

The Paterson-Passaic County-Bergen County HIV Health Services Planning Council 2015 ANNUAL REPORT Chairman: Gregory Kelly



THE PLANNING COUNCIL

The Council is in compliance with all categories of representation, with the exception of youth. The Council has thirty (30) members and three (3) vacancies. The Council's Consumer membership is 43% of the 33% required, a 4% increase from last year. In terms of reflectiveness, the Planning Council is still slightly below the necessary percentage of members in one demographic, Hispanic. Currently the Hispanic membership is 20%, a 6% increase over last year. The emphasis has been placed on recruiting Hispanic, especially Hispanic male consumers. Areas being targeted are Hispanic Multi-Purpose Service Center in Paterson and targeting other organizations to include Bergen County. The members of the Community Development Committee of the Council have been very instrumental in the recruitment of Hispanics. Last year's goal to increase the Hispanic members by the second quarter of 2015, was met and efforts are continuing to meet the 25% Hispanic goal.

The Council is slightly above the necessary percentage of members in the following demographics: Black/non-Hispanic and White/non-Hispanic. There are three candidates who are currently in the pipeline for membership. There are now thirteen (13) non-aligned consumer members on the Council. The active goal of the Council is to increase to capacity, allowing more non-aligned consumers and non-Ryan White affiliates, as Council members.

Planning Council/Body Accomplishments - 2015

- In 2015, the TGA identified (34) EIS new cases of HIV
- In 2015, the TGA/Outreach identified (48) out of care cases and they were brought back into care
- Final amount of the recent award for 2015 were \$4,161,319, a decrease of 1%, from the previous year which was smaller than other awards in the area.
- The SPNS award of \$1.5 M was received and the City of Paterson began working on an ambitious new Special Projects of National Significance (SPNS) program that will establish the HIV Care Continuum as the "yardstick" for planning the full continuum of services for PLWH. The program has already begun to build collaborative relationships with St. Joseph's Hospital Medical Center, a Part C/D program, and the New Jersey Department of Health Division of HIV/AIDS, TB and STD Services, a New Jersey Part B Program. For the first time, discussions are underway to share client-level data between NJ-DHSTS (New Jersey Department of Health, Division of HIV/AIDS, STD, and TB Services). The SPNS Team presented its progress report at the first annual meeting in September where it was enthusiastically received by the SPNS Division Chief. Two other major initiatives are planned for SPNS, one of which is the revitalization of P-TAS, an innovative Outreach

Program successfully launched several years ago in this TGA. Planning for the new ePTAS is underway at this time.

- Fully revised Standards of Care were adopted by the Planning Council in September 2015. This fulfilled one of the findings of the 2015 HRSA Site visit.
- Comprehensive Plan: 2015 is the last year of the Comprehensive Plan. To date, of the 32 objectives identified in the Plan, 14 (44%) are completed, 13 (41%) are either in progress or continued as ongoing activities, 4 (13%) are not acted upon and 1 (3%) was removed from the Plan. This is a good track record. Anticipating regional needs and actions over a three-year period is very difficult, and the extent to which this Plan is still relevant speaks to the vision and understanding of the Planning Council in meeting its long term goals.

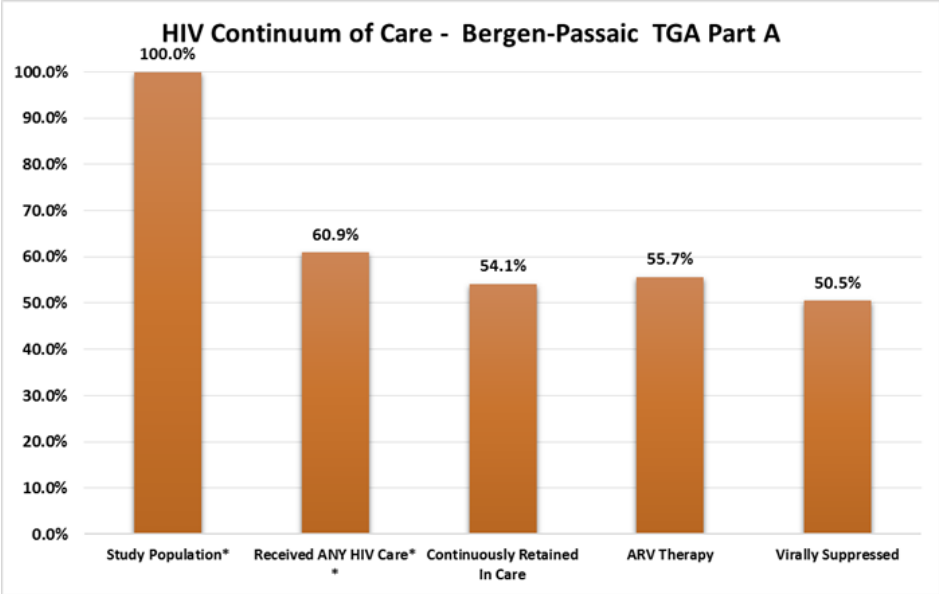
Major Accomplishments:

- Improving the health status of Part A enrollees: Through participation and collaboration with the New Jersey Cross Part Collaborative and the National Quality Center's H4C Initiative, the goal of increasing the rate of viral suppression by 20% was achieved. Currently, the Part A medical clinics enjoy an overall viral suppression rate of 87% which exceeds statewide and national averages. The Part A Quality Management Team is represented at national meetings and participates in New Jersey's high performing quality improvement initiative.
- The EIS/Outreach Work Group has achieved remarkable success as a networking and practice improvement group. Best practice programs were successfully presented to the Work Group at the quarterly meetings. Two outside speakers, one from Jersey City and the other from Gilead Science, were presented to members with information on ways to improve outreach to targeted communities, most specifically those identified in the 2015 EIIHA Plan.
- A Health Literacy Assessment was successfully completed to help guide the Planning Council's identification of service needs and gaps in the TGA. A survey of 129 consumers, available in English and Spanish, measured their level of health literacy and provided an objective baseline for working to improve health literacy. The Assessment will be presented to the Council early in 2016 along with an action plan for the Part A Program.
- The Bergen-Passaic Linkage to Care Cross-Collaboration continued to enhance communications and advance the program of linking newly diagnosed and previously diagnosed PLWH into care with a patient navigation program within a single business day. Over 24 members participate in this Part A-sponsored organization.
- The consumer needs assessment survey continued to update the Planning Council's information on new enrollees and their service needs. 67 new surveys were received and results reported to the Council.
- The Priority Setting Process went smoothly this year owing to the assistance of a Data Work Group of the Planning Council that made recommendations for easier understanding of the data required for priority ranking and resource allocations. The deliberation took less time and received high satisfaction ratings from Planning Council members.
- The MOU (Memorandum of Understanding) between the Planning Council and the Office of the Grantee have already begun with the goal to complete it before Fiscal Year End. This will fulfill another finding of the HRSA Site Visit.

- Focus of the Day of Capacity Training was on Stigma and PrEP which supports the Council’s goal, along with the NHAS (National HIV/AIDS Strategy) of 20/20 Vision of a society with AIDS free transmissions.

Major challenges:

- Mobilizing the community to participate in building awareness, understanding, and openness toward HIV has not expanded past traditional activities. Resources are limited, preventing many active community involvement programs.
- Vital trainings geared to adapting to provisions of the Affordable Care Act, the national monitoring standards of care, and anticipated policies and procedures manual are needed.
- Community involvement is limited by inadequate attention to social media. The websites need to be updated. Face book and other social media need to be utilized to raise awareness in the community and invite their participation in waging the campaign against AIDS.
- Merging prevention and care into a single coordinated system will be a requirement of the next comprehensive plan. How this will be done is a challenge that will require research and careful consideration. Collaboration will play a major role, and bringing all providers together remains a challenge.
- Completing the Comprehensive Plan will allow this TGA to:
 - Align with the three primary NHAS (National HIV/AIDS Strategy) goals:
 - (1) Reducing new HIV infections
 - (2) Increasing access to care and improving health outcomes for PLWH
 - (3) Reducing HIV-related disparities and health inequities
- One aspect of the Comprehensive Plan is to investigate co-location of services as a way of improving access and coordination. This should be given more attention as client needs change in reaction to the Affordable Care Act
- The TGA needs to better understand and utilize the HIV Care Continuum as the essential tool for developing a regional system of care in accordance with the goal of “Zero infections.”



The year 2015 afforded this TGA many accomplishments, however, the challenges remain:

- Latest research tells us that PReP is significantly underutilized. Outreach, case management, and clinical providers need to promote Truvada and advise partners to look into available funding, clinical requirements and other factors influencing a decision to begin using PReP.
- **STIGMA must be defeated.** A state-sponsored research program will hopefully come to this TGA and will help develop a coordinated approach to fighting it.

The Planning Council members are faithful in conquering the issues and meeting the challenges. This Council continues to strive to meet the needs of the HIV/AIDS Community.