



**V. Integrated HIV Prevention & Care Plan Draft review:**

1. Program Manager, Crystal Flores and Planner, Laura Still discussed and made edits with the council to the Draft HIV Prevention & Care Plan Overview of comp plan purpose, status and timeline (Due Sept. 30<sup>th</sup>).
  - a. The Committee went through the matrix and review changes/discuss questions  
**See Attachment 1**

**GOAL #1: Reduce new HIV infections**

- Objective 1: Reduce new diagnoses by 25 percent (from 327 to 246) by 2021.

*Strategy 1: Provide easily accessible, appropriate, scientifically accurate information about HIV risks, prevention, and transmission to high-risk populations.*

The committee reviewed and made edits to sections A1, A2 and A3

*Strategy 3: Expand local capacity and infrastructure for prevention services.*

The committee reviewed and made edits to sections A1, A5

- Objective 2: Reduce late-stage diagnosis (AIDS defining CD4 within 12 months of initial DIAGNOSIS) by 25% (from 72 to 54) by 2021.

*Strategy 1: Tackle misperceptions, stigma and discrimination to break down barriers to HIV testing.*

*Strategy 2: Support ~~universal sexual health education and~~ routine opt-out screenings in medical settings.*

The committee reviewed and made edits to sections A1, A2 and A3

*Strategy 3: Coordinate with community providers to promote awareness of and linkage to supportive services and increase testing efforts. Reframe to be Testing only*

The committee reviewed and made edits to sections A1 and A2

**GOAL #2: Increase access to care and improving health outcomes for people living with HIV**

- Objective 1: Increase the percentage of newly diagnosed persons linked<sup>1</sup> to HIV medical care within one month of diagnosis from 84 percent to at least (90) percent by 2021.

*Strategy 1: Improve coordination, communication, and alignment between (1) testing/ prevention providers and (2) HIV medical-service providers.*

The committee reviewed and made edits to sections A1a and A1b and A1c

*Strategy 3: Increase access to providers of clinical care for people living with HIV.*

The committee reviewed and made edits to section A4

- Objective 2: Increase the percentage of PLWHA WHO are retained in HIV medical care from 79 percent to at least (85) percent.

*Strategy 2: Increase access to housing, behavioral health services, and other support services for people living with HIV.*

The committee reviewed and considered adding an additional activities

**GOAL #3: Reduce HIV-related disparities and health inequities**

Objective 1: By 2021, reduce disparities in the rate of new diagnoses\* by at least 15% in the following populations:

Priority Population	Baseline (2014) (Ref: Table 2)	2021 Target	Notes
Black MSM	9.7 per 100,000	8.3 per 100,000	
Women	2.9 per 100,000	2.4 per 100,000	
Hispanic	19.1 per 100,000	16.2 per 100,000	
Youth	23.8 per 100,000	20.2 per 100,000	
IDU	4.8% of Newly Diagnosed	4.1% of Newly Diagnosed	CANT CALCULATE RISK, BUT GIVE % OF NEW DIAGNOSIS
Transgender*			No data is available

<sup>1</sup> Linkage to Care - No. of PLWH with a met need (at least one: medical visit, ART prescription, VL test, or CD4 test)

Planner, Laura Still suggested working with EPI to revise chart to include overall reduction in rate of new dx

Objective 2: By 2021, reduce health related disparities in Viral Load Suppression variances among the following populations, while not decreasing overall Viral Load Suppression baseline of 68%.

<b>Priority Population</b>	<b>Baseline (2014) (Pg 22-24)</b>	<b>Variance from Baseline (68%)</b>	<b>Notes</b>
<i>Black MSM</i>	59%	(-9%)	
<i>Black Women</i>	66%	(-2%)	
<i>Hispanic</i>	65%	(-3%)	
<i>Youth</i>	56%	(-12%)	FIND SOURCE
<i>IDU</i>	65%	(-3%)	FIND SOURCE
<i>Transgender*</i>			Include as a population needing reliable data sources
<i>White</i>	74%	(6%)	

Planner, Laura Still asked the question: Overall do these three activities present a pathway to reducing disparity in viral suppression? Possibly how is the council going to reduce health disparities in PLWHA?

*Strategy 2: Launch proactive efforts to engage new and non-traditional partners in achieving the HIV Planning Council mission.*

The committee reviewed and made edits to section A1

*Strategy 3: Coordinate with the community to provide outreach to consumers.*

The committee reviewed and made edits to section A1

Crystal Flores, Program Coordinator and Planner, Laura Still reviewed and discussed with the committee: Overall, does the plan create a holistic picture of the activities the HIV Planning Council (and the TGA overall) wants to achieve in the next 5 years?







2. Barriers worksheet
3. Discussion on the future of the plan
  - a. How everyone feels about the process and the almost-finished product
  - b. Final steps before submission
  - c. After submission- implementation!
  - d. Atlanta's 2017 Comprehensive Plan Sections 23 and 24

I. **Meeting Adjourned at 8:04 pm**

NEXT SCHEDULED MEETING  
**Austin Energy Green Building**  
**721 Barton Springs Road**  
**Austin, TX 78704**  
**Conference Room 130**  
**Tuesday, October 11, 2016**  
**6:00 P.M.**

**Attachment 1**

2017-2021 Austin Area Comprehensive HIV Plan  
SMART Objectives Dashboard

	GOAL	OBJECTIVE	BASELINE (2015)	BY 2021	% CHANGE
	Goal 1: Reduce new HIV Infections	Objective 1: Reduce new diagnoses by 25% by 2021	327	246	25%
		Objective 2: Reduce late-stage diagnoses (AIDS defining CD4 within 12 months of initial diagnosis) by 25% by 2021	X	Y	25%
	Goal 2: Increase access to care and improve health outcomes for PLWHA	Objective 1: Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of diagnosis from X% to at least 90% by 2021	X	90%	Z
		Objective 2: Increase the percentage of PLWHA who are retained in HIV medical care from 79% to at least 85%	79%	85%	6%
	Goal 3: Reduce HIV-related disparities and health inequalities	Objective 1: By 2021, reduce disparities in the rate of new diagnoses by at least 15% in the following populations:			
		Black MSM	x	Y	15%
		Women	X	Y	15%
		Hispanic	X	Y	15%
		Youth	X	Y	15%
		IDU	x	Y	15%
	Objective 2: By 2021, reduce health related disparities in Viral Load Suppression variances among the following populations, while not decreasing overall Viral Load Suppression baseline of 68%.				
	Black MSM	x	Y	Z	
	Women	X	Y	Z	
	Hispanic	X	Y	Z	
	Youth	X	Y	Z	
	IDU	x	Y	Z	
	Goal 4: Achieve a more coordinated response to the HIV epidemic	Objective 1: By 2021, increase Ryan White non-conflicted consumer representation on the Austin HIV Planning Council to at least 33%	X	33%	Z
		Objective 2: By 2021, advocate for agenda items of collaborative entity			

meetings focused on improving the HIV system of care

**Attachment 2**

**GOAL #1: Reduce new HIV infections**

Objective 1: Reduce new diagnoses by 25 percent (from 327 to 246) by 2021.

Strategy 1: Provide easily accessible, appropriate, scientifically accurate information about HIV risks, prevention, and transmission to high-risk populations.

	Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Notes	Detail
A 1	2017-2021 ONGOING	Support coordinated social marketing and other mass education activities focused on raising HIV awareness, including targeted messages for high risk populations (sex, age, etc.)	HIV Planning Council; City of Austin HHS (HIV Resource Administration and Communicable Disease units); Community Based Organizations	High-risk MSM, IDU, Women, Youth, Black, Hispanic	Number of social marketing messages and mass education activities; total of different types of messages		
A 2	2017-2021 ONGOING	Promote culturally and linguistically appropriate prevention efforts (such as community mobilization efforts and peer approaches that encourage community members who interact with target	HIV Planning Council; City of Austin HHS (HIV Resource Administration and Communicable Disease units)	Community members who interact with target populations	Number of prevention efforts; number of community mobilization efforts; number of peer support programs		

		populations to be HIV prevention advocates), including reviewing current CLAS standards and the annual review and implementation methodologies.					
A3	2017-2021 PROJECT	Evaluate and expand Prevention with Positives interventions including treatment adherence, HIV prophylaxis, and behavior change interventions for HIV+ individuals and their partners.	HIV Planning Council; City of Austin HHS (HIV Resource Administration unit); Ryan White A Case Management Providers	HIV+ individuals and their partners	Number of persons who are virally suppressed; Viral Suppression rate; number of clients receiving Prevention with Positives interventions, # of negative people who receive Prevention with Positives interventions who remain negative	Use community liaison from Gilead, pharmaceutical training resources	

*Strategy 2: Provide easily accessible, scientifically accurate information about area HIV trends to community providers and policymakers to inform the delivery of prevention services.*

	Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Notes	Detail
A1	2017 ANNUAL MEETING	Convene area HIV prevention providers to highlight trends and gaps in local HIV data on prevention and transmission.	HIV Planning Council; HIV Task Force; City of Austin HHS (Communicable Disease unit)	HIV prevention providers	Report produced		
A2	2017-2021 ANNUAL	Educate policymakers on changing	HIV Planning Council; City of	City of Austin	Number of education		



	REPORT	governmental policies that create barriers to HIV prevention information and tools (e.g. provide annual report including testing data and recommendations to City of Austin Health and Human Services committee).	Austin HHS Department (HIV Resource Administration and Communicable Disease units); Texas Department of State Health Services Epidemiology Division	Travis County	actions; number of government policies changed		
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*Strategy 3: Expand local capacity and infrastructure for prevention services.*

	Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Notes	Detail
A1	2017-2021 ONGOING	Advocate for the City of Austin to designate funding for PrEP to high risk populations.	HIV Planning Council; COA HHS (HIV Resource Administration and Communicable Disease units); Texas Department of State Health Services Epidemiology Division; Austin PrEP Access Project, HIV Task Force	City of Austin City Council	# of times information and requests are sent to City Council, Amount of PrEP funding designated from City of Austin		
A2	2017-2018 PROJECT	Develop guidelines to expand community-wide access to PrEP and nPEP.	HIV Planning Council; COA HHS (HIV Resource Administration and Communicable Disease units); Texas	People at risk for HIV	Guidelines developed; number of people using PrEP and NPEP; number of access points /providers prescribing	DHS is doing this, so is HIV Syndicate	

			Department of State Health Services Epidemiology Division; Austin PrEP Access Project				
A3	2017-2018 PROJECT	Develop a toolkit for private medical doctors for how to provide PrEP/nPEP and how to link a newly diagnosed individual to the Ryan White HIV/AIDS Program.	HIV Planning Council; COA HHS (HIV Resource Administration and Communicable Disease units); Texas Department of State Health Services Epidemiology Division; Austin PrEP Access Project	Private medical doctors	Creation of toolkit; number of private medical doctors who receive toolkit; number of private medical doctors who link to HIV care		
A4	2017-2021 PROJECT	Evaluate and improve the integration of appropriate harm reduction approaches into prevention programming.	HIV Planning Council, HIV Task Force	High-risk MSM, IDU, Women, Youth, Black, Hispanic	Number of harm reduction approaches implemented	Austin Harm Reduction Coalition	
A5	2017-2021 ONGOING	Advocate for early Treatment as Prevention approaches to be incorporated into existing prevention programming.	HIV Planning Council, HIV Task Force	HIV Providers	Number of persons who are virally suppressed; Decrease in New Diagnosis's; number/percent of providers who incorporate Treatment as	HIV Task Force is primarily doing this	



A 1	2017-2019 PROJECT	Identify and promote holistic, age-appropriate universal sexual health education curricula and strategies.	HIV Planning Council; City of Austin Health & Human Services; HIV Task Force; Youth Adult Council, The Q(?), Planned Parenthood	General population , UT, AISD, other TGA ISDs and schools	Number of curricula identified; number of strategies identified; number of curricula/strategies employed	Move to Objective 1 S2?	
A 2	2017-2021 ONGOING	Sustain condom distribution for: (a) the general public and (b) for high-risk populations and communities	HIV Planning Council; City of Austin Health & Human Services Communicable Disease unit); HIV Task Force	General Population ; High-risk MSM, IDU, Women, Youth, Black, Hispanic; AISD(?)	Number of access points for free condoms (8 on condomfinder.com)	Move to Objective 1S2?	
A 3	2017-2021 ONGOING	Sustain targeted HIV testing by community-based organizations to high-risk populations.	HIV Planning Council; COA HHS (Communicable Disease unit); HIV Task Force	High-risk MSM, IDU, Women, Youth, Black, Hispanic	Number of HIV testing for high-risk populations by CBOs	Move to Objective 2, S3 (testing strategy)	
A 4	2017-2021 PROJECT/ ONGOING	Expand non-targeted routine, opt-out HIV testing in facilities serving high-risk populations.	HIV Planning Council; COA HHS (HIV Resource Administration and Communicable Disease units); HIV Task Force; HIV Syndicate; DSHS for data	TGA area medical care providers	Number of routine opt-out HIV screenings preformed in medical settings; Number of providers/organizations implementing opt-out testing		

			on testing				
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*Strategy 3: Coordinate with community providers to promote awareness of and linkage to supportive services and increase testing efforts. Reframe to be Testing only*

	<b>Timeframe</b>	<b>Activity</b>	<b>Responsible Parties</b>	<b>Target Population</b>	<b>Data Indicators</b>
A1	2017-2019 PROJECT	Develop centralized web-based resource guide of supportive services available to HIV providers and HIV community.	HIV Planning Council; COA HHS (HIV Resource Administration, ATCHHSD IT)	PLWHA; HIV Providers	Number of website visits
A2	2017-2021 ONGOING	Increase awareness and use of non-traditional testing sites with expanded hours and mobile services designed to reach vulnerable populations.	HIV Planning Council; COA HHS (HIV Resource Administration and Communicable Disease units); HIV Task Force	High-risk MSM, IDU, Women, Youth, Black, Hispanic; other vulnerable populations	Number of mobile and non-traditional testing sites & number of tests performed at these sites; Number of available testing hours, number of visits to <a href="http://austintexas.gov/department/where-get-tested">austintexas.gov/department/where-get-tested</a> , (some measure of mobile testing promotion activities(?))

**GOAL #2: Increase access to care and improving health outcomes for people living with HIV**

Objective 1: Increase the percentage of newly diagnosed persons linked<sup>2</sup> to HIV medical care within one month of diagnosis from 84 percent to at least (90) percent by 2021.

Strategy 1: Improve coordination, communication, and alignment between (1) testing/ prevention providers and (2) HIV medical-service providers.

	Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Notes	Detail
A1a	2017-2019 PROJECT	Survey newly diagnosed people on their linkage experience, and create strategies to improve linkages to care.	HIV Planning Council; COA HHS (HIV Resource Administration); RW Medical Providers Health Center; DSHS	Newly diagnosed individuals	Survey created (or embedded into Needs Assessment);  Number of newly diagnosed surveyed	a-care chronological	Needs assessment
A1b	2017-2019 PROJECT	Investigate and identify systematic barriers for linkage to care, evaluate opportunities to improve processes to execute strategies that result in successful linkage to care.	HIV Planning Council; COA HHS (HIV Resource Administration); RW Medical Providers Health Center; DSHS	HIV service providers	Number of Committee meetings with this as an agenda item  Report on key findings		Key informant interviews or focus group discussions with providers
A1c	2017-2019	Facilitate the development of a community definition of HIV	HIV Planning Council; ATHHSD (Quality	Medical Service Providers and HIV	Linkage to Care Data to indicate successful		Meeting with providers to 1) develop a

<sup>2</sup> **Linkage to Care** - No. of PLWH with a met need (at least one: medical visit, ART prescription, VL test, or CD4 test)

	PROJECT	care coordination, and assess the coordination between (1) testing/prevention on providers and (2) HIV service providers.	Improvement Committee) HIV Taskforce; DSHS	Prevention Providers	coordination		definition 2)identify strengths/gaps of coordination 3)action plan to address gaps
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*Strategy 2: Increase awareness and access to HIV-related support services available in the community upon HIV diagnosis.*

	Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Notes	Detail
A1a	2017-2019 PROJECT	Conduct a survey of what barriers occur for newly diagnosed individuals who are to accessing support services.	HIV Planning Council; COA HHS (HIV Resource Administration)	Newly diagnosed individuals	Creation of Needs Assessment Survey;  Number of survey respondents  % of newly diagnosed that were knowledgeable about /accessed support services		CNA
A1b	2020-2021 PROJECT (similar activity as G3O2S1A1)	Develop training for front line staff designed to facilitate conversations about available services for HIV+ individuals and	HIV Planning Council; COA HHS (HIV Resource Administration, CD Unit); HIV Taskforce	Front line workers to include prevention specialists from Ryan White agencies	Training Created; Client Brochure Created;  Number of front line workers educated; number of		

		reduce barriers for attending first medical appointment. Develop Ryan White services brochure for clients.			brochures distributed(?), Survey Results from linkage survey		
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*Strategy 3: Increase access to providers of clinical care for people living with HIV.*

	Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Notes	Detail
A1	2017-2021 ANNUAL MEETING	Host (annual?)forum/ town hall addressing HIV clinical and service topics, including, but not limited to, the care of transgender clients, CLAS standards, times of services, number of HIV service providers, and geographic availability of	HIV Planning Council; City of Austin HHS (HIV Resource Administration) (Consumer Advisory workgroup/Committee)	HIV Clinical and Service Providers  HIV+ Individuals	Number of forums held; Number of Attendees		Coordinate with Gilead to provide education to community; prioritize within these options which topics to focus on; 1 topic per year?



		HIV services (Prioritize 1-5)					
A 2	2017 PROJECT	Research alternative clinic models to reach clients, including Telemedicine.	HIV Planning Council; City of Austin Health & Human Services	HIV Clinical Providers	Completion of study and if warranted, creation of recommendations for implementation		
A 3	2018-2021 ONGOING	Advocate for the creation of mobile medical clinics and collocating HIV services with other mobile services such as food distribution and needle exchange.	HIV Planning Council	HIV Care and service providers; Policy makers	Number of mobile clinics and mobile services available	Are there currently mobile clinics/services?	
A 4	2017-2021 ONGOING	Promote ACA enrollment for those who are living with HIV. (PC gave directive to AA about increasing assistance to consumers for costs associated with marketplace plans.)	HIV Planning Council; City of Austin HHS (HIV Resource Administration)	HIV+ Individuals	Number of people living with HIV with health insurance  Increase in # of clients utilizing HIP	Should we include HIP as its own activity? (see example from Atlanta)	

Objective 2: Increase the percentage of PLWHA WHO are retained in HIV medical care from 79 percent to at least (85) percent.

Strategy 1: Strengthen a comprehensive, patient-centered approach to HIV care that addresses HIV-related co-occurring conditions and chronic disease management.

	Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Notes	Detail
A 1	2017-2021  ONGOING	Promote and collaborate with peer support programs, support groups, meet ups, and events.	HIV Planning Council; City of Austin HHS (HIV Resource Administration )	HIV+ Individuals, Community AIDS Service Organizations	Number of events and programs	Maintain or increase the number of annual events (at least 5 events?)	Pride Parade; AIDS Walk; Y/A Council events etc.
A 2	2017-2021  PROJECT	Launch a re-linkage to care project that develops an expedited into care system for recently released HIV+ clients.	HIV Planning Council; City of Austin HHS (HIV Resource Administration )	Recently released HIV+ Individuals, HIV Medical Providers	Project implementation		PC will create work group, do research, make suggests, plan and implement i.e. Red Carpet Model
A 3	2017-2021  PROJECT	Educate providers regarding patient-centered care.	HIV Planning Council; City of Austin HHS (HIV Resource Administration )	Medical Providers	Number of providers educated	Gilead help?	
A 4	2017-2021  ONGOING	Promote the use of case management to support those living	HIV Planning Council; City of Austin HHS (HIV Resource Administration )	HIV+ Service Providers	Number of RW clients utilizing service (ARIES Report)	Medical or non-medical or both?	

		with HIV.	)				
A 5	2017-2021 PROJECT	Explore the potential of integrating HIV medical and related services into a “one-stop” shop so all appointments can be done at the same place and time.	HIV Planning Council; City of Austin HHS (HIV Resource Administration)	HIV+ Individuals	Project implementation		Meeting or set of meetings to explore this option

*Strategy 2: Increase access to housing, behavioral health services, and other support services for people living with HIV.*

	Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Notes	Detail
A 1	2017-2021 ONGOING	Coordinate with local Non-HIV Ryan White service providers to increase access to services.	HIV Planning Council; City of Austin HHS (HIV Resource Administration)	Local Service Providers	Number of local service providers coordinated with through events or referrals	Basically, this refers to soft-networking activities	
A 2	2017-2021 PROJECT	Integrate behavioral health screening with HIV related services.	HIV Planning Council; City of Austin HHS (HIV Resource Administration)	HIV+ Service Providers	Number of RW clients who have been screened for behavioral health issues as	Baseline?	Research/meetings- Do providers do this/ How can they do it better?

					part of their medical visit.		
						Add activity/activities here? See Atlanta example. HOPWA. Core medical and support services?	

*Strategy 3: Support medical adherence education.*

Timeframe	Activity	Responsible Parties	Target Population	Data Indicators	Notes	Detail
2017-2021 ONGOING	Encourage providers to integrate ongoing messaging into all HIV medical and support services on the importance of medical adherence for health outcomes.  (Pull language from other community education activities)	HIV Planning Council; City of Austin HHS (HIV Resource Administration), HIV RW Medical Service Providers	PLWHA in TGA	Number of providers who receive outreach regarding medical adherence education ; ARIES Medical Adherence Report (Ask DATA MNGR)(ask Dallas)  Increase in viral suppression rates		Focus group or meeting with providers to see if they are doing this now or how they can improve.

### GOAL #3: Reduce HIV-related disparities and health inequities

Objective 1: By 2021, reduce disparities in the rate of new diagnoses\* by at least 15% in the following populations:

Priority Population	Baseline (2014) (Ref: Table 2)	2021 Target	Notes
Black MSM	9.7 per 100,000	8.3 per 100,000	
Women	2.9 per 100,000	2.4 per 100,000	
Hispanic	19.1 per 100,000	16.2 per 100,000	
Youth	23.8 per 100,000	20.2 per 100,000	
IDU	4.8% of Newly Diagnosed	4.1% of Newly Diagnosed	CANT CALCULATE RISK, BUT GIVE % OF NEW DIAGNOSIS
Transgender*			No data is available

Strategy 1: Adopt structural approaches and promote evidence-based programs to prevent HIV infection in high-risk communities.

	Timeframe	Activity	Responsible Parties	Target Population	Data Indicators
A1	2017-2021 ONGOING	Promote and sustain biomedical interventions, such as PrEP and increase availability, accessibility, and utilization of injection equipment.	HIV Planning Council; City of Austin HHS (HIV Resource Administration and Communicable Disease units); Austin PrEP Access Project; Austin Harm Reduction Coalition	Gay black men, Women, Hispanic, Transgender, Youth, IDU	Percent of target population using PrEP and NPEP; Percent of target population using needle exchange program
A2	2017-2021 ANNUAL MEETING/ REPORT	Sustain CDC approved evidence-based behavioral interventions (EBIs) for HIV infected individuals and their partners; ex: Individual: CLEAR, Group: Healthy Relationships, Community: Empowerment, Structural: Condom distribution. Have local EBI programs provide annual updates/presentation to Planning Council on their efforts.	HIV Planning Council; City of Austin HHS (HIV Resource Administration and Communicable Disease units); Evidence-Based Behavioral Intervention (EBI) Providers	Gay black men, Women, Hispanic, Transgender, Youth	Number of new infections among target pops

Strategy 2: Research, understand, and implement effective communication strategies customized to each of the subpopulations with health inequities.

	Timeframe	Activity	Responsible Parties	Target Population	Data Indicators
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A1	2017-2018 PROJECT	Address bias, stigma, and discrimination against populations with disparities in social marketing and other mass education activities using Austin specific facts/data (e.g. Present data on the risk for target populations on radio stations geared to different ethnicities; conduct anti-stigma activities with large audiences, and do a targeted campaign at different local events: Day of Remembrance, National week of prayer, etc.)	HIV Planning Council; City of Austin HHS (HIV Resource Administration and Communicable Disease units); Office of Support, Population representatives	Gay black men, Women, Hispanic, Transgender, Youth, IDU	Number of social marketing and mass education activities
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*Strategy 3: Educate providers regarding the needs of vulnerable populations.*

	Timeframe	Activity	Responsible Parties	Target Population	Data Indicators
A1	2017-2021 PROJECT	Require trauma informed care training of HIV prevention and care staff regarding the needs of those who have experienced violence and trauma	HIV Planning Council; City of Austin HHS (HIV Resource Administration); HIV Service Providers	Groups who have experienced violence and trauma (e.g. women, transgender people, MSM)	Number of persons trained

*Strategy 4: Establish baseline data on the Transgender population*

	Timeframe	Activity	Responsible Parties	Target Population	Data Indicators
A1	2017-2021 PROJECT	Research best practices for collecting data on Transgender populations and implement strategies locally/statewide	HIV Planning Council; City of Austin HHS (HIV Resource Administration); HIV Service Providers	HIV Data Collection/Management	Establishment of a data plan

Objective 2: By 2021, reduce health related disparities in Viral Load Suppression variances among the following populations, while not decreasing overall Viral Load Suppression baseline of 68%.

Priority Population	Baseline (2014) (Pg 22-24)	Variance from Baseline (68%)	Notes
Black MSM	59%	(-9%)	
Black Women	66%	(-2%)	
Hispanic	65%	(-3%)	
Youth	56%	(-12%)	FIND SOURCE
IDU	65%	(-3%)	FIND SOURCE
Transgender*			Include as a population needing reliable data sources
White	74%	(6%)	

Strategy 1: Reduce economic disparities to improve access to care.

	Timeframe	Activity	Responsible Parties	Target Population	Data Indicators
A1	2017-2018 PROJECT	Develop a resource education campaign promoting local HIV resources and services (for example, Ryan White services including support groups, child care, transportation vouchers, workforce development opportunities, peer navigation programs, planning council membership opportunities, etc.) targeted at HIV consumers in waiting rooms at area medical and dental facilities, food banks, etc.	HIV Planning Council; City of Austin HHS (HIV Resource Administration); HIV Service Providers	PLWHA	Number of programs/providers participating; number of locations promoting campaign materials

Strategy 2: Educate providers regarding the needs of vulnerable populations.

	Timeframe	Activity	Responsible Parties	Target Population	Data Indicators
A1	2017-2021 TRAINING	Require cultural competence training for frontline HIV prevention and care staff to have: (a) standard minimum training topics (CLAS standards); and (b) methods	HIV Planning Council; City of Austin HHS (HIV Resource Administration); HIV Service Providers	Administrative Agency/Service Providers	Number of trained persons

		for measuring change in knowledge, skill, and ability. Additional training topics to include transgender health, intimate partner violence, behavioral health, mental health, substance abuse, language barriers, aging, etc).			
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*Strategy 3: Research, understand, and implement effective communication strategies customized to each of the subpopulations with health inequities.*

	<b>Timeframe</b>	<b>Activity</b>	<b>Responsible Parties</b>	<b>Target Population</b>	<b>Data Indicators</b>
A1	2017-2021 ONGOING/ ANNUAL MEETING	Establish or maintain formal partnerships between the Austin Area HIV Planning Bodies and agencies or individuals representing high-risk populations; seek technical assistance and training on how the needs of these high-risk populations can be advanced; and host annual meeting to discuss best practice activities that are working to help high risk populations remain in care.	HIV Planning Council; City of Austin HHS (HIV Resource Administration); HIV Service Providers; HIV Task Force	Gay black men, Women, Hispanic, Transgender, Youth, IDU	Number of new infections among target pops

**GOAL #4: Achieve a more coordinated local response to the HIV epidemic**

Objective 1: By 2021, increase Ryan White non-conflicted consumer representation on the Austin HIV Planning Council to at least 33%, fulfilling the HRSA requirement

*Strategy 1: Address barriers and opportunities to improve PLWHA engagement and participation in the HIV Planning Council.*

	<b>Timeframe</b>	<b>Activity</b>	<b>Responsible Parties</b>	<b>Target Population</b>	<b>Data Indicators</b>
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A1	2017 PROJECT	Identify and address barriers to HIV Planning Council participation by engaging PLWHA in the Austin TGA through instruments such as surveys, focus groups and key informant interviews.	HIV Planning Council; City of Austin HHS (HIV Resource Administration); City of Austin Office of Innovation; City of Austin Communications and Public Information Office	PLWHA	Number of PLWHA engaged; number of survey respondents
A2	2017 PROJECT	Study other EMA/TGA's identified as having successful consumer engagement practices to develop potential new practices to recruit PLWHA as Planning Council members.	HIV Planning Council; City of Austin HHS (HIV Resource Administration)	PLWHA	Number of best practices identified
A3	2017 PROJECT/ ONGOING	Develop consumer engagement plan including consideration of an advertisement to reimburse members who are living with HIV for expenses they incur in serving as planning council members, such as travel or child care.	HIV Planning Council; City of Austin HHS (HIV Resource Administration)	PLWHA	Number of advertisement opportunities taken

*Strategy 2: Launch proactive efforts to engage new and non-traditional partners in achieving the HIV Planning Council mission.*

	<b>Timeframe</b>	<b>Activity</b>	<b>Responsible Parties</b>	<b>Target Population</b>	<b>Data Indicators</b>
A1	2018-2021 PROJECT	Participate in community conversations with broad-based Austin-area health, social service, and community coalitions/groups in order to engage new and non-traditional partners. (Create engagement plan, materials/elevator speech, prioritize by	HIV Planning Council; City of Austin HHS (HIV Resource Administration); City of Austin Office of Innovation; City of Austin Communications and Public	Community groups that whose mission and work is aligned with identified priorities (PSRA process) affecting target populations (referenced in Goal 3).  Examples: allgo, Community Action t	Number and diversity of partners engaged

		asking FB community for more ideas on who to work with.	Information Office	Network (CAN), and Capital Metro, HIV/AIDS aging coalition (Oct), Young/Adult Council, Austin area urban league, Hispanic urban League, ECHO, (Transgender workgroup (Aubrey)), Out Youth,	
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*Strategy 3: Coordinate with the community to provide outreach to consumers.*

	Timeframe	Activity	Responsible Parties	Target Population	Data Indicators
A1	2018-2021 ONGOING	Coordinate with community groups who work with target populations participating in events that promote HIV awareness,	HIV Planning Council; City of Austin HHS	Communities affected by/PLWHA participating in events. Austin faith community (week of prayer), AIDS Candlelight Memorial, AIDS Walk, Pride Parade	Number and diversity of partners engaged

Objective 2: By 2021, advocate for agenda items of collaborative entity meetings focused on improving the HIV system of care.

*Strategy 1: Address significant barriers to care and work to improve the HIV system of care through coordination of effort between the organizations.*

	Timeframe	Activity	Responsible Parties	Target Population	Data Indicators
A1	2017-2021 ONGOING	Sustain formal partnerships with the Housing Opportunities for People with AIDS (HOPWA) program and other <b>housing and homelessness prevention coalitions</b> and groups to address housing instability among PLWHA.	HIV Planning Council; City of Austin HHS ; City of Austin Neighborhood Housing and Community Development Office	Community entities including but not limited to the Austin Housing Coalition, Ending Community Homelessness Coalition (ECHO); One Voice Central Texas; Austin/Travis County Reentry Roundtable, Austin Travis County Integral Care, and	Number and diversity of partners engaged

				Central Health	
A2	2017-2021 ONGOING	Target local and regional <b>behavioral health</b> providers and coalitions for coordination of activities.	HIV Planning Council; City of Austin HHS	Community entities including but not limited to the Austin Police Department; Austin Travis County Integral Care; Central Health and Austin State Hospital	Number and diversity of partners engaged
A3	2017-2021 ONGOING	Sustain formal partnerships with <b>transportation</b> service providers in the TGA	HIV Planning Council; City of Austin HHS	Community entities including but not limited to the Capital Metro, the Transit Empowerment Fund (TEF), and ATX Safer Streets	Number of agenda items

*Strategy 2: Participate in regional and statewide advocacy efforts focused on adequate funding, efficient program administration and decreasing the administrative burden of Ryan White activities.*

	Timeframe	Activity	Responsible Parties	Target Population	Data Indicators
A1	2017-2021 ONGOING	Promote ACA enrollment for those who are living with HIV.	HIV Planning Council; City of Austin HHS	Ryan-White eligible PLWHA; Texas Department of State Health Services; Austin City Council; Central Health	Number of collaborative agenda items; number of convening's
A2	2017-2021 ONGOING	Support ongoing statewide efforts to improve Medicaid access for people living with HIV as outlined in the Texas State SHARP Report (HIV Syndicate).	HIV Planning Council; City of Austin HHS	Ryan-White eligible PLWHA; Texas Health and Human Services Commission/Texas Department of State Health Services; Austin City Council; Central Health	Number of education actions; number of government policies changed
A3	2017-2021 ONGOING	Advocate for designated funding for PrEP to appropriate populations.	HIV Planning Council	State Legislature Budget	Amount of PrEP funding designated from State Budget.
A4	2017-2021 ONGOING	Advocate for state standards	HIV Planning	State Testing Standards	Number of routine opt-out HIV screenings preformed

		for testing to include opt-out testing statewide.	Council		in medical settings; Number of providers/organizations implementing opt-out testing
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*Strategy 3: Annually coordinate and communicate with other community-based groups who impact the lives of those living with HIV, on the progress of the Integrated HIV Prevention and Care Plan (Create Dashboard)*

	<b>Timeframe</b>	<b>Activity</b>	<b>Responsible Parties</b>	<b>Target Population</b>	<b>Data Indicators</b>
A1	2017-2021 ANNUAL REPORT	Target the following organizations to educate about the progress of the plan.	HIV Planning Council; City of Austin HHS	PLWHA; entities supporting target activities	Number of collaborative agenda items; number of convening's; number of PLWH engaged; number of people engaged; number of agencies engaged