

# NEWARK EMA HIV HEALTH SERVICES PLANNING COUNCIL



## FUNDING STREAMS ANALYSIS 2023

Approved by REC on June 26, 2023

NEWARK EMA HIV HEALTH SERVICES PLANNING COUNCIL

**FUNDING STREAM ANALYSIS – 2023**

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**KEY FINDINGS**

- **RYAN WHITE PART A**
  - The total HRSA award for the Newark EMA in 2023 was \$12,644,029, with an increase of 1.4%. \$4,210,879,
  - There are 23 agencies funded in Essex, 6 in Union County, and 4 in the Morris, Sussex & Warren area. One agency less was funded in Union County in 2022.
  
- **RYAN WHITE PART B**

- The State of NJ Department of Health's overall Part B award for 2022 was \$1,199,723 lower than in 2021. The ADAP award went down by \$379,994. The part B supplemental award increased by \$1,252,574.
- **ADDP (AIDS DRUG DISTRIBUTION PROGRAM) EXPENDITURES**
  - In 2020., the ADDP program served 2009 clients, through 46,414 claims, and spent \$40,565,185.
  - In 2021, the ADDP program 2003 clients, through 41,475 claims, and spent \$36,090,220.
  - Client data by age, sex and gender is available in the charts included on this report.
  - Data for 2022 and 2023 were unavailable upon creating this report.
- **HEALTH INSURANCE CONTINUATION PROGRAM (HICP)**
  - In 2020., the HICP helped 317 clients to pay the monthly payments (premiums) for your health insurance in the Newark EMA.
- **RYAN WHITE PART C**
  - Part C funding decreased by about \$144,556 from 2022 to 2023. In 2023, funding decreased from \$2,138,408 to \$1,602,350. Funding decreased for all agencies, mostly those in Union and Morris County.
- **RYAN WHITE PART D**
  - Statewide funding remained the same from FY 2021 to FY 2022. Two EMA agencies were awarded Part D funding in total of \$660,726 in 2021 and \$647,000 in 2022.
- **RYAN WHITE PART F**
  - The funding for the Community Based Dental Partnership Program H65 stayed the same from FY 2021 to FY 2022 at \$364,172. The Dental Reimbursement Program T22 award increased by \$66,659, the total now at \$124,079.
- **HRSA's PART F SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE (SPNS) PROGRAM**
  - Supports the supports the development of innovative models of HIV care and treatment to quickly respond to emerging needs of RWHAP clients. Various projects are funded nationwide focusing on the improvement of health outcomes for people living with HIV, managing STIs, and spreading RAPID Start. Funding data by recipient not yet available online.
- **HRSA's ENDING THE HIV EPIDEMIC: PRIMARY CARE HIV PREVENTION (PCHP) AWARDS**
  - Expands access to HIV prevention services that decrease the risk of transmission of HIV in underserved communities by providing counseling and testing services; prescribing PrEP; and ensuring that patients are linked to care within 30 days of HIV diagnosis.
- **SAMHSA's GRANT AWARDS**
  - **Substance Abuse Prevention and Treatment Block Grants:** In 2023, over \$26M were awarded to the NJ Dept. of Health to carry out the State's plan for providing comprehensive community mental health services to adults with a serious mental illness and to children with a serious emotional disturbance; monitor the progress in implementing a comprehensive community based mental health system; provide technical assistance to States and the Mental Health Planning Council that will assist the States in planning and implementing a comprehensive community based mental health system.

**Block Grants for Community Mental Health:** Two million dollars were awarded to NJ DMHAS for a collaborative HIV/HCV Opioid care initiative to address the barriers to medical services and related care for PWIDs at risk for HIV and HCV. Local data not publicly available.

**SAMHSA's Special Projects of Regional and National Significance:**

Nine organizations in the Newark EMA receive funding to expand the availability of effective substance abuse treatment and recovery services. Each project has a unique focus on key priority populations or focus areas, within various parts of the jurisdictions, and with a unique approach to addressing their objectives.

- **ENDING THE HIV EPIDEMIC IN ESSEX COUNTY**

- The Ryan White Unit of the City of Newark received an award for Essex County focused on low-income People Living With HIV who are virally suppressed but whose housing is a barrier to maintain their viral suppression or those who are not virally suppressed as an attempt or intervention to get them virally suppressed.
- For 2023, the award amount for Essex County was \$253,563. The full award is typically a little over \$800,000.

- **ENDING THE HIV EPIDEMIC NEW JERSEY DHSTS**

- The EHE award for DHSTS aims to build upon effective HIV prevention strategies currently in place and facilitate the implementation of additional or expanded key HIV prevention strategies aimed at ending the HIV epidemic.
- Six organizations in Essex County and one in Morris County received funding for projects encouraging the use of PrEP, managing STDs, and others focused on minority populations.

- **DIRECT FUNDING FROM THE CENTERS OF DISEASE CONTROL AND PREVENTION (CDC)**

- Four organizations in the Newark EMA received funding from CDC. For 2023, there's only partial award information available, typically awards are over \$1M.

- **HOUSING OPPORTUNITIES FOR PERSONS LIVING WITH HIV (HOPWA)**

- The overall award amount for CY 2022 remained the same as CY 2021 at \$5,534,993. Data for 2023 was unavailable upon time of developing report.

- **FEDERALLY FUNDED VIA THE STATE OF NEW JERSEY (from CDC)**

- The overall federal HIV/AIDS funding from the CDC allocated by the state decreased by \$53,000 for Counseling and Testing from 2021 to 2022 with a total award of \$2,235,000.
- For prevention and education, the funding increased by \$78,000 going from \$824,223 in 2021 to \$902,223 in 2022. However, this difference may be due to COVID-19 pandemic aftereffects. 2023 data was not yet updated upon completion of this report.

- **DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES (DMHAS)**

- Overall funding from DMHAS for substance abuse planning and services in the Newark EMA increased by \$146,556 from 2021 to 2022. These increases occurred for Morris, Sussex, and Warren counties, while there were decreases for Essex and Union Counties.
- Funding from the required county match for substance abuse planning and services increased overall by \$45,050. Increases took place in all counties except in Morris County, which had a slight decrease.

- **STATE OF NEW JERSEY FUNDED SERVICES – Prevention, Education, Counseling, and Testing**

- For NJ funded prevention & education, and counseling & testing services, the overall funding information needs updating. Grant awards were divided in cycles in 2021 and 2022. Therefore, the data seems much lower than usual. In fact, the data shown under 2022 represents 6-month awards from July 1, 2021 to December 31, 2021 for FY 2022). NJ State Fiscal Year 22 is 7/1/21 to 6/30/22. Data was not up to date for 2023.

- **STATE OF NEW JERSEY FUNDED SERVICES – Care and Treatment**

- For care and treatment, state funding increased by \$ \$701,949 from 2019 to 2020. Data for FY 2021 represents only partial award information and should be updated in next year's funding streams report.

- **TOTAL PREVENTION AND COUNSELING AND TESTING**

- Overall Prevention and Education dollars decreased by \$589,882 (9.3%) from 2019 to 2020.
- Overall Counseling and Testing dollars decreased by \$231,172 (6.4%) from 2019 to 2020.
- Care and Treatment funds had an overall increase of \$845,838 (11.5%) from the CHW program.
- *Data for FY 2021, 2022, and 2023 are not up to date, so this information will need updating once final numbers are available.*

## Health Resources and Services Administration (HRSA)

### Ryan White HIV/AIDS Program (RWHAP)

PART A 93.914 (Source: Recipient)

HIV/AIDS Care and Treatment funding allocated directly from the Health Resources and Services Administration (HRSA). Part A provides funding for care and treatment services to jurisdictions most impacted by HIV. Ryan White Part A funds are received by the Newark EMA and allocated by the Ryan White Unit of the City of Newark. *Funding Cycle: March 1, 2022 - February 28, 2023*

#### Services Funded:

Core Services	Support Services
<ul style="list-style-type: none"> <li>▪ Outpatient/ Ambulatory Health Services</li> <li>▪ Oral Health Care</li> <li>▪ Early Intervention Services (EIS)</li> <li>▪ Outpatient Substance Use Services</li> <li>▪ Mental Health Services</li> <li>▪ Medical Case Management, including treatment adherence.</li> <li>▪ Health Insurance Premium &amp; Cost Sharing Assistance</li> <li>▪ Medical Nutrition Therapy</li> </ul>	<ul style="list-style-type: none"> <li>▪ Emergency Financial Assistance</li> <li>▪ Food Bank/Home Delivered Meal</li> <li>▪ Housing</li> <li>▪ Medical Transportation</li> <li>▪ Non-Medical Case Management Services</li> <li>▪ Other Professional Services</li> <li>▪ Psychosocial Support Services</li> <li>▪ Substance Use Services (Residential)</li> </ul>

#### Overall Part A Award from HRSA

AGENCY NAME	FY2019	FY2020	FY2021	FY 2022	FY 2023
Formula Award	\$7,237,024	\$7,498,452	\$7,083,322	\$7,145,456	\$7,243,226
Supplemental Award	\$4,040,968	\$4,019,361	\$3,895,571	\$4,177,905	4,117,312
MAI Award	\$1,226,433	\$1,014,326	\$1,177,621	\$1,202,651	1,123,581
<b>Newark EMA</b>	<b>\$12,544,208</b>	<b>\$12,556,513</b>	<b>\$12,156,514</b>	<b>\$12,526,012</b>	<b>\$12,644,029</b>
<b>Difference \$</b>	<b>(\$280,996)</b>	<b>\$12,305</b>	<b>(\$399,999)</b>	<b>\$369,498</b>	<b>\$118,017</b>
<b>Percent</b>	<b>-2.20%</b>	<b>0.10%</b>	<b>-3.29%</b>	<b>2.95%</b>	<b>1.4%</b>

#### RW Part A Awards by county:

County	FY 2020		FY 2021		FY 2022	
	# of Providers	\$ Awarded	# of Providers	\$ Awarded	# of Providers	\$ Awarded
Essex	23	\$7,920,434	23	\$7,732,284	23	\$7,731,644
Union	8	\$1,719,872	7	\$1,456,878	6	\$1,669,864
Morris, Sussex, and Warren	4	\$1,206,227	4	\$1,170,361	4	\$1,233,156
<b>Total</b>	<b>35</b>	<b>\$10,846,533</b>	<b>34</b>	<b>\$10,449,523</b>	<b>33</b>	<b>\$10,634,664</b>

**RW Part A Awards by service category:**

<b>Service Category</b>	<b>FY2022 TOTAL</b>	<b>PERCENTAGE</b>
Housing & Related Services	\$ 933,854.00	9.00%
Medical Case Mgmt.	\$ 3,681,096.00	35.25%
Outpatient Ambulatory Healthcare Services	\$ 1,357,567.00	13.00%
Outpatient Substance Abuse	\$631,791.00	6.05%
Emergency Financial Assistance	\$ 281,956.00	2.70%
Residential Substance Abuse	\$ 5,221.00	0.05%
Psychosocial Support	\$ 41,771.00	0.40%
Nutritional Therapy	\$ 104,428.00	1.00%
Mental Health	\$ 939,854.00	9.00%
Transportation	\$ 271,513.00	2.60%
Nutritional Services	\$ 156,642.00	1.50%
Case Management	\$ 887,640.00	8.50%
Other Prof Services	\$ 323,728.00	3.10%
Dental	\$ 746,662.00	7.15%
Health Insurance Premium	\$ 52,214.00	0.50%
Early Intervention Services	\$ 20,886.00	0.20%
<b>Total</b>	<b>\$10,442,826.00</b>	<b>100.00%</b>

**PART B 93.917 (Source TAGGS & DHSTS)**

Part B of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) provides grants to States and Territories to improve the quality, availability, and organization of HIV health care and support services. HIV/AIDS funding from HRSA given to the State of NJ to allocate within the impacted area. Funding Cycle April 1, 2021- March 31, 2022

*\*\*\*NJDOH's Division of HIV, STD, and TB Services (DHSTS) has implemented a new statewide grant program in January 2022 that will bring the state's overarching HIV strategy in line with national best practices, which are key to ending the HIV epidemic. This program supports the development and implementation of high quality, customer-centered, culturally appropriate, and trauma-informed Comprehensive Status-Neutral HIV Services for Focus Populations most affected by the HIV epidemic under the "Engagement and Linkage to an Intentional and Exceptional Intervention, Re-imagined (ELIXIR)" framework developed by Ka'leef Stanton Morse, Executive Director of HIV Services.*

**Services Funded:**

<ul style="list-style-type: none"> <li>▪ Copays</li> <li>▪ Ambulatory Care</li> <li>▪ Sub Spec</li> <li>▪ Diagnostic /Lab</li> <li>▪ Medical Case Management</li> <li>▪ CHW or Outreach</li> </ul>	<ul style="list-style-type: none"> <li>▪ Nutrition</li> <li>▪ Mental Health</li> <li>▪ Dental</li> <li>▪ Non-Medical Case Management</li> <li>▪ Psychosocial</li> </ul>	<ul style="list-style-type: none"> <li>▪ Emergency Financial Assistance</li> <li>▪ Food Bank</li> <li>▪ Housing</li> <li>▪ Legal</li> <li>▪ Transportation</li> </ul>
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Part B Funds for New Jersey ([Source](#))

AGENCY NAME	FY 2019	FY 2020	FY 2021 (4/1/21-3/31/22)	FY 2022 (3/31/22-2/28/23)	Difference 21 vs. 22	Percent Change
Part B Award	\$40,302,751	\$39,309,433	\$37,850,613	\$37,797,762	(\$52,851)	-0.14%
<b>Part B Supplemental</b> <i>**Awarded in September</i>	\$1,263,597	\$1,621,342 9/30/20-9/29/21	\$1,430,717 9/30/21-9/29/22	\$2,683,291	\$1,252,574	87.5%
ADAP Shortfall Relief	\$29,726,948	\$28,883,327	\$27,791,664	\$27,411,670	(\$379,994)	-1.4%
<b>Total Part B Funding</b>	<b>\$41,566,348</b>	<b>\$40,930,775</b>	<b>\$39,281,330</b>	<b>\$40,481,053</b>	<b>\$1,199,723</b>	<b>-3.05%</b>

\*\*The Final Award can include a prior year unobligated balance not requested for carryover.

Part B funding breakdown by service category (Source: DHSTS)

Award Year	Copays	Ambulatory Care	Sub Spec	Diagnostic /Lab	MCM	Nutrition	MH	Dental
FY 2023	\$73,732	\$1,228,390	\$95,480	\$288,305	\$1,316,858	\$81,479	\$280,168	\$752,216
FY 2021	\$77,175	\$1,308,785	\$101,920	\$263,448	\$1,366,779	\$84,450	\$289,741	\$590,255
FY 2020	\$134,279	\$1,329,600	\$101,920	\$263,448	\$1,318,778	\$87,450	\$314,998	\$590,255

Award Year	CM (non)	EFA	Food Bank	Housing	Legal	Trans.	Outreach	Psychosocial	RWB Total
FY 2023	\$821,826	\$120,957	\$20,900	\$61,750	\$294,000	\$278,314	\$231,607	\$116,161	<b>\$6,467,143</b>
FY 2021	\$863,457	\$127,332	\$22,000	\$85,000	\$300,000	\$258,285	\$242,999	\$120,268	<b>\$6,101,884</b>
FY 2020	\$887,442	\$119,697	\$22,000	\$65,000	\$242,986	\$266,110	\$217,743	\$120,268	<b>\$6,081,974</b>

**(ADDP) AIDS DRUG DISTRIBUTION PROGRAM**

The HIV/AIDS Bureau administers the AIDS Drug Assistance Program (ADAP), which is a state- and territory-administered program that provides medications and access to health care coverage to those who lack coverage and resources. AIDS Drug Distribution Program provides life-sustaining and life-prolonging medications to low-income individuals with no other source of payment for these drugs.

NEMA ADDP expenditures (January 1, 2021, to December 31, 2021)

County	Clients	Claims	Amount Paid
ESSEX	1,270	27,150	\$22,918,819.84
MORRIS	167	3,044	\$2,813,149.34
SUSSEX	19	675	\$205,551.65

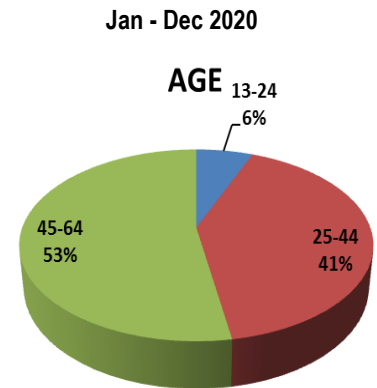
NEMA-ADDP Utilization Data, Jan-Dec 2020			
	Clients	Claims	Amount
Essex	1,291	30,205	\$ 25,648,346.65
Hunterdon	16	425	\$ 123,750.42
Morris	166	3,390	\$ 3,178,139.76
Sussex	19	494	\$244,437.05
Union	495	11,757	\$ 10,834,378.01
Warren	38	618	\$ 659,884.50
<b>Total</b>	<b>2,025</b>	<b>46,889</b>	<b>\$ 40,688,936.39</b>



UNION	510	10,136	\$9,619,486.74
WARREN	37	470	\$533,212.61
<b>TOTALS</b>	<b>2,003</b>	<b>41,475</b>	<b>\$36,090,220.18</b>

Age Distribution of Clients Served per County. (January 1, 2021, to December 31, 2021)

County	< 5	< 13	< 20	< 30	< 40	< 50	50 >	County Total
ESSEX	0	0	3	97	282	260	628	1,270
MORRIS	0	0	0	11	48	31	77	167
SUSSEX	0	0	0	0	1	5	13	19
UNION	0	0	3	51	94	121	241	510
WARREN	0	0	1	2	7	10	17	37
<b>TOTALS</b>	<b>0</b>	<b>2</b>	<b>14</b>	<b>441</b>	<b>1,202</b>	<b>1,219</b>	<b>2,776</b>	<b>5,654</b>



Clients Served by Sex (January 1, 2021 to December 31, 2021)

County	MALE	FEMALE	F TO M	M TO F	UNKNOWN	CNTY TOTAL
ESSEX	786	480	0	4	0	1,270
MORRIS	127	39	0	1	0	167
SUSSEX	12	6	0	1	0	19
UNION	353	153	0	4	0	510
WARREN	27	10	0	0	0	37
<b>Total</b>	<b>1,305</b>	<b>688</b>	<b>0</b>	<b>10</b>	<b>0</b>	<b>2,003</b>

Clients Served by Race in NEMA Counties (January 1, 2021 to December 31, 2021)

County	WHITE	BLACK	HISPANIC	PACIFIC	ASIAN	INDIAN/ ALASKAN	UNKNOWN	CNTY TOTAL
ESSEX	230	899	119	2	8	0	12	1,270
MORRIS	92	23	44	0	7	0	1	167
SUSSEX	13	6	0	0	0	0	0	19
UNION	175	209	116	0	5	1	4	510
WARREN	16	7	11	0	3	0	0	37
<b>TOTALS</b>	<b>526</b>	<b>1,144</b>	<b>290</b>	<b>2</b>	<b>23</b>	<b>1</b>	<b>17</b>	<b>2,003</b>

#### (HICP) HEALTH INSURANCE CONTINUATION PROGRAM

HICP is a special program for New Jersey residents with HIV or AIDS. This program allows you to keep your health insurance when you can no longer work or when you can only work part time. If you qualify, HICP will pay the monthly payments (premiums) for your health insurance.

Count of individuals served in Newark EMA:

County	Count
Essex	205
Union	58
Morris	50

Sussex	2
Warren	2
<b>Total</b>	<b>317</b>

\*\* There were 839 Clients that received services in New Jersey. Out of those 81 clients were missing data for the county field.

**PART C 93.918 (Source: TAGGS)**

Part C of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) provides funding to local community-based organizations to support outpatient ambulatory health service and support services through Early Intervention Services (EIS) program grants-EIS (Testing, Linkage), Core Medical, Support Services. Funding Year: 10/1/21-9/30/22.

**Services Funded:**

<ul style="list-style-type: none"> <li>▪ Ambulatory/Outpatient Medical Care</li> <li>▪ Medical Case Management</li> <li>▪ Medical Nutrition Therapy</li> <li>▪ Mental Health Services</li> <li>▪ Substance Abuse – Outpatient</li> </ul>	<ul style="list-style-type: none"> <li>▪ Medical Transportation</li> <li>▪ Non-Medical Case Management</li> <li>▪ Other Professional Services (Legal)</li> <li>▪ Oral Health</li> <li>▪ Psychosocial Support Services</li> </ul>
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AGENCY NAME	FY2020	FY2021	FY 2022	FY 2023
<b>Rutgers, Biomedical &amp; Health Sciences</b>	\$1,193,301	\$1,084,896	\$995,525	\$995,524
<b>Newark Community Health Centers</b>	\$585,416	\$517,916	\$475,559	\$475,559
<b>Zufall Health Center</b>	\$254,535	\$254,535	\$251,535	\$251,535
<b>Neighborhood Health Services Corp.</b>	\$343,061	\$281,061	\$273,527	\$268,972
<b>North Jersey AIDS Alliance, Inc</b>	\$150,000	\$0	\$140,000	\$0
<b>TOTAL</b>	<b>\$2,526,408</b>	<b>\$2,138,408</b>	<b>\$1,602,350</b>	<b>\$1,991,590</b>

\*Some funds are awarded on different dates.

**PART D 93.153 (Source: NJDOH Contacts; Source)**

Coordinated HIV Services and Access to Research for Women, Infant, Children and Youth. HIV/AIDS funding from HRSA given to the State to allocate. Funding Cycle is August 1, 2022-July 31, 2023. (Awards are usually made in August)

**Services Funded:**

<ul style="list-style-type: none"> <li>▪ Ambulatory/Outpatient Medical Care</li> <li>▪ Medical Case Management</li> </ul>	<ul style="list-style-type: none"> <li>▪ Medical Nutrition Therapy</li> <li>▪ Mental Health Services</li> </ul>
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AGENCY NAME	FY 2019	FY 2020	FY 2021	FY 2022
<b>New Jersey State Department of Health</b>	<b>\$2,209,478</b>	<b>\$2,185,691</b>	<b>\$2,185,691</b>	<b>\$2,185,691</b>
Difference \$	\$0	-\$23,787.00	\$0.00	\$0.00
Percent	0.00%	-1.09%	0.00%	0.00%

Newark EMA Agencies	FY 2019	FY 2020	FY 2021	FY 2022
Rutgers University School of Nursing FXB	356,000	\$373,750	\$370,804	\$362,000
Newark Beth Israel Medical Center	276,000	\$304,966	\$289,922	\$285,000

<b>Total EMA:</b>	<b>\$632,000</b>	<b>\$678,716</b>	<b>\$660,726</b>	<b>\$647,000</b>
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**PART F: DENTAL 93.924** (Source: [Ryanwhite.hrsa.gov](https://ryanwhite.hrsa.gov))

Two programs in the Newark EMA focus on funding oral health care for people living with HIV: the Dental Reimbursement Program (DRP) and the Community-Based Dental Partnership Program (CBDPP). The key program elements are funding of services and funding of education and training for oral health providers.

HRSA-11-097 Funding September 1, 2022- August 31, 2023. (Usually awarded in August-Sept)

Rutgers, Biomedical Sciences	FY2019	FY2020	FY 2021	FY 2022*
<b>Community Based Dental Partnership Program H65</b> <i>(Usually awarded from May to July)</i>	\$364,172	\$364,172	\$364,172	\$364,172
<b>Dental Reimbursement Program T22</b> <i>(Usually awarded from August to September)</i>	\$79,197	\$61,219	\$57,510	\$124,079
<b>Total</b>	<b>\$443,369</b>	<b>\$425,391</b>	<b>\$421,682</b>	<b>\$488,251</b>

\*Estimated award date August/September.

**HRSA’s Special Projects of National Significance (SPNS) Program, 93.928**

The Health Resources and Services Administration’s (HRSA) Ryan White HIV/AIDS Program (RWHAP) Part F Special Projects of National Significance (SPNS) Program supports the development of innovative models of HIV care and treatment to quickly respond to emerging needs of RWHAP clients. Through its demonstration, implementation, and IT projects, SPNS uses implementation science to evaluate the design, implementation, utilization, cost, and health-related outcomes of treatment strategies while promoting the dissemination and replication of successful interventions. ([Source](#))

Current SPNS Initiatives

**Supporting Replication (SURE) of Housing Interventions in the Ryan White HIV/AIDS Program**

*Funded 2022-2026*

This initiative has two separate, yet coordinated, recipients: the Implementation and Technical Assistance Provider (ITAP) and an Evaluation Provider (EP). The purpose of the ITAP initiative is to support a single organization that will provide technical assistance to up to 10 sites implementing and adapting housing-related, evidence-based interventions, evidence-informed interventions, and emerging strategies (collectively, “intervention strategies”) for three key populations of people with HIV experiencing unstable housing: 1) lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ+) people; 2) youth and young adults (aged 13-24 years); and 3) people who have been justice involved (i.e., people impacted by the justice system). The ITAP will select and fund implementation sites under individual subawards; provide implementation-related technical assistance to the sites; and develop a communication plan and replication tools for widespread adoption of these housing-related intervention strategies for the three key populations of people with HIV experiencing unstable housing. The EP will develop and implement a multi-site evaluation of these intervention strategies and provide evaluation-related technical assistance using an implementation science framework.

**Emerging Strategies to Improve Health Outcomes for People Aging with HIV**

#### *Funded 2022-2025*

This initiative funds three components: one capacity-building provider, 10 demonstration sites, and one evaluation provider. All three components of the initiative will work together using HRSA's HIV/AIDS Bureau's (HAB) implementation science framework to conduct the following activities simultaneously: implement emerging interventions that comprehensively screen and manage comorbidities, geriatric conditions, behavioral health, and psychosocial needs of people aged 50 years and older with HIV; assess the uptake and integration of emerging strategies; understand implementation processes including assessing specific implementation strategies; understand and document broader contextual factors affecting implementation; evaluate the impact of the emerging strategies; and document and disseminate the emerging strategies.

#### **Telehealth Strategies to Maximize HIV Care,**

##### *Funded 2022-2025*

The purpose of this initiative is to identify and maximize the use of telehealth strategies most effective in improving linkage to care, retention in care, and health outcomes, including viral suppression, for people with HIV who receive services through the RWHAP. This initiative builds upon existing programs, and HRSA HAB will coordinate the initiative activities in collaboration with the National Institutes of Health, the Agency for Healthcare Research and Quality, and the Centers for Disease Control and Prevention. The recipient will: 1) research and select telehealth strategies that can be used to maximize HIV care in the RWHAP; 2) fund, coordinate, provide technical and capacity building assistance, monitor, and evaluate implementation of telehealth strategies for a minimum of five RWHAP recipients and subrecipients; 3) create an inventory of project strategies and tools; 4) disseminate the project's products through various outlets, ultimately for uptake and replication by RWHAP recipients and subrecipients; and 5) evaluate the project using an implementation science framework.

#### **Using Innovative Intervention Strategies to Improve Health Outcomes Among People With HIV.**

##### *Funded 2021–2025, deadline 3/22*

This initiative's purpose is to use an implementation science framework to identify, pilot test, and evaluate innovative intervention strategies in four focus areas to improve health outcomes among people with HIV. The Innovative Intervention Strategies Coordinating Center for Technical Assistance (2iS CCTA) will solicit and subaward up to 20 RWHAP-funded recipients and subrecipients (approximately five sites per focus area) to serve as implementation sites where one intervention strategy per site will be piloted. This initiative will focus on three priority populations and one area of opportunity to improve service delivery. Combined, these four focus areas are: 1) Improving HIV health outcomes for people with substance use disorder; 2) Improving HIV health outcomes for lesbian, gay, bisexual, transgender, and queer (LGBTQ+) youth; 3) Improving HIV health outcomes for people who are or have been incarcerated; and 4) Improving HIV health outcomes by using telehealth services. The piloted intervention strategies will be evaluated by the Using Innovative Intervention Strategies to Improve Health Outcomes Among People with HIV – Evaluation Center (2iS EC).

#### **Building Capacity to Improve Collecting and Reporting Viral Suppression Data to the Medicaid Adult Core Set,**

##### *Funded 2021–2025*

This initiative seeks to develop strategies to build capacity among HIV surveillance and Medicaid programs for reporting high-quality HIV viral suppression data to comply with HIV Viral Load Suppression measure reporting on the Medicaid Adult Core Set. HRSA awarded one System Coordination Provider (SCP) to select, fund, and work with up to 10 RWHAP Part B recipients, as well as HIV surveillance and Medicaid programs to build capacity to report high-quality HIV viral suppression data to the CMS as part of the annual state Medicaid Adult Core Set reporting. The SCP will work with state RWHAP, HIV surveillance, and Medicaid programs to develop, implement, and evaluate strategies to improve the collection and reporting of HIV viral suppression data to the Medicaid Adult Core Set. In addition, the SCP will promote the dissemination and replication of effective strategies and lessons learned for adoption across other states.

#### **Leveraging a Data to Care Approach to Cure Hepatitis C within the Ryan White HIV/AIDS Program (RWHAP),**

##### *Funded 2020-2022*

This demonstration project will link people with Hepatitis C Virus (HCV) and HIV within the Ryan White HIV/AIDS Program (RWHAP) to care, by leveraging existing public health surveillance with clinical data systems. A Technical Assistance Provider (TAP) organization will be funded to select and provide targeted technical assistance to up to ten (10) RWHAP Part A and/or Part B jurisdictions (i.e., state, city, and/or local health departments) to focus jurisdictional efforts on improving existing collaboration between their HCV surveillance systems and RWHAP care providers. The goal of improving collaboration between HCV and HIV surveillance systems and RWHAP providers is to facilitate the sharing of data and identification of people with HIV and HCV who are not currently receiving care. The TAP will work collaboratively with a contractor who will evaluate the overall effectiveness and impact of this project.

**Building Capacity to Implement Rapid ART Start for Improved Care Engagement in in Ryan White HIV/AIDS Program (RWHAP).** Funded 2020–2023

This initiative supports the implementation and evaluation of “rapid start,” or the accelerated entry into HIV medical care and rapid initiation of ART for people with HIV who are newly diagnosed, new to care, or out of care. The program will fund 15 implementation sites that have the capacity and infrastructure to support rapid start implementation, but have not yet been able to, with the goal of replicating and expanding successful rapid start models. This initiative is supported through funding from the Department of Health and Human Services (HHS) Office of the Assistant Secretary for Health Minority HIV/AIDS Fund (MHAF).

**Rapid Antiretroviral Therapy (ART) Start in the Ryan White HIV/AIDS Program – Dissemination Assistance Provider,** Funded 2020-2023

This initiative will fund a single organization that will develop a compendium of promising rapid antiretroviral therapy (ART) interventions. The recipient will systematically identify and document innovative practices and procedures of rapid ART interventions and promote the dissemination of these models for replication among RWHAP and other providers serving PLWH.

**Improving Care and Treatment Coordination: Focusing on Black Women with HIV,** Funded 2020-2023

This initiative will support up to twelve cooperative agreements for up to three years to design, implement, and evaluate the use of bundled interventions for Black women with HIV. Bundled interventions will address socio-cultural health determinants, expand the delivery and utilization of comprehensive HIV care and treatment services, support continuous engagement in care, and improve health outcomes for Black women with HIV in a culturally-sensitive and responsive manner. All demonstration sites funded under this initiative will be required to collaborate with the evaluation and technical assistance provider (ETAP). This initiative is supported through funding from the Department of Health and Human Services (HHS) Office of the Assistant Secretary for Health Minority HIV/AIDS Fund (MHAF).

**Capacity Building in the Ryan White HIV/AIDS Program to Support Innovative Program Model Replication,** Funded 2019–2022

This initiative will build and enhance the capacity of RWHAP recipients and subrecipients to replicate evidence-informed models of care/interventions among RWHAP jurisdictions using previously developed program implementation tools, manuals, and other resources. In addition, this initiative will increase system-level capacity for adopting these models of care/interventions that offer comprehensive, high-quality, culturally competent HIV screening, care, and treatment for people with HIV who are not fully engaged in primary care. By building capacity and encouraging the implementation or replication of effective models of care, the RWHAP will improve systems of care, reduce health disparities, and improve outcomes along the HIV care continuum. The Center for AIDS Prevention Studies (CAPS) of the University of California San Francisco will lead and support the dissemination and replication of evidence-informed innovative models of care/interventions in Atlanta, GA, Jackson, MS, Las Vegas, NV, and New Orleans, LA.

**Enhancing Linkage of Sexually Transmitted Infection (STI) and HIV Surveillance Data in the Ryan White HIV/AIDS Program,** Funded 2019–2022

This initiative will improve linkage, re-engagement in care, and health outcomes for people with HIV in the RWHAP. HRSA funded Georgetown University to serve as the Technical Assistance Provider (TAP) to identify and fund up to five jurisdictions (state, city, and/or local health departments) to provide programmatic technical assistance for each jurisdiction to create or improve data sharing across their STI and HIV surveillance systems, as well as an evaluation contractor to evaluate the overall effectiveness of the project. The TAP will assess jurisdictional barriers to data sharing across STI and HIV surveillance departments and develop tools to address these barriers. Improved data sharing will allow the matching of STI (chlamydia, gonorrhea, and/or syphilis cases) and HIV surveillance data, which will be used to improve the capacity of RWHAP clinics to prioritize resources for linking and re-engaging people with HIV into care. Improving the frequency of this data sharing will inform RWHAP clinics' decision-making around allocation of resources and services to improve health outcomes of PLWH.

**Strengthening Systems of Care for People with HIV and Opioid Use Disorder, Funded 2019–2022**

This initiative supports two entities, referred to as System Coordination Providers (SCPs), who will assist states in leveraging resources at the federal, state, and local levels for people with HIV and opioid use disorder (OUD). JSI Research and Training Institute and Yale University are serving as the SCPs for this initiative and will work across 14 state partners, which include Arizona, Connecticut, Iowa, Louisiana, Massachusetts, New Jersey, Rhode Island, Utah, Vermont, Virginia, Washington, and West Virginia. This initiative will strengthen system-level coordination and networks of care between RWHAP recipients and other federal, state and local entities funded to respond to the opioid epidemic to ensure people with HIV and OUD have access to behavioral health care, treatment, and recovery services. In addition, this initiative will build upon existing systems of care and treatment that will maximize cross-sector collaboration in order to achieve improvements in the system-level coordination and to leverage available resources for improving the health outcomes of people with HIV and OUD.

**HRSA’s Ending the HIV Epidemic PCHP**

***EHE Primary Care HIV Prevention (PCHP) Awards (HRSA) – [Source]***

Fiscal year (FY) 2021 Ending the HIV Epidemic—Primary Care HIV Prevention (PCHP) funding is available for up to 175 health centers on a competitive basis. PCHP funding will expand HIV prevention services that decrease the risk of HIV transmission in geographic locations identified by Ending the HIV Epidemic: A Plan for America.

<p>Applicants must demonstrate plans to use PCHP funds to achieve three objectives:</p> <ul style="list-style-type: none"> <li>▪ Increase the number of patients counseled and tested for HIV.</li> <li>▪ Increase the number of patients prescribed pre-exposure prophylaxis (PrEP).</li> <li>▪ Increase the number of patients linked to HIV care and treatment.</li> </ul>	<p>Applicants will propose to make progress toward the objectives through activities in four focus areas:</p> <ul style="list-style-type: none"> <li>▪ PrEP prescribing;</li> <li>▪ Outreach;</li> <li>▪ Testing; and</li> <li>▪ Workforce development</li> </ul>
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-Funding in the Newark EMA, the following agencies received this award.

ORGANIZATION NAME	CITY	Award in 2022	Award in 2023
Saint James Health, Inc	Newark	\$325,000	
North Hudson Community Action Corporation	Union	\$325,000	
<b>EMA Total</b>		<b>\$650,000</b>	

ORGANIZATION NAME	CITY	Award in 2020	Award in 2021
City of Newark, New Jersey	Newark	\$261,639	\$0
Newark Community Health Centers, Inc.	Newark	\$293,871	\$0
Rutgers, The State University Of New Jersey	NEWARK	\$250,589	\$0
Zufall Health Center Inc.	DOVER	\$279,870	\$0
<b>EMA Total</b>		<b>\$1,085,969</b>	<b>\$0</b>

\*No New Jersey agency was awarded this grant in FY 2021. PCHP Non-Competing Continuation (NCC) by PCHP awardees originally funded in September 2021 will provide funding for the PCHP year 2 budget period (September 1, 2022 through August 31, 2023). The FY 2022 PCHP NCC due date was April 14, 2023.

**Substance Abuse and Mental Health Services Administration (SAMHSA)**

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health of the nation and to improve the lives of individuals living with mental and substance use disorders, and their families. SAMHSA gives priority to address substance abuse treatment, prevention, and mental health needs of regional and national significance through assistance (grants and cooperative agreements) to States, political subdivisions of States, Indian tribes and tribal organizations, and other public or nonprofit private entities. NJ Funding Allocation FY 2023: \$26,016,707

**Substance Abuse Prevention and Treatment Block Grant (SABG), 93.959**

Mandated by Congress, SAMHSA's block grants are noncompetitive grants that provide funding for substance abuse and mental health services. CFDA 93.959

Awardee	FY 2021	FY 2022	FY 2023
NJ Dept of Human Services	\$121,555,899	\$48,470,437	\$26,016,707

INITIATIVE	DESCRIPTION	FY 2021	FY 2022
COLLABORATIVE HIV/HCV OPIOID CARE (CHHOC) INITIATIVE	This grant proposal submitted by the NJ Division of Mental Health and Addiction Services (DMHAS) for a Collaborative HIV/HCV Opioid care (CHHOC) initiative will address barriers to medical services and related care for PWIDs at risk for HIV and HCV by developing an integrated system of care between participating OTPs and primary care providers. SSPs providing harm reduction interventions and HIV/HCV screening of PWIDs will make referrals to the OTPs and primary care providers. In the CHHOC, the services of the providers will be integrated on two different levels, thus allowing comparison of their effectiveness. One level is a collaboration between an OTP and a federally qualified healthcare clinic (FQHC), while the other is a single provider that has a co-located OTP and primary care clinic. The grant would allow the OTPs to hire nurse care managers and peer navigators. The FQHC/primary care clinic will be funded to hire peer navigators and behavioral health clinician staff support patient self-direction and adherence to treatment. These health clinics will conduct mental health screenings and treatment will be provided or facilitated by the behavioral health clinician.	\$2,000,000	\$2,000,000

**Block Grants for Community Mental Health Services, 93.958** (Source: [SAMHSA](#))

Objectives: To provide financial assistance to States and Territories to enable them to carry out the State's plan for providing comprehensive community mental health services to adults with a serious mental illness and to children with a serious emotional disturbance; monitor the progress in implementing a comprehensive community based mental health system; provide technical assistance to States and the Mental Health Planning Council that will assist the States in planning and implementing a comprehensive community based mental health system.

Awardee	FY 2021	FY 2022	FY 2023
NJ Dept of Human Services	\$82,824,842	\$22,565,704	\$30,267,176
Rutgers, The State University of New Jersey (Newark)	\$0	\$0	\$

**SAMHSA's Special Projects of Regional and National Significance (SPRNS), 93.243** (Source: [TAGGS](#))

SPRNS address priority substance abuse treatment, prevention, and mental health needs of regional and national significance through assistance (grants and cooperative agreements) to States, political subdivisions of States, Indian tribes, and tribal organizations, and other public or nonprofit private entities. CSAT, CMHS and CSAP seek to expand the availability of effective substance abuse treatment and recovery services available to Americans to improve the lives of those affected by alcohol and drug additions; to reduce the impact of alcohol and drug abuse on individuals, families, communities, and societies; and to address priority mental health needs of regional and national significance and assist children in dealing with violence and traumatic events through by funding grant and cooperative agreement projects.

Agency	Project Description	Target Area	FY 2022	FY 2023
Isaiah House	The purpose of this project is to enhance the service delivery system at Isaiah House, Inc. (IH) by developing our existing Community Creche Project to address the unique life circumstances and needs of pregnant and postpartum women and their children in residential substance abuse treatment. The Community Creche Expansion Project will attend to trauma, parenting, as well as reunification and reconciliation with family members in conjunction with intense chemical dependency treatment, to develop a family system model of care that will incorporate the whole family unit, and not just the individual, as the focus of care.	Essex County	\$519,870	\$522,726
New Jersey State Department of Human Services	New Jersey is committed to developing a comprehensive crisis response system that will respond to 988 calls, chats and texts originating in this state. This project will build the capacity of NJ's current Lifeline centers to ensure the appropriate level of response, linkages and follow up for individuals who reach out to 988. The system is designed to serve people who are experiencing a mental health crisis or suicidal ideation as well as family and friends of these individuals. In 2020, the Lifeline received 55,068 calls from NJ and according to the Growth Model offered by Vibrant, it is expected that New Jersey will receive between 119,000 and 187,900 calls annually by year 5 of the 988 roll out. This will require a significant increase in response capacity beginning with the launch of 988 in July 2022. In addition, NJ plans a "no wrong door" structure for the 988 system. To meet this expectation, staff will be trained to respond to contacts from or about adults, children and youth, and people with developmental	New Jersey		\$1,000,000



	and intellectual disabilities. Therefore, in addition to preparing for the anticipated increase in volume, centers must train new and existing staff regarding de-escalation skills, crisis rescue services, and comprehensive referral options.			
City of Elizabeth Board of Education	Elizabeth Public School's (EPS) Project Awareness is a comprehensive training program with the goal to provide mental health awareness and verbal de-escalation techniques to thousands of in-district staff. The training will provide district staff with critical training in identifying mental illness, de-escalation skills in response to episodes of mental illness, and a system of reporting and referring to immediately address students' needs. EPS's Project Awareness will have the potential to impact over 28,000 school age children and the thousands of families that interact with EPS staff on a daily basis.	Union County		\$249,528
New Jersey State Dept/Health/Senior Svcs	Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Grant Program. The purpose of this program is to support states and tribes with implementing youth1 suicide prevention2 and early intervention3 strategies in schools4, educational institutions, juvenile justice systems, substance use programs, mental health programs, foster care systems, and other child and youth-serving organizations. It is expected that this program will: (1) increase the number of youth-serving organizations who are able to identify and work with youth at risk of suicide; (2) increase the capacity of clinical service providers to assess, manage, and treat youth at risk of suicide; and (3) improve the continuity of care and follow-up of youth identified to be at risk for suicide, including those who have been discharged from emergency department and inpatient psychiatric units.			
Morris County Prevention is Key, Inc.	MCPIK's CARES Recovery Corps will serve individuals and families seeking or in recovery from substance use disorder in Morris and Passaic County New Jersey through Peer Recovery Support Services and training. Project goals and objectives include Goal 1. Build a CARES Recovery Corps, which will foster local relationships between recovery networks and other recovery support services (RSS). The project will serve 140 people annually and 420 over the lifetime of the project.	Morris and Passaic County	\$200,000	
Prevention Links, Inc.	The purpose of this program is to implement evidence-based programs to support individuals in substance use disorder treatment and recovery to live independently and participate successfully in the workforce. The target service area for this project includes Union, Essex, Hudson, and Passaic Counties. Prevention Links will provide intensive case management and peer recovery support to each participant utilizing the Coping with Work and Family Stress™ evidence-based program. Coping with Work and Family Stress™ teaches employees behavioral, social, and cognitive strategies to modify work and family risk and protective factors, given the relationship of these factors to psychological symptoms and substance use. Partner organizations will provide job training, career planning, job search and placement, and job retention services. Job training and	Union, Essex, Hudson, and Passaic Counties	\$500,000	\$500,000

	placement opportunities will be directly linked to workforce gaps resulting from substance use disorders in the Northern NJ region.			
Team Management 2000, Inc. -	Newark, NJ the third neediest city in the U.S, where residents live with high rates of HIV infection, homicide, and homelessness. Many homeless struggle with co-occurring mental illness and substance use, and many are returning veterans. Team Management 2000, Inc. (TM2K) is committed to improving the lives of these citizens with the Healthy Recovery Initiative. Their evidence-based interventions will result in increases in stable housing, sobriety, employment, and health. TM2K has serving homeless individuals with mental illness, co-occurring disorders, and HIV for 18 years. TM2K will implement the Healthy Recovery Initiative to provide integrated dual disorder treatment IDDT services to these individuals. This project will provide outreach to almost 5600 homeless persons and enroll (50 in yr.1) and approximately 320 in treatment services over five years.	Essex and Passaic Counties	\$500,000	
Family Connections, Inc.  Strategic Prevention Framework - Partnerships for Success 08/31/2020 - 08/30/2025	Leveraging our robust existing community-wide ADAPT Coalition, Family Connections' project, entitled ADAPT: Essex County Youth and LGBTQ+ Partnerships for Success, will service (a) Essex County youth aged 9 to 20; and, (b) Essex County residents of all ages who identify as LGBTQ. Our goals and accompanying objectives are: 1) Identify and close gaps in capacity to collect meaningful, local data regarding youth substance use (aged 9 to 20) 2) Prevent onset and reduce the progression of underage drinking, marijuana use, and prescription medication misuse/abuse through evidence-based prevention programming, environmental-level strategies, and policy change efforts.	Essex County	\$300,000	
Morris County Prevention is Key, Inc. 09/30/2019 - 09/29/2024	The Strategic Prevention Framework Partnership for Success project will focus on youth ages 9-20, addressing underage drinking, opioid use and marijuana use among this population. Project goals are two-fold; that is, to prevent onset and reduce progression of alcohol, marijuana and prescription drug/opioid use among youth ages 9-20 and strengthen prevention capacity & infrastructure at the community level through SBIRT Implementation in Morris County schools.	Morris County	\$300,000	
NJCRI - TCE-HIV: High Risk Populations  09/30/2018 - 09/29/2023	NJCRI is proposing a program to provide a range of navigation, HIV support, and transition services to those at highest risk for HIV and substance use disorders, especially racial/ethnic males, ages 13-24, including MSM; NJCRI will focus on serving individuals who are not in stable housing in communities with high incidence and prevalence rates of substance misuse and HIV infection. NJCRI's populations of focus will include African American and Latino YMSM (ages 18-29), MSM (age 30 and over), gay, bisexual, transgender individuals and adult heterosexual injection drug users (IDU).	Essex, Union, Bergen, and Hudson Counties	\$525,000	
PROCEED, Inc.  Minority Aids Initiative - High Risk Population	PROCEED proposes the Motivated Men Project/El Proyecto de Motivación para-Hombres ("MMP"). MMP is a comprehensive, bilingual/bicultural, multi-component substance use disorder/ co-occurring mental disorder (SUD/COD) treatment and HIV prevention program that seeks to expand the availability and accessibility of SUD/COD treatment services for Latino and	Union County	\$500,000	

9/30/2019-09/29/2024	African American/Black men. Emphasis will be placed on engaging gay men and men-who-have-sex-with-men, and their partners who are living with HIV, or are at high-risk for HIV, and struggling with a substance use disorder (SUD) or co-occurring mental illness and SUD (COD).			
Integrity, Inc.– Integrity MAT-PDOA Program 09/30/2021 - 09/29/2026	Integrity, Inc. proposes to implement a 5-year MAT-PDOA program that will serve adults with opioid use disorder (OUD) in Essex County, with a focus on the City of Newark, and Hudson County, NJ. Integrity will also provide MAT in other high-need areas such as Toms River and Morris Plains, NJ where Integrity operates outpatient treatment services. Integrity will prioritize connecting the following groups to MAT services – adults who are referred by the justice system for their high risk of re-offense through illicit drug use, individuals who have no income/are low-income, people who possess co-occurring mental health disorders, residents without addresses, pregnant women, and individuals who have experienced multiple episodes of addiction treatment. Integrity will also provide individual and group counseling; psychosocial/didactic groups; MAT support groups; risk reduction interventions such as screening, testing, and counseling for HIV/AIDS, Hepatitis C, and TB; and recovery support services, including education (GED and postsecondary), workforce development and job training, and peer recovery support.	Essex and Hudson Counties	\$525,000	

**Ending the HIV Epidemic (EHE): A Plan for America**

**Ending the HIV Epidemic in Essex County (RWU Contact)**

In the Newark EMA, EHE focuses on low-income People Living with HIV who are virally suppressed but whose housing is a barrier to maintain their viral suppression or those who are not virally suppressed as an attempt or intervention to get them virally suppressed. In addition, the application requested to increase the number of community health workers, particularly in Essex County.

NEMA Awards by county

	<b>FY2020</b>	<b>F2021</b>	<b>FY 2022 (Partial)</b>	<b>FY 2023 (PARTIAL)</b>
Essex County	609,467	609,400	\$ 309,760	\$217,530
Union County	83,000	84,452	\$10,975	\$6,783
Tri-County	141,690	172,836	\$56,250	\$29,250
<b>Total</b>	<b>\$834,157</b>	<b>\$866,688</b>	<b>\$376,985</b>	<b>\$253,563</b>

PROVIDER	OAHS OAHS Labs	Early Intervention Services	Medical Case Management	(Non- Medica l) Case Management	Emergen cy Financial Assistance	Medical Transportation	Initiative Services (HOPP & CHW)	Initiative Infrastructure	Planning/ Evaluation	TOTAL AWARD (PARTIAL)
<b>ESSEX COUNTY</b>										
Urban Renewal Corporation							\$7,227			\$7,227
AIDS Resource Foundation for Children							\$27,227			\$27,227
Future Bridge Business Solutions								\$13,500		
Hyacinth Foundation, Inc.	\$188 \$450						\$32,241			\$32,879
Newark Beth Israel Medical Center	\$3,000			\$10,879	\$300	\$900				\$15,079
North Jersey AIDS Alliance (NJCRI)							\$102,551			\$102,551
Rutgers IDP Clinic	\$2,310 \$300	\$0	\$600			\$150	\$10,872			\$14,232
Team Management							\$4,836			\$4,836
<b>UNION COUNTY</b>										
Trinitas Regional Medical							\$6,783			\$6,783
<b>TRI- COUNTY</b>										
New Jersey AIDS Services, Inc.							\$29,250			\$29,250
	\$6,248	\$0	\$600	\$10,879	\$300	\$1,050	\$220,987	\$13,500		\$253,563

## Ending the HIV Epidemic New Jersey DHSTS

The Notice of Award from was released for the federal EHE program: DHST22EHE aims to build upon effective HIV prevention strategies currently in place and facilitate the implementation of additional or expanded key HIV prevention strategies aimed at ending the HIV epidemic. Proposals should align with the four pillars of the federal Ending the HIV Epidemic initiative and specifically focus on one or more of the pillars. Proposals should be grounded in national HIV best practices, reflect the most up-to-date scientific evidence, and include disruptively innovative activities which address each jurisdiction s unique communities, challenges, and barriers. TA support for Essex and Hudson Counties

FY 2021 Award: \$1,700,000

Award Period: 9/1/21 to 7/31/22

FY 2022 Award: \$492,300

### *Funding provided to Essex County Agencies*

<b>Contract Activities Funded (e.g., HIV Testing, Linkage to Care and Treatment, Prevention Services, Essential Support Services, PrEP, etc.)</b>	<b>Name of Funded Service Delivery Entities</b>	<b>Entity Type (e.g., LHDs, CBOs, Clinic, Hospitals, etc.)</b>	<b>Contract Amount \$</b>
An intervention called “Kiss & Tell” to educate and empower Black and Latinx women of childbearing age (18-34) through interactive discussion on sexual health, as well as link participants to robust system of HIV primary care. Additionally, participants will have access to PrEP and PEP services when appropriate and will be issued incentivized “buddy passes” to get tested on the mobile unit within 6 months of their attendance of the “Kiss & Tell” session.	Newark Beth Israel Medical Center	Hospital	\$100,000
Rutgers will provide a service that establishes mobile vans that can perform testing tele health services, implementing a novel approach for mobile direct observed therapy. This will allow nurse practitioners to intensify community involvement by bringing services directly to the people and connect with subpopulations in hard reach areas. Rutgers will facilitate Rapid PrEP initiation and pipeline for PEP.	Rutgers	School of Medicine	\$507,924
ARFC will utilize the NJHHC Hotline and for repeat caller (3 or more times), will develop a trauma-informed housing assessment with their pipeline of statewide Housing Case Managers. They will provide intensive Housing Case Manager services and will work collaboratively with community partners to connect each client with housing with housing vouchers that will help them to achieve independent living. ARFC is also facilitating an innovative Evidence Based Co-Design Community Engagement project that emphasized empowering small cohorts of individuals through storytelling.	AIDS Resource Foundation for Children	Community Based Organization	\$155,000
<p>Essex- Hyacinth aims to increase access to home testing kits and empower African American Women to take charge of their sexual health. With their existing partners they will conduct focus groups for the target population in order to develop social awareness campaign for home testing distribution and will distribute information in locations gleaned from focus group feedback through the community. These campaigns will help facilitate access to home testing kits to create a more comfortable a private way for AA women to test at home.</p> <p>Hudson – Hyacinth aims to launch the “house of force” Alliance, which will enhance community outreach and strengthen existing partnerships with kiki/House Ball</p>	Hyacinth (Essex and Hudson)	Community Based Organization	\$279,343

Community in Hudson County. Their target population is YMSM ages 13-29 that belong to the kiki/ballroom community in Hudson County.  Hyacinth is also being funded for a status neutral case manager that will work with other providers in the area to ensure that individuals are linked to any HIV care/prevention services, as well as support services, they need.			
AAOGC aims to work with the Ballroom/KIKI scenes in Essex County. Through this collaboration, AAOGC will be able to further their reach within the ballroom scene by offering at-home testing and linkage to PrEP/PEP Services and holding themed events that are centered around current HIV treatment and prevention messaging.	African American Office of Gay Concerns	Community Based Organization	\$85,590
NJCRI aims to serve all underserved vulnerable populations who are at a higher risk for HIV exposure. By utilizing their vaccine task force to reach groups such as migrant and sex worker, they will utilize 5 mobile units during non-traditional hours and at strategically selected location to provide COVID vaccines as well HIV testing and addition medical services/referrals, such as PrEP and mental health services.	North Jersey AIDS Alliance	Community Based Organization	\$373,000
East Orange Health Department aims to expand its ability to effectively respond to the needs of its community. The goal is to prevent the transmission of STDs through education, counseling, diagnosis, treatment, and field follow up of all positive patients and their partners.	East Orange Health Department	Local Health Department	\$200,000

### Center for Disease Control and Prevention (CDC)

#### Comprehensive High-Impact HIV Prevention Projects for Community-Based Organizations

Centers for Disease Control and Prevention (CDC) Funding directly allocated to local agencies for Comprehensive High-Impact HIV Prevention Projects for Community-Based Organizations 93.939 (Source: [TAGGS](#))

Services Funded: HIV Prevention and Education for community-based organizations

AGENCY NAME	Description	2020	2021	2022	2023	DIFFERENCE '22 vs. 23
<b>New Jersey AIDS Alliance Inc.</b>	High-Impact HIV Prevention Project for YTG of Color in Newark	\$0	\$441,625	\$400,000	\$400,000	\$0
<b>PROCEED</b>	Comprehensive High-Impact HIV Prevention Projects (CHIPP) for Community Health --a community -based response to the HIV/AIDS epidemic which targets Latinos and African Americans.	\$347,599	\$0	\$0	0	\$
<b>Newark Beth Israel Medical Center</b>	Comprehensive High-Impact HIV Prevention Projects for Community-Based Organizations	\$347,599	\$441,625	\$-312	0	
<b>Hyacinth AIDS Foundation</b>	Comprehensive High-Impact HIV Prevention Projects for Community-Based Organizations	<a href="#">\$697,681</a>	<a href="#">\$441,625</a>	\$400,000	\$400,000	\$0

<b>EMA TOTAL</b>		<b>\$1,392,879</b>	<b>\$1,324,875</b>	<b>\$800,000</b>	<b>\$800,000</b>
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\*FY 2022 Only partial funding information available on TAGGS as of 06/23/2022.

\*\*Funding for Hyacinth is only for HIV Prevention and Education specific to the Newark EMA.

**US Department of Housing and Urban Development (HUD)**

**Housing Opportunities for Persons with AIDS (HOPWA)** (Source: HOPWA Contact)

U.S. Department of Housing and Urban Development (HUD) funding directly to the City of Newark which then allocates funds to local agencies and neighboring municipalities. Funding Year = Calendar Year 1/1/22 – 12/31/22

\*\*In 2021, the HOPWA program changed to better reflect current HIV epidemic trends with the passing and signing of the Housing Opportunity Through Modernization Act (HOTMA), Public Law 114-201, in July 2016. HOTMA included provisions to modernize the HOPWA formula along with provisions related to other HUD programs. The HOPWA formula changed from what it was from 1992 to 2006 into the HOPWA Formula Modernization to determine local allocations.

<https://www.hudexchange.info/programs/hopwa/formula-modernization/#resources>

**Services Funded:**

▪ Housing	▪ Non-Medical Case Management
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<b>AGENCY</b>	<b>County</b>	<b>CY2020</b>	<b>CY 2021</b>	<b>CY 2022</b>	<b>DIFFERENCE</b>
CCAN - St. Bridget's	Essex	\$175,000	\$175,000	\$175,000	\$0
County of Essex (Essex County Tenant Resource)	Essex	\$500,000	\$500,000	\$500,000	\$0
Integrity Inc.	Essex	\$170,000	\$170,000	\$170,000	\$0
Isaiah House	Essex	\$720,567	\$720,567	\$720,567	\$0
La Casa de Don Pedro, Inc.	Essex	\$425,000	\$425,000	\$425,000	\$0
Newark Beth Israel Medical Center	Essex	\$1,153,136	\$1,153,136	1,153,136	\$0
Township of Irvington (Irvington Neighborhood Improvement)	Essex	\$377,290	\$377,290	\$377,290	\$0
Catholic Social Services – HOPE HOUSE	Morris	\$500,000	\$500,000	\$500,000	\$0
New Jersey AIDS Services	Morris	\$764,000	\$764,000	\$764,000	\$0
The City of Elizabeth, Dept. of Health and Human Services	Union	\$750,000	\$750,000	\$750,000	\$0
<b>TOTAL (including Admin)</b>		<b>\$5,534,993</b>	<b>\$5,534,993</b>	<b>\$5,534,993</b>	<b>\$0</b>

**Funding allocated by the State of New Jersey**

**Federally funded via the State of New Jersey (from CDC)**

Federal HIV/AIDS funding from the CDC [PS18-1802], previously known as [12-1201] allocated by the state of NJ. The Centers for Disease Control and Prevention (CDC) Funding through the NJ Department of Health allocates funds to local agencies. (January 1 to December 31) (Source: NJDOH Contacts)

AGENCY NAME	PREVENTION AND EDUCATION			COUNSELING & TESTING		
	FY 2020	FY 2021	FY 2022	FY 2020	FY 2021	FY 2022
African American Office of Gay Concerns (AAOGC)	\$175,000	175,000	\$273,000	\$130,000	\$130,000	\$152,000
AHS Hospital Corp. (Morristown Medical Ctr)	\$23,558	\$0	\$0	\$140,000	\$140,000	\$140,000
Catholic Charities – Archdiocese of Newark	\$0	\$0	\$0	\$150,000	\$150,000	\$75,000
Newark Beth Israel Medical Center	\$0	\$0	\$0	\$150,000	\$150,000	\$150,000
North Jersey AIDS Alliance (NJCRI)	\$350,000	\$350,000	\$330,000	\$500,000	\$500,000	\$500,000
PROCEED, Inc.	\$100,000	\$100,000	\$100,000	\$0	\$0	\$0
Rutgers – ED Clinics	\$25,000	\$0		\$523,000	\$523,000	\$523,000
St. Michael’s Medical Center	\$124,223	\$99,223	\$99,223	\$425,000	\$425,000	\$425,000
Trinitas Regional Medical Center	\$118,750	\$100,000	\$100,000	\$270,000	\$270,000	\$270,000
Zufall Health Center	\$25,000	\$0		\$0	\$0	\$0
<b>EMA Total</b>	<b>\$941,531</b>	<b>\$824,223</b>	<b>\$902,223</b>	<b>\$2,288,000</b>	<b>\$2,288,000</b>	<b>\$2,235,000</b>

**New Jersey’s Division of Mental Health and Addiction Services (DMHAS)**

**New Jersey Prevention and Education; Counseling and Testing Services (Source: DHSTS Contact)**

HIV/AIDS funding from the State of NJ to local agencies

Due to ELIXIR, the chart below will say FY 2021 but contain the 6 month awards from July 1, 2021 to December 31, 2021.) (NJ State Fiscal Year 22 is 7/1/21 to 6/30/22)

*\*\*NJDOH’s Division of HIV, STD, and TB Services (DHSTS) implemented the Engagement and Linkage to an Intentional and eXceptional Intervention, Re-imagined (ELIXIR)” framework. In line with the state’s overarching HIV strategy and national best practices to ending the HIV epidemic, this program supports the development and implementation of high quality, customer-centered, culturally appropriate, and trauma-informed Comprehensive Status-Neutral HIV Services for Focus Populations most affected by the HIV epidemic.*

**Services Funded:** Prevention & Education - EBI’s, PrEP and linkage to care; Counseling & HIV Testing



AGENCY NAME	PREVENTION AND EDUCATION			COUNSELING AND TESTING		
	FY 2019	FY 2020	FY 2021	FY 2019	FY 2020	FY 2021
<b>Essex Total</b>	<b>\$1,399,404</b>	<b>\$196,662</b>	<b>\$332,062</b>	<b>\$575,000</b>	<b>\$154,103</b>	<b>\$276,272</b>
St. Michael's Medical Center	\$150,000	\$0	\$0	\$0	\$0	\$0
Rutgers (UMDNJ) DAYAM/STOP	\$100,000	\$22,500	\$55,784	\$275,000	\$61,875	\$136,816
Rutgers - ED Clinics	\$100,000	\$22,500	\$0	\$300,000	\$45,000	
North Jersey AIDS Alliance (NJCRI)	\$359,640	\$31,000	\$63,000	\$0	\$0	\$0
Newark Beth Israel Medical Center	\$80,366	\$18,082	\$36,164	\$0	\$0	\$0
Hyacinth AIDS Foundation - Newark, Hudson & Middlessex	\$175,000	\$38,426	\$120,020 Newark & Plainfield	\$0	\$0	\$45,000 Plainfield
Integrity, Inc.	\$124,498	\$18,675	\$0	\$0	\$0	\$0
Isaiah House	\$0	\$0	\$0	\$0	\$0	\$0
La Casa de Don Pedro	\$100,000	\$45,479	\$57,094	\$0	\$0	\$0
East Orange Health Department	\$209,900	\$0	\$0	\$0	\$47,228	\$94,456
<b>Union Total</b>	<b>\$323,662</b>	<b>\$54,207</b>	<b>\$50,626</b>	<b>\$546,000</b>	<b>\$64,579</b>	<b>\$211,730</b>
Trinitas Regional Medical Center	\$75,000	\$0	\$0	\$0	\$0	\$0
Neighborhood Health Center Corp.	\$0	\$0	\$0	\$271,000	\$43,954	\$87,980
PROCEED, Inc.	\$98,662	\$21,089	\$0	\$275,000	\$20,625	\$123,750
Iris House	\$150,000	\$33,118	\$50,626	\$0	\$0	\$0
<b>Tri-County Total</b>	<b>\$312,284</b>	<b>\$16,577</b>	<b>\$33,154</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
AHS Hospital Corp. (Morristown Medical Ctr)	\$168,026	\$16,577	\$33,154	\$0	\$0	\$0
Zufall Health Center	\$144,258	\$0	\$0	\$0	\$0	\$0
<b>Newark EMA Total</b>	<b>\$2,035,350</b>	<b>\$267,446</b>	<b>\$415,842</b>	<b>\$1,121,000</b>	<b>\$218,682</b>	<b>\$488,002</b>

**\*\*Funding information from FY 2020, 2021 and 2022 should be updated with actual funding year information. During these years, grant awards were split in cycles, so funding data in the above chart may not represent the most accurate information.**

### New Jersey Care and Treatment Services

HIV/AIDS funding from the State of NJ to local agencies (FY 2020 -- July 1, 2020 to June 30, 2021)

Due to ELIXIR, the chart below will say FY 2021 but contain the 6 month awards from July 1, 2021 to December 31, 2021.)

(NJ State Fiscal Year 22 is 7/1/21 to 6/30/22)

**NOTE:** State Prevention and Care & Treatment awards will go for 1 quarter (July - September 2021)

Services Funded:

<ul style="list-style-type: none"> <li>▪ Medical Case Management</li> <li>▪ Nutritional Therapy</li> <li>▪ Dental Services</li> <li>▪ Transportation</li> <li>▪ Peer Mentorship</li> </ul>	<ul style="list-style-type: none"> <li>▪ Non-Medical Case Management</li> <li>▪ Emergency Financial Assistance</li> <li>▪ Housing</li> <li>▪ Legal Services</li> <li>▪ Psychosocial Support Services</li> </ul>
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AGENCY NAME	Project Area/ Counties	CARE AND TREATMENT		
		FY 2019	FY 2020	FY 2021
AIDS Resource Foundation for Children	Essex	\$1,185,882	\$3,236,519	\$1,428,818
Hyacinth AIDS Foundation	Newark, Hudson & Middlesex	\$2,145,290	\$831,977	\$374,388
Isaiah House	Essex	\$0	\$296,890	\$133,600
Legal Services of Northwest New Jersey	Hunterdon, Morris, Sussex, Somerset, Warren	\$16,000	\$16,000	\$7,200
Newark Beth Israel Medical Center	Essex	\$549,051	\$505,509	\$247,074
Rutgers DAYAM/STOP	Newark	\$165,771	\$98,232	\$63,376
Rutgers - ED Clinics	Newark	\$882,945	\$0	\$0
Rutgers School of Dental Med	Newark, Cronin, Somerdale	\$300,000	\$300,000	\$135,000
Rutgers IDP (CTR LOI)	Newark	\$0	\$729,301	\$343,936
North Jersey AIDS Alliance (NJCRI)	Essex	\$190,000	\$190,000	\$64,126
St. Michael's Medical Center	Essex	\$494,540	\$427,000	\$222,544
Trinitas Regional Medical Center	Essex, Union	\$280,822	\$280,822	\$126,372
<b>EMA Total</b>		<b>\$6,210,301</b>	<b>\$6,912,250</b>	<b>\$3,146,434</b>

### TOTAL NON-RW PREVENTION, COUNSELING AND TESTING, CARE AND TREATMENT

This table shows the sum of the above services compared to last year.

TIME PERIOD	PREVENTION AND EDUCATION	COUNSELING AND TESTING	CARE AND TREATMENT
<b>YEAR (2020)</b>			
NJDOH	\$267,446	\$218,682	\$6,912,250
NJDOH CHW	\$121,334		\$845,838
CDC VIA NJDOH	\$941,531	\$2,288,000	
CDC DIRECT	\$1,392,879		
<b>TOTAL</b>	<b>\$3,077,787</b>	<b>\$2,506,682</b>	<b>\$7,758,088</b>
<b>YEAR (2019)</b>			
NJDOH	\$2,035,350	\$1,121,000	\$6,912,250
CDC VIA NJDOH	\$809,223	\$2,288,000	
CDC DIRECT	\$1,392,879		
<b>TOTAL</b>	<b>\$4,237,452</b>	<b>\$3,409,000</b>	<b>\$6,912,250</b>
<b>DIFFERENCE (2019 VS 2020)</b>			
AMOUNT	\$1,159,665	\$902,318	\$845,838
%	27.4%	26.5%	12.2%
<b>TOTAL</b>			

**\*\*This chart was intentionally left blank for FY 2021 and FY 2022 since funding data is not up to date. Once final numbers for are available, this table can be updated with the corresponding information.**

## (DMHAS) Division of Mental Health and Addiction Services

Substance Abuse and Mental Health Services (SAMHSA) funding through the NJ Department of Human Services (NJDOH), Division of Mental Health and Addiction Services (DMHAS). Substance abuse treatment services allocated by county-to-county governments. (Required County Match also listed below). Data obtained from OPRA request through the state's office. Funding Cycle: July 1, 2021 to June 30, 2022

### Services Funded:

<ul style="list-style-type: none"> <li>▪ Case Management Services</li> <li>▪ Mental Health Services</li> </ul>	<ul style="list-style-type: none"> <li>▪ Substance Abuse Treatment</li> </ul>
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County	DMHAS 2019	DMHAS 2020	DMHAS 2021	DMHAS 2022	DIFFERENCE
Essex	\$1,372,358	\$1,443,591	\$1,456,325	\$1,685,840	\$229,515
Morris	\$870,141	\$896,943	\$869,012	\$865,774	-\$3,238
Sussex	\$319,149	\$341,911	\$339,590	\$368,162	\$28,572
Union	\$920,187	\$982,989	\$983,736	\$831,277	-\$152,459
Warren	\$221,027	\$227,485	\$234,772	\$278,938	\$44,166
<b>EMA Total</b>	<b>\$3,702,862</b>	<b>\$3,892,919</b>	<b>\$3,883,436</b>	<b>\$4,029,992</b>	<b>\$146,556</b>

County	Required County Match 2019	Required County Match 2020	Required County Match 2021	Required County Match 2022	DIFFERENCE
Essex	\$215,846	\$214,402	\$216,612	\$264,464	\$47,852
Morris	\$114,957	\$123,061	\$117,308	\$118,050	\$742
Sussex	\$38,011	\$43,412	\$42,849	\$43,412	\$563
Union	\$123,270	\$138,549	\$138,424	\$138,549	\$125
Warren	\$27,863	\$29,790	\$31,168	\$29,790	-\$1,378
<b>EMA Total</b>	<b>\$519,947</b>	<b>\$549,214</b>	<b>\$549,214</b>	<b>\$594,264</b>	<b>\$45,050</b>

### **NEW!** NOFOs and RFPs

#### Health Resources and Services Administration

#### Using Innovative Intervention Strategies to Improve Health Outcomes Among People With HIV

Funded 2021–2025

This initiative's purpose is to use an implementation science framework to identify, pilot test, and evaluate innovative intervention strategies in four focus areas to improve health outcomes among people with HIV. The Innovative Intervention Strategies Coordinating Center for Technical Assistance (2iS CCTA) will solicit and subaward up to 20 RWHAP-funded recipients and subrecipients (approximately five sites per focus area) to serve as implementation sites where one intervention strategy per site will be piloted. This initiative will focus on three priority populations and one area of opportunity to improve service delivery. Combined, these four focus areas are: 1) Improving HIV health outcomes for people with substance use disorder; 2) Improving HIV health outcomes for lesbian, gay, bisexual, transgender, and queer (LGBTQ+) youth; 3) Improving HIV health outcomes for people who are or have been incarcerated; and 4) Improving HIV health outcomes by using telehealth services. The piloted intervention strategies will be evaluated by the Using Innovative Intervention Strategies to Improve Health Outcomes Among People with HIV – Evaluation Center (2iS EC).

### **Building Capacity to Improve Collecting and Reporting Viral Suppression Data to the Medicaid Adult Core Set**

Funded 2021–2025

This initiative seeks to develop strategies to build capacity among HIV surveillance and Medicaid programs for reporting high-quality HIV viral suppression data to comply with HIV Viral Load Suppression measure reporting on the Medicaid Adult Core Set. HRSA awarded one System Coordination Provider (SCP) to select, fund, and work with up to 10 RWHAP Part B recipients, as well as HIV surveillance and Medicaid programs to build capacity to report high-quality HIV viral suppression data to the CMS as part of the annual state Medicaid Adult Core Set reporting. The SCP will work with state RWHAP, HIV surveillance, and Medicaid programs to develop, implement, and evaluate strategies to improve the collection and reporting of HIV viral suppression data to the Medicaid Adult Core Set. In addition, the SCP will promote the dissemination and replication of effective strategies and lessons learned for adoption across other states.

### **Leveraging a Data to Care Approach to Cure Hepatitis C within the Ryan White HIV/AIDS Program (RWHAP)**

Funded 2020-2022

This demonstration project will link people with Hepatitis C Virus (HCV) and HIV within the Ryan White HIV/AIDS Program (RWHAP) to care, by leveraging existing public health surveillance with clinical data systems. A Technical Assistance Provider (TAP) organization will be funded to select and provide targeted technical assistance to up to ten (10) RWHAP Part A and/or Part B jurisdictions (i.e., state, city, and/or local health departments) to focus jurisdictional efforts on improving existing collaboration between their HCV surveillance systems and RWHAP care providers. The goal of improving collaboration between HCV and HIV surveillance systems and RWHAP providers is to facilitate the sharing of data and identification of people with HIV and HCV who are not currently receiving care. The TAP will work collaboratively with a contractor who will evaluate the overall effectiveness and impact of this project.

### **Building Capacity to Implement Rapid ART Start for Improved Care Engagement in in Ryan White HIV/AIDS Program (RWHAP)**

Funded 2020–2023

This initiative supports the implementation and evaluation of “rapid start,” or the accelerated entry into HIV medical care and rapid initiation of ART for people with HIV who are newly diagnosed, new to care, or out of care. The program will fund 15 implementation sites that have the capacity and infrastructure to support rapid start implementation, but have not yet been able to, with the goal of replicating and expanding successful rapid start models. This initiative is supported through funding from the Department of Health and Human Services (HHS) Office of the Assistant Secretary for Health Minority HIV/AIDS Fund (MHAF).

### **Rapid Antiretroviral Therapy (ART) Start in the Ryan White HIV/AIDS Program – Dissemination Assistance Provider**

Funded 2020-2023

This initiative will fund a single organization that will develop a compendium of promising rapid antiretroviral therapy (ART) interventions. The recipient will systematically identify and document innovative practices and procedures of rapid ART interventions and promote the dissemination of these models for replication among RWHAP and other providers serving people with HIV.

### **Improving Care and Treatment Coordination: Focusing on Black Women with HIV**

Funded 2020-2023

This initiative will support up to twelve cooperative agreements for up to three years to design, implement, and evaluate the use of bundled interventions for Black women with HIV. Bundled interventions will address socio-cultural health determinants, expand the delivery and utilization of comprehensive HIV care and treatment services, support continuous engagement in care, and improve health outcomes for Black women with HIV in a culturally sensitive and responsive manner. All demonstration sites funded under this initiative will be required to collaborate with the evaluation and technical assistance provider (ETAP). This initiative is supported through funding from the Department of Health and Human Services (HHS) Office of the Assistant Secretary for Health Minority HIV/AIDS Fund (MHAF).

### **Capacity Building in the Ryan White HIV/AIDS Program to Support Innovative Program Model Replication**

Funded 2019–2022

This initiative will build and enhance the capacity of RWHAP recipients and subrecipients to replicate evidence-informed models of care/interventions among RWHAP jurisdictions using previously developed program implementation tools, manuals, and other resources. In addition, this initiative will increase system-level capacity for adopting these models of care/interventions that offer comprehensive, high-quality, culturally competent HIV screening, care, and treatment for people with HIV who are not fully engaged in primary care. By building capacity and encouraging the implementation or replication of effective models of care, the RWHAP will improve systems of care, reduce health disparities, and improve outcomes along the HIV care continuum. The Center for AIDS Prevention Studies (CAPS) of the University of California San Francisco will lead and support the dissemination and replication of evidence-informed innovative models of care/interventions in Atlanta, GA, Jackson, MS, Las Vegas, NV, and New Orleans, LA.

### **Enhancing Linkage of Sexually Transmitted Infection (STI) and HIV Surveillance Data in the Ryan White HIV/AIDS Program**

Funded 2019–2022

This initiative will improve linkage, re-engagement in care, and health outcomes for people with HIV in the RWHAP. HRSA funded Georgetown University to serve as the Technical Assistance Provider (TAP) to identify and fund up to five jurisdictions (state, city, and/or local health departments) to provide programmatic technical assistance for each jurisdiction to create or improve data sharing across their STI and HIV surveillance systems, as well as an evaluation contractor to evaluate the overall effectiveness of the project. The TAP will assess jurisdictional barriers to data sharing across STI and HIV surveillance departments and develop tools to address these barriers. Improved data sharing will allow the matching of STI (chlamydia, gonorrhea, and/or syphilis cases) and HIV surveillance data, which will be used to improve the capacity of RWHAP clinics to prioritize resources for linking and re-engaging people with HIV into care. Improving the frequency of this data sharing will inform RWHAP clinics' decision-making around allocation of resources and services to improve health outcomes of people with HIV.

### **Strengthening Systems of Care for People with HIV and Opioid Use Disorder**

Funded 2019–2022

This initiative supports two entities, referred to as System Coordination Providers (SCPs), who will assist states in leveraging resources at the federal, state, and local levels for people with HIV and opioid use disorder (OUD). JSI Research and Training Institute and Yale University are serving as the SCPs for this initiative and will work across 14 state partners, which include Arizona, Connecticut, Iowa, Louisiana, Massachusetts, New Jersey, Rhode Island, Utah, Vermont, Virginia, Washington, and West Virginia. This initiative will strengthen system-level coordination and networks of care between RWHAP recipients and other federal, state and local entities funded to respond to the opioid epidemic to ensure people with HIV and OUD have access to behavioral health care, treatment, and recovery services. In addition, this initiative will build upon existing systems of care and

treatment that will maximize cross-sector collaboration to achieve improvements in the system-level coordination and to leverage available resources for improving the health outcomes of people with HIV and OUD.

### **Improving Sexually Transmitted Infection Screening and Treatment among People Living with or at Risk for HIV**

Funded 2018-2021

This three-year initiative will support the implementation and evaluation of clinical and system-level interventions to improve screening and treatment of sexually transmitted infections among low-income people living with HIV or who are at risk for HIV. The François-Xavier Bagnoud Center, Rutgers School of Nursing, will partner with clinical and systems-level institutions in Washington, DC, Florida, and Louisiana to implement, evaluate, and disseminate results and best practices of select interventions. This cooperative agreement is a collaborative effort between HRSA's HIV/AIDS Bureau and Bureau of Primary Health Care, with input from the Centers for Disease Control and Prevention's (CDC) Division of STD Prevention.

### **Evidence-Informed Approaches to Improving Health Outcomes for People Living with HIV**

Funded 2018-2021

This three-year initiative awarded to National Alliance of State and Territorial AIDS Directors (NASTAD) will systematically identify, catalog, disseminate, and support the replication of evidence-informed approaches and interventions to engage people living with HIV (PLWH) who are out of care or at risk of not continuing care into HIV medical care. This initiative will identify acuity scales tools that will determine the likelihood of PLWH engaging or re-engaging in health care; identify data utilization interventions to actively identify and intervene with PLWH who are out of care; identify innovative service delivery models; evaluate the costs associated with each approaches/interventions; catalog the approaches and develop an implementation manual; disseminate the approaches and interventions; and support replication through technical assistance to Ryan White HIV/AIDS Program (RWHAP) and HIV health care service providers. As the Evaluation and Technical Assistance Provider (ETAP), NASTAD will evaluate and promote the effectiveness of these approaches and intervention design, implementation, utilization, cost, and health outcomes.

### **Implementation of Evidence-Informed Behavioral Health Models to Improve HIV Health Outcomes for Black Men Who Have Sex With Men**

Funded 2018-2021

This initiative will support the implementation and evaluation of evidence-informed models of care designed to engage, link, and retain Black Men who have Sex with Men (BMSM) in HIV medical care and supportive services. This initiative is funding eight demonstration sites for three years and one Evaluation and Technical Assistance Provider for four years to implement and evaluate four evidence-informed interventions and/or models of care. These models of care include STYLE, a youth-focused case management intervention, Linkage to Care, and Project Silk, that integrate behavioral health services with HIV care to specifically address the needs of BMSM and to improve health outcomes. The demonstration projects will disseminate lessons learned and findings to promote the uptake and replication of these models. The NORC at the University of Chicago is serving as the Evaluation and Technical Assistance Provider (ETAP) for this initiative. The ETAP will coordinate the multi-site evaluation, provide programmatic technical assistance to the demonstration sites, and lead publication and dissemination efforts. In addition, grants were awarded to eight demonstration sites for this initiative.

### **Improving HIV Health Outcomes through the Coordination of Supportive Employment and Housing Services**

Funded 2017-2021

This initiative will support the design, implementation, and evaluation of innovative interventions that coordinate HIV care and treatment, housing, and employment services to improve HIV health outcomes for low-income, uninsured, and underserved people living with HIV (PLWH) in racial and ethnic minority communities. The overall goal of this coordinated services intervention is to decrease the impact of the social determinants of health (such as unmet housing or employment needs) that affect long-term HIV health outcomes for PLWH impacted by employment and housing instability in racial and ethnic minority communities. To promote long-term health and stability for PLWH, this initiative supports 12 demonstration sites across the United States that will implement, evaluate and disseminate innovative strategies for integrating HIV care, housing and employment services into a coordinated intervention and one Evaluation and Technical Assistance Provider (ETAP). This Special Projects of National Significance Program initiative is supported through the Department of Health and Human Services (HHS) Secretary's Minority AIDS Initiative Fund.

### **Curing Hepatitis C among People of Color Living with HIV**

Funded 2017-2021

This three-year initiative awarded to Yale University and the University of Texas Health Science Center San Antonio will support the expansion of Hepatitis C (HCV) prevention, testing, care, and treatment capacity; improve coordination of linkage to and retention in HCV care and treatment for people living with both HIV and HCV; and improve coordination with SAMHSA-funded substance use disorder (SUD) treatment providers to deliver behavioral health and SUD treatment support to achieve treatment completion and prevent HCV infection and re-infection. In addition, the initiative will enhance state, local and tribal health department surveillance systems to increase their capacity to monitor acute and chronic infections of HIV and HCV in areas of high populations or low-income, uninsured, and underserved racial and ethnic minorities. This Special Projects of National Significance Program initiative is supported through the Department of Health and Human Services (HHS) Minority HIV/AIDS Fund.

### **Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV (E2i)**

Funded 2016-2021

This initiative will identify and provide support for the implementation of evidence-informed interventions to reduce HIV-related health disparities and improve health outcomes, including increasing retention in care, improving treatment adherence, and improving viral suppression for people living with HIV. Fenway Community Health Center, Inc. will serve as the Evidence-Informed Interventions Coordinating Center for Technical Assistance (E2i CCTA), and up to 24 Ryan White HIV/AIDS Program funded recipients/subrecipients will support the implementation of evidence-informed interventions. The University of California San Francisco will serve as the Evidence-Informed Interventions Evaluation Center (E2i EC) for this initiative.

## KEY CONTACTS

Category	Name	Email	Phone Number
HRSA Special Projects of National Significance	National Award allocations	<a href="https://ryanwhite.hrsa.gov/about/parts-and-initiatives/part-f-spns">https://ryanwhite.hrsa.gov/about/parts-and-initiatives/part-f-spns</a>	
Ryan White Part A	Aliya Roman, RWU Program Monitor	<a href="mailto:romana@ci.newark.nj.us">romana@ci.newark.nj.us</a>	(973) 639-9089
Ryan White Part B - States/Territories State Dispersed and NJ allocations - ADAP - Health Insurance Continuation Program	Chelsea Betlow, NJDOH – DHSTS Director  Nahid Suleiman	<a href="mailto:chelsea.betlow@doh.nj.gov">chelsea.betlow@doh.nj.gov</a> <a href="#">Part B Grant Awards by State</a>	609-955-8131  609-913-5851
Ryan White Parts C	<a href="#">TAGGS Search</a>	<a href="http://taggs.hhs.gov/index.cfm">http://taggs.hhs.gov/index.cfm</a>	
Ryan White Part D	Kourtney Pulliam, NJDOH - Program Director	<a href="mailto:Kournety.Pulliam@doh.nj.gov">Kournety.Pulliam@doh.nj.gov</a> <a href="http://taggs.hhs.gov/index.cfm">http://taggs.hhs.gov/index.cfm</a>	609-777-7795
Ryan White Part F	HRSA Award announcement	<a href="http://ryanwhite.hrsa.gov">Ryanwhite.hrsa.gov</a> <a href="https://www.hrsa.gov/grants/find-funding?status=All&amp;bureau=644">https://www.hrsa.gov/grants/find-funding?status=All&amp;bureau=644</a>	
SAMHSA-SPNS	<a href="#">TAGGS Search</a>	<a href="http://taggs.hhs.gov/index.cfm">http://taggs.hhs.gov/index.cfm</a>	
SAMHSA - Center for Substance Abuse Treatment (CSAT)		<a href="https://www.samhsa.gov/grants/grant-announcements-2020">https://www.samhsa.gov/grants/grant-announcements-2020</a>	
Direct Funds from CDC		<a href="http://taggs.hhs.gov/index.cfm">http://taggs.hhs.gov/index.cfm</a>	
Ending the HIV Epidemic: A Plan for America, DHSTS	Gabrielle Ferrigno	<a href="mailto:Gabrielle.Ferrigno@doh.nj.gov">Gabrielle.Ferrigno@doh.nj.gov</a>	
Ending the HIV Epidemic: A Plan for America, Essex County	Liselle Lewis, EHE coordinator	<a href="mailto:lewisl@ci.newark.nj.us">lewisl@ci.newark.nj.us</a>	
CDC Funding	<a href="#">TAGGS Search</a>	<a href="http://taggs.hhs.gov/index.cfm">http://taggs.hhs.gov/index.cfm</a>	
HOPWA	Kyra Watts, HOPWA Grants Manager	<a href="mailto:Wattsk@ci.newark.nj.us">Wattsk@ci.newark.nj.us</a>	
NJ State Distributed Funding	Chelsea Betlow, NJDOH – DHSTS Director	<a href="mailto:chelsea.betlow@doh.nj.gov">chelsea.betlow@doh.nj.gov</a>	
NJ Department of Human Services - DMHAS	<a href="#">OPRA Request</a>	Gabrielle Giardinelli, Custodian of Records <a href="mailto:dhsscustodian@doh.nj.gov">dhsscustodian@doh.nj.gov</a>	