

Austin/Travis County Fast-Track Cities Action Plan



May 2020



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Section 1: Introduction & Overview

Introduction

The information in this section was obtained from the *Texas Response to Federal Ending the HIV Epidemic: Phase One Jurisdiction Planning for San Antonio, Austin, Dallas, Fort Worth* (Texas Department of State Health Services, 2018). In the fall of 2017, the Texas HIV Syndicate (the integrated statewide HIV care and prevention community group) launched efforts to develop a statewide plan to end the HIV epidemic in Texas. What would become the Achieving Together Plan was developed over a year long process and launched in the fall of 2018. Over 140 community members from across Texas participated in the development of the goals, measures, guiding principles and focus areas of the Achieving Together Plan. Throughout 2019, Texas HIV Syndicate members and other community partners have engaged in campaigns to spread awareness of the plan and connect with local stakeholders to increase participation in planning activities.

Simultaneously, community members and HIV stakeholders in cities across Texas became increasingly interested in developing local momentum and planning to address HIV in their own cities. Previously, Houston had developed a local plan to end the HIV epidemic in their city. As the energy to focus attention on ending strategies built at a statewide and local level, San Antonio was the first to become a Fast Track City in Texas in 2017. By organizing local leaders and signing onto the Fast Track Cities (FTC) Initiative, San Antonio joined Houston in expressly focusing on their local need to address and end HIV. Austin/Travis County would follow a year later in 2018 by also signing onto the Fast Track Cities Initiative, followed by Dallas and Houston in 2019.

Currently, there are a plethora of plans existing at various jurisdictional levels that address HIV across Texas. At a statewide level, there are the 2017-2021 Texas HIV Plan and the Achieving Together Plan. The 2017-2021 Texas HIV Plan is the legislatively required integrated care and prevention plan for Texas and was a foundational structure for the development of the Achieving Together Plan. In addition to these statewide plans, the five cities identified in phase one of the National Ending the HIV Epidemic each also include legislatively required HIV plans as part of their Ryan White Part A grant requirements in addition to their local ending HIV or Fast Track Cities plans. Lastly, Texas is divided into multiple HIV administrative service areas, each of which develops and implements plans to address the needs of people living with HIV and other HIV related community needs.

This plan serves as a baseline of activity for Austin/Travis County. The Center for Disease Control's funding announcement 19-1906¹ creates the ability to begin a local and state planning process to bring into alignment all of the multiple plans which direct action in these cities with the added benefit of creating structures to align and coordinate plans across all jurisdictions within the state. This plan is intended to be provided as a baseline of the activities outlined for Austin/Travis County. The activities were all identified through Fast-Track Cities Consortiums and Workgroup meetings. From this plan activities can be added, removed, combined and prioritized in alignment with the priorities and direction

¹ CDC funding announcement 19-1906, <https://www.cdc.gov/hiv/pdf/funding/announcements/ps19-1906/cdc-hiv-PS19-NOFO.pdf>



from Austin/Travis County Fast-Track Cities' participants. The activities identified in this plan are intended to guide the funding and program development throughout the Austin/Travis County Community.

Community Engagement

Austin/Travis County began working toward ending HIV in their communities by adopting the Fast Track Cities model of planning.

Under this structure, a steering committee is developed to organize and lead efforts within the area. The steering committee may consist of governmental leaders, medical professionals, leaders of HIV/AIDS service organizations, people living with HIV, and other relevant community leaders. The steering committee is responsible for planning and carrying out city-wide consultations, including developing the agenda and all other logistics.

During city wide consultations, the process is structured to develop consensus across participants on the ending HIV targets. The consultations also introduce the participants to local epidemiological data, current provider networks and structures, current funding availability, and any policies or other information necessary to understand the existing state of HIV in that community. Participants in these consultations also arrive at consensus about how progress will be monitored, how communications with communities and stakeholders will be handled, and most importantly, what interventions or strategies will be implemented to address key areas identified to impact HIV/AIDS.

The table below displays a historical timeline of the Austin/Travis County Fast Track City Initiative.

Historical Overview of Austin/Travis County FTC

Timeframe	Activity	Detail
May 2018	Executive Meeting	<ul style="list-style-type: none"> 90-90-90-50 Goals Established Buy-in on 4 priority areas
June 2018	Launch of Local Initiative	<ul style="list-style-type: none"> Signing of the Paris Declaration by Austin Mayor Steve Adler and Travis County Judge Sarah Eckhardt
August 2018	Workgroup Meeting #1	<ul style="list-style-type: none"> Each workgroup met and reviewed a list of best/promising practices that relate to their priority area Facilitated process used to prioritize the top best /promising practices for each priority area. Workgroups picked top 3-7 strategies, then a dot voting method was used to narrow down to two Also hosted evening and weekend sessions



October 2018	Workgroup Meeting #2 to developed draft Implementation Plan	<ul style="list-style-type: none"> Facilitated action planning process for strategies selected in August: action steps included responsible parties and timelines Also identified critical factors for success Deliverable: Implementation Plan
November 2018-	Workgroups Meetings #3 Update and Monitor Implementation Plan	<ul style="list-style-type: none"> Workgroups review each item in the Implementation Plan at the meeting and discuss updates and next steps Plan was updated to include additional activities as items were identified
January 2019	Workgroups Meetings #4 Update and Monitor Implementation Plan;	<ul style="list-style-type: none"> Workgroups review each item in the Implementation Plan at the meeting and discuss updates and next steps Plan was updated to include additional activities as items were identified Seamless System of Care and Social Media Committees were launched
March 2019	Workgroup Meeting	<ul style="list-style-type: none"> Implementation Plan Monitoring Update Review of Draft Action Plan <ul style="list-style-type: none"> Planning Taskforce received the Draft Action Plan via email with instructions for comment. Only 1 comment was received. Planning Taskforce was presented the Draft Action Plan at a meeting and asked for feedback. There was general agreement of the need for the development of an Action Plan, but no feedback on the language or content of the plan. Workgroups were oriented to the Draft Action Plan during the March meeting. Workgroups completed an alignment exercise to identify how the two plans aligned. This alignment was captured by the note-takers and included in the minutes.
May 14 2019	Executive Meeting	<ul style="list-style-type: none"> Update on status of Fast Track Cities Identified Core Coordinating Committee Members
May- June 2019	Core Coordinating Committee Meetings	<ul style="list-style-type: none"> Workgroup Chairs lead process to finalize Action Plan Design engagement strategy to solicit feedback and buy-in to the Action Plan Signing Anniversary Celebrated by Austin City Council and Travis County Commissioners' Court Community Comment Survey on Action Plan



August 2019	Consortium Meeting	<ul style="list-style-type: none"> • Combined workgroup session • Networking • Workgroup breakout sessions
October 16, 2019	Core Coordinating Committee Meeting	<ul style="list-style-type: none"> • Review key takeaways from International FTC Conference: London • Review key takeaways from FTC Action Plan Survey Responses • Prepare for November Consortium Meeting and Executive Meetings • Announcements: City Council Proclamation, World AIDS Day
October- November 2019	Priority Workgroup Meetings	<ul style="list-style-type: none"> • Review FTC Action Plan Survey Responses • Review and refine Action Plans • Identify current status, barriers, and next steps • First Ending Stigma Workgroup Meeting on November 13 • Prepare for November Consortium and Executive Meetings
November 14, 2019	Consortium Meeting and City of Austin World AIDS Day Proclamation	<ul style="list-style-type: none"> • Priority Workgroup Highlights/Re-caps/Next Steps • Interactive Activity: Dot voting on Action Plan items based on survey responses • Launching FTC SharePoint
November 19, 2019	Executive Committee Meeting	<ul style="list-style-type: none"> • Update on status of FTC: Global to local • Identifying agency representatives to serve on Core Committee • Presentation of workgroup priorities/highlights • Next Executive Meeting Announced: May 12, 2020
December 2019	Launch of FTC SharePoint	<ul style="list-style-type: none"> • Core Coordinating Committee members invited as Visitors to the FTC SharePoint
January – February 2020	Priority Workgroup Meetings	<ul style="list-style-type: none"> • Workgroups work toward finalizing the Action Plan
February 25, 2020	Austin/Travis County FTC hosted Ready, Set, PrEP	<ul style="list-style-type: none"> • The Office of Infectious Disease & HIV/AIDS Policy (OIDP) division of the U.S. Department of Health and Human Services presented the Ready, Set, PrEP campaign to FTC members and others working in HIV/AIDS prevention • Directors from the Prevention through Active Community Engagement (PACE) program, which sits in the Office of the Assistant Secretary for Health: presented HIV/AIDS data; introduced the Ready, Set, PrEP initiative; and opened the discussion up to attendees.



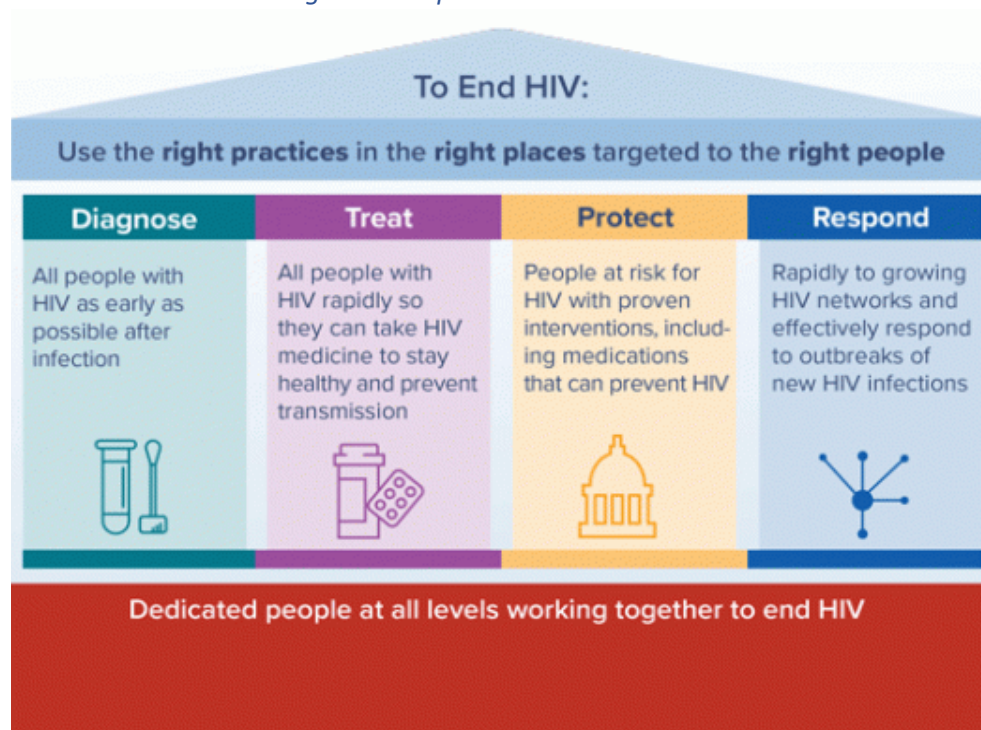
February 25, 2020	Consortium Meeting	<ul style="list-style-type: none"> • Draft of the Action Plan presented • Priority Workgroups presented objectives and strategies moving forward
March 2020	Priority Area Workgroup Meetings Core Coordinating Committee Meeting FTC SharePoint	<ul style="list-style-type: none"> • Priority Workgroups began to utilize virtual meetings • Priority Workgroups continued to develop Action Plan and add detailed activities and identify community partners • Core Coordinating Committee reviewed the Austin/Travis FTC Initiative within the context of COVID-19 • The SharePoint site hosts a virtual Discussion Board for members to share challenges and success in delivering health and social services in the midst of COVID-19
April 2020	Austin/Travis County Fast-Track Cities members were invited to participate in a virtual 2-day Liberating Structures Workshop	<ul style="list-style-type: none"> • Attendees learned and practiced facilitation and prioritization tools and methods to strengthen the initiative moving forward
May 2020	Virtual Consortium Meeting	<ul style="list-style-type: none"> • Attendees reviewed grant funding streams, participated in a prioritization exercise, and received updates from Workgroup Co-Chairs
June 2020	Austin/Travis County Fast-Track Cities members were invited to participate in a virtual 2-day Liberating Structures Workshop	<ul style="list-style-type: none"> • Attendees learned and practiced tools and methods to prioritize and implement Action Plan items

Moving forward in 2020

Planning processes in 2020 will include structured and detailed analysis of existing needs, resources, and challenges across the HIV Care Continuum with a focus on the areas indicated by the National Ending the HIV Epidemic plan pillars (*Picture 1*). Through these planning processes the local Fast-Track Cities Initiative will continue to be a roadmap for how the local community plans to address needs and provide care.



Picture 1: National Ending the HIV Epidemic Plan Pillars²



² National Ending the HIV Epidemic Plan Pillars. Image retrieved from https://files.hiv.gov/s3fs-public/styles/card_hero/public/field/image/ToEndHIV-540.gif?XMGQ2nxfSSy.33xU1Bgegg9fcebPALc&itok=GYgYGuk7



Section 2: Epidemiological Data

2017-2018 HIV Epidemic Profiles

The Austin/Travis County Fast-Track Cities Initiative has established the following goals:

- 2020:
 - 90% of all PLWH will know their HIV status
 - 90% of all those diagnosed with HIV infection will receive sustained antiretroviral therapy (ART)
 - 90% of all diagnosed people receiving sustained ART will achieve viral suppression
 - Zero discrimination
- By 2025
 - Reduce new HIV infections by 75% (compared to 2018 data)*
 - * Ending the Epidemic goal

The information in this section was obtained from the *Texas Response to Federal Ending the HIV Epidemic: Phase One Jurisdiction Planning for San Antonio, Austin, Dallas, Fort Worth* (Texas Department of State Health Services, 2018). These profiles are snapshots of HIV in Texas and the Austin Transitional Grant Areas (TGA). They focus on descriptions of people living with HIV in 2018 and on the current standings on the key measures in *Achieving Together*, which guides work to end the HIV epidemic in Texas.

*Measure/Indicator	Source and method
People with diagnosed and undiagnosed HIV in 2017	Estimated using CDC algorithms on 2018 routine disease surveillance information
People with new diagnoses in 2018	Reported through routine disease surveillance
PLWH with diagnosed HIV in 2018	Reported through routine disease surveillance
PLWH with undiagnosed HIV in 2017	Calculated using the figures above
PLWH on ART in 2018	Retention in care is a proxy for ART use. Retention information comes from disease surveillance supplemented with information from public and private payors for HIV treatment.
PLWH with suppressed viral load in 2018	Viral load information comes from disease surveillance supplemented with information from public and private payors for HIV treatment.
Number of people with new infections in 2017	Estimated using CDC algorithms on 2018 routine disease surveillance



*These measures and indicators use varied sources and methods, so we can't always be able to provide the same level of detail or group breakdowns across the indicators.

This document highlights groups with lower rates of diagnosis, care, or viral suppression and groups with larger numbers of PLWH who are undiagnosed, out of care, or do not have a suppressed viral load. We focus on groups that give the most information on how to improve services and systems. For example, knowing that there are high numbers of Black MSM (men who have sex with men) who have undiagnosed HIV gives more information than just saying there are higher numbers of men with undiagnosed HIV.

Summary

While their epidemic profiles differ, most of the Texas areas had similar levels of diagnosis, retention in care, and viral suppression among people retained in care. The Austin TGA stands out as having greater proportions of retention in care and viral suppression among those retained in care. In general, women have higher levels of diagnosis, participation in care, and viral suppression, Black women are the exception, and they are cited in several areas as needing action on diagnoses, retention and suppression.

Across areas, gay and bisexual men and other MSM have greater numbers of PLWH who are undiagnosed or out of care than other groups, and actions taken to improve outcomes for MSM will improve overall outcomes. Young PLWH (15-24 years old) are more likely to be undiagnosed and out of care; outcomes for transgender people are more mixed. The number of youth and transgender persons living with HIV is relatively small, but actions focused on youth and transgender persons are necessary to reduce disparities and inequities.

Table 1: Standing on Achieving Together measures

	Texas	Austin TGA
All people with diagnosed and undiagnosed HIV in 2017	107,700	7,300
% of all PLWH with a diagnosis in 2017	84%	85%
% of diagnosed PLWH who are retained in care in 2018	70%	79%
% of PLWH retained in care who have a suppressed viral load in 2018	86%	90%
Number of people with new HIV infections in 2017	4,600	320

HIV in Texas

In 2018 there were 94,106 Texas residents living with diagnosed HIV. More than two-thirds were in one of five key groups:



- 1) Latinx gay and bisexual men and other MSM
- 2) Black MSM
- 3) White MSM
- 4) Black women who have sex with men (WSM) and,
- 5) Transgender people

More than half were aged forty-five years or older. In this same year, 4,520 Texans were diagnosed with HIV. The profile of people with new diagnoses is younger and has a greater proportion of MSM of color. The statewide standings on the key measures and indicators are shown in the summary.

Figure 1: Texas residents who were *living* with diagnosed HIV in 2018³

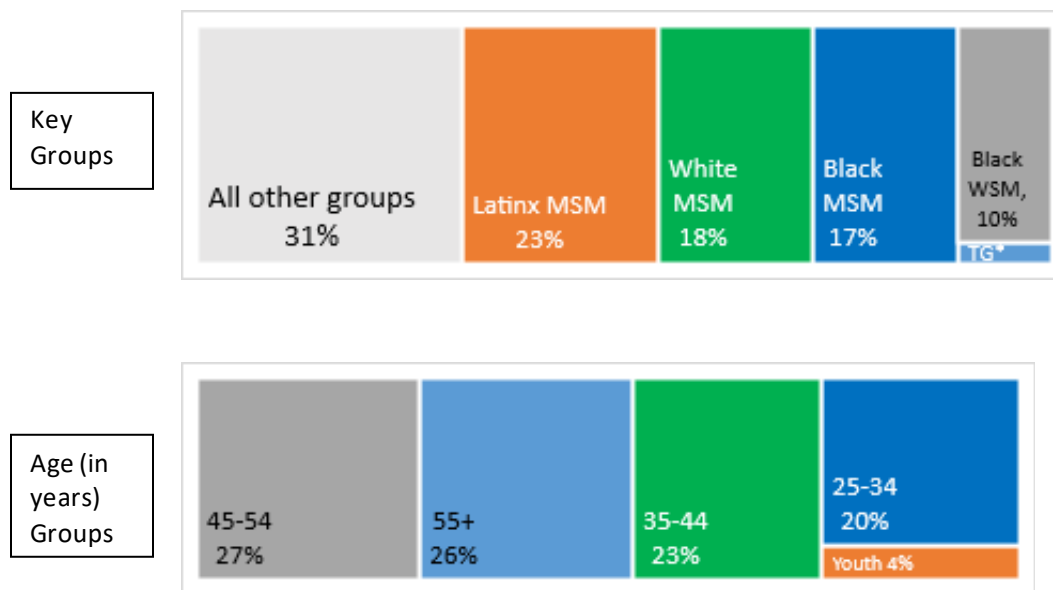
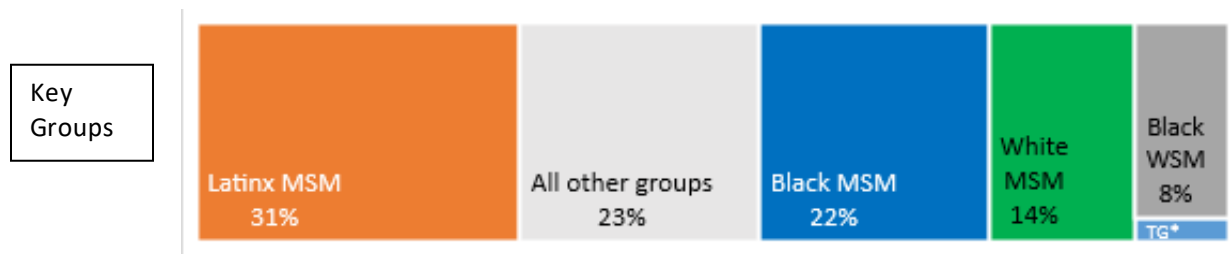


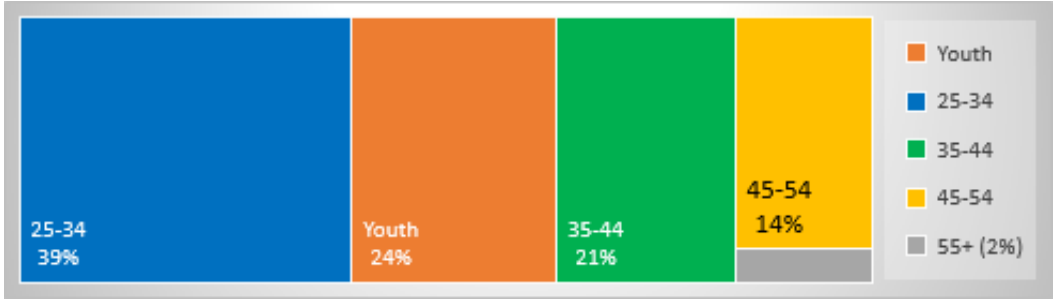
Figure 2: Texas residents who were *diagnosed* with HIV in 2018



³ *TG: Transgender residents made up about 1% of all people living with diagnosed HIV and about 4% of youth.



Age (in years) Groups



Austin TGA

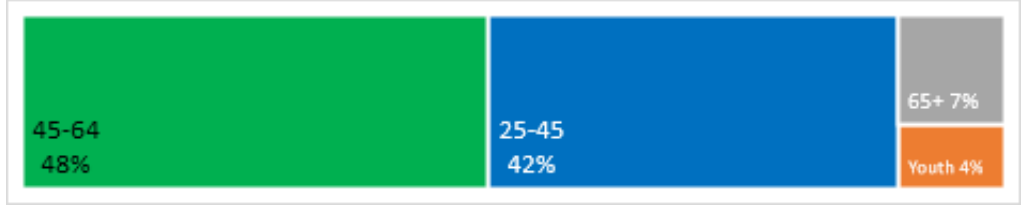
In Austin in 2018 there were 6,445 people living with diagnosed HIV and 284 people were newly diagnosed with HIV. MSM made up the greatest number of both diagnosed PLWH and people with new diagnoses. **The profile of people with new diagnoses is younger and has a greater proportion of MSM of color.**

Figure 3: Austin TGA residents who were *living* with diagnosed HIV in 2018⁴

Key Groups



Age (in years) Groups



⁴ *TG: Transgender residents made up about 1% of all people living with diagnosed HIV.

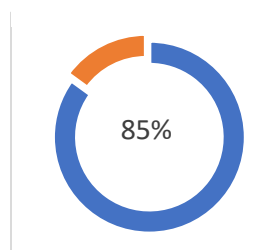


Figure 4: Austin TGA residents who were **diagnosed** with HIV in 2018⁵



Percent of Austin PLWH with a Diagnosis

Figure 5: Austin PLWH who have been diagnosed, 2017



More than four out of five PLWH in Austin are aware of their status. The ‘diagnosis level’ has been steady since 2010. Health equity goals call for every group of PLWH to have a 90% diagnosis level, but **actions should also focus on the groups of people with the greatest number of people with undiagnosed HIV.** Groups with lower rates of diagnosis and greater number of people with undiagnosed HIV are shown in Table 2. **Looking across these groups, a focus on MSM, especially Latinx MSM and those under 45 years old, is essential for reaching diagnosis goals.**

Table 2: Groups with the (a) lower diagnosis rates and the (b) greater numbers of people who are undiagnosed, Austin 2017

a) Lower diagnosis **rates**

	Percent diagnosed	Number not diagnosed
Overall	85%	1,075
Youth	52%	235
25-34 year olds	66%	623

⁵ Transgender residents made up less than 1% of all people who were diagnosed in 2018, and residents aged 65 years or older was 2%.



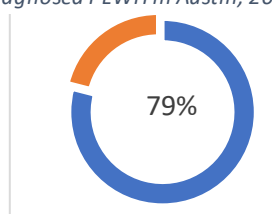
Latinx residents	81%	486
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b) Greater **numbers** not diagnosed

	Percent diagnosed	Number not diagnosed
Total	79%	1,075
All MSM	86%	712
25-34 year olds	66%	623
Latinx residents	81%	486

Retention in care for diagnosed PLWH in Austin

Figure 6: Retention in care for diagnosed PLWH in Austin, 2018



In 2018, almost four out of five PLWH in Austin who had a diagnosis were retained in HIV care, with 1,382 diagnosed PLWH not retained in care. Most of the PLWH not retained in care showed no evidence of any care at all in 2018. Retention rates have been level since 2013.

Table 3 shows groups with lower rates and greater numbers of PLWH who were not retained in care. **Improving retention in gay and bisexual men and other MSM will have the greatest overall effect on retention.**

Table 3: Groups with the (a) lowest retention rates and the (b) greatest number of people not retained in care, Austin 2018

a) Lower retention **rates**

	Percent retained	Number not retained
Overall	79%	1,382
Black MSM	72%	166
Black WSM	73%	87
Youth	73%	66

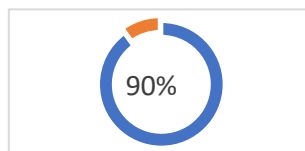
b) Greater **numbers** not retained

	Percent retained	Number not retained
Total	79%	1,382
25-64 year olds	78%	1,241
White MSM	81%	370
Latinx MSM	78%	350

HIV viral suppression in Austin PLWH who are retained in care

Figure 7: Viral suppression in Austin PLWH retained in care, 2018

In Austin, nine out of ten people who are retained in care have had suppressed viral load every year since 2015. Most groups have similarly high rates of viral suppression. The groups with lower suppression



rates and greater numbers of people with unsuppressed viral loads are shown below.

Table 4: Groups with (a) lower viral suppression rates and (b) greater number of people not suppressed among those in care, Austin 2018

a) Lower suppression **rates**

	Percent suppressed	Number not suppressed
Overall	90%	503
PWID	86%	105
Black WSM	88%	28
25-64 years old	89%	476

b) Greater **numbers** not suppressed

	Percent suppressed	Number not suppressed
Total	90%	503
25-64 year olds	89%	476
White MSM	91%	140
Latinx MSM	92%	105

Austin residents with new HIV infections

In 2017, an estimated 320 Austin TGA residents acquired a new HIV infection. This number has been steady since 2010. **Six people in the Austin area acquire a new HIV infection every week. Almost three out of four Austin residents with new HIV infections in 2017 were gay and bisexual men and other MSM.**



Section 3: Action Plan

How to use the Action Plan

This Action Plan is intended to be a living document. Detailed activity updates/next steps will be ongoing. However, update to the Objectives, Strategies and Activities sections will be addressed on a bi-annual basis at the April and October Core Coordinating Committee meetings. The process is as follows:

- Workgroup Chairs will report Objective, Strategy, and/or Activity updates (additions, edits, removals, workgroup or taskforce transfer) to the Austin Public Health FTC Support Staff
- Austin Public Health FTC Support Staff will list the updates as an agenda item for the next Core Coordinating Committee meeting designated to review Objective, Strategy, and Activity updates (identified above as April and October)
- The respective Workgroup Chair(s) will present updates to the Core Coordinating Committee; the presentation is simply intended to inform the Core Committee of the updates

*In the event that there is no Core Coordinating meeting in April or October, any updates will be presented at the next regularly scheduled Core meeting (or Consortium if deemed appropriate)

Please note that the Cross-Cutting Strategies involve two or more Priority Workgroups.

This plan will have a companion document which includes a table that allows workgroups or ad-hoc taskforces to capture detailed updates, including partnering organizations and FTC members leading activities.

Strategies

The following outlines the strategies identified through the Austin/Travis County Fast-Track Cities Initiative. This Action Plan is in conjunction with previously existing activities such as the Ryan White Part A jurisdictional plan. The Austin/Travis County Action Plan was used to develop the Texas statewide plan.

Planning processes in 2020 will focus on aligning activities across all levels of existing plans and ensuring that coordination between plans exists to ensure that no duplication of efforts exists. The action plan is divided into five separate sections:

- Prevention
- Testing and Rapid Linkage to Care
- Retention, Re-engagement and Viral Load Suppression
- Ending Stigma
- Cross-Cutting Strategies



Priority Area 1: Prevention

Objective 1.1: Prevent New HIV Infections

Strategy 1.1.1: Educate Providers on PrEP

Activities

- a) Educate primary care clinicians on how to provide PrEP access at primary care.
- b) Understand and address barriers to testing and PrEP provision for providers.
- c) Maintain and encourage use of updated PrEP provider list.
- d) Collect data from local providers on services offered and aggregate patient demographic information.

Strategy 1.1.2: Educate Health-Services Students on PrEP

Activities

- a) Health-Services Schools and programs, including Medical, Nursing, and Pharmacy: Research what is currently happening around PrEP education. Can engage Medical and professional societies: Make a sustained systemic policy.
- b) Investigate development of a program or materials that can be used by various universities, public and private, to add to standard curriculum.

Strategy 1.1.3: Partner with CBOs

Activities

- a) Partner with community-based organizations for PrEP outreach-provide more educational programs to the community about PrEP.
 - i) Research what is happening around PrEP at local universities, especially private ones; What are the policies? (St. Edwards, Concordia, UT, etc.)
 - ii) Convene event (by geography, zip code) for groups looking to align with HIV prevention/reduction goals (TasP).
- b) Using data collected to partner with CBOs and other organizations to understand challenges to providing access to care and develop strategies that will address those challenges.

Strategy 1.1.4: Suburban and Rural PrEP

Activities

- a) Expand PrEP education and services to reach outlying areas of Austin and Travis County.



- b) Partner with CBOs in rural areas to share information, resource guides, and prevention access methods.
- c) Using data collected to partner with CBOs and other organizations to understand challenges to providing access to care and develop strategies that will address those challenges.

Strategy 1.1.5: Resource Guide

Activities

- a) Create and maintain a resource guide that is sustainable, app-based or online, crowd-sourced, and easily updateable.
- b) Train 211, 311 on rapid linkage services identified in resource guide

Strategy 1.1.6: Treatment as Prevention

Activities

- a) Collect data on TasP services and activities currently underway.
- b) Perform research on TasP activities in other jurisdictions that are not taking place here and can be exploited in Austin/Travis County.

Strategy 1.1.7: Telemedicine

Activities

- a) Identify Telemedicine Best-Practices
 - i) Review current literature on telemedicine, with special consideration to pre- and post COVID-19 practices in order to identify opportunities and challenges
 - ii) Gather input from Austin/Travis County organizations to gain insight into telemedicine practices, strengths, and opportunities for improvement
 - a. This may be achieved through a variety of methods such as a survey, email communications, or the FTC SharePoint site
- b) Develop, or build upon, a guiding document based on the compiled and analyzed literature and community input; consider hosting on an online platform to enable updates
- c) Utilize social media outlets to promote and share an updated list of agencies conducting telemedicine services
 - i) For activities b and c, consider similar efforts employed under Strategy 1.1.5 Resource Guide



Potential Partners/Resources for Priority Area 1: Prevention

- Austin Public Health (APH)
- Center for Health Empowerment (CHE)
- Gender Health Equity Lab at the University of Texas at Austin
- Gilead Science
- Texas Health Action
- Walgreens Specialty Pharmacy
- University of Texas at Austin
- Vivent Health



Priority Area 2: Testing & Rapid Linkage to Care

Objective 2.1: Establish Rapid Linkage Program

Strategy 2.1.1: Define “Rapid Linkage to Care”

Activities

- a) Develop an Austin definition of “rapid linkage to care” across all testing and treatment providers.

Strategy 2.1.2: Expand and Coordinate Intake

Activities

- a) Create and maintain list of providers with intake slots available for newly diagnosed individuals.
- b) Work with multiple agencies to insure there are as many options as possible for clients to link quickly into care.
- c) Dedicated "walk-in sessions" (e.g. weekends, evenings)

Strategy 2.1.3: Alignment of HIV protocols

Activities

- a) Alignment of HIV protocols (Rapid Response Team). Standardize the workflow process of linking from testing sites to treatment sites and then within treatment sites to support initiation of care and provision of ART with agreed upon timeline.

Strategy 2.1.4: Share Best Practices

Activities

- a) Establish quarterly meetings of case managers and navigators.

Strategy 2.1.5: Expand Community Engagement

Activities

- a) Engage area hospitals and medical providers to actively participate with Priority Groups.



Objective 2.2: Testing

Strategy 2.2.1: Increase Testing Access

Activities

- a) Encourage primary clinics to do routine opt-out testing for all.
- b) Increase mobile testing capabilities
- c) Increase knowledge of testing locations and treatment

Strategy 2.2.2: CME/CMU for STI/HIV Training

Activities

- a) CME/CMU for STI/HIV training

Strategy 2.2.3: Testing for Homeless Population

Activities

- a) Develop community-wide standard for testing area homeless population.

Strategy 2.2.4: Routine Testing in Area Emergency Rooms

Activities

- a) Meet with leaders of hospitals in Austin and Travis County to encourage adoption of routine screening for HIV

Strategy 2.2.5: Opt-out HIV Testing in Austin and Travis County Jails

Activities

- a) Priority Group to research current practices and areas for improvement in opt-out HIV testing in area jails

Objective 2.3: Rapid Linkage

Strategy 2.3.1: Advocate for State Drug Assistance Program Improvements

Activities

- a) Meeting with State re: AIDS Drug Assistance Program (ADAP).



Strategy 2.3.2: Rapid Linkage from Emergency Departments

Activities

- a) Emergency Departments to get navigators and embedded DIS workers to assist in rapid linkage to care (not just social workers).

Strategy 2.3.3: Rapid Linkage in Area Jails

Activities

- a) Priority Group to research current practices and areas for improvement in rapid linkage, treatment, and re-entry in Austin area jails

Partners/Resources for Priority Area 2: Testing & Rapid Linkage to Care

- Austin Public Health (APH)
- AVITA Pharmacy
- Center for Health Empowerment (CHE)
- CommunityCare
- Friends of the David Powell Clinic
- Gilead Sciences
- HIV Planning Council
- Integral Care
- Johnson & Johnson
- Texas Health Action
- ViiV Healthcare
- Vivent Health



Priority Area 3: Retention, Re-engagement and Viral Suppression

Objective 3.1: Defining Terms

Strategy 3.1.1: Establish Austin/Travis County FTC definitions as a base for this Priority Area

Activities

- a) Research different agency definitions for Retention, Re-engagement and Viral Suppression with special consideration to data collection and resources

Objective 3.2: Minimize Burden on Clients

Strategy 3.2.1: Strategic Decentralization Plan

Activities

- a) Determine what larger service providers are doing to decentralize services

Strategy 3.2.2: Promote Education Around Benefits and Enrollment Assistance

Activities

- a) Set up meeting with payers/ Benefits Counselors (Medicaid); What do my benefits cover? Partner and have Medicare/Medicaid/QI in the discussion.

Strategy 3.2.3: Transportation

Activities

- a) Improve transportation options for clients to access care

Strategy 3.2.4: Childcare

Activities

- a) Improve childcare options for clients to access care

Strategy 3.2.5: Engage Pharmacists

Activities



- a) Include pharmacists with other workgroups
 - i) Ask a Pharmacist Program;
 - ii) Association to connect with other specialty pharmacies

Strategy 3.2.6: Streamline Ryan White Eligibility

Activities

- a) Reduce paperwork burden on people who use Ryan White services by exploring centralized eligibility for Ryan White services.

Objective 3.3: Bundling and Co-locating Services

Strategy 3.3.1: Co-locating City/County Services

Activities

- a) Compile and review models of bundling/co-locating services
- b) Compile and review other social determinants of health factors, such as transportation and housing, to inform bundling/co-locating services decisions
 - i) Consider partnerships with academic and research institutions

Strategy 3.3.2: Utilizing State Strategies Related to Achieving Together Plan to Widen the Circle of Involvement in FTC

Activities

- a) Engage funders with Priority Groups (Ryan White/DSHS, non-traditional partners).
- b) Review Achieving Together strategies and create partner categories (such as housing, AIDS services, pharmacy, academic/research, health department) in order to identify focused partners for collaboration

Potential Partners/Resources for Priority Area 3: Retention, Re-engagement & Viral Suppression

- Austin Public Health (APH)
- Center for Health Empowerment (CHE)
- CommunityCare
- Friends of the David Powell Clinic
- Gilead Sciences
- Integral Care
- HIV Planning Council
- Texas Health Action
- Walgreens Specialty Pharmacy
- Vivent Health



Priority Area 4: Ending Stigma

Objective 4.1: Inclusion

Strategy 4.1.1: Respectful and Inclusive Language

Activities

- a) Develop/find appropriate language document (Glossary of Terms) and share out.
 - Step 1: Gather existing resources
 - Step 2: Workgroup uses existing resources to develop FTC language guide and sends to consortium, Social Media workgroup, CHE group who is training providers etc. Continue conversation around removing AIDS from vocabulary

Strategy 4.1.2: Incentivize Participation

Activities

- a) Identifying key populations to ensure they are included in events and decision making.
- b) Identifying resources and funding to incentive participation of key populations.
- c) Engage peer education
 - i) Involve Youth: Implement peer education

Strategy 4.1.3: Ensure Future Medical Providers are Adequately Trained on Gender Affirming Care

Activities

- a) Develop or identify a training or curriculum focused on Transgender, sexual minorities and gender affirming care.
- b) Implement sexual health curriculum and trainings.
- c) Training focused on providers or future providers and incentivizes providers to participate.
- d) On-going quarterly training with evaluation component

Objective 4.2: Advocacy and Education

Strategy 4.2.1: Implement the People Living With HIV Stigma Index

Activities



- a) Coordinate with HIV Planning Council's efforts to support bringing the index to UT Austin and Huston-Tillotson and other academic institutions

Strategy 4.2.2: Empowering and Uniting Through Story Sharing and Promoting Community

Events

Activities

- a) Create or add to calendar of local events within our community
- b) Support these events by promotion and involvement
 - i) Support the Hill Country Ride for AIDS
 - ii) Support the Austin AIDS Walk
 - iii) Support the Hill Country Ride for AIDS in publicizing stories of participants affected by HIV
 - iv) Support the Austin AIDS Walk in publicizing stories of participants affected by HIV

Strategy 4.2.3: Establish Leadership of Community Advocacy Council

Activities

- a) Access the current leadership or Community Advocacy Council to determine what resources already exist
- b) Leverage current leadership or community advisory council to be leaders in advocacy for ending stigma in the healthcare setting
- c) Provide training around Transgender, sexual minorities and gender affirming care.

Potential Partners/Resources for Priority Area 4: Ending Stigma

- Austin Public Health (APH)
- Allgo
- Cardea
- Center for Health Empowerment (CHE)
- CommunityCare
- Friends of the David Powell Clinic
- HIV Planning Council
- Huston-Tillotson University
- Texas Health Action
- Travis County Health and Human Services
- University of Texas at Austin Dell Medical School
- Vivent Health



COVID-19 & Ending Stigma

This section is being developed: More details will be shared as they become available. The International Association for Providers of HIV Care (IAPAC) requested for Fast-Track Cities to incorporate COVID-19 into planning. Please visit <https://www.iapac.org/hiv-covid-19/> for more information.



Area 5: Cross-Cutting Strategies

Objective 5: Cross-Cutting

Strategy 5.1: Peer Advocate Program

Activities

- b) Gather models of peer advocate programs from other disease states (cancer)
- c) Develop system of peer navigators and support for newly diagnosed individuals to help them get into and stay in care.

Strategy 5.2: Being Grant Ready

Activities

- a) Compile a list of Request for Proposals (RFPs) to share with organizations

Strategy 5.3: Universal Messaging

Activities

- a) Establishing city-wide participation, consistent information, and a universal message (not organization-centric)

Strategy 5.4: Provide Diversity Training for the Workforce

Activities

- a) Identify areas of diversity to address; with special consideration to equitable and inclusive language

Strategy 5.5: Normalize HIV Testing

Activities

- b) Activities will give special consideration to efforts around Ending Stigma and Prevention



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The dedication and expertise of the following agencies and people have made Austin/Travis County Fast-Track Cities a collaborative and engaging initiative that will lead our planning efforts moving forward. Thank you!

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 Gilead Sciences
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 CommunityCare
 Seton
 CommunityCare
 Baylor Scott and White
 AVITA Pharmacy
 CHE
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 Dell Medical
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Celebrating 2 Years

June 20, 2020



The Austin/Travis County Fast-Track
Cities Initiative thanks its members and
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HIV/AIDS epidemic

