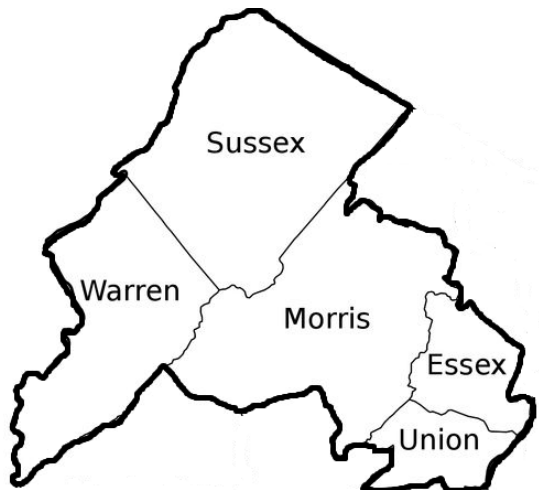


NEWARK, NJ
ELIGIBLE METROPOLITAN AREA (EMA)



INTEGRATED HIV PREVENTION and CARE PLAN
(2017 - 2021)

September 2016
UPDATED: February 2020

2017-2021 ACTION PLAN

Approved by CPC on 02.14.20

Approved by Planning Council on 02.19.20

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. This action plan follows the guidance of the National HIV/AIDS Strategy: Updated to 2020 goals. 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	EHE
NHAS GOAL #1- REDUCING NEW HIV INFECTIONS											
<u>NEMA GOAL #1: By 2021 Reduce New Infections through Health Literacy Activities to R.W. Clients</u>											
<u>Objective 1A:</u> Increase HERR activities for Ryan White clients to 95% EMA wide.	60						X		X		
<u>Objective 1B:</u> Increase STI screenings among PLWHA who meet HAB screening criteria to 70% EMA wide.	61						X		X		
<u>Objective 1 C:</u> Ensure 90% of PLWHA receive education on PrEP as a prevention tool for their HIV negative sexual partners.	62						X		X		
<u>Objective 1D:</u> Ensure 80% PLWHA are virally suppressed EMA wide.	63						X		X		
NHAS GOAL #2 – INCREASING ACCESS TO CARE AND IMPROVE HEALTH OUTCOMES FOR PEOPLE LIVING WITH HIV											
<u>NEMA GOAL #2: Link 90% of Newly Diagnosed to Care Within 30 Days (Blood Work and/or Medical Visits)</u> (as of 12/31/2019)											
<u>Objective 2A:</u> Identify barriers/causes why newly diagnosed were not linked to care within 30 days by accessing CY19 EIS data.	64						X	X		X	
<u>Objective 2B:</u> Implement a Performance Improvement Plan	65						X	X	X		
NHAS GOAL #3 - REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES											
<u>NEMA GOAL #3-1: Decrease Gap in Medical Visits to 10% EMA Wide, except for youth who currently meets the goal</u> (as of 12/31/2019)											
<u>Objective 3A:</u> Identify subpopulations that fall above 10% in GAP (in Medical Visits)	66					X	X			X	
<u>Objective 3B:</u> Identify causes of why subpopulations were above 10% in Medical Visit (MV) Gap	67		X			X		X			X
<u>Objective 3C:</u> Implement quality improvement plan for agencies that fall above the 10% gap in medical visit	68						X		X	X	

Goals and Objectives	Pg #	Responsible Parties/Resources									
		Planning Council					Recipient (Grantee)				
		PC	COC	CPC	CIA	REC	RWU	EIRC	CQM	CHAMP	EHE
NEMA GOAL #3-2: Increase Viral Load Suppression to 87% EMA Wide, and 80% for population not meeting the goal (as of 12/31/2019)											
Objective 3D: Identify subpopulations that fall below 80%	69					X	X			X	
Objective 3E: Identify reasons that subpopulations that fall below 80%	70		X			X	X	X			X
Objective 3F: Implement a quality improvement plan for agencies that fall below 87% and 80%	71						X		X	X	
NEMA GOAL #3-3: Increase Prescription of ARV to 98% EMA-Wide, and 96% for populations not meeting the goal (as of 12/31/2019)											
Objective 3G: Identify subpopulations that fall below 98% prescribed ARV for all populations	72					X	X			X	
Objective 3H: Identify causes for subpopulations that below 98% prescribed ARV, transgender and youth at 96%	73		X			X	X	X			X
Objective 3I: Implement a quality improvement for agencies that fall below 98% and 96%	74						X		X	X	
NHAS GOAL #4 - ACHIEVING A MORE COORDINATED NATIONAL RESPONSE TO THE HIV EPIDEMIC											
NEMA GOAL #4: Ensure care and treatment providers have access to and incorporate prevention data into planning activities (as of 12/31/2019)											
Objective 4A: Utilize HIV testing data and report information to identify barriers and solutions to achieving a more coordinated response	75						X	X			X

**Table 1: Integrated HIV Prevention and Care Plan
 2017-2021 ACTION PLAN**

NHAS GOAL #1

NHAS Goal #1:	REDUCING NEW HIV INFECTIONS
Newark EMA Goal #1	By 2021 Reduce new infection through health literacy activities to R.W. Clients
SMART Objective (NEMA #1A):	Increase HERR activities for Ryan White clients to 95% EMA wide.
Strategy:	Educate all persons with easily accessible scientifically accurate data information on HIV prevention, risk and transmission

Timeframe	Responsible Parties/Resources	Activity	Target Population	Data Indicators
April 2020, 2021	Recipient	Identify collection tool for HERR activities and report findings to Planning Council	MSM, discordant heterosexual couples, women of color & youth PLWHA in the EMA Additional subpopulations will be determined by outcome data in 2020	CHAMP Report
April 2020, 2021	Recipient	Ensure that Ryan White agencies in the EMA receive instructions on how to record HERR activities in CHAMP		Notification to RW funded agencies
December 2020, 2021	Recipient	Identify subpopulations that fall below the 95% and establish baseline for measurement		CHAMP Report
January 2021	Recipient & CQM	Recipient and CQM will work with deficient agencies to develop a QI plan		QI plan
January 2021	Recipient	Deficient agencies will implement the QI plan		QI Plan
December 2021	Recipient and CQM	Evaluate impact of the QI plan on outcome data and present findings to PC		CHAMP Report/ PC presentation

Abbreviations:

ARV –Antiretroviral (medications)
 COC – Continuum of Care Committee
 EIRCS – Early Intervention & Retention Collaboratives
 NEMA – Newark EMA
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NHAS GOAL #1 (Cont.)

NHAS Goal #1:	REDUCING NEW HIV INFECTIONS
Newark EMA Goal #1	By 2021 Reduce new infection through health literacy activities to R.W. Clients
SMART Objective (NEMA #1B):	Increase STI screenings among PLWHA who meet HAB screening criteria to 70% EMA wide.
Strategy:	Educate and inform providers on HAB screening criteria for testing all PLWHA for STI screenings Test all PLWHA for STI in accordance with STI screening criteria

Timeframe	Responsible Parties/Resources	Activity	Target Population	Data Indicators
March 2020	Recipient	Identify subpopulations that fall below the 70% and establish baseline for measurement	PLWHA who meet the HAB screening criteria for STIs	CHAMP Report
May 2020	Recipient & CQM	Recipient and CQM will work with deficient agencies to develop a QI plan		QI plan
June 2020	Recipient	Deficient agencies will implement the QI plan	Additional subpopulations will be determined by outcome data in 2020	QI Plan
December 2020	Recipient and CQM	Evaluate impact of the QI plan on outcome data and present findings to the Planning Council		CHAMP Report/ Presentation to PC

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NHAS GOAL #1 (Cont.)

NHAS Goal #1:	REDUCING NEW HIV INFECTIONS
Newark EMA Goal #1	By 2021 Reduce new infection through health literacy activities to Ryan White Clients
SMART Objective (NEMA #1C):	Ensure 90% of PLWHA receive education on PrEP as a prevention tool for their HIV negative sexual partners.
Strategy:	Educate and inform providers on the importance of PrEP education for serodiscordant couples Implement a data collection tool for monitoring PrEP education

Timeframe	Responsible Parties/Resources	Activity	Target Population	Data Indicators
April 2020	Recipient	Identify collection tool for PrEP education activities and report findings to Planning Council	PLWHA in the EMA	CHAMP Report
April 2020	Recipient	Ensure that Ryan White agencies in the EMA receive instructions on how to record PrEP education activities in CHAMP		Notification to RW funded agencies
December 2020	Recipient	Identify subpopulations that fall below the 90% and establish baseline for measurement	Additional subpopulations will be determined by outcome data in 2020	CHAMP Report
January 2021	Recipient & CQM	Recipient and CQM will work with deficient agencies to develop a QI plan		QI plan
January 2021	Recipient	Deficient agencies will implement the QI plan		QI Plan
December 2021	Recipient and CQM	Evaluate impact of the QI plan on outcome data and present findings to the PC		CHAMP Report/ PC presentation

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NHAS GOAL #1 (Cont.)

NHAS Goal #1:	REDUCING NEW HIV INFECTIONS
Newark EMA Goal #1	By 2021 Reduce new infection through health literacy activities to Ryan White Clients
SMART Objective (NEMA #1D):	Ensure 80% PLWHA are virally suppressed EMA wide.
Strategy:	Educate and inform Ryan White clients on the relationship between viral load suppression and reduced transmission of the HIV virus (i.e. Undetectable = Untransmittable (U=U)).

Timeframe	Responsible Parties/Resources	Activity	Target Population	Data Indicators
March 2020	Recipient	Identify subpopulations that fall below the 80% and establish baseline for measurement	PLWHA in the EMA	CHAMP Report
May 2020	Recipient & CQM	Recipient and CQM will work with deficient agencies to develop a QI plan		QI plan
June 2020	Recipient	Deficient agencies will implement the QI plan	Additional subpopulations will be determined by outcome data in 2020	QI Plan
December 2020	Recipient and CQM	Evaluate impact of the QI plan on outcome data and present findings to the Planning Council		CHAMP Report/ PC presentation

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NHAS GOAL #2

NHAS Goal #2:	Increasing Access to Care and Improving Health Outcomes for People Living With HIV
Newark EMA Goal #2	Link 90% of newly diagnosed to care within 30 days (blood work and/or medical visits)
SMART Objective (NEMA #2A):	Identify barriers/causes why newly diagnosed were not linked to care within 30 days by accessing CY19 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
March 2020, 2021	Recipient, CHAMP	Examine linkage to care data. 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
April 2020, 2021	Recipient, EIRCs, Linkage to care 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.
July 2020, 2021	Recipient, EIRCs, RWU, EIRC Coordinator	Gather barriers from EIRCs (including linkage to care coordinators)		Report by EIRCs to Grantee
September 2020, 2021	Recipient	Report findings to Planning Council		Grantee Report to Planning Council

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NHAS GOAL #2 (cont.)

NHAS Goal #2:	INCREASING ACCESS TO CARE AND IMPROVING HEALTH OUTCOMES FOR PEOPLE LIVING WITH HIV
Newark EMA Goal #2	Link 90% of newly diagnosed to care within 30 days (Blood Work and/or Medical Visits)
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
October 2020, 2021	Recipient, CQM	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
November 2020, 2021	Recipient, CQM, EIRCs	Disseminate plan to Ryan White Part A agencies		Email, webinar, presentation (TBD)
February 2021, 2022	Recipient, CQM, Linkage to Care SOPs, EIRCs	Examine linkage to care data post-intervention(s). Evaluate effectiveness of quality improvement		Report including post-intervention linkage to care data.
March/April 2021, 2022	Recipient, CQM, EIRCs	Share data/findings with the Planning Council		Grantee Report to Planning Council

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NHAS GOAL #3

NHAS Goal #3:	REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES
Newark EMA Goal #3-1	Decrease gap in medical visits to 10% EMA wide, except for youth who currently meet the goal
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
March 2020, 2021	Recipient, CHAMP, REC	Review CHAMP data	MSM, 45+, women of color. Former youth (age 25-34) and age 65+.	CHAMP Report
March 2020, 2021	Recipient, REC	Identify subpopulations that fall above 10%		CHAMP Report
March 2020, 2021	Recipient, REC	Select subpopulations for improvement		Continue to monitor youth who achieved the goal at 5.6%

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NHAS GOAL #3 (Cont.)

NHAS Goal #3:	REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES
Newark EMA Goal #3-1	Decrease gap in medical visits to 10% EMA wide
SMART Objective (NEMA #3B):	Identify causes of why subpopulations 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
March 2020, 2021	REC, EIRCs Coordinators	Review and amend, if necessary, the tool/template for case study	MSM, 45+, women of color. Former youth (age 25-34) and age 65+. Continue to monitor youth who achieved the goal at 5.6%	Tool or template
April 2020, 2021	Recipient, EIRC & EHE Coordinator, EIRCs	Give EIRCS and providers subpopulation data and case study tool to perform case studies for reasons not in care (systems barriers and client barriers)		Instructions provided to EIRCs
July 2020, 2021	Recipient, EIRC & EHE Coordinator	Collect summary of findings from EIRCs (via provider input)		Recipient receives the report from providers
September 2020, 2021	Recipient, EIRC & EHE Coordinator	Present findings to the Planning Council		Summary Report of barriers/gaps for MV
October 2020, 2021	REC & COC	Use data from barriers/gaps to identify potential topics for next year's needs assessment		Summary Report of barriers/gaps for MV

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NHAS GOAL #3 (Cont.)

NHAS Goal #3:	REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES
Newark EMA Goal #3-1	Decrease gap in medical visits to 10% EMA wide
SMART Objective (NEMA #3C):	Implement quality improvement plan in for agencies that fall above the 10% gap in medical visit
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 2020, 2021	Recipient, CHAMP	Establish baseline data for MV gap	MSM, 45+, women of color. Former youth (age 25-34) and age 65+. Continue to monitor youth who achieved the goal at 5.6%	CHAMP Report
March 2020. 2021	Recipient, CQM	Present findings to the NEMA CQM committee		Report by Grantee to CQM Committee
May 2020, 2021	Recipient, CQM	Recipient and CQM Committee will work with deficient agencies to develop QI Plan		QI Plan
July 2020. 2021	Recipient, CQM	Implement agency specific PDSA		QI Plan, PDSAs
October 2020. 2021	Recipient, CQM	Monitor PDSA achievements		Monitoring Reports
December 2020. 2021	Recipient, CQM	Evaluate effectiveness of QI Plan		Assessment Report
January 2021, 2022	Recipient, CQM	Share findings with Planning Council		Grantee Report to Planning Council

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NHAS GOAL #3 (Cont.)

NHAS Goal #3:	REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES
Newark EMA Goal #3-2	Increase Viral Load Suppression to 87% EMA Wide, and 80% for population not meeting the goal
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
March 2020, 2021	Recipient, REC, CHAMP	Review CHAMP data	Black, Not Hispanic, Females, former youth (age 25-34), Medicaid recipients, MSM at 87% goal; EIS and youth at 80% goal	CHAMP Report
March 2020, 2021	Recipient, REC	Identify subpopulations that fall below 80% VLS		CHAMP Report
March 2020, 2021	Recipient, REC	Select subpopulations for improvement		CHAMP Report

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NHAS Goal #3:	REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES
Newark EMA Goal #3-2	Increase Viral Load Suppression to 87% EMA Wide, and 80% for population not meeting the goal
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
March 2020, 2021	REC	Review and amend, if necessary, tool/template for case study	Black, Not Hispanic, Females, former youth (age 25-34), Medicaid recipients, MSM at 87% goal; EIS and youth at 80% goal	Tool or template
April 2020, 2021	Recipient, EIRC & EHE Coordinator, EIRCS	Give EIRCS and providers subpopulation data and case study tool to perform case studies for reasons not virally suppressed (systems barriers and client barriers)		Instructions provided to EIRCS
July 2020, 2021	Recipient, EIRC & EHE Coordinator	Collect summary of findings from EIRCS (via provider input)		Recipient receives the report from providers
September 2020, 2021	Recipient, EIRC & EHE Coordinator	Present findings to the Planning Council		Summary Report of barriers/gaps for VLS
October 2020, 2021	REC & COC	Use data from barriers/gaps to identify potential topics for next year's needs assessment		Summary Report of barriers/gaps for VLS

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NHAS Goal #3:	REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES
Newark EMA Goal #3-2	Increase Viral Load Suppression to 87% EMA Wide, and 80% for population not meeting the goal
SMART Objective (NEMA #3F):	Implement a quality improvement plan for agencies that fall below 87% and 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
March 2020, 2021	Recipient, CHAMP	Establish baseline data for VL suppression.	Black, Not Hispanic, Females, former youth (age 25-34), Medicaid recipients, MSM at 87% goal; EIS and youth at 80% goal	CHAMP Report
March 2020. 2021	Recipient, CQM	Present findings to the NEMA QM committee		Report by Grantee to QM Committee
May 2020, 2021	Recipient, CQM	Work with Recipient and CQM Committee will work with deficient agencies to develop QI Plan		QI Plan
July 2020. 2021	Recipient, CQM	Implement agency specific PDSA		QI Plan, PDSAs
October 2020. 2021	Recipient, CQM	Monitor PDSA achievements		Monitoring Reports
December 2020. 2021	Recipient, CQM	Evaluate effectiveness of QI Plan		Assessment Report
January 2021, 2022	Recipient, CQM	Share findings with Planning Council		Grantee Report to Planning Council

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NHAS GOAL #3 (Cont.)

NHAS Goal #3:	REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES
Newark EMA Goal #3-3	Increase Prescription of ARV to 98% EMA-Wide, and 96% for populations not meeting the goal
SMART Objective (NEMA #3G):	Identify subpopulations that fall below 98% prescribed ARV for all populations
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 2020, 2021	Recipient, CHAMP, REC	Review CHAMP data	Former youth (age 25-34), uninsured, those missing age, race/ ethnicity at 98% Transgender, youth age 13-24 at 96%	CHAMP Report
March 2020, 2021	Recipient, REC	Identify subpopulations that fall below 96% ARV		CHAMP Report
March 2020, 2021	Recipient, REC	Select subpopulations for improvement		CHAMP Report

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 EHE – Ending the HIV Epidemic

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NHAS GOAL #3 (Cont.)

NHAS Goal #3:	REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES
Newark EMA Goal #3-3	Increase Prescription of ARV to 98% EMA-Wide, and 96% for populations not meeting the goal
SMART Objective (NEMA #3H):	Identify causes for subpopulations that fall below 98% prescribed ARV, transgender and youth at 96%
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 2020, 2021	REC	Review and amend, if necessary, tool/template for case study	Former youth (age 25-34), uninsured, those missing age, race/ ethnicity at 98% Transgender, youth age 13-24 at 96%	Tool or template
April 2020, 2021	Recipient, EIRC & EHE Coordinator, EIRCs	Give EIRCs and providers subpopulation data and case study tool to perform case studies for not being prescribed ARVs (systems barriers and client barriers).		Instructions provided to EIRCs
July 2020, 2021	Recipient, EIRC & EHE Coordinator	Collect summary of findings from EIRCs (via provider input)		Recipient receives the report from providers
September 2020, 2021	Recipient, EIRC & EHE Coordinator	Present findings to the Planning Council		Summary Report of barriers/gaps to ARVs
October 2020, 2021	REC & COC	Use data from barriers/gaps to identify potential topics for next year's needs assessment		Summary Report of barriers/gaps for VLS ARV

Abbreviations:

ARV –Antiretroviral (medications)
 COC – Continuum of Care Committee
 EIRCs – Early Intervention & Retention Collaboratives
 NEMA – Newark EMA
 PrEp – Pre-Exposure Prophylaxis
 RW – Ryan White
 HAB – HIV/AIDS Bureau

CIA – Consumer Involvement Activities
 CPC - Comprehensive Planning Committee
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NHAS GOAL #3 (Cont.)

NHAS Goal #3:	REDUCING HIV-RELATED DISPARITIES AND HEALTH INEQUITIES
Newark EMA Goal #3-3	Increase Prescription of ARV to 98% EMA-Wide, and 96% for populations not meeting the goal
SMART Objective (NEMA #3I):	Implement a quality improvement plan for agencies that fall below 98% and 96%
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 2020, 2021	Recipient, CHAMP	Establish baseline data for those not prescribed ARVs.	Former youth (age 25-34), uninsured, those missing age, race/ ethnicity at 98% Transgender, youth age 13-24 at 96%	CHAMP Report
March 2020, 2021	Recipient, CQM	Present findings to the NEMA CQM committee		Recipient Report to CQM Committee
May 2020, 2021	Recipient, CQM	Recipient and CQM Committee will work with deficient agencies to develop QI Plan		QI Plan
July 2020, 2021	Recipient, CQM	Implement agency specific PDSA		QI Plan, PDSAs
October 2020, 2021	Recipient, CQM	Monitor PDSA achievements		Monitoring Reports
December 2020, 2021	Recipient, CQM	Evaluate effectiveness of QI Plan		Assessment Report
January 2021, 2022	Recipient, CQM	Share findings with Planning Council		Recipient Report to Planning Council

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NHAS GOAL #4 (Cont.)

NHAS Goal #4:	ACHIEVING A MORE COORDINATED NATIONAL RESPONSE TO THE HIV EPIDEMIC
Newark EMA Goal #4	Ensure care and treatment providers have access to and incorporate prevention data into planning activities
SMART Objective (NEMA #4A):	Utilize HIV testing data and report information to identify barriers and solutions to achieving a more coordinated response
Strategy:	Educate and inform providers on solutions for a more coordinated response

Timeframe	Responsible Parties/Resources	Activity	Target Population	Data Indicators
May 2020, 2021	Recipient, EIRC & EHE Coordinator, EIRCs	Recipient's office will disseminate testing data and the report of barriers to the EIRCs	All PLWHA in the EMA	Testing data and barrier report
June 2020, 2021	Recipient, EIRC Coordinator, EIRCs	EIRCs will review testing data and barrier report		Testing data and barrier report
September 2020, 2021	Recipient, EIRC & EHE Coordinator, EIRCs	EIRCs will identify additional barriers and provide suggestions for solutions to addressing barriers		Summary report
October 2020, 2021	Recipient, EIRC & EHE Coordinator	Present findings to the Planning Council		Summary Report

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