

HRSA HAB, HIV Integrated Prevention and Care Plan, CY2022-2026

Summary Statement



SECTION I: Integrated Plan Submission and Review Summary

Jurisdiction	Austin, Texas
Submission Type	<input type="checkbox"/> Integrated state/city prevention and care plan <input type="checkbox"/> Integrated state-only prevention and care plan <input checked="" type="checkbox"/> Integrated city-only prevention and care plan <input type="checkbox"/> Other: _____
RWHAP Part A Jurisdictions (EMA/TGA) or MSAs included in the plan	Austin, TGA
Did the jurisdiction use portions of other plans to satisfy requirements (e.g., EHE plan)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No or Not Applicable Name of Plan(s) Used: Fast Track Cities Action Plan, Austin System of Care Summary Report, Austin HRSA EHE Year 3 Workplan 2.0 If available, URL to other Plan(s):
Executive Summary Included	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
HRSA Reviewer's Name(s)	
HRSA Reviewer's Name:	Melody Barry
HRSA Reviewer's Name:	Darrin Johnson

SECTION II: Community Engagement and Planning Process

Purpose of this Section: For the recipient to describe how the jurisdiction approached the planning process, engaged community members and stakeholders, and fulfilled legislative and programmatic requirements including:

1. SCSN
2. RWHAP Part A and B planning requirements including those requiring feedback from key stakeholders and people with HIV
3. CDC planning requirements

Tips given to recipients for meeting this requirement:

1. This requirement may include submission of portions of other submitted plans including the EHE plan submitted as a deliverable for PS19-1906.
2. Be sure to provide adequate detail to confirm compliance with legislative and programmatic planning requirements.
3. The planning process should include key stakeholders and broad-based communities that include but are not limited to people with HIV, funded-service providers, and stakeholders, especially new stakeholders, from disproportionately affected communities. See *Appendix 3* for required and suggested examples of stakeholders to be included.
4. Explain how the jurisdiction built collaborations among systems of care relevant to HIV in the jurisdictions (e.g., behavioral health and housing services).
5. Include community engagement related to “Respond” and support of cluster detection activities.

Please select all planning bodies that participated in developing the Integrated Plan

- ☐ Integrated HIV Prevention and Care Planning Body
- ☒ RWHAP Part A Planning Council/Planning Body
- ☐ RWHAP Part B Advisory Group
- ☒ HIV Prevention Group (HPG)
- ☐ EHE Planning Body
- ☐ Other, please specify:

Please note the remainder of this table includes the language provided to the recipient in the CY 2022-2026 CDC DHAP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist and will indicate whether the HRSA reviews found the requirement to be met or not met.

1. Jurisdiction Planning Process:

Describe how your jurisdiction approached the planning process. Include in your description the steps used in the planning process, the groups involved in implementing the needs assessment and/or developing planning goals and how the jurisdiction incorporated data sources in the process. Describe how planning included representation from the priority populations. This may include sections from other plans such as the EHE plan. Please be sure to address the items below in your description

HRSA-CDC Response

Partial

<p>a. Entities Involved in Process: List and describe the types of entities involved in the planning process. Be sure to include CDC and HRSA-funded programs, new stakeholders (e.g., new partner organizations, people with HIV), as well as other entities such as HOPWA-funded housing service providers or the state Medicaid agency that met as part of the process. See <i>Appendix 3</i> for list of required and suggested stakeholders</p>	<p>HRSA-CDC Response Partial</p>
<p>b. Role of RWHAP Part A Planning Council/Planning Body (not required for state only plans): Describe the role of the RWHAP Part A Planning Council(s)/Planning Body(s) in developing the Integrated Plan.</p>	<p>HRSA-CDC Response Partial</p>
<p>1. Role of Planning Bodies and Other Entities: Describe the role of CDC Prevention Program and RWHAP Part B planning bodies, HIV prevention and care integrated planning body, and any other community members or entities who contributed to developing the Integrated Plan. If the state/territory or jurisdiction has separate prevention and care planning bodies, describe how these planning bodies collaborated to develop the Integrated Plan. Describe how the jurisdiction collaborated with EHE planning bodies. Provide documentation of the type of engagement occurred. EHE planning may be submitted as long as it includes updates that describe ongoing activities.</p>	<p>HRSA-CDC Response No</p>
<p>2. Collaboration with RWHAP Parts: Describe how the jurisdiction incorporated RWHAP Parts A-D providers and Part F recipients across the jurisdiction into the planning process. In the case of a RWHAP Part A or Part B only plan, indicate how the planning body incorporated or aligned with other Integrated Plans in the jurisdiction to avoid duplication and gaps in the service delivery system.</p>	<p>HRSA-CDC Response Partial</p>
<p>3. Engagement of People with HIV: Describe how the jurisdiction engaged people with HIV in all stages of the process, including needs assessment, priority setting, and development of goals/objectives. Describe how people with HIV will be included in the implementation, monitoring, evaluation, and improvement process of the Integrated Plan.</p>	<p>HRSA-CDC Response No</p>

4. Priorities: List key priorities that arose out of the planning and community engagement process.	HRSA-CDC Response Partial
5. Updated to Other Strategic Plans Used To Meet Requirements (Only for those jurisdictions that used sections of other plans): If the jurisdiction is using portions of another local strategic plan to satisfy this requirement, please describe: <ol style="list-style-type: none"> 1. How the jurisdiction uses annual needs assessment data to adjust priorities. 2. How the jurisdiction incorporates the ongoing feedback of people with HIV and stakeholders. 3. Any changes to the plan because of updated assessments and community input. Any changes made to the planning process because of evaluating the planning process.	HRSA-CDC Response No
General Comments on Section and/or explanation for no/partial responses in the review tool (e.g., what information was missing): See summary.	

SECTION III: Contributing Data Sets and Assessments

Purpose: To analyze the qualitative and quantitative data used by the jurisdiction to describe how HIV impacts the jurisdiction; to determine the services needed by clients to access and maintain HIV prevention, care and treatment services; to identify barriers for clients accessing those services; and to assess gaps in the service delivery system. This section fulfills several legislative requirements including:

1. SCSN
2. RWHAP Part A and B planning requirements including those requiring feedback from key stakeholders and people with HIV
3. CDC planning requirements

Tips given to recipients for meeting this requirement:

1. This requirement may include submission of portions of other submitted plans including the EHE plan submitted as a deliverable for PS19-1906. Please ensure that if using a previously developed plan that the data included describes the entire jurisdiction and not just a subsection of the jurisdiction such as an EHE priority county.
2. Be sure to provide adequate detail to confirm compliance with legislative and programmatic planning requirements.
3. Include both narrative and graphic depictions of the HIV-related health disparities in the area including information about HIV outbreaks and clusters.
4. The data used in this section should inform both the situational analysis and the goals established by the jurisdiction.
5. *Appendix 4* includes suggested data resources to assist with this submission including the Epidemiologic Snapshot.

The following table indicates whether or not the HRSA reviewers found that the recipient responded to the following requirements in Section III Contributing Data Sets and Assessments of the Integrated Plan Submission

<p>1. Data Sharing and Use: Provide an overview of data available to the jurisdiction and how data were used to support planning. Identify with whom the jurisdiction has data sharing agreements and for what purpose.</p>	<p>HRSA-CDC Response Partial</p>
<p>2. Epidemiologic Snapshot: Provide a snapshot summary of the most current epidemiologic profile for the jurisdiction that uses the most current available data (trends for most recent 5 years). The snapshot should highlight key descriptors of people diagnosed with HIV and at-risk for exposure to HIV in the jurisdiction using both narrative and graphic depictions. Provide specifics related to the number of individuals with HIV who do not know their HIV status, as well as the demographic, geographic, socioeconomic, behavioral, and clinical characteristics of persons with newly diagnosed HIV, all people with diagnosed HIV, and persons at-risk for exposure to HIV. This snapshot should also describe any HIV clusters identified and outline key characteristics of clusters and cases linked to these clusters. Priority populations for prevention and care should be highlighted and align with those of the HIV National Strategic Plan. Be sure to use the HIV care continuum in your graphic depiction, showing burden of HIV in the jurisdiction.</p>	<p>HRSA-CDC Response Yes</p>
<p>3. HIV Prevention, Care and Treatment Resource Inventory: Create an HIV Prevention, Care and Treatment Resource Inventory. The Inventory may include a table and/or narrative but must address <u>all</u> of the following information in order to be responsive:</p> <ul style="list-style-type: none"> • Organizations and agencies providing HIV care and prevention services in the jurisdiction. • HRSA (must include all RWHAP parts) and CDC funding sources. • Leveraged public and private funding sources, such as those through HRSA's Community Health Center Program, HUD's HOPWA program, Indian Health Service (IHS) HIV/AIDS Program, Substance Abuse and Mental Health Services Administration programs, and foundation funding. • Describe the jurisdiction's strategy for coordinating the provision of substance use prevention and treatment services (including programs that provide these services) with HIV prevention and care services. • Services and activities provided by these organizations in the jurisdiction and if applicable, which priority population the agency serves. 	<p>HRSA-CDC Response Partial</p>

<ul style="list-style-type: none"> Describe how services will maximize the quality of health and support services available to people at-risk for or with HIV. 	
<p>a. Strengths and Gaps: Please describe strengths and gaps in the HIV prevention, care and treatment inventory for the jurisdictions. This analysis should include areas where the jurisdiction may need to build capacity for service delivery based on health equity, geographic disparities, occurrences of HIV clusters or outbreaks, underuse of new HIV prevention tools such as injectable antiretrovirals, and other environmental impacts.</p>	<p>HRSA-CDC Response Partial</p>
<p>b. Approaches and Partnerships: Please describe the approaches the jurisdiction used to complete the HIV prevention, care and treatment inventory. Be sure to include partners, especially new partners, used to assess service capacity in the area.</p>	<p>HRSA-CDC Response Partial</p>
<p>4. Needs Assessment Identify and describe all needs assessment activities or other activities/data/information used to inform goals and objectives in this submission. Include a summary of needs assessment data including:</p> <ol style="list-style-type: none"> Services people need to access HIV testing, as well as the following status neutral services needed after testing: <ol style="list-style-type: none"> Services people at-risk for HIV need to stay HIV negative (e.g., PrEP, Syringe Services Programs) – Needs Services people need to rapidly link to HIV medical care and treatment after receiving an HIV positive diagnosis - Needs Services that people with HIV need to stay in HIV care and treatment and achieve viral suppression –Needs Barriers to accessing existing HIV testing, including State laws and regulations, HIV prevention services, and HIV care and treatment service – Accessibility 	<p>HRSA-CDC Response Partial</p>
<p>a. Priorities: List the key priorities arising from the needs assessment process.</p>	<p>HRSA-CDC Response No</p>
<p>b. Actions Taken: List any key activities undertaken by the jurisdiction to address needs and barriers identified during the needs assessment process.</p>	<p>HRSA-CDC Response No</p>

<p>c. Approach</p> <p>Please describe the approach the jurisdiction used to complete the needs assessment. Be sure to include how the jurisdiction incorporated people with HIV in the process and how the jurisdiction included entities listed in <i>Appendix 3</i>.</p>	<p>HRSA-CDC Response</p> <p>No</p>
<p>General Comments on Section and/or explanation for no/partial responses in the review tool (e.g., what information was missing):</p> <ul style="list-style-type: none"> • The jurisdiction does not describe how data were used in the planning process. • Data sharing agreements were not discussed. • The jurisdiction does not describe how proposed services will support the provision of quality health care and support services to people at-risk for or with HIV. 	

<p>SECTION IV: Situational Analysis</p> <p><u>Purpose:</u> To provide an overview of strengths, challenges, and identified needs with respect to several key aspects of HIV prevention and care activities. This snapshot should synthesize information from the Community Engagement and Planning Process in Section II and the Contributing Data sets and Assessments detailed in Section III.</p> <p>Tips given to recipients for meeting this requirement:</p> <ol style="list-style-type: none"> 1. New or existing material may be used; however, existing material will need to be updated if used. 2. This section not only provides a snapshot of the data and environment for goal-setting but meets the RWHAP legislative requirement for the SCSN. 3. Jurisdictions may submit the Situational Analysis submitted as part of their EHE Plan to fulfill this requirement. <i>However, it must include information for the entire HIV prevention and care system and not just the EHE priority area or service system.</i> If using EHE plans to fulfill this requirement, be sure to include updates as noted below. <p><i>The following table indicates whether or not the HRSA reviewers found that the recipient responded to the following requirements in Section IV Situational Analysis of the Integrated Plan Submission</i></p>

<p>1. Situational Analysis: Based on the Community Engagement and Planning Process in Section II and the Contributing Data Sets and Assessments detailed in Section III, provide a short overview of strengths, challenges, and identified needs with respect to HIV prevention and care. Include any analysis of structural and systemic issues affecting populations disproportionately affected by HIV and resulting in health disparities. The content of the analysis should lay the groundwork for proposed strategies submitted in the Integrated Plan's goals and objective sections. The situational analysis should include an analysis in each of the following areas:</p> <ul style="list-style-type: none"> a. <u>Diagnose</u> all people with HIV as early as possible b. <u>Treat</u> people with HIV rapidly and effectively to reach sustained viral suppression c. <u>Prevent</u> new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs) d. <u>Respond</u> quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them <p><i>Please note jurisdictions may submit other plans to satisfy this requirement, if applicable to the entire HIV prevention and care service system across the jurisdiction.</i></p>	<p>HRSA-CDC Response Partial</p>
<p>a. Priority Populations: Based on the Community Engagement and Planning Process in Section II and the Contributing Data Sets and Assessments detailed in Section III, describe how the goals and objectives address the needs of priority populations for the jurisdiction</p>	<p>HRSA-CDC Response No</p>
<p>General Comments on Section and/or explanation for no/partial responses in the review tool (e.g., what information was missing): See summary.</p>	

<p>SECTION V: 2022-2026 Goals and Objectives</p>
<p><u>Purpose:</u> To detail goals and objectives for the next 5 years. Goals and objectives should reflect strategies that ensure a unified, coordinated approach for all HIV prevention and care funding.</p> <p>Tips for meeting this requirement:</p> <p>2. <i>Recipients may submit plans (e.g., EHE, Getting to Zero, Cluster and Outbreak Detection and Response plan) for this requirement as long as it sets goals for the entire HIV prevention and care delivery system and geographic area.</i></p>

3. Goals and objectives should be in SMART format and structured to include strategies that accomplish the following:
 - a. Diagnose all people with HIV as early as possible
 - b. Treat people with HIV rapidly and effectively to reach sustained viral suppression
 - c. Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP) and syringe services programs (SSPs)
 - d. Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.
4. The plan should include goals that address both HIV prevention and care needs and health equity.

The following table indicates whether or not the HRSA reviewers found that the recipient responded to the following requirements in in Section V 2022-2026 Goals and Objectives of the Integrated Plan Description

Did the plan List and describe goals and objectives for how the jurisdiction will diagnose, treat, prevent and respond to HIV. Be sure the goals address any barriers or needs identified during the planning process. There should be at least 3 goals and objectives for each of these four areas. See Appendix 2 for suggested format for Goals and Objectives.

Diagnose	HRSA-CDC Response No
Treat	HRSA-CDC Response No
Prevent	HRSA-CDC Response No
Respond	HRSA-CDC Response No
a. Updates to Other Strategic Plans Used to Meet Requirements (applicable only if recipient used other plans to satisfy this requirement): If the jurisdiction is using portions of another local strategic plan to satisfy this requirement, please describe any changes made because of analysis of data.	HRSA-CDC Response Partial
General Comments on Section and/or explanation for no/partial responses in the review tool (e.g., what information was missing): See summary.	

SECTION VI: 2022-2026 Integrated Planning Implementation, Monitoring and Jurisdictional Follow Up

Purpose: To describe the infrastructure, procedures, systems, and/or tools that will support the key phases of integrated planning. In this section jurisdictions will detail how best to ensure the success of Integrated Plan goals and objectives through the following 5 key phases:

1. Implementation
2. Monitoring
3. Evaluation
4. Improvement
5. Reporting and Dissemination

Tips given to recipients for meeting this requirement

1. This requirement may require the recipient to create some new material or expand upon existing materials.
2. Include sufficient descriptive detail for each of the 5 key phases to ensure that all entities understand their roles and responsibilities, and concur with the process.
3. If you are submitting portions of a different jurisdictional plan to meet this requirement, you should include updates that describe steps the jurisdiction has taken to accomplish each of the 5 phases.

The following table indicates whether or not the HRSA reviewers found that the recipient responded to the following requirements in Section VI 2022-2026 Integrated Planning Implementation, Monitoring and Jurisdictional Follow Up of the Integrated Plan Submission.

1. 2022-2026 Integrated Planning Implementation Approach: Describe the infrastructure, procedures, systems or tools that will support the five key phases of integrated planning to ensure goals and objectives are met.	HRSA-CDC Response Partial
a. Implementation Describe the process for coordinating partners, including new partners, people with HIV, people at high risk for exposure to HIV, and providers and administrators from different funding streams, to meet the jurisdiction's Integrated Plan goals and objectives. Include information about how the plan will influence the way the jurisdiction leverages and coordinates funding streams including but not limited to HAB and CDC funding.	HRSA-CDC Response No

<p>b. Monitoring Describe the process for monitoring progress on the Integrated Plan goals and objectives. This should include information about how the jurisdiction will coordinate different stakeholders and different funding streams to implement plan goals. If multiple plans exist in the state (e.g., city-only Integrated Plans, state-only Integrated Plans), include information about how the jurisdiction will collaborate and coordinate monitoring of the different plans within the state to avoid duplication of effort and potential gaps in service provision. Be sure to include details such as specific coordination activities and timelines for coordination. <i>Note: Recipients will be asked to provide updates to both CDC and HRSA as part of routine monitoring of all awards.</i></p>	<p>HRSA-CDC Response No</p>
<p>c. Evaluation: Describe the performance measures and methodology the jurisdiction will use to evaluate progress on goals and objectives. Include information about how often the jurisdiction conducts analysis of the performance measures and presents data to the planning group/s</p>	<p>HRSA-CDC Response No</p>
<p>d. Improvement: Describe how the jurisdiction will continue to use data and community input to make revisions and improvements to the plan. Be sure to include how often the jurisdiction will make revisions and how those decisions will be made</p>	<p>HRSA-CDC Response Partial</p>
<p>e. Reporting and Dissemination: Describe the process for informing stakeholders, including people with HIV, about progress on implementation, monitoring, evaluation and improvements made to the plan.</p>	<p>HRSA-CDC Response Partial</p>

<p>2. Updates to Other Strategic Plans Used to Meet Requirements (applicable only if recipient used other plans to satisfy this requirement):</p> <p>If the jurisdiction is using portions of another local strategic plan to satisfy this requirement, please describe:</p> <ol style="list-style-type: none"> 1. Steps the jurisdiction has already taken to implement, monitor, evaluate, improve, and report/disseminate plan activities. 2. Achievements and challenges in implementing the plan. Include how the jurisdiction plans to resolve challenges and replicate successes. 3. Revisions made based on work completed. 	<p>HRSA-CDC Response</p> <p>No</p>
<p>General Comments on Section and/or explanation for no/partial responses in the review tool (e.g., what information was missing):</p> <p>See summary.</p>	

SECTION VII: Letters of Concurrence	
<p>The recipient needed to provide letters of concurrence or concurrence with reservation. Each letter should specify how the planning body was involved in the Integrated Plan development. Include a letter of concurrence for each planning body in the state/territory or jurisdiction. See <i>Appendix 6</i> for a sample Letter of Concurrence.</p>	
<p><i>The following table indicates whether or not the HRSA reviewers found that the recipient provided letter(s) of concurrence that represent individuals/planning groups, as appropriate, from the following:</i></p>	
<ol style="list-style-type: none"> 1. CDC Prevention Program Planning Body Chair(s) or Representative(s) 2. Community Co-Chair 	<p>HRSA-CDC Response</p> <p>N/A</p>
<ol style="list-style-type: none"> 3. RWHAP Part A Planning Council/Planning Body(s) Chair(s) or Representative(s) 	<p>HRSA-CDC Response</p> <p>Yes</p>
<ol style="list-style-type: none"> 4. RWHAP Part B Planning Body Chair or Representative 	<p>HRSA-CDC Response</p> <p>Yes</p>
<ol style="list-style-type: none"> 5. Integrated Planning Body 	<p>HRSA-CDC Response</p> <p>N/A</p>
<ol style="list-style-type: none"> 6. EHE Planning Body 	<p>HRSA-CDC Response</p> <p>Concurrence with reservations</p>
<p>General Comments on Section and/or explanation for no/partial responses in the review tool (e.g., what information was missing):</p> <ul style="list-style-type: none"> • Additionally, Fast Track Cities submitted a letter of concurrence. 	

As a reminder, the Integrated plans are *“living documents”* and serve as a blueprint for HIV prevention and care activities.

Integrated Plan Submission Review Summary

I. Highlights and Observations of Plan:

None noted.

II. Plan Strengths:

None noted.

III. Programmatic/Legislative Compliance Issues:

People with HIV not included in plan development

Substantial non-compliance with Integrated Plan Guidance

A. Action Items to Resolve Programmatic/Legislative Compliance Issues:

Submit action plan to establish methodology for including people with HIV in future planning activities

Submit action plan to complete areas of significant non-compliance with Integrated Plan Guidance

Submit action plan to resolve planning bodies non concurrence (i.e., concurrence with reservations).

IV. Recommendations for Plan Improvement:

The jurisdiction did not follow the Integrated HIV Prevention and Care Plan Guidance. Many of the sections were unclear and did not provide sufficient details or describe updates to existing plans.

The quality of the data used to inform the planning process was a significant point of concern throughout the document.

Data sharing agreements were not identified.

The jurisdiction needs to present a better strategy for coordinating HIV prevention and care activities that uses available resources to address identified gaps.

Priority populations were not identified and no strategy for engaging priority populations was discussed.

V. Capacity Building/Technical Assistance Suggestions:

Recommend technical assistance focused on all administrative operations of the jurisdiction's prevention and care programs.

More effective use of data in the planning process.

Assist in aligning and consolidating the various jurisdictional plans.

Develop a strategy for facilitating and optimizing planning bodies' participation in the planning process.

Develop a strategy for monitoring implementation of the plan with existing resources.

VI. Items for Future Monitoring Discussions:

Ensure programmatic/legislative compliance issues are addressed.

Assist jurisdiction to access recommended technical assistance.