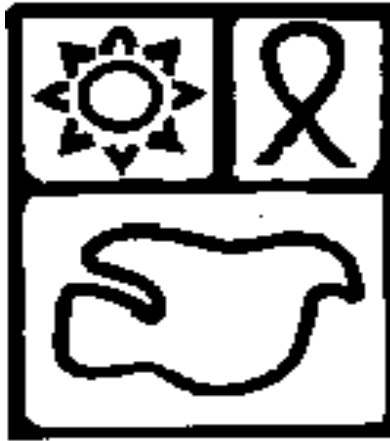


Newark EMA
HIV Health Services Planning Council



COMPREHENSIVE HEALTH PLAN 2007-2009

Approved by the Executive Committee on October 31, 2006

NEWARK EMA HIV Health Services Planning Council
Comprehensive Health Plan 2007 – 2009

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List of Abbreviations

The following abbreviations and acronyms are used in this Comprehensive Health Plan.

ADAP	AIDS Drug Assistance Program
ADDP	(New Jersey) AIDS Drug Distribution Program
AETC	AIDS Education and Training Center
ASO	AIDS Service Organization
CBO	Community Based Organization
Cmte	Committee
CPG	Community Prevention Planning (Group)
DHAS	Division of HIV/AIDS Services (New Jersey)
DHHS	Newark Department of Health and Human Services
EMA	Eligible Metropolitan Area
GLBTQ	Gay, Lesbian, Bisexual, Transgendered, Questioning
HAB	HIV/AIDS Bureau (of HRSA)
HRSA	Health Resources and Services Administration (of the U.S. Department of Health and Human Services)
IDU	Injection Drug User
IP	Implementation Plan
MAI	Minority AIDS Initiative (formerly Congressional Black Caucus – CBC)
MH	Mental Health
MSM	Men who have Sex with Men
MOA, MOU	Memorandum of Agreement, Memorandum of Understanding
NEMA	Newark Eligible Metropolitan Area
NJDHSS	N.J. Department of Health and Senior Services
PAAD	(New Jersey) Pharmaceutical Assistance to the Aged and Disabled Program
PLWHA	People Living With HIV or AIDS
RARE	Rapid Assessment, Response and Evaluation (methodology)
RWCA	Ryan White CARE Act
SA	Substance Abuse
WICY	Women, Infants, Children and Youth

Introduction

Legislative Requirements

Section 2602 (4)(D) of the CARE Act requires EMAs to “develop a comprehensive plan for the organization and delivery of health and support services described in section 2604 that:

- (i) “includes a strategy for identifying individuals who know their HIV status and are not receiving such services and for informing the individuals of and enabling the individuals to utilize the services, giving particular attention to eliminating disparities in access and services among affected subpopulations and historically underserved communities, and including discrete goals, a timetable and an appropriate allocation of funds;
- (ii) (ii) includes a strategy to coordinate the provision of such services with programs for HIV prevention (including outreach and early intervention) and for the prevention and treatment of substance abuse (including programs that provide comprehensive treatment services for such abuse); and
- (iii) is compatible with any State or local plan for the provision of services to individuals with HIV disease....”

The 2007-2009 Comprehensive Plan builds upon previous plans, particularly those completed for 2001-2003 and 2004-2006. The history of planning is detailed in the 2004-2006 Comprehensive Health Plan.

This Comprehensive Plan has shifted – from looking at ideal system with implicit unlimited resources (past years) to looking at a desired system of care, recognizing resource limitations. In one sense the desired system of care is an improvement, because it incorporates standards of care, which if met or exceeded, result in a quality system for PLWHA.

This plan also incorporates information related to the Reauthorization of the Ryan White CARE Act. It moves the Newark EMA toward the system of core medical services envisioned in draft legislation, and ensures continued coordination of services, improvement of service quality and reduction in unmet need and PLWHA without medical care.

Methodology

The goal of the 2007-2009 Comprehensive Health Plan was to obtain as much input as possible from the community, while utilizing existing sources and work done by the Council.

Epidemiological Profile data was obtained from HIV Surveillance data published by the N.J. Department of Health and Senior Services (NJDHSS), Division of HIV/AIDS Services (DHAS). Data was obtained as of 6/30/05 for the draft plan and as of 12/31/05 for the final plan

Information about the Needs Assessment was obtained from the Planning Council's 2004 Needs Assessment and 2005 Needs Assessment Update. In addition, while obtaining information from the community during the Council obtained significant data on needs for 2006 from consumers through a survey, focus groups and from medical providers through a survey of medical care and mental health/substance abuse treatment services. The Plan incorporates deliberations and discussions at public meetings regarding the desired system of care, services gaps, and needs for the 2007-2009 period.

Data on Title I service utilization was obtained from the Newark EMA Grantee and the CHAMP system.

The Plan incorporates directions from HRSA/HAB, from discussions surrounding the Ryan White CARE Act reauthorization, and the President's Principles for Reauthorization.

Most importantly, however possible, information was obtained from consumers through surveys, public testimony, informal discussions and reports, to ensure that the plan continued to reflect the needs and recommendations of those most affected by the HIV epidemic.