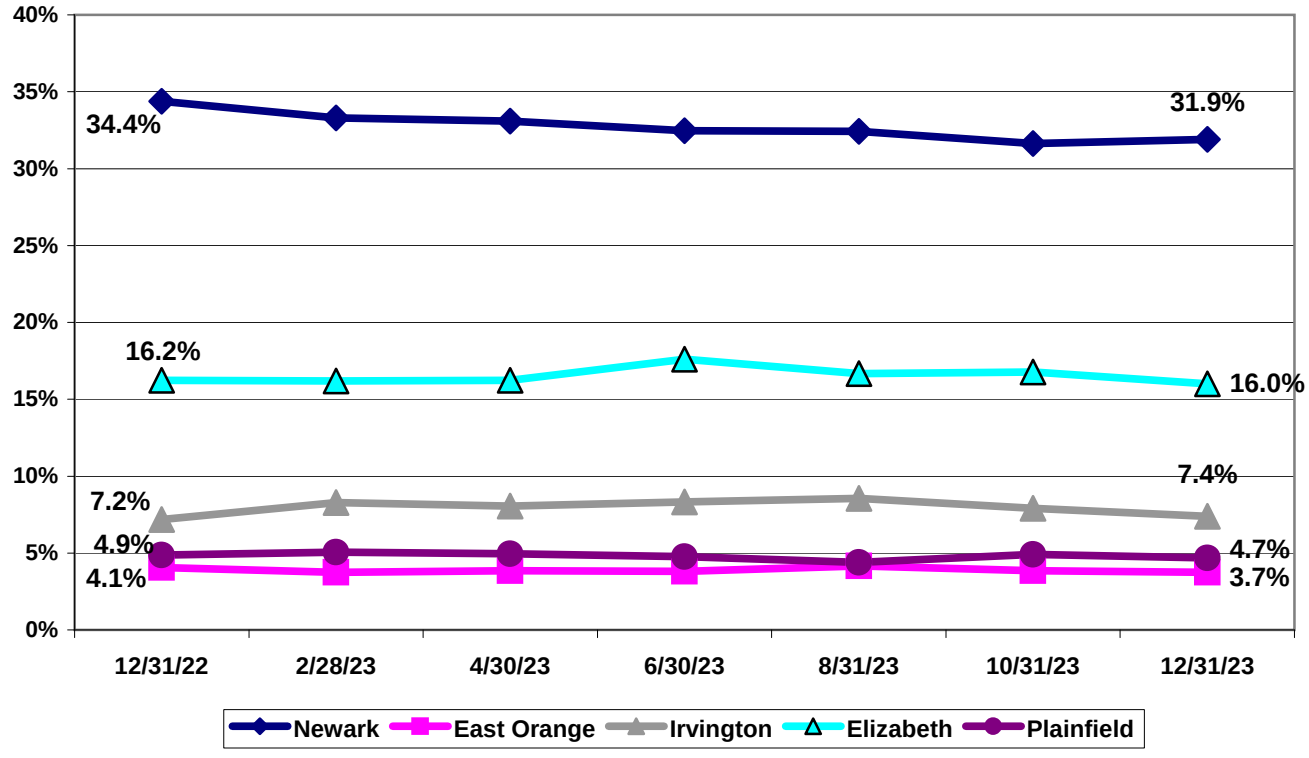
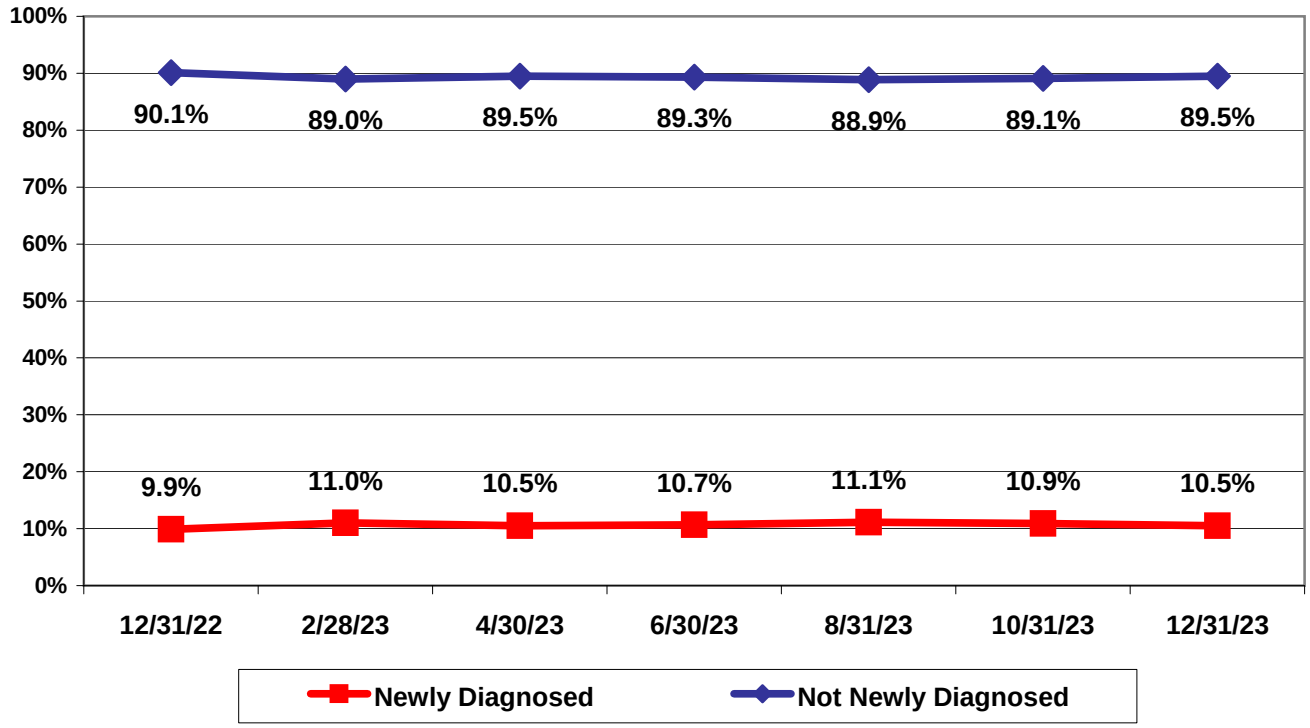


Figure 10: Undocumented RWHAP Clients 1/1/23-12/31/23 - by 5 Cities of Residence



TRENDS IN UNDOCUMENTED RWHAP CLIENTS BY DEMOGRAPHICS - 2023

Figure 11: Undocumented RWHAP Clients 1/1/23-12/31/23 - Newly Diagnosed



1.3 SURVEY #1 – NEEDS OF UNDOCUMENTED PLWH

1.3.1 Purpose of Survey #1

The purpose of this survey was to identify services provided by RWHAP agencies to undocumented PLWH, both funded by RWHAP and other sources, and to determine gaps and service needs. This is especially important due to the increasing number of undocumented PLWH coming into the EMA and seeking RWHAP services.

1.3.2 Summary of Survey #1

Respondents

- A total of 30 agencies responded to the survey. Of those 93% (28) served undocumented individuals and two (7%) did not – providing only legal services for divorce, etc., or homeless housing services.

RWHAP Services Not Funded by EMA – but Provided to Undocumented PLWH Directly or by Referral

Agencies indicated which services they provided directly and/or by referral. (Not all agencies responded.) Agencies also identified that some of them provided the following RWHAP services – either directly or by referral – which are authorized by HRSA in PCN 16-02 but not funded by the Newark EMA RWHAP.

- Residential Substance Abuse (referral)
- Pharmaceutical Assistance (Non-ADDP)
- Home/Community-Based Health Services (provided in the home)
- Home Health Care
- Hospice
- Child Care Services
- Health Education/Risk Reduction (directly by medical care agencies)
- Linguistic Services (directly by medical care agencies)
- Outreach Services
- Permanency Planning
- Referral for Health Care/Support Services
- Rehabilitation Services
- Respite Care

Non-RWHAP Funding Sources Supporting Undocumented PLWH

A number and array of agencies provide support to undocumented PLWH. By category they are:

- Social services and religious organizations
- Legal and advocacy organizations
- Individual agency services
- Government agencies
- Government health programs
- Other services (including rideshare)

Other services needed by undocumented which are included as recommendations for RWHAP are:

- Housing
- Access to employment, job placement, work permits. Education, career planning.
- Resources to obtain ID documents, ITIN. Path to citizenship
- Clothing, food assistance
- Transportation assistance
- Language assistance, translation services, culturally competent care, English lessons
- Phones for undocumented individuals
- Medical care and related health services – mental health service, substance use disorder treatment – especially for Spanish-speaking clients and those speaking Creole

Other items needed:

- Updated resource list
- Open HIV testing to reduce fear, stigma
- Dedicated patient navigators for clients with high intensity medical and social needs.

Responses by individual agencies (not identified) are in Appendix C.

SURVEY #1: NEEDS OF UNDOCUMENTED PLWH

Survey #1: What are the needs of Undocumented Individuals Living with HIV?

Total Respondents (Agencies) **30**

1. Does your agency provide services to undocumented PLWH?

Yes	**28**	**93%**
No	**2**	**7%**

1a. No--reasons (enter all) Legal services for divorces, etc., housing for homeless

2. List all Services Provided either Directly or by Referral

		Total	TOTAL		Medical Agencies		Support Service	
	Service Type		**Directly**	**Referral**	**Directly**	**Referral**	**Directly**	**Referral**
	Core Medical							
1	Primary Medical Care	**24**	11	13	11	1	0	12
2	Outpatient Substance Use	**20**	7	13	5	5	2	8
3	Mental Health Services	**25**	13	12	10	4	3	8
4	Medical Case Management	**19**	14	5	11	0	3	5
5	Medical Nutritional Therapy	**17**	6	11	6	4	0	7
6	Health Insurance Assistance	**19**	15	4	11	1	4	3
7	Early Intervention Services	**16**	12	4	10	0	2	4
8	Oral Health Services	**20**	5	15	5	7	0	8
	Support Services							
9	Housing Services	**25**	12	13	3	8	9	5
10	Non-Medical Case Management	**18**	13	5	5	3	8	2
11	Medical Transportation	**19**	14	5	10	2	4	3
12	Psychosocial Support Services	**19**	14	5	9	2	5	3
13	Legal/Other Professional Services	**19**	1	18	0	11	1	7
14	Food Bank/Delivered Meals	**20**	7	13	3	8	4	5
15	Emergency Financial Assistance	**22**	14	8	8	5	6	3
	RWHAP Not Funded by EMA							
16	Residential Substance Abuse	**16**	1	15	0	8	1	7
17	Pharmaceutical Assistance (Non-ADDP)	**14**	3	11	3	6	0	5
18	Home/Community-Based Health Services (provided in the home)	**11**	0	11	0	6	0	5
19	Home Health Care	**11**	0	11	0	6	0	5
20	Hospice	**13**	0	13	0	7	0	6
21	Child Care Services	**10**	0	10	0	2	0	8
22	Health Education/Risk Reduction	**17**	14	3	10	0	4	3
23	Linguistic Services	**15**	10	5	7	1	3	4
24	Outreach Services	**18**	14	4	9	1	5	3
25	Permanency Planning	**10**	3	7	2	2	1	5
26	Referral for Health Care/Support Services	**16**	7	9	5	4	2	5
27	Rehabilitation Services	**11**	0	11	0	5	0	6
28	Respite Care	**11**	0	11	0	5	0	6
	OTHER (Any services not listed above)	**0**	0	0	0	0	0	0

SURVEY #1: NEEDS OF UNDOCUMENTED PLWH

3. What are some of the non-RWHAP funding sources that support undocumented PLWH?

8	No Answer

Respondents identified a wide range of non-RWHAP funded agencies and services for undocumented individuals including PLWH. The number of responses and categories varied. Many were duplicated - used the same types of agencies/resources.

Social Services & Religious Organizations
Catholic Charities Immigration and Refugee Services.
American Friends Service Committee
International Rescue Committee
Make the Road New Jersey
The Mercy House (Respect Life Office/Archdiocese of Newark - food, clothing, support, etc. rcan.org)
Churches and their groups. Houses of prayer.
Drop In Centers.
LGBTQ Groups
St. Joseph Social Services in Elizabeth
Bridges (Newark)

Legal & Advocacy Organizations
Legal Services of NJ. Local Legal AID organizations
NJ Citizen Action

Agency Services
Food Pantry services
Housing – with unrestricted funds,
Donations,
Bilingual Mental Health Services
Direct funding for medications) and laboratory

Government Agencies
City of Newark Municipal ID Program
City of Newark Social Services Department for free furniture
Code blue in winter time helps with emergency shelters,

Government Health Programs
ADDP prescription coverage,
Medical
Mental Health Support
Hospital Charity Care
Family Success Centers
Medicaid (for those of asylum status)
Federally qualified Health Centers
DOH Elixir Grant and 340B program
Insurance Enrollment services
Copay assistance program.

SURVEY #1: NEEDS OF UNDOCUMENTED PLWH

Other Services
Uber Health
Linkage to pharmacies that make home delivery on medications (in person).
Gilead Advancing Access Program

Respondents provided information on gaps in services to undocumented PLWH.
We do not have any additional funding to provide support
Client needs Permanent Housing, but with her present Immigration status cannot gain employment
Client has no Social Security Number.

4. Are there any other services not listed above that would help undocumented PLWH access and remain in HIV medical care? Please list.

12	Not at this time

25	100%	Other Services
6	24%	Housing. Stable, supportive. Long Term if HOPWA unavailable or they do not qualify for Section 8.
3	12%	Work Permits. Finding jobs/job placement assistance.
2	8%	More accessible resources to obtain IDs/necessary credentials. ITIN.
1	4%	Education on their rights and reassurance that it is safe to access services available to them.
1	4%	Pharmaceutical assistance
1	4%	Clothing assistance
1	4%	Food pantry assistance
2	8%	Mental health services in Spanish, Spanish-speaking mental health workers;
1	4%	Free English language lessons
1	4%	Program for free phones for undocumented individuals.
1	4%	Funding for vaccinations
1	4%	Transportation services not only for medical reasons
1	4%	Language appropriate services, culturally competent care.
1	4%	Assistance with a path to citizenship,
1	4%	Education services, including tutoring and scholarships, & career planning services.
1	4%	Funding resources for undocumented PLWH

5. Do you have any recommendations for the Newark EMA RWHAP that would help your agency and these individuals access HIV medical care? Please list.

12	None

20	100%	Recommendation
3	15%	Housing services. Supportive housing.
2	10%	Education on their rights and available services.
2	10%	Additional funding - for staff, to address concrete needs/gaps.
1	5%	Outreach to agencies serving undocumented.

SURVEY #1: NEEDS OF UNDOCUMENTED PLWH

1	5%	Help locating undocumented individuals.
1	5%	Legal services (free) to assist undocumented individuals [changing their status].
1	5%	Hire Creole staff/translators for influx of new patients from Haiti
1	5%	More outreach & events to raise awareness of FQHC services.
1	5%	Increased funding for labs.
1	5%	Funding for immunizations
1	5%	Emergency medications pending ADDP approval
1	5%	Employment linkage.
1	5%	Medical care/visit before approval of charity care.
1	5%	Substance use treatment (especially alcohol)
1	5%	Mental health services for Spanish speaking patients
1	5%	Updated resources list

6. Please list any other recommendations, suggestions or comments you have regarding the population of undocumented PLWH in the Newark EMA.

20	None

11	100%	Recommendation
4	36%	Free or low cost programs and medical care. Including dialysis.
2	18%	Immigration workshops for both new arrivals and case managers on immigration system, referral and documentation requirements.
2	18%	Housing & related services for stability and privacy.
1	9%	Open [HIV] testing to minimize stigma and fear.
1	9%	Medication vouchers pending ADDP approval.
1	9%	Dedicated Patient Navigators for clients with high intensity medical & social needs.

PART 2: NEEDS OF NEWLY DIAGNOSED INDIVIDUALS

2.1 Purpose of Part 2 of Needs Assessment – Update 2024

The needs of newly-diagnosed individuals is a follow up to the Needs Assessment – Update 2023 which focused on linkage to HIV medical care and the time from diagnosis to treatment. This Update responds to questions raised by consumers on the HIV Planning Council and committees. The focus is on the detailed process from HIV testing and diagnosis through linkage to medical care and the services provided by agencies, including mental health counseling and psychosocial support to help PLWH deal with their new diagnosis.

This is important because the number of newly-diagnosed individuals continues to increase in 2024.

2.2 DEMOGRAPHIC PROFILE – NEWLY-DIAGNOSED RWHAP CLIENTS

2.2.1 Snapshot: Newly-Diagnosed PLWH Receiving RWHAP Services in the Newark EMA

Trends in Newly-Diagnosed RWHAP Clients

- The number of newly diagnosed PLWH receiving RWHAP services in the Newark EMA has **increased by 17% or 31 individuals from 187 as of 12/31/22 to 218 as of 12/31/23.** This trend has continued in 2024.
- The number of RWHAP clients is steadily increasing and the increase in newly-diagnosed individuals is contributing to this growth.

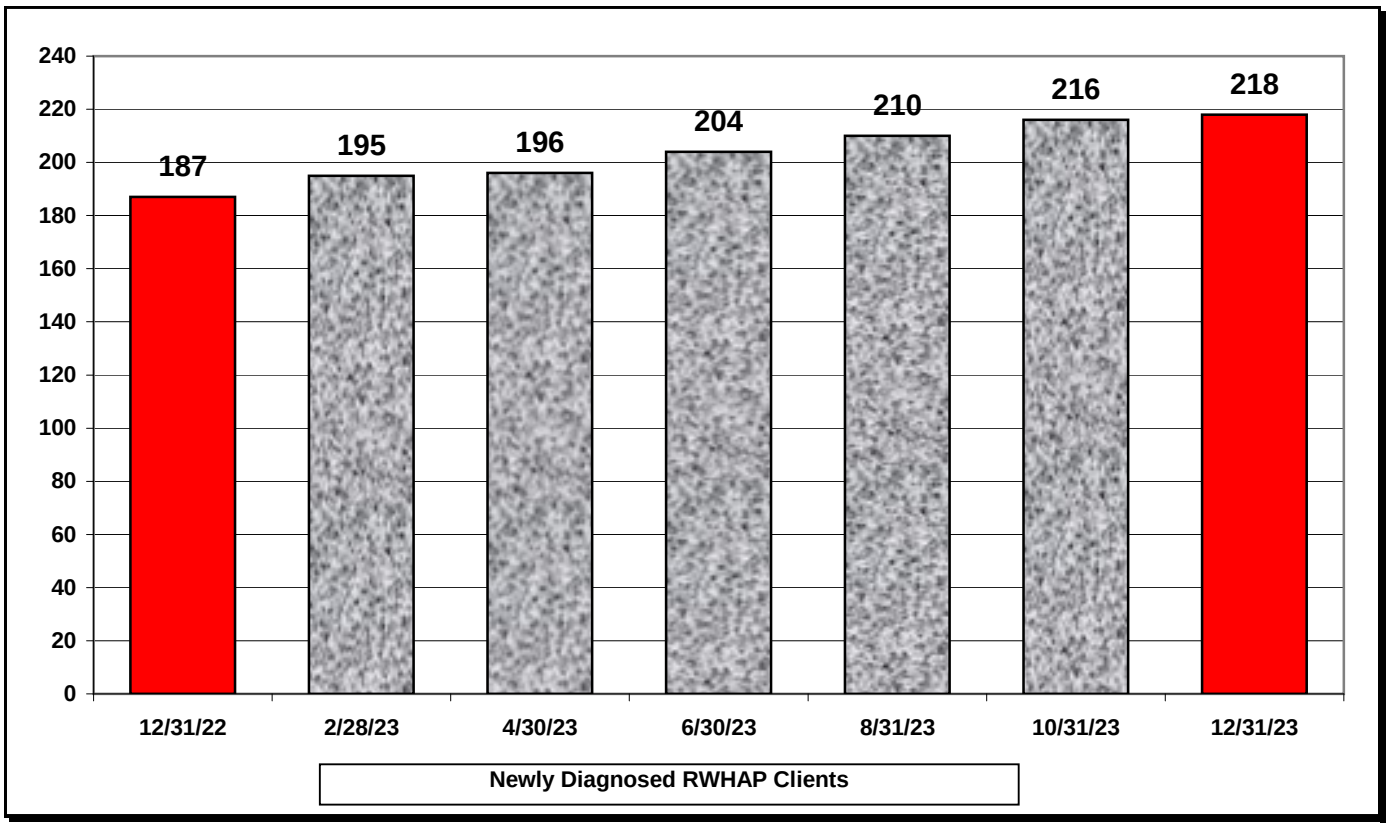
Snapshot - Demographics

- 2/5 (43%) are Hispanic/Latino and 50% Black/African American
- 80% are Male.
- All ages are represented: age 19-24 (12%), age 25-44 (39%), age 35-44 (24%), age 45-54 (17%)
- Nearly half (45%) are uninsured and another 39% have Medicaid
- 73% have incomes <100% FPL and 80% <139% FPL (Medicaid Expansion limit)
- Nearly all (95%) live in Stable Permanent or Temporary Housing – but 5% are unstably housed, nearly double the percent of total unstably housed RWHAP clients (2.67%).
- 1 in 7 (14%) reside outside of the EMA. 1/3 reside in Newark.
- Nearly ½ (46%) are undocumented individuals.

Detailed data tables are in Appendix B.

DEMOGRAPHIC PROFILE – NEWLY-DIAGNOSED RWHAP CLIENTS 2023

Source: CHAMP Client Level Data System 12/31/22 - 12/31/23.



HIGHLIGHTS - 12/31/22 to 12/31/23

Total Newly Diagnosed RWHAP Clients

		Increase	
12/31/22	12/31/23	# Clients	%
187	218	31	16.6%

DEMOGRAPHIC PROFILE – NEWLY-DIAGNOSED RWHAP CLIENTS 2023

	12/31/22 # Clients	12/31/23 # Clients	12/31/22 % New Dx	10/31/23 % New Dx		Significant Trends/Comments
Race/Ethnicity						
Black Not Hispanic	99	110	52.9%	50.5%	↓	Increase among Hispanic/Latino -
Hispanic/Latino	73	94	39.0%	**43.1%**	↑	Nearly half of newly-diagnosed
Gender						
Male	145	173	77.5%	**79.4%**		Majority are male
Female	38	41	20.3%	18.8%		
Age						
Age 19-24	24	26	12.8%	**11.9%**		Increase in Age 45-54
Age 25-34	74	86	39.6%	39.4%		
Age 35-44	50	53	26.7%	24.3%		
Age 45-54	20	37	10.7%	17.0%	↑	
Subtotal	168	202	**89.8%**	**92.7%**		
Health Insurance						
Medicaid	67	85	35.8%	39.0%		Mostly uninsured, followed by
Uninsured	92	99	49.2%	45.4%		Medicaid
Subtotal	**159**	**184**	**85.0%**	**84.4%**		
Income/Poverty Level						
</= 100% FPL	144	160	77.0%	73.4%		
</= 138% FPL	152	172	81.3%	78.9%		3/4 under 100% FPL & 80% <139% FPL Medicaid Expansion Limit
Housing Status						
Stable Permanent Hsg	87	112	46.5%	**51.4%**	↑	Most live in either Stable
Temporary Housing	100	96	53.5%	44.0%	↓	Permanent or Temporary Housing
Subtotal	**187**	**208**	**100.0%**	**95.4%**		
Geography - County of Residence						
Essex	117	118	62.6%	54.1%		% increase in MSW and Outside
Union	42	50	22.5%	22.9%		EMA. All counties had increase in
MSW	9	20	4.8%	**9.2%**	↑	#s.
Subtotal	168	188	89.8%	86.2%		
Outside NEMA	19	30	10.2%	**13.8%**	↑	
Geography - 5 Cities of Residence						
Newark	67	69	35.8%	31.7%		Decline in % of newly diagnosed
East Orange	16	17	8.6%	7.8%		residing in EMA's 5 largest cities
Irvington	18	16	9.6%	7.3%		
Elizabeth	22	20	11.8%	9.2%		
Plainfield	8	8	4.3%	3.7%		
Total	**131**	**130**	70.1%	**59.6%**	↓	
Undocumented Individuals						
No	114	117	61.0%	53.7%		Nearly 1/2 of newly-diagnosed are
Yes	73	101	39.0%	**46.3%**	↑	undocumented

TRENDS IN NEWLY DIAGNOSED RWHAP CLIENTS BY DEMOGRAPHICS

Figure 14: Newly Diagnosed RWHAP Clients 12/31/22-12/31/23 - by Race/Ethnicity

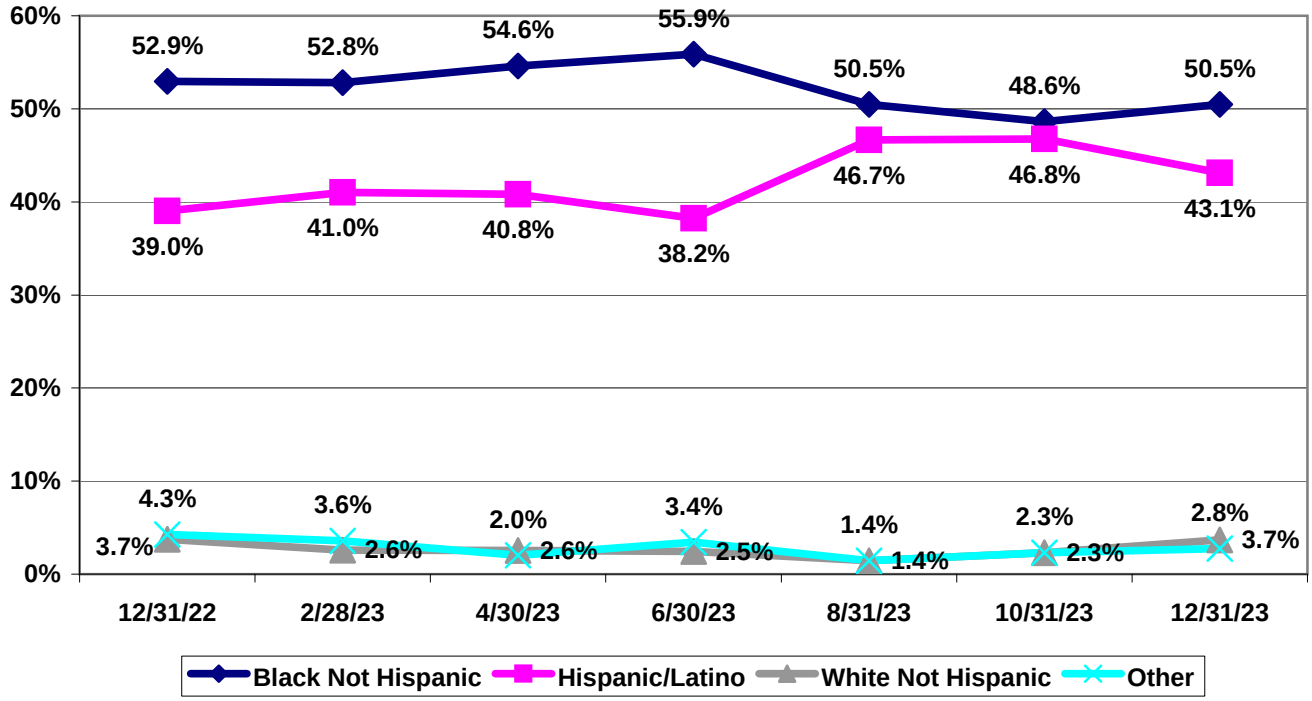
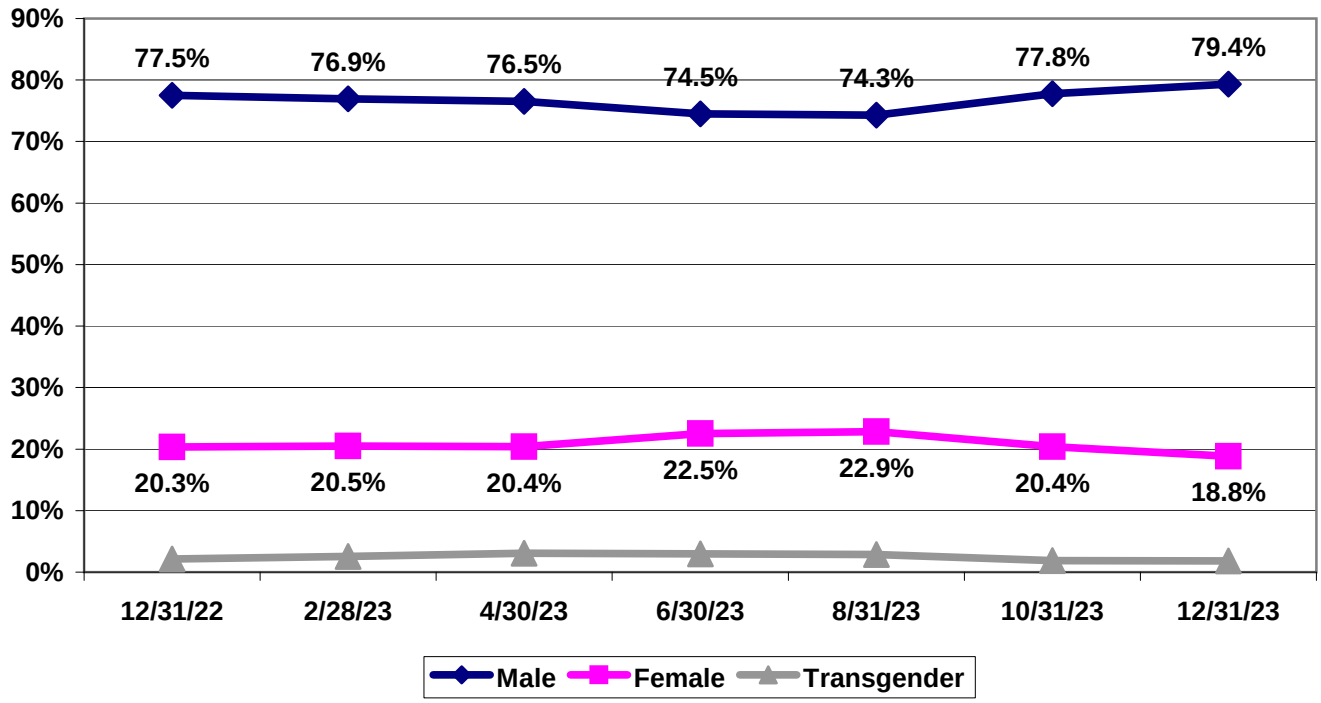


Figure 15: Newly Diagnosed RWHAP Clients 12/31/22-12/31/23 - by Gender



TRENDS IN NEWLY DIAGNOSED RWHAP CLIENTS BY DEMOGRAPHICS

Figure 16: Newly Diagnosed RWHAP Clients 12/31/22-12/31/23 - by Age

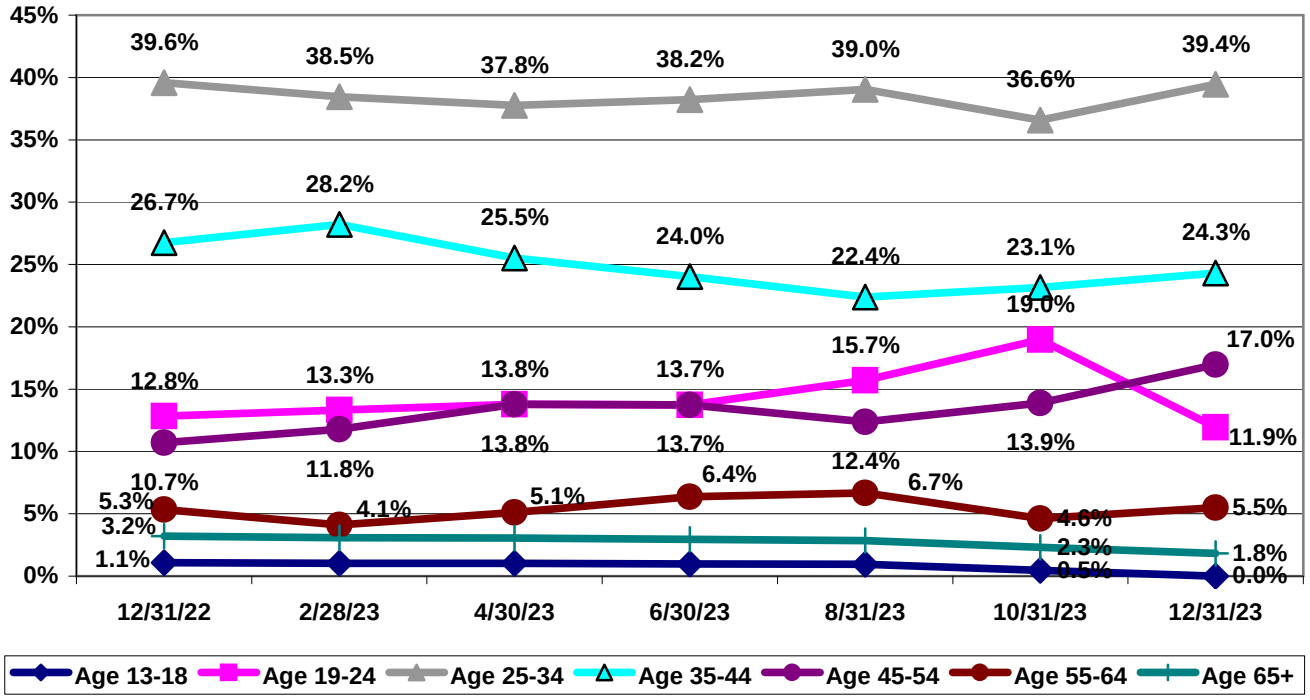
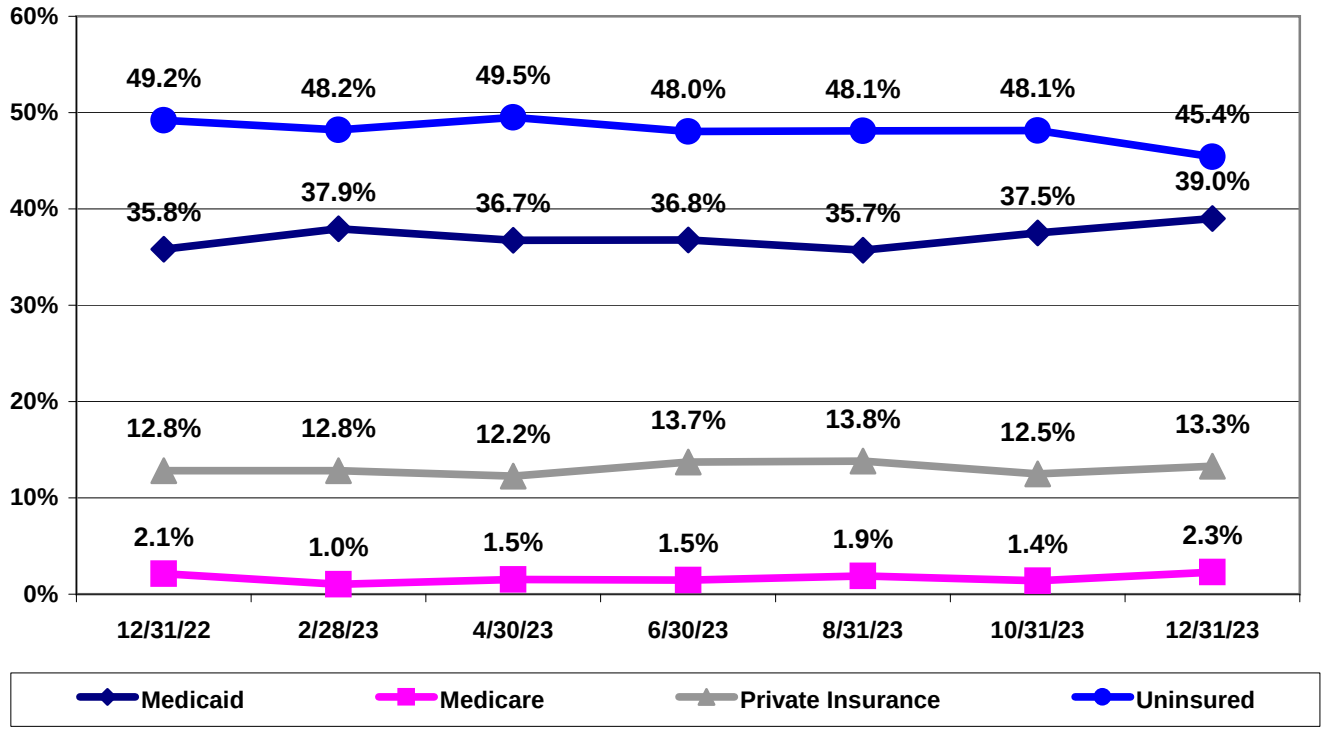


Figure 17: Newly Diagnosed RWHAP Clients 12/31/22-12/31/23 - by Insurance Status



TRENDS IN NEWLY DIAGNOSED RWHAP CLIENTS BY DEMOGRAPHICS

Figure 18: Newly Diagnosed RWHAP Clients 12/31/22-12/31/23 - by Income

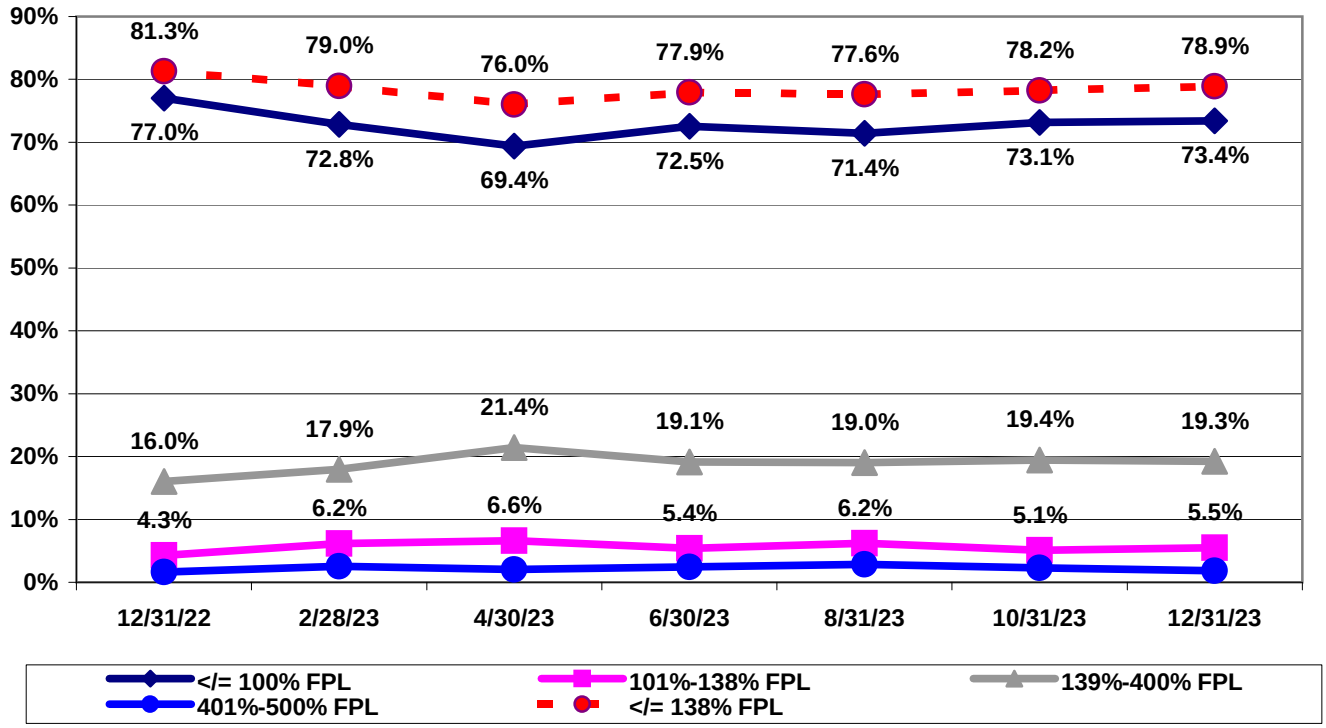
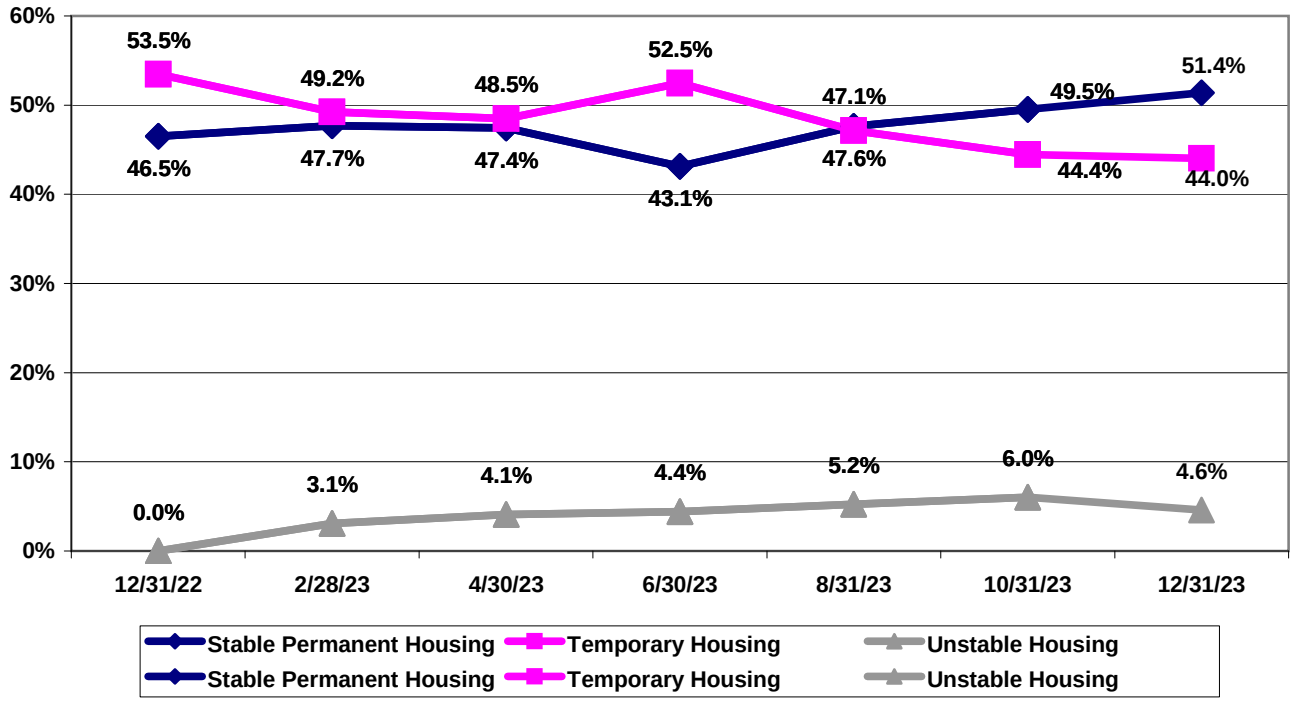


Figure 19: Newly Diagnosed RWHAP Clients 12/31/22-12/31/23 - by Housing Status



TRENDS IN NEWLY DIAGNOSED RWHAP CLIENTS BY DEMOGRAPHICS

Figure 20: Newly Diagnosed RWHAP Clients 12/31/22-12/31/23 - by County of Residence

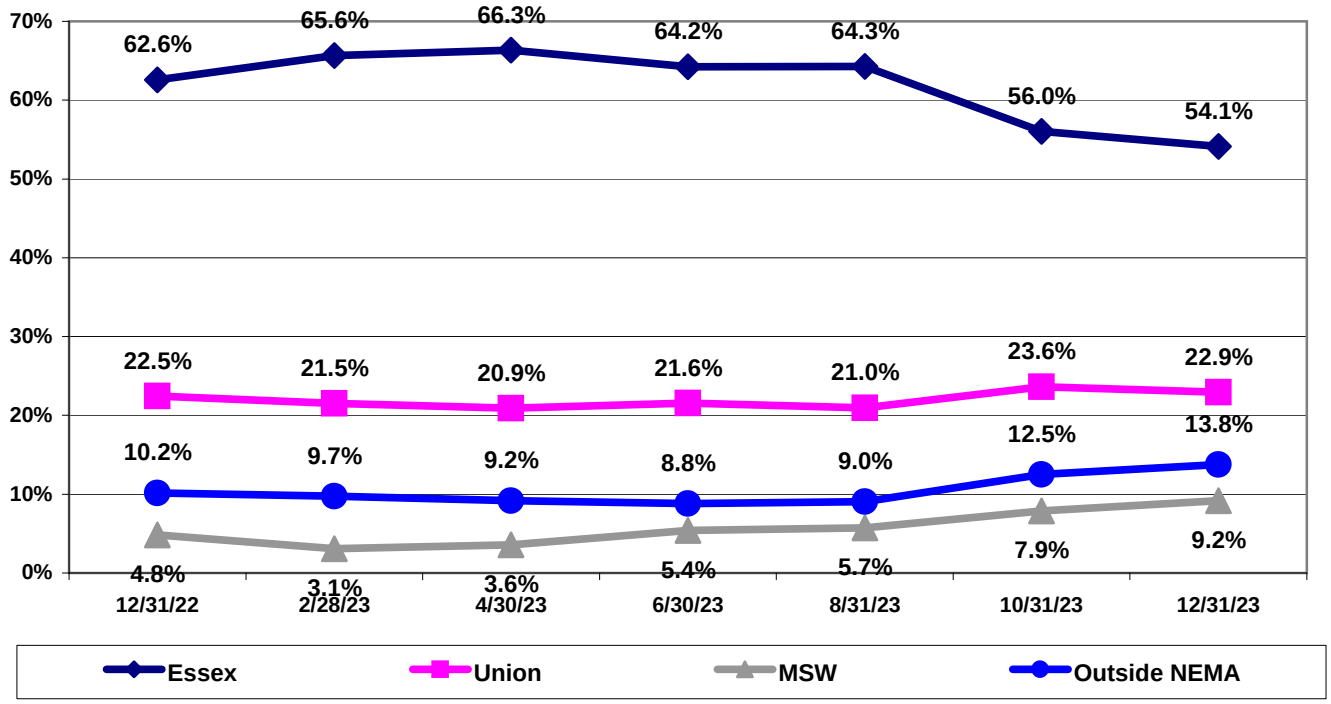
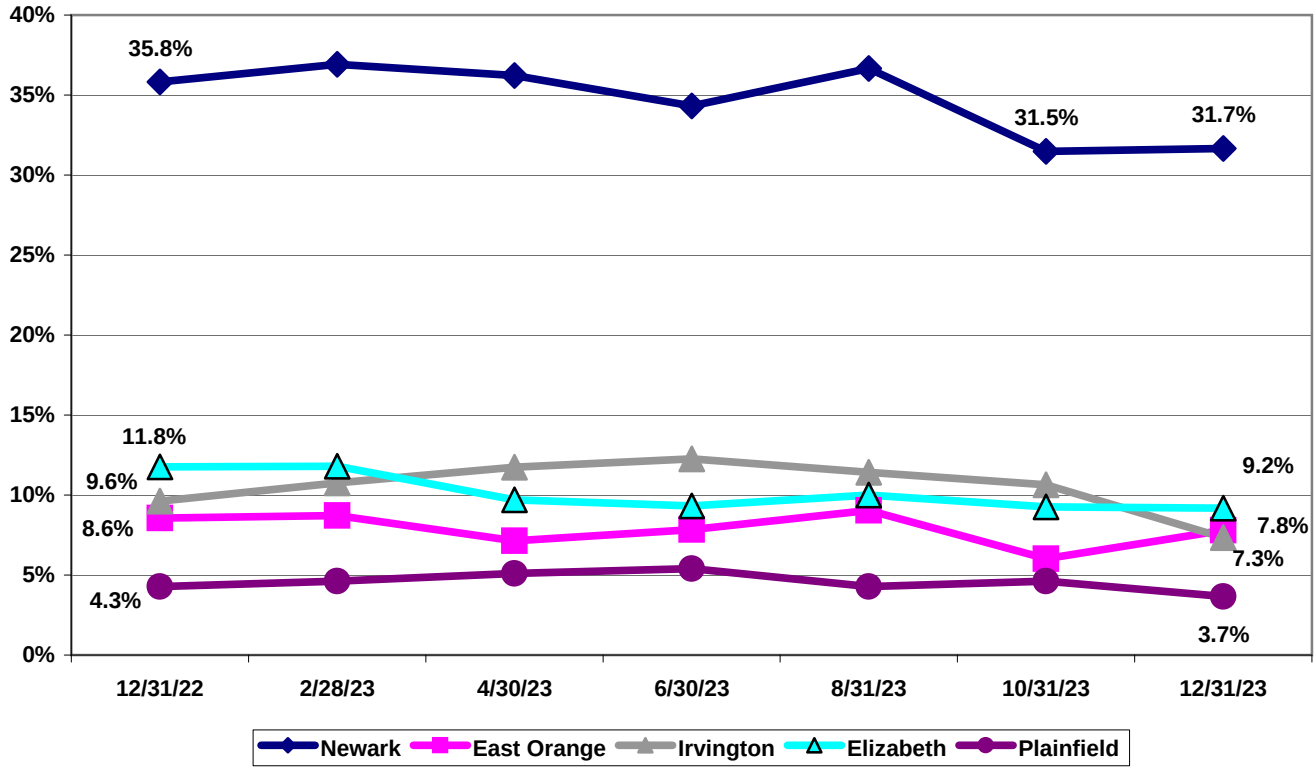
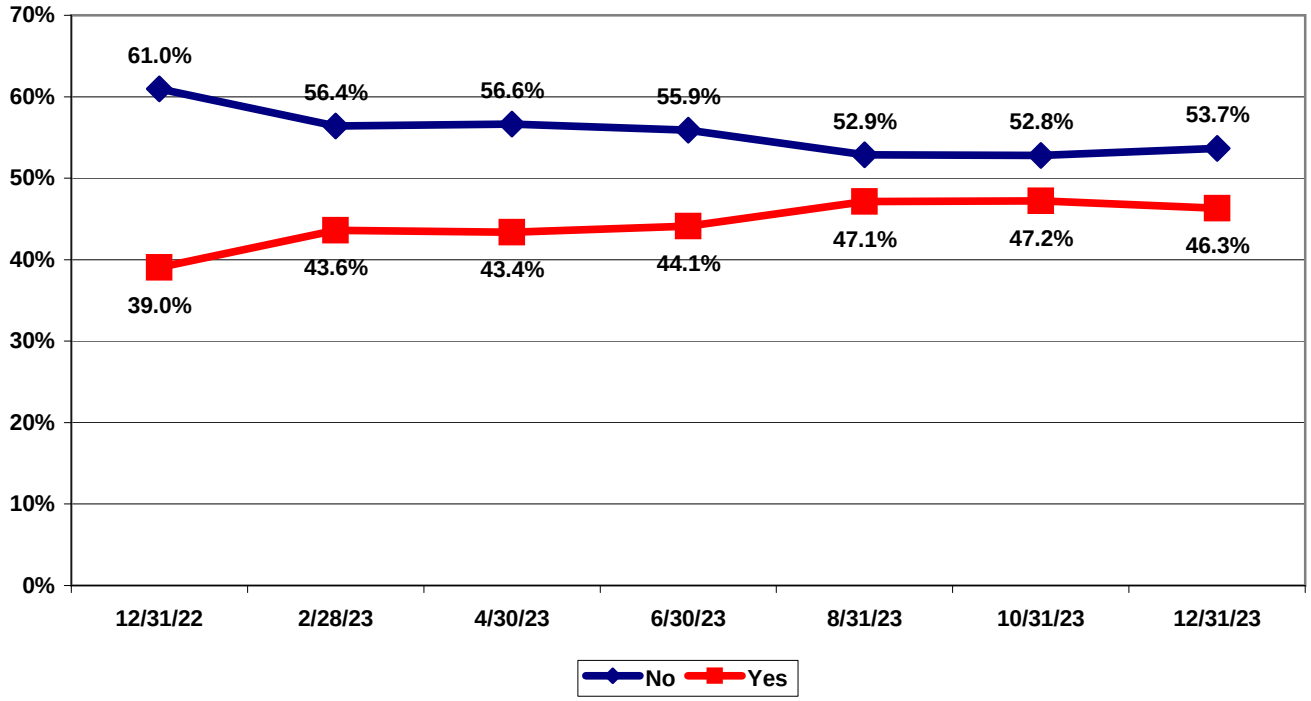


Figure 21: Newly Diagnosed RWHAP Clients 12/31/22-12/31/23 - by 5 Cities of Residence



TRENDS IN NEWLY DIAGNOSED RWHAP CLIENTS BY DEMOGRAPHICS

Figure 22: Newly Diagnosed RWHAP Clients 12/31/22-12/31/23 - Undocumented



2.3 SURVEY #2 – NEEDS OF NEWLY-DIAGNOSED INDIVIDUALS

2.3.1 Purpose of Survey #2

The purpose of this survey was to explore in-depth the process of HIV testing, counseling, linkage to medical care by each agency, especially by agency type – those providing medical care and those providing support services. Results would be used to identify gaps and determine service needs or areas where RWHAP funding could expedite and/or improve linkage to care. This is especially important due to the increasing number of newly-diagnosed individuals in the EMA, many of whom are undocumented, and seeking RWHAP services.

2.3.2 Summary of Survey #2

Respondents

- A total of 32 agencies responded to the survey.
- Of those, 56% (18) provided HIV testing and 44% (14) did not. The agencies not conducting HIV testing provided mostly support services.

Because Survey #2 is much longer than Survey #1, a summary of findings will not be provided here. Results in the following pages are self-explanatory.

SURVEY #2: NEEDS OF NEWLY-DIAGNOSED INDIVIDUALS

Survey #2: What are the needs of Individuals Newly-Diagnosed with HIV?

Total Respondents: **32**

HIV Testing

1. Does your agency conduct HIV testing?

Yes	**18**	**56.3%**
No	14	43.8%
Total	32	100.0%

2. Method of HIV test.

	#	% Total	% Testing
Rapid Test Only	8	25%	44%
Blood Draw Only	3	9%	17%
Rapid Test and Blood Draw	7	22%	39%
Total	**18**	**56%**	**100%**
Not Applicable-No HIV Testing	14	44%	
Total	**32**	100%	

3. When does the individual receive a positive HIV test result?

	#	% Total	% Testing
Immediately after the test	**15**	**47%**	83%
More than one day after the HIV	3	9%	17%
Subtotal	**18**	**56%**	100%
Not Applicable-No HIV Testing	14	44%	
Total	32	100%	

SURVEY #2: NEEDS OF NEWLY-DIAGNOSED INDIVIDUALS

4. Describe your agency's process for informing individuals of their test result and counseling them on next steps, including availability of services, linkage to care and services provided at time of diagnosis or within the first month after diagnosis.

18 Responses.

Every agency has specific processes/procedures which are detailed in Appendix D. Below is the basic outline.

Pre-Test
Biopsychosocial to determine baseline behavioral health risk factors (1).
Counseling on HIV and testing.

Post-Test
HIV Tester shares HIV Test results. Notification of test results.

Results Counseling
Basic education, disclosure and support.
Status neutral approach - HIV+ and HIV- service referral.

Linkage to Health Care - Medical Case Management
Initial Assessment
Creating an initial health plan.
Screening for RW Eligibility.

Initial Medical Visit
Same day or within 7 days (Rapid ART)
Prescribe ARV.
Within 2 weeks following receipt of blood work, scheduling issues.

Before/During/After Medical Visit
Schedule follow up appointments.
Arrange supportive services. Schedule appointments/referrals.

Before/During/After Medical Visit
Ongoing MCM and non-CM support.
Follow up medical visits.

SURVEY #2: NEEDS OF NEWLY-DIAGNOSED INDIVIDUALS

Support to Deal with HIV Diagnosis

5. Does your agency provide mental health counseling or similar counseling and/or support to newly diagnosed individuals to help them deal with their HIV diagnosis? (This was identified as a top priority need by PLWH at the Newark EMA Planning Council.)

Yes	**22**	**68.8%**
No	10	31.3%
Total	32	100.0%

5a. If YES, please describe your services.

15	68.2%	On site mental health/social work services (including MH clinician, LCSW, etc.)
1	4.5%	Psychiatric and psychotherapy sessions.
1	4.5%	Mental health support by providers.
2	9.1%	Psychological support including support groups
3	13.6%	Mental health services by referral.
22	**100%**	

On-Site Services - Mental Health, Counseling

As part of our intake process all of our new patients are seen by our mental health clinician. She performs her intake and assess whether they require linkage to other mental health services. She also offers one on one and

Clients are referred to BH services within our clinics. We have integrated care system where a client can be seen by LCSW on same day.

We have a Licensed Clinical Social Worker.

Yes, Patients are provided the counseling and support by a Licensed Clinical Social Worker. - Services include Mental health Counseling on coping with overwhelming feelings experienced by new HIV diagnosis - Mental health counseling and support are provided as needed by patient.

Crisis intervention counseling is provided to the client by the program Manager who is a trained and licensed

Dr. Figueroa and MCMs provide general counseling and mental health screenings via assessments/discussions. The Nurse provides patient with a PHQ-9 screening for depression. Our FQHC has two behavioral health providers that are able to see our patients if not outside referrals can be provided.

Each person upon admission is assessed by the social worker, substance abuse counselor, and dietitian and

EDGE provides trauma informed mental health and substance use counseling. Our behavioral health department prioritizes RW members. We refer to external providers for people needing a higher level of care.

FTC Staff includes LCSWs, an IBH Initiative, TIC Services and implementation of a pilot virtual health coaching

Individual and group mental health counseling (funded by RW). We also have a psychiatrist (consultant) available 4 hours per week.

Meet with nurse and MCM for education, counseling and support with new diagnosis. Referral for support group, if needed Appointment w Psychiatrist on staff if needed.

Mental health screening, counseling and referrals.

MH counselor is brought in as a part of the team when newly diagnosed client meets when linking for same day medical care.

Newly diagnosed clients are assessed for level of support needed, including nutrition, medical, mental health, substance abuse, and housing. Clients are offered to participate in groups.

PHQ9 assessment completed by LCSW (Mental Health Worker), LCSW provides on-going follow up mental health sessions as needed, if psychiatric services are required, LCSW will refer patient to our APN.

SURVEY #2: NEEDS OF NEWLY-DIAGNOSED INDIVIDUALS

Support to Deal with HIV Diagnosis

The IDP understands the importance of providing comprehensive support to individuals newly diagnosed with HIV, which includes addressing their mental health needs. We offer mental health counseling and support services tailored to the unique challenges and emotions that can accompany an HIV diagnosis. Our goal is to ensure that individuals have access to the resources and support they need to navigate this challenging time and to empower them to live healthy and fulfilling lives. For clients that are assessed at an acuity level of that of 29 or greater, they are referred to our intensive Medical Case Management program called CORE Plus where the staff that includes a Nurse Case Manager and licensed Senior Care Coordination Specialists to provide additional levels of care to assist with a smooth transition into clinical and psychosocial services. For clients needing a higher level of services, clients are referred to University Hospital Behavioral Health Care (UBHC) or other available mental health, psychiatric services.

They are connected to our psychiatrist and a psychiatric evaluation is done also psychotherapy session is set up. Lots of support is provided.

Mental Health Support by Providers

Our providers are equipped to provide mental health support to newly diagnosed individuals during the medical visits. However, we do not have a mental health clinician on site. The position was eliminated after it

Psychosocial Support

Clients receive support services through our psychosocial Support group.

We have the HIV support group, LGBTQ+ group and mental health counseling.

Referral

Supportive services include housing opportunities, emergency financial assistance, nutritional services, CHW support and case management. Mental health counseling is a referral service.

We do not provide clinical mental health counseling at our site. Patients who require psychiatric medication prescribing services are linked to an APN through our site. For individuals requiring ongoing counseling, providers facilitate a referral to a variety of counseling providers depending on insurance and preferences.

We refer out.

5b. If NO, discuss the reason(s) for not providing these services.

Mental health services by referral. Not within agency services. Not in scope of services.

St. Bridget's Residence don't have newly diagnose HIV clients, but we provide mental health counseling to all

We do not have a licensed Mental Health Counselor. A newly diagnosed client is referred for mental health

This agency does provide case management, not mental health counseling with a mental health professional. We would be able to refer to services, also suggest immediate care and treatment resources.

We don't offer internally, but refer all clients to services within our MOU network, including mental health.

We are a legal services provider. (2 agencies)

The Rutgers School of Dental Medicine only provides dental services to HIV+ individuals.

We refer the clients to outside agencies because we are only a housing program.

We do not provide mental health counseling due to funding

Not in our scope of services.

SURVEY #2: NEEDS OF NEWLY-DIAGNOSED INDIVIDUALS

Support to Deal with HIV Diagnosis

6. What RWHAP services do you provide and/or bill for within the first month of diagnosis?

6A. Medical Care	15
6B. Medical Case Management (MCM)	19
6C. Mental Health	18
6D. Psychosocial Support	17

6E. Other

#	%	
43	100%	Services
5	11.6%	Dental Services (if needed)
5	11.6%	Substance Use Treatment
4	9.3%	Nutritional Services
4	9.3%	Transportation Services
3	7.0%	Emergency Financial Assistance
3	7.0%	Medical Nutritional Therapy
2	4.7%	Non-medical case management
2	4.7%	Laboratory services
2	4.7%	Mental Health Services
2	4.7%	Food Pantry
1	2.3%	Copay support as necessary,
1	2.3%	HOPP CHW services
1	2.3%	Home Delivered Meals
1	2.3%	HIPCS
1	2.3%	Legal Services
1	2.3%	Counseling, Benefit Financial Counseling, Referrals,
1	2.3%	Community Health Workers
1	2.3%	Outreach
1	2.3%	ADDP
1	2.3%	Housing
1	2.3%	Psychosocial support services

N/A We are a housing provider. We refer out for these services.

SURVEY #2: NEEDS OF NEWLY-DIAGNOSED INDIVIDUALS

Support to Deal with HIV Diagnosis

7. After a positive HIV test, how quickly does the person start on antiretroviral medication? (days)

No Answer	11
Not Applicable	2
Total	**13**

19	100%	Time Frame
7	36.8%	**Same Day**
5	26.3%	**Within 7 Days**
3	15.8%	**Within 30 Days**
2	10.5%	**Our clients come to us already on ARTs.**
2	10.5%	**Depends on many variables. Clinic referred to.**

8. Do you initiate Rapid ART?

Yes	11	34.4%
No	13	40.6%
Total	**24**	**75.0%**
Missing	**8**	25.0%
Total	32	100.0%

2 Large medical provider agencies did not answer this question.

8B. If no to Rapid ART, list the reasons.

No Answer	23
Not Applicable	2
Total	**25**

Reasons for No Rapid ART
Our residents are admitted form the community on ART's.
RSDM only provides dental services.
We are a housing provider, however if a client is not in care, we refer immediately upon entry into our
We are not a medical facility but usually clients in medical care within 30 days of diagnosis.
We are not a medical facility.
We don't provide this service. (2)

SURVEY #2: NEEDS OF NEWLY-DIAGNOSED INDIVIDUALS

Support to Deal with HIV Diagnosis

9. What is your procedure for initiating anti-retroviral medication after the initial test?

No Answer	10
Not Applicable	1
Total	**11**

Meet with Provider (prescribing agencies)	**10**
Confirm ARV Prescription (non-medical Agencies)	**7**

Prescribing Agencies - Responses

1. Meet with the provider 2.Review the results 3.Making sure Health Insurance coverage is active or ADDP is
After initial test client is connected to priority resources like ADDP, charity care and additional bloodwork is drawn. Patient starts meds as soon as any barriers reduced/eliminated.
After initial test has been reviewed with patient, Medical provider prescribes ART. New set of lab orders are placed to determine patients Viral load, CD4 along with basic metabolic test to evaluate kidney and liver function. Screening for other STI are also included in lab orders.
ART prescribed during the first medical visit, almost immediately after the confirmed HIV test result.
Client is brought over to Care & Treatment dept to meet with provider to link for medical care & Rapid Start; patient is given by provider sample bottle of Rapid Start medication.
Dr. Figueroa discusses ART medication options with patient and patient begins ART as prescribed ASAP after
Providers order labs prior to first appt which is scheduled within 1 week. Labs results are available for review in first appt so that provider can feel comfortable giving ART medications at that time.
Patient must get lab work, we must receive the results and on the 1st medical visit MD prescribes medication.
Samples given at time of test
Newly diagnosed patients are referred to a provider who can prescribe rapid ART. The MCM conducts a full intake including creating an initial care plan. The MCM also ensures the patient can access their medication. The provider follows up with the patient after 1 week.

Non-Prescribing Agencies (Confirming ARV) - Responses

All clients are refer to a medical facility such as Newark Department of Health (Mary Eliza Mahoney Health Center), Trinitas EIP, Newark Beth Israel, etc
Contact the clients' medical provider to make sure client is receiving prescriptions and client is being compliant.
It is this agency's policy to refer to medical care immediately.
Most patients come with a positive diagnosis to us. We start ART asap and coordinate with pharmacy for
Navigator, Clinic so they can start their rapid -ART .
Our residents are admitted from the community on ART's.
This process is also included each year with our grant application.

SURVEY #2: NEEDS OF NEWLY-DIAGNOSED INDIVIDUALS

Other Counseling

PEP Counseling

10. Do you offer or provide PEP counseling at time of positive HIV diagnosis?

Yes Directly	8	25.0%
Yes by Referral	6	18.8%
No	11	34.4%
Total	25	78.1%
Missing	7	21.9%
Total	**32**	**100.0%**

Do not provide HIV testing (6)

10B. If NO, list reason(s).

PEP counseling is offered while conducting HIV testing if client states recent exposure; if client tested is with partner then partner receives PEP counseling & medical/medication services by provider same day as newly diagnosed HIV(+) client linking for treatment.

PEP is inappropriate for people with HIV. However, MCM do provide education on nPEP services for patients with serodiscordant partners and facilitate referral for partners who are interested in these services. The program does PrEP counseling for people who are HIV negative which extends to people engaging in nPEP.

I don't understand the question about post-exposure prophylaxis counseling if they are positive. We provide counseling regarding a new diagnosis.

PEP is not something we give to persons who have a positive HIV diagnosis. We use/ administer PEP to persons who identify as being exposed to HIV within 72 hours.

PEP and all other forms of support are initiated prior to admission to the nursing facility.

PrEP Counseling

11. Do you offer or provide PrEP counseling at time of positive HIV diagnosis?

Yes Directly	13	40.6%
Yes by Referral	6	18.8%
No	11	34.4%
Total	30	93.8%
Missing	2	6.3%
Total	**32**	**100.0%**

Do not provide HIV testing (6)

11B. If NO, list reason(s).

PrEP counseling is offered while conducting HIV testing if client states recent exposure; if client tested is with partner then partner receives PrEP counseling services & if partner is interested partner is then linked for PrEP

PrEP is inappropriate for people with HIV. However, MCM do provide education on PrEP services for patients with serodiscordant partners and facilitate referral for partners who are interested in PrEP services. The program does PrEP counseling for people who are HIV negative or engage in high risk behaviors.

Do you mean for partners? If so yes.

"The client will receive information about PrEP as needed to share with their partners as needed. (3)

All forms of Prep and other supports are initiated prior to admission to the nursing facility.

During intake and ___(illegible) each client is asked a prevention screener accessing risk for HIV and/or STI. PrEP counseling is provided on site.

SURVEY #2: NEEDS OF NEWLY-DIAGNOSED INDIVIDUALS

Barriers and Best Practices

12. What barriers have you experienced that prevent a newly-diagnosed person from engaging in HIV medical care?

32	100.0%	Total

#	%	Response
5	15.6%	No answer
3	9.4%	Not Applicable. (Client already is diagnosed/in care when they reach the agency.)
4	12.5%	No Barriers. Agency has not experienced any barriers.
12	**37.5%**	***Subtotal - No response, Not Applicable, No Barriers***

#	%	Response	**Multiple responses from 20 Agencies.**
		RYAN WHITE SERVICES RELATED ISSUES	
16	**50.0%**	**Health Insurance, Access to Health Care**	
7	21.9%	Health insurance - lack of (uninsured) or underinsured	
3	9.4%	Lack of funding for prescription medications	
2	6.3%	Limited availability of ID provider scheduling. Lack of appointments.	
1	3.1%	Access to health care	
1	3.1%	Charity care not approved timely. Amount of documentation requested by charity care	
1	3.1%	Fear of bills if they have no insurance	
1	3.1%	Not eligible for RW services due to income and lack coverage to link to private provider.	
7	**21.9%**	**Transportation Related Issues**	
7	21.9%	Transportation issues. Lack of access to transportation. Lack of transportation prior to i	
7	**21.9%**	**Behavioral Health Issues**	
5	15.6%	Mental Health Issues/Depression	
2	6.3%	Substance Use Issues	
5	**15.6%**	**Housing Issues**	
5	15.6%	Homelessness (actual or imminent). Unstable housing. Stability.	
2	**6.3%**	**Language Barriers**	
2	6.3%	Lack of Creole speaking MCM for our Creole speaking patients. Language barriers.	
		CLIENT-RELATED ISSUES	
20	**62.5%**	**Stigma, Fear, Readiness for Treatment**	
5	15.6%	Stigma. Stigma around diagnosis.	
4	12.5%	Fear. Fear of the unknown.	
4	12.5%	Not ready to engage in treatment. Client resistance to care adherence and scheduling.	
2	6.3%	Denial of HIV diagnosis	
2	6.3%	Fear of the medical system. Mistrust.	
1	3.1%	Low health literacy regarding HIV disease,	
1	3.1%	Unaware of support available	
1	3.1%	Diagnosis is low priority when other concrete/coexisting issues are present.	
3	**9.4%**	**Immigration and Documentation**	
1	3.1%	Immigration status (fear immigration status is a factor in securing care)	
1	3.1%	Lack of documentation.	
1	3.1%	Residency status.	

SURVEY #2: NEEDS OF NEWLY-DIAGNOSED INDIVIDUALS

Barriers and Best Practices

13. How has your agency addressed and/or overcome these barriers? What are the best practices that you have implemented successfully?

32	100.0%	Total

#	%	Response
2	6.3%	No answer
7	21.9%	Not Applicable.
1	3.1%	No Issues
10	**31.3%**	***Subtotal - No response, Not Applicable, No Issues***

#	%	Response	**Multiple responses from 22 Agencies.**
12	**37.5%**	**Service Coordination and Collaboration**	
3	9.4%	Community Health Workers to engage and return patients to care.	
1	3.1%	Collaboration with medical partners by support service agencies.	
1	3.1%	Rapid HIV Treatment	
1	3.1%	Expedited intake appointment to link to care.	
2	6.3%	Reduce/eliminate concrete barriers via ARTAS Counselors, Patient Navigators and Retention Specialists. Implement 2iS initiative to improve adherence.	
2	6.3%	Establish a good working relationship with referring agency and case managers in order to better understand the referral process and seamlessly initiate the referral and	
2	6.3%	Community partnerships	
1	3.1%	Team approach within agency. Address whole person.	
1	3.1%	Holistic approach to patient care. Intgrated, culturally-competent care.	
22	**68.8%**	**Services**	
5	15.6%	Transportation to/from medical care. By agency SUV. Bus tickets. Referrals. LYFT.	
4	12.5%	Education on HIV - transmission, medications, lab values, etc. Counseling.	
1	3.1%	Appointment with mental health provider for newly-diagnosed.	
2	6.3%	Assistance with applying for Medicaid, ADDP, prescription drug programs, housing, SA.	
2	6.3%	Counseling on need to seek medical care. Assist client with medical appointments.	
1	3.1%	Ongoing client support by outreaching via call, text message until client is ready for trea	
2	6.3%	Referrals by support agencies to medical care and health insurance.	
1	3.1%	Provide starter packs for newly diagnosed from ART manufacturers and refer to charity care department at St. Michael's Medical Center.	
2	6.3%	Provide housing for patient stability.	
1	3.1%	Case management	
1	3.1%	Referral packages including patient documents needed for charity care.	
1	3.1%	Referrals to mental health services as needed.	
1	3.1%	Referrals to immigration services as needed.	
1	3.1%	Special attention and time for newly-diagnosed patients.	
1	**3.1%**	**Barriers Still Exist**	
1		Translation, linguistic issues, language barriers.	

SURVEY #2: NEEDS OF NEWLY-DIAGNOSED INDIVIDUALS

Other Services and Recommendations

14. Are there any other services or methods not listed above that would help newly-diagnosed PLWH access and remain in HIV medical care? Please list.

32	100.0%	Total

#	%	Response
5	15.6%	No answer
4	12.5%	Not Applicable. (Client already is diagnosed/in care when they reach the agency.)
3	9.4%	None
12	**37.5%**	***Subtotal - No response, Not Applicable, No Barriers***

#	%	Response	**Multiple responses from 20 Agencies.**
14	**43.8%**	**More Funding for Following Services**	
1	3.1%	Non-Medical Case Management	
1	3.1%	Labs	
1	3.1%	Medical Case Management (MCM). Mental Health/Substance Abuse (MH/SA)	
5	15.6%	Housing Issues and programs. Housing services.	
2	6.3%	Community Health Workers	
4	12.5%	Transportation. Transportation other than bus tickets. Uber Health, LYFT.	
6	**18.8%**	**Enhanced Case Management/Service Coordination**	
1	3.1%	Closer work with clients re documentation, applications (ADDP, charity care)	
1	3.1%	Community Health Workers (support case management)	
1	3.1%	Coordination with and knowledge of resources available in Newark.	
1	3.1%	Coordinate with housing - supportive, transitional - rental/utility assistance, food pantries	
1	3.1%	Insurance assistance.	
1	3.1%	Text communication. Constant support and navigation of services and resources, for first full year of medical care.	
4	**12.5%**	**More Services**	
1	3.1%	More evening clinics, continued education, alternative therapies.	
1	3.1%	More available mental health services, groups, more flexible group times.	
2	6.3%	More Creole language specific services. Translation services.	
4	**12.5%**	**Administrative Issues**	
1	3.1%	Documentation flexibility for RW certification	
1	3.1%	Review ADDP requirement for HIV VL for newly diagnosed individuals. Presumptive eligibility.	
1	3.1%	Appealing environment for patients.	
1	3.1%	Pamphlets re medical treatments, medications, counseling, etc.	

SURVEY #2: NEEDS OF NEWLY-DIAGNOSED INDIVIDUALS

Other Services and Recommendations

15. Do you have any recommendations for the Newark EMA RWHAP that would help your agency and these newly diagnosed individuals access HIV medical care? Please list.

32	100.0%	Total

#	%	Response
7	21.9%	No answer
4	12.5%	Not Applicable.
5	15.6%	No Recommendations
16	**50.0%**	***Subtotal - No response, Not Applicable, No Issues***

#	%	Response	**Multiple responses from 16 Agencies.**
15	**46.9%**	**More Funding for Following Services**	
2	6.3%	Labs. More funding for lab work for newly diagnosed with no health insurance especially the undocumented.	
1	3.1%	Medical Case Management (MCM). Mental Health/Substance Abuse (MH/SA)	
1	3.1%	Housing Issues and programs. Housing services. HOPP funding.	
1	3.1%	Community Health Workers	
4	12.5%	Transportation. Bus tickets. Transportation other than bus tickets. Uber Health, LYFT.	
1	3.1%	Increase funding to provide Peer care navigation (i.e., accompanying client to initial appointments)	
1	3.1%	Increased cost assistance funding to help people with coinsurance costs and lab visits.	
1	3.1%	Medication funding to supplement while pending ADDP approval.	
1	3.1%	Funding for immunizations.	
1	3.1%	More funding overall.	
1	3.1%	Need additional funds to cover out of pocket costs. NBIMC has a very small Health Insurance/Cost Sharing budget.	
4	**12.5%**	**Enhanced Case Management/Service Coordination**	
1	3.1%	Coordination with and knowledge of resources available in Newark.	
1	3.1%	Insurance assistance.	
1	3.1%	More education around HIV care would be of great assistance.	
1	3.1%	More groups to help clients see others who take medications and are living well.	
4	**12.5%**	**More Services**	
1	3.1%	More early/late clinics hours for those that work. , continued education, alternative the	
1	3.1%	Creole speaking MCM or outreach worker needed to assist current MCMs.	
1	3.1%	Translation services.	
1	3.1%	Bilingual Mental Health Counselor for Spanish speaking patients.	
3	**9.4%**	**Administrative Issues**	
1	3.1%	Easier and faster processing of medical assistance application.	
1	3.1%	Presumptive ADDP eligibility so clients can quickly receive medication at no cost	
1	3.1%	Pamphlets re medical treatments, medications, counseling, etc.	

SURVEY #2: NEEDS OF NEWLY-DIAGNOSED INDIVIDUALS

Other Services and Recommendations

16. Please list any other recommendations, suggestions or comments you have regarding individuals newly diagnosed with HIV PLWH in the Newark EMA.

32	100.0%	Total

#	%	Response
11	34.4%	No answer
8	25.0%	Not Applicable.
3	9.4%	None at this time.
22	**68.8%**	***Subtotal - No response, Not Applicable, None at this Time***

#	%	Response	**Multiple responses from 10 Agencies.**
3	**9.4%**	**More Funding for Following Services**	
1	3.1%	Additional dollars for Housing security deposits.	
1	3.1%	Transportation to initial intake.	
1	3.1%	Medical care assistance to those who exhaust their insurance.	
2	**6.3%**	**Enhanced Case Management/Service Coordination**	
1	3.1%	Weekly check in with clients who miss appointments. Provide transportation to ensure appointments are kept.	
1	3.1%	More services and coordination for newly-diagnosed undocumented individuals.	
2	**6.3%**	**More Services**	
1	3.1%	Spanish and Creole speaking doctors so patients will feel more comfortable	
1	3.1%	More psychotherapy for clients - minimum 6 weeks.	
3	**9.4%**	**Administrative Issues**	
1	3.1%	Cross-county RW Collaborations	
1	3.1%	Flexibility of documentation requirements for patients new to this country.	
1	3.1%	More Unified process to determine/confirm HIV VL verification to expedite referrals to other RW-funded agencies.	

CONCLUSIONS AND RECOMMENDATIONS

This section summarizes conclusions from the Needs Assessment - Update 2024 and corresponding recommendations to improve serving the increasing number of undocumented RWHAP clients and newly-diagnosed RWHAP clients.

Undocumented Clients

Conclusions

- There are needs for language-specific services, e.g., Creole speaking staff and Spanish-speaking mental health professionals especially psychiatrists or providers who can prescribe appropriate psychiatric medications.
- Undocumented PLWH have housing needs, although most are stably housed.
- An array of non-RWHAP services are available in the EMA to support the RWHAP-funded care continuum and address non-medical needs of undocumented individuals. It is not known if all RWHAP agencies are aware of these resources.

Recommendations

- RWU should investigate how better to use RWHAP resources to address the specific linguistic and mental health needs of undocumented individuals. This can include use of EHE funds if appropriate for PLWH in Essex County.
- RWU should implement the recently-expanded federal HRSA HAB policy allowing RWHAP funds to be used to pay for rental security deposits (within specific requirements).
- Planning Council support staff in collaboration with community agencies serving the undocumented should develop a Resource Inventory of services to be distributed to RWHAP providers. The Inventory can start with the agencies listed in this Needs Assessment. If such inventories are already available, they should be shared with RWHAP-funded agencies.

Newly Diagnosed Clients

Conclusions

- There appear to be gaps in linking newly-diagnosed individuals to medical care and ARVs while awaiting approval for charity care or ADDP. These gaps should not exist with the Federal emphasis on Rapid Treatment of newly-diagnosed PLWH.
- There continue to be delays in linkage to care (within 30 days) following HIV diagnosis.
- Fear and denial of HIV diagnosis continue to be the main reason for clients not engaging in medical care immediately following diagnosis.

Recommendations

- Agencies can use RWHAP funds for medical care (Outpatient Ambulatory Health Services - OAHS) and Emergency Financial Assistance (EFA) to pay for these services pending approval.
- Agencies should continue to improve linkage to care following diagnosis following the reporting protocol of the Early Intervention and Retention Collaboratives (EIRCs).
- Agencies should continue to follow best practices and evidence-based practices to counsel reluctant clients and engage newly diagnosed PLWH in care as soon as possible.

APPENDIX A:

AGENCY SURVEY TOOLS

(1) Needs of Undocumented PLWH

(2) Needs of Newly-Diagnosed Individuals

NEWARK EMA – NEEDS ASSESSMENT UPDATE 2024 -

Survey #1: What are the needs of undocumented People Living With HIV (PLWH)?

The purpose of this portion of the needs assessment is to respond to the increasing numbers of undocumented PLWH who are accessing HIV medical care and other Ryan White HIV/AIDS Program (RWHAP) services in the Newark EMA. We are asking for information on services your agency is providing to undocumented PLWH either directly or by referral regardless of funding source, identifying any unmet needs and providing recommendations and comments if you want. The information you provide will be used in the Newark EMA FY 2025 Priority Setting and Resource Allocation (PSRA) process.

Instructions. This is a brief 2-page survey. Services are organized in order of RWHAP funded services in the Newark EMA and RWHAP-eligible services and others but **include all funding sources**.

Please complete this brief survey in **Microsoft Word** and use as much space as needed for your answers. Completing the survey in Word will be very helpful with our tabulation of the data and agency responses.

Refer all questions to your Ryan White Program Monitor or Roberto Benoit of the Newark EMA Planning Council at (908) 353-7171 Extension 109. **Please return the completed questionnaire as a Word document to Roberto by April 5, 2024.**

1. Agency Name: _____
2. Person Completing Survey: _____
3. Phone number: _____

1. Does your agency provide services to undocumented PLWH? ☐ Yes ☐ No
   a. If no, reason(s). _____
   _____
   _____
   b. If no, THIS SURVEY IS COMPLETED.

2. Please **check ALL services** your agency provides to undocumented PLWH either directly or by referral or both. Please list the exact name of the agency referred to. **A blank in any service will mean that your agency does not provide the service either directly or by referral.**

	Service Type	Dir-ectly (X)	Ref-erral (X)	Agency Referred to
	RWHAP Funded by EMA			
	Core Medical			
1	Primary Medical Care			
2	Outpatient Substance Use			
3	Mental Health Services			
4	Medical Case Management			
5	Medical Nutritional Therapy			
6	Health Insurance Assistance			
7	Early Intervention Services			
8	Oral Health Services			
	Support Services			
9	Housing Services			
10	Non-Medical Case Management			
11	Medical Transportation			
12	Psychosocial Support Services			
13	Legal/Other Professional Services			
14	Food Bank/Delivered Meals			
15	Emergency Financial Assistance			
	RWHAP Not Funded by EMA			
16	Residential Substance Abuse			
17	Pharmaceutical Assistance (NON ADDP)			
18	Home/Community-Based Health Services (provided in the home)			
19	Home Health Care			
20	Hospice			
21	Child Care Services			
22	Health Education/Risk Reduction			
23	Linguistic Services			
24	Outreach Services			
25	Permanency Planning			
26	Referral for Health Care/Support Services			
27	Rehabilitation Services			
28	Respite Care			
	OTHER (Enter any services not listed above)			
29				
30				
31				
32				
33				
34				
35				
36				

3. What are some of the non-RWHAP funding sources that support undocumented PLWH?

4. Are there any other services not listed above that would help undocumented PLWH access and remain in HIV medical care? Please list.

5. Do you have any recommendations for the Newark EMA RWHAP that would help your agency and these individuals access HIV medical care? Please list.

6. Please list any other recommendations, suggestions or comments you have regarding the population of undocumented PLWH in the Newark EMA.

Thank you for completing this survey!

NEWARK EMA – NEEDS ASSESSMENT UPDATE 2024 -

Survey #2: What are the needs of Individuals Newly-Diagnosed with HIV?

The purpose of this portion of the needs assessment is to further identify needs of individuals newly diagnosed with HIV and identify any unmet need or service gaps both within and outside of the Newark EMA's Ryan White HIV/AIDS Program (RWHAP) -

We are asking for information on services provided by your agency - **from the point of HIV testing and diagnosis through linkage to and engagement in HIV medical care.** We also ask that you identify any unmet needs or gaps in services, and provide recommendations and comments if you want. The information you provide will be used in the Newark EMA FY 2025 Priority Setting and Resource Allocation (PSRA) process.

Instructions. Please complete this brief survey in **Survey Monkey. The link is xxxxxx. You may want to complete the document first in Microsoft Word** and then copy and paste your answers into Survey Monkey. Use as much space as needed for your narrative answers.

Refer all questions to your Ryan White Program Monitor or Roberto Benoit of the Newark EMA Planning Council at (908) 353-7171 Extension 109. **Please submit your agency's responses in Survey Monkey by April 5, 2024.**

1. Agency Name: _____
2. Person Completing Survey: _____
3. Phone number: _____

HIV Testing

1. Does your agency conduct HIV testing? ☐ Yes ☐ No
   If **NO**, proceed to **Question #5**.
2. Method of HIV test. ☐ a. Rapid HIV Test ☐ b. Blood draw ☐ c. Other
3. When does the individual receive a positive HIV test result?
   ☐ a. Immediately after the test ☐ b. Next day after the test ☐ c. More than one day after the HIV test.

Immediately after HIV Diagnosis

4. Describe your agency's process for informing individuals of their test result and counseling them on next steps, including availability of services, linkage to care and services provided at time of diagnosis or within the first month after diagnosis.

   _____
   _____
   _____
   _____

Support to Deal with HIV Diagnosis

5. Does your agency provide mental health counseling or similar counseling and/or support to newly diagnosed individuals to help them deal with their HIV diagnosis? (This was

identified as a top priority need by PLWH at the Newark EMA Planning Council.)

☐ Yes. ☐ No

a. If YES, please describe your services.

_____

_____

_____

_____

b. If NO, discuss the reason(s) for not providing these services.

_____

_____

_____

_____

6. What RWHAP services do you provide and/or bill for within the first month of diagnosis?

☐ a. Medical care ☐ b. Medical case management ☐ c. Mental health
☐ d. Psychosocial Support ☐ e. Other (list)

_____

_____

7. After a positive HIV test, how quickly does the person start on antiretroviral medication? (days) _____
8. Do your initiate Rapid ART?
   a. Yes No
   b. If no to Rapid ART, list the reasons.
9. What is your procedure for initiating anti-retroviral medication after the initial test?

_____

_____

PrEP Counseling

10. Do you offer or provide PrEP counseling at time of positive HIV diagnosis?
    a. ☐ Yes directly. ☐ Yes by referral. ☐ No.
    b. If NO, list reason(s).

_____

_____

_____

PEP Counseling

11. Do you offer or provide PEP counseling at time of positive HIV diagnosis?
    a. ☐ Yes directly. ☐ Yes by referral. ☐ No.
    b. If NO, list reason(s).

_____

_____

_____

Barriers and Best Practices

12. What barriers have you experienced that prevent a newly-diagnosed person from engaging in HIV medical care?

13. How has your agency addressed and/or overcome these barriers? What are the best practices that you have implemented successfully?

Other Services and Recommendations

14. Are there any other services or methods not listed above that would help newly-diagnosed PLWH access and remain in HIV medical care? Please list.

15. Do you have any recommendations for the Newark EMA RWHAP that would help your agency and these newly diagnosed individuals access HIV medical care? Please list.

16. Please list any other recommendations, suggestions or comments you have regarding individuals newly diagnosed with HIV PLWH in the Newark EMA.

Thank you for completing this survey!

APPENDIX B:

DEMOGRAPHIC PROFILES – DATA TABLES

(1) Demographic Profile of Undocumented RWHAP Clients: Data Tables

(2) Demographic Profile of Newly Diagnosed RWHAP Clients: Data Tables

DEMOGRAPHIC DATA OF UNDOCUMENTED RWHAP CLIENTS

Demographic Category & Characteristic		Measurement Year - Ending: Cycle 86 12/31/22	Cycle 87 2/28/23	Cycle 88 4/30/23	Cycle 89 6/30/23	Cycle 90 8/31/23	Cycle 91 10/31/23	Cycle 92 12/31/23
Race/Ethnicity	Black Not Hispanic	222	225	229	242	253	275	282
	Hispanic/Latino	475	508	532	548	585	612	628
	White Not Hispanic	24	21	23	25	25	24	27
	Other	18	18	23	26	25	25	25
	Total	739	772	807	841	888	936	962
Gender	Male	505	529	548	571	606	637	659
	Female	225	232	245	256	266	282	285
	Transgender (M to F)	8	11	14	14	15	16	17
	Transgender (F to M)	1	0	0	0	1	1	1
	Total	739	772	807	841	888	936	962
Age Category	Age 0-12	0	0	0	0	0	0	0
	Age 13-18	1	1	1	1	1	2	1
	Age 19-24	27	33	37	38	44	53	37
	Age 25-34	168	181	190	204	229	246	249
	Age 35-44	252	266	286	288	303	308	315
	Age 45-54	157	162	163	173	176	188	217
	Age 55-64	103	102	103	108	106	109	111
	Age 65+	31	27	27	29	29	30	32
	Age Unknown	0	0	0	0	0	0	0
	Total	739	772	807	841	888	936	962
H4C Health Ins	Medicaid	84	97	96	107	115	133	135
	Medicare	4	7	6	9	3	4	7
	Private Insurance	109	118	129	127	130	138	130
	Uninsured	541	549	575	597	639	660	690
	Other	1	1	1	1	1	1	0
	Total	739	772	807	841	888	936	962
Housing Status	Stable Permanent Housing	380	401	402	427	439	473	491
	Temporary Housing	352	364	397	408	442	454	462
	Unstable Housing	7	7	8	6	7	9	9
	Housing Status Unknown	0	0	0	0	0	0	0
	Total	739	772	807	841	888	936	962
Poverty	</= 100% FPL	588	608	631	652	693	729	746
	101%-138% FPL	57	62	65	65	67	64	68
	139%-200% FPL	60	59	66	69	74	87	91
	201%-300% FPL	24	30	32	43	42	42	44
	301%-400% FPL	8	9	8	4	3	5	7
	401%-500% FPL	1	3	4	7	5	5	5
	>500% FPL	1	1	1	1	2	2	1
	Not Enough Data	0	0	0	0	2	2	0
	Total	739	772	807	841	888	936	962
ACA FPL	</= 138% FPL	645	670	696	717	760	793	814
	139%-400% FPL	92	98	106	116	119	134	142
	401%-500% FPL	1	3	4	7	5	5	5
	> 500% FPL	1	1	1	1	2	2	1
	Not Enough Data	0	0	0	0	2	2	0
	Total	739	772	807	841	888	936	962

DEMOGRAPHIC DATA OF UNDOCUMENTED RWHAP CLIENTS

Undocumented Clients - Number								
		Measurement Year - Ending:						
		Cycle 86	Cycle 87	Cycle 88	Cycle 89	Cycle 90	Cycle 91	Cycle 92
Demographic Category & Characteristic		12/31/22	2/28/23	4/30/23	6/30/23	8/31/23	10/31/23	12/31/23
NEMA	Essex	390	409	424	433	458	471	486
County	Union	195	207	213	234	240	255	253
MSW	MSW	46	41	48	48	50	59	60
	Subtotal	631	657	685	715	748	785	799
	Outside NEMA	108	115	122	126	140	151	163
	Total	739	772	807	841	888	936	962
5 Cities	Newark	254	257	267	273	288	296	307
	East Orange	30	29	31	32	37	36	36
	Irvington	53	64	65	70	76	74	71
	Elizabeth	120	125	131	148	148	157	154
	Plainfield	36	39	40	40	39	46	45
	Total	493	514	534	563	588	609	613
region_orig	Brazil	74	76	77	77	78	80	77
in_name	Central Amer	88	99	101	103	107	114	114
	Cuba	6	11	12	14	13	14	16
	Europe	0	0	0	0	0	0	0
	Mexico	31	30	32	33	34	38	35
	Missing/Invalid	4	0	0	2	1	2	5
	No Country	5	4	5	5	5	5	10
	Not Hispanic	235	237	242	258	271	291	303
	Other	156	161	176	174	196	197	216
	Portugal	8	9	8	9	9	9	10
	Puerto Rico	11	14	13	15	18	17	12
	South America	119	129	139	149	155	168	163
	Spain	2	2	2	2	1	1	1
Newly	Newly Diagnosed	73	85	85	90	99	102	101
Diagnosed	Not Newly Diagnosed	666	687	722	751	789	834	861
	Total	739	772	807	841	888	936	962
Client	Client Total	739	772	807	841	888	936	962

DEMOGRAPHIC DATA OF UNDOCUMENTED RWHAP CLIENTS

Demographic Category & Characteristic		Measurement Year - Ending: Cycle 86 12/31/22	Cycle 87 2/28/23	Cycle 88 4/30/23	Cycle 89 6/30/23	Cycle 90 8/31/23	Cycle 91 10/31/23	Cycle 92 12/31/23
Race/Ethnicity	Black Not Hispanic	30.0%	29.1%	28.4%	28.8%	28.5%	29.4%	29.3%
	Hispanic/Latino	64.3%	65.8%	65.9%	65.2%	65.9%	65.4%	65.3%
	White Not Hispanic	3.2%	2.7%	2.9%	3.0%	2.8%	2.6%	2.8%
	Other	2.4%	2.3%	2.9%	3.1%	2.8%	2.7%	2.6%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Gender	Male	68.3%	68.5%	67.9%	67.9%	68.2%	68.1%	68.5%
	Female	30.4%	30.1%	30.4%	30.4%	30.0%	30.1%	29.6%
	Transgender (M to F)	1.1%	1.4%	1.7%	1.7%	1.7%	1.7%	1.8%
	Transgender (F to M)	0.1%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Age Category	Age 0-12	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Age 13-18	0.1%	0.1%	0.1%	0.1%	0.1%	0.2%	0.1%
	Age 19-24	3.7%	4.3%	4.6%	4.5%	5.0%	5.7%	3.8%
	Age 25-34	22.7%	23.4%	23.5%	24.3%	25.8%	26.3%	25.9%
	Age 35-44	34.1%	34.5%	35.4%	34.2%	34.1%	32.9%	32.7%
	Age 45-54	21.2%	21.0%	20.2%	20.6%	19.8%	20.1%	22.6%
	Age 55-64	13.9%	13.2%	12.8%	12.8%	11.9%	11.6%	11.5%
	Age 65+	4.2%	3.5%	3.3%	3.4%	3.3%	3.2%	3.3%
	Age Unknown	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Health Insurance	Medicaid	11.4%	12.6%	11.9%	12.7%	13.0%	14.2%	14.0%
	Medicare	0.5%	0.9%	0.7%	1.1%	0.3%	0.4%	0.7%
	Private Insurance	14.7%	15.3%	16.0%	15.1%	14.6%	14.7%	13.5%
	Uninsured	73.2%	71.1%	71.3%	71.0%	72.0%	70.5%	71.7%
	Other	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Housing Status	Stable Permanent Housing	51.4%	51.9%	49.8%	50.8%	49.4%	50.5%	51.0%
	Temporary Housing	47.6%	47.2%	49.2%	48.5%	49.8%	48.5%	48.0%
	Unstable Housing	0.9%	0.9%	1.0%	0.7%	0.8%	1.0%	0.9%
	Housing Status Unknown	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Poverty	</= 100% FPL	79.6%	78.8%	78.2%	77.5%	78.0%	77.9%	77.5%
	101%-138% FPL	7.7%	8.0%	8.1%	7.7%	7.5%	6.8%	7.1%
	139%-200% FPL	8.1%	7.6%	8.2%	8.2%	8.3%	9.3%	9.5%
	201%-300% FPL	3.2%	3.9%	4.0%	5.1%	4.7%	4.5%	4.6%
	301%-400% FPL	1.1%	1.2%	1.0%	0.5%	0.3%	0.5%	0.7%
	401%-500% FPL	0.1%	0.4%	0.5%	0.8%	0.6%	0.5%	0.5%
	>500% FPL	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%	0.1%
	Not Enough Data	0.0%	0.0%	0.0%	0.0%	0.2%	0.2%	0.0%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
ACA FPL	</= 138% FPL	87.3%	86.8%	86.2%	85.3%	85.6%	84.7%	84.6%
	139%-400% FPL	12.4%	12.7%	13.1%	13.8%	13.4%	14.3%	14.8%
	401%-500% FPL	0.1%	0.4%	0.5%	0.8%	0.6%	0.5%	0.5%
	> 500% FPL	0.1%	0.1%	0.1%	0.1%	0.2%	0.2%	0.1%
	Not Enough Data	0.0%	0.0%	0.0%	0.0%	0.2%	0.2%	0.0%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

DEMOGRAPHIC DATA OF UNDOCUMENTED RWHAP CLIENTS

Undocumented Clients - Percent Distribution within Category								
		Measurement Year - Ending:						
		Cycle 86	Cycle 87	Cycle 88	Cycle 89	Cycle 90	Cycle 91	Cycle 92
Demographic Category & Characteristic		12/31/22	2/28/23	4/30/23	6/30/23	8/31/23	10/31/23	12/31/23
NEMA	Essex	52.8%	53.0%	52.5%	51.5%	51.6%	50.3%	50.5%
County	Union	26.4%	26.8%	26.4%	27.8%	27.0%	27.2%	26.3%
MSW	MSW	6.2%	5.3%	5.9%	5.7%	5.6%	6.3%	6.2%
	Subtotal	85.4%	85.1%	84.9%	85.0%	84.2%	83.9%	83.1%
	Outside NEMA	14.6%	14.9%	15.1%	15.0%	15.8%	16.1%	16.9%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
5 Cities	Newark	34.4%	33.3%	33.1%	32.5%	32.4%	31.6%	31.9%
	East Orange	4.1%	3.8%	3.8%	3.8%	4.2%	3.8%	3.7%
	Irvington	7.2%	8.3%	8.1%	8.3%	8.6%	7.9%	7.4%
	Elizabeth	16.2%	16.2%	16.2%	17.6%	16.7%	16.8%	16.0%
	Plainfield	4.9%	5.1%	5.0%	4.8%	4.4%	4.9%	4.7%
	Total	66.7%	66.6%	66.2%	66.9%	66.2%	65.1%	63.7%
region_orig	Brazil	10.0%	9.8%	9.5%	9.2%	8.8%	8.5%	8.0%
in_name	Central Amer	11.9%	12.8%	12.5%	12.2%	12.0%	12.2%	11.9%
	Cuba	0.8%	1.4%	1.5%	1.7%	1.5%	1.5%	1.7%
	Europe	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Mexico	4.2%	3.9%	4.0%	3.9%	3.8%	4.1%	3.6%
	Missing/Invalid	0.5%	0.0%	0.0%	0.2%	0.1%	0.2%	0.5%
	No Country	0.7%	0.5%	0.6%	0.6%	0.6%	0.5%	1.0%
	Not Hispanic	31.8%	30.7%	30.0%	30.7%	30.5%	31.1%	31.5%
	Other	21.1%	20.9%	21.8%	20.7%	22.1%	21.0%	22.5%
	Portugal	1.1%	1.2%	1.0%	1.1%	1.0%	1.0%	1.0%
	Puerto Rico	1.5%	1.8%	1.6%	1.8%	2.0%	1.8%	1.2%
	South America	16.1%	16.7%	17.2%	17.7%	17.5%	17.9%	16.9%
	Spain	0.3%	0.3%	0.2%	0.2%	0.1%	0.1%	0.1%
Newly	Newly Diagnosed	9.9%	11.0%	10.5%	10.7%	11.1%	10.9%	10.5%
Diagnosed	Not Newly Diagnosed	90.1%	89.0%	89.5%	89.3%	88.9%	89.1%	89.5%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Client	Client Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

DEMOGRAPHIC DATA OF NEWLY DIAGNOSED RWHAP CLIENTS

		Newly Diagnosed Clients - Number						
		Cycle 86	Cycle 87	Cycle 88	Cycle 89	Cycle 90	Cycle 91	Cycle 92
		12/31/22	2/28/23	4/30/23	6/30/23	8/31/23	10/31/23	12/31/23
Race/Ethnicity	Black Not Hispanic	99	103	107	114	106	105	110
	Hispanic/Latino	73	80	80	78	98	101	94
	White Not Hispanic	7	5	5	5	3	5	8
	Other	8	7	4	7	3	5	6
	Total	187	195	196	204	210	216	**218**
Gender	Male	145	150	150	152	156	168	173
	Female	38	40	40	46	48	44	41
	Transgender (M to F)	3	5	6	6	5	3	3
	Transgender (F to M)	1	0	0	0	1	1	1
	Total	187	195	196	204	210	216	218
Age Category	Age 0-12	1	0	0	0	0	0	0
	Age 13-18	2	2	2	2	2	1	0
	Age 19-24	24	26	27	28	33	41	26
	Age 25-34	74	75	74	78	82	79	86
	Age 35-44	50	55	50	49	47	50	53
	Age 45-54	20	23	27	28	26	30	37
	Age 55-64	10	8	10	13	14	10	12
	Age 65+	6	6	6	6	6	5	4
	Age Unknown	0	0	0	0	0	0	0
	Total	187	195	196	204	210	216	218
H4C Health Ins	Medicaid	67	74	72	75	75	81	85
	Medicare	4	2	3	3	4	3	5
	Private Insurance	24	25	24	28	29	27	29
	Uninsured	92	94	97	98	101	104	99
	Other	0	0	0	0	1	1	0
	Total	187	195	196	204	210	216	218
Housing Status	Stable Permanent Housing	87	93	93	88	100	107	112
	Temporary Housing	100	96	95	107	99	96	96
	Unstable Housing	0	6	8	9	11	13	10
	Housing Status Unknown	0	0	0	0	0	0	0
	Total	187	195	196	204	210	216	218
Poverty	</= 100% FPL	144	142	136	148	150	158	160
	101%-138% FPL	8	12	13	11	13	11	12
	139%-200% FPL	18	22	22	23	27	26	22
	201%-300% FPL	8	12	16	13	10	15	16
	301%-400% FPL	4	1	4	3	3	1	4
	401%-500% FPL	3	5	4	5	6	5	4
	>500% FPL	1	0	1	1	0	0	0
	Not Enough Data	1	1	0	0	1	0	0
	Total	187	195	196	204	210	216	218
ACA FPL	</= 138% FPL	152	154	149	159	163	169	172
	139%-400% FPL	30	35	42	39	40	42	42
	401%-500% FPL	3	5	4	5	6	5	4
	> 500% FPL	1	0	1	1	0	0	0
	Not Enough Data	1	1	0	0	1	0	0
	Total	187	195	196	204	210	216	218

DEMOGRAPHIC DATA OF NEWLY DIAGNOSED RWHAP CLIENTS

		Newly Diagnosed Clients - Number						
		Cycle 86	Cycle 87	Cycle 88	Cycle 89	Cycle 90	Cycle 91	Cycle 92
		12/31/22	2/28/23	4/30/23	6/30/23	8/31/23	10/31/23	12/31/23
NEMA	Essex	117	128	130	131	135	121	118
County	Union	42	42	41	44	44	51	50
MSW	MSW	9	6	7	11	12	17	20
	Subtotal	168	176	178	186	191	189	188
	Outside NEMA	19	19	18	18	19	27	30
	Total	187	195	196	204	210	216	218
5 Cities	Newark	67	72	71	70	77	68	69
	East Orange	16	17	14	16	19	13	17
	Irvington	18	21	23	25	24	23	16
	Elizabeth	22	23	19	19	21	20	20
	Plainfield	8	9	10	11	9	10	8
	Total	131	142	137	141	150	134	130
undocumen	No	114	110	111	114	111	114	117
ted	Yes	73	85	85	90	99	102	**101**
Client	**Total Clients**	**187**	**195**	**196**	**204**	**210**	**216**	**218**

		Newly Diagnosed Clients - Percent Distribution						
		Cycle 86	Cycle 87	Cycle 88	Cycle 89	Cycle 90	Cycle 91	Cycle 92
		12/31/22	2/28/23	4/30/23	6/30/23	8/31/23	10/31/23	12/31/23
Race/Ethni	Black Not Hispanic	52.9%	52.8%	54.6%	55.9%	50.5%	48.6%	50.5%
city	Hispanic/Latino	39.0%	41.0%	40.8%	38.2%	46.7%	46.8%	43.1%
	White Not Hispanic	3.7%	2.6%	2.6%	2.5%	1.4%	2.3%	3.7%
	Other	4.3%	3.6%	2.0%	3.4%	1.4%	2.3%	2.8%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Gender	Male	77.5%	76.9%	76.5%	74.5%	74.3%	77.8%	79.4%
	Female	20.3%	20.5%	20.4%	22.5%	22.9%	20.4%	18.8%
	Transgender (M to F)	1.6%	2.6%	3.1%	2.9%	2.4%	1.4%	1.4%
	Transgender (F to M)	0.5%	0.0%	0.0%	0.0%	0.5%	0.5%	0.5%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Age	Age 0-12	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Category	Age 13-18	1.1%	1.0%	1.0%	1.0%	1.0%	0.5%	0.0%
	Age 19-24	12.8%	13.3%	13.8%	13.7%	15.7%	19.0%	11.9%
	Age 25-34	39.6%	38.5%	37.8%	38.2%	39.0%	36.6%	39.4%
	Age 35-44	26.7%	28.2%	25.5%	24.0%	22.4%	23.1%	24.3%
	Age 45-54	10.7%	11.8%	13.8%	13.7%	12.4%	13.9%	17.0%
	Age 55-64	5.3%	4.1%	5.1%	6.4%	6.7%	4.6%	5.5%
	Age 65+	3.2%	3.1%	3.1%	2.9%	2.9%	2.3%	1.8%
	Age Unknown	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

DEMOGRAPHIC DATA OF NEWLY DIAGNOSED RWHAP CLIENTS

		Newly Diagnosed Clients - Percent Distribution						
		Cycle 86	Cycle 87	Cycle 88	Cycle 89	Cycle 90	Cycle 91	Cycle 92
		12/31/22	2/28/23	4/30/23	6/30/23	8/31/23	10/31/23	12/31/23
Health Insurance	Medicaid	35.8%	37.9%	36.7%	36.8%	35.7%	37.5%	39.0%
	Medicare	2.1%	1.0%	1.5%	1.5%	1.9%	1.4%	2.3%
	Private Insurance	12.8%	12.8%	12.2%	13.7%	13.8%	12.5%	13.3%
	Uninsured	49.2%	48.2%	49.5%	48.0%	48.1%	48.1%	45.4%
	Other	0.0%	0.0%	0.0%	0.0%	0.5%	0.5%	0.0%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Housing Status	Stable Permanent Housing	46.5%	47.7%	47.4%	43.1%	47.6%	49.5%	51.4%
	Temporary Housing	53.5%	49.2%	48.5%	52.5%	47.1%	44.4%	44.0%
	Unstable Housing	0.0%	3.1%	4.1%	4.4%	5.2%	6.0%	4.6%
	Housing Status Unknown	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Poverty	</= 100% FPL	77.0%	72.8%	69.4%	72.5%	71.4%	73.1%	73.4%
	101%-138% FPL	4.3%	6.2%	6.6%	5.4%	6.2%	5.1%	5.5%
	139%-200% FPL	9.6%	11.3%	11.2%	11.3%	12.9%	12.0%	10.1%
	201%-300% FPL	4.3%	6.2%	8.2%	6.4%	4.8%	6.9%	7.3%
	301%-400% FPL	2.1%	0.5%	2.0%	1.5%	1.4%	0.5%	1.8%
	401%-500% FPL	1.6%	2.6%	2.0%	2.5%	2.9%	2.3%	1.8%
	>500% FPL	0.5%	0.0%	0.5%	0.5%	0.0%	0.0%	0.0%
	Not Enough Data	0.5%	0.5%	0.0%	0.0%	0.5%	0.0%	0.0%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
ACA FPL	</= 138% FPL	81.3%	79.0%	76.0%	77.9%	77.6%	78.2%	78.9%
	139%-400% FPL	16.0%	17.9%	21.4%	19.1%	19.0%	19.4%	19.3%
	401%-500% FPL	1.6%	2.6%	2.0%	2.5%	2.9%	2.3%	1.8%
	> 500% FPL	0.5%	0.0%	0.5%	0.5%	0.0%	0.0%	0.0%
	Not Enough Data	0.5%	0.5%	0.0%	0.0%	0.5%	0.0%	0.0%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
NEMA County MSW	Essex	62.6%	65.6%	66.3%	64.2%	64.3%	56.0%	54.1%
	Union	22.5%	21.5%	20.9%	21.6%	21.0%	23.6%	22.9%
	MSW	4.8%	3.1%	3.6%	5.4%	5.7%	7.9%	9.2%
	Subtotal	89.8%	90.3%	90.8%	91.2%	91.0%	87.5%	86.2%
	Outside NEMA	10.2%	9.7%	9.2%	8.8%	9.0%	12.5%	13.8%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
5 Cities	Newark	35.8%	36.9%	36.2%	34.3%	36.7%	31.5%	31.7%
	East Orange	8.6%	8.7%	7.1%	7.8%	9.0%	6.0%	7.8%
	Irvington	9.6%	10.8%	11.7%	12.3%	11.4%	10.6%	7.3%
	Elizabeth	11.8%	11.8%	9.7%	9.3%	10.0%	9.3%	9.2%
	Plainfield	4.3%	4.6%	5.1%	5.4%	4.3%	4.6%	3.7%
	Total	70.1%	72.8%	69.9%	69.1%	71.4%	62.0%	59.6%
undocumented	No	61.0%	56.4%	56.6%	55.9%	52.9%	52.8%	53.7%
	Yes	39.0%	43.6%	43.4%	44.1%	47.1%	47.2%	46.3%
Client	Total Clients	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

APPENDIX C:

SURVEY #1 NEEDS OF UNDOCUMENTED PLWH – DETAILED AGENCY RESPONSES

SURVEY #1: NEEDS OF UNDOCUMENTED PLWH
INDIVIDUAL RESPONSES TO QUESTIONS

3. What are some of the non-RWHAP funding sources that support undocumented PLWH?

8	No Answer

Respondents identified a wide range of non-RWHAP funded agencies and services for undocumented individuals including PLWH. The number of responses and categories varied. Many were duplicated - used the same types of agencies/resources.

Social Services & Religious Organizations
Catholic Charities, Immigration Services
Immigrant and Refugee Services through Catholic Charities, American Friends Service Committee
Make the Road New Jersey
Catholic Charities, Bridges, Newark Municipal ID Program

Legal & Advocacy Organizations
Legal Services of NJ. Local Legal AID organizations
NJ Citizen Action

Agency Services
Food Pantry, Housing – with unrestricted funds, donations, Bilingual Mental Health Services
ADDP prescription coverage, Catholic Charities Immigration Services, NJ Citizen Action, City of Newark Municipal ID Program, City of Newark Social Services Department for free furniture
Local food pantries, churches and their groups, houses of prayers, drop-in centers, LGBTQ groups, St. Joseph Social Services in Elizabeth, hospitals charity care, health centers, code blue in winter time helps with emergency shelters, International Rescue Committee
Direct funding for medications) and laboratory
Food Pantry services, copay assistance program, Gilead Advancing Access Program

Government Agencies
City of Newark Municipal ID Program
City of Newark Social Services Department for free furniture
Code blue in winter time helps with emergency shelters,

Government Health Programs
Medical
Mental Health Support
Charity care, Mercy House, NBIMC Uber Health, LAMP, NBIMC Wellness Food Pantry, Family Success Centers
PLWH? ADDP, PAAD, Medicaid {for those of Asylum status}
DOH Elixir Grant and 340B program
Insurance Enrollment Assistance is offered to undocumented PLWH through coordination with ADDP and HIPP for clients eligible for enrollment to provide an increased network of health care services that they can utilize within their communities.

SURVEY #1: NEEDS OF UNDOCUMENTED PLWH
INDIVIDUAL RESPONSES TO QUESTIONS

Other Services

Uber Health-which in extreme cases, the organization would pay for a patient's transportation to get to their medical appointment and back to their homes. Another service which helps undocumented people living with HIV is linking patients to pharmacies that make home delivery on medications and provide medications only on patients hands. This ensures privacy and increases the likelihood of a patient remaining undetectable. Since transportation may be an issue to the undocumented individuals, this services is crucial to those who may be deprived of access to a car or easy access to public transportation.
Linkage to pharmacies that make home delivery on medications (in person).
Gilead Advancing Access Program

Respondents provided information on gaps in services to undocumented PLWH.

We do not have any additional funding to provide support
Client needs Permanent Housing, but with her present Immigration status cannot gain employment
Client has no Social Security Number.

4. Are there any other services not listed above that would help undocumented PLWH access and remain in HIV medical care? Please list.

12	**Not at this time**

Individual Responses to Question 4:

Stable Housing
Supportive housing, education on their rights and reassurance that it is safe to access services available to them.
Housing services for the undocumented would help those individuals retain stable medical care. Often undocumented individuals jump from one place to another depending on people to allow them to have a roof over their head for a few months at a time. This may cause a patient to be further away from the facility that currently provides medical care
Finding jobs. affordable housing, transportation services not only for medical reasons
Job placement. Assistance applying for employment paperwork (ITIN numbers), housing assistance program.
Work Permits
Additional services that would help would include assistance with a path to citizenship, education services, including tutoring and scholarships, and career planning services.
Clothing pantry/assistance; Spanish speaking mental health workers; Free English language lessons & program for free phones for undocumented individuals.
More accessible resources to obtain ID/necessary credentials
Pharmaceutical assistance – no cost, Long Term housing if HOPWA not available. They don't qualify for Section 8.
Client already had access to medical care before intake into Isaiah House. If we do have clients who do not have access in the future, they will be referred to our community
Funding for vaccinations
Language appropriate services, culturally competent care.

SURVEY #1: NEEDS OF UNDOCUMENTED PLWH
INDIVIDUAL RESPONSES TO QUESTIONS

Mental Health services offered through direct care in Spanish would be a great help to our undocumented PLWHA. Many of our clients have MH diagnosis and can benefit from MH counseling services but do not due to lack of accessible in person services with Spanish speaking providers (not interpreters).
Funding resources for undocumented PLWH

5. Do you have any recommendations for the Newark EMA RWHAP that would help your agency and these individuals access HIV medical care? Please list.

12	**None**

Individual Responses to Question 5:

Perhaps extending housing services while mitigating the immigration processes. Stability while receiving services.
Supportive housing, education on their rights and reassurance that it is safe to access services available to them
Housing services for the undocumented would help those individuals retain stable medical care. Often undocumented individuals jump from one place to another depending on people to allow them to have a roof over their head for a few months at a time. This may cause a patient to be further away from the facility that currently provides medical care.
Employment linkage and more support for concrete needs/gaps.
Outreach to agencies serving undocumented populations
More outreach to inform the undocumented population that these programs exist and to help them not be afraid to seek assistance. Also, help finding the undocumented individuals
Increase funding for labs.
Funding for Immunizations.
Emergency medications to fill the gap while waiting for ADDP
If patients can be seen by the doctor before charity care is approved
Hiring Creole-speaking staff/translators for influx of new patients speaking same; increasing opportunity for staff to conduct outreach events and spread awareness of services available within our FQHC.
Our agency could use support with funding for additional staff who provide support to individuals accessing HIV medical care.
Substance use treatment options for undocumented PLWH is a much-needed services as many of our undocumented clients living with Substance Use (primarily alcohol). These clients have limited resources to inpatient and outpatient detox and SU services. This results in lack of support, continued Substance Use which becomes a significant barrier to care for appointments attendance, medication adherence as well as risk for developing other medical conditions.
Mental health services for Spanish speaking patients
Updated resources list
We need a list legal agencies that can assist clients with changing their status free of charge

SURVEY #1: NEEDS OF UNDOCUMENTED PLWH
INDIVIDUAL RESPONSES TO QUESTIONS

6. Please list any other recommendations, suggestions or comments you have regarding the population of undocumented PLWH in the Newark EMA.

20	None

Individual Responses to Question 6:

PLWH have difficulties accessing income and housing and need stability to properly address their HIV related medical concerns.
There is a lot of stigma and fear of getting services. Open testing, no appointment necessary, might help identify more HIV positive individuals in the undocumented community.
Create free programs that provide services listed above or provide current facilities with more funding to provide same services.
Provision of medication vouchers to be used while ADDP approval is pending.
These clients with high intensity medical and social needs need dedicated Patient Navigators to support them.
Education or resources around legal services should be better distributed throughout Newark for staff to properly refer patients to immigration legal services. Funding for housing should also be explored to help house PLWHA in an adequate environment allowing them to preserve dignity and privacy.
We need immigration services/workshops that educate the new arrivals and case managers in how the immigration system works and the meaning of all the paperwork given to them when they are allow into the country, as not all the new immigrants have a refuge
The county should implement organizations that will assist free medical care without limitations. Dialysis Center without any stipulations.

APPENDIX D:

SURVEY #2 NEEDS OF NEWLY DIAGNOSED INDIVIDUALS – DETAILED AGENCY RESPONSES

2.3 RESPONSES TO SURVEY #2: NEEDS OF NEWLY-DIAGNOSED INDIVIDUALS

4. Describe your agency's process for informing individuals of their test result and counseling them on next steps, including availability of services, linkage to care and services provided at time of diagnosis or within the first month after diagnosis.

Individual Responses to Question 14:
The HIV Tester will share the HIV test results with the person at the end of the testing session. If the result is positive, the person will be linked to medical care.
1. Pretest biopsychosocial to determine baseline behavioral health risk factors 2. Posttest notification of results and appropriate results counseling 3. Results counseling to include basic education, disclosure and support, and creating an initial health plan. 4. Screening for RW eligibility, insurance/benefits, and provider preferences followed by discussion of care and treatment provider options. 5. Facilitation of linkage and navigation to care and treatment services (preferably schedule medical intake). 6. For referral to Ryan White, patient schedule MCM intake with social worker. 7. Same-day laboratory intake of relevant initial HIV labs.
At the IDP, we prioritize clear communication and compassionate support throughout the HIV testing process. Upon receiving test results, whether reactive or non-reactive, we ensure individuals are informed promptly and sensitively using a status neutral approach. For individuals testing preliminary reactive, we offer initially provide a confirmatory rapid test and if that is reactive; immediate counseling sessions conducted by trained mental health professionals and emotional support from our Community Health Workers. These mental health sessions provide emotional support, address concerns, and discuss next steps comprehensively. We emphasize the availability of various services, including medical care, mental health support, and community resources. Linkage to care is a critical component of our approach. With the IDP being a one stop shop, newly diagnosed clients are introduced and acclimated into clinical services and community organizations such as housing, food assistance, ADDP, etc. should they need assistance by a Status Neutral Patient Navigator. Assistance includes scheduling follow-up appointments, connecting them with medical specialists, and assisting with navigating insurance or financial assistance programs. Within the first month after diagnosis, we offer a range of services tailored to meet individual needs. This may include comprehensive medical evaluations, initiation of antiretroviral therapy (ART), adherence counseling, and ongoing psychosocial support. We also provide education on HIV transmission, prevention strategies, and how to maintain a healthy lifestyle while living with HIV.
CTR counselor informs client of HIV(+) status, brings client to Care & Treatment Dept to meet w/ MCM & provider for same day link to medical care & support services. If client test HIV(+) on the weekend ; client is linked to NJCRI for care & MCM services on the next business day.
HIV counselor performs Pre / Post counseling session, Customer Care Specialist completes brief intake to include an overview of all services, Community Health Worker assist patient with linkage to care and then Case Manager addresses patient needs and or barriers for continuity of HIV care.
Immediate post-result counseling and linkage to care services on the same day.
In person, immediately after results are in. Provider educates them on diagnosis. Linked to ART immediately w samples and script.
Individuals are informed of their test results in a private space. After a confirmatory test takes place, individuals receive education on HIV and transmission methods and are given the opportunity to ask questions. Positive clients are linked to care within 24 hours. If a client is within the adolescent/young adult (aya) population, they

Individual Responses to Question 14:
are referred directly to DAYAM and scheduled for an appointment either the same day or within 24 hours. Adults are referred to the Rutgers Infectious Disease Clinic.
Individuals are notified immediately and linked on site with a RW MCM who will provide HIV Counseling on-site and provide a referral to a ID Provider. Linkage occurs no more than 48 hours from Positive results.
NBIMC is a testing and treatment facility so patients with positive results are linked immediately to care.
Once an individual is tested and receives their test results additional education and counseling takes place. They are then escorted from the CTS to the EIP for same day linkage. If they are tested on the weekends in the ER then they are given a Monday morning appointment for intake. During intake they meet with an RN for labs and medical history, they then meet with a medical case manager and lastly they meet with our mental health clinician. They are then given a return appoint for two weeks to see the DR. At this visit they are given an RX for medications.
Patient is contacted by Certified medical assistant to schedule an appointment with medical provider to review laboratory results within 24 hours of receipt of positive test. Patient is informed by Medical provider of positive test results. - Patient is referred to Licensed Clinical Social Worker for Mental Health support/Assessment.
Patients are tested for HIV by the HIV testers or Primary Care Physicians within our FQHC; Immediately upon positive results which are relayed to the patient by the tester or doctor that was responsible for testing- patients are referred to our special care clinic. Newly diagnosed patients are seen by Dr. Figueroa same day or within 48 hrs. following appointment patient is further counseled by MCM; Informational packet is provided to patient with clinic staff contact info; various resources and HIV education. If patient is uninsured, ADDP Rx coverage is applied for asap and ART is provided to patient same-day. The MCM then guides patient to LabCorp to complete labs ordered by doctor and an Initial Assessment is completed during patient's initial or second appointment in order to identify any possible barriers to continued care.
Rapid HIV test results are administered with medical provider and linkage to care counselor. Both are present to explain diagnosis and give next steps into treatment and care. An appointment is booked for appointment with ID provider and labs are ordered. Linkage to care coordinator reviews with client the program options and completes start up paperwork. This full process usually happens within 7 days.
This information is included in our connection to care plan submitted each year with our grant application. Newly diagnosed clients are immediately told their result, blood is drawn for confirmatory testing and they connected to our onsite clinic as well as other support services such as CHW.
We call them immediately with the results and arrange a follow up appointment. We primarily test infants who we know are exposed to HIV perinatally. It is rare to have a positive result. If a rapid test is indicated we refer to a rapid test site.
When we test someone for rapid HIV testing, they will receive counseling for rapid HIV testing that includes Information about the importance of HIV testing, Information about rapid HIV testing, ways to reduce the risk of becoming infected with HIV. If a positive rapid HIV test result happens then they are counseled about the meaning of that result - that it is a preliminary result requiring a confirming test, they are transported to the navigator and a confirmatory test is done. They will then be linked to the ID doctor and begin their regiment. On the other hand, if someone tests negative but was recently exposed to HIV, the result could be a false negative. They are counseled to take another test at least 3 months after possible exposure.
(a) Client eligibility determination and certification – once the client is referred from any CTR, hospital, doctor's office, clinics or self-referred, the case manager meets with the client and establishes income eligibility and proof of address to see if he/she qualifies for the program. The client is given an appointment for an intake. Newly Diagnosed clients identified by the counseling and testing team will immediately make contact with a case manager without an appointment. (b) Intake- The client meets with the case manager to conduct an intake which consist of demographic, income, verification of health insurance living arrangements and medical information. At this point the client signs the agency form necessary to open his/her case. Such form includes client's consent for services; client's bill or rights; PROCEED notice of privacy practice; and release of information if needed. (c) Screening and Assessment – During the same intake session the case manager screen the client and assess

Individual Responses to Question 14:
for client's need to include substance use, mental health, medical issue; dental needs, nutrition, and safer sex practices. (d) Development of service plan or care plan- Base on the client's needs from the screening and assessment session, the case manager develops a service/care plan with the purpose of getting the client's need met. These services plan includes referral to the welfare department, referrals to housing programs, referral for mental health and substance use if necessary, dental services, NJ Family Care, hospitals charity care, ADDP, PAAD, and legal services among others. (e) Referral and Linkage – To make a referral and link the client to a specific service, the case manager, discuss with the client the options of where s/he can be referred. Once the client makes a decision, the case manager call the service provider including the medical case manager to schedule an appointment. Once the appointment is set up, the case manager prepares a referral package with all the necessary paperwork and information needed for the referral. (f) Client monitoring and treatment/Services plan update – following the referral and linkage outcome to needed services, the case manager sees the client every other week at the beginning and once a month thereafter to reassess his needs and update the service plan. The whole cycle begins again and it is repeated as needed. (g) Recertification's Bi-annual and Annual – The client is scheduled twice within the contract year for program recertification and what happened in the intake session will be done all over again. (h) Discharge/case completion- Once the client's needs have been met through the various referrals and linkages to different providers, and the client has gained stability and his life, and no additional services are needed, his/her case will be closed. If the client needs further services in the future, the case will be re-opened.

13. How has your agency addressed and/or overcome these barriers? What are the best practices that you have implemented successfully?

Individual Responses to Question 13:
Collaboration with Medical Partners to ensure communication and a warm hand off occurs to ensure the clients experience navigating RW services is exceptional.
DAYAM has addressed these barriers through the use of our Community Health Worker who is dedicated to engaging persons who are resistant to or have fallen out of care. The CHW engages via phone, letter, and in person through the use of the DAYAM SUV. Transportation is provided through the use of the DAYAM SUV and bus tickets for transportation to/from medical care.
Education Creating Safe Spaces Building Trust Supportive Counseling
Education on HIV, appointment w MH provider, assistance w applying for Medicaid, ADDP and Prescription drug assistance programs, referrals for housing and SA.
Encourage client to seek medical assistance. Assist clients to obtain medical appointments. Provide transportation to medical appointments or find other sources of transportation for client.
Facilitate financial benefits counseling; education; link to medical transportation services including hospital-managed LYFT services; network with local ID providers, rapid initiation. Expedited intake appointment to link to care.
Giving client continued support by outreaching via call /text messages to him/her/they until the newly diagnosed person is ready to begin treatment.
Increased patient education regarding HIV Transmission, Medication Effectiveness, Lab Values. Reduce/eliminate concrete barriers via ARTAS Counselors, Patient Navigators and Retention Specialists. Implement 2iS initiative to improve adherence.
Iris House provide transportation assistance to the initial appointment; referral to health care provider and referral to health insurance is provided as needed.
Ongoing engagement with medical case managers for education and assistance in navigating the complex health care system in place. Ongoing engagement from the community outreach workers to support efforts such as medical appointment reminders, contacting pharmacies to make sure patient secured prescriptions from medical provider. - Referrals to Mental Health services. Completion of ADDP applications to assist with securing payments for medication. Referral to immigration services when appropriate.
Our agency is still struggling with this barrier. Our Nurse only speaks Creole which makes assessments difficult to complete for the MCM.
Our best practice has been to establish a good working relationship with referring agency and case managers in order to better understand the referral process and seamlessly initiate the referral and guide the client when needed.
Provide starter packs for newly diagnosed from ART manufacturers and refer to charity care department at St. Michael’s Medical Center.
The Apostles House's primary focus is housing the unhoused. We can offer stability, that may lead to permanency. We attempt to address fears through case management, and supportive counseling.
The case manager and/or HIV counselors prepare referrals packages for clients with copies of all the documents that the clinic/hospitals charity care offices always asked for. The referrals packages are giving to client to take on their first appointment to the clinic/hospital.

Individual Responses to Question 13:
The IDP recognizes the importance of taking a holistic approach to care that addresses the complex needs of our clients. Some of the best practices we have successfully implemented include: (1) Comprehensive Support Services: We offer a range of support services tailored to the needs of our clients, including having our Navigators and Medical Case Managers aid with housing, transportation, ADDP and insurance enrollment. By addressing these basic needs, we help ensure that individuals have the stability and resources they need to access and maintain HIV medical care. (2) Culturally Competent Care: We provide culturally competent care that is sensitive to the diverse backgrounds and experiences of our clients. This includes offering language interpretation services through GLOBO Language Solutions and ensuring that our staff are trained to provide care that is respectful and inclusive of all individuals, regardless of their cultural or linguistic background. (3) Integrated Care Model: We have adopted an integrated care model that combines medical care with mental health, substance use, and social support services. This allows us to address the multiple needs of our clients in a coordinated and holistic manner, ensuring that they receive comprehensive care that supports their overall health and well-being. (4) Peer Support Programs: We have implemented peer support programs with our Community Health Workers as point contacts. Peer support provides individuals with the opportunity to connect with others who have similar lived experiences. Peer support can be a powerful tool for overcoming isolation and building a sense of community, which is particularly important for individuals who may be experiencing homelessness or social isolation. (5) Community Partnerships: We collaborate with community organizations, are part of a network of other healthcare providers that we can access and help refer clients to, and other stakeholders to leverage resources and expertise in addressing the needs of our clients. By working together with our partners, we can expand the reach of our services and ensure that individuals have access to the support they need to overcome barriers to care.
We address it through follow up, resources, counseling and psychosocial support.
We have great networking experience and work with our community partners in making this successful. "Team - Work makes the dream work".
We provide as much education, information and resources to clients so that they understand the urgency of getting care. Increasing access to care with the ELIXIR grant has helped for us to provide appointments quickly for the newly diagnosed.
We provide referrals and address the shelter issue.
We spend a great amount of time educating and working with our newly diagnosed patients. We assure them that we are here to help and that we will do whatever we can to ease them into this life long treatment. We also utilize Ryan White funding until we can establish other means of coverage.
We use a team approach to address the client as a whole person. The CHWs are key to initially work with the client to navigate the new diagnosis and connection to our clinical team.

14. Are there any other services or methods not listed above that would help newly-diagnosed PLWH access and remain in HIV medical care? Please list.

Individual Responses to Question 14:
Added funds to enhance RW non-medical case management
Additional funding for labs. Flexibility with patients not able to provide documentation required for RW certification. Review of the ADDP requirement of HIV VL in order to approve coverage for newly diagnosed patients. Keeping the environment - appealing-positive, conducive for care-non discriminatory.
Additional funding. The IDP services over 1600 clients and that creates rather high caseloads for our Medical Case Management and Mental Health/ Substance Abuse Counseling teams. The additional funding would aid in hiring more staff.
Case managers need to educate clients in the importance of having all documents up-to-date. Also meet with the clients at least every other month to follow up with them and make sure they re-apply for charity care and ADDP. Housing is a big issue, specially because the rents are so high.
CHWs are an essential tool to assist clients, especially newly diagnosed navigate their medical care and supportive care. They also provided essential moral support often needed by our clients.
I think that the city of Newark has many resources available to those that want and need.
In the community: more evening clinics, continued education, more alternative therapies (reiki, massage therapy, holistic medical alternatives).
More available mental health services, groups, more flexible group times.
More Creole language specific services.
More housing assistance and program.
Our agency could benefit from funding for additional staff like our Community Health Worker.
PHCI also provides permanent supportive housing, transitional housing for men, rental/ utility assistance and food pantry to help alleviate barriers to remaining in care
Presumptive ADDP eligibility so clients can quickly receive medication at no cost
Providing pamphlets to the agencies explaining the medical treatments, medications (all available), counseling accessibility, etc.
Provision of transportation services.
Stable housing
Stable housing for many of our residents could help in assisting people in remaining in care.
Translation services, insurance assistance, access to other means of transportation other than bus tickets
Transportation and housing services are very important for retention in care.
Uber Health utilized at NBIMC. Text communication. Constant support and navigation of services and resources, for first full year of medical care.

15. Do you have any recommendations for the Newark EMA RWHAP that would help your agency and these newly diagnosed individuals access HIV medical care? Please list.

Individual Responses to Question 15:
Additional assistance with lab costs for initial lab work, more assistance of housing such as expansion of the HOPP program.
Additional funding. The IDP services over 1600 clients and that creates rather high caseloads for our Medical Case Management and Mental Health/ Substance Abuse Counseling teams. The additional funding would aid in hiring more staff.
Bilingual Mental Health Counselor for Spanish speaking patients.
Bus tickets will help for those that do not have access to Medicaid transportation. Also have early/late clinic hours will help for those that work.
Creole speaking MCM or outreach worker needed to assist current MCMs.
I think that the city of Newark has many resources available to those that want and need.
I would say easier and faster processing of medical assistance application. More education around HIV care would be of great assistance.
Increase funding to provide Peer care navigation (i.e., accompanying client to initial appointments)
More funding for lab work for newly diagnosed with no health insurance especially the undocumented. Increased cost assistance funding to help people with coinsurance costs and lab visits. Continued access to transportation. Medication funding to supplement while pending ADDP approval. Funding for immunizations.
More funding please.
More transportation funds. More groups to help clients see others who take medications and are living well.
Need additional funds to cover out of pocket costs. NBIMC has a very small Health Insurance/Cost Sharing budget.
Our agency could benefit from funding for additional staff like our Community Health Worker.
Presumptive ADDP eligibility so clients can quickly receive medication at no cost.
Providing pamphlets to the agencies explaining the medical treatments, medications (all available), counseling accessibility, etc.
Translation services, insurance assistance, access to other means of transportation other than bus tickets.

16. Please list any other recommendations, suggestions or comments you have regarding individuals newly diagnosed with HIV PLWH in the Newark EMA.

Individual Responses to Question 16:
Additional dollars for Housing security deposits.
Flexibility of document requirements if patients are new to the country. Funding for transportation to initial intake appointments.
I would like to see Cross County RW Collaborations. I think New Jersey should be ending the epidemic together as a state instead of as a county. “In it to End it”!
Many of our newly diagnosed and undocumented clients have very high need intensity and require tremendous effort and resources to connect to care and address all other simultaneous needs.
Providing access to newly diagnosed client to receive psychotherapy for 6 week. At the end of the 6th session, the client will be referred to long-term psychotherapy.
Suggestion would be to have a formal unified Process to determine HIV verification for HIV+ People who are undetectable. We have experienced barriers referring clients to other RW funded agencies.
We don’t have newly diagnosed but providing full medical care with no limitations when medical care is exhausted.
We have a good system of HIV treatment and support services.
We need Spanish and Creole speaking doctors so patients will feel more comfortable in their visits with the doctor vs using interpreter services.
Weekly check ins: When they miss appointments, call and see why. Provide transportation automatically to ensure they make appointments. Maybe sponsorship.