2) Early Identification of Individuals with HIV/AIDS (EIIHA)

2)a. Description of Austin TGA EIIHA strategy to identify individuals who are unaware of their HIV status

The Austin Transitional Grant Area's (TGA) overall strategy is to collaborate with existing organizations performing EIIHA activities to develop a coordinated and seamless system which identifies, informs, refers, and links high-risk unaware HIV positive persons to care. Successful development and implementation of this system involves collaboration between HIV prevention and testing service providers and HIV treatment and care service providers. The Austin Area HIV Planning Council (AAHPC) will serve as the lead organization in developing this coordinated system through the establishment of an EIIHA collaborative. The collaborative will be composed of representatives from the major EIIHA service providers in the TGA. In the Austin TGA, HIV prevention and testing services have not historically been well coordinated with Ryan White care services due to, among other things, separate and exclusive funding requirements. Thus, the proposed strategy represents the area's initial effort to engage in active and deliberate coordination activities that will result in a more efficient system.

2)a.(1) Description of specific goals to be achieved

The TGA has adopted goals from the National HIV/AIDS Strategy which will ensure that the TGA's overall strategy is achieved. The specific goals are listed below.

- *Increasing the number of individuals aware of their HIV status*
- *Reducing HIV Related Health Disparities*
- *Increasing the number of HIV positive individuals who are in care*
- *Increasing Access to Care and Improving Health Outcomes for People Living with HIV*
- *Reducing New HIV Infections*

2)a.(1)a Description of how each goal is consistent with making individuals who are unaware of their HIV status aware of their status

All of the goals are consistent with making individuals who are unaware of their HIV status aware of their status in the following manner. The goal of increasing the number of individuals aware of their HIV status is apparent and will be achieved through activities addressed in the next three goals. The goal of reducing HIV-related health disparities cannot be achieved until factors which cause TGA residents to avoid learning their HIV status are addressed. Recent studies in the TGA indicate that stigma associated with HIV remains high and fear of discrimination may be causing some unaware racial and ethnic groups from testing. Additional studies reveal that these heavily impacted populations may not view HIV as a primary concern. They are experiencing problems with reentry into the community following incarceration, unemployment, lack of housing, and other pressing socioeconomic issues. The goals of increasing the number of HIV positive individuals who are in care and increasing access to care will result in improved health outcomes for people living with HIV. This entails getting unaware HIV positive individuals into care as early as possible after being infected. The TGA's strategy to collaborate and coordinate with EIIHA service providers will result in a seamless system to

immediately link people to the area's existing continuum of care when they are diagnosed with HIV. Reducing new HIV infections in the TGA can be achieved by strategically concentrating area resources in communities at high risk for HIV infections. Additionally, by increasing the number of individuals in care, the risk of transmitting the virus to others is reduced. In order to address these issues, the TGA will develop community-level collaborations that integrate HIV prevention and care with its more comprehensive responses to social service needs.

2a.(2) Description of how this strategy coordinates with RW Part B counterpart with regard to the following:

2a.(2)a Identifying HIV positive unaware individuals
The Part B Grantee, the Texas Department of State Health Services (DSHS), and Part A Grantees meet on a quarterly basis to collaborate in addressing common service delivery issues. DSHS's EIIHA Plan is in the process of being developed and will be coordinated with the Part A plans after completion.

The Brazos Valley Council of Governments (BVCOG) is the counterpart to the Austin/Travis County HHSD. BVCOG serves as the Part B Administrative Agency for a multi-county area which includes the Austin TGA. The HIV Services Planner at BVCOG is a member of the Austin HIV Planning Council. This relationship enhances program planning and service delivery coordination between the Part A and Part B administrative agencies. EIIHA activities are provided in the rural areas of the TGA by BVCOG through a contract with Community Action, Inc. Targeted outreach and testing activities are provided by Community Action, Inc. Through coordination and collaboration with other HIV testing organizations in the rural areas, high-risk HIV positive unaware individuals will continue to be targeted for services.

2a.(2)b Informing HIV positive unaware individuals of their status
Outreach and testing staff from Community Action, Inc. informs HIV positive unaware individuals of their status after receipt of results from laboratories.

2a.(2)c Referring HIV positive unaware individuals to care
Community Action, Inc. outreach and testing staff refer clients to its case management system. Client advocates and non-medical case managers provide advice and personal assistance in obtaining medical and support services and work closely with the clients to ensure continuity of care.

2a.(2)d Linking HIV positive unaware individuals to care
Case managers the rural areas of the TGA complete clinical intakes for all clients who are being referred to the David Powell Community Health Center in Austin. They also access records from previous medical providers in order to build and understand a client's medical history. Follow up with clients after each medical appointment is another activity which case managers engage in. They obtain physician notes to assess changes in the client's health and keep these notes in the case file, and enter appropriate information into the ARIES data base. This can include accompanying clients to case management and medical appointments.

2a.(2)e EIIHA Data Collection and Sharing

Data on individuals receiving EIIHA services are capture and shared in the following manner. Staff members at local, state, and federally funded testing sites collect information about the number of tests provided, the results of those tests, and information about the demographics and behavioral risk factor of those persons tested. After unaware persons are tested and confirmed positive, they are entered into the HIV/STD surveillance system in Texas. The Enhanced HIV/AIDS Reporting System (eHARS) captures HIV/AIDS data to monitor the epidemic in Texas and to report required data to CDC to monitor the epidemic nationally. eHARS incorporates major advances in database organization and data presentation and is a document based system, meaning that data from multiple documents are entered for each case and those documents are linked with a unique identification number. eHARS enables the HIV/AIDS surveillance program to gather and store information from birth certificates, death certificates, and laboratory reports . Finally, eHARS allows for evaluation of data pertaining to HIV and AIDS case ascertainment methods.

Once an unaware person is connected to care (i.e., support services or primary medical care) client level data is entered into the AIDS Regional Information and Evaluation System (ARIES). ARIES collects and reports demographic, clinical, and service utilization data. Examples of demographic data collected include race, ethnicity, date of birth, gender, city, county and state of residence, ZIP code, living situation, financial, and insurance information.

A number of clinical data elements are also available in the system, including CDC disease stage, risk factors, CD4's, viral loads, sexually transmitted infections (STI), hepatitis, tuberculosis, (including multi-drug resistant TB), immunizations, ART therapy, and medications taken to treat/prevent opportunistic infections. ARIES enhances the provision of HIV services by helping providers automate, plan, manage, and report on client data.

2a.(3)a Description of how this strategy coordinates with prevention and disease control/intervention programs in regard to the following:

2a. (3)a Identifying HIV positive unaware individuals

This strategy will enhance the ability of the TGA's prevention and disease control/intervention programs by enabling them to work more collaboratively with all EIIHA service providers in the area. The Austin/Travis County Health and Human Services Department (A/TCHHSD), because of its legislatively mandated surveillance and disease intervention role, is a key provider of services to the HIV unaware, along with three HIV services agencies located in Austin and one agency serving the rural areas of the TGA. Many of these activities are performed by disease intervention specialists, who are responsible for partner notification, and include referral for HIV testing. In addition to their early identification activities, these HIV services agencies provide a range of services including Ryan White Program Part A, B, & C core medical and health-related support services, as well as CDC funded HIV prevention activities.

2a.(3)b Informing HIV positive unaware individuals of their status
Successful collaboration between prevention and care service providers will improve the TGA's process of informing clients of their HIV status after receipt of test results. Coordinating service provider activities and efforts in getting individuals to return to test sites to be informed of their HIV status is one activity. DIS will follow-up with clients who do not return for results, to ensure they are made aware of their status.

2a.(3)c Referring HIV positive unaware individuals to care
The TGA's processes of referring HIV positive individual to care will be greatly enhanced with collaboration and coordination between prevention programs and care and treatment programs. The EIIHA Collaborative will enable the organizations to have standard procedures in place for making referrals and identify and address referral to care barriers in a constructive manner.

2a.(3)d Linking HIV positive unaware individuals to care
Linking HIV positive unaware individual to the existing continuum of care through increased collaboration and coordination between existing prevention and care service providers in the area will increase the number of individuals in care. Procedures are in place to confirm clients make their appointments. Interagency procedures are in place follow-up to follow-up on clients who fail to keep medical appointments.

2a.(3)e EIIHA Data Collection and Sharing
Section **2a.(2)e** above describes the data collection and sharing methods used in the TGA. These systems are the same for prevention and disease control/intervention programs.

2a.(4) Description of how this strategy coordinates with other programs/facilities and community efforts
The overall strategy of collaborating with existing EIIHA service providers to develop a better coordinated system will enhance the following community efforts: The following initiatives will be coordinated with the TGA's overall EIIHA strategy in 2011.

Social Marketing Campaign
In 2009, SUMA/Orchard Social Marketing, Inc. (SOSM) conducted research to develop a social marketing campaign targeted toward African Americans and young MSM in the Austin/Travis County service area. This study, funded by the City of Austin identified gaps and opportunities to provide information and outreach regarding HIV prevention, testing and care services for the targeted populations. Nine focus groups were conducted with a total of 96 respondents including gatekeepers and healthcare professions, HIV outreach workers, African American men, African American Women, African American MSM, and MSM of all races. Additionally, 19 in-depth one-on-one interviews were conducted with HIV service provider organizations, other stakeholders, and DIS.

As a result of this formative research, the following products/programs have been developed for early intervention use in FY 2010: seventeen-minute HIV video: *Living with HIV is Not Dying of AIDS*; website: www.AustinHIV.com which includes testing and referral information; four-color tri-fold brochure: *Living with HIV is Not Dying of AIDS*; four-color desk kiosk: *Trained as an HIV Care Messenger*; and a three-hour HIV Continuing Education Units (CEU) program for social service agency staff, including those with professional licensure, on HIV resources, testing

issues, and referral to care. Other social marketing campaign activities for FY 2010 will focus on getting African Americans and MSMs who do not know they are HIV positive tested and linked to medical care and health-related support services. Additional research will be conducted with Spanish-dominant populations in the Austin TGA, in order to develop strategies to better reach them with HIV testing and care messages.

Test Austin Initiative

An HIV testing campaign has been developed in collaboration with the A/TCHHSD Communicable Disease Unit (CDU). *Test Austin* is an initiative to test as many individuals as possible in a focused period of time. For the pilot event, SOSM was employed to assist with the planning and media campaign. The campaign was highly publicized on radio, television, local newspapers and media outlets with a race/ethnic minority focus. Twenty dollar gift card incentives were used to entice individuals to take advantage of the services.

The highlight of the campaign was a walk-in testing event at the RBJ Health Center conducted on December 21 with the support of Sexually Transmitted Infection (STI) Clinic staff. During the one-day *Test Austin* event, 152 individuals tested for HIV and STIs. One new and two previous HIV positives were identified and interviewed by DIS staff on site. During the time of the *Test Austin* campaign, from December 14 to December 31, excluding the December 21 event, 91 more individuals were tested for HIV. From these, two new HIV positives were identified. All have been notified and are being referred for care. This highly successful program will be replicated during FY 2010.

Opt-Out Testing

In FY 2010, the local network of FQHCs, CommUnityCare, began implementing CDC-recommended opt-out HIV testing, a project funded by the Travis County Healthcare District (Central Health). CommUnityCare has over 50,000 patients; nearly 2,000 of those patients are at the David Powell Community Health Center and already have a diagnosis of HIV or AIDS. Of the remaining patients, 30,000 are between the ages of 18 and 64. This screening approach could identify several hundred currently high risk unaware HIV positive patients.

Using demographic and surveillance data and information from HIV testing programs, three clinics were identified as the pilot sites. These clinics have a high percentage of Hispanic and African American patients, two populations that are disproportionately HIV-infected in the Austin TGA (see Demonstrated Need Section, p. 5).

CommUnityCare will be using a mix of testing types including send-out HIV lab testing when screening for other chronic diseases and rapid testing at locations serving a transient population such as the Austin Resource Center for the Homeless (ARCH). Initial education has been given to the staff and providers at the pilot sites with more in-depth education scheduled over the next two months. All staff will be educated on the program to ensure a consistent message that this is a screening program, just like cholesterol or diabetes, and not a targeted testing. Targeted testing can, however, be ordered by any provider at any time.

In FY 2010, the A/TCHHSD's STI Clinic will continue its successful HIV opt-out testing program. In the most recent six month period for which data are available, 5,171 persons were tested for STIs at the clinic. Of those, 5,091 consented to an HIV test.

2a.(5) Description of how EIIHA activities and strategies will be incorporated into the program's Requests for Proposals (RFP's)

For FY 2011, Planning Council has allocated funds to the Early Intervention Services (EIS) category in order to support EIIHA activities. Following review of the EIIHA Plan, Planning Council will develop directives that define a scope of work focused on one or more of the previously untested high-risk subgroups in the EIIHA Matrix. Program activities will be designed to meet specific needs of each subgroup, in order to effectively refer and link newly diagnosed HIV positive individuals to care. RFP's will also require applicants to describe how proposed program activities support EIIHA goals. The Administrative Agency will initiate a Request for Applications (RFA) procurement process in compliance with Planning Council Guidance and applicable City of Austin policies and procedures. EIS subcontractor(s) will be selected by the City on an objective basis, following review and scoring of applications based on responsiveness to the scope of work and other specific evaluation criteria listed in the RFA.

2a.(6) Description of how ADAP resources will be considered in order to accommodate the needs of new positives

The Planning Council has a Rapid Reallocation Policy that enables the Administrative Agent to make a timely fiscal response to an emerging need. During the fiscal year, unexpended funds can be reallocated to the Local AIDS Pharmaceutical Assistance program in order to provide rapid response to medication needs of newly diagnosed HIV-infected clients. Again in FY 2011, the City of Austin will enter into an Interlocal Agreement with the Texas Department of State Health Services (DSHS). Eligibility under this contract will be limited to HIV positive clients residing in the TGA. Based on evident need, the contract will allow the City to use Ryan White Part A funds to increase funding for essential formulary medications supplied by Texas AIDS Drug Assistance Program (ADAP). An Austin TGA representative will also attend regularly scheduled Texas HIV Medication Program (ADAP) Advisory Committee meetings regarding access related issues as well as program changes affecting clients, e.g. eligibility, formulary.

2a.(7) Description of the role of Early Intervention Services (EIS) in this strategy

Coordinating EIS with the other EIIHA services is a key component of the TGA's overall strategy of identifying high-risk unaware HIV positive individual and linking them to care. EIS services provided in the TGA include outreach and HIV counseling and testing.

The overall strategy will allow further coordination of prevention and testing activities with EIS and the development of more linkage agreements with key points of entry for unaware clients. The key points of entry are the public health departments, emergency rooms, substance abuse and mental health treatment programs, detoxification centers, detention facilities, clinics regarding sexually transmitted diseases, homeless shelters, HIV disease counseling and testing sites, health care points of entry, and federally qualified health centers.

2a.(8) Description of how this strategy addresses disparities in access and services among affected subpopulations and historically underserved communities.

The strategy addresses disparities in access and services among affected subpopulations and historically underserved communities by targeting EIIHA activities to high-risk populations in the TGA. The high-risk populations targeted are African American Women (AAW), Men who have Sex with Men (MSM), Injection and Other Drug Users (IODUs), and persons recently

released from incarceration (RR). Racial and ethnic minority populations make up a disproportionate share of IODUs and the Recently Released.

2b. Description of plan to identify individuals who are unaware of their HIV status
The TGA's plan to identify individuals who are unaware of their HIV status is to collaborate and coordinate with existing organizations performing EIIHA activities. These efforts will result in the development of a better-coordinated and seamless system, which identifies high-risk unaware HIV positive persons. The coordination of existing testing and outreach activities will enhance the TGA's capability of identifying all of the unaware sub-groups listed above. As mentioned earlier, the Austin Area HIV Planning Council (AAHPC) will serve as the lead organization in developing this coordinated system through the establishment of an EIIHA Collaborative. The Collaborative will be composed of representatives from the major EIIHA service providers in the TGA and will guide the development of the system.

2b.(1-2) Austin TGA EIIHA Matrix
The matrix lists the targeted high-risk HIV positive unaware individuals for which the overall strategy will address. The targeted sub-groups are Injection and other Drug Users (IODUs), Men who have Sex with Men (MSM), African American Women (AAW), and the Recently Released (RR). The Austin TGA's EIIHA Matrix is included as Attachment 9.

2b.(3): Description of how the TGA's overall strategy will be customized for each sub-group in regards to IDENTIFYING HIV positive unaware individuals:
The TGA's overall strategy and goals are general and applicable to each of the subgroups. Activities specific to achieving these goals will be based on characteristics and other high-risk behavioral factors both common and unique to each subgroup. Identification of unaware individuals in each sub-group will be customized based on their specific needs and challenges as shown by the planned activities for each group discussed below.

2b.(4): Description of the TGA's challenges associated with identifying HIV positive unaware individuals in each sub-group

<u>African American Women (AAW)</u>
African American Women represent a sub-group having unique challenges related to identification efforts. Confounding factors such as sexual communication barriers, self worth/self-esteem, and substance use and mental health all, to some degree, contribute to the challenge. The three (3) most prevalent challenges associated with identifying African American women unaware of their HIV status are: (1) African-American women are not comfortable openly discussing the topic of sexuality from a personal perspective; (2) African-American women possess low self worth and self-esteem issues which prohibit them from engaging in and pushing condom use; and (3) African-American women who are dealing with the use of drugs or who have a mental health impairment, mostly undiagnosed, are resistant to outreach activities and public messages that promote identification efforts.

<u>Injection and Other Drug Users (IODUs)</u>
The major challenges associated with identifying persons in this sub-group are as follows: fear of learning one's HIV status; stigma of being seen at HIV testing sites; culture and language

barriers; lack of coordination between outreach service providers; socioeconomic problems; fear of confidentiality breaches; concerns about undocumented status; lack of basic HIV education; mental illness, continued substance abuse; timely access to drug treatment and HIV primary care services.

Men who have Sex with Men (MSM)
HIV positive gay, bisexual, and other men who have sex with men, collectively referred to as MSM, make up a high proportion of infected men who are unaware of their HIV status The plan for reaching this subgroup will require activities tailored to reach the unique populations that make up this subgroup.

The major challenges associated with identifying individuals in the MSM sub-group are as follows: fear of stigma, homophobia, and discrimination; cultural and language barriers; socioeconomic status – the prevalence of HIV increases as education and income decreases; substance use, with increased risk for those who use drugs during sex; multiple sex partners, often anonymous; lack of awareness about risk of HIV infection; and high risk taking behaviors among young MSM.

Recently Released from Incarceration (RR)
The local and state penal systems do not currently support testing individuals upon entering the prison/jail system. Issues related to privacy, confidentiality, and stigma-induced reprisals have been cited as contributing factors to this challenge.

2b.(5): Description of the TGA's essential activities which will be used to identify HIV positive unaware individuals in each sub-group
Outreach and testing are the essential activities that will be used in the identification of HIV positive unaware individuals in each of the sub-groups. These activities are currently being provided by numerous organizations in the urban and rural areas of the TGA.

The major types of outreach activities include targeted street outreach, prison outreach, deployed case management outreach, outreach using mobile vans, and social networking. Testing activities include routine opt-out testing, anonymous testing and confidential testing. Other essential activities are listed in Section **2b.(5)a** below. The specific sub-group(s) impacted by the activity will be shown in parentheses.

2b.(5)a: Description of the TGA's essential activities which can be implemented immediately to identify HIV positive unaware individuals in each sub-group
The following essential activities can be implemented immediately

1. Complete Inventory of EIIHA Services and Identification of Service Gaps **(All Sub-Groups)**
2. Identification of EIIHA Collaborative Members **(All Sub-Groups)**
3. Continue current outreach and testing initiatives **(All Sub-Groups)**
4. Continued funding of Part A EIIHA Outreach Services **(All Sub-Groups)**
5. Continued funding of Part C Early Intervention Services **(All Sub-Groups)**
6. Begin collaboration and coordination with EIIHA Outreach and Testing Service Providers **(All Sub-Groups)**
7. Facilitate Quarterly EIIHA Collaborative Meeting **(All Sub-Groups)**

8. Explore the possibility of using FY2010 MAI funds to create/identify a program that links unaware PLWHA to appropriate medical care **(All Sub-Groups)**
9. Advocate for mandatory HIV testing procedures upon entering and exiting the penal system **(RR)**
10. Internet-based messaging to MSM, encouraging HIV testing and importance of knowing your status **(MSM)**
11. Encourage HIV testing among MSM at least once every twelve months, and more frequently for MSM who engage in high risk behaviors **(MSM)**
12. Increase awareness among healthcare providers of the need to provide annual HIV testing for all MSM patients, and more frequent HIV testing for minority MSM who are more likely to be infected and unaware of their status **(MSM)**
13. Targeted HIV awareness micro-campaigns within the MSM subgroup **(MSM)**
14. Develop a collaborative relationship w/key officials working in the local and state penal system **(RR)**
15. Establish a grassroots advocacy group to bring awareness to the importance of HIV testing in jails/prisons. **(RR**)
16. Update and publish a new Resource Guide that contains relevant resources for the prisoner/jail population **(RR)**
17. Create a list of jails/prisons in the TGA and provide with Resource Guides in bulk **(RR)**

2b.(5)b: Description of TGA's essential activities which are proposed but can not be implemented immediately to identify HIV positive unaware individuals in each sub-group
Following is a list of essential activities which are proposed but can not be implemented immediately.

1. Update Comprehensive Plan to include specific achievable coordinated activities, deliverables, and timeline related to the identification of HIV positive unaware individuals, making them aware of their HIV positive status, and linking them to care **(All Sub-Groups)**
2. Complete feasibility study of using peers in outreach programs **(All Sub-Groups)**
3. Seat HIV Partner Notification and Prevention Specialist on the Planning Council**(All Sub-Groups)**
4. Implement parent circles to help women educate their children on topics of sexuality and HIV. **(AAW)**
5. Design social media websites targeting AAW: Face book, Twitter, etc. **(AAW)**
6. Develop cultural and linguistic competency training for non-HIV service providers who are likely to have frequent contact with the MSM subgroup **(MSM)**
7. Convene a community discussion series on relevant AAW topics **(AAW)**

2b.(5)bi.: Description of the TGA's timeline associated with implementing essential activities
Essential activities #1-17 will be implemented in FY2011. Essential activities which are proposed but can not be implemented immediately (1-7) will be developed in FY2011 and initiated in FY2012

2b.(5)bii.: Description of parties responsible for ensuring each of the essential activities is implemented according to the timeline
The AAHPC, the Grantee, and the EIIHA Collaborative will jointly be responsible for ensuring that the essential activities are implemented according to the timeline.

2c. Description of the TGA's Plan to Inform Unaware Individuals of Their HIV Status
The TGA's plan to inform unaware individuals of their HIV status is to use existing methods and service providers. Coordinating activities among these providers is expected to increase the number of clients informed of their status.

2c.(1): Description of how the TGA's overall strategy will be customized specific to INFORMING each sub-group of their HIV status:
The TGA's overall strategy and goals for informing are general and applicable to each of the subgroups. Activities specific to achieving these goals will be based on characteristics and other high-risk behavioral factors both common and unique to each subgroup. Informing unaware individuals in each sub-group will be customized based on their specific needs and challenges as shown by the planned activities for each group discussed below. Coordinating and collaborating with existing organizations will enable more clients to be informed of their status.

2c.(2): Description of the TGA's challenges associated with informing HIV positive unaware individuals of their status (including any local legislation or policies)
The major challenges associated with informing all of the sub-groups of their status are as follows: busy practice environments; length of time to confirm test results; getting all sub-groups to return to get results; anonymous testing policies; privacy and confidentially issues; and language and cultural barriers. Other challenges are the inability to follow-up with the sub-group populations through traditional communication means, due to disconnected home phones, inactive cell phones, and issues related to the transient nature of the individuals. Unstable housing is also a constant challenge.

2c.(3): Description of the TGA's essential activities which will be used to inform HIV positive unaware individuals of their status
The essential activity to inform each of the targeted sub-groups of their HIV status is to use the existing methods and organizations. Most of the organizations provide testing in publicly-funded sites. These sites include health care settings (such as ATCHHSD public health department clinics, drug treatment facilities, family planning clinics, prenatal clinics, STD clinics, community health clinics) and non health care settings (counseling and testing sites, support services providers). After test results are received, trained personnel at testing sites will continue to inform individuals of their results.

2c.(3)a: Description of the TGA's essential activities which can be implemented immediately to inform HIV positive unaware individuals of their status
The following essential activities can be implemented immediately.

1. Ensure that Counseling and Testing staff are culturally and linguistically competence **(All Sub-Groups)**
2. Continue Protocol-Based Prevention Counseling and Testing services **(All Sub-Groups)**
3. Continue Comprehensive Risk Counseling Services(CRCS) **(All Sub-Groups)**

4. Ensure that organizations providing counseling and testing activities meet CLAS standards **(All Sub-Groups)**
5. Ensure that privacy and confidentially laws do not become barriers to informing sup-group populations of their HIV Status **(All Sub-Groups)**
6. Expand Rapid Testing Initiatives **(All Sub-Groups)**
7. Develop a centralized and progressive communication system to inform (e.g. step 1-call, step 2-visit, etc.) **(All Sub-Groups)**

2c.(3)b: Description of the TGA's essential activities which are proposed but can not be implemented immediately to inform HIV positive unaware individuals of their status

1. Research and determine the feasibility of implementing the Louisiana Public Health Information Exchange (LaPhie) model in the FQHCs **(All Sub-Groups)**
2. Research and determine the feasibility of using peers to assist in informing individual in each sub-group of their HIV status **(All Sub-Groups)**
3. Expand the number of counseling and testing sites and ensure staff are thoroughly trained in laboratory procedures, interpreting preliminary results and reporting results **(All Sub-Groups)**

2c.(3)bi.: Description of the TGA's timeline associated with when essential activities will be implemented

Essential activities #1-7 will be implemented in FY2011. Essential activities which are proposed but can not be implemented immediately (1-3) will be planned in FY2011 and initiated in FY2012.

2c.(3)bii.: Description of parties responsible for ensuring each of the essential activities are implemented according to the timeline

The AAHPC, the Grantee, and the EIIHA Collaborative will jointly be responsible for ensuring that the essential activities are implemented according to the timeline.

2d. Description of plan to REFER unaware individuals of their HIV status to care

The plan to refer high-risk HIV positive individuals to care takes a variety of forms depending on the needs of the newly diagnosed client. In the Austin TGA, the majority of referrals into medical care or other HIV support services are done through its case management system. HIV counseling and testing staff, client advocates and non-medical case managers provide advice and personal assistance in referring to medical and support services.

2d.(1): Description of how the TGA's overall strategy will be customized specific to referring each sub-group to care:

The TGA's overall strategy and goals for referring are general and applicable to each of the subgroups. Activities specific to achieving these goals will be based on characteristics and other high-risk behavioral factors both common and unique to each subgroup. Referring unaware individuals in each sub-group will be customized based on specific needs and challenges as shown by the planned activities discussed below. The coordination of existing activities and the collaboration with existing organizations will enable the TGA to achieve its goals.

2d.(2): Description of the TGA's challenges associated with referring HIV positive unaware individuals to care (including any local legislation or policies)
The major challenges in referring all sub-groups to care include: lack of transportation; lack of a coordinated referral system, overcoming fear; lack of language skills; lack of knowledge regarding the HIV treatment and care system; lack of knowledge regarding the drug treatment system; and lack of knowledge concerning cost of care.

2d.(3)a: Description of the TGA's essential activities which can be implemented immediately to refer HIV positive unaware individuals of their status
The essential activities which will be used to refer HIV positive unaware individuals to care are listed below. Some of the activities are designed to improve the overall system while other center on addressing client barriers to being referred.

1. Coordinate and standardize the referral process at all case management service providers **(All Sub-Groups)**
2. Coordinate the referral process at correctional institutions **(RR)**
3. Initiate HIV/AIDS stigma reduction activities **(All Sub-Groups)**
4. Initiate social marketing campaign plan**(All Sub-Groups)**
5. Ensure that services are available and accessible **(All Sub-Groups)**
6. Increase service provider knowledge **(All Sub-Groups)**
7. Educate all sub-group populations on the availability of HIV care and drug treatment programs **(All Sub-Groups)**
8. Educate all sub-group populations on the cost of care and treatment **(All Sub-Groups)**
9. Create a survey tool to assess healthcare provider preferences **(All Sub-Groups)**
10. Develop memorandums of understanding between referral organizations **(All Sub-groups)**

2d.(3)b: Description of the TGA's essential activities which are proposed but can not be implemented immediately to refer HIV positive unaware individuals to care
The following proposed activity will not be immediately implemented
1. N/A

2d.(3)bi.: Description of the TGA's timeline associated with when essential activities will be implemented
Essential activities #1-10 will be implemented in FY2011.

2d.(3)bii.: Description of parties responsible for ensuring each of the essential activities is implemented according to the timeline
The EIIHA Collaborative, Grantee, and AAHPC will be jointly responsible for ensuring that essential activities are implemented according to the timeline.

2e. Description of the TGA's plan to LINK unaware individuals to care
The plan for linking all of the sub-groups to care will be done by utilizing the TGA's case management system operated by existing service providers. Linkage to care will continue to be facilitated through the case management/care coordination system.

2e.(1): Description of the TGA's essential activities that will be used to link HIV positive unaware individuals to care

Case management and care coordination activities are the essential activities which will be used to link all of the sub-group individuals to care. These activities will be provided by utilizing the TGA's existing service providers. Other essential activities are discussed below.

2e.(1)a: Description of the TGA's current activities used to link HIV positive unaware individuals to care

Individual service and treatment plans are the vehicles used to direct client's linkage to primary medical care. These plans identify and address possible barriers to care and treatment. For the IODUs sub-group, substance abuse counselors monitor client adherence to both psychiatric and medical treatment. Treatment plans are updated every six months so that a client's successes and challenges can be easily addressed in a timely manner.

Substance abuse counselor conducts a monthly caseload review to ensure that clients are maintaining regular attendance at appointments and following their treatment plans. Education about medical care and adherence are a regular part of substance treatment programming. Treatment staff confers on a regular basis with both the program's Psychiatrist and the client's primary medical care providers in order to monitor adherence to treatment regimens.

The other sub-group individuals are linked to care by case managers/care coordinators via development of service plans. They assist clients in accessing HIV primary care and support services and work closely with the clients to ensure continuity of care. Case managers the rural areas of the TGA complete clinical intakes for all clients who are being referred to the David Powell Community Health Center in Austin.

They also access records from previous medical providers in order to build and understand a client's medical history. Follow up with clients after each medical appointment is another activity which case managers engage in. They obtain physician notes to assess changes in the client's health and keep these notes in the case file, and enter appropriate information into the ARIES data base. Client advocates and non-medical case managers provide advice and personal assistance in obtaining medical and support services. This can include accompanying clients to case management and medical appointments.

2e.(1)b: Description of the TGA's proposed activities to link HIV positive unaware individuals to care

The activities below are proposed and will enhance linkage to care activities

1. Coordinate services required to implement service plans by referring clients to appropriate resources and ensuring resource linkage **(All Sub-Groups)**
2. Ensures linkage by educating clients about eligibility criteria and process **(All Sub-Groups)**
3. Assisting in completion of applications **(All Sub-Groups)**
4. Advocating on the client's behalf **(All Sub-Groups)**
5. Following up on referrals to monitor client progress and address barriers, as needed **(All Sub-Groups)**

6. Research and determine if ARIES can be used to enhance the linkage to care process **(All Sub-Groups)**
7. Continue funding case management/case coordination activities in the TGA **(All Sub-Groups)**
8. Coordinate service provider linkage to care activities **(All Sub-Groups)**

2e.(1)bi.: Description of the TGA's timeline associated with when essential activities will be implemented
All essential activities will be implemented in FY2011.

2e.(1)bii.: Description of parties responsible for ensuring each of the essential activities is implemented according to the timeline
The EIIHA Collaborative, Grantee, and AAHPC will be jointly responsible for ensuring that essential activities are implemented according to the timeline.

2e.(2): Description of the activities undertaken (post-referral) to verify that care/services were accessed for newly identified HIV positive individuals
All newly identified HIV positive individuals undergo agency intake and assessment procedures. Case management staff verifies access to services by confirming appointments were kept when meeting with clients and also following up with care/service provider agencies to confirm.

2e.(2)a: Description of current activities
During this process, clients sign a document allowing the agency to share or not to share their information with other agencies providing HIV services. Client level services data are entered into ARIES. If client agrees to share information, agency staff can use ARIES to verify access to medical or support services electronically. If clients do not agree to share information, they are required to get referral service providers to sign forms documenting receipt of services. These forms are returned to the referring service provider.

2e.(2)b: Description of proposed activities
The TGA will investigate the use of case coordinators or peers as members of a care coordination team who would assist clients in keeping appointments and in the verification of care.

2e.(2)bi.: Description of the TGA's timeline associated with when essential activities will be implemented
The essential activities described above will continue to be provided in FY 2011 and thereafter.

2e.(2)bii.: Description of parties responsible for ensuring each of the essential activities is implemented according to the timeline
The AAHPC, grantee, and the EIIHA collaborative will ensure that the essential activities will be carried out according to the timeline.

2e.(3): Description of the activities undertaken to form and maintain relationships with private HIV care providers for the purpose of verifying that individuals referred into private care have accessed care post-referral

TGA service providers have developed working relationships with private care providers over the years. These relationships have enabled providers to refer clients to care and receive information on the care received by clients.

2e.(3)a: Description of current efforts

Case managers in the TGA have developed relationships with the Blackstock Clinic, local hospitals, physicians in private practice serving individuals with HIV, and correctional facilities. Blackstock is the largest private clinic providing primary medical care to HIV positive individuals in the area. Currently, the relationships are informal and verification that services have been accessed is intermittently collected.

2e.(3)b: Description of proposed efforts

The EIIHA Collaborative will target more participation from private sector organizations and private practices to expand the TGA's ability to identify and link more HIV positive unaware individuals into care and to obtain verification that service was accessed by patients referred for care. A plan to hold a CME training for medical providers on HIV care will be planned in collaboration with the Texas/Oklahoma AIDS Education and Training Center and will include information on patient referral and follow-up.

2e.(3)bi.: Description of the TGA's timeline associated with when essential activities will be implemented

Initiation of more private sector participation will begin in FY2011.

2e.(3)bii.: Description of parties responsible for ensuring each of the essential activities is implemented according to the timeline

The EIIHA Collaborative, Grantee, and AAHPC will be jointly responsible for ensuring that essential activities are implemented according to the timeline.

2e.(4): Description of the efforts to remove legal barriers, including State laws and regulations, to routine testing

There are not any efforts to remove legal barriers, including State of Texas laws and regulations, to routine testing. The State of Texas' rules and regulations are conducive to implementing routine testing. The only barriers are funding and sustainably of existing initiatives.

2) f. Data

Table A on the following page shows the estimated number of HIV positive individuals unaware of status, the number of HIV tests conducted, and HIV test results by number and percentage.

(1-2) Table A: Estimated number of HIV positive individuals unaware of status, number of HIV tests conducted, and HIV test results by number and percentage

Number Living and Undiagnosed		Value		Data Source(s)
A.	Number of persons living with HIV/AIDS (PLWH/A), as of 12/31/2008	4,214		eHARS, cases living on or before 12/31/2008; cases in Texas Department of Criminal Justice removed.
B.	**(1)** Estimated number PLWH/A who were unaware of their status as of 12/31/2008	1,120		Estimated Back Calculation (EBC) Methodology applied to number of PLWH/A as of 12/31/2008.
Number Tested, Total and by Results and Informed Status		**Value**	**%**	**Data Source(s) and/or Calculation**
C.	**(2)** Total number of HIV tests conducted using local, state, and federal funds as of 12/31/2009	15,464		DSHS, includes both Routine and Targeted testing.
D.	**(2)(a)** Of total number tested, number and percentage informed of HIV status	12,985	84.0%	Value: DSHS, includes both Routine and Targeted testing. Percent: Value D/Value C.
E.	**(2)(a)i)** Of tested and informed of HIV status, number and percentage of HIV positives	124	1.0%	Value: DSHS, includes both Routine and Targeted testing. Percent: Value E/Value D.
F.	**(2)(a)i)a.** Of number informed of HIV positive status, number and percentage referred into care	43	58.9	Value: DSHS, includes Routine testing only. Percent: Routine Testing number of positives referred to care/Routine Testing number of positives = 43/77.
G.	**(2)(b)** Of total number tested, number and percentage not informed of HIV status	1,764	11.4%	Value: DSHS, includes both Routine and Targeted testing. Percent: Value G/Value C.
H.	**(2)(b)i)** Of tested but not informed of HIV status, number and percentage of HIV positives	6	0.3%	Value: DSHS, includes both Routine and Targeted testing. Percent: Value H/Value G.
I.	Total number of HIV positives	130	0.8%	Value: Value E + Value G. Percent: Value I/Value C

Source: *Texas Department of State Health Services (DSHS), 2010.*

3) **Description of how data impact the Quality Management Plan**

The data shown above will impact the Austin TGA's Quality Management Plan with the challenge of maintaining high quality HIV primary medical care while expanding capacity to

meet the care needs of the newly diagnosed. Opt-Out Testing is a local initiative to increase the number of emergency departments and primary care clinics that adopt routine, opt-out HIV testing. The local network of federally qualified health centers (FQHCs) has over 50,000 patients; 30,000 are between the ages of 18 and 64. Of the estimated 1,120 PLWH/A living in the TGA who were unaware of their status as of 12/31/2008, a significant number may be identified during FY 2011, when efforts to test and link HIV positives to care will be greatly accelerated. To help maintain quality care, the Grantee is preparing to respond, as needed, by increasing the capacity of the current HIV primary care provider, procuring other providers, and/or developing a Care Coordination Team consisting of medical case managers, non-medical case managers, and services linkage workers. Another impact to the Quality Management Plan is the need to develop new service delivery standards for EIIHA Plan activities that will be funded by Ryan White Part A, including MAI.

Quality improvement initiatives will be developed as necessary to address performance issues in areas identified through data reporting and based on progress meeting relevant, evidence-based benchmarks. As an example, no show rates for HIV test result appointments greater than 10% may require a Plan, Do, Study, Act improvement plan.