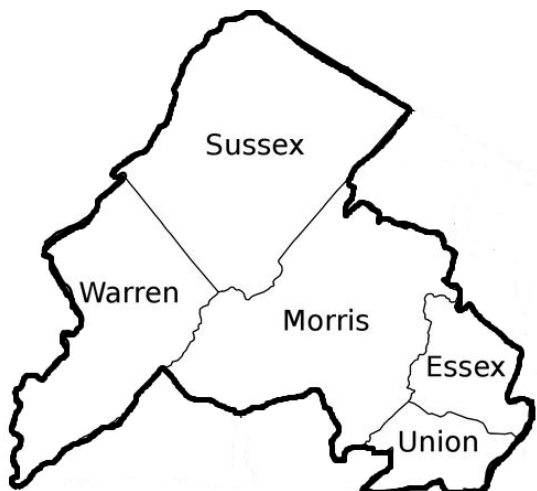


**NEWARK, NJ
ELIGIBLE METROPOLITAN AREA (EMA)**



**INTEGRATED HIV PREVENTION and CARE PLAN
(2017 - 2021)**

September 2016

2017-2021 ACTION PLAN

OVERVIEW

This document contains an excerpt from the Newark Eligible Metropolitan Area (EMA) Integrated HIV Prevention and Care Plan 2017-2021, specifically the “action plan” containing goals, objectives and activities to be completed during the 5-year period of the Plan. The table below summarized responsibilities of the Newark EMA Planning Council and the City of Newark Recipient (Grantee). Responsible parties are expected to include the various activities, target dates and data indicators into their respective workplans.

Table A: Summary of IHAP 2017-2021 Action Plan by Responsible Parties/Resources

| Goals and Objectives | Pg # | Responsible Parties/Resources | | | | | | | | | |
|--|------|-------------------------------|-----|-----|-----|-----|---------------------|------|-----|-------|---|
| | | Planning Council | | | | | Recipient (Grantee) | | | | |
| | | PC | COC | CPC | CIA | REC | RWU | EIRC | CQM | CHAMP | |
| NHAS GOAL #1- REDUCING NEW HIV INFECTIONS | | | | | | | | | | | |
| NEMA GOAL #1: By 2021 Reduce New Infection through Health Literacy Activities to R.W. Clients | | | | | | | | | | | |
| Objective 1A: By January 2017 develop HERR Service Standards for Newark EMA including PrEP | 60 | | X | | | | X | | | | |
| Objective 1B: Train 100% of medical and non-medical case managers in HERR Service Standards | 61 | | X | | | | X | | | | |
| Objective 1C: Increase HERR to Ryan White clients to 95% EMA wide Activities | 62 | | | | | | X | | X | | |
| NHAS GOAL #2 - INCREASING ACCESS TO CARE AND IMPROVING HEALTH OUTCOMES FOR PEOPLE LIVING WITH HIV | | | | | | | | | | | |
| NEMA GOAL #2: Link 90% of Newly Diagnosed to Care Within 30 Days (Blood Work and/or Medical Visits) | | | | | | | | | | | |
| Objective 2A: Identify barriers/causes why newly diagnosed were not linked to care within 30 days by accessing CY15 EIS data. | 64 | | | | | | X | X | | | X |
| Objective 2B: Implement a Performance Improvement Plan | 64 | | | | | | X | X | X | | |
| NHAS GOAL #3 - REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES | | | | | | | | | | | |
| NEMA GOAL #3-1: Decrease Gap in Medical Visits from 12% to 10% EMA Wide | | | | | | | | | | | |
| Objective 3A: Identify subpopulations that fall above 10% in GAP (in Medical Visits) | 65 | | | | | X | X | | | | X |
| Objective 3B: Identify causes in subpopulations why they were above 10% in Medical Visit (MV) Gap | 66 | | X | | | X | X | X | | | |
| Objective 3C: Implement quality improvement plan in regards to objective 3A & 3B Activities | 67 | | | | | | X | | X | | X |

| Goals and Objectives | Pg # | Responsible Parties/Resources | | | | | | | | | |
|--|------|-------------------------------|-----|-----|-----|-----|---------------------|------|-----|-------|---|
| | | Planning Council | | | | | Recipient (Grantee) | | | | |
| | | PC | COC | CPC | CIA | REC | RWU | EIRC | CQM | CHAMP | |
| NEMA GOAL #3-2: Increase Viral Load Suppression to 80% EMA Wide | | | | | | | | | | | |
| Objective 3D: Identify subpopulations that fall below 80% | 68 | | | | | X | X | | | | X |
| Objective 3E: Identify reasons that subpopulations that fall below 80% | 69 | | X | | | X | X | X | | | |
| Objective 3F: Implement a quality improvement plan based on findings from objectives 3D & 3E | 70 | | | | | | X | X | X | X | |
| NEMA GOAL #3-3: Increase Prescription of ARV to 96% EMA-Wide | | | | | | | | | | | |
| Objective 3G: Identify subpopulations that fall below 96% prescribed ARV | 71 | | | | | X | X | | | | X |
| Objective 3H: Identify causes for subpopulations below 96% prescribed ARV | 72 | | X | | | X | X | X | | | |
| Objective 3I: Implement a quality improvement plan based on findings from objectives 3G & 3H | 73 | | | | | | X | X | X | X | |
| NHAS GOAL #4 - ACHIEVING A MORE COORDINATED NATIONAL RESPONSE TO THE HIV EPIDEMIC | | | | | | | | | | | |
| NEMA GOAL #4: Coordinate NEMA Located Care and Treatment and Prevention Services Annually including the Framework of the HIV Prevention Continuum (HPC) | | | | | | | | | | | |
| Objective 4A: Identify existing NEMA prevention groups | 74 | | | X | | | | | | | |
| Objective 4B: Assess and establish goals and outcomes of annual care and treatment and prevention meetings | 75 | X | | X | X | X | | | | | |
| Objective 4C: Convene a meeting of care and treatment and prevention groups annually | 76 | X | | X | X | | | | | | |

**Table 14: Integrated HIV Prevention and Care Plan
 2017-2021 ACTION PLAN**

NHAS GOAL #1

| | |
|---|--|
| 2015 -2021 NHAS Goal #1: | Reducing New HIV infections |
| 2015-2021: Newark EMA Goal #1 | By 2021 Reduce new infection through health literacy activities to R.W. Clients |
| 2015 -2021 SMART Objective (NEMA #1A): | By January 2017 develop HERR Service Standards for Newark EMA including PrEP |
| Strategy: | Educate all persons with easily accessible, scientifically accurate information about HIV risks, prevention, and transmission. |

| Timeframe | Responsible Parties/Resources | Activity | Target Population | Data Indicators |
|------------------|--------------------------------------|---|---|-------------------------------------|
| By January 2017 | Continuum of Care (COC) Committee | Survey and compile HERR best practices including PrEP | MSM, discordant heterosexual couples, women of color, & youth | Report of results to COC |
| By January 2017 | Continuum of Care (COC) Committee | Draft HERR Service Standards for NEMA including PrEP | | Written services standards document |
| By January 2017 | Continuum of Care (COC) Committee | Submit to Planning Council for review, comment and amendment | | Meeting minutes showing approval |
| By January 2017 | Grantee | Amend CHAMP system to capture HERR activities under case management/medical case management | | CHAMP Notice |

Abbreviations:

ARV –Antiretroviral (medications)
 COC – Continuum of Care Committee
 EIRCs – Early Intervention & Retention Collaboratives
 NEMA – Newark EMA
 PrEP – Pre-Exposure Prophylaxis
 RW – Ryan White

CIA – Consumer Involvement Activities
 CPC - Comprehensive Planning Committee
 HERR - Health Education and Risk Reduction
 PC – Planning Council
 QI – Quality Improvement
 VLS – Viral Load Suppression

CM – Case Management (Non-Medical)
 CQM – Clinical Quality Management
 MCM – Medical Case Management
 PDSA – Plan, Do, Study, Act
 REC – Research and Evaluation Committee

NHAS GOAL #1 (Cont.)

| | |
|---|--|
| 2015 -2021 NHAS Goal #1: | Reducing New HIV infections |
| 2015-2021: Newark EMA Goal #1 | By 2021 Reduce new infection through health literacy activities to R.W. Clients |
| 2015 -2021 SMART Objective (NEMA #1B): | Train 100% of medical and non-medical case managers in HERR Service Standards |
| Strategy: | Educate all persons with easily accessible, scientifically accurate information about HIV risks, prevention, and transmission. |

| Timeframe | Responsible Parties/Resources | Activity | Target Population | Data Indicators |
|---------------------------------------|--------------------------------------|---|--|---|
| November 2017, 2018, 2019, 2020, 2021 | Grantee | Incorporate training on HERR service standards and CHAMP data collection training into the CM/MCM Training Program | MSM, discordant heterosexual couples, women of color & youth | Annual RW RFP for services. Training Curriculum CHAMP Notice Attendance records at training sessions |
| By March 2017 | Continuum of Care Committee | Develop a standardized HIV risk screening tool that can be used to screen for level of risk (including use of PrEP) | | HIV Risk Screening Tool document |
| By March 2017 | Continuum of Care Committee | Identify/develop EMA-wide tool to ensure HERR standards are consistent across providers. Include topics and checklist | | EMA HERR Educational Tool/Checklist |

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NHAS GOAL #1 (Cont.)

| | |
|---|--|
| 2015 -2021 NHAS Goal #1: | Reducing New HIV infections |
| 2015-2021: Newark EMA Goal #1 | By 2021 Reduce new infection through health literacy activities to Ryan White Clients |
| 2015 -2021 SMART Objective (NEMA #1C): | Increase HERR to Ryan White clients to 95% EMA wide Activities |
| Strategy: | Educate all persons with easily accessible, scientifically accurate information about HIV risks, prevention, and transmission. |

| Timeframe | Responsible Parties/Resources | Activity | Target Population | Data Indicators |
|--------------------------------------|--------------------------------------|---|--|----------------------------|
| January 2017, 2018, 2019, 2020, 2021 | Grantee | Obtain baseline CHAMP data for HERR activities | MSM, discordant heterosexual couples, women of color & youth | CHAMP Report |
| January 2017, 2018, 2019, 2020, 2021 | Grantee | Agencies implement HERR activities per service standards/training | | Monitoring Visits |
| By May 2018 | Grantee | Obtain CHAMP data post standards training for HERR activities | | CHAMP Report |
| By June 2018 | Grantee | Identify agencies that are outside of 95% | | CHAMP Report |
| By July 2018 | Grantee, QM Committee | Grantee/CQM work with deficient agencies to develop QI plan. | | QI Plans/PDSA |
| By August 2018 | Grantee, QM Committee | Implement QI Plan | | Monitoring Report |
| By January 2018 | Grantee, QM Committee | Access impact of QI Plan (Evaluate) | | CHAMP & Monitoring Reports |

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NHAS GOAL #2

| | |
|--|---|
| 2015 -2021 NHAS Goal #2: | Increasing Access to Care and Improving Health Outcomes for People Living With HIV |
| 2015-2021: Newark EMA Goal #2 | Link 90% of newly diagnosed to care within 30 days (blood work and/or medical visits) |
| 2015 -2021 SMART Objective (NEMA #2A): | Identify barriers/causes why newly diagnosed were not linked to care within 30 days by accessing CY15 EIS data. |
| Strategy: | Establish seamless systems to link people to care immediately after diagnosis, and support retention in care to achieve viral suppression that can maximize the benefits of early treatment and reduce transmission risk. |

| Timeframe | Responsible Parties/Resources | Activity | Target Population | Data Indicators |
|---------------------------------------|--|--|---------------------------------|--|
| January 2017, 2018, 2019, 2020, 2021 | Grantee/ CHAMP | Examine linkage to care data. Review CHAMP data and identify cases that were not linked to care within 30 days using CHAMP data | MSM, Youth, 45+, women of color | Linkage to Care Report by Client ID, stratified by target population |
| February 2017, 2018, 2019, 2020, 2021 | Grantee/ Early Intervention & Retention Collaboratives (EIRCs), Standard Operating Procedures (SOPs) | Give findings to EIRCs to perform case studies to determine reasons for not linking to care within 30 days | | List of cases/clients for follow up. |
| May 2017 | Grantee/ EIRCs, RWU EIRC Coordinator | Gather barriers from EIRCs (including linkage to care coordinators) | | Report by EIRCs to Grantee |
| June 2017 | Grantee | Report findings to Planning Council | | Report by Grantee to Planning Council |

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 REC – Research and Evaluation Committee

NHAS GOAL #2 (cont.)

| | |
|---|---|
| 2015 -2021 NHAS Goal #2: | Increasing Access to Care and Improving Health Outcomes for People Living With HIV |
| 2015-2021: Newark EMA Goal #2 | Link 90% of newly diagnosed to care within 30 days (blood work and/or medical visits) |
| 2015 -2021 SMART Objective (NEMA #2B): | Implement a Performance Improvement Plan |
| Strategy: | Establish seamless systems to link people to care immediately after diagnosis, and support retention in care to achieve viral suppression that can maximize the benefits of early treatment and reduce transmission risk. |

| Timeframe | Responsible Parties/Resources | Activity | Target Population | Data Indicators |
|------------------|---|--|---------------------------------|--|
| July 2017 | Grantee/ CQM Committee | Establish baseline PDSAs (Plan Do Study Act) and/or QI plan based on findings | MSM, Youth, 45+, women of color | Report of PDSAs to be done |
| August 2017 | Grantee/ CQM Committee, EIRCs | Disseminate plan to Ryan White Part A agencies | | Email, webinar, presentation (TBD) |
| November 2017 | Grantee/ CQM Committee, SOPs, EIRCs | Examine linkage to care data post-intervention(s). Evaluate effectiveness of the corrective action plan | | Report including post-intervention linkage to care data. |
| December 2017 | Grantee/ CQM Committee, EIRCs | Share data/findings with the Planning Council | | Report by Grantee to Planning Council |

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NHAS GOAL #3

| | |
|---|--|
| 2015 -2021 NHAS Goal #3: | Reducing HIV-Related Disparities and Health Inequities |
| 2015-2021: Newark EMA Goal #3-1 | Decrease gap in medical visits from 12% to 10% EMA wide |
| 2015 -2021 SMART Objective (NEMA #3A): | Identify subpopulations that fall above 10% in GAP (in Medical Visits) |
| Strategy: | Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities. |

| Timeframe | Responsible Parties/Resources | Activity | Target Population | Data Indicators |
|---------------------------------------|---|---|---|------------------------|
| January 2017, 2018, 2019, 2020, 2021 | Grantee, Research and Evaluation Committee/ CHAMP | Review CHAMP data | MSM, Youth, 45+, women of color. Also examine age groups ages 25-34 and 65+ and include in analysis if needed. | CHAMP Report |
| February 2017, 2018, 2019, 2020, 2021 | Grantee, Research and Evaluation Committee | Identify subpopulations that fall above 10% | | CHAMP Report |
| May 2017 2018, 2019, 2020, 2021 | Grantee, Research and Evaluation Committee | Select subpopulations for improvement | | CHAMP Report |

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NHAS GOAL #3 (Cont.)

| | |
|---|--|
| 2015 -2021 NHAS Goal #3: | Reducing HIV-Related Disparities and Health Inequities |
| 2015-2021: Newark EMA Goal #3-1 | Decrease gap in medical visits to 10% EMA wide |
| 2015 -2021 SMART Objective (NEMA #3B): | Identify causes in subpopulations why they were above 10% in Medical Visit (MV) Gap |
| Strategy: | Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities. |

| Timeframe | Responsible Parties/Resources | Activity | Target Population | Data Indicators |
|--|---|--|---|---|
| June 2017 2018, 2019, 2020, 2021 | Research and Evaluation Committee (REC) | Develop tool/template for case study | MSM, Youth, 45+, women of color. Also examine age groups 25- 34 years and 65+ years and include in analysis if needed. | Tool or template |
| July 2017 2018, 2019, 2020, 2021 | Grantee, EIRC Coordinator/ EIRCS | Give EIRCS and providers subpopulation data to perform case studies for reasons not in care | | Instructions provided to EIRCS |
| August 2017 2018, 2019, 2020, 2021 | Grantee, EIRC Coordinator | Request individual and summary of findings from providers | | Report received from providers |
| November 2017 2018, 2019, 2020, 2021 | REC & COC | Identify system and client barriers/gaps for medical visit (MV) gaps | | Summary Report of barriers/gaps for MV |

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NHAS GOAL #3 (Cont.)

| | |
|---|--|
| 2015 -2021 NHAS Goal #3: | Reducing HIV-Related Disparities and Health Inequities |
| 2015-2021: Newark EMA Goal #3-1 | Decrease gap in medical visits to 10% EMA wide |
| 2015 -2021 SMART Objective (NEMA #3C): | Implement quality improvement plan in regards to objective #1 & 2 Activities |
| Strategy: | Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities. |

| Timeframe | Responsible Parties/Resources | Activity | Target Population | Data Indicators |
|------------------|--------------------------------------|---|--|------------------------------------|
| July 2017 | Grantee/ CHAMP | Establish baseline data for MV gap | MSM, Youth, 45+, women of color. Also examine age groups 25-34 years and 65+ years and include in PDSA if needed. | CHAMP Report |
| August 2017 | Grantee, CQM Committee | Present findings to the NEMA CQM committee | | Report by Grantee to CQM Committee |
| November 2017 | Grantee, CQM Committee | Work with EIRC and CQM Committee to develop QI Plan | | Plan |
| December 2017 | Grantee, CQM Committee | Implement agency specific PDSA | | Plan, PDSAs |
| March 2018 | Grantee, CQM Committee | Monitor PDSA achievements | | Monitoring Reports |
| May 2018 | Grantee, CQM Committee | Evaluate effectiveness of QI Plan | | Assessment Report |
| June 2018 | Grantee, CQM Committee | Share with Planning Council | | Grantee Report to Planning Council |

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NHAS GOAL #3 (Cont.)

| | |
|---|--|
| 2015 -2021 NHAS Goal #3: | Reducing HIV-Related Disparities and Health Inequities |
| 2015-2021: Newark EMA Goal #3-2 | Increase viral load suppression to 80% EMA wide |
| 2015 -2021 SMART Objective (NEMA #3D): | Identify subpopulations that fall below 80% |
| Strategy: | Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities. |

| Timeframe | Responsible Parties/Resources | Activity | Target Population | Data Indicators |
|---------------------------------------|--------------------------------------|---|---|------------------------|
| January 2017, 2018, 2019, 2020, 2021 | Grantee, REC/ CHAMP | Review CHAMP data | Black non-Hispanic, females, youth ages 13-24, young adults 25-34, people new to care, Medicaid recipients, and MSM | CHAMP Report |
| February 2017, 2018, 2019, 2020, 2021 | Grantee, REC | Identify subpopulations that fall below 80% VLS | | CHAMP Report |
| May 2017, 2018, 2019, 2020, 2021 | Grantee, REC | Select subpopulations for improvement | | CHAMP Report |

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NHAS GOAL #3 (Cont.)

| | |
|---|--|
| 2015 -2021 NHAS Goal #3: | Reducing HIV-Related Disparities and Health Inequities |
| 2015-2021: Newark EMA Goal #3-2 | Increase viral load suppression to 80% EMA wide |
| 2015 -2021 SMART Objective (NEMA #3E): | Identify reasons that subpopulations that fall below 80% |
| Strategy: | Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities. |

| Timeframe | Responsible Parties/Resources | Activity | Target Population | Data Indicators |
|---------------------------------------|---|--|---|---|
| July 2017, 2018, 2019, 2020, 2021 | Research and Evaluation Committee (REC) | Develop tool/template for case study | Black non-Hispanic, females, youth ages 13-24, young adults 25-34 years old, people new to care, Medicaid recipients, and MSM | Tool or template |
| August 2017, 2018, 2019, 2020, 2021 | Grantee, EIRC Coordinator/ EIRCS | Give EIRCS and providers subpopulation data to perform case studies for reasons not virally suppressed | | Instructions provided to EIRCS |
| November 2017, 2018, 2019, 2020, 2021 | Grantee, EIRC Coordinator | Request individual and summary of findings from providers | | Report received from providers |
| December 2017, 2018, 2019, 2020, 2021 | REC & COC | Identify system and client barriers/gaps for Viral Load Suppression | | Summary Report of barriers/gaps for VLS |

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NHAS GOAL #3 (Cont.)

| | |
|---|--|
| 2015 -2021 NHAS Goal #3: | Reducing HIV-Related Disparities and Health Inequities |
| 2015-2021: Newark EMA Goal #3-2 | Increase viral load suppression to 80% EMA wide |
| 2015 -2021 SMART Objective (NEMA #3F): | Implement a quality improvement plan based on findings from objectives 1 & 2 |
| Strategy: | Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities. |

| Timeframe | Responsible Parties/Resources | Activity | Target Population | Data Indicators |
|--|--------------------------------------|--|---|---------------------------------------|
| January 2017, 2018, 2019, 2020, 2021 | Grantee/ CHAMP | Establish baseline data for VL suppression. | Black non-Hispanic, females, youth ages 13-24, young adults 25-34, people new to care, Medicaid recipients, and MSM | CHAMP Report |
| February 2017, 2018, 2019, 2020, 2021 | Grantee, CQM Committee | Present findings to the NEMA QM committee | | Report by Grantee to QM Committee |
| April 2017, 2018, 2019, 2020, 2021 | Grantee, CQM Committee | Work with EIRC and QM Committee to develop QI Plan | | Plan |
| May 2017, 2018, 2019, 2020, 2021 | Grantee, CQM Committee | Implement agency specific PDSA | | Plan, PDSAs |
| August 2017, 2018, 2019, 2020, 2021 | Grantee, CQM Committee | Monitor PDSA achievements | | Monitoring Reports |
| September 2017, 2018, 2019, 2020, 2021 | Grantee, CQM Committee | Evaluate effectiveness of QI Plan | | Assessment Report |
| October 2017, 2018, 2019, 2020, 2021 | Grantee, CQM Committee | Share findings with Planning Council | | Report by Grantee to Planning Council |

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NHAS GOAL #3 (Cont.)

| | |
|---|--|
| 2015 -2021 NHAS Goal #3: | Reducing HIV-Related Disparities and Health Inequities |
| 2015-2021: Newark EMA Goal #3-3 | Increase prescription of ARV to 96% EMA-wide |
| 2015 -2021 SMART Objective (NEMA #3G): | Identify subpopulations that fall below 96% prescribed ARV |
| Strategy: | Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities. |

| Timeframe | Responsible Parties/Resources | Activity | Target Population | Data Indicators |
|------------------|--------------------------------------|---|--|------------------------|
| January 2017 | Grantee, REC/ CHAMP | Review CHAMP data | Transgender, age and ethnicity missing and unknown, youth ages 19- 24 and ages 25- 34, and people with no medical coverage | CHAMP Report |
| January 2017 | Grantee, REC | Identify subpopulations that fall below 96% ARV | | CHAMP Report |
| January 2017 | Grantee, REC | Select subpopulations for improvement | | CHAMP Report |

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NHAS GOAL #3 (Cont.)

| | |
|---|--|
| 2015 -2021 NHAS Goal #3: | Reducing HIV-Related Disparities and Health Inequities |
| 2015-2021: Newark EMA Goal #3-3 | Increase prescription of ARV to 96% EMA-wide |
| 2015 -2021 SMART Objective (NEMA #3H): | Identify causes for subpopulations below 96% prescribed ARV |
| Strategy: | Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities. |

| Timeframe | Responsible Parties/Resources | Activity | Target Population | Data Indicators |
|------------------|---|--|--|---|
| March 2017 | Research and Evaluation Committee (REC) | Develop tool/template for case study | Transgender, age and ethnicity missing and unknown, youth ages 19-24 and ages 25-34, and people with no medical coverage | Tool or template |
| April 2017 | Grantee, EIRC Coordinator/ EIRCs | Give EIRCs and providers subpopulation data to perform case studies for not being prescribed ARVs. | | Instructions provided to EIRCs |
| April 2017 | Grantee, EIRC Coordinator | Request individual and summary of findings from providers. | | Report received from providers |
| June 2017 | REC & COC | Identify system and client barriers/gaps for prescribing ARVs. | | Summary Report of barriers/gaps to ARVs |

Abbreviations:

ARV –Antiretroviral (medications)

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CPC - Comprehensive Planning Committee

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PC – Planning Council

QI – Quality Improvement

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NHAS GOAL #3 (Cont.)

| | |
|---|--|
| 2015 -2021 NHAS Goal #3: | Reducing HIV-Related Disparities and Health Inequities |
| 2015-2021: Newark EMA Goal #3-3 | Increase prescription of ARV to 96% EMA-wide |
| 2015 -2021 SMART Objective (NEMA #3I): | Implement a quality improvement plan based on findings from objectives 1 & 2 |
| Strategy: | Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities. |

| Timeframe | Responsible Parties/Resources | Activity | Target Population | Data Indicators |
|------------------|--------------------------------------|--|---|---------------------------------------|
| September 2017 | Grantee/ CHAMP | Establish baseline data for those not prescribed ARVs. | Transgender, age and ethnicity missing and unknown, youth ages 19-24 and 25-34, and people with no medical coverage | CHAMP Report |
| September 2017 | Grantee, CQM Committee | Present findings to the NEMA QM committee | | CHAMP Report |
| October 2017 | Grantee, CQM Committee | Work with EIRCs and QM Committee to develop QI Plan | | Plan |
| October 2017 | Grantee, CQM Committee | Implement agency specific PDSA | | Plan, PDSAs |
| November 2017 | Grantee, CQM Committee | Monitor PDSA achievements | | Monitoring Reports |
| November 2017 | Grantee, CQM Committee | Evaluate effectiveness of QI Plan | | Assessment Report |
| December 2017 | Grantee, CQM Committee | Share findings with Planning Council | | Report by Grantee to Planning Council |

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NHAS GOAL #4

| | |
|---|---|
| 2015 -2021 NHAS Goal #4: | Achieving a More Coordinated National Response to the HIV Epidemic |
| 2015-2021: Newark EMA Goal #4 | Coordinate NEMA located care and treatment and prevention services annually including the framework of the HIV Prevention Continuum (HPC) |
| 2015 -2021 SMART Objective (NEMA #4A): | Identify existing NEMA prevention groups |
| Strategy: | Increase the coordination of HIV programs across the Federal government and between Federal agencies and State, territorial, Tribal, and local governments. Ensure coordinated planning and program administration. |

| Timeframe | Responsible Parties/Resources | Activity | Target Population | Data Indicators |
|------------------|--|---|--|--------------------------------|
| January 2017 | Comprehensive Planning Committee (CPC) | Request list of prevention groups from the state of NJ Department of Health | All four populations (MSM, Youth, 45+, women of color) with addition of discordant couples | Email or other written request |
| March 2017 | Comprehensive Planning Committee (CPC) | Identify sources to survey in the NEMA area to determine prevention activities (sources: private doctors, churches, etc.) | | Resource Inventories (online) |
| June 2017 | Comprehensive Planning Committee (CPC) | Review list of providers and identify those located in NEMA area | | List of Resources in NEMA |

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NHAS GOAL #4 (Cont.)

| | |
|---|---|
| 2015 -2021 NHAS Goal #4: | Achieving a More Coordinated National Response to the HIV Epidemic |
| 2015-2021: Newark EMA Goal #4 | Coordinate NEMA located care and treatment and prevention services annually including the framework of the HIV Prevention Continuum (HPC) |
| 2015 -2021 SMART Objective (NEMA #4A): | Assess and establish goals and outcomes of annual care and treatment and prevention meetings |
| Strategy: | Increase the coordination of HIV programs across the Federal government and between Federal agencies and State, territorial, Tribal, and local governments. Ensure coordinated planning and program administration. |

| Timeframe | Responsible Parties/Resources | Activity | Target Population | Data Indicators |
|------------------|--|--|--|-----------------------------------|
| April 2017 | REC | Develop a survey to identify current gaps, barriers, problem areas that are in our NEMA region | All four populations (MSM, Youth, 45+, women of color) with addition of discordant couples | Survey |
| July 2017 | CPC, Planning Council (PC), Consumer Involvement Activities (CIAs) | Implement survey to targeted groups | | Instructions & Dissemination Plan |
| September 2017 | REC, CPC, CIA | Review results of survey and prioritize focus areas | | Survey Report |
| November 2017 | CPC, CIA, PC | Develop meeting agenda with goals and outcomes | | Annual meeting agenda |

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NHAS GOAL #4 (Cont.)

| | |
|---|---|
| 2015 -2021 NHAS Goal #4: | Achieving a More Coordinated National Response to the HIV Epidemic |
| 2015-2021: Newark EMA Goal #4 | Coordinate NEMA located care and treatment and prevention services annually including the framework of the HIV Prevention Continuum (HPC) |
| 2015 -2021 SMART Objective (NEMA #4A): | Convene a meeting of care and treatment and prevention groups annually |
| Strategy: | Increase the coordination of HIV programs across the Federal government and between Federal agencies and State, territorial, Tribal, and local governments. Ensure coordinated planning and program administration. |

| Timeframe | Responsible Parties/Resources | Activity | Target Population | Data Indicators |
|------------------|--------------------------------------|---|--|--|
| March 2018 | CPC, CIA, PC | Identify existing prevention and care and treatment meetings for collaboration within NEMA | All four populations (MSM, Youth, 45+, women of color) with addition of discordant couples | List of prevention, care and treatment providers |
| June 2018 | CPC, CIA, PC | Establish a relationship with existing statewide prevention groups by attending their meeting and marketing NEMA annual meeting | | List of partners and collaborators |
| July 2018 | CPC, CIA, PC | Schedule annual meeting and invite care and treatment and prevention providers | | Attendance records |

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