



**PATERSON-PASSAIC COUNTY – BERGEN COUNTY  
HIV HEALTH SERVICES PLANNING COUNCIL  
2012-2015 COMPREHENSIVE HIV HEALTH SERVICES PLAN**

***ACTION PLANS***

<b>GOAL I:</b>		
To increase early and immediate access, engagement and retention in quality care for people living with HIV/AIDS.		
<b>OBJECTIVE I.1:</b>		
Research, recommend and implement best practice programs designed to engage and retain PLWHA in care, by 2013 and ongoing.		
<b>LEAD AGENCY:</b>	<b>TARGET COMPLETION DATE:</b> 2013 and Ongoing	
GRANTEE with CDC and QM Team		
<b>ACTIONS:</b>	<b>RESPONSIBILITY:</b>	<b>TIMEFRAME:</b>
I.1.a Refer to Objective V.5.		
I.1.b Research and select best practice programs that effectively engage targeted populations and would be suitable for this TGA	CDC with EIIHA Work Group CDC with Part A Providers	2012
I.1.c Continue to educate consumers about the importance of obtaining and staying in care.	CDC with Part A providers	2012 and Ongoing
I.1.d Conduct a consumer workshop on budgeting and planning.	EIIHA Work Group with Part A Providers	2013
I.1.e Develop educational tools targeted to specific cultural communities at a rate of one per year in concert with EIIHA targeted communities.		2013 and ongoing

<b>OBJECTIVE I.2:</b>		
Enhance collaboration between counseling, testing and referral, providing access to HIV medical care within two business days for 100% of newly diagnosed PLWHA, by 2013 and ongoing.		
<b>LEAD AGENCY:</b> GRANTEE AND PART A PROVIDERS	<b>TARGET COMPLETION DATE:</b> 2013 and Ongoing	
<b>ACTIONS:</b>	<b>RESPONSIBILITY:</b>	<b>TIMEFRAME:</b>
I.2.a Implement direct referral to medical providers that includes a mechanism for confirmation of service provided.	Grantee and Part A Providers, RDE	2013
I.2.b Document appointments made and appointments kept and share data with NJ-DHSTS.	Grantee and Part A Providers, RDE	2013
I.2.c Collaborate with community-based organizations to encourage linkages with primary medical care.	Grantee and EIIHA Work Group	2013
I.2.d Collaborate with NH-DHSTS to optimize efficiencies between Part A and HIV testing services.	Linkage Collaborative	2012 and ongoing
<b>OBJECTIVE I.3:</b>		
Fund providers with co-located medical and specialty care to efficiently and effectively treat co-morbid conditions and complications, by 2015.		
<b>LEAD AGENCY:</b> GRANTEE	<b>TARGET COMPLETION DATE:</b> 2015	
<b>ACTIONS:</b>	<b>RESPONSIBILITY:</b>	<b>TIMEFRAME:</b>
I.3.a Work with Medicare and Medicaid to assure timely access to specialty care through certified providers.	Grantee	2013
I.3.b Investigate the care system in place in Bergen County and identify opportunities for co-location of core and specialty services.	Grantee	2014
I.3.c Consider expanding funding to providers with nutritionists on staff.	Grantee	2015

<b>OBJECTIVE I.4:</b>		
Provide for the core services, also recognizing the need for support services that will remove barriers to engagement and retention in care, annually and ongoing.		
<b>LEAD AGENCY:</b> PLANNING COUNCIL		<b>TARGET COMPLETION DATE:</b> Annually
<b>ACTIONS:</b>	<b>RESPONSIBILITY:</b>	<b>TIMEFRAME:</b>
I.4.a Conduct a consumer needs assessment for use by the Planning Council in priority setting deliberations.	Planning Council	2012 and 2015
I.4.b Maintain an ongoing gaps analysis for use by the Grantee and priority setting deliberations.	Planning Council	Annually
I.4.c Conduct a priority ranking process based upon needs assessment pertaining to core and support services.	Planning Council	Annually
I.4.d Conduct a resource allocation process based upon utilization, costs and efficiency.	Planning Council	Annually
I.4.e Develop recommendations to the grantee on the most effective use of funds.	Planning Council	Annually
I.4.f Address transportation needs in both counties as funding permits.	Planning Council and Grantee	2013

<b>OBJECTIVE I.5:</b>		
Expand collaboration with non-Ryan White funded agencies to enhance PLWHA linkages with non-Ryan White funded services, as demonstrated by annual increases in consumer referrals to non-Ryan White funded providers, by 2015.		
<b>LEAD AGENCY:</b> GRANTEE, CDC, P&D (EIIHA WORK GROUP)		<b>TARGET COMPLETION DATE:</b> 2014
<b>ACTIONS:</b>	<b>RESPONSIBILITY:</b>	<b>TIMEFRAME:</b>
I.5.a Identify the Part A and non-Part A providers that currently and potentially serve PLWHA.	Grantee with RDE	2013
I.5.b Establish a collaborative between privatized jail/prison medical providers to link soon-to-be-released incarcerated PLWHA with medical care.	Grantee	2013
I.5.c Conduct quarterly networking meetings with selected area providers.	EIIHA Work Group and CDC	2014
I.5.d Develop a tracking system to identify referral/linkage activities both within and outside of RW Part A.	Grantee with RDE and designated provider team	2013-2014
I.5.e Implement the electronic exchange of information between referral and provider agencies to strengthen facilitate linkages.	Grantee with RDE and designated provider team	2015
I.5.f Collaborate with non-Ryan White service providers to expand access to transportation.	Grantee with Part A Case Managers	2013
I.5.g Encourage the non-Ryan White substance abuse treatment providers to routinely offer HIV education.	EIIHA Work Group	2013

<b>OBJECTIVE I.6:</b>		
Maintain access to HIV medications by relieving the costs of co-payments and deductibles, ongoing.		
<b>LEAD AGENCY:</b> GRANTEE and PLANNING COUNCIL	<b>TARGET COMPLETION DATE:</b> 2013 Ongoing	
<b>ACTIONS:</b>	<b>RESPONSIBILITY:</b>	<b>TIMEFRAME:</b>
I.6.a Conduct a case manager workshop to explain the various insurance payer plans.	Planning Council	2014
I.6.b Educate consumers on the regulatory complexities of obtaining HIV medications.		Ongoing Ongoing 2013 and ongoing
I.6.c Maintain timely communication with ADDP and other funding sources for regulatory updates.		
I.6.d Devote time at Planning Council meetings for discussion on the subject of insurance coverage.		
<b>OBJECTIVE I.7:</b>		
Review the current system of care and services with attention to increasing efficiency, reducing duplication and optimizing co-location, by 2014. (Note: Objective eliminated)		
<b>LEAD AGENCY:</b> GRANTEE	<b>TARGET COMPLETION DATE:</b> 2014	
<b>ACTIONS:</b>	<b>RESPONSIBILITY:</b>	<b>TIMEFRAME:</b>
<del>I.7.a Survey and communicate with providers on attitudes and opinions regarding co-location and consolidation.</del>	Grantee	2014
<del>I.7.b Maintain ongoing communication and collaboration with consumers regarding co-location of services.</del>	CDC	2014
<del>I.7.c Research alternative models of care systems within other Ryan White Part A programs.</del>	Grantee	2012-2014

<b>GOAL II:</b>		
<b>To continue to achieve the highest possible level of care through evaluation, quality improvement and education.</b>		
<b>OBJECTIVE II.1</b>		
Implement the annual Quality Management Plan, annually and ongoing.		
<b>LEAD AGENCY:</b> QM TEAM	<b>TARGET COMPLETION DATE:</b> Annually and Ongoing	
<b>Refer to Quality Management Plan Appendix A.</b>		
<b>OBJECTIVE II.2:</b>		
Expand the dialogue between provider, consumer and Planning Council, focusing on quality of care, by 2012 and ongoing.		
<b>LEAD AGENCY:</b> GRANTEE and QM TEAM	<b>TARGET COMPLETION DATE:</b> 2012 and Ongoing	
<b>ACTIONS:</b>	<b>RESPONSIBILITY:</b>	<b>TIMEFRAME:</b>
II.2.a Appoint consumers to the QM Team. Refer also to QM Plan, Appendix A.	QM Team	2013
II.2.b Expand communication between the QM Team and the Planning Council, through a quarterly report, education, and discussion.	Grantee and QM Team	2013 and ongoing
<b>OBJECTIVE II.3:</b>		
Revise the Client Satisfaction Survey to include issues of quality, by 2013.		
<b>LEAD AGENCY:</b> QM Team	<b>TARGET COMPLETION DATE:</b> 2013	
<b>ACTIONS:</b>	<b>RESPONSIBILITY:</b>	<b>TIMEFRAME:</b>
II.3.a Review the current client satisfaction survey instrument.	QM Team with Part A providers	2013
II.3.b Draft questions pertaining to quality, as identified from the review.	QM Team	2013
II.3.c Obtain consumer input on their perspectives of quality.	Consumer workshop with QM Team	2013
II.3.d Revise the survey instrument and implement.	QM Team with Grantee	2013
(Note: See also Objective III.5)		

<b>OBJECTIVE II.4:</b>		
Evaluate the primary case management system, by 2015.		
<b>LEAD AGENCY:</b> P&D AND Grantee	<b>TARGET COMPLETION DATE:</b> 2015	
<b>ACTIONS:</b>	<b>RESPONSIBILITY:</b>	<b>TIMEFRAME:</b>
II.4.a Establish objectives and evaluation criteria.	P&D and Grantee	2014
II.4.b Develop an evaluation plan.	P&D and Grantee	2014
II.4.c Select a consultant and implement the evaluation.	P&D and Grantee	2014
II.4.d Develop recommendations for review by the Planning Council and the Grantee.	P&D and Grantee	2015
<b>OBJECTIVE II.5:</b>		
Evaluate implementation of Outreach services in the TGA, by 2015.		
<b>LEAD AGENCY:</b> P&D AND GRANTEE	<b>TARGET COMPLETION DATE:</b> 2015	
<b>ACTIONS:</b>	<b>RESPONSIBILITY:</b>	<b>TIMEFRAME:</b>
II.5.a Review the definition and standards of care	Grantee and P&D	2013
II.5.b Review the current provision of outreach services as they relate to the definition and standards.	Grantee	2013
II.5.c Develop recommendations for best practices.	P&D	2013
II.5.d Draft and implement revised standards as appropriate.	Grantee	2015

<b>OBJECTIVE II.6:</b>		
Expand the capacity of Ryan White providers to use data for quality improvement, by 2014.		
<b>LEAD AGENCY:</b> GRANTEE AND QM TEAM		<b>TARGET COMPLETION DATE:</b> 2014
<b>ACTIONS:</b>	<b>RESPONSIBILITY:</b>	<b>TIMEFRAME:</b>
II.6.a Conduct a series of workshops on the use of client satisfaction and outcomes data.	Grantee	2013-2014
II.6.b Train case managers on Plan-Do-Study-Act.	Grantee	2014
II.6.c Re-introduce peer learning networks to encourage providers to improve quality through discussion and best practice.	Grantee	2014
II.6.d Continue capacity building on the use of eCOMPAS.	Grantee	2012 and ongoing
<b>GOAL III:</b>		
To strengthen cultural competency in service delivery throughout the TGA.		
<b>OBJECTIVE III.1:</b>		
Implement the recommendations of the Cultural Competency Task Force, by 2015.		
<b>LEAD AGENCY:</b> Grantee		<b>TARGET COMPLETION DATE:</b> 2015
Refer to Cultural Competency Task Force Recommendations Appendix B.		
<b>OBJECTIVE III.2:</b>		
Increase the number of cultural communities involved in the provision of HIV/AIDS services, by one per year.		
<b>LEAD AGENCY:</b> P&D/EIHA Work Group		<b>TARGET COMPLETION DATE:</b> Annually
<b>ACTIONS:</b>	<b>RESPONSIBILITY:</b>	<b>TIMEFRAME:</b>
III.2.a Identify the appropriate cultural community to target based on available data and supporting information.	EIHA Work Group	Annually
III.2.b Recruit a representative from the cultural community to the EIHA Work Group and extend communication through the designated representative.	EIHA Work Group	Annually



<b>OBJECTIVE III.3:</b>		
Ensure all Ryan White Part A funded providers comply with New Jersey Cultural and Linguistic Competency Standards (NJCLAS), by 2015.		
<b>LEAD AGENCY:</b> GRANTEE	<b>TARGET COMPLETION DATE:</b> 2015	
<b>ACTIONS:</b>	<b>RESPONSIBILITY:</b>	<b>TIMEFRAME:</b>
III.3.a Establish a phased implementation plan, specific with each standard contained in NJCLAS, and communicate the requirements to Part A Providers each fiscal year.	Grantee	2014 and ongoing
III.3.b Mandate requirements set forth in NJCLAS in Part A contracts and conditions of awards.	Grantee	2013-2015
III.3.c Incorporate NJCLAS standards into the Part A monitoring plan.	Grantee	2015
Note: Refer to the cultural competency training program identified in the CCTF recommendations, Appendix B.		
<b>OBJECTIVE III.4:</b>		
Provide cultural competency training for providers, annually and invite non-Ryan White funded community providers to attend, by 2015.		
<b>LEAD AGENCY:</b> Grantee	<b>TARGET COMPLETION DATE:</b> 2015	
<b>ACTIONS:</b>	<b>RESPONSIBILITY:</b>	<b>TIMEFRAME:</b>
Refer to cultural competency training program in CCTF Recommendations, Appendix B. Base training topics on provider input as well as those of the Cultural Competency Task Force.	Grantee	2012-2015

<b>OBJECTIVE III.5:</b>		
Obtain ongoing input from clients on their cultural needs, establishing baseline data, and monitor, 2013 and ongoing to 2015.		
<b>LEAD AGENCY:</b> Grantee	<b>TARGET COMPLETION DATE:</b> 2015 and ongoing	
<b>ACTIONS:</b>	<b>RESPONSIBILITY:</b>	<b>TIMEFRAME:</b>
III.5.a Revisit the client satisfaction survey and incorporate questions regarding cultural issues. (Note: See also Objective II.3)	Grantee	2013
III.5.b Investigate resources for re-introducing P-TAS in both counties, and incorporate cultural themes into outreach efforts.  (Note: See also CCTF Recommendations, Appendix B)	Grantee	2013-2015
<b>OBJECTIVE III.6:</b>		
Evaluate the need for educational/health literacy materials in additional languages, annually.		
<b>LEAD AGENCY:</b> GRANTEE	<b>TARGET COMPLETION DATE:</b> 2014	
<b>ACTIONS:</b>	<b>RESPONSIBILITY:</b>	<b>TIMEFRAME:</b>
III.6.a Evaluate the current health literacy of the Part A clients and determine an appropriate approach to improving consumer education.	Grantee and Part A Providers	2014
III.6.b Inventory existing materials in multiple languages available to the providers.	Grantee	2014
III.6.c Investigate methods for disseminating materials in multiple languages.	Grantee	2014
III.6.d Create a library of available source materials and establish a mechanism for access by Ryan White Part A clients.	Grantee	2014

<b>OBJECTIVE III.7:</b>		
Build constructive relationships with key diverse communities of each agency, to be identified by the agency itself; and extend the dialogue with cultural brokers through interaction, involvement and support of local initiatives, by 2014 and ongoing.		
<b>LEAD AGENCY:</b> PART A PROVIDERS	<b>TARGET COMPLETION DATE:</b> 2014	
<b>ACTIONS:</b>	<b>RESPONSIBILITY:</b>	<b>TIMEFRAME:</b>
III.7.a Establish a policy and procedure at each agency aimed at building dialogues with diverse cultural communities.	RWP Providers	2014
III.7.b Require all Ryan White Part A providers to have representation of their cultural communities outside of Part A on their respective boards.	Grantee	2014
III.7.c Require each Ryan White Part A provider to put a plan in place for expanding the dialogue with their respective cultural communities, and incorporate this requirement as a condition of award.	Grantee	2014
(Note: Refer also to CCTF Recommendations, Appendix B)		
<b>GOAL IV:</b>		
To achieve open and meaningful communication among key Ryan White stakeholders.		
<b>OBJECTIVE IV.1:</b>		
Improve communication among Planning Council members as evidenced by ongoing evaluation of meeting effectiveness, by 2014.		
<b>LEAD AGENCY:</b> STEERING COMMITTEE	<b>TARGET COMPLETION DATE:</b> 2014	
<b>ACTIONS:</b>	<b>RESPONSIBILITY:</b>	<b>TIMEFRAME:</b>
IV.1.a Develop evaluation criteria and survey instrument.	Steering Committee	2014
IV.1.b Implement evaluation at each Planning Council meeting; report the results in the meeting minutes and incorporate recommendations into meetings as appropriate.	Planning Council	2013
IV.1.c Develop a code of conduct for all Planning Council members and incorporate into the bylaws.	Steering Committee and Planning Council	2013

<b>OBJECTIVE IV.2:</b>		
Empower consumers to express their values, attitudes and belief systems around health practices as measured by their involvement in the QM Team and participation in educational opportunities, by 2012 and ongoing.		
<b>LEAD AGENCY:</b> CDC AND QM TEAM	<b>TARGET COMPLETION DATE:</b> 2012 and Ongoing	
<b>ACTIONS:</b>	<b>RESPONSIBILITY:</b>	<b>TIMEFRAME:</b>
IV.2.a Increase consumer input to the Quality Management Team. See also Objective II.2.	QM Team CDC Grantee	2013
IV.2.b Promote available educational opportunities for PLWHA that focus on quality of care and expand communication with Part A providers.		2012 and ongoing
<b>OBJECTIVE IV.3:</b>		
Use targeted communication strategies to reach specific cultural communities, in accordance with the EIIHA Plan, annually and ongoing. (Consider the following recommendations during implementation: Continue social media programs to reach the younger HIV-infected population; utilize the internet as the preferred means of communication with young MSM; use gender specific prevention messages; utilize traditional communication approaches for the 50+ population.)		
<b>LEAD AGENCY:</b> EIIHA WG with possible Communication Task Force and CDC	<b>TARGET COMPLETION DATE:</b> Annually and Ongoing	
Refer to EIIHA Plan, Appendix A.		
<b>OBJECTIVE IV.4:</b>		
Enhance communication between Ryan White and non-Ryan White funded providers, annually and ongoing.		
<b>LEAD AGENCY:</b> EIIHA WG; GRANTEE	<b>TARGET COMPLETION DATE:</b> Annually and Ongoing	
Refer to the EIIHA Plan, Appendix A.		

<b>OBJECTIVE IV.5:</b>		
Work to reduce HIV stigma by developing and implementing a community social marketing plan targeting different cultural communities at a rate of one or more per year, by 2013 and annually.		
<b>LEAD AGENCY:</b> EIIHA WG; GRANTEE; CDC		<b>TARGET COMPLETION DATE:</b> 2013
<b>ACTIONS:</b>	<b>RESPONSIBILITY:</b>	<b>TIMEFRAME:</b>
IV.5.a Research available grants and/or volunteers to facilitate social marketing planning.	Grantee and EIIHA Work Group	2014
IV.5.b Promote existing programs aimed at reducing the stigma of HIV.	EIIHA Work Group CDC	2014
IV.5.c Develop a social marketing plan to include targeted special populations at risk for HIV including targeted populations as identified in the EIIHA Plan, as well as identified responsibilities.	EIIHA Work Group CDC and Grantee	2014
IV.5.d Collaborate with community stakeholders to raise awareness and reduce stigma.	CDC with EIIHA Work Group	2014
IV.5.e Utilize internet social networks (Face Book, Twitter, etc.) to expand the dialogue about HIV.	As identified in the social marketing plan	2015
Refer also to the EIIHA Plan, Appendix A.		
<b>GOAL V:</b>		
<b>To identify &amp; inform Unaware and Out-of-Care PLWHA for the purpose of engagement in care and reduction of the HIV infection.</b>		
<b>OBJECTIVE V.1:</b>		
Implement the Early Identification of Individuals with HIV/AIDS Plan (EIIHA), annually.		
<b>LEAD AGENCY:</b> PLANNING COUNCIL; EIIHA WG; GRANTEE		<b>TARGET COMPLETION DATE:</b> 2012 and annually
Refer to the EIIHA Plan Appendix A.		

<b>OBJECTIVE V.2:</b>		
Expand collaboration with community-based organizations by participating in a minimum of two community events per year, by 2012 and ongoing.		
<b>LEAD AGENCY:</b> CDC; EIIHA Work Group	<b>TARGET COMPLETION DATE:</b> 2012 and annually	
<b>ACTIONS:</b>	<b>RESPONSIBILITY:</b>	<b>TIMEFRAME:</b>
V.2.a Participate in World AIDS Day activities.	CDC	2012 and ongoing
V.2.b Participate in the AIDS Walk in May.	CDC	2012 and ongoing
V.2.c Participate in National Night Out.	CDC	2012 and ongoing
V.2.d Participate in local cultural day parades.	CDC	2012 and ongoing
<b>OBJECTIVE V.3:</b>		
Collaborate with private physician groups by educating them on HIV testing policy, the National AIDS Strategy and the availability of Ryan White programs at a rate of two per year, by 2015 and ongoing. (Note: Program is under review.)		
<b>LEAD AGENCY:</b> GRANTEE; P&D	<b>TARGET COMPLETION DATE:</b> 2015 and ongoing	
<b>ACTIONS:</b>	<b>RESPONSIBILITY:</b>	<b>TIMEFRAME:</b>
V.3.a Re-identify appropriate contacts for entrée.	P&D and Grantee	2014 and ongoing
V.3.b Target hospitals initially as a preferred venue.	P&D and Grantee	2014 and ongoing
V.3.c Implement the existing program.	P&D and Grantee	2014 and ongoing
V.3 d Evaluate program effectiveness.	P&D and Grantee	2015
<b>OBJECTIVE V.4:</b>		
Enhance collaboration between counseling, testing and referral, providing linkage to HIV medical care within two business days for 95% of newly diagnosed PLWHA, by 2013 and ongoing. See Objective I.2.		

<b>OBJECTIVE V.5:</b>		
Evaluate the need to expand the peer and patient navigator program by 10% annually, as funding permits, by 2013 and ongoing.		
<b>LEAD AGENCY:</b> PLANNING COUNCIL; GRANTEE	<b>TARGET COMPLETION DATE:</b> 2013 and ongoing	
<b>ACTIONS:</b>	<b>RESPONSIBILITY:</b>	<b>TIMEFRAME:</b>
V.5.a Develop a directive to the grantee establishing parameters within EIS to accommodate peer navigators.	Planning Council	2012 and ongoing
V.5.b Revisit definitions and standards for peer and patient navigation.	Grantee	2013
V.5.c Provide training for peer and patient navigator services.	Grantee	2014
<b>OBJECTIVE V.6:</b>		
Use social networking to advocate for routine HIV testing, annually and ongoing. See Objectives IV.3 and IV.4.		
<b>OBJECTIVE V.7:</b>		
Co-locate Prevention with Positives in the HIV care clinics, by 2013.		
<b>LEAD AGENCY:</b> PART A PROVIDERS	<b>TARGET COMPLETION DATE:</b> 2013	
<b>ACTIONS:</b>	<b>RESPONSIBILITY:</b>	<b>TIMEFRAME:</b>
V.7.a Initiate discussions with the two existing PWP grantees.	Grantee and Part A Providers	2012
V.7.b Investigate the feasibility of co-location with HIV care clinics.	Grantee with funding sources	2012
<del>V.7.c Create an incentive program with PWP and the HIV care clinics.</del>	<del>Grantee with funding sources</del>	<del>2013</del>
V.7.c Advocate for prevention funds from DHSTS targeted to females of color.	Grantee Planning Council	2013