

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

	Goals, Objectives and Actions	Responsibility / Target Completion Date
	Goal I: To increase early and immediate access, and engagement and retention in quality care for people living with HIV/AIDS.	
HIV testing	<u>Objective I.8</u> Collaborate with NJ-DHSTS and the Linkage to Care Cross Collaboration on proliferation of Rapid-to-Linkage to Care in the TGA, ongoing. Actions: 1. Support NJ-DHSTS in advancing the Rapid2Rapid testing protocol, ongoing. 2. Support the actions of the Linkage to Care Collaboration to assure unfettered access to HIV testing in the TGA, ongoing.	Linkage to Care Cross Collaboration
Linkage to care	<u>Objective I.9</u> Collaborate with NJ-DHSTS and the Linkage to Care Cross Collaboration on advancing early intervention services in the TGA, ongoing. Actions: 1. Implement Memoranda of Agreements among testing, early intervention and treatment sites to assure linkage to care within 24 hours of a positive test result, ongoing. 2. Support the Linkage to Care Collaboration in resolving issues pertaining to unfettered access to medical care, ongoing.	Linkage to Care Cross Collaboration
System linkages	<u>Objective I.10</u> Expand the e2 system to track patients from outreach and early identification to testing, linkage and engagement (beyond first medical visit) through the electronic exchange of medical information. Actions: 1. Develop an implementation plan to include all testing sites, early intervention providers and medical providers in the TGA, by June 2015. 2. Monitor activities related to early identification and testing, by June 2015 and quarterly thereafter. Utilize the e2 SPNS modules to expand the capacity to track patients from identification through engagement in care,	Grantee Linkage to Care Cross Collaboration

	Goals, Objectives and Actions	Responsibility / Target Completion Date
	<p>by March 2016.</p> <p>3. Utilize the <i>e2</i> SPNS modules to expand the capacity to track patients from identification through engagement in care, by March 2016.</p>	
Referrals	<p><u>Objective I.11</u> Optimize the capacity and use of the <i>e2</i> referral module, with a goal of reaching 50% of all referrals made and kept, by October 2015. Actions:</p> <ol style="list-style-type: none"> 1. Enforce the requirement of Part A support service providers to utilize the <i>e2</i> referral module to facilitate and enhance the current fax and phone procedures for making and accepting referrals from other Part A providers, ongoing. 2. Develop an analytic tool for referral monitoring, by December 2015. 3. Monitor performance and determine quality improvement interventions as appropriate, quarterly. 	Part A Providers (Core and Support) Quality Management Team Grantee/RDE
System capacity	<p><u>Objective I.12</u> Enhance utilization of the <i>e2</i> MIS system by Part A providers. Actions:</p> <ol style="list-style-type: none"> 1. Continue to provide technical assistance for new employees on the use of <i>e2</i> data tools with initial focus on core services, ongoing. 2. Continue to monitor the need for technical assistance on the use of <i>e2</i> by all case managers, ongoing. 	Grantee/RDE
	II. To continue to achieve the highest possible level of care through evaluation, quality improvement and education.	
Evaluation of case management service	<p><u>Objective II.9</u> Conduct an evaluation of the effectiveness of the Part A primary case management system. Actions:</p> <ol style="list-style-type: none"> 1. Establish evaluation criteria and methodology, by December 2013. 2. Conduct the evaluation and report results to the Quality Management Team, by May 2016. 3. Develop recommendations on the appropriate provision of case management services, by May 2016. 	Grantee Planning & Development Committee

	III. To strengthen cultural competency in service delivery throughout the TGA.	
Cultural competency	<u>Objective III.8</u> Maintain patient satisfaction levels in the area of cultural competencies by quantifying the capacity of the Part A providers. Actions: 1. Continue to review and monitor client satisfaction survey results to identify possible issues related to cultural competency, ongoing. 2. Coordinate cultural competency trainings with the peer learning networks in accordance with recommendations of the Cultural Competency Task Force, by December 2015. 3. Monitor outcomes of implemented interventions, ongoing.	Planning Council, Planning & Development Committee, Community Development Committee Grantee
	Goal V: To identify and inform the unaware and out-of-care PLWHA for the purpose of engagement in care and reduction of HIV infection.	
System level indicators	<u>Objective V.8</u> Monitor Secretary Sibelius' Ryan White performance indicators of HIV positivity, late HIV diagnosis and housing status; and determine the need for improvement activities, by July 2015. Actions: 1. Report on progress with the three indicators in the TGA, by April 2015. 2. Determine the need for improvement interventions and develop a plan accordingly, by July 2015.	Linkage to Care Cross Collaboration
Out-of-care and re-engagement in care	<u>Objective V.9</u> Establish indicators and data sets that have an influence in addressing engagement of out-of-care PLWHA and re-engagement of PLWHA who dropped out of care. Actions: 1. Continue to conduct the needs assessment survey for each newly enrolled Part A client, ongoing. 2. Monitor the annual Unmet Need Estimates released by NJ-DHSTS to quantify and describe the out-of-care population, annually. 3. Continue to review the demographic profiles of newly enrolled Part A clients, annually. 4. Continue to review the demographic profiles of Part A medical patients who dropped out of care, annually.	Planning Council and Planning & Development Committee Community Development Committee Linkage to Care Cross Collaboration Grantee

	<ol style="list-style-type: none">5. Continue to monitor HIV testing data including individuals tested, informed of their status and engaged in medical care, annually.6. Assess the extent to which NJ-DHSTS recommendations for routine HIV testing have been met in the TGA, ongoing.7. Review the policies and procedures for recruitment, engagement and re-engagement of out-of-care PLWHA, ongoing.	
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