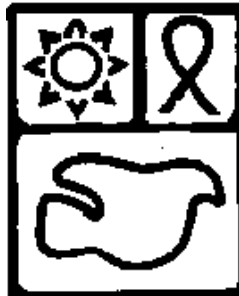


Newark EMA HIV Health Services
Planning Council



2004-2006 Comprehensive Health Plan
2005 IMPLEMENTATION PLAN

**Approved by the Newark EMA HIV Health Service Planning Council
On May 18, 2005**

2004-2006 Comprehensive Health Plan

2005 IMPLEMENTATION PLAN

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Introduction

In accordance with Section 2602(b) (4) (D) of the Ryan White CARE Act (including Amendments of 2000), planning councils are required to develop a comprehensive plan. The specific language is as follows:

“(4) DUTIES.—The planning council ... shall—

(D) develop a comprehensive plan for the organization and delivery of health and support services described in section 2604 that—

(i) includes a strategy for identifying individuals who know their HIV status and are not receiving such services and for informing the individuals of and enabling the individuals to utilize the services, giving particular attention to eliminating disparities in access and services among affected subpopulations and historically underserved communities, and including discrete goals, a timetable, and an appropriate allocation of funds;

(ii) includes a strategy to coordinate the provision of such services with programs for HIV prevention (including outreach and early intervention) and for the prevention and treatment of substance abuse (including programs that provide comprehensive treatment services for such abuse); and

(iii) is compatible with any State or local plan for the provision of services to individuals with HIV disease; “

The Newark EMA HIV Health Services Planning Council has consistently met this requirement. The Council developed its first Comprehensive HIV Health Plan in 1994 and updated the Plan in 1996. A third Health Plan was written in 1998 that focused on managed care, funding streams, and the evaluation of the Grantee's rapid allocation of funds. During the middle of the 1990's decade, remarkable medical advances dramatically altered the care and treatment for HIV and AIDS. Many PLWHA became healthier and were able to live without the fear of imminent death.

In 2000, the Planning Council wrote a new plan which focused on:

- the provision of quality primary medical care,
- the support services which remove barriers to care,
- collaboration among providers of services,
- duplication of services, and
- cultural competency.

Most recently in 2003, the Newark EMA HIV Health Services Planning Council published its 2004-2006 Comprehensive Health Plan to guide the delivery of services over the next three years. The stated purposes of the three year plan were to:

- explore the current system of care and treatment,
- propose an ideal continuum of care, and
- describe the steps necessary to move from the current to the ideal.

When the 2004-2006 Plan was published it was agreed that at least one annual Implementation Plan would be needed during the three year period. The Implementation Plan would include discrete goals, objectives, action steps, and a timetable with interim benchmarks and outcomes, to ensure that the broad goals of the Plan were achieved.

This 2005 Implementation Plan serves this purpose. The Implementation Plan covers two years of 2005 and 2006. It includes a discussion of the original goals and objectives and slight revisions made in response to changes in the policy directions of HRSA/HAB and changes in the HIV epidemic and improvements in HIV testing. For each of the three goals, there are objectives, action steps, and workplans for completion which designate responsible entity or entities and include the desired results/outcomes and deadlines for completion. It includes definitive steps for monitoring progress on the Plan and achievement of the interim objectives.

It is envisioned that the 2005 Implementation Plan will be reviewed for 2006 and updated where appropriate.

FY 2005 Core Services Model

The “Core Services Model” of care introduced in the 2004-2006 Comprehensive Health Plan has been updated for FY 2005 and is depicted below. The six “core” services are (1) primary medical care, (2) medications, (3) mental health services, (4) substance abuse services, (5) oral health, and (6) case management. The remaining services in the Newark EMA Title I continuum of care support this core.

This core services model depicts Primary Medical Care as the main and central focus of the Ryan White Title I continuum of care. All other services are provided as a means to provide access to medical care which will result in retention in care and an improvement in health status for all PLWHA.

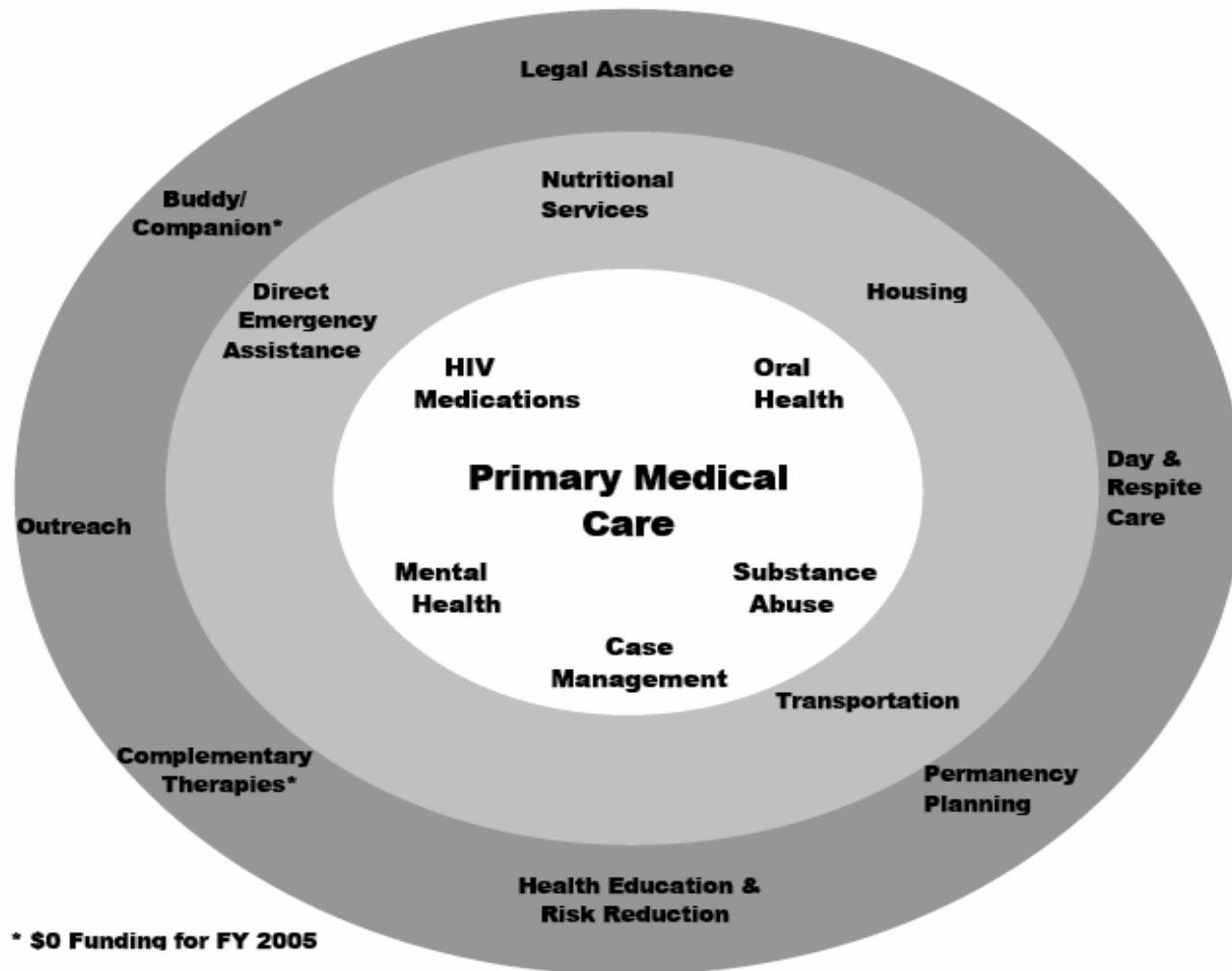
The ranking of services in the inner ring focuses on services needed for individual health and a service to help people living with HIV/AIDS (PLWHA) access other services and coordinate other services (case management).

Services in the second ring help ensure that PLWHA get to medical care (transportation) and help address basic economic and social needs (housing, food/nutritional services and emergency financial assistance) in coordination with medical care - by supplementing existing non-Title I programs for PLWHA who live below poverty.

Services in the outer ring help bring unserved PLWHA into medical care in coordination with other efforts (outreach) and increase the likelihood that PLWHA will remain in care through targeted categories of legal services and health education/risk reduction. Special attention is given to the needs of HIV+ women with children via child care and permanency planning. Two additional services – complementary therapies and buddy/companion - were identified for the continuum of care by the Planning Council but were allocated no funding for FY 2005.

The following model was included in the Newark EMA FY 2005 grant application to HRSA and in the Grantee (City of Newark) Request for Proposals for Title I services for FY 2005.

FY 2005 CORE SERVICES MODEL



List of Abbreviations

The following abbreviations and acronyms are used in this Implementation Plan.

ADAP	AIDS Drug Assistance Program
AETC	AIDS Education and Training Center
ASO	AIDS Service Organization
CBO	Community Based Organization
Cmte	Committee
CPG	Community Prevention Planning (Group)
DHAS	Division of HIV/AIDS Services (New Jersey)
GLBTQ	Gay, Lesbian, Bisexual, Transgendered, Questioning
HAB	HIV/AIDS Bureau (of HRSA)
HRSA	Health Resources and Services Administration (of the U.S. Department of Health and Human Services)
IP	Implementation Plan
MH	Mental Health
MSM	Men who have Sex with Men
NJDHSS	N.J. Department of Health and Senior Services
PLWHA	People Living With HIV or AIDS
RARE	Rapid Assessment, Response and Evaluation (methodology)
SA	Substance Abuse
WICY	Women, Infants, Children and Youth

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GUIDING PRINCIPLES

- Continually work toward achieving the ideal continuum of care for clients living with HIV and AIDS (PLWHA) in the Newark EMA.
- Continue to support capacity development activities where disparities exist in the EMA.
- Continue to balance between ongoing service needs and emerging needs as reflected in the changing local epidemiology of HIV disease.
- Provide services and interventions for particular populations, especially those with severe needs, historically underserved communities and individuals who know their status but are not in care.
- Title I as payer of last resort must translate into the delivery of every service, and Title I clients must exhaust other funding sources before or while they accessing Title I services.
- Every service category should support primary medical care and be able to demonstrate how the client will be linked to medical care from that service and how it will lead to improved medical outcomes for the client.
- Increase the availability of services for special populations, such as clients with children, MSMs, older adults and the homeless.
- To encourage new agencies to become Ryan White Title I providers.

OUTCOMES

The four desired outcomes of the Implementation Plan for 2005 are to:

- Identify new projects for 2006.
- Ensure that support services increase participation in primary medical care.
- Ensure that activities are focused on development or improvement of standards for appropriate services (core services at a minimum), on improvement of quality and result in outcomes which are amenable to measurement throughout the EMA.
- Involve all Council members and committees to the extent possible, to maximize the use of available resources and increase input of PLWHA, particularly those not currently involved in Planning Council activities.

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GOAL 1: TO GATHER INFORMATION ABOUT THE HIV/AIDS EPIDEMIC IN THE NEWARK EMA

Objective 1-A: Develop a plan to address the service needs of all people living with HIV and AIDS (PLWHA) in the Newark EMA.

#	Action Steps	Workplan			
		Activity	Result	Entity	Due
1.	Develop an implementation plan for the 2004-2006 Comprehensive Health Plan	1a. Prepare draft plan. 1b. Review and revise draft plan. 1c. Prepare final draft plan. 1d. Council reviews and approves final plan.	Written Plan	Council IP Cmte Council staff. Consultant	June 2005
2.	Provide updated information on the following for EMA planning: <ul style="list-style-type: none"> • The Needs Assessment and Qualitative Data • Epidemiological Profile including HIV Surveillance Data • Service Utilization and Expenditure Data • Other Relevant Data. 	2a. Conduct Needs Assessment activities. 2b. Prepare updated Newark EMA Epi Profile including surveillance as of 12/31/04. 2c. Summary report of service utilization from CHAMP. 2d. Summary report of Title I expenditures for FY 2004 vs. FY 2004 allocations. 2e. Explore cost effectiveness of lower priority services, e.g., nutritional services.	Power point presentations + handouts. Written report. Updated Needs Asst 2005.	Council staff. Consultant. Grantee.	March, April, May, June 2005 per Council timeline.
3.	Continually link needs assessment and other relevant data (see 1-A #2) and comprehensive planning with priority setting so that the Planning Council has information needed to make sound decisions about service priorities and allocation of resources.	3a. Provide needs assessment findings, data, etc. as received to Planning Council at regular meetings, with explanation of relevance to priority setting and resource allocation. 3b. Use "Table 8" to assist in understanding, updated as data are received and presented.	Reports, presentations, handouts	Council staff. Council.	March–June 2005. March–June 2006

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GOAL 1: TO GATHER INFORMATION ABOUT THE HIV/AIDS EPIDEMIC IN THE NEWARK EMA

Objective 1-B: To assess the needs of people living with HIV and AIDS in the Newark EMA, giving attention to-special populations of PLWHA.

Note: Special needs populations have included six identified by HRSA/HAB – youth (age 13-24), injection drug users (IDU), other substance users, men of color who having sex with men (MSM), white/Anglo MSM, women of child-bearing age (13-44) – and two identified for the Newark EMA – homeless, and older adults (age 50+).

#	Action Steps	Workplan			
		Activity	Result	Entity	Due
1.	Perform an annual assessment of medical and service needs, emphasizing the populations with special needs. <ul style="list-style-type: none"> Determine the scope of the assessment annually based on information gaps and other factors. Rely on assistance in development of Needs Assessment tool(s) and in the research initiative from the following Planning Council committees: Gay Men's Ad-Hoc, Infected/Affected Caucus, Latino Ad Hoc, Substance Abuse, Women Ad Hoc and the Youth Ad Hoc. Liaise with Community Based Organizations (CBOs) and AIDS Service Organizations (ASO) to gather information on populations with special needs. 	1a. 2005 Needs Assessment includes: <u>Unmet Need</u> – review EMA status & recommendations. Include Connecting to Care.	Report	Consultant	June 2005
		<u>Substance Abuse</u> – survey of substance users not in care, including homeless	Survey Report	Substance Abuse Cmte	June 2005
		Housing – Identify needs of PLWHA in NEMA and recommendations for housing services for PLWHA.	Report	Housing Cmte.	April 2005
		Mental health – review access to existing services in Newark EMA	Report	Consultant	June 2005
		Review membership of committees and identify where additional groups would be needed. Use the Committee to send out surveys. Identify roles during Needs Assessment planning process.	Revised membership lists	Committees. Council staff.	May 2005

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GOAL 1: TO GATHER INFORMATION ABOUT THE HIV/AIDS EPIDEMIC IN THE NEWARK EMA

Objective 1-B: To assess the needs of people living with HIV and AIDS in the Newark EMA, giving attention to-special populations of PLWHA. (Continued)

#	Action Steps	Workplan			
		Activity	Result	Entity	Due
2.	<p>Research the needs of people with HIV/AIDS in the following groups:</p> <ul style="list-style-type: none"> • Active Substance Users • Homeless • Recently released inmates • Commercial Sex Workers • New immigrants and undocumented immigrants (e.g., Latino and Haitians) <p>This will be accomplished by utilizing research using RARE methodology to be completed in 2006.</p>	<p>2a. Identify existing information as baseline and new information needed for 2006.</p> <p>2b. Review with Grantee the RARE methodology. Identify and plan for use in 2006.</p>	Report including RARE methods.	Council Cmtes. Staff. Grantee	2006
3.	<p>Use innovative methods to reach HIV-positive persons who are not in the health-care system to learn about the barriers they face. Examples include healthcare workers and outreach workers who have experience with consumers who drop out of care can serve as key informants for the Needs Assessment, and night outreach activities.</p>	Identify and implement these methods for Substance Abuse survey	Report including methods	SA Cmte. Council staff.	June 2005
		Use RARE methodology for surveys.	Report including methods.	Council Cmtes. Staff.	2006 through 2007

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GOAL 1: TO GATHER INFORMATION ABOUT THE HIV/AIDS EPIDEMIC IN THE NEWARK EMA

Objective 1-C: Evaluate the service utilization and prioritization of services for all people living with HIV and AIDS (PLWHA) in the Newark EMA

#	Action Steps	Workplan			
		Activity	Result	Entity	Due
1.	Utilize CHAMP to identify service categories and utilization rates. Identify variances from the initial Council allocations and reasons for the variances. Incorporate the results into the prioritization process.	1a. Report of FY 2004 service utilization & expenditures by service categories. 1b. Identify results to be addressed in Council Priority Report to Grantee.	Report. Discussion	Grantee Council	June 2005 June 2006 Aug. 2005 Aug. 2006
2.	In order to improve the evaluation of service utilization, Improve reporting of the utilization of medical care (regardless of payment source) by case managers. (Although most Title I clients are using Title I medical care, case managers have clients who are getting medical care from other sources.)	2a. Identify methods to improve reporting, including improvement in CHAMP, case records or patient charts.	Recommendations	Council. Grantee.	June 2005.
		2b. Update case management standards to require such reporting.	Revised standards	Council	2006
3.	Assure that Title I funds are allocated for care and support for services to women, infants, children and youth (WICY) with HIV disease in proportion to their representation in the epidemic.	3a. Include allocation of resources for WICY as specific step in priority setting process. Specifically state where and how services are so allocated.	Timeline. Meeting minutes reflecting discussion	Council staff. Priority Setting Cmte	July 2005. July 2006.
		3b. As part of annual Title I Funding Allocations report, include report of how Title I allocations addressed needs of women, infants, children and youth and include results Funding Allocations Report.	Report or language for Priority Allocations Report	Priority Setting Cmte; Planning Council	August 2005 August 2006

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GOAL 1: TO GATHER INFORMATION ABOUT THE HIV/AIDS EPIDEMIC IN THE NEWARK EMA

Objective 1-C: Evaluate the service utilization and prioritization of services for all people living with HIV and AIDS (PLWHA) in the Newark EMA. (Continued)

#	Action Steps	Workplan			
		Activity	Result	Entity	Due
4.	For the activity of "capacity development", identify the capability of the Newark EMA to provide core services for PLWHA.	4a. Develop baseline. Identify trends statewide or within region.	Report or inventory.	Council staff.	December 2005.
		4b. Gather secondary data on # PLWHA and providers for 6 core services,	Report or inventory.	Council staff.	Oct 2005- June 2006
5.	In determining the prioritization of services, follow up on the 2004 Needs Assessment with respect to service gaps and barriers identified by particular populations, especially those with severe needs, historically underserved communities and individuals that know their status but are not in care. For 2005, two issues are child care and transportation as barrier to medical care.	5a. Assess the extent to which lack of child care is a real barrier to women accessing Primary Medical Care. Identify hospitals which have onsite child care centers which can be utilized for PLWHA who are getting HIV and related medical care.	Survey of women PLWHA with children.	Women's Cmte. Council staff.	April 2006.
		5b. Assess extent to which lack of transportation is a true barrier to accessing medical care. Identify geographical areas in which transportation is a barrier, including ZIP codes where feasible. Make recommendations including use of other resources, increasing EMA-wide & regional allocations with reduction in allocations in specific other non-core service categories.	Survey of PLWHA & providers. Key inform. interviews. Recommendations.	Infected/ Affected Caucus.	May 2006.

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GOAL 1: TO GATHER INFORMATION ABOUT THE HIV/AIDS EPIDEMIC IN THE NEWARK EMA

Objective 1-D: Collect and disseminate information about other funding sources for HIV/AIDS services in the Newark EMA.

#	Action Steps	Workplan			
		Activity	Result	Entity	Due
1.	Produce an Annual Funding Stream Analysis, identifying all funds for HIV Care and Treatment and Prevention entering the Newark EMA. This Funding Stream Analysis will be used extensively during the Priority Setting process to maximize utilization of Ryan White monies spent in the Newark EMA.	1a. Revise timeline to include presentation of Funding Stream Analysis in priority-setting.	Revised schedule	Council staff	March 2005
		1b. Make presentation of Funding Stream Analysis	Report	Council staff	July 2005 July 2006
		1c. Report for each service category how non-Title I funding streams were considered in resource allocation.	Report; Committee minutes	Priority Setting Cmte. Council;	August 2005. August 2006.
2.	Inform agencies of available RFPs/RFAs from a variety of sources that come into the Council office.	2. Place pertinent information on the Newark EMA website with a link to relevant websites.	Timely posting on website.	Council staff.	Ongoing
3.	Assist agencies applying for grants by providing access to Planning Council data.	3. Provide access to Planning Council data via the website (www.newarkema.org) or by hard copy from the Planning Council office. The available resources are as follows: 2004 Needs Assessment 2004-2006 Comprehensive Health Plan FY 2005 Funding Priority Allocation Report Statewide Coordinated Statement of Need (SCSN).	Timely posting on website.	Council staff.	Ongoing

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GOAL 1: TO GATHER INFORMATION ABOUT THE HIV/AIDS EPIDEMIC IN THE NEWARK EMA

Objective 1-E: Support improvements in the Comprehensive HIV/AIDS Management Program (CHAMP), to facilitate making queries, generating reports and retrieving data.

Note: As part of the Planning Council's *Assessment of the Administrative Function*, in 2004 service providers made recommendations for improvement in CHAMP. The action steps below reflect those recommendations.

#	Action Steps	Workplan			
		Activity	Result	Entity	Due
1.	Upgrade the CHAMP system to add features that assist case managers in referring and inquiring on a client's utilization of services within the Newark EMA.	1a. Implement CHAMP 3.0 and other revisions. Include improvements to help case managers identify consumers not in medical care or at the risk of dropping out of care.	Revised system	Grantee	2005-2006
		1b. Council continues to recommend allocation for CHAMP in annual prioritization process.	Allocation. Priority report.	Council.	Aug. 2005 Aug. 2006
2.	Technical assistance calls should be returned within a forty-eight (48) hour period of them being made to the unit.	2. Implement methods to improve response time. E.g., hire additional CHAMP staff, reassign current staff, etc.	48 hour response times met.	Grantee	2006
3.	Develop a centralized Annual CHAMP training for providers hosted by the CHAMP unit.	3a. Determine agenda, topics. Assemble training materials. 3b. Determine logistics of training all case managers at once or in sequential sessions 3c. Complete sessions.	Completed training session(s)	Grantee	2006
4.	Develop a user-friendly CHAMP Manual for case managers and other CHAMP users.	4a. Determine scope and workplan, e.g., contract by grantee, timeline, need for Ad Hoc user committee. 4b. Develop initial draft. Review, redraft. Test with users. 4c. Develop final manual. Print. Distribute. 4d. conduct training on CHAMP User Manual.	Draft & final Manual.	Grantee	2006

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GOAL 1: TO GATHER INFORMATION ABOUT THE HIV/AIDS EPIDEMIC IN THE NEWARK EMA

Objective 1-F: Develop Planning Council members. Disseminate information to service providers and agencies that receive Ryan White Title I funding.

#	Action Steps	Workplan			
		Activity	Result	Entity	Due
1.	<p>Provide continuous training to Planning Council members to assist them with complying with the mandates of the Planning Council. The mandates are as follows:</p> <ul style="list-style-type: none"> • Establish operations to make planning tasks function smoothly • Assess the EMA's HIV/AIDS service needs • Establish priorities for the allocation of funds • Develop a comprehensive plan for the organization and delivery of HIV services that is compatible with existing State and local plans • Assess the efficiency of the administering agency in rapidly allocation funds to areas of greatest need. 	<p>1a. Identify training needs of Council members based upon mandates, emerging HIV planning issues, knowledge gaps. 1b. Identify appropriate training resources. 1c. Schedule sessions and complete. 1d. Include evaluations of trainings.</p>	<p>Hold 4 training events per year.</p>	<p>Council staff. Outside consultants</p>	<p>2005. 2006. Dates to be determined</p>
2.	<p>Provide additional training to assist Planning Council members to understand the purpose and goals of the Planning Council and have a practical understanding of medical issues in HIV and AIDS health care.</p>	<p>2a. Identify specific issues. 2b. Conduct cross training on primary medical care, substance abuse, mental health & case management in 2005.</p>	<p>Courses. Cross training session.</p>	<p>Council staff. Consultant.</p>	<p>2005. 2006</p>
3.	<p>Participate in the development of the Statewide Coordinated Statement of Need.</p>	<p>3a. Council staff representative is assigned to SCSN. 3b. Make SCSN meeting agendas and final summary notes available at Council office and website.</p>	<p>Attend meetings. Materials.</p>	<p>Council staff.</p>	<p>2005. 2006.</p>

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GOAL 1: TO GATHER INFORMATION ABOUT THE HIV/AIDS EPIDEMIC IN THE NEWARK EMA

Objective 1-G: Participate with the Grantee in the annual HRSA Grant Application for Ryan White Title I funding.-

#	Action Steps	Workplan			
		Activity	Result	Entity	Due
1.	Planning Council staff to attend regular meetings with Grantee and Consultant in the development of the HRSA Grant Application annually.	1. Participate in meetings as needed. Provide required information. Final timelines to be determined by HRSA application deadlines.	Meeting attendance	Council staff	July-October 2005, 2006
2.	Assist the Grantee with the sections of the annual HRSA application applicable to the Planning Council.	2. Sections include description of annual priority setting process, Report of Service Priorities, Council membership, tables and narrative related to Needs Assessment and Comprehensive Plan.	Required reports given to Grantee	Council staff.	July-October 2005, 2006

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GOAL 2: TO MAXIMIZE QUALITY AND QUANTITY OF SERVICES FOR PLWHA IN CARE

Objective 2-A: Increase the quantity and quality of core services.

Note: In 2004, HRSA/HAB identified six core services: (1) primary medical care, (2) HIV medications, (3) mental health services, (4) substance abuse services, (5) oral health care, (6) case management. In 2003, the Newark EMA made an initial identification of six core services (nutritional counseling was included and not case management), and in 2004 refined its core service model to comport with the federal guidelines. The 2004-2006 Comprehensive Health Plan, prepared in 2003, incorporated the core service approach.

#	Action Steps	Workplan			
		Activity	Result	Entity	Due
1.	Continue to make HIV/AIDS Primary Medical Care - which meets or exceeds Public Health Service (PHS) guidelines and meets Primary Medical Care Standards of the Newark EMA - available to all HIV-positive persons who seek it. Include special populations such as adolescents and young adults, African Americans, Hispanics, residents of rural areas, GLBTQs, commercial sex workers and substance users.	1a. Review standards of care for Medical care.	Updated standards.	Council Care & Treatment	May 2005
		1b. Use revise standards for funding & contracting, Quality Management.	RFPs	Grantee	Ongoing.
2.	Ensure the continued provision of HIV and HIV-related medication to clients in the Newark EMA.	2. Keep informed of status of ADAP funding, state funding and HRSA requirements for Title I.	Status report(s)	Council staff	Ongoing.

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GOAL 2: TO MAXIMIZE QUALITY AND QUANTITY OF SERVICES FOR PLWHA IN CARE

Objective 2-A: Increase the quantity and quality of core services. (Continued)

#	Action Steps	Workplan			
		Activity	Result	Entity	Due
3.	Ensure that all clients have an initial [psychosocial] assessment for mental health and substance abuse issues, to identify the potential demand for these services. For individuals indicating mental health or substance abuse issues, recommend an in depth assessment by a licensed/ credentialed substance abuse/mental health counselor. It is intended that needed treatment should be of the highest possible quality and available to those who need them, especially persons from whom substance or mental health problems form a barrier to primary medical care.	3a. Identify the current, initial MH/SA screening process for Title I clients at two gateway points of primary medical care and case management, and MH and SA providers who do not receive Title I funding for medical care or case management. Survey providers as part of Title I monitoring.	Report of results	Grantee	June 2005
		3b. Determine if gaps in screening exist, and make recommendations for improvement.	Report.	Grantee	July 2005.
		3c. Make recommendation for SA & MH funding allocation. MH slots assessment (2005 Needs Assessment).	FY 2006 Priority Allocation.	Council.	August 2005
		3d. Develop standards of care for MH and SA which ensure initial assessment of Title I clients.	Standards of care.	Council.	2006

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GOAL 2: TO MAXIMIZE QUALITY AND QUANTITY OF SERVICES FOR PLWHA IN CARE

Objective 2-A: Increase the quantity and quality of core services. (Continued)

#	Action Steps	Workplan			
		Activity	Result	Entity	Due
4.	Support additional capacity to reduce waiting times for the services consumers need and increase availability appropriate to consumers' needs, whether inpatient or outpatient, short or long-term, scheduled or emergency. Follow-up and support maintain consumer's well-being.	4a. Seek to increase funding for services if appropriate.	Revised percent-ages	Council, Cmtes	Aug 2005. Aug 2006
		4b. Monitor service providers for utilization to determine underspending and reallocation to improve access.	If approp., recomm revised funding %	Grantee	Aug 2005 Aug 2006
		4c. Educate consumers about available Title I service – medical and others. Include in guidance to grantee.	FY 2006 & FY 2007 Funding Priorities Report.	Council, Cmtes	Sept 2005 Sept 2006
		4d. Advertise hours of services, make it easier for consumers to get information.	Marketing recomm.	Infected/ Affected caucus.	July 2005

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GOAL 2: TO MAXIMIZE QUALITY AND QUANTITY OF SERVICES FOR PLWHA IN CARE

Objective 2-B: Increase the quality and access to support services which facilitate consumers receiving primary medical care and reduce barriers to care.

#	Action Steps	Workplan			
		Activity	Result	Entity	Due
1.	Encourage the co-location of services, e.g., Core Service Provider Model.	1a. Review current one stop shopping models in NEMA system, with priority to primary medical care + other services.	Report of recomm.	Council staff	June 2005
		1b. Integrate with HRSA "Connecting to Care" Unmet Need strategies.	FY 2006 app	Grantee. Council.	Oct 2005
2.	Ensure that all support services are linked to core services and clearly support the client's health.	2a. Include linkages in standards of care. This should become a core philosophy of the system.	Standards of care	Council	July 2006
		2b. Develop policy paper on how to operate under any system of medical care, regardless of funding source.	Policy paper.	Council.	July 2006
3.	Coordinate efforts to transition people into longer term housing support from available housing programs, including HOPWA, Section 8, Scattered Sites and other appropriate programs, in order to support the health care of consumers, especially for special populations such as; clients with children, those recently released from jail or prison and substance users.	3a. Issue report of Housing Committee,	Report	Housing Cmte. Council.	Aug 2005
		3b. Ensure that case managers have this information to coordinate short-term and longer term housing programs.	Case Mgt Standards. Resource Directory	Grantee	Aug 2005
4.	Explore in depth the availability of transportation for consumers so that they can make their medical appointments. Increase the availability of transportation to ensure that clients meet their scheduled primary medical care appointments.	4a. Identify where (geography) people lack transportation and are not getting to medical care. 4b. If providers are running out of money in November/December before the end of the Title I Fiscal year, identify sources of additional funding (which service categories will be reduced).	2006 Needs Assessment	Council. Staff.	June 2006

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2005 IMPLEMENTATION PLAN

GOAL 2: TO MAXIMIZE QUALITY AND QUANTITY OF SERVICES FOR PLWHA IN CARE

Objective 2-B: Increase the quality and access to support services which facilitate consumers receiving primary medical care and reduce barriers to care. (Continued)

#	Action Steps	Workplan			
		Activity	Result	Entity	Due
5.	Make recommendation to delete Health Education and Risk Reduction as a separate service category. Integrate Risk Reduction education to individual clients into Primary Medical Care. Community-based health education is funded by Title II or CDC Prevention monies.	5a. Identify how this would occur. Explore the ability of providers to integrate these services.	Survey current HERR providers	Priority Setting Cmte. Council. Care & Treatment.	June 2005
		5b. Obtain a list of agencies funded by Title II and CDC Prevention monies to provide health education and risk reduction.	List of agencies	Council staff.	May 2005
		5c. Revise service definitions to include HERR in medical care.	FY 2006 Allocations Report.	Priority Setting Cmte. Council.	June 2005
		5d. Revise Primary Medical Care standards if needed.	Revised standards of care	Care & Treatment Cmte	Sept. 2005
6.	Examine how CARE services are marketed and the entities that are performing this service.	6a. Review current methods. Determine how and where to communicate better to reach more unserved PLWHA, particularly high risk consumers and those who do not access medical care.	Recommendations	Infected/ Affected Caucus	May 2005 Sept 2005
		6b. Advertise consumer focused services (night and weekend hours, colocation of services, staff sensitivity). Stress patient privacy & confidentiality.	Marketing plan	Infected/ Affected Caucus.	Sept 2005

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GOAL 2: TO MAXIMIZE QUALITY AND QUANTITY OF SERVICES FOR PLWHA IN CARE

Objective 2-B: Increase the quality and access to support services which facilitate consumers receiving primary medical care and reduce barriers to care. (Continued)

#	Action Steps	Workplan			
		Activity	Result	Entity	Due
7.	Investigate feasibility of providing child care services in a medical setting for consumers with children.	7a. Survey existing medical providers regarding availability of child care on site.	Survey Report.	Council staff.	2006
		7b. Research available child care services in the EMA (for general population, without regard to HIV), particularly drop in care.	Report or Resource Inventory	Council staff	2006
		7c. Survey female Title I clients on how many times did HIV+ mothers miss medical appointments because child care (& transportation) were not available.	Survey Report.	Council staff.	2006
8.	Support empowerment and education workshops to aid HIV positive clients become better advocates for themselves in their medical treatment.	8a. Identify consumer needs and features of successful advocacy programs. Identify existing programs in the EMA.	Report	Infected/ Affected Caucus	2006
		8b. Identify gaps and additional needs for PLWHA in EMA. Make recommendations for meeting these needs.	Report	Infected/ Affected Caucus	2005

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GOAL 2: TO MAXIMIZE QUALITY AND QUANTITY OF SERVICES FOR PLWHA IN CARE

Objective 2-C: Promote the quality of services provided by encouraging professional excellence (including cultural competence and client confidentiality) and by encouraging linkages between providers.

#	Action	Workplan			
		Activity	Result	Entity	Due
1.	Develop standards of care for core services: Mental Health, Oral Health and Substance Abuse, and consider updating/revising Case Management. Incorporate cultural competency/sensitivity and domestic violence awareness into standards of care for core services.	1a. Hire consultant. 1b. Develop workplan to complete. 1c. Follow workplan. 1d. Convene subgroups or ad hoc committees as needed.	New and revised standards of care	Consultant. Council.	2005.
2.	Evaluate the effectiveness of the case management training program.	2a. Complete survey of all case managers (last one done in 1996). 2b. Develop recommendations for improvement. 2c. Integrate with revision to case management standards. 2d. Implement revisions in CM training via contract.	Survey instrument. Report of Survey results. Revised standards.	Council staff.	2005
3.	Implement measures to evaluate service outcomes.	3a. Review outcome measures developed by Council to date.	Report on relevance	Council staff	2006
		3b. Conduct research on secondary sources for outcome measures on 6 core services.	Report of results	Council staff	2006
		3c. Follow up on outcome research done via the EMA's Quality Management program.	Report	Grantee	2006
		3d. Prepare final outcomes. Recommend to Grantee	Outcomes	Council staff	2006

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GOAL 2: TO MAXIMIZE QUALITY AND QUANTITY OF SERVICES FOR PLWHA IN CARE

Objective 2-C: Promote the quality of services provided by encouraging professional excellence (including cultural competence and client confidentiality) and by encouraging linkages between providers. (Continued)

#	Action	Workplan			
		Activity	Result	Entity	Due
4.	Continue to support sensitivity training, cultural and linguistic competence for providers and their employees.	4. Continue to include language regarding cultural sensitivity and cultural and linguistic competence in annual Priority Allocations Report to grantee.	Report	Council	2005. 2006.
5.	Encourage community-based and faith-based organizations to become involved in care and treatment, especially for mental health and substance abuse services.	5. Invite these groups to Council committees. Disseminate information to the faith-based community.	Invitations	Council.	2006

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GOAL 2: TO MAXIMIZE QUALITY AND QUANTITY OF SERVICES FOR PLWHA IN CARE

Objective 2-D: Promote the importance of the Total Quality Management program.-

#	Action Steps	Workplan			
		Activity	Result	Entity	Due
1.	Inform the Planning Council on the Quality Management program and how it relates to the efficient delivery of services in the Newark EMA	1a. Grantee makes presentation to Council in March or April. 1b. Include QM in Council training.	Report. Training Module	Grantee. Council staff	Mar/April2 005 2005
2.	Use the results from the Quality Management evaluations to enhance the service delivery system in the Newark EMA.	2a. Grantee reviews results of QM evaluations with each provider. 2b. As needed, develop corrective actions to improve service delivery. 2c. Implement plan as part of contract. 2d. Provide summary report to Council for use in service allocations.	Meeting. Plan. Contract. Report.	Grantee	2005 2005 2006 2006
3.	Develop Quality Management program for Case Management.	3. Plan and timeframe to be determined by the Grantee. Grantee will made decision on whether to fund and amount of funding for QM program.	Funding decision	Grantee	Oct 2005. March 2006.
4.	Link a Quality Management process in all service categories to distinctly identify the correlation between that service category to Primary Medical Care.	4. Identify (1) information desired and outcomes, (2) service categories to be included and excluded from QM, (3) what elements to measure, (4) how to measure them and (5) the ease of measurement.	Report.	Council. Grantee	2006 and beyond

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GOAL 3: TO MINIMIZE THE NUMBER OF HIV-POSITIVE PERSONS NOT IN CARE

Objective 3-A: Investigate why consumers drop out of primary medical care and develop strategies for preventing drop-out.

#	Action Steps	Workplan			
		Activity	Result	Entity	Due
1.	Continue to use CHAMP data to identify consumers who have dropped out of primary medical care.	1a. Determine how clients who drop out of medical care are currently followed up. Identify who if anyone is using CHAMP data for medical care follow up and how it is being used.	Report of CHAMP responses	Grantee	April 2005
		1b. Conduct brief (1 page) survey of Care & Treatment Committee members (by fax w/ phone appt follow up).	Survey. Results	Council volunteers. Consultant. Care & Treatment.	May 2005
		1c. Make recommendations based on survey results, including further research.	Recommendations	Council staff. Consultant.	June 2005
2.	Support discharge planning for incarcerated HIV positive persons, connecting them with primary medical care, case management, housing and other necessary services.	1a. Contact NJDHSS DHAS for update on statewide initiative.	Report of results	Council staff.	May 2005
		1b. Identify status of Title I discharge planning – Union County, Essex County.	Report of results	Council staff. Grantee	May 2005
3.	Encourage providers of harm reduction and low threshold services to apply for Title I funds. (Services include “wet shelters,” one-time relapse, programs that are more tolerant of slip ups and relapses.)	3. identify providers and agencies, based upon Resource Inventory or other directories.	List of agencies	Substance Abuse Committee	December 2005

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GOAL 3: TO MINIMIZE THE NUMBER OF HIV-POSITIVE PERSONS NOT IN CARE

Objective 3-B: Gather information on populations at high risk for HIV infection; be aware of changes in the epidemic.

#	Action Steps	Workplan			
		Activity	Result	Entity	Due
1.	Collect data on positive diagnosis revealed through CDC testing initiatives of populations including; <ul style="list-style-type: none"> • Commercial sex workers • Men on the “down low (“DL”)” who have sex with men but do not identify as homosexual, • Transgendered persons and • Injecting and other drug users 	1a. Examine results of Rapid Testing initiative to get demographic breakdowns that is specific to the Newark EMA.	Report on demographics	Council	April 2005
		1b. Request NJDHSS to make presentation to Planning Council about Rapid Testing initiative. (Target June 2005?)	Report	Council staff	Date to be determined by NJDHSS
2.	Examine linkages between the positive diagnosed individual and the medical establishment in the Rapid Testing initiative. (Add to Research Agenda.)	2a. Survey the primary medical care providers to identify their process for referral + connection to medical care (whether Early Intervention or other clinic) following presumptive diagnosis. (Care & Treatment Committee).	Report	Council staff. Care & Treatment Cmte.	2006
		2b. Then, identify additional providers coming on line for Rapid Testing and determine how will get into medical care.	Same	Same	2006
		2c. Identify if any entities are doing a longitudinal study. (Sindy Paul)	Report	Council staff	2005
3.	Update the Resource Directory of services available in the Newark EMA.	3a. Workplan: Ensure Resource Directory conforms to current providers.	Resource Directory	AETC	To be determined
		3b. NEMA Council will provide a link to the directory via its website.	Hyperlink	Council staff	When new directory is complete

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GOAL 3: TO MINIMIZE THE NUMBER OF HIV-POSITIVE PERSONS NOT IN CARE

Objective 3-C: Strengthen-relationships between prevention programs and care and treatment services.

#	Action Steps	Workplan			
		Activity	Result	Entity	Due
1.	Encourage the coordination of Ryan White Title I care and treatment services with the New Jersey HIV Prevention Community Planning Group (CPG) Outreach services to increase the effectiveness of reaching special populations.	1a. Council to provide more information on these CPG services that are available in the EMA to Title I providers.	In-depth report	Council	2005
		1b. Assemble list of CPG providers; disseminate to medical providers and case managers	List	Council	2005
		1c. Create link on NEMA Council website to CPG.	Hyperlink	Council staff	2006
2.	Review successful service delivery program models from other EMAs as well as other fields such as Social Work and Psychology to enhance service delivery to clients.	2. To be determined as part of 2006 Research Agenda.	Report	Council staff	2006

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MONITORING AND EVALUATION

The 2004-2006 Comprehensive Health Plan contained the following regarding monitoring and evaluation.

“Section 4: Plans for implementation, monitoring, and evaluation

“Monitoring progress in moving from the current system of care to the ideal continuum of care will be the focus of an implementation plan, to be developed by the Planning Council. The broad principles and goals described here give a vision for the future. These can be met by defining specific action steps, which spell out who should do what by when. The implementation plan will also specify what data can be used to measure the progress toward the ideal. These data will almost certainly include CHAMP data, state and CDC surveillance data, information from the expanded quality management program, and needs-assessment information such as surveys of consumers and non-consumers.

“This Comprehensive Health Plan is one part of a continuous process involving needs assessment, priority setting, resource allocation, implementation, and evaluation.”

Monitoring and evaluation will include the following:

1. For each action step listed above, identification of specific tasks, responsible parties, timeframes for completion and benchmarks.
2. Evaluation of whether each task was completed by the responsible entities within the stated timeframes and whether benchmarks were met.
3. For tasks that were completed, identification of the factors that led to these successes. Factors can include organizational structure, personnel, feasible time frames, etc.
4. For tasks that were not completed, identification of factors the led to noncompletion. Use same factors as in successes, as well as external causes outside of the control of the Council, such as federal policy changes, etc.
5. Prepare report of results, which includes recommendations for the 2006 Implementation Plan and the 2007-2009 Comprehensive Health Plan.

APPENDIX A:

Comparison of 2005 Implementation Plan with 2004-2006 Comprehensive Health Plan

The 2004-2006 Newark EMA HIV Comprehensive Health Plan was prepared in 2003 as a planning document to guide Council activities for the three year period 2004-2006.

It is understood that numerous factors and circumstances that were present at time the Plan was developed, and that the Plan must be adjusted to respond to these changes. Such factors include changes in program policy and priorities from HRSA and changes in program direction by the Council and Grantee. Such changes have affected the Newark EMA.

The table below is a line-by-line comparison of the goals and objectives of the original 2004-2006 Comprehensive Plan and the 2005 Implementation Plan. The Implementation Plan refers only to the current 2005 goals and objectives.

Comparison of 2004-2006 Newark EMA Comprehensive Plan and Proposed 2005 Implementation Plan	
<i>2004-2006 Comprehensive Plan</i>	<i>2005 Implementation Plan</i>
Goal 1: To Gather Information About the HIV-AIDS Epidemic in the Newark EMA	Same.
	New Objective 1-A: Develop a plan to address the service needs of all people living with HIV and AIDS (PLWHA) in the Newark EMA
1-A Evaluate the service needs and the service utilization of all people living with HIV or AIDS (PLWHA) in the Newark EMA	Combined objectives 1-A and 1-B into revised Objective 1-B: To assess the needs of people living with HIV and AIDS in the Newark EMA, giving attention to special populations of PLWHA.
<ul style="list-style-type: none"> Support the Research Committee and the Researcher-Evaluator in needs-assessment activities. 	Deleted. The Council and all of its Committees are responsible for needs assessment activities. Planning Council staff assist in this function.
1-B Evaluate the needs of special populations of PLWHA	See above Revised Objective 1-B.
<ul style="list-style-type: none"> Support the subcommittees (Youth, Gay Men, Women, Substance Abuse, and Latino) and encourage them to inform the Council of the needs of those special populations 	Same. Specific activities identified.
<ul style="list-style-type: none"> Cooperate with existing community networks to facilitate information gathering on these and other special populations 	Same. Specific activities identified.
	New Objective 1-C: Evaluate the service utilization and prioritization of services for all people living with HIV and AIDS (PLWHA) in the Newark EMA
1-C Support improvements in the Comprehensive HIV-AIDS Management Program (CHAMP), to facilitate making queries, generating reports, and retrieving data	Renumbered as Objective 1-E.
1-D Collect and disseminate information about other funding sources for HIV/AIDS services in the Newark EMA	Same.
1-E Integrate information into the Comprehensive Health	Incorporated into Objective 1-A.

Comparison of 2004-2006 Newark EMA Comprehensive Plan and Proposed 2005 Implementation Plan	
<i>2004-2006 Comprehensive Plan</i>	<i>2005 Implementation Plan</i>
Plan	
<ul style="list-style-type: none"> Continue needs assessment activities 	Incorporated into Objective 1-A.
<ul style="list-style-type: none"> Update the epidemiological profile as new data become available 	Incorporated into Objective 1-A.
<ul style="list-style-type: none"> Monitor progress toward achieving the ideal continuum of care 	Incorporated into "Guiding Principles" for the Implementation Plan.
1-F Disseminate information to council and committee members, to service providers, to other agencies, and to the general public	Revised as follows: Objective 1-F: Develop Planning Council members. Disseminate information to service providers and agencies that receive Ryan White Title I monies.
<ul style="list-style-type: none"> Planning Council training should be conducted at least annually. Council members should be familiar with the Comprehensive Health Plan, so that they understand the purpose and the goals of the Planning Council. Council members should also be familiar with current needs assessment and epidemiological findings, and have a practical understanding of medical issues in HIV and AIDS health care. 	Same. Specific activities identified.
<ul style="list-style-type: none"> The Comprehensive Health Plan should be distributed to local decision makers 	Same. Specific activities identified.
<ul style="list-style-type: none"> Participate in the development of the Statewide Coordinated Statement of Need (SCSN) 	Same.
1-G Support the EMA's Grantee in the annual application for Title I funding, including providing needs assessment information about youth, substance users, men who have sex with men, and women.	Revised as follows: Objective 1-G: Participate with the Grantee in the annual application for HRSA Ryan White Title I funding.
Goal 2: To Maximize Quality and Quantity of Services for Persons in Care	Same.

Comparison of 2004-2006 Newark EMA Comprehensive Plan and Proposed 2005 Implementation Plan	
<i>2004-2006 Comprehensive Plan</i>	<i>2005 Implementation Plan</i>
2-A: Increase the quality and quantity of core services	Same.
<ul style="list-style-type: none"> Primary HIV/AIDS Medical Care, Medications, and Dental Care should be of the highest possible quality, and should be available to all HIV-positive persons who seek it (including special populations such as adolescents and young adults, African Americans, Hispanics, residents of rural areas, GLBTQs, commercial sex workers, and substance users) 	Same. Specific activities identified.
<ul style="list-style-type: none"> Substance Abuse Treatment and Counseling and Mental Health Therapy and Counseling should be of the highest possible quality and available to those who need them, especially persons for whom substance or mental-health problems form a barrier to primary medical care. 	Same. Specific activities identified.
<ul style="list-style-type: none"> Support additional capacity, to reduce waiting times for the services consumers need, and to have the services appropriate to consumers' needs, whether inpatient or outpatient, short or long-term, scheduled or emergency. Follow-up and support maintain consumers' well-being. Be sure that services are available for special populations, such as clients with children, MSMs, older adults, and the homeless. Support harm-reduction and low-threshold programs for the benefit of consumers who are not ready to abstain 	Same. Specific activities identified.
<ul style="list-style-type: none"> Nutritional Counseling should be integrated into primary medical care, to help consumers maintain their health, and to help those at risk for nutrition-related problems 	Deleted. Due to changes in HRSA definition of core services, Nutritional Counseling will remain a separate service category.
2-B: Increase the quality and quantity of other services which facilitate consumers receiving primary medical care	Revised as follows: Objective 2-B: Increase the quality and access to support

Comparison of 2004-2006 Newark EMA Comprehensive Plan and Proposed 2005 Implementation Plan	
<i>2004-2006 Comprehensive Plan</i>	<i>2005 Implementation Plan</i>
	services which facilitate consumers receiving primary medical care and reduce barriers to care.
<ul style="list-style-type: none"> Case Management and Coordination: Maintain or update the current case management standards. Support intensive case management for the benefit of persons recently diagnosed, and those known to be at high risk for dropping out of care. Support primary case management to reduce duplication of effort by case managers, and to encourage consumers to have and follow a coherent treatment plan. 	Relocated to Objective 2-A because Case Management is a core service for FY 2005 as defined by HRSA and Newark EMA Planning Council.
<ul style="list-style-type: none"> Housing and Related Services: Support efforts to house HIV-positive persons in need. Good housing supports the health care of our consumers, especially for special populations such as clients with children, those recently discharged from jail or prison, and substance users. 	Same. Specific activities included.
<ul style="list-style-type: none"> Transportation should be available for any consumer for whom lack of good transportation is a barrier to care. 	Updated, with activities included under Objective 2-A.
<ul style="list-style-type: none"> Health Education and Risk Reduction should also be an integral part of primary health care. 	Same. Specific activities included.
<ul style="list-style-type: none"> Support adherence-education programs, so that consumers can become active participants in their treatment, working with their providers to keep themselves healthy. 	Same. Specific activities included.
<ul style="list-style-type: none"> All other services provided by Ryan White Title I (including Direct Emergency Assistance, Legal Assistance and Client Advocacy, Complementary Therapy, Permanency Planning, Day and Respite Care, and Buddy Companion Services) should be linked to the 	No activities specified.

Comparison of 2004-2006 Newark EMA Comprehensive Plan and Proposed 2005 Implementation Plan	
<i>2004-2006 Comprehensive Plan</i>	<i>2005 Implementation Plan</i>
core services, and should clearly support clients' health.	
2-C Promote the availability of services by reducing barriers to care.	Consolidated into <u>Objective 2-B</u> above.
<ul style="list-style-type: none"> Investigate new models of service delivery. 	Same.
<ul style="list-style-type: none"> Encourage consumer-focused services (night and weekend hours, co-location of services, staff sensitivity). 	Same.
<ul style="list-style-type: none"> Child care for consumers with children. 	Same.
<ul style="list-style-type: none"> Domestic violence issues can be incorporated into existing standards of care. 	Same.
2-D Promote the quality of services provided by encouraging professional excellence (including cultural competence and client confidentiality), and by encouraging linkages between providers.	Renumbered as <u>Objective 2-C.</u>
<ul style="list-style-type: none"> Explore the development of standards for services other than primary medical care and case management. 	Same.
<ul style="list-style-type: none"> Support training for case management staff, such as the case management certificate program. 	Same.
<ul style="list-style-type: none"> Reduce disparity of outcomes. 	Same.
<ul style="list-style-type: none"> Promote culturally sensitive service delivery and cultural-sensitivity training for case managers and other providers. 	Same.
<ul style="list-style-type: none"> Encourage community-based and faith-based organizations to become involved in care and treatment, especially for mental health and substance abuse services. 	Same.
2-E Encourage new agencies to become Title I providers.	Deleted as objective. Included as Guiding Principle.
2-F Promote the Grantee's program of Quality Management.	Renumbered as <u>Objective 2-D.</u>

Comparison of 2004-2006 Newark EMA Comprehensive Plan and Proposed 2005 Implementation Plan	
<i>2004-2006 Comprehensive Plan</i>	<i>2005 Implementation Plan</i>
Goal 3: To Minimize the Number of HIV-Positive Persons Not in Care	Same.
3-A Investigate why consumers drop out of primary medical care, and develop strategies for preventing drop-out.	Same.
<ul style="list-style-type: none"> Needs assessment should continue to make use of CHAMP data which can identify consumers who have dropped out of medical care. 	Same. Specific activities included.
<ul style="list-style-type: none"> Needs assessment should make use of innovative methods to reach HIV-positive persons who are not in the health-care system, to learn about the barriers they face. 	Same. Specific activities included.
<ul style="list-style-type: none"> Health-care workers and outreach workers who have experience with consumers who drop out of care can serve as key informants. 	Same. Specific activities included.
<ul style="list-style-type: none"> Cooperate with the state surveillance unit in estimating the number and characteristics of persons in medical care from lab-report data. 	Completed in 2004 as part of Unmet Need estimate required for the EMA's FY 2005 Title I grant application.
3-B Support improvements to CHAMP to help case managers identify consumers not in medical care, or at risk of dropping out.	Deleted as objective. Included as activity in <u>1-E-1.</u>
3-C Promote the work of Early Intervention Services and other programs which connect the newly diagnosed into medical care, perhaps including a resource inventory.	Deleted as objective. Included as activity in <u>3-B-3.</u>
3-D Gather information on groups who are at high risk for HIV infection; be aware of changes in the epidemic.	Renumbered as <u>Objective 3-B.</u>
<ul style="list-style-type: none"> Groups should include commercial sex workers, "down low" men who have sex with men but do not identify as homosexual, transgendered persons, and injecting and 	Same. Specific activities included.

Comparison of 2004-2006 Newark EMA Comprehensive Plan and Proposed 2005 Implementation Plan	
<i>2004-2006 Comprehensive Plan</i>	<i>2005 Implementation Plan</i>
other drug users.	
<ul style="list-style-type: none"> • Monitor the effects of the CDC testing initiative on the number or characteristics of persons newly diagnosed. 	Same. Specific activities included.
3-E Encourage relationships between prevention programs and care-and-treatment services.	Renumbered as <u>Objective 3-C.</u>
<ul style="list-style-type: none"> • Encourage outreach activities to bring unserved persons into medical care. 	Included in activity <u>3-C-1.</u>
<ul style="list-style-type: none"> • Encourage successful programs by using the best state of knowledge from fields such as social work and psychology. 	Included as activity <u>3-C-2.</u>
3-F Encourage the coordination of Title I-funded outreach services with other outreach programs, to increase the effectiveness of reaching special populations.	Deleted as objective. Included as activity in <u>3-C-1.</u>
3-G Support discharge planning for incarcerated HIV-positive persons, connecting them with primary medical care, case management, housing, and other necessary services.	Deleted as objective. Included as activity in <u>3-A-2.</u>