

Integrated Plan Updates

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Health Resources Services Administration Comments

Received 2022 Integrated Plan
Submission feedback in October
2023

Integrated Plan works with all Ryan
White HIV/AIDS Program Parts, Fast
Track Cities Initiative, Ending the
Epidemic Initiative, Achieve
Together Texas, and the State of
Texas on how to coordinate our
efforts in the Austin TGA with
state/national/international efforts

Integrated Plan Findings for Review

1. Need a strategy for facilitating and optimizing Planning Bodies participation in planning
2. Develop a strategy for monitoring implementation of the plan with existing resources.
3. Identify priority populations and detail strategy for engaging said populations
 1. *Next: Detail strategy for engagement*
4. Need more consumer/client input from people who receive Ryan White Part A Services in planning
5. Need engagement with PLWH in plan development and throughout
6. Need to detail collaboration with other RWHAP Parts, detail strategy for coordinating prevention and care activities that uses resources to address gaps
 1. *Next: Improve strategy of engagement with other RWHAP Parts*
7. *Next: Detail how data is used in planning process, data sharing agreements, and ensure use of best quality of data*

Identify priority populations and detail strategy for engaging said populations

PRIORITIES

Key priorities that arose from this planning process and review of data for the Ryan White Part A jurisdictions which included the EHE and FTC areas, was the need to focus on those populations that are disproportionately impacted by HIV/AIDS. The identified priority populations for the Austin transitional grant area include Black men who sleep with men (MSM), Black women who sleep with men (WSM), Latin(o)(a)(x) MSM, and transgender and gender diverse persons of color. More on these populations and supporting data can be found in SECTION III in more details on this document. We aim to engage our priority populations through ~~and/or~~ townhalls to solicit feedback on HIV prevention and care efforts to inform the priorities of the upcoming fiscal year. Recruitment efforts for feedback were conducted for these identified populations at community events. Additionally, these voices needed to be elevated and sought after more to engage in the process of making decisions that impacted their specific communities.

Need more consumer/client
input from people who
receive Ryan White Part A
Services

Need engagement with
PLWH in plan development
and throughout

Feedback and Improvement

The primary tool that will be used to update the Planning Council and stakeholders on the progress of the plan is the Integrated HIV Prevention and Control Dashboard. The Dashboard will show annual progress made for the specific indicators listed under each goal, objective, and activity. The Dashboard will indicate if each objective and activity is on-schedule, ahead, or behind to meet the 2026 targets. The Dashboard will be updated regularly by the HIV Planning Council's Office of Support Staff and presented during the Strategic Planning/Needs Assessment subcommittee and included on the monthly Staff report for the full body PC meetings, Business Committee. This document will be available as aparta part of meeting materials or meeting packets that will be posted on the Planning Council website, emailed to all stakeholders who helped develop the plan and to all Ryan White funded and key prevention agencies in the Austin TGA. Service providers will be encouraged to share this information with their respective contact lists and other stakeholders. Additionally, the Dashboard will be presented regularly to the Texas HIV Syndicate, EHE's relevant committees, and FTC committees to insureensure that progress in the Austin TGA is in-line with state and local initiative priorities.

To create the Dashboard, the planner will collaborate with Texas Department of State Health Services and the administrative agent to gather the data needed to display integrated plan progress regarding the 2026 targets. The planner is currently waiting on available data related to the goals of the Austin TGA. The dashboard will be powered through PowerBi.

The Austin Area HIV Planning Council will solicit feedback from the community at special town halls that target specific priority populations such as EIIHA and MAI identified groups and via email after each public update. The townhalls are expected to happen throughout the Spring and Summer months leading to the grant application deadline. Topics for the townhall include discussions on the challenges faced, services needed, barriers to services, and review of Planning Council deliverables such as the integrated plan and needs assessment items. The information gathered at these townhalls will be compiled to inform the HIV Planning Council's PRSA efforts for the upcoming fiscal year. The Austin HIV Planning Council will continue to monitor the epidemic and the provider and funding landscape and adjust the planning priorities and activities to reflect any changes in their monthly Strategic Planning/Needs Assessment committee meetings.

Need a strategy for
facilitating and
optimizing Planning
Bodies participation in
planning

Need to detail
collaboration with other
RWHAP Parts, detail
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resources to find gaps

Role of Planning Bodies and Other Entities

The Austin HIV Planning Council collaborates with numerous partners to ensure the coverage on all parts along the HIV Care continuum, including prevention. A key partner in prevention is the Ending the Epidemic initiative in Austin. This initiative aims at reducing the number of new HIV

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infections by 50% in 2030, compared to 2018 rates. A key feature is that the Ending the Epidemic initiative can fund prevention efforts, including Pre-exposure Prophylaxis (PrEP) and Post-exposure prophylaxis (PEP), which makes them an essential partner to be able to provide prevention services to the Austin area. The Ending the Epidemic liaison at Austin Public Health is tasked with providing routine updates to the HIV Planning Council on the initiatives progress.

Fast Track Cities is an additional initiative that is partnered with the Austin HIV Planning Council. Cities play a critical role in ending inequalities related to HIV/AIDS and reducing the number of new infections. The Fast Track Cities initiative for Austin, Texas is a pledge to accelerate their AIDS response, to reach ambitious targets, create strategic partnerships, and address significant disparities in access to services, social justice, and economic opportunity. The Fast Track Cities liaison at Austin Public Health is tasked with providing routine updates to the HIV Planning Council on the initiatives progress.

The Texas HIV Syndicate is another group that works with and is represented on council as certain council members are a part of the state of Texas integrated HIV prevention and care planning group. The Office of Support planner is also required to take part in the HIV Syndicate and Planner's Network of Texas to assist in the alignment of efforts with the state and their Achieving Together Texas plan. The Achieving Together Texas plan reflects the ideas, recommendations, and guidance of the Texas HIV Syndicate and Achieving Together Partners, as well as statewide community engagement efforts with people impacted by HIV, people living with HIV, clinicians, and researchers.

The council also regularly works with Ryan White HIV/AIDS Program Part B, which is responsible for providing supplemental grants to Texas grant recipients in need. The Part B program relates to council through monthly Part B updates given by the assigned Part B Planner on council, to ensure that timely and routine updates are given on the funding for supplemental grants. Ryan White HIV/AIDS Program Part C, Part D, and Part F liaisons are connected to council via routine emailing or are on council.

Details regarding this process can be found in Appendix A

- The submitted plan used the Fast Track Cities Plan, found in Appendix A to detail coordination stating “Detail regarding this process can be found in Appendix A”
- HRSA found the appendix to be insufficient. Therefore, the following summary was provided

Next: Detail how data is used in planning process, data sharing agreements, and ensure use of best quality of data

- Next Steps: Update ARIES to Take Charge Texas
- Add updates to Needs Assessment once Literature Review Topic is selected

The main sources of data and data systems used to develop this plan are as follows:

Health Resources and Services Administration (HRSA) and CDC – Best practices and guidance were pulled from reports developed by the CDC and HRSA. The CDC provides the annual projection for the number of people who are HIV positive but unaware of their status.

Texas Department of State Health Services (DSHS) – DSHS produces the annual *Texas HIV Surveillance Report* which provides statistical, surveillance and demographic data at the state level with breakdowns by EMA/TGA, Health Service Delivery Areas HSDA (Part A and B regions) and by county. DSHS provides the majority of the data and reports required by the Austin TGA to prepare the annual Ryan White grant applications and this plan. DSHS produces the annual Treatment Cascade and related data profiles with information retrieved from the Enhanced HIV/AIDS Reporting System (eHARS) system.

AIDS Regional Information and Evaluation System (AIRES) – AIRES is the system used by all Texas EMA/TGAs and other Ryan White parts to facilitate Ryan White operations, including provider reporting/tracking of services delivered. The database enables each EMA/TGA to produce a wide variety of reports sorted by financial, utilization and consumer demographic profiles. This is the primary tool used by the Planning Council during the Priority Setting and Resource Allocation process to provide a clear understanding of the profile for consumers who utilize each service, the number of units of service delivered for each service. AIRES data is used to generate the Ryan White HIV/AIDS Program Services Reports (RSRs).

Needs Assessments for the Austin TGA –The Strategic Planning/Needs Assessment Committee of the Austin Area HIV Planning Council led the administering of the 2022 Needs Assessment Survey on service needs and barriers for ~~following~~those following a two-year delay due to the onset of the COVID-19. While other Needs Assessment activities were completed including a Provider Capacity and Capabilities survey, focus ~~groups~~groups, community town halls, and a System of Care Analysis, the survey itself wasn't administered until |

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August 2022 through November 2022. It is currently still undergoing analysis with an expected written report scheduled for January 2023. Since the Integrated Plan is a living document, there will be updates provided to the plan as need information and data becomes available. The survey was developed through the guidance and direction of the Strategic Planning/Needs Assessment Committee of the Austin Area Planning Council. The public was invited to comment through the public communication portion of committee meetings. Participating locations for survey distribution were sent copies of the survey beforehand for comment and review. This served as a mechanism to build rapport with location liaisons to better reach the clients served. This relationship was supported through routine check-ins via Zoom with location staff to assist with survey dispersal.

A preliminary analysis was drafted in 2023, this report was delayed due to staff turnover in conjunction with the COVID-19 pandemic. An overview has been provided to the Strategic Planning/Needs Assessment committee via email in February 2024 to assist in selecting a service need or barrier that should be explored. The committee is expected to make this decision in April 2024.

Need to address the Medicaid Representative vacancy on council from our required membership categories



Proposed a solution for Medicaid Membership Category Vacancy to Health Resources and Services Administration (HRSA) in September 2023/March 2024



Unfortunately, the identified FQHC worker has not followed through on submitting their application regarding the first proposal. The second proposal was denied.



New Solution: SME from Texas Medicaid serves as a non-voting member for at least two years.

Next Steps: Propose Solution to HRSA PO Officer and follow up with Texas DSHS contact