Texas Response to Federal Ending the HIV Epidemic Phase One Jurisdictions Planning

San Antonio
Austin
Dallas
Fort Worth
Introduction

In the fall of 2017, the Texas HIV Syndicate (the integrated statewide HIV care and prevention community group) launched efforts to develop a statewide plan to end the HIV epidemic. What would become the Achieving Together Plan was developed over a year-long process and launched in the fall of 2018. Over 140 community members from across Texas participated in the development of the goals, measures, guiding principles and focus areas of the Achieving Together Plan.

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

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

The Centers for Disease Control and Prevention’s funding announcement 19-1906 has created the opportunity to support and enhance local planning efforts and to build cross-jurisdictional understanding and coordination in EHE planning. This plan represents a first step in creating coordinated and complimentary efforts across multiple jurisdictions in Texas while maintaining locally relevant processes and partnerships.

Each jurisdiction represented in this plan followed similar organizational and planning processes in convening community to address their local HIV epidemic. Each jurisdiction initially convened large community input opportunities in order to identify key stakeholders and create planning structures representative of the community’s ideas and goals. All cities utilized existing information about the HIV epidemic in their jurisdiction as well as current resources and activities in order to examine efforts and develop strategies relevant to local communities.

COVID-19 has impacted efforts to plan for and address HIV across the state and in the four cities included in this plan. Existing community engagement and meeting plans had to be re-created in order to accommodate the in-ability to hold community gatherings. Each jurisdiction had to quickly learn and implement new virtual meeting strategies to continue this work. Additionally, the programs that organized and operated these community processes were heavily impacted by COVID-19 as local health
departments were the first line of response in state COVID-19 efforts and many staff were redirected to address the pandemic.

This plan represents countless hours and tremendous energy by the cities included. Each strove to engage, hear, and respond to their unique communities needs in addressing HIV locally. This plan is intended to be the start of a growing and evolving process of continuously examining efforts, identifying new opportunities, and engaging new partnerships to move closer to the goal of ending HIV in each city and across Texas.
2017-2018 HIV Epidemic Profiles

These profiles are snapshots of HIV in Texas, the Dallas Eligible Metropolitan Area (EMA), and the Austin, Fort Worth, and San Antonio Transitional Grant Areas (TGA). They focus on current standings on the critical measures in the Achieving Together plan:

- increasing the proportion of PLWH who have been diagnosed to no less than 90%;
- increasing the proportion of diagnosed PLWH on antiretroviral therapy (ART) to no less than 90%;
- increasing the proportion of diagnosed PLWH on ART who have a suppressed viral load to no less than 90%; and
- reducing the number of Texans with new HIV infections by half.

Data Sources and Methods

<table>
<thead>
<tr>
<th>Measure/Indicator</th>
<th>Source and method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimates of the number of people with PrEP indications and on PrEP in 2018</td>
<td>CDC estimates and algorithms applied to Texas 2018 routine disease surveillance information</td>
</tr>
<tr>
<td>Estimates of the number of people with new HIV infections and the total number of PLWH (diagnosed and undiagnosed) in 2017</td>
<td>CDC algorithms applied to Texas 2018 routine disease surveillance information</td>
</tr>
<tr>
<td>PLWH with diagnosed HIV and people with new diagnoses in 2018</td>
<td>Texas 2018 routine disease surveillance information</td>
</tr>
<tr>
<td>PLWH with undiagnosed HIV in 2017</td>
<td>Calculated using the figures for total and diagnosed prevalence</td>
</tr>
<tr>
<td>PLWH retained in care in 2018(^1) and PLWH with suppressed viral load in 2018</td>
<td>Texas routine disease surveillance information supplemented with information from public and private payors for HIV treatment.</td>
</tr>
</tbody>
</table>

This profile uses the most recent data available for each measure. These measures and indicators use varied sources and methods and cannot always provide the same level of detail or group breakdowns across the indicators. For each of the geographic areas, we highlight groups with lower rates of diagnosis, care, or viral suppression and groups with larger numbers of PLWH who are undiagnosed, out of care, or do not have a suppressed viral load.

Summary

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

Across areas, gay and bisexual men and other men who have sex with men (MSM) have larger numbers of PLWH who are undiagnosed or out of care than other groups, and actions taken to improve outcomes for MSM will improve overall results.

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\(^1\) This is a proxy for the number of people on ART.
Young PLWH (15-24 years old) are more likely to be undiagnosed and out of care than other age groups. Outcomes for transgender people are mixed. Improvements in outcomes among young PLWH and transgender individuals will not generally influence overall diagnosis, retention, and viral suppression levels because the number of youth and transgender persons living with HIV is relatively small. However, actions focused on youth and transgender persons are necessary to reduce inequities.

<table>
<thead>
<tr>
<th>Table 1: Standing on Achieving Together measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>All people with diagnosed and undiagnosed HIV in 2017</td>
</tr>
<tr>
<td>% of all PLWH with a diagnosis in 2017</td>
</tr>
<tr>
<td>% of diagnosed PLWH who are retained in care in 2018</td>
</tr>
<tr>
<td>% of PLWH retained in care who have a suppressed viral load in 2018</td>
</tr>
<tr>
<td>Number of people with new HIV infections in 2017</td>
</tr>
</tbody>
</table>

HIV in Texas
In 2018 94,106 Texas residents were living with diagnosed HIV. More than two-thirds were in one of five key groups: Latinx gay and bisexual men and other men who have sex with men (MSM), Black MSM, White MSM, Black women who have sex with men (WSM), and transgender people. More than half were 45 or older. In this same year, 4,520 Texans were diagnosed with HIV. The profile of people with new diagnoses is younger and has a greater proportion of MSM of color.

Figure 1: Texas residents who were living with diagnosed HIV in 2018

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

Transgender residents made up about 1% of all people living with diagnosed HIV and youth about 4%.
Austin TGA
The total estimated population of the Austin TGA was 2.29M in 2018. The per capita income in the area was $31,524 in 2018, 5% higher than the Texas per capita of $30,143. Basic demographics and indicators of social vulnerability can be found below.

Figure 3: Sex, race/ethnicity, and age of the general population in the Austin HSDA, 2018

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>N (2018)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>1,239,233</td>
</tr>
<tr>
<td>Black</td>
<td>167,344</td>
</tr>
<tr>
<td>Latinx</td>
<td>732,983</td>
</tr>
<tr>
<td>Other races</td>
<td>152,139</td>
</tr>
</tbody>
</table>

Table: Sex, Race/Ethnicity, and Age

<table>
<thead>
<tr>
<th>Age</th>
<th>N (2018)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 or younger</td>
<td>378,838</td>
</tr>
<tr>
<td>13-24</td>
<td>362,460</td>
</tr>
<tr>
<td>25-34</td>
<td>390,211</td>
</tr>
<tr>
<td>35-44</td>
<td>351,152</td>
</tr>
<tr>
<td>45-54</td>
<td>291,726</td>
</tr>
<tr>
<td>55-64</td>
<td>250,159</td>
</tr>
<tr>
<td>65+</td>
<td>267,153</td>
</tr>
</tbody>
</table>

Figure 4: Indicators of social vulnerability in the Austin HSDA, 2018

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent living in poverty</td>
<td>12.0%</td>
</tr>
<tr>
<td>Unemployment rate</td>
<td>4.6%</td>
</tr>
<tr>
<td>Percent with less than HS education</td>
<td>13.6%</td>
</tr>
</tbody>
</table>

PrEP indications and use
PrEP is a daily medication that is highly effective in preventing HIV. It is recommended only for people who are more likely to be exposed to HIV, or to use a more clinical term, have PrEP indications. In 2018,

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there were an estimated 18,150 Austin TGA residents who would have benefitted from PrEP.\textsuperscript{4} Latinx and White MSM made up about half of all residents who might benefit from PrEP. In 2018, estimates from the CDC for Travis County indicated that about 30% of residents with PrEP indications had a PrEP prescription in 2018.\textsuperscript{5}

\textit{Figure 5: Estimated number of Austin TGA residents with PrEP indications, 2017}

\begin{center}
\begin{tabular}{|c|c|}
\hline
Latinnx MSM & 5,930 \\
White MSM & 5,510 \\
Black MSM & 2,940 \\
Black heterosexuals & 870 \\
Latinnx heterosexuals & 860 \\
White heterosexuals & 450 \\
WhitePWID & 270 \\
Latinnx PWID & 270 \\
Black PWID & 210 \\
\hline
\end{tabular}
\end{center}

\textit{Austin residents living with diagnosed HIV}

In 2018, 6,445 Austin TGA residents were living with diagnosed HIV. In that same year, 284 residents were newly diagnosed with HIV. MSM made up the largest number of both diagnosed PLWH and new diagnoses. The profile of people with new diagnoses is younger and has a higher proportion of MSM of color.

\textit{Figure 6: Austin TGA residents who were living with diagnosed HIV in 2018}\textsuperscript{6}

\textsuperscript{4} Estimate based on algorithms developed by the Centers for Disease Control and Prevention and run on Texas HIV disease surveillance data in 2019.

\textsuperscript{5}Estimate retrieved on November 13, 2020 from https://ahead.hiv.gov/indicators/prep-coverage/.

\textsuperscript{6}Transgender residents made up about 1% of all people living with diagnosed HIV.
In 2017, more than four out of five PLWH in Austin were aware of their status. The 'diagnosis level' has been steady since 2010.

Health equity goals call for every group of PLWH to have a 90% diagnosis level, but actions should also focus on the groups with the highest number of people with undiagnosed HIV. Groups with a lower proportion of diagnoses and a higher number of people with undiagnosed HIV are shown in Table 2. Taking this information together, a focus on MSM, especially Latinx MSM and those under 45 years old, is essential for reaching diagnosis goals.

<table>
<thead>
<tr>
<th>Lower diagnosis rates</th>
<th>Greater numbers not diagnosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent diagnosed</td>
<td>Number not diagnosed</td>
</tr>
<tr>
<td>Overall</td>
<td>85%</td>
</tr>
<tr>
<td>Youth</td>
<td>52%</td>
</tr>
<tr>
<td>25-34-year olds</td>
<td>66%</td>
</tr>
<tr>
<td>Latinx residents</td>
<td>81%</td>
</tr>
</tbody>
</table>

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

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

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7 Transgender residents made up less than 1% of all people who were diagnosed in 2018, and residents 65 or older was 2%. 
Table 3: Groups with the lowest retention rates and the greatest number of people not retained in care, Austin 2018

<table>
<thead>
<tr>
<th>Lower retention rates</th>
<th>Greater numbers not retained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent retained</td>
<td>Number not retained</td>
</tr>
<tr>
<td>Overall</td>
<td>79%</td>
</tr>
<tr>
<td>Black MSM</td>
<td>72%</td>
</tr>
<tr>
<td>Black WSM</td>
<td>73%</td>
</tr>
<tr>
<td>Youth</td>
<td>73%</td>
</tr>
</tbody>
</table>

HIV viral suppression in Austin PLWH who are retained in care

In Austin, 9 out of 10 people retained in care have had suppressed viral load every year since 2015. Most groups have similarly high rates of viral suppression. The groups with lower suppression rates and greater numbers of people with unsuppressed viral loads are shown below. Even the lowest group rates are close to 90%.

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

<table>
<thead>
<tr>
<th>Lower suppression rates</th>
<th>Greater numbers not suppressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent suppressed</td>
<td>Number not suppressed</td>
</tr>
<tr>
<td>Overall</td>
<td>90%</td>
</tr>
<tr>
<td>PWID</td>
<td>86%</td>
</tr>
<tr>
<td>Black WSM</td>
<td>88%</td>
</tr>
</tbody>
</table>

Austin residents with newly acquired HIV

In 2017, an estimated 320 Austin TGA residents acquired HIV, which means that every week six people in the Austin TGA acquire HIV. This number has been steady since 2010. Almost three out of four people who acquired HIV in 2017 were MSM.
Dallas EMA
The total estimated population of the Dallas HSDA was 5.0M in 2018. The per capita income in the Dallas HSDA was $32,516 in 2018, 8% higher than the Texas per capita of $30,143. Basic demographic information and indicators of social vulnerability can be found below.

Figure 11: Sex, race/ethnicity, and age of the general population in the Dallas EMA, 2018

![Pie charts showing sex, race/ethnicity, and age distribution.]

Figure 12: Indicators of social vulnerability in the Dallas EMA, 2018

![Bar charts showing indicators of social vulnerability.]

PrEP indications and use
In 2018, DSHS estimates that in 2018 there were 43,120 Dallas HSDA residents who had PrEP indications. MSM made up about three out of four people who could have benefitted from PrEP.

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9 Estimate based on algorithms developed by the Centers for Disease Control and Prevention and run on Texas HIV disease surveillance data in 2019.
Another group with a higher number of people who might benefit from PrEP was Black heterosexual men and women. In 2018, estimates from the CDC for Dallas County indicated that about 19% of residents who might benefit from PrEP had a prescription in 2018.\textsuperscript{10}

\textit{Figure 13: Estimated number of Dallas HSDA residents with PrEP indications, 2018}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{figure13}
\caption{Estimated number of Dallas HSDA residents with PrEP indications, 2018}
\end{figure}

\textbf{Dallas residents living with diagnosed HIV}

In 2018, there were 23,036 Dallas EMA residents living with diagnosed HIV. Black and White MSM were almost half of all PLWH with diagnosed HIV, and 9 out of 10 were between 25 and 64 years old. In that same year, 1,029 residents were diagnosed with HIV. The profile of people with new diagnoses is younger and has a greater proportion of MSM of color.

\textit{Figure 14: Dallas EMA residents who were living with diagnosed HIV in 2018}\textsuperscript{11}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{figure14}
\caption{Dallas EMA residents who were living with diagnosed HIV in 2018}
\end{figure}

\textit{Figure 15: Dallas EMA residents who were diagnosed with HIV in 2018}\textsuperscript{12}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{figure15}
\caption{Dallas EMA residents who were diagnosed with HIV in 2018}
\end{figure}

\textsuperscript{10}Estimate retrieved on November 13, 2020 from https://ahead.hiv.gov/indicators/prep-coverage/.

\textsuperscript{11}Transgender residents made up about 1% of all people living with diagnosed HIV.

\textsuperscript{12}Transgender residents made up 1% of all people who were diagnosed in 2018, and residents 65 or older was 2%.
In 2017, about six in seven PLWH in Dallas are aware of their status. Awareness has been at this level since 2010. Groups with lower diagnosis rates and higher numbers of PLWH with undiagnosed PLWH are shown below. It appears that the largest diagnosis gaps are in younger people, in PWID, and in gay and bisexual men and other men who have sex with men. A focus on Black gay and bisexual men and other MSM might be productive for health equity and raise the community's diagnosis rate.

### Table 5: Groups with lower diagnosis rates and greater numbers of undiagnosed PLWH, Dallas 2018

<table>
<thead>
<tr>
<th>Lower diagnosis rates</th>
<th>Greater numbers not diagnosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent diagnosed</td>
<td>Number not diagnosed</td>
</tr>
<tr>
<td>Overall</td>
<td>86%</td>
</tr>
<tr>
<td>PWID</td>
<td>43%</td>
</tr>
<tr>
<td>13-24-year olds</td>
<td>55%</td>
</tr>
<tr>
<td>25-34-year olds</td>
<td>71%</td>
</tr>
</tbody>
</table>

Almost three in four diagnosed Dallas PLWH were retained in care in 2018, and retention has been around this level since 2013. Most people who were not retained had no care at all in 2018. As shown in the table below, improving the retention rate in Dallas requires work with both populations with the lowest retention rates and the largest groups of PLWH who were not retained in care. These groups are shown below. Attention to young MSM of color and Black women will raise retention and move Dallas closer to health equity.

### Table 6: Groups with the highest and lowest levels of retention in care, Dallas 2018

<table>
<thead>
<tr>
<th>Lower retention rates</th>
<th>Greater numbers not retained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent retained</td>
<td>Number not retained</td>
</tr>
<tr>
<td>Overall</td>
<td>73%</td>
</tr>
<tr>
<td>Youth</td>
<td>63%</td>
</tr>
<tr>
<td>Black MSM</td>
<td>68%</td>
</tr>
<tr>
<td>Black WSM</td>
<td>70%</td>
</tr>
</tbody>
</table>
HIV viral suppression in Dallas PLWH who are retained in care

Figure 18: Viral suppression among Dallas PLWH retained in care, 2018

In Dallas, almost 9 out of 10 people retained in care had suppressed viral loads in 2018, up from 82% in 2013. Most groups had similarly high levels of viral suppression. The groups with lower suppression rates and greater numbers of PLWH with unsuppressed viral load are shown below. Actions to raise viral suppression in Dallas should focus on younger MSM of color and people who inject drugs (or who have injected drugs in the past). Each group with low suppression rates, regardless of the group’s size, also deserves attention to assure health equity in outcomes.

Table 7: Groups with the highest and lowest levels of viral suppression, Dallas 2018

<table>
<thead>
<tr>
<th>Lower suppression rates</th>
<th>Percent suppressed</th>
<th>Number not suppressed</th>
<th>Higher numbers with unsuppressed viral load</th>
<th>Percent not retained</th>
<th>Number not retained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>88%</td>
<td>2,067</td>
<td>Overall</td>
<td>88%</td>
<td>2,067</td>
</tr>
<tr>
<td>Transgender people</td>
<td>81%</td>
<td>28</td>
<td>25-44-year olds</td>
<td>69%</td>
<td>1,057</td>
</tr>
<tr>
<td>Youth</td>
<td>81%</td>
<td>115</td>
<td>Black MSM</td>
<td>84%</td>
<td>555</td>
</tr>
<tr>
<td>PWID</td>
<td>82%</td>
<td>304</td>
<td>Latinx MSM</td>
<td>90%</td>
<td>304</td>
</tr>
<tr>
<td>PWID</td>
<td>82%</td>
<td>304</td>
<td>PWID</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Dallas residents with newly acquired HIV

In 2017, an estimated 990 Dallas EMA residents acquired HIV. This number has been steady since 2011. Every nine hours, someone in Dallas acquires HIV.

Figure 19: Dallas EMA residents with newly acquired HIV in 2018
Fort Worth

The total estimated population of the Fort Worth TGA was 2.6M in 2018. The per capita income in the Fort Worth HSDA was $29,096 in 2018, 3% lower than the Texas per capita of $30,143. Basic demographics and indicators of social vulnerability can be found below\(^\text{13}\).

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**Figure 20: Sex, race/ethnicity, and age of the general population in the Fort Worth TGA, 2018**

![Sex and Race/Ethnicity Graph]

<table>
<thead>
<tr>
<th>Sex</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,326,203</td>
<td>1,277,639</td>
</tr>
<tr>
<td></td>
<td>51%</td>
<td>49%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>White</th>
<th>Black</th>
<th>Latinx</th>
<th>Other races</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,385,402</td>
<td>369,795</td>
<td>702,603</td>
<td>146,042</td>
</tr>
<tr>
<td></td>
<td>53%</td>
<td>14%</td>
<td>27%</td>
<td>6%</td>
</tr>
</tbody>
</table>

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**Figure 21: Indicators of social vulnerability in the Fort Worth TGA, 2018**

![Age Group Bar Chart]

- 12 or younger: 19%
- 13-24: 17%
- 25-34: 14%
- 35-44: 13%
- 45-54: 13%
- 55-64: 12%
- 65+: 12%

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PrEP indications and use

DSHS estimates that in 2018 there were 27,160 Fort Worth HSDA residents who had PrEP indications.\textsuperscript{14} MSM made up about two out of three people who could have benefitted from PrEP. Another group with a higher number of people who might benefit from PrEP was Black heterosexual men and women. In 2018, estimates from the CDC for Tarrant County indicated that about 11% of residents with PrEP indications had a prescription in 2018.\textsuperscript{15}

Figure 22: Estimated number of Fort Worth HSDA residents with PrEP indications, 2018

Fort Worth residents living with diagnosed HIV

There were 6,290 Fort Worth TGA residents living with diagnosed HIV in 2018. Black and White MSM were almost half of all PLWH with diagnosed HIV, and 9 out of 10 were between 25 and 64 years old. In 2018, 383 residents were diagnosed with HIV. The profile of people with new diagnoses is younger and has a larger proportion of MSM of color.

Figure 23: Fort Worth TGA residents who were living with diagnosed HIV in 2018\textsuperscript{16}

\textsuperscript{14} Estimate based on algorithms developed by the Centers for Disease Control and Prevention and run on Texas HIV disease surveillance data in 2019.

\textsuperscript{15} Estimate retrieved on November 13, 2020 from https://ahead.hiv.gov/indicators/prep-coverage/.

\textsuperscript{16} Transgender residents made up less than 1% of all people living with diagnosed HIV.
More than four in five PLWH in Fort Worth are aware of their status. The percentage of PLWH with a diagnosis has not significantly changed since 2010. While health equity goals call for all groups to get to 90% awareness, actions to reduce the number of people with undiagnosed HIV should focus on the groups of people with the greatest number of people with undiagnosed HIV as well. Gay and bisexual men and other MSM make up two out of three PLWH unaware of their status, and Black and Latinx residents make up three-quarters of undiagnosed PLWH. Only half of youth are aware of their HIV, but 25-34-year olds make up half of those with undiagnosed HIV.

<table>
<thead>
<tr>
<th>Lower diagnosis rates</th>
<th>Higher numbers with undiagnosed HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent diagnosed</td>
<td>Number undiagnosed</td>
</tr>
<tr>
<td>Overall</td>
<td>Overall</td>
</tr>
<tr>
<td>Youth</td>
<td>Youth</td>
</tr>
<tr>
<td>25-34-year olds</td>
<td>25-34-year olds</td>
</tr>
<tr>
<td>Latinx residents</td>
<td>Black residents</td>
</tr>
</tbody>
</table>

Retention in care for diagnosed PLWH in Fort Worth

Almost three in four diagnosed PLWH were retained in HIV care in 2018, and retention in care has been around this level since 2013. However, because the number of PLWH with a diagnosis has been rising, the number of people retained in care has increased by 26%, meaning about 930 more people were retained in care in 2018 than in 2013. Working with MSM who are 45 or younger, especially Black MSM, to make treatment systems more open to them will significantly impact overall retention. Each group with low retention rates, regardless of the group’s size, also deserves attention to assure health equity in retention.

Transgender residents and residents 65 and older each made up 1% of all people who were diagnosed in 2018.
Table 9: Groups with lower rates and larger numbers of PLWH who were retained in HIV care, Fort Worth 2018

<table>
<thead>
<tr>
<th>Lower retention rates</th>
<th>Higher numbers not retained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent retained</td>
<td>Number not retained</td>
</tr>
<tr>
<td>Overall</td>
<td>72%</td>
</tr>
<tr>
<td>Youth</td>
<td>64%</td>
</tr>
<tr>
<td>25-34-year olds</td>
<td>68%</td>
</tr>
<tr>
<td>Black MSM</td>
<td>68%</td>
</tr>
</tbody>
</table>

HIV viral suppression in Fort Worth PLWH who are retained in care

Figure 27: Viral suppression in Fort Worth PLWH retained in care, 2018

In Fort Worth, almost 9 out of 10 people retained in care had suppressed viral loads in 2018. Several groups had viral suppression rates that were 90% or higher: those 45 or older, White MSM, and Latinx MSM.

The groups with lower suppression rates and larger numbers of those with unsuppressed viral loads are shown below. Black MSM and PWID make up about half of PLWH who were retained but did not have suppressed viral load as do people who are 25-44 years old.

Table 10: Groups with lower rates and larger numbers of suppressed viral load in people retained in care, Fort Worth 2018

<table>
<thead>
<tr>
<th>Lower viral suppression rates</th>
<th>Higher numbers without viral suppression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent with suppressed viral load</td>
<td>Number with unsuppressed viral load</td>
</tr>
<tr>
<td>Overall</td>
<td>88%</td>
</tr>
<tr>
<td>Transgender people</td>
<td>81%</td>
</tr>
<tr>
<td>PWID</td>
<td>83%</td>
</tr>
<tr>
<td>25-44-year olds</td>
<td>84%</td>
</tr>
<tr>
<td>Black MSM</td>
<td>84%</td>
</tr>
</tbody>
</table>

Fort Worth residents with newly acquired HIV

In 2017, an estimated 320 Fort Worth TGA residents acquired HIV. This number has been steady since 2010. Every week, six people in Fort Worth acquire HIV. Two out of three people with a newly acquired HIV in 2017 were gay and bisexual men and other MSM, and about half were Black. The profile cannot be further broken down.
San Antonio TGA

The total estimated population of the San Antonio HSDA was 2.6M in 2018. The per capita income in the San Antonio HSDA was $29,774 in 2018, similar to the Texas per capita of $30,143. Basic demographics and indicators of social vulnerability can be found below18.

Figure 28: Sex, race/ethnicity, and age of the general population in the San Antonio HSDA, 2018

![Sex, race/ethnicity, and age of the general population](chart)

<table>
<thead>
<tr>
<th>Sex</th>
<th>Race/Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>White 927,911 (35%)</td>
</tr>
<tr>
<td>Male</td>
<td>Latinx 1,445,268 (55%)</td>
</tr>
<tr>
<td></td>
<td>Other races 84,207 (3%)</td>
</tr>
<tr>
<td></td>
<td>Black 175,325 (7%)</td>
</tr>
</tbody>
</table>

Figure 29: Indicators of social vulnerability in the San Antonio HSDA, 2018

![Indicators of social vulnerability](chart)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percent living in poverty</th>
<th>Unemployment rate</th>
<th>Percent with less than HS education</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 or younger</td>
<td>12.8%</td>
<td>5.2%</td>
<td>15.4%</td>
</tr>
<tr>
<td>13-24</td>
<td>17%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25-34</td>
<td>15%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35-44</td>
<td>13%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45-54</td>
<td>12%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55-64</td>
<td>11%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>65+</td>
<td>14%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PrEP indications and use**

DSHS estimates that in 2018 20,110 San Antonio HSDA residents had PrEP indications.\(^\text{19}\) About half of the people who would have benefitted from PrEP were Latinx MSM. MSM of all races and ethnicities made up four out of five people who could have benefitted from PrEP. The CDC estimates that about 9% of Bexar County residents who might benefit from PrEP had a prescription in 2018.\(^\text{20}\)

*Figure 30: Estimated number of San Antonio HSDA residents with PrEP indications, 2018*

[Bar chart showing the estimated number of San Antonio HSDA residents with PrEP indications by race and gender.]

**San Antonio residents living with diagnosed HIV**

In 2018, there were 6,893 San Antonio residents living with diagnosed HIV. Latinx MSM made up 2 in 5 diagnosed PLWH, and almost 9 out of 10 were between 25 and 64 years old. In that same year, 346 residents were diagnosed with HIV. The profile of people with new diagnoses is younger and has a larger proportion of MSM of color.

*Figure 31: San Antonio TGA residents who were living with diagnosed HIV in 2018\(^\text{21}\)*

[Bar chart showing the percentage of HIV diagnoses by race and gender.]

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\(^\text{19}\) Estimate based on algorithms developed by the Centers for Disease Control and Prevention and run on Texas HIV disease surveillance data in 2019.


\(^\text{21}\) Transgender residents made up less than 1% of all people living with diagnosed HIV.
More than four in five PLWH in San Antonio are aware of their status. The percentage of PLWH with a diagnosis has not significantly changed since 2010. While health equity goals call for all groups to get to 90% awareness, actions should also focus on the groups of people with the largest number of people with undiagnosed HIV. It appears that testing strategies that focus on Latinx gay, bisexual, and other men who have sex with men (MSM) who are 25-34 would have the most significant impact on reducing the number and proportion of PLWH living with undiagnosed HIV.

### Table 11: Groups with lower rates and greater numbers of PLWH who are not diagnosed, 2017

<table>
<thead>
<tr>
<th>Lower diagnosis rates</th>
<th>Higher numbers who are undiagnosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent diagnosed</td>
<td>Number undiagnosed</td>
</tr>
<tr>
<td>Overall</td>
<td>83% 1,322</td>
</tr>
<tr>
<td>Youth</td>
<td>51% 297</td>
</tr>
<tr>
<td>25-34-year olds</td>
<td>66% 712</td>
</tr>
<tr>
<td>Latinx residents</td>
<td>82% 902</td>
</tr>
<tr>
<td>MSM</td>
<td>82% 1,009</td>
</tr>
</tbody>
</table>

Almost three in four diagnosed PLWH were retained in HIV care in 2018, and retention in care has been around this level since 2013. However, because the number of PLWH with a diagnosis has been rising, the number of people retained in care has increased by 25%, meaning about 1,000 more people were retained in care in 2018 than in 2013. However, most people in the 'not retained' category had no care at all in 2018. Latinx MSM and those in the broad age category of 25-64 made up the largest groups of PLWH who are not retained in care. However, from a health

---

Transgender residents made up 1% and residents 65 and older made up 2% of all people who were diagnosed in 2018.
equity standpoint, a better understanding of how systems could make care accessible and acceptable for youth, Black MSM, and people who inject drugs is necessary.

Table 12: Groups with lower rates and larger numbers of PLWH who are not retained in care in San Antonio, 2018

<table>
<thead>
<tr>
<th>Lower retention rates</th>
<th>Higher numbers who are not retained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent retained</td>
<td>Number not retained</td>
</tr>
<tr>
<td>Overall</td>
<td>72%</td>
</tr>
<tr>
<td>Black MSM</td>
<td>60%</td>
</tr>
<tr>
<td>Youth</td>
<td>68%</td>
</tr>
<tr>
<td>PWID</td>
<td>70%</td>
</tr>
</tbody>
</table>

Viral suppression among those in care

In San Antonio, almost 9 out of 10 people retained in care had suppressed viral loads in 2018. Even though the viral suppression rate of Latinx MSM is very close to the goal of 90%, this group has one of the highest numbers of people with unsuppressed viral load. A health equity focus requires work with transgender PLWH and PLWH who inject drugs to understand the factors that might result in unsuppressed viral load despite retention in HIV care.

Table 13: Groups with lower rates and higher numbers of PLWH with unsuppressed viral load, San Antonio 2018

<table>
<thead>
<tr>
<th>Lower viral suppression rates</th>
<th>Higher numbers without viral suppression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent with suppressed viral load</td>
<td>Number with unsuppressed viral load</td>
</tr>
<tr>
<td>Overall</td>
<td>87%</td>
</tr>
<tr>
<td>Transgender people</td>
<td>75%</td>
</tr>
<tr>
<td>PWID</td>
<td>81%</td>
</tr>
<tr>
<td>25-44-year olds</td>
<td>84%</td>
</tr>
</tbody>
</table>

San Antonio residents with newly acquired HIV

In 2017, an estimated 360 San Antonio TGA residents acquired HIV. This number has been steady since 2010. Every week, six people in San Antonio acquire HIV. Four out of five people with a newly acquired HIV in 2017 were gay and bisexual men and other MSM, and three out of five were Latinx. Half were 25-34 years old.
Community Engagement and Situational Analysis Activities

The four phase one jurisdictions in Texas included in this plan adopted similar organizational structures in order to engage and include community and partners in their local planning efforts. Three of the four cities, at the time the CDC planning funds were made available, were already engaged in local EHE efforts through the Fast Track Cities program supported by the International Association of Providers of AIDS Care and the Joint United Nations Programme on HIV/AIDS. The CDC planning funds were used to compliment and expand on these existing efforts in San Antonio, Austin, and Dallas, and to begin EHE efforts in Fort Worth.

Efforts were also done in coordination and alignment with the existing statewide efforts to address and end HIV that were developed and authored by community members from across Texas. The Texas Achieving Together Plan established statewide goals and models for community engagement that were echoed in each of the local jurisdictions. The statewide goals to ending HIV in Texas are:

- Ensure that 90% or people living with HIV are aware of their status
- Ensure that 90% of people living with diagnosed HIV are retained in care
- Ensure that 90% of people living with HIV who are retained in care achieve viral suppression
- Decrease by at least 50% the number of Texans who acquire HIV annually.

To support and further EHE activities, the Texas Department of State Health Services provided broad overviews of HIV data for each of the four jurisdictions as well as information on current EHE measures for each city. This data formed the basis for examining current and new strategies to address HIV in each jurisdiction as well as a framework for identifying and organizing current resources and efforts.

The COVID-19 pandemic has affected EHE efforts across the state and in each jurisdiction. Some jurisdictions were less affected as they were further established in the planning processes than others. However, the impact of COVID-19 has been felt in all regions and has set back efforts to address and end HIV. Each jurisdiction had to quickly adjust their planned community engagement activities and rapidly create processes for virtual meetings and planning. Outreach activities and partner recruitment were heavily impacted by the inability to gather as a community in each area.

The engagement activities outlined in each city, the analysis of current resources and challenges, and the identified strategies of this plan are viewed as a starting point for continuous evolution and growth over the coming years. This section briefly describes the efforts of each jurisdiction to organize, plan, and address HIV in their cities.
San Antonio was the first Texas city to join the Fast Track City (FTC) process. In 2017, spurred in part from the identification of a HIV cluster in their city, community members in San Antonio organized and began the Fast Track City process with San Antonio leaders signing the official commitment on December 1st, 2017. The early adoption of the Fast Track City process meant that San Antonio had well established community engagement and planning infrastructure for the development of their ending HIV plan.

The End Stigma End HIV Alliance (ESEHA) is the community organizing group responsible for the Fast Track City work and the planning, strategies, and activities identified by their community included in this plan. The ESESHA was formed in 2017 to develop FTC actions and follows the FTC organizational model. The ESEHA is the overarching organizing body and contains workgroups focused on community engagement, public relations, advocacy, and rules of engagement.

The ESEHA began work identifying HIV strategies by examining current HIV trends in San Antonio, existing community responses, and possible activities to address gaps and needs. Early in the process, the ESEHA identified the need to increase focus on young people vulnerable to HIV in San Antonio. To better understand the needs of this group, the ESEHA designed and conducted a listening tour in order to meet young people out in the community and engage them in discussing HIV. The listening tour resulted in interacting with roughly 200 young people through engaging 23 different organizations or groups. The tour also resulted in the creation of the Health Justice Youth Council, as part of ESEHA, the HJYC works to continue engagement and advocate on the behalf of young people in San Antonio.

The ESEHA also identified stigma as a major contributing factor effecting HIV in San Antonio. As the name of the community group implies, addressing HIV must be done by also addressing the stigma associated with HIV. The organization worked with researchers to develop projects to address stigma in their community. This included conducting focus groups with HIV providers to examine the level of stigmatizing behaviors and attitudes that exist in healthcare settings. This work is resulting in strategies to address healthcare stigma which will create more accepting and open spaces for people living with and vulnerable to HIV.

The ESEHA began with over 120 stakeholders convening to develop strategies to address HIV and the organization continues to ensure that broad engagement and community voices are included in planning efforts. Representation from a broad array of organizations participate in ESEHA activities including representatives from the Ryan White Planning Council, HIV CBO/ASO, community hospitals, clinicians, youth organizations, university researchers and faith based organizations.

Meeting agendas, notes, and participant lists for ESEHA activities can be found in Appendix B1 at the end of this document.
As the second Texas city to adopt the FTC process, Austin signed onto the FTC movement in 2018. Spurred in part by the early work of San Antonio and the momentum created by statewide organizing to end HIV, Austin community members organized to address the HIV epidemic in their city.

The initial executive meeting for developing the FTC work in Austin identified and adopted the goals of 90-90-90-50. That is, diagnosing 90% of people living with HIV, retaining 90% of people diagnosed with HIV in medical care, achieving 90% viral suppression for those in medical care, and reducing the number of people who acquire HIV by at least 50%.

The FTC structure in Austin is organized around a core coordinating committee made up of leadership from community organizations. The core committee serves to develop strategy recommendations and objectives to address priority areas, identify best practices and evidence based methodologies, and identify and commit resources to objectives and strategies. In addition to the core coordinating committee there are four priority workgroups that are made up of community members, CBO/ASO staff, and other organizational representatives including Ryan White Planning Council participants. The four priority workgroups are:

- Prevention
- Testing and Rapid Linkage
- Retention, Reengagement and Viral Suppression
- Ending Stigma

The Austin FTC process began and continues an iterative process of using existing HIV data and resource information to identify strategies and objectives to address HIV. The core coordinating committee and the co-chairs of the four priority workgroups were trained in and utilized liberating structure methodologies to work with community members in identifying and prioritizing strategies that will most effectively address HIV in their community.

The Austin FTC planning structures include stakeholders from a variety of organizations and community perspectives. Representation includes HIV CBO/ASO, community hospitals, pharmacies, university researchers, Ryan White Planning Council, and for profit organizations.

Meeting agendas, notes, and participant lists for ESEHA activities can be found in Appendix B2 at the end of this document.
Dallas

Dallas is the third Texas city to sign onto the FTC initiative. In the fall of 2019, Dallas community members or leaders organized and began the process of joining the FTC movement. Similar to other FTC cities, Dallas initiated the FTC process by convening a broad community stakeholder group to review local HIV data, resources, and develop an organizational plan to address HIV. Initially, the Dallas FTC group examined HIV data for their community and identified existing assets and strengths to build strategies and objectives from.

In addition to the FTC organizing meetings, the Dallas HIV Task Force (DHTF) has been coordinating efforts to address HIV across multiple organizations and disciplines. The DHTF was organized to ensure that, as multiple organizations operate to impact HIV, there is coordinated efforts and community objectives are consistently in the fore-front of local efforts. The adoption of the FTC goals and process further enhanced the DHTF work. As the FTC process has moved forward in Dallas, the DHTF has been the organizing community engagement and participation structure.

Efforts to organize and address HIV in Dallas, more than other cities, were impacted by COVID-19 with much of the planning activity pausing for several months in 2020 as the city addressed the impact and spread of the pandemic locally. Initial strategies and activities were in place and were able to be re-addressed and acted on in the latter half of the year as efforts to develop plans for ending HIV were once again active.

As the Dallas community began working to further identified strategies and begin implementing activities, an iterative review process was used during community meetings to review strategies, update on progress, determine next steps, and identify new opportunities.

Meeting agendas, notes, and participant lists for ESEHA activities can be found in Appendix B3 at the end of this document.
Fort Worth community members were integrally involved in the development, dissemination, and implementation of the Achieving Together Plan to address HIV in Texas and have used those efforts to shape local organization and action to address HIV. While Fort Worth is not a FTC, they have adopted a similar organizational and planning structure to other FTC. The Fort Worth ending HIV program started by creating a broad community HIV taskforce that included four workgroups that align with the four national pillars. Each of the four workgroups is chaired by leaders from the community to ensure representation and groups have hosted multiple community wide meetings to gather different voices, experiences, and perspectives in the planning process.

The Fort Worth EHE perspective highlighted increased focus on health and racial equity in the area, focusing efforts specifically on communities of color that are disproportionately impacted by HIV. A key element of addressing health equity was the organization of a Health Equity Summit in which community and the four workgroups came together to discuss the importance of health equity and to view efforts to address and end HIV locally through the lens of equity.

Initial strategies and objectives to addressing HIV were developed based on examining local HIV data, resources and through community engagement of the EHE workgroups. Workgroups continuously meet to evaluate progress on strategies, new data or information available, and to identify any new opportunities or strategies that may be utilized to impact HIV. Additionally, the Fort Worth EHE work recognizes the need to continuously broaden participation in planning efforts. The group actively includes public information and outreach activities in order to draw new voices and perspectives into the process and identify new partners relevant to impacting HIV in their city.

Meeting agendas, notes, and participant lists for ESEHA activities can be found in Appendix B4 at the end of this document.
**Strategies**

The following outlines the strategies identified through the community engagement, discussion, and planning developments for each of the four jou...
Pillar: Diagnose

Strategy 2A:
Expand or implement routine opt-out HIV screening in healthcare and other institutional settings located in highly impacted communities. Conduct culturally affirming health promotion activities to encourage testing in Dallas County’s top ten highly impacted zip codes located primarily in the southern sector.

<table>
<thead>
<tr>
<th>Short Term Outcome</th>
<th>Intermediate Outcome</th>
<th>Long Term Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased routine opt-out HIV screenings in healthcare settings and other institutional settings.</td>
<td>Increased knowledge of HIV status and increased diagnosis of newly detected HIV infections.</td>
<td>Diagnose all people living with HIV as early as possible. Reduce new HIV infections</td>
</tr>
</tbody>
</table>

Year 1 Activities
Increase community based screenings in highly impacted zip codes and implement routine testing in at least one new area community health clinic.
Utilize effective strategies including social media to promote routine testing.

Year 2 Activities
Create a resource list of current institutions participating in opt-out testing and convene a face-to-face meeting with area hospitals to develop protocols for implementing opt-out testing in emergency departments.
Encourage opt-out testing in urgent care clinics located in the high burden zip code areas.

Year 3-5 Activities
DCHHS intends to contract with Parkland Center for Clinical Innovation to access Connected Communities of Care, a framework for aligning medical and social service organizations across a community.
Particularly, DCHHS will access Pieces Iris, a cloud based case management platform that can help organization better address the social, economic and behavioral determinants of health and enable real time HIV test results for clients being screen in the jails.
# Pillar: Diagnose

## Strategy 2B:

Develop locally tailored HIV testing programs to reach persons in non-healthcare settings. Increase at least yearly re-screening of persons vulnerable to HIV per CDC testing guidelines, in health care and non-healthcare settings.

<table>
<thead>
<tr>
<th>Short Term Outcome</th>
<th>Intermediate Outcome</th>
<th>Long Term Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased local availability of and accessibility to HIV testing services.</td>
<td>Increased yearly screening of persons at highest vulnerability for HIV per CDC testing guidelines.</td>
<td>Diagnose all people living with HIV as early as possible. Reduce new HIV infections</td>
</tr>
<tr>
<td>Increased HIV screening and re-screening among persons at elevated vulnerability for HIV.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Year 1 Activities

DCHHS will create new community-based partnerships, establish plans to host, collaborate, participate at community events and coordinate community outreach activities and educational forums.

## Year 2 Activities

Coordinate outreach and prevention activities for young gay and bisexual men.

Build on our capacity among priority population to access low barrier HIV testing and treatment.

## Year 3-5 Activities

Advocate for multiple systems to work together to holistically address the needs of the community and issues that affect HIV outcomes.

Increase health promotion activities to encourage frequent HIV testing amongst priority populations and high risk individuals.
**Pillar: Treat**

**Strategy 3A:**

Ensure rapid linkage to HIV care and ART initiation for all persons newly diagnosed with HIV. Increase access to Rapid HIV medication and medical appointments for newly diagnosed and individuals who are out of care.

<table>
<thead>
<tr>
<th>Short Term Outcome</th>
<th>Intermediate Outcome</th>
<th>Long Term Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased rapid linkage to HIV medical care.</td>
<td>Improve viral suppression among newly diagnosed and individuals who are out of care.</td>
<td>Reduce new HIV infections</td>
</tr>
<tr>
<td>Increased early initiation of anti-retroviral therapy.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Year 1 Activities**

Bring together experts on Rapid Start. Establish specific window for what is considered “rapid” (i.e. 24/48/72 hours).

Create distribution list of providers/resources for patients seeking treatment. Establish effective service agreements with HIV medical providers.

**Year 2 Activities**

Engage community organizers and leaders to expand community engagement through culturally appropriate outreach that reflect priority populations.

Adopt program models tailored to reach homeless populations and persons recently released from incarceration.

**Year 3-5 Activities**

Create a data to care workgroup to explore viral load and risk prediction with missing appointments, perform continuous quality improvement on enacted interventions to identify the top interventions for each priority populations to measure efficacy of those interventions.
### Pillar: Treat

**Strategy 3B:**

Collaborate with partners and providers to escalate linkage to care for individuals who receive a positive HIV test result.

Increase capacity to screen, treat and/or link to substance abuse, mental health, housing services. Improve the capacity of the HIV medical system to retain patients in care.

<table>
<thead>
<tr>
<th>Short Term Outcome</th>
<th>Intermediate Outcome</th>
<th>Long Term Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased support to providers for linking, retaining and re-engaging PLWH to care and treatment.</td>
<td>Increased viral suppression among persons living with HIV.</td>
<td>Reduce new HIV infections</td>
</tr>
</tbody>
</table>

**Year 1 Activities**

Utilize evidence based-strategies to develop social-media intervention to increase HIV linkage, retention and health outcomes for populations with increased HIV morbidity.

**Year 2 Activities**

Build additional partnerships with local providers to identify and follow-up with individuals who have stopped receiving HIV care and treatment.

**Year 3-5 Activities**

Strengthen data to care tools and approaches that will encourage individuals to get in or return to HIV care and treatment.
**Pillar: Prevent**

**Strategy 1A:**

Expand access to effective prevention services including PrEP and PEP.

Create HIV focused programs that increases testing in non-traditional settings (i.e. homeless shelters, community resource centers, schools) in highly impacted areas.

Increase knowledge, close information gaps and empower PLWH to improve their health outcomes.

<table>
<thead>
<tr>
<th><strong>Short Term Outcome</strong></th>
<th><strong>Intermediate Outcome</strong></th>
<th><strong>Long Term Outcome</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased screening and access to PrEP among persons not living with HIV who are vulnerable for acquiring HIV. Provide education and resources/access to information for Prep medication.</td>
<td>Increased PrEP prescriptions among persons identified as high risk for HIV. Community based partners have intensified efforts through: Outreach, Health Educations/Risk Reduction and Early Intervention Services</td>
<td>Increased access to testing and Prep. Increased condom usage. Reduction in the overall number of HIV cases.</td>
</tr>
</tbody>
</table>

**Year 1 Activities**

Work with established Dallas County HIV Task force workgroups to identify strategies to reduce HIV related health disparities, inequities and stigma.

Assemble PrEP provider list.

Assemble PEP provider list.

Create HIV testing and risk reduction (PrEP, PEP, and condom) campaign.

Create and leverage existing media (social, digital, etc.) campaigns to increase access to medical testing, treatment and PrEP.

Fund non-traditional partnerships to help reach vulnerable individuals in low access to HIV medical care in highly impacted zip codes as well as assist in Ending the HIV Epidemic plan.

Research and implement rapid PrEP model for Dallas County
Establish non-traditional testing sites and hours for individuals that can’t attend regular clinic hours, lack transportation or live in low access areas.

### Year 2 Activities

Utilize trained community health workers, peer navigators, DIS and community partnerships to increase PrEP and condom and lubricant use for community health workers to have condoms that are: available, accessible, adaptable to community we are providing condoms to. (i.e. instead of lifestyles use Trojan/magnums).

Research and implement rapid PrEP model for Dallas County

### Year 3-5 Activities

Research and implement rapid PrEP model for Dallas County
**Pillar: Prevent**

**Strategy 1B:**

Promote routine testing programs.

Utilize partner notification services to test sexual and social partners for newly diagnosed individuals.

Formation of strategic partnerships to expand the scope of services for individuals seeking care.

Initiate media campaign to combat stigma (TV, radio, internet and print).

<table>
<thead>
<tr>
<th>Short Term Outcome</th>
<th>Intermediate Outcome</th>
<th>Long Term Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide greater testing in highly impacted areas.</td>
<td>Maintain a robust capacity to ensure linkage to care.</td>
<td>Increased access to testing and Prep. Increased condom usage. Reduced HIV related disparities. Reduction in the overall number of HIV cases.</td>
</tr>
</tbody>
</table>

**Year 1 Activities**

Create Prevention team specifically focused on risk reduction education, rapid linkage to treatment while locating, interviewing and testing sexual and social contacts of newly diagnosed individuals.

**Year 2 Activities**

Establish non-traditional testing sites and hours for individuals that can’t attend regular clinic hours, lack transportation or live in low access areas.

Improve condom distribution activities.

**Year 3-5 Activities**

Utilize trained community health workers, peer navigators, DIS and community partnerships to increase PrEP and condom use.

Develop and/or expand social media campaigns to increase access to medical testing, treatment and PrEP.
**Pillar: Respond**

**Strategy 4A:**

Increase the ability for individuals to access HIV medical care. Address barriers to accessing HIV care, behavioral health, substance abuse treatment and housing services which inhibit the ability to remain medication adherent.

Improve the capacity of the HIV medical system to retain patients in care.

<table>
<thead>
<tr>
<th>Short Term Outcome</th>
<th>Intermediate Outcome</th>
<th>Long Term Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve access to HIV medical care, prevention services including Prep and Pep.</td>
<td>Increased number of HIV positive individuals are in care and individuals who are vulnerable to HIV on Prep</td>
<td>Reduced HIV infections.</td>
</tr>
</tbody>
</table>

**Year 1 Activities**

- Research, identify and partner with new community partners in low access, highly impacted neighborhoods.
- Partner with the HOPWA program to develop a strategy to reduce barriers to housing.

**Year 2 Activities**

- Partner with community based organizations to conduct intensive linkage to care activities with agencies that are key entry points for individuals that are likely to not be engaged in medical care.

**Year 3-5 Activities**

- Create educational material addressing stigma, the importance of medication adherence, retention in care, viral suppression and general HIV care for persons in low health literacy communities.
### Pillar: Respond

**Strategy 4B:**

Develop partnerships, process, data systems and policies to facilitate robust, real time cluster detection and response. Identify and address gaps in programs and services revealed by cluster detection and response.

<table>
<thead>
<tr>
<th>Short Term Outcome</th>
<th>Intermediate Outcome</th>
<th>Long Term Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased health department and community engagement for cluster detection and response.</td>
<td>Improved response to HIV transmission clusters and outbreaks. Increased linkage to HIV medical care.</td>
<td>Reduce new HIV infections Established infrastructure to respond to clusters.</td>
</tr>
</tbody>
</table>

**Year 1 Activities**

Hire prevention team consisting of Program Manager, EHE Coordinator, HIV Specialist and Disease Intervention Specialist (DIS).

**Year 2 Activities**

DIS will work at the local level to evaluate processes, data systems and policies to identify strengths, weaknesses, opportunities and threats and implement needed changes to support and improve local cluster response.

**Year 3-5 Activities**

Increase testing in any clusters detected.

Continued collaboration with local community based organizations to identify opportunities for HIV prevention, early medical intervention activities and reduction of barriers.
**Pillar: Respond**

**Strategy 4C:**

Align multiple HIV planning strategies into a single plan to end HIV in Dallas County by 2030

Through:

- Mapping of Resources
- Alignment of HIV planning
- Alignment of HIV budget
- Alignment of HIV staffing

Increase capacity to engage in shared leadership in the planning, implementation and evaluation of efforts to end HIV in Dallas County

**Short Term Outcome** | **Intermediate Outcome** | **Long Term Outcome**
--- | --- | ---
Increased health department and community engagement in decision making in HIV planning at all levels | Improved response to HIV transmission clusters and outbreaks. Increased linkage to HIV medical care. | Reduce new HIV infections. Established infrastructure to respond to clusters.

**Year 1 Activities**

Identify and Hire Dallas County EHE Coordinator - This position should not be an jr. admin position, but a position with enough authority to work throughout the health department (Clinic, RWPC, Epi, Etc). The candidate must have existing relationships with Dallas County HIV community partners and provider organizations.

Build capacity of Dallas HIV Task Force and Ryan White Planning Council of the Dallas area planning groups to comprehensively plan at a subpopulation level, work with areas to ensure the processes implemented incorporate actionable guidance for populations of focus with greatest need.

Provide grants to fund community partners to help coordinate EHE planning and implementation activities

**Year 2 Activities**

**Year 3-5 Activities**

Increase testing in any clusters detected. Continued collaboration with local community based organizations to identify opportunities for HIV prevention, early medical intervention activities and reduction of barriers.
## Pillar: Diagnose

### Strategy 2A:
People can live with an HIV infection and not be aware of their infections, which in turn hinders them from receiving the life-extending treatment they need. Establishing a rapid linkage program in the Austin/Travis County area will ultimately initiate the first steps of diagnosing those living with HIV.

<table>
<thead>
<tr>
<th>Short Term Outcome</th>
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</thead>
<tbody>
<tr>
<td>o Being able to meet the patient where they are at the moment.</td>
<td>o Sets the tone for the person’s course of treatment, PrEP, ART, and to make sure we are valuing them as a person and make positive engagements</td>
<td>o Helping to mitigate the red tape in getting into care. Providing a bridge to prevent screening barriers.</td>
</tr>
<tr>
<td>o Offering immediate medication to that patient to get pill in mouth leads to more positive and immediate response and gets us to our 90-90-90 goals.</td>
<td>o Honoring choice and self-determination</td>
<td>o Helping people establish trust with providers, especially when trust has been broken in the past.</td>
</tr>
<tr>
<td>o Helping community health, rapidly reducing viral load within the community.</td>
<td>o Those who start treatment early correlates with better health outcomes</td>
<td>o Those who start treatment early correlates with better health outcomes</td>
</tr>
<tr>
<td>o Empowering to have something to do immediately that is proactive around their health in the very beginning.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Year 1 Activities
- Create and maintain list of providers with intake slots available for newly diagnosed individuals, people returning to care, or candidates for PEP and PrEP
- Work with multiple agencies to ensure there are as many options as possible for clients to link quickly into care for ART, PEP, and PrEP
- Dedicated “walk-in sessions” (e.g. weekends, evenings)
- Rapid starter pack before the patient leaves
- Same day connection to non-clinical services (ie: navigators, peer counselors, social workers) to facilitate linkage to prep or HIV medical care
- Warm referral with partner organizations.
### Year 2 Activities

- Rapid starter pack before the patient leaves
- Same day connection to non-clinical services (ie: navigators, peer counselors, social workers) to facilitate linkage to prep or HIV medical care
- Warm referral with partner organizations.
- Engage area hospitals and medical providers to actively participate with PriorityGroups

### Year 3-5 Activities

- Establish quarterly meetings of case managers and navigators
**Pillar: Diagnose**

**Strategy 2B**

Testing within the Austin/Travis County would increase the level of those to be diagnosed and know their status. Offering community-based testing focused on persons at high risk as well as offering testing to the partners of people recently diagnosed with HIV through services.

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</tr>
</thead>
<tbody>
<tr>
<td>To reduce the spreading of the HIV virus, which is beneficial to the larger community</td>
<td>Testing helps people know their status</td>
<td>Additional healthcare linkages provided to those who aren’t currently engaged in the “system”</td>
</tr>
<tr>
<td>Normalizes routine HIV testing in all medical settings where someone is drawing blood</td>
<td>Enhancing sexual wellness and overall, well being</td>
<td>People would find testing sites easier</td>
</tr>
<tr>
<td>To reduce stigma and normalize testing</td>
<td>A proportionate increase in testing in communities that are more impacted via demographics</td>
<td>Timelier testing and interventions</td>
</tr>
</tbody>
</table>

**Year 1 Activities**

- Encourage primary clinics to do routine opt-out testing for all
- Increase knowledge of testing locations and treatment

**Year 2 Activities**

- Increase mobile testing capabilities that would proportionately increase testing in communities that are more impacted via demographics
- Developing protocols for individuals who test negative to continue practicing prevention methods

**Year 3-5 Activities**

- Increase knowledge of testing locations and treatment
- CME/CMU for STI/HIV training which would lead to better skills and knowledge to effectively completework
- Priority Group to research current practices and areas for improvement in opt-out HIV testing in area jails
- Develop community-wide standard for testing area homeless population.
- Meet with leaders of hospitals in Austin and Travis County to encourage adoption of routine screening for HIV
**Pillar: Treat**

**Strategy 3A:**

Austin/Travis County continue goals of 90 percent of people in the area know their status, 90 percent of people in the area diagnosed with HIV are receiving continuous treatment, and for 90 percent of people on treatment have suppressed viral loads by 2030. Efforts towards achieving this goal include providing services and treatment within the area. Minimizing the burden on clients within the community can help in multifaceted ways to ensure services are reaching all within the Austin/Travis County area.

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>- Increase number of clients being able to access their medications within a reasonable timeframe or with speed</td>
<td>- Adherence</td>
<td>- Discounted rideshare rates for medical visits</td>
</tr>
<tr>
<td>- Increased engagement with patients</td>
<td>- Better patient engagement</td>
<td>- More patients being seen</td>
</tr>
<tr>
<td>- Adherence - access, patients stay more compliant, pharmacies stay in business</td>
<td>- Higher retention in care</td>
<td>- Creating as many options as possible for the patient in terms of what works best for them</td>
</tr>
<tr>
<td>- By 2021, accessible program provided for patients and navigators</td>
<td>- Increased viral load suppression</td>
<td>- Measurements of pre and post optimizations on burdens on providers and patients</td>
</tr>
<tr>
<td>- Increase your patient show rate</td>
<td>- Increased flexibility and accessibility for patients</td>
<td>- Measurements on efficiency and decreases in time to accessing appropriate medications and accessing care</td>
</tr>
<tr>
<td>- Increase viral suppression</td>
<td>- More flexible accessibility for patients</td>
<td></td>
</tr>
<tr>
<td>- Increase patient retention</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Year 1 Activities**

- Assisting clients with programs to help connect them to get immediate information on getting their medications.
- Use opportunity when client is interacting with pharmacist to help with providing other bundle of services
- Pilot program that do large bulk managing HIV medications, complete a meeting before pharmacy opens. Looking at pharmacies that serve specific populations.

**Year 2 Activities**
- Providing multiple option for patients to get access to services via transportation as needed.
  - Examples: Keep a stack of gas cards at the clinic. $20 gas cards gives patients flexibility. Funding pilot for rideshares. Also funding bus cards.
- Using telehealth as a means to address transportation as a barrier but also minimize contact for staff and patients during a global pandemic.
- Mobilizing healthcare. Taking the healthcare to the patients via mobile unit.
  - Examples: Healthcare concierge and technology devices provided for us

<table>
<thead>
<tr>
<th>Year 3-5 Activities</th>
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</thead>
<tbody>
<tr>
<td>- Online enrollment learning program for patient navigators and case managers</td>
</tr>
<tr>
<td>- Information to patients on their needs for services so they can make decisions on enrollment.</td>
</tr>
<tr>
<td>- Community based live document with information of resources to help navigate HIV care</td>
</tr>
<tr>
<td>- Training information for navigators with the systems to better help the patients during enrollment</td>
</tr>
</tbody>
</table>
## Pillar: Treat

**Strategy 3B:**

In efforts to bundling and co-locating services, strategies will be put towards co-locating city/county services and utilizing state strategies related to the Achieving Together Plan to widen the circle of involvement in Austin/Travis County Fast-Track Cities.

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</thead>
<tbody>
<tr>
<td>o Bundling services would minimize clients having to repeat their story/trauma and allow them to get everything that need at 1 place feeling satisfied on moving towards progress.</td>
<td>o Coordination and integration of care and services across programs and agencies such as housing and emergency services</td>
<td>o Consider telemedicine/telehealth to reach out to other agencies to benefit the client in ways of connecting with providers.</td>
</tr>
<tr>
<td>o Bundling services broadly in a concept form minimizes of fear in patients.</td>
<td>o Systems communicate to each other, relaying information to create an atmosphere for better communication and coordination for consumers</td>
<td>o Teleservices for other services such as food banks, mental health assessments for tele-psychiatry</td>
</tr>
<tr>
<td>o A team of people ready to embrace and assist patients in the medical setting</td>
<td></td>
<td>o Provide kiosks at locations that could be used for televisits due to lack of privacy at home</td>
</tr>
</tbody>
</table>

### Year 1 Activities
- Compile and review models of bundling/co-locating services

### Year 2 Activities
- Compile and review other social determinants of health factors, such as transportation and housing, to inform bundling/co-locating services decisions
  - Consider partnerships with academic and research institutions

### Year 3-5 Activities
- Engage funders with Priority Groups (Ryan White/DSHS, non-traditional partners).
- Review Achieving Together strategies and create partner categories (such as housing, AIDS services, pharmacy, academic/research, health department) in order to identify focused partners for collaboration
**Pillar: Prevent**

**Strategy 1A:**

The ultimate goal is to achieve our Fast Track City Goals of 90/90/90 and decrease the number of new HIV infections within the Austin/Travis County area by providing a variety of HIV prevention programs and resources. Prevention activities include providing interventions to reduce behavioral risk as well as helping those in the community at high risk for HIV access pre-exposure prophylaxis (PrEP) to prevent them from acquiring HIV and to assure they use PrEP effectively. Prevention is essential to improving the health of Austin/Travis County area and reducing the overall financial impact of the disease.

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</thead>
<tbody>
<tr>
<td>• Educating providers on PrEP will make providers more comfortable with prescribing PrEP</td>
<td>• Quarterly trainings to providers would keep providers up to date on knowledge, increase PrEP utilization of specific groups, and decrease of stigma on specific groups</td>
<td>• Providing journals and articles would help providers to be better informed and knowledgeable</td>
</tr>
<tr>
<td>• Developing training materials will improve materials and utilization of content and language of materials that are being produced</td>
<td>• Including multiple types of providers such as OB/GYNs, different clinics and offices to educate on PrEP would provide greater knowledge in the female community about risks and prevention</td>
<td>• Continually updated continuing education or programs would provide effective materials to providers within the community</td>
</tr>
<tr>
<td>• Distribution of the resource guide will help to get the information out to consumers and providers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Year 1 Activities - 2021**

- Educate primary care clinicians on how to provide PrEP access at primary care.
- Understand and address barriers to testing and PrEP provision for providers.
- Maintain and encourage use of updated PrEP provider list.
- Collect data from local providers on services offered and aggregate patient demographic information.
- Identify Telemedicine Best-Practices
  - Review current literature on telemedicine, with special consideration to pre- and post COVID-19 practices in order to identify opportunities and challenges
Gather input from Austin/Travis County organizations to gain insight into telemedicine practices, strengths, and opportunities for improvement
  - This may be achieved through a variety of methods such as a survey, email communications, or the FTCS SharePoint site
- Develop, or build upon, a guiding document based on the compiled and analyzed literature and community input; consider hosting on an online platform to enable updates
- Utilize social media outlets to promote and share an updated list of agencies conducting telemedicine services

Year 2 Activities - 2022
- Partner with community-based organizations for PrEP outreach—provide more educational programs to the community about PrEP.
  - Research what is happening around PrEP at local universities, especially private ones; What are the policies? (St. Edward’s, Concordia, UT, etc.)
  - Convene event (by geography, zip code) for groups looking to align with HIV prevention/reduction goals (TasP).
- Using data collected to partner with CBOs and other organizations to understand challenges to providing access to care and develop strategies that will address those challenges.
- Create and maintain a resource guide that is sustainable, app-based or online, crowd-sourced, and easily updateable.
- Train 211, 311 on rapid linkage services identified in resource guide

Year 3-5 Activities – 2023-2025
- Expand PrEP education and services to reach outlying areas of Austin and Travis County.
- Partner with CBOs in rural areas to share information, resource guides, and prevention access methods.
- Using data collected to partner with CBOs and other organizations to understand challenges to providing access to care and develop strategies that will address those challenges.
- Educate Health-Services Students on PrEP
  - Health-Services Schools and programs, including Medical, Nursing, and Pharmacy: Research what is currently happening around PrEP education. Can engage Medical and professional societies: Make a sustained systemic policy.
  - Investigate development of a program or materials that can be used by various universities, public and private, to add to standard curriculum.
- Treatment as Prevention
  - Collect data on TasP services and activities currently underway.
  - Perform research on TasP activities in other jurisdictions that are not taking place here and can be exploited in Austin/Travis County.
### Pillar: Respond

**Strategy 4A:**
Conducting advocacy training, providing education, and awareness activities would help to better understand and respond to the communities and groups bearing the greatest stigma in the Austin/Travis County area. Implementing the “People Living with HIV” Stigma index and giving those in the community the ability to feel empowered and united through story sharing helps to build and promote community events. Establishing leadership of community advocacy council would help to better understand the level of resources already provided and those that are needed within the Austin/Travis County area.

<table>
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</thead>
<tbody>
<tr>
<td>o Increase access to accurate medical information, health care and policy advocacy on HIV/AIDS</td>
<td>o Provide value and be intentional in outreach efforts; be people centered</td>
<td>o Feedback from individuals</td>
</tr>
<tr>
<td>o More engaged community actively working together to end the epidemic.</td>
<td>o Increasing awareness, education, and tools for communities not historically considered high risk populations</td>
<td>o Number of people regular receiving emails through our distribution list</td>
</tr>
<tr>
<td>o The resources needed are identified</td>
<td>o Broader community involvement and engagement</td>
<td>- “Email open rate” and “Open and response rate” (ie. link click throughs)</td>
</tr>
<tr>
<td>o Increased outreach</td>
<td></td>
<td>- Those that we do know, can open and receive emails and add people that we don't know who can be brought to the table</td>
</tr>
<tr>
<td>o Positive promotional material</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Year 1 Activities

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

#### Year 2 Activities

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

#### Year 3-5 Activities

- Create or add to calendar of local events within our community
- Support local events by promotion and involvement
  - Support the Hill Country Ride for AIDS in publicizing stories of participants affected by HIV
  - Support the Austin AIDS Walk in publicizing stories of participants affected by HIV
Pillar: Respond

Strategy 4B:

Promoting the health of the community at large and explains why we serve them. Providing education in provider context as well, gives providers a better understanding of the needs of the community as a whole making them status neutral. This process also educates the community on PrEP and PEP access and clarifies HIV services within the Austin/Travis County community. It would help to build more community advocates to foster the abilities by providing training, incentive participation activities, and resources on respectful and inclusive language influences overall knowledge and behavior of health and wellness. It is our goal to move towards better educating medical providers and providing training on gender affirming care.

<table>
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<th>Short Term Outcome</th>
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</tr>
</thead>
<tbody>
<tr>
<td>• Reduce potential discrimination</td>
<td>• Integrating sexual health care</td>
<td>• Bring awareness and informing the community</td>
</tr>
<tr>
<td>• Help normalize HIV testing, living with HIV, accepting PREP and PEP services</td>
<td>• Normalize in health care settings</td>
<td></td>
</tr>
<tr>
<td>• Improve mental health by reducing stigma and isolation</td>
<td>• Helps to explore and build resources</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Helps with treatment options</td>
<td></td>
</tr>
</tbody>
</table>

Year 1 Activities

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

Year 2 Activities

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

Year 3-5 Activities

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

**Strategy 2A:**

Increase community partnership web to 5 that will offer opt out testing within the community by 2025. Increasing the number of community health facilities that participate in opt-out testing will increase the number of HIV tests performed within the community and have the ability to diagnose cases faster.

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Identify community partners that could potentially offer opt out testing</td>
<td>Incorporate protocol across all testing locations for complete and collaborative testing procedure/ PrEP referral incidence</td>
<td>Increase the number of newly identified persons with HIV</td>
</tr>
</tbody>
</table>

#### Year 1 Activities
- Develop a Community standard/model for HIV testing
- Identify Hospitals, ER and Acute Care settings that could potentially partner with opt out testing
- Identify nontraditional community partners to offer opt out testing

#### Year 2 Activities
- Increase awareness of opt out testing throughout TGA by offering trainings and educational webinars
- Coordinate opt out testing at local Colleges/Universities healthcare clinics
- Work with non-traditional partners to implement opt out testing and anonymous testing
- Develop a tracking system to track patients receiving opt out testing and referrals for PrEP

#### Year 3-5 Activities
- Follow up with patients for yearly repeat testing and/or PrEP referral process
- Track infections based on partner populations from previous testing history (not anonymous testing) and identify gaps.
### Pillar: Diagnose

**Strategy 2B:**

*Identify and establish best practices relating to HIV testing within the community by 2025.*

<table>
<thead>
<tr>
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<th><strong>Long Term Outcome</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluate the practices in place and not in place yet</td>
<td>Work through care continuum to offer similar procedure for entire network in Fort Worth Metro</td>
<td>Retain patients in care and via long term data produce care plans for specific groups</td>
</tr>
</tbody>
</table>

#### Year 1 Activities
- Update consent forms and questionnaires to follow best practices - change the wording here
- Convene work group to review HIV testing forms
- Determine identify identical community guidelines that pertain to HIV testing
- Coordinate community testing services (testing roadmap)
- Offer stigma training (ReThink Positive) for RW Providers
- Identify non RW Providers that would benefit from stigma training

#### Year 2 Activities
- Offer cultural competence training
- Reducing implicit bias in care networks (training, discussion)
- Offer stigma training (ReThink Positive) for Providers

#### Year 3-5 Activities
- Discover best practices for HIV reporting
- Electronic Health Record System- Incorporate an identification system with Provide that links to a patient medical record ID card
- Implement status neutral community best practice
### Pillar: Diagnose

**Strategy 2C:**

*Increase the number of youth/adolescence under 25 that are testing annually by 10% 2025*

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Identify agencies offering services in our community to this target population</td>
<td>Collaboration of these resources for routine and annual testing, treatment and care</td>
<td>Increase the number of youth that are testing for HIV by X%</td>
</tr>
</tbody>
</table>

**Year 1 Activities**

- Offer self-testing / at home testing
- Collaboration with CBOs serving youth
- Collaborate with local Gay Straight Alliance
- Partner with agencies providing services to homeless, foster and at-risk youth

**Year 2 Activities**

- Market community testing events on Social Media
- Offer testing events strategically targeting specific priority populations

**Year 3-5 Activities**

- Provide webinars and other learning opportunities for this priority population
- Increase promotion and marketing of HIV Testing in Tarrant County on dating apps
**Pillar: Diagnose**

**Strategy 2D**

Increase the number of sites that utilize and offer nontraditional testing by 2025.

<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>Increase number of at home tests administered</td>
<td>Incorporate rapid testing in other locales like pharmacies, homeless shelters and other nontraditional settings</td>
<td>A documented mobile testing resource guide</td>
</tr>
</tbody>
</table>

**Year 1 Activities**
- Offer self-testing/ at home testing
- Identify pharmacies in high morbidity areas to offer testing
- Identify grass root groups willing to offer nontraditional testing
- Offer accessible testing in zip codes with high incidence of HIV

**Year 2 Activities**
- Offer free/affordable testing and treatment
- Complete a documented mobile testing location resource guide
- Provide various testing incentives at community events to increase testing
- Offer testing within the faith based community

**Year 3-5 Activities**
- Expand mobile testing
- Follow previous activity to offer coinciding at home mobile testing with PrEP in areas of high incidence and poor adherence
**Pillar: Diagnose**

**Strategy 2E**

Establish mandatory HIV testing upon entry and release from prisons and detention facilities by 2025.

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</tr>
</thead>
<tbody>
<tr>
<td>Documented/identified gaps/ resources, etc.</td>
<td>Increase in number of patients successfully linked to care upon release</td>
<td>All persons taken to a detention facility, jail or the likes are tested and made aware of status.</td>
</tr>
</tbody>
</table>

**Year 1 Activities**
- Identify gaps in criminal justice health care system
- Determine resources to assist with this strategy
- Identify community partners and champions to advocate for testing in criminal justice environments
- Identify jail community viral load

**Year 2 Activities**
- Convene HIV Jail work group
- Create HIV testing workflow for Tarrant County jail setting

**Year 3-5 Activities**
- Offer opt out testing at Tarrant County Jail and other detention centers
### Pillar: Diagnose

**Strategy 2F**

Utilize current technological trends to increase the access, visibility, and knowledge of HIV testing to the Tarrant county community to increase the knowledge of people that know their HIV status from 83% to 95% by 2025.

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</thead>
<tbody>
<tr>
<td>Increase the knowledge of people that know their HIV status.</td>
<td>Increase the knowledge of people that know their HIV status from 83% to 95% by 2025.</td>
<td>Increase the knowledge of people that know their HIV status from 95% to 100% by 2030.</td>
</tr>
</tbody>
</table>

#### Year 1 Activities
- Utilize EMR to identify patients that are at risk of contracting HIV
- Identify community viral load throughout TGA

#### Year 2 Activities
- Utilize apps for pre/post-test counseling
- HIV Specific nurse line (Phone, text, chat, website)
- Offer Telehealth Pre/Post Counseling

#### Year 3-5 Activities
- Incorporate an identification system with EMR that links to patients medical.
- Identify community viral load throughout TGA
### Pillar: Treat

**Strategy 3A**

*Increase number of Tarrant county residents who are living with HIV receiving treatment to 90% by 2025. Through this, the number of Tarrant county residents living with HIV will reach viral load suppression at a faster rate.*

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</thead>
<tbody>
<tr>
<td>Increase the number of community engagement opportunities</td>
<td>Number of trained SWAT team members</td>
<td>Increase the number of community leaders aware of HIV disparities</td>
</tr>
<tr>
<td></td>
<td>Increase in number of clients receiving mental health services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increased number of collaborative meetings held by RW Providers and private Providers</td>
<td></td>
</tr>
</tbody>
</table>

**Year 1 Activities**

- Involve people with HIV and leaders from Communities of Color in determining best methods to address health disparities and inequities.
- Increase Awareness and accessibility of HIV Services

**Year 2 Activities**

- Implement a rapid linkage model staffed with peer (SWAT Team) community health workers for newly diagnosed and those returning to care
- Improve access and utilization of mental health and substance abuse services
- Develop HIV Clinic collaboration between Ryan White Providers and Private Providers

**Year 3-5 Activities**

- Develop and implement a data to care model to bring individuals back into care
Pillar: Treat

Strategy 3B

Increase number of Tarrant county residents who are living with HIV receiving treatment to 90% by 2025. Through this, the number of Tarrant county residents living with HIV will reach viral load suppression at a faster rate.

<table>
<thead>
<tr>
<th>Short Term Outcome</th>
<th>Intermediate Outcome</th>
<th>Long Term Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the number of community engagement opportunities</td>
<td>Developed of data dashboard by population group</td>
<td>Pharmacies supporting viral load suppression</td>
</tr>
<tr>
<td></td>
<td>Health care clinics promoting U=U</td>
<td></td>
</tr>
</tbody>
</table>

Year 1 Activities

- Involve people with HIV and leaders from Communities of Color in determining best methods to address health disparities and inequities.
- Increase pathways to care, including telehealth/telemedicine, primary care, and mobile care.

Year 2 Activities

- Evaluate and improve data by population group to assure all populations, including those of transgender experience, are reaching viral load suppression.
- People with HIV will be aware of U=U
- Support vulnerable populations to achieve and maintain viral load suppression through the use of incentives.

Year 3-5 Activities

- Train peer community health workers to deliver treatment adherence.
- Partner with local pharmacies to provide seamless HIV medication access, adherence counseling, linkage to additional resources, and identification of patients at risk of falling out of care.
## Pillar: Treat

### Strategy 3C:

Decrease the time of availability to Rapid ART to 72 hours by 2023 and same day by 2025 to 90% of newly diagnosed individuals. It’s possible for individuals to live with HIV without knowing for years which can lead to increased complications once the diagnosis is made, and the availability to rapid ART same day will allow those individuals to reach viral load suppression faster.

<table>
<thead>
<tr>
<th>Short Term Outcome</th>
<th>Intermediate Outcome</th>
<th>Long Term Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of community standards for Rapid Start</td>
<td>Coordinated point of entry for newly diagnosed and individuals returning to care</td>
<td>All RW funded clinics are providing Rapid Start</td>
</tr>
<tr>
<td>Reduction in the number of days for ADAP medication access</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Year 1 Activities

Provide training to all HIV clinical providers to support the development of Rapid Start implementation plans.

### Year 2 Activities

Rapid Start single point of entry for first available appointment; implementation of Rapid linkage model SWAT team. Enhance collaboration between prevention and care providers to establish Rapid Start protocols. On demand access to supportive counseling services, including telehealth options.

### Year 3-5 Activities

Collaborate with the Texas ADAP program to establish rapid access to HIV medication for Rapid Start participants. Implement a community health worker peer program to support treatment initiation, adherence, and medication initiation.
**Pillar: Treat**

**Strategy 3D**

Strategy #4 Health People 2030 Goal: Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.

<table>
<thead>
<tr>
<th>Short Term Outcome</th>
<th>Intermediate Outcome</th>
<th>Long Term Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in number of people with reported stable housing</td>
<td>Reduction in reported barriers faced by people with HIV</td>
<td>Reported improvement in understanding of health information</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number people with HIV employed</td>
</tr>
</tbody>
</table>

**Year 1 Activities**

- Increase access to stable housing for people with HIV
- Assure food security for people with HIV

**Year 2 Activities**

- Implement a status neutral model to address social determinants of health
- Address system barriers faced by people with HIV, including those entering and re-entering care
- Improve access to education for people with HIV

**Year 3-5 Activities**

- Address income inequality by providing employment opportunities with a livable wage and opportunities for advancement for people with HIV
- Improve health literacy among people living with HIV by providing ongoing education across the continuum of care
Pillar: Treat

**Strategy 3E**

Improve patient care experience by addressing compassionate care, staff reflectiveness, burnout, and workforce capacity to better address the needs of PLWH. Baseline will be developed in 2021.

<table>
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<tr>
<th>Short Term Outcome</th>
<th>Intermediate Outcome</th>
<th>Long Term Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td># of survey instruments completed</td>
<td>Demonstrated increase in patient experience</td>
<td>Increase in the number employed in the HIV field</td>
</tr>
<tr>
<td># Trainings delivered based on survey results</td>
<td>survey results</td>
<td></td>
</tr>
</tbody>
</table>

**Year 1 Activities**

- Conduct ongoing survey process to assess patient care experience and respond to newly emerging issues. Development of score cards for clinics.
- Conduct a survey among HIV service providers to assess reflectiveness, staff morale, burnout and workforce capacity. Development and delivery of training to meet identified needs.

**Year 2 Activities**

- Increase cultural sensitivity of providers to assure delivery of respectful, gender affirming and stigma free care through ongoing training.

**Year 3-5 Activities**

- Provide workforce development for people with HIV to increase employment opportunities in the field of HIV.
## Pillar: Prevent

### Strategy 1A:
Implement routine mental health screening during HIV test/annual test to establish a baseline mental health status by 2021.

<table>
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<tr>
<th>Short Term Outcome</th>
<th>Intermediate Outcome</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Increase access to vulnerable communities into health care</td>
<td>Increase of clients that have the resources/knowledge/self-efficacy to mental health care</td>
<td>Develop a ready-to-utilize network if the client test positive.</td>
</tr>
</tbody>
</table>

### Year 1 Activities
- Implement Telehealth/TelePrEP services
- Increase participation in support groups for PLWH

### Year 2 Activities
- Offering counseling to at risk populations
- Mental health provider screening tool
- Research best practices for offering PrEP in nontraditional settings

### Year 3-5 Activities
- Develop referral resources- community resource inventory guide
- Offer PrEP screening in local emergency rooms
### Pillar: Prevent

**Strategy 1B:**
Establish an Advocacy board/team within Tarrant County comprised of members from various fields by 2022

<table>
<thead>
<tr>
<th>Short Term Outcome</th>
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<th>Long Term Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form partnerships with local and state law/policy makers Accountability for existing laws and policies.</td>
<td>Aggressive about sexual health education system at the state and local level - make it easy to provide health education (op in/op out for sex ed in Texas)</td>
<td>Focus should be more legislative Increase effective laws/policies that can increase prevention</td>
</tr>
</tbody>
</table>

#### Year 1 Activities
- Identify key legislative stakeholders
- Identify key medical stakeholders
- Develop by laws, structure, key HIV prevention issues,
- Connect with other jurisdictions that are doing similar work

#### Year 2 Activities
- Research existing policies (National/City/State/County level/School boards)
- Develop structure and work plan for advocacy team

#### Year 3-5 Activities
- Advocacy team will work to increase awareness of needle exchange programs to reduce the number of unsterile needles in the community by 5% in 2025
- Implement harm reduction strategies into our community
Pillar: Prevent

Strategy 1C
Utilize intimate partner violence organizations to distribute prevention services to high risk individuals by 2025

<table>
<thead>
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<th>Short Term Outcome</th>
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<th>Long Term Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create the education plan by 2022</td>
<td>Increase for primary care locations that screen for IPV (safety planning, prep)</td>
<td>Increase in locations that provide prep counseling</td>
</tr>
</tbody>
</table>

Year 1 Activities
- Partner with IPV advocates to develop education plan on the intersection of IPV and HIV
- Determine best practices for screening and risk assessment
- Explore other models of care that focus on the intersection of IPV and HIV

Year 2 Activities
- Increase visibility of PrEP campaigns
- Increase access to PrEP in IPV settings
- Implement HIV/STI screening into safety planning and risk assessment.
- Develop a referral roadmap for IPV providers
- Increase visibility of PrEP campaigns at IPV service locations

Year 3-5 Activities
- Increase messaging regarding PrEP via social media platforms
### Pillar: Prevent

**Strategy 1D**

Increase visibility and accessibility of PrEP 10% by 2025. Pre-exposure prophylaxis (PrEP) has been proven to prevent individuals from acquiring HIV. Prevention methods/medication is essential to improving the health of Tarrant county.

<table>
<thead>
<tr>
<th>Short Term Outcome</th>
<th>Intermediate Outcome</th>
<th>Long Term Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Developed provider education plan</td>
<td>• Assessment complete by 2023</td>
<td>• Increase # of individuals who have access to PrEP</td>
</tr>
<tr>
<td>• Increase alternative methods of accessing PrEP</td>
<td>• Develop pre and post survey measures</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• X# providers attended training</td>
<td></td>
</tr>
</tbody>
</table>

**Year 1 Activities**

- Identify best practices in sister cities/communities
- Expand options for accessing PrEP (TelePrEP)
- Develop education plan for providers prescribing PrEP?

**Year 2 Activities**

- Develop easy talking points /offer training. Common language for providers
- Develop coordinated plan for PrEP access across service providers
- Decrease stigma associated with being on PrEP-ReThink Positive

**Year 3-5 Activities**

- Launch Community PrEP needs assessment
**Pillar: Prevent**

**Strategy 1E**

Utilize mobile testing units to target high risk areas within Tarrant County 4 times a month by 2025. By bringing testing units to communities that are high risk, transportation and accessibility barriers are lifted and allow individuals to have easier access than normal.

<table>
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<tr>
<th>Short Term Outcome</th>
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<th>Long Term Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Identify high risk zip codes for mobile units</td>
<td>• Increase # of individuals who have access to prevention methods</td>
<td>• Increase # of individuals being tested regularly</td>
</tr>
</tbody>
</table>

**Year 1 Activities**

• Develop coordinated plan on mobile unit outreach
• Locate high morbidity zip codes with limited access to public transportation

**Year 2 Activities**

• Offer PrEP (condom distribution, harm reduction)
• Offer STI/HIV education in high morbidity areas

**Year 3-5 Activities**

• Expand workforce capacity – PrEP navigators, Care Coordinators
• Fund prevention outreach teams
### Pillar: Prevent

**Strategy 1F**

Perform a community needs assessment to identify weaknesses within the Tarrant county community regarding HIV by 2023

<table>
<thead>
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<th>Short Term Outcome</th>
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<th>Long Term Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify missing community members</td>
<td>Number of survey instruments are completed and ready for implementation</td>
<td>Community needs assessment is completed</td>
</tr>
</tbody>
</table>

#### Year 1 Activities

- Identify community members interested in being a part of Needs Assessment working group
- Identify ways to collaborate with local planning bodies

#### Year 2 Activities

- Convene focus groups (target populations, HIV workforce, key stakeholders)
- Develop survey tool
- Produce request for quote/proposal

#### Year 3-5 Activities

- Complete Community Needs Assessment
- Review needs assessment recommendations
- Create work plan addressing issues discovered in needs assessment
<table>
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<tr>
<th>Short Term Outcome</th>
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<th>Long Term Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish key partnerships throughout Tarrant county and identify housing as prevention methods</td>
<td>Increase # of youth in prevention programs</td>
<td>Reduced # of youth who are being diagnosed with HIV</td>
</tr>
</tbody>
</table>

**Year 1 Activities**
- Research current housing as prevention models specifically those geared towards youth
- Build relationships with local school districts and Universities
- Build relationships with agencies serving youth
- Conduct focus group with service providers, at risk populations and PLWH

**Year 2 Activities**
- Offer summer sex programs for youth
- Partner with agencies serving youth to offer testing, and risk reduction education

**Year 3-5 Activities**
- Implement housing as prevention model
Pillar: Respond

Strategy 4A

Identify and advocate for policies to address the criminalization of HIV and at the city, county, and/or state level. Policies have the potential to directly and indirectly affect an individual’s life, and making sure these policies are formed from current public health research can be vital in making these policies be highly beneficial to the intended communities.

<table>
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<tbody>
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</tbody>
</table>

Year 1 Activities

- Identify City, County and State HIV transmission laws
- Conversations with local Tarrant County officials concerning interventions. (health equity addition)
- Identify Legislative advocates
- Review collaborate with The Center for HIV Law & Policy
- Collaborate with Community Groups

Educating stakeholders
- Participate in HIV advocacy date

Year 2 Activities

Year 3-5 Activities
**Pillar: Respond**

**Strategy 4B**

Increase access to education and training services relating to HIV cluster detection and response to the Health Service Delivery Area/Tarrant County workforce by 2023.

<table>
<thead>
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</thead>
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<tr>
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</tbody>
</table>

**Year 1 Activities**

- Provide trainings throughout TGA
- Develop pre and post test
- Establish a baseline

**Year 2 Activities**

**Year 3-5 Activities**


**Pillar: Respond**

**Strategy 4C**

Leverage and utilize digital technology platforms and tools to increase awareness in TGA counties concerning the full HIV continuum by 2025. As social media platforms become increasingly popular and utilized to obtain information, public health departments must adapt and utilize these platforms more to spread important information/programs.

<table>
<thead>
<tr>
<th>Short Term Outcome</th>
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</tr>
</thead>
</table>
| • Survey link (survey monkey), downloads, tearout survey and or contact,  
  • Providers share resources and build rapport, number of app downloads, analytics, type and length of engagement,  
  • Track attendance, social media shares |                     |                  |

**Year 1 Activities**

• Develop a messaging strategy concerning alerts  
• Peer messaging development for the community  
• Create a digital/print comp.community resource guide for print and distribution  
• Create an app to link users to to resources, person to person interaction, spotlight local professions, : Access providers, job, food, rent,  
• Web based community education and efforts: live training, panels, community members,  
• Explore E-health interventions" Ehealth: Health services and information delivered or enhanced through the internet and related technologies.  
• Explore and catalogue existing Health promotions

**Year 2 Activities**

**Year 3-5 Activities**
### Pillar: Respond

**Strategy 4D:**

Develop and implement a status neutral approach when identifying negative partners at Risk of HIV exposure within clusters by 2023. Develop and utilize evaluation program and tools to be used alongside the implementation of the status neutral approach.

<table>
<thead>
<tr>
<th>Short Term Outcome</th>
<th>Intermediate Outcome</th>
<th>Long Term Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy questions/thoughts:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• We need to explore how particular blood specimens are genotyped.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Why do we want to achieve this strategy? (health equity?) (defining improving key sequential steps)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Should we expand this strategy to include clients with a positive diagnosis?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Year 1 Activities**

- Linking to prevention services
- Linking to mental health services?
- Identify best practices
- Identify care giving advocates

**Year 2 Activities**

**Year 3-5 Activities**
**Pillar: Respond**

**Strategy 4E**

Increase and expand upon current HIV surveillance being utilized across the continuum of care within Tarrant county by 2025.

<table>
<thead>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

**Year 1 Activities**
- Identify and document the current response protocols for TC
- Increase DIS response in the TGA
- Include informatics: Identify what informatics is relevant to strategy
- Strategy #12: Develop and execute a coordinated project to utilize local, regional and national informatics to augment HIV surveillance by 2025 (consolidated into #6)

**Year 2 Activities**

**Year 3-5 Activities**
### Pillar: Respond

#### Strategy 4F

*Increase the volume and availability of Genotype testing services in the HSDA x% by 2025.*

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>• Identified offerings, data collected, current process workflows, X% increase of people Genotype tested</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Document the current process with labs and clinics</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Year 1 Activities

- Bring next Gen Seq. to Tarrant County
- Identify current local processes: Identify how this is functioning
- Expand offering and availability/knowledge/purpose of this test.
- "Update DSHS state standards
- (explore moving forward after the plan)
- "
- Identify the current process and remove barriers
- Which TC organizations are conducting Genotype testing

#### Year 2 Activities

#### Year 3-5 Activities
## Pillar: Respond

### Strategy 4G

Develop and implement a collaborative workflow with various healthcare facilities throughout the North Texas region in order to share vital information about clusters by 2025. Collaborative workflows through DFW allows to better serve individuals who live in one specific area of the DFW area yet commute or spend most of their time in another.

<table>
<thead>
<tr>
<th>Short Term Outcome</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

**Year 1 Activities**
- Increase collaboration concerning information sharing
- Make public aware of the clusters (Explain how we can prevent clusters from spreading)
- Share information with agencies about clusters
- How do we build trust as an action? (Transparency, relationship development) expand network.

**Year 2 Activities**

**Year 3-5 Activities**

## Pillar: Respond

### Strategy 4H

Increase the HIV service workforce X% by 2025

<table>
<thead>
<tr>
<th>Short Term Outcome</th>
<th>Intermediate Outcome</th>
<th>Long Term Outcome</th>
</tr>
</thead>
</table>

### Year 1 Activities

- Communication: to providers, social service agency
- Procure relationships with non-traditional partners or CBO...
- Peer community health workers

### Year 2 Activities

### Year 3-5 Activities
## Pillar: Respond

### Strategy HI

**Increase the HIV prevention workforce X% by 2025**

<table>
<thead>
<tr>
<th>Short Term Outcome</th>
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<th>Long Term Outcome</th>
</tr>
</thead>
</table>

### Year 1 Activities
- Training for Rapid Start staff
- Seek RFPs to support
- Peers
- CHW/ Health Promotoras embedded into the community to provide prevention activities
- Undoing racism

### Year 2 Activities

### Year 3-5 Activities
## Pillar: Diagnose

### Strategy 2A:
Expand or implement routine opt-out HIV screening in healthcare and other institutional settings in high prevalence communities

<table>
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<tr>
<th>Short Term Outcome</th>
<th>Intermediate Outcome</th>
<th>Long Term Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased routine opt-out HIV screenings in healthcare and other institutional settings</td>
<td>Increased knowledge of HIV status</td>
<td>Reduced new HIV infections</td>
</tr>
</tbody>
</table>

### Year 1 Activities
- Provide routine HIV/STD screenings at Metro Health STD Clinic
- Promote routine opt-out testing in local Emergency Departments through the End Stigma End HIV Alliance (ESEHA)
- Meet twice per year with EHE stakeholders to share data and updates about successes, challenges and obstacles to routine HIV testing and other EHE Pillars
- Collect and share testing data and information through ESEHA quarterly community reports
- Educate providers on data reporting guidelines, HIV-algorithm testing, and PrEP/nPEP
- Conduct outreach to providers to increase routine HIV/STD testing
- Launch community-wide sexual health initiative with 3 youth-serving organizations; build trust among partners

### Year 2 Activities
- Promoting use of clinical preventive and treatment services for HIV to primary care providers, including routine HIV/STD testing, as well as educating on PrEP/nPEP.
- Meet twice per year with EHE stakeholders to share data and updates about successes, challenges and obstacles to routine HIV testing and other EHE Pillars
- Coordinate phase 2 of collaborative sexual health awareness initiative: develop shared goals & indicators with additional partner organizations

### Year 3-5 Activities
Pillar: Diagnose

Strategy 2B:

Develop locally-tailored HIV testing programs to reach persons in non-healthcare settings

<table>
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<tr>
<th>Short Term Outcome</th>
<th>Intermediate Outcome</th>
<th>Long Term Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased local availability of and accessibility to HIV testing services</td>
<td>Increased knowledge of HIV status</td>
<td>Reduced new HIV infections</td>
</tr>
</tbody>
</table>

Year 1 Activities

- Provide field testing through STD/HIV mobile unit
- Coordinate #KnowMyStatusSA Campaign
- Partner with local pharmacy chain to provide testing at 10 locations across San Antonio
- Partner with local methadone clinics, pregnancy centers, and 1 church-based harm reduction clinic to provide testing 1-2 per month
- Provide data-collection infrastructure to facilitate real-time testing data collection and sharing by STD/HIV Testing Task Force partners

Year 2 Activities

- Implement and evaluate Stigma-free healthcare initiative
- Adjust testing activities based on previous year’s data

Year 3-5 Activities
Pillar: Treat
Strategy 3A:

Ensure rapid linkage to HIV medical care and antiretroviral therapy (ART) initiation for all persons with newly diagnosed HIV

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<th>Long Term Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased rapid linkage to HIV medical care</td>
<td>Increased receipt of HIV medical care among persons with HIV</td>
<td>Reduced new HIV infections</td>
</tr>
<tr>
<td>Increased early initiation of ART</td>
<td>Increased viral suppression among persons living with diagnosed HIV</td>
<td></td>
</tr>
</tbody>
</table>

**Year 1 Activities**
- Promote adoption of End Stigma guidelines through marketing, online training (CME), and provider pledge
- Provide technical assistance to enhance communitywide Rapid Start
- Conduct “Nothing about Us without Us” Assessment & present report
- Strengthen data collection infrastructure among treating agencies

**Year 2 Activities**
- Evaluate previous End stigma efforts
- Expand End stigma efforts beyond healthcare settings
- Recruit and train peer advocates to participate in HIV advisory boards and planning bodies

**Year 3-5 Activities**
### Pillar: Treat

#### Strategy 3B:

Support re-engagement and retention in HIV medical care and treatment adherence, especially for persons who are not recipients of Ryan White HIV/AIDS Programs

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</tr>
</thead>
<tbody>
<tr>
<td>Increased immediate re-engagement to HIV prevention and treatment services for PWH who have disengaged from care</td>
<td>Increased receipt of HIV medical care among persons with HIV</td>
<td>Reduced new HIV infections</td>
</tr>
<tr>
<td>Increased support to providers for linking, retaining, and re-engaging persons with HIV (PWH) to care and treatment</td>
<td>Increase viral suppression among persons living with diagnosed HIV</td>
<td></td>
</tr>
</tbody>
</table>

#### Year 1 Activities
- Recruit & train cohort of HIV peer advocates
- Pilot peer support initiative

#### Year 2 Activities
- Institutionalize a trained peer support network
- Fully Implement Peer Support initiative
- Implement County Jails Linkage project

#### Year 3-5 Activities
### Pillar: Prevent

**Strategy 1A:**

Accelerate efforts to increase pre-exposure prophylaxis (PrEP) use, particularly for populations with the highest rates of new HIV diagnoses and low PrEP use among those with indications for PrEP

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</tr>
</thead>
<tbody>
<tr>
<td>Increased screening for PrEP indications among HIV-negative clients</td>
<td>Increased PrEP prescriptions among persons with indications PrEP</td>
<td>Reduced new HIV infections</td>
</tr>
</tbody>
</table>

#### Year 1 Activities
- Conduct 12 provider visits per quarter to educate on reporting guidelines, HIV-algorithm testing and PrEP/ nPEP education.
- Link 85% of newly diagnosed PLWH to Rapid Start within 7 days.
- Link 45 PLWH who have not been in HIV specialty care for six months or greater from the original diagnosis during the contract term.
- Provide case management services to 20 women living with HIV who are pregnant through 3 months post-delivery.
- Ensure at least 60% of all partner initiated on a new HIV interview are tested for HIV.
- Initiate field follow up for individuals linked to HIV transmission network within 48 hours.
- Create Digital Stigma & Storytelling Project as strategic messaging for eliminating stigma

#### Year 2 Activities
- Expand local provider knowledge of HIV prevention and treatment best practices and enhance provider services
- Administer a provider survey to 70% of contacted providers to gauge knowledge of clinical HIV preventive and treatment best practices
- Conduct outreach to 75 local providers to promote PrEP and PEP
- Conduct 10 presentations per year to provider groups and organizations

#### Year 3-5 Activities
### Pillar: Prevent

**Strategy 1B:**

Increase availability, use, and access to and quality of comprehensive syringe services programs (SSPs)

<table>
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<th>Short Term Outcome</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Increased access to SSPs</td>
<td>Increased knowledge about the services and evidence-base of SSPs in communities</td>
<td>Reduced new HIV infections</td>
</tr>
<tr>
<td></td>
<td>Increased quality of evidence-based SSP service delivery</td>
<td></td>
</tr>
</tbody>
</table>

#### Year 1 Activities

- Provide syringe disposal services
- Share data & information about SSP pilot with ESEHA partners & EHE stakeholders
- Contribute medical supplies

#### Year 2 Activities

- Provide syringe disposal services to local SSP pilot
- Support enhancement of local SSPs through technical assistance, volunteer training, and development of referral process for partner organizations
- Coordinate development of a community care model to complement Harm reduction initiative

#### Year 3-5 Activities
### Pillar: Respond

**Strategy 4A:**

Develop partnerships, processes, data systems, and policies to facilitate robust, real-time cluster detection and response

<table>
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<tr>
<th>Short Term Outcome</th>
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<tbody>
<tr>
<td>Increased health department and community engagement for cluster detection and response</td>
<td>Improved response to HIV transmission clusters and outbreaks</td>
<td>Reduced new HIV infections</td>
</tr>
</tbody>
</table>

#### Year 1 Activities

- Inform on HIV transmission network response through data and information sharing and quarterly reports
- Coordinate with key partners and stakeholders to incorporate sexual health promotion strategies and HIV prevention education into their programs
- Organize 20 community engagement activities (events, trainings, alliance meetings, facilitated conversations) to mobilize support for EHE efforts and goals
- Provide Leadership Training & Capacity Building for ESEHA partners
- Administer Health Equity stipends to facilitate peer advocates’ and community participation
- Organize an EHE Conference

#### Year 2 Activities

- Establish ESEHA leadership Institute
- Institutionalize a capacity building fund for ESEHA partner organizations
- Establish a paid internship for public health practicum students to support EHE activities
- Host an annual EHE conference

#### Year 3-5 Activities
Pillar: Respond

Strategy 4B:
Investigate and intervene in networks with active transmission

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Year 1 Activities
- Search records for 85% of received HIV/AIDS labs from internal and external providers and initiate needed field records within 3 days to PHFU.
- Enter case report form in EHARs within 45 days of diagnosis for 80% of confirmed cases.

Year 2 Activities

Year 3-5 Activities
## Pillar: Respond

### Strategy 4C:

Identify and address gaps in programs and services revealed by cluster detection and response

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<td>Improved policies and funding mechanisms to respond to and contain HIV clusters and outbreaks</td>
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### Year 1 Activities
- Identify existing gaps in programs and services, offer solutions, and support coordinated action by ESEHA partners and EHE stakeholders
- Coordinate ESEHA partners participation in HIV Advocacy Day

### Year 2 Activities
- Develop an EHE advocacy agenda
- Develop training curriculum around sexual health and HIV advocacy
- Organize an HIV Policy & Data Summit

### Year 3-5 Activities
APPENDIX A
CONCURRENCE DOCUMENTATION
December 17, 2020

Grants Management Branch, Procurement and Grants Office
End the HIV Epidemic Grant PS20-2010
Centers for Disease Control and Prevention (CDC) MS E-15
2920 Brandywine Road, Room 3000
Atlanta, GA 30341-4146

To Whom It May Concern:

The San Antonio End Stigma End HIV Alliance (ESEHA) concurs with the submission by the Texas Department of State Health Services (DSHS) in response to End the HIV Epidemic Grant PS20-2010. ESEHA has reviewed the Jurisdictional End the HIV Epidemic Plan that is to be submitted to CDC by Texas DSHS and concurs that the plan provides an accurate situational analysis for our community.

ESEHA provided input into the strategies and activities identified in the Texas DSHS plan. ESEHA strategies and activities were developed through a participatory community process over almost a year. ESEHA members represent multiple stakeholder groups from the San Antonio area including: people living with HIV, AIDS service organizations, impacted community representatives, community-based organizations, members of the Ryan White Planning Council and Administrative Agency, academia, the local health department, as well as other traditional and non-traditional community partners and stakeholders. The Texas DSHS plan was shared with all our members electronically.

Agreed and accepted,

Co-chairs of the End Stigma End HIV Alliance of San Antonio,

[Signatures]

Barbara S. Taylor
Glenda Small
Gregory Carilles
APPENDIX A 2
CONCURRENCE DOCUMENTATION
AUSTIN
12-22-2020

To Whom it May Concern:

The Core Coordinating Committee of the Austin Fast Track City (FTC)/Ending The HIV Epidemic (EHE) Planning Body voted on December 9th, 2020 to concur with strategies and activities identified in the Ending the HIV Epidemic Plan drafted and submitted by the Texas Department of State Health Services HIV/STD Program in response to the Centers for Disease Control FOA PS 19-1906.

The Core Coordinating Committee of the Austin FTC/EHE Planning Body is comprised of representatives from the four Priority Groups which make up the general planning structure for Austin FTC/EHE:
- Prevention
- Testing and Rapid Linkage
- Retention, Reengagement and Viral Suppression
- Ending Stigma

The process for creating the Austin information contained in the Ending the HIV Epidemic Plan were developed through a collaborative process that involved multiple stakeholders from across the community including: people living with HIV, social support agencies, clinical providers, AIDS service organizations, community based organizations, impacted community stakeholders, as well as other community and stakeholder representatives.

The signatures below from the Fast-Track Cities Priority Area work group chairs on behalf of the Core Coordinating Committee members confirm the concurrence of the Austin FTC/EHE Planning Body with the submitted EHE Plan.

Thank you,

Mark Erwin, Prevention Co-Chair

Colt Woods, Prevention Co-Chair

Scott Lyles, Testing & Rapid Linkage Co-Chair

Christopher Hamilton, Retention, Reengagement, and Viral Suppression Co-Chair

Dr. Valerie Agee, Ending Stigma Co-Chair

Dr. Colette Burnette, Ending Stigma Co-Chair
APPENDIX A 3
CONCURRENCE DOCUMENTATION
DALLAS
December 21, 2020

Texas Department of State Health Services
Post Office Box 149347
Austin, Texas 78714-3199

To Whom it May Concern:

The members of the Dallas County HIV Task Force and Fast-Track County (FTC) Steering Committee are writing to provide the results of a vote of concurrence on the Ending the HIV Epidemic Plan drafted and submitted by the Texas Department of State Health Services (DSHS) HIV/STD Program in response to the Centers for Disease Control (CDC) RFA-PS20-2010. On December 2, 2020 Dallas County received the 1906 EHE Plan from DSHS for distribution, review, and concurrence voting. On December 6, after a meeting of the FTC Steering Committee, the draft plan along with CDC feedback from the first DSHS compiled plan, was sent to over 200 Fast-Track County partners and over 100 Dallas County HIV Task Force partners, with a request to provide feedback by December 14. On December 15, all comments received by the Dallas County HIV Task Force and FTC Steering Committee were sent to DSHS and were incorporated into the Final 1906 EHE Plan. Between the dates of December 16-17, the final revised 1906 EHE Plan was sent along with a survey to 110 members of both the Dallas County HIV Task Force and the Dallas Fast Track Cities Steering Committee. Both bodies are tasked with coordinating efforts to address and end HIV in Dallas County.

At the conclusion of the voting period, 40 votes were recorded with the following breakdown:

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Community and stakeholders voting for concurrence with reservations or non-concurrence expressed their concern that the planning process was not adequate enough to develop a complete and rigorous set of strategies, activities, and outcomes. While the strategies and activities that are included in the plan were developed in consultation with community stakeholders, voting members desired to see specific and measurable outcomes associated with each of the strategies. Members felt that the strategies included are appropriate; however, structured and continued community planning must be done to identify additional strategies and activities to help make 90-90-90 by 2030 an attainable goal for all communities in Dallas County.

Members of the Dallas HIV Task Force met on Monday, December 14th to identify the following recommendations to improve community engagement in local HIV planning efforts in Dallas County:

**Identify and Hire a Local Dallas County EHE Coordinator**

Although funding has been appropriated for mid-level management and clinical position’s throughout Dallas County Health and Human Services (DCHHS), the local department has not yet identified and hired a local EHE coordinator whose sole responsibility as a staff person is the coordination and implementation of Dallas County EHE planning and implementation work. This individual is critical to the success of our plan, as it will allow DCHHS the opportunity to, among other things: create and manage a comprehensive internal and community workflow to manage the implementation of EHE activities; create a framework to monitor the implementation of the HIV plan; and provide the community with a direct point of contact at DCHHS.

Community Recommendation:
- Hire a mid- to senior-level EHE coordinator whose sole responsibility is HIV strategy coordination and implementation of Dallas County HIV planning activities (including Ryan White). An idea candidate should have existing relationships with Dallas County HIV stakeholders including; health department, ASOs, and people living with HIV.

**Improve Community Engagement and Strategic Alignment of HIV Planning in Dallas County**

There is a need for a meaningful plan for community engagement and the allocation of resources to support our Community Based Organizations and HIV/AIDS Service Organizations in the implementation of activities to end HIV in Dallas County by 2030. Community engagement with non-traditional organizations was one of the tenet’s in the feedback received from the CDC, and it is imperative that not only do our current strategic committees meet more frequently, but there be an immediate deployment of resources to galvanize continued community partnerships directly linked to the planning and implementation of the local HIV plans are needed as well.
Community Recommendation:
- Combine HIV planning efforts – Ending the Epidemic, Fast Track Cities, and Achieving Together in one local strategy to end HIV in Dallas County by 2030.
- Communicate regularly with Dallas County HIV Task Force leadership and members as project goals and other deadlines are communicated by State (DHS) and Federal (IAPAC, HHS, CDC, HRSA) partners;
- Submit job descriptions of the new DCHHS positions to HIV Task Force and allow a member of the Task Force to serve on the hiring panel; and
- Forward email communications regarding EHE planning to Dallas County HIV Task Force Chair and Co-Chairs.

Develop a Plan to Provide Funding to Community Partners to Formally Engage in Local EHE Implementation and Planning

Community engagement processes involve the collaboration of key stakeholders and communities who collaboratively identify strategies for increased coordination of HIV programs throughout the state and local health jurisdictions. Ultimately, an effective collaboration should result in a collective vision that assists the jurisdiction in achieving the goals of the EHE Initiative. Furthermore, engaging the community is a key factor in the recipients' ability to successfully implement their EHE programs.

Community Recommendation:
In 2021, develop and implement a plan to allocate 2020 Dallas County EHE funding - $900K - and 2021 Dallas County EHE funding (as guidance becomes available) in EHE funding to support planning and implementation of EHE activities by community partners. These funded partners should include the following:
- That have not traditionally received funding from DCHHS;
- Have experience in working with communities most affected by HIV, including experience in addressing the social determinants that influence populations most severely affected by HIV; and
- Possess the capacity to implement the EHE activities with local HIV stakeholders and PLWH in Dallas County.

Respectfully Submitted,

Venton C. Hill-Jones
Chairman
Dallas County HIV Task Force

Miranda Grant
Co-Chair, HIV Planning Work Group
Dallas County HIV Task Force

The following names below by Dallas County HIV Task Force and Dallas Fast Track Cities Steering Committee members confirm the results and feedback of the community regarding the submitted EHE Plan.

| Adrian Neil, Community Member | Kenneth Johnson, Abounding Prosperity |
| Ashley Innes, Community Member | Kirk Myers, Abounding Prosperity |
| Evany Turk, Positive Women’s Network | Kristina Schmidt, APRN, FNP HIV/AIDS Family Nurse Practitioner |
| Helen Turner, Achieving Together | Lionel Hillard, Community Member |
| Helen Zimba, Afya Center | Naomi Green, Abounding Prosperity |
| James Berglund, Community Member | Phillip Turner, AIDS Healthcare Foundation |
| Justin Henry, Dallas County Health and Human Services | Randall Bryant, Southern Black Policy and Advocacy Network |
| Kelly Salinas, Community Member | Sonny Muniz-Blake, Recovery Resource Council |
December 21, 2020

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Community and stakeholders voting for concurrence with reservations or non-concurrence expressed their concern that the planning process was not adequate enough to develop a complete and rigorous set of strategies, activities, and outcomes. While the strategies and activities that are included in the plan were developed in consultation with community stakeholders, voting members desire to see specific and measurable outcomes associated with each of the strategies. Members feel that the strategies included are appropriate; however, structured and continued community planning must be done to identify additional strategies and activities to help make 90-90-90 by 2030 an attainable goal for all communities in Dallas County.

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**Community Recommendation:**
• Hire a mid- to senior-level EHE coordinator whose sole responsibility is HIV strategy coordination and implementation of Dallas County HIV planning activities (including Ryan White). An idea candidate should have existing relationships with Dallas County HIV stakeholders including; health department, ASOs, and people living with HIV.

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The signatures below by Dallas County HIV Task Force and Dallas Fast Track Cities Steering Committee members confirm the results and feedback of the community regarding the submitted EHE Plan.

Thank you,

[Signature]

Philip Huang, MD, MPH

Director, DCHHS
12/21/2020

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Thank you, Aurelia Schmalstieg MD
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Thank you,
Suzanne Wada MD
December 21, 2020

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Thank you,

Crystal Curtis
Director, HIV Grant Programs
Parkland Health & Hospital Systems
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December 21, 2020

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Marisa Elliott
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Thank you,

[Signature]
Jon S. Wysocki
Fast-Track County Steering Committee
APPENDIX A 4
CONCURRENCE DOCUMENTATION
FORT WORTH
16 December 2020

The leaders of the Tarrant County HIV Taskforce voted on 16 December 2020 to concur with the strategies and activities included for Tarrant County in the Ending the HIV Epidemic (EHE) Community Plan. The EHE Plan submitted is in response to the guidance set forth for health departments and community-funded entities by the CDC’s Ending the HIV Initiative. The Tarrant County HIV Taskforce is composed of the DIAGNOSE, TREAT, PREVENT, and RESPOND work groups. These work groups reviewed the EHE Plan submission to the DSHS and the CDC to verify that it describes how programmatic activities and resources should be allocated into our community, specifically to the most disproportionately affected populations and geographical areas that bear the greatest burden on HIV incidence. The Tarrant County HIV Taskforce concurs that the EHE Plan submission fulfills the requirements put forth by the Funding Opportunity Announcement PS 19-1906 and the program guidance put forth by the CDC. The process to create the plan was a collaborative one that involved numerous stakeholders, including people living with HIV, social support agencies, the Homeless Coalition, mental health providers, sexual health providers, intimate partner violence agencies, grassroots organizations, AIDS service organizations, community-based organizations, university staff, and health equity leaders. During development of the plan, input was sought from various community groups, consumer groups, and the Texas Department of State Health Services to ensure the goals and objectives of the state’s Achieving Together Plan were represented. The signatures below from work group leaders confirm the concurrence of the Tarrant County HIV Taskforce with the Tarrant County Ending the Epidemic Plan.

[Signatures]

Claes Bowers    Lisa Mustiah    Murad Jendayi
Brandon Bright  Lauren Donnell  Jeffery Parkes
APPENDIX B1
SAN ANTONIO
## Overview of planning activities

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Activity</th>
<th>Detail</th>
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<tbody>
<tr>
<td>November 20, 2020</td>
<td><strong>END STIGMA END HIV ALLIANCE MEETING</strong></td>
<td>Overview of the purpose and discussion of the working groups</td>
</tr>
<tr>
<td>October 16, 2020</td>
<td>End Stigma End HIV Alliance Meeting</td>
<td>EHE Funding Coordination and community mobilization</td>
</tr>
<tr>
<td>October 2020</td>
<td>Data for Syringe Exchange Program</td>
<td>2017 Data for Syringe Exchange</td>
</tr>
<tr>
<td>October 2020</td>
<td>Syringe Exchange Comprehensive Document</td>
<td>Syringe Exchange Proposal Pilot Program</td>
</tr>
<tr>
<td>October 14, 2020</td>
<td>Updated Rapid Start Schedule</td>
<td>Updated Schedule for participating entities</td>
</tr>
<tr>
<td>Sept 16 2020</td>
<td>Fast-Track Cities Quarterly Update JOINT MEETING WITH END STIGMA END HIV ALLIANCE</td>
<td>Quarterly updated Committee reports, stigma report, Fast Track Cities and Funding</td>
</tr>
<tr>
<td>September 16, 2020</td>
<td>Focus Group Findings To: End Stigma End HIV Alliance</td>
<td>HIV &amp; LGBTQ Stigma among Healthcare Professionals in San Antonio: Results of a Focus Group Study</td>
</tr>
<tr>
<td>September 8, 2020</td>
<td>End Stigma End HIV Alliance Meeting</td>
<td>HIV Stigma among Healthcare Professionals in San Antonio: Results from a Mixed Method Study</td>
</tr>
<tr>
<td>August 21, 2020</td>
<td><strong>END STIGMA END HIV ALLIANCE MEETING</strong></td>
<td>Overview of budget</td>
</tr>
<tr>
<td>July 31, 2020</td>
<td>End Stigma End HIV Alliance Meeting</td>
<td>Review of Alliance Initiatives</td>
</tr>
<tr>
<td>June 17, 2020</td>
<td>End Stigma End HIV Alliance Meeting</td>
<td>HIV Stigma among Healthcare Professionals in San Antonio: Results of an Online Survey</td>
</tr>
<tr>
<td>May 15, 2020</td>
<td>End Stigma End HIV Alliance Meeting</td>
<td>Committee Reports</td>
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<tr>
<td>Date</td>
<td>Event Description</td>
<td>Key Priorities</td>
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<tr>
<td>April-July 2020</td>
<td>Community Wide Sexual Health Strategy</td>
<td>FY 2020 Key Priorities</td>
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<tr>
<td>April 17, 2020</td>
<td>END STIGMA END HIV ALLIANCE MEETING</td>
<td>We are activating our work group structure</td>
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<td>Revisiting the 2-year plan to identify where we are going to focus our energies</td>
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<td>and what we can move forward on now given the circumstances</td>
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<td>Based on what comes out of this discussion the SC will work on developing some</td>
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<td>ways to gauge our progress and report it back</td>
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<tr>
<td>March 25, 2020</td>
<td>Joint Fast Track Cities/End Stigma End HIV Alliance</td>
<td>Quarterly Update</td>
</tr>
<tr>
<td>February 21, 2020</td>
<td>End Stigma End HIV Alliance Meeting</td>
<td>Overview of EHE and how it could affect San Antonio. EHE funding sources,</td>
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<tr>
<td></td>
<td></td>
<td>alignment of EHE plans. Establishment of collaborations within the community and</td>
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<td></td>
<td>community organizations. Support training and capacity building and ESEHA will</td>
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<td></td>
<td></td>
<td>be the advisory group for the EHE plan.</td>
</tr>
<tr>
<td>January 17, 2020</td>
<td>END STIGMA END HIV ALLIANCE MEETING</td>
<td>Overview of the purpose and discussion of the working groups</td>
</tr>
<tr>
<td>January 9-10, 2020</td>
<td>Integrating Healing Justice</td>
<td>The training equips participants with 101 knowledge of mental health issues,</td>
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<tr>
<td></td>
<td></td>
<td>myths and challenges in Black and Latino communities and provides participants</td>
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<tr>
<td></td>
<td></td>
<td>with tools</td>
</tr>
<tr>
<td>Date</td>
<td>Event</td>
<td>Description</td>
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<tr>
<td>December 11, 2019</td>
<td>Fast Track Cities Update</td>
<td>Quarterly Update at End Stigma End HIV Alliance Meeting</td>
</tr>
<tr>
<td>December 2, 2019</td>
<td>End Stigma End HIV Alliance Meeting</td>
<td>Long Term 2 Year Plan includes goals, timeframes, action items, stakeholders and timeframes</td>
</tr>
<tr>
<td>November 18, 2019</td>
<td>Storytelling Event (Flyer)</td>
<td>An Evening of Storytelling: Come and listen to stories of our neighbors living with HIV as with help eliminate stigma from our community.</td>
</tr>
<tr>
<td>October 6, 2019</td>
<td>Peer Mentoring Poster (Draft)</td>
<td>Peer Mentor 210: Development and evaluation of an innovative peer mentorship program for people living with HIV in San Antonio</td>
</tr>
<tr>
<td>January 30, 2019-present</td>
<td>End Stigma End HIV Alliance Meeting</td>
<td>Youth Listening Tour 2.0 Progress Report 2019</td>
</tr>
<tr>
<td>November 18, 2018- May 4, 2019</td>
<td>San Antonio Action Planning Notes</td>
<td>Youth Bill of Rights, Goals and Objectives, Environmental Scan</td>
</tr>
<tr>
<td>November 2018</td>
<td>School Health Advisory Councils/Student Health Services</td>
<td>Listing of contacts for local ISD</td>
</tr>
<tr>
<td>May 3-4, 2018</td>
<td>Improving HIV Outcomes Through Collaboration</td>
<td>Cluster 51: Lessons</td>
</tr>
<tr>
<td>April 6, 2018-May 16, 2018</td>
<td>End Stigma End HIV Alliance</td>
<td>End Stigma End HIV Youth Listening Tour Final Report</td>
</tr>
<tr>
<td>Unknown</td>
<td>Development of Peer Mentor Volunteer Role Description</td>
<td>Description of Volunteer Role Responsibilities Skills Time Commitment Benefits Training and Support</td>
</tr>
<tr>
<td>Unknown</td>
<td>Peer Mentor 210 Commitment Form</td>
<td>Peer Mentor Role and Responsibilities Confidentiality</td>
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<tr>
<td>October 11, 2017</td>
<td>Fast Track Cities Convening</td>
<td>Zero Percent Stigma Report Out and Attendees</td>
</tr>
</tbody>
</table>

**Other activities with specific timeframe not identified**

<table>
<thead>
<tr>
<th>Peer Mentor Availability</th>
<th>Identified Peer Mentor and their availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bexar County Referral Form</td>
<td>Referral Form</td>
</tr>
<tr>
<td>County Jail Handoff Process</td>
<td>County Jail Hand Off Process and Procedure</td>
</tr>
<tr>
<td>Peer Mentor Profile</td>
<td>Demographic profile for Peer Mentor</td>
</tr>
<tr>
<td>Problem-Cause Solution Formatted</td>
<td>Quotes</td>
</tr>
</tbody>
</table>
Agenda

- Introductions
- Review of dates/times
  - All the dates/times below are okay
  - Some discussion of whether to have a lunch meeting, or an earlier meeting (starting at 8 so that we are done by 10)
  - March 21st is preferable date, AM session only but not starting too early
- Overview of the purpose of the working groups (Hugo and Greg)
  - Hugo explained that the SC is just that, not the executors but steering in response to the needs of the group.
  - Collective decision making by ESEHA membership.
- Discussion of purposes of work groups
  - Not set in stone, we identified four needs so far. This is the collective discussion of what each group might do:
    - Community Engagement
      - Actively reaching out to organizations that we aren’t usually working with
      - Working more with libraries, churches, other organizations
      - Doing the same thing but doing the same thing differently
      - Chambers of commerce
    - Public Relations
      - Outreach to national media venues, organizations asking to interview the community, we need to have spokespeople from ESEHA who can volunteer to speak
      - We need a social media page or a poster or a website
      - Consistent clear communication that is being distributed. Not “my view of the meeting is this…” talking points or base points that we can expand on.
      - We have to have consistent updating of information, especially if we are on social media
      - Could we partner with the Pride Center? They also have meeting space.
    - Advocacy
      - Enrique... We advocate from all sides. Everybody wants something out of it, you find the common thread and advocate for what’s going on.
      - (I missed some of this)
      - Frank: consumers/advocates have a strong voice here. People in the government pay attention to this. Join Texas HIV Syndicate, look at national organizations, NMAC. We have the right to request audience with commissioner’s court, city council etc...
      - Greg: we could bring in training for this... we need to be specific about advocacy work. We need to know what is coming up, how to partner with other organizations.
      - Go to community businesses (USAA, Accenture), not vote straight ticket, educate, why it is important to know what your rights are.
      - In this room, we are experts in what it is that we are going through. We can education our politicians, they get something out of it, we get something back.
• Aleia- we can work with Texas legislature to draft policy
• Santiago – we went to Austin and they didn’t listen to us, they just looked at us. Lots of people don’t know about what is happening.
• Steven – we need follow up, consistency

• Rules of Engagement
  • Enrique- this is how we mobilize
  • Greg - How do we as an organization define how we operate, what we do, how we do it, statements of conflict of interest, more of an ad hoc group
  • We have to be able to dedicate time, how are you going to hold each other accountable... if you say you are on a working group and can’t be there, letting people know. Something in writing for commitment. Talk is easy, we have great goals, how do we get there.
  • Greg- a flow and a process of even internal communication, letters of support, group norms, review by the ROE committee, present to everyone, get approval.
  • Hugo- grants, what strings are attached, do we accept or not
  • Steven – we must always be above reproach, have a legal person and an accounting person to make sure we are always above reproach.

  o Next steps
    • Greg- within each group define these things, pick action items
    • Steven – this work will be thousands of hours, we are moving at a snail’s pace, we need to make a stronger effort, we need flow charts
    • Responsibility within the work group – a SC person is available to each work group
      • Hugo – CE
      • Barbara – PR
      • Sean – Advocacy
      • Syn Wolff
      • Greg – ROE
      • Michelle Durham
    • BT to send a survey to Jerry and add him to the email list

  o Closing: professional

  • Each group to answer
    o What defines your group and what does your working group do?
    o Which of the 1-2 year goals fit with your group?
    o When are you going to meet next and what will your first action items be?

Tentative ESEHA Meeting Calendar for 2020 *(please give us feedback on dates/conflicts!)*
• Friday, Feb 21st 9-10:30AM
• Wednesday, March 18th 6-7:30PM
• Friday, April 17th 9-10:30AM
• Friday, May 15th 9-10:30AM
• Wednesday, June 17th 6-7:30PM

End Stigma End HIV Alliance Mission: The mission of the Alliance is to unite to end stigma and HIV, guided by the voices of the greater San Antonio community through meaningful engagement.

End Stigma End HIV Alliance Vision: Our vision is an equitable community without stigma, free from HIV risk, where people with HIV live long and healthy lives.
END STIGMA END HIV ALLIANCE MEETING AGENDA

February 21, 2020
9-10:30AM

Agenda

- Introductions
- Agenda for meeting
  - Overview of EHE and how it could affect San Antonio - Barbara
  - Our plan and how EHE funding sources affect and supports it – Greg
    - Reviewed CDC plan statements and how they align with our plan
    - Need to establish collaborations, can’t just walk into community and expect to engage successfully. We need to have introductions, working with existing organizations that work so that we can give trust.
    - Working groups will do the work and we need to put our trust in
  - Funding for EHE
    - Funding coming in through Ryan White and MetroHealth, also to FQHCs and others
    - Ryan White Funding
      - Leah says that they are still waiting to see what they are funded for – they proposed 20 projects but don’t know which ones are accepted. They are supposed to start on March 1st so they hope to know soon and she will share.
    - Metro funding
      - Metro will support training and capacity building through ESEHA
      - ESEHA will be the community advisory group for the EHE plan (which is the ESEHA plan) that was submitted to DSHS
  - Working Groups – Greg
    - Put up a list of the folks in each working group and have people sign up if they want and determine date and time of their meeting and write it on the sheet.
- Updates and Announcements
  - Transgender Education Network of Texas training will be March 21st 10:30 AM to 1:30 PM at the Mission Library conference room, save the date and please invite front desk staff since friction arises during those interactions (ID doesn’t match name, for example)
  - Sexual health efforts – more to come, there’s a community wide effort on this
  - Stigma Project
    - Storytelling project collected stories
    - Provider survey has 92 responses on provider stigma and attitudes towards HIV care
    - Focus groups
      - 3 completed: health providers, nurses, front desk staff
  - Peer Mentor 210 meeting after the session
  - Clinic openings
    - KIND clinic will open on Isom road tentatively March 16th
    - BEAT clinic - opening a new PrEP clinic through DSHS clinic, 230 Fredricksburg road 78212, opening March 16th, they don’t know the hours yet.
    - Also BEAT did their first popup clinic

Public Relations Working Group Meeting (subgroup)
- Reviewed discussion from last meeting
• Outreach to national media venues, organizations asking to interview the community, we need to have spokespeople from ESEHA who can volunteer to speak
• We need a social media page or a poster or a website
• Consistent clear communication that is being distributed. Not “my view of the meeting is this...” talking points or base points that we can expand on.
• We have to have consistent updating of information, especially if we are on social media

• Thoughts
  o We must have communications in Spanish and English
  o Website and social media presence
    • What does that mean? What would we want on it?
    • Things to consider – what is the voice of ESEHA? It needs to be neutral, not specific to one organization, coming up with clear boundaries
  o Should we recruit someone young into this working group

Tentative ESEHA Meeting Calendar for 2020 (please give us feedback on dates/conflicts!)
• Wednesday, March 18th 6-7:30PM
• Friday, April 17th 9-10:30AM
• Friday, May 15th 9-10:30AM
• Wednesday, June 17th 6-7:30PM

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End Stigma End HIV Alliance Vision: Our vision is an equitable community without stigma, free from HIV risk, where people with HIV live long and healthy lives.
Agenda

• Introduction to zoom (Thanks to Julie S. and Brian R. from DSHS to providing the platform)
• Fast Track Cities Update
  o Review of slide deck
• Working Group Discussion
  o Community engagement
  o PR
  o Rules of Engagement
    • Will distribute person first language
• Fast Track Cities Update (part 2)
  o Junda reviewed slides, points out that a lot of current activity is pending because of COVID-19
  o If there are ideas for training that could happen by zoom, please send them in
  o Lots of grants out – include the focus of our 2-year plan
  o Discussion re. rapid start and linkage
    • What are barriers to rapid start
      • Dr. Bullock
        • They try to minimize the first set of labs if they are uninsured, to avoid possible charges
        • Issues with what the clinic requires as proof of positivity
          • documentation of positive third gen
            • Sheet that says “preliminary positive confirmation”, it’s an index card, not a lab print out.
        • Is it a provider capacity issue?
          • Most ASOs are trying to prioritize initiation on the same day.
  • Still to discuss in CMT
    • How do we get people who are newly diagnosed in the door faster for agencies that don’t test?
    • Maybe COVID-10 ADAP application could be the new normal
    • Do all ASOs accept a rapid test result and what does that look like?
    • Ana Sanaseros’ suggested that we look at the process at each of the clinics and figure out best practices
  o Final 90
    • Reviewed slides, challenges in clinic reporting
      • ARIES entry
      • Some clinics still on paper records so it is hard to pull data
    • Greg points out that we need to hold everyone accountable for reporting.
    • Frank brings up the clinical quality management committee of ryan white
      • They could put in suggestions, maybe Frank and Wayne could lobby for more support via ARIES

ESEHA Meeting Calendar for 2020 *(please give us feedback on dates/conflicts!)*

• Friday, April 17th 9-10:30AM
• Friday, May 15th 9-10:30AM
• Wednesday, June 17th 6-7:30PM
For now, all meetings will be via webinar/electronic platform. Please be well and wash your hands!

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ESEHA APRIL MEETING NOTES

April 17, 2020

- Introduction and zoom rules (Barbara – 20 min)
- Check In – if you have successes and challenges at this time, this is the chance to share those thoughts and concerns
- Goals for the meeting (Hugo)
  - We are activating our work group structure
  - Revisiting the 2-year plan to identify where we are going to focus our energies and what we can move forward on now given the circumstances
  - Based on what comes out of this discussion the SC will work on developing some ways to gauge our progress and report it back
- Goals, objectives, indicators (Greg)
  - Definitions of these things
    - Goal: the desired result that we want to achieve. Sometimes broadly stated, but essentially what the long-term outcome is will be achieved. The big picture.
    - Objective: the action steps needed to obtain the goal. Objectives are measurable, identify the target of the action, set a time frame for completion and provide an expected change. There could be two types of objectives we want to include, process, how we get there and outcome, what was the impact.
    - Indicator: what changed? Indicators allow measurable effects of the goals and objectives. What did the objectives accomplish that validate the goal?
- Stigma guidelines is an example of something we are working on that already has goals and objectives, though the timeline has shifted
  - Goal: reduce stigma in health care settings in our community (under 1b. Devising community-based solutions)
  - Objectives:
    - Gather community stories about experienced stigma – storytelling project (done)
    - Survey stigma among providers (done, analysis underway)
    - Conduct health care worker focus groups to discuss stigma in health settings (done, analysis underway)
    - Use data in first three objectives to create guidelines for stigma-free health care settings
    - Disseminate guidelines, support adoption of guidelines by health care settings
- Example from a working group
  - Rules of engagement (dates are only to provide sample timeline)
    - Goal - Reduce the HIV stigma related language used at intake as indicated by our initial consumer and provider surveys.
    - Objective - Provide educational opportunities and collateral reference guides for participating intake areas each quarter.
    - Indicator - Forums were held in March, June, August and November. Reference guides were delivered in February, May, July and September. Secondary surveys completed by consumers indicate a _% reduction in incidents and provider surveys indicate _% are more aware of using appropriate language and its negative impact.
Which parts of the two-year plan will the working groups take on in their own goals/objectives? Of those, what are the things that are actionable right now?

- **Community Engagement**
  - Hugo spoke about this
  - First task is understanding what is the community? Who are we talking about, how do we define the various communities, because there are many, that we want to be aware of?
  - Goal: What does community mean?
  - Goal: Identify the organizations that influence these communities and how are going to address them?

- **Advocacy group**
  - Aleia spoke about this
  - She attended a webinar about Texas legislature and how it works
    - November – May is the time that legislators work on submitting bills
    - This would be the time to do face to face meetings with legislators.
    - Could we start this as early as possible – appointments in the summer
      - Bring people to tell their stories
      - Ask legislators to require education for medical providers with recertification on HIV 101 – ART, PEP, PrEP, now to refer.

- **Public Relations Working Group**
  - Marissa spoke about this
  - Goals/objectives
    - Survey to define voice of ESEHA
    - Develop outreach strategy based on this voice
    - Website
    - Volunteer pool (someone to do social media, someone to volunteer at community events)
  - We will develop a work plan
  - Rules of engagement
    - Goal 1a item 2 – leadership engagement
      - How do we get stigma guidelines out?
      - What’s the plan for this?

- **Next steps, working groups to come up with goals, objectives, indicators**

- **Closing**
  - Discussion re. telehealth and its limitations – there are several options for support for people – Keep an eye out for more info from the state.
    - Ryan White can support purchase of smartphones
  - Frank – TMPH update – there are some new cholesterol medications that got approved, there are
    - People should email him or contact him if they have trouble receiving medications
  - Santiago- living positive is going live on Tuesdays on Facebook, feel free to reach out and use them as a support group. Usually 7-8PM. Also BEAT is hosting these too
  - Rosa Laura says that the Texas HIV Syndicate has an advocacy/policy
  - Some folks exchanging masks!
NOTES FROM MAY ESEHA MEETING

May 15, 2020

- Introductions and reminders about Zoom
- Report out from working groups
  - Advocacy - Aleia
    - Is wondering how to do this effectively while we can’t meet people in person
      - Greg - one of the things they are doing at THRIVE is documenting everything. What has COVID caused us to change and explore differently. How do we advocate for organizations to provide supplementary funding for phones, internet, cell phones
      - Jessica – Planned Parenthood does something called “leducation” where they educate legislators, they also are doing videos and sending them out to legislators.
  - Community Engagement - Hugo
    - Has not been able to meet as a group, focus could be – goal is to have a summit. Need to define what is community. Bring in relevant organizations
      - Politicians, policy makers
      - Schools
      - Chambers of commerce
    - Yvonne has drafted a letter of introduction – need specific letters that tell them what we want to do for ESEHA.
  - Public Relations – Julie and Beverly
    - Brand identity survey – find our voice as a group
      - Julie reviewed the results of the survey: [https://www.surveymonkey.com/results/SM-3QYYGRQN7/](https://www.surveymonkey.com/results/SM-3QYYGRQN7/)
      - Everyone should fill out the survey if they haven’t responded yet: [https://www.surveymonkey.com/r/SSCCXJW](https://www.surveymonkey.com/r/SSCCXJW)
    - We will take the results of the survey and create a brand identity for all our ESEHA messaging
  - Rules of Engagement
    - Will help operationalize all of the above.

- Updates:
  - How low can you go campaign - GoLowSA.org and BajarSA.org
  - Stigma Surveys (Sean or Barbara)
- Discussion – Applying the concept of healing justice to our community in the context of the COVID pandemic - assessing community needs.
  - Hugo discussed Adherence 2020 topics, increased mortality with HIV and lack of opportunities for viral suppression
  - Greg talked about what THRIVE is doing to support people remotely
  - Wayne and Santiago talked about what they are doing with Living Positive, how to support community members
    - Can Wayne and Santiago send strategies for engagement that they are using for Living Positive to the SC
    - Hugo also wants to connect with COPPA – another support group led by Josh
Frank shares that ADAP meeting is still trying to move towards an online eligibility portal
- Yes, they are advocating to continue with relaxed rules for ADAP eligibility
- Leah clarifies that they have extended the relaxed rules
- Julie - THMP and Ryan White eligibility both have more relaxed rules until August. Goal is to actually eliminate the every 6 months requirement and change back to annual. HRSA is considering that. Emergency application is labeled THMP but it also applies for Ryan White eligibility.
- Greg - youth homeless demonstration program. SATX received 7 million for this.
  - They are looking at what the intake forms look like... can we push and ask questions and support it with numbers and real data.
• Introduction and zoom reminders
• Stigma survey results (Katelyn Sileo and Aleta Baldwin)
• Brainstorming next steps to creating stigma guidelines (Barbara and Greg)
• Updates
  • Ending the HIV Epidemic Funding (Sean Greene)
  • Other announcements
• Group discussion – how are we all doing?
• Closing
ESEHA JULY MEETING AGENDA

July 31, 2020

- Introduction and zoom reminders
- Announcement from Hugo
  - After much reflection, he will be moving from San Antonio to Alamogordo, New Mexico for personal reasons. Will remain a San Antonian until September but will start the moving process now.
- Working Groups Check In (Greg)
  - Community Engagement – Hugo will reach out to the committee and talk about his transition, they need a new leader as well
  - Public Relations – No updates
  - Advocacy – no updates, there will be a special legislative session post
  - Rules of Engagement – working on COI documents
- Ending the HIV Epidemic Funding (Greg and Barbara)
  - Equity Cards
  - Community Engagement - Capacity Building / Training
  - Public Relations - Website
  - Contracts for Services - Aleta & Katelyn
    - The group voted yes for all of these initiatives
- Group discussion
  - Agenda for next meeting
    - Voting for new cochair
    - Stigma focus group data
    - Mental health services
    - Updates from the workgroups
    - Ryan White national meeting update
    - Experiences in telehealth – soliciting feedback
- Proposed meeting schedule
  - July 31st - 9am - 10:30am
- Aug 21st - 9am - 10:30am
- Sept 16th - 6pm - 7:30pm
- Oct 16th - 9am - 10:30am
- Nov 20th - 9am - 10:30am
- Dec 16th - 6pm - 7:30pm

- Closing
• Introductions
• Review of EHE funding from Sean
  o Overview of budget
    ▪ Temp to be hired within the next 3 weeks to provide support to the group
    ▪ Zoom subscription
      • May be some barriers to this at the level of the city, but Sean prefers zoom as a platform
    ▪ Web design
    ▪ Tablets to allow for real time data sharing to allow for reporting was in the budget
      • Instead we will repurpose them to allow people to check them out
    ▪ Equity stipends
    ▪ Capacity building fund
      • For training in mental health, sexual health awareness
      • Instead we could scale up trainings that member organizations have in the pipeline
        o Email request for training ideas
  o Second round of EHE funding
    ▪ Stigma and storytelling
    ▪ Nothing about us without us assessment and report
    ▪ Launch community wide sexual initiative
    ▪ Organize HIV policy summit and EHE conference
  • Brainstorming about what our website and social media should look like (Barbara and PR work group members)
    o Michele: Emphasis on ending the stigma, interactive anti-stigma campaigns join us, interactive boards
      ▪ How do you want to end HIV with us?...
        • Put in pictures, words, how you want to be a part
    o Ana S.: Brief history of Ryan White, how to receive services regardless of where they get medical care
      ▪ Lots of misperception of who qualifies for Ryan White
    o Wayne
      ▪ Could also take this messaging to the website that is under construction from the planning council
    o Julie
      ▪ Link to storytelling
      ▪ Defining target audience and purpose, what makes us unique
      ▪ Links to local trainings
      ▪ Dashboard for quarterly reporting of the data
  o Other Items to include
    ▪ U=U messaging
    ▪ Stats about living long healthy lives with HIV
- Updated messaging about prevention & treatment
- Information about support group schedules & other community resources (e.g. food banks)
- Profile people living with HIV

- Sharing of data on routine ER testing and discussion (Sean)
  - Each institution shared data, linkage to care, numbers of new positives
  - Centro med testing is happening at lots of clinics
  - Baptist not on this list; consider including
  - Aleia hasn’t had any patients who were diagnosed in the ER
  - Jon says UHS is trying to work on getting return to care, making sure people get vaccinated
  - Influx of people returning to care since pandemic

- Announcements and closing
  - ADAP certification now needs to be signed by providers
  - Time to elect new peer advocate co-chair
  - BEAT virtual banquet
  - Ryan white conference had lots of great sessions, some of which called out the work of ESEHA
  - Fast Track Cities Conference is FREE
ESEHA SEPTEMBER MEETING AGENDA

September 16, 2020

- Introduction and zoom reminders (Barbara)

- Working Groups Check In (Greg)
  - Community Engagement – no report
  - Public Relations – plan for website, meeting coming up
  - Advocacy – Aleia looking for members, suggestions
  - Rules of Engagement – nothing right now but they will be involved in the framing of outreach, etc...

- Ending the HIV Epidemic Funding Update (Sean)
  - We can attach these slides
  - Sexual health – at the state level, all the LGBTQIA+ information was removed, but they did allow abstinence plus

- Fast Track Cities Report Out (Junda)
  - Slides attached

- Ongoing Stigma Project
  - Data from provider focus groups (Aleta)
    - Slides attached
  - Next steps towards Stigma-free Health Care Guidelines (Sean)
    - We’re going to create a writing committee for the guidelines, which will be convening over the next month.

- Voting for co-chair!!
  - We have two amazing nominees for our advocacy co-chair: Santiago Serrato and Glenda Small. If you don’t know them, their bios are in the link, along with the chance to vote: https://www.surveymonkey.com/r/PMBVSKJ
● Meeting schedule for 2020
  ● Oct 16th - 9am - 10:30am
  ● Nov 20th - 9am - 10:30am
  ● Dec 16th - 6pm - 7:30pm
ESEHA October Meeting Agenda

- Introduction and zoom reminders (Barbara)
- New Co-Chair Announcement
- Stigma-free healthcare system guidelines process update (Greg)
  - Update from greg
- Ending the HIV Epidemic Funding Update (Sean)
  - Received funding for EHE from health department
  - Metro will be funded to work on linkage to care
  - For ESEHA, increased funding to support response to clusters and community mobilization
    - Create synergy across prevention, treatment, and community response
  - By next meeting
    - Broad overview of the activities we committed to as part of two year plan, how they break down with regard to the EHE pillars
      - Diagnose, Treat, Respond, (I missed one!)
    - Things like
      - Website
      - PrEP and PEP education
      - Enhancing rapid start
      - Nothing about us without us assessment
      - Data collection/data sharing
      - Leadership capacity building
      - Thinking about a conference
    - Report on where we will begin and how we will coordinate with partners
- Working Groups Check In
- Community Engagement – no report

- Public Relations
  - Website developer has been selected, they are ready to visit with the PR team, they are called Tribu (?)
  - Julie gave update of last PR meeting. They reviewed steps that we need to take and things we need to consider when starting a website.
  - Next steps will be to connect with the web developer.

- Advocacy
  - Aleia gave update, they have started a conversation. Would like to link to other groups that know about health legislation
  - Frank says that he can reach out to James Lee from Legacy Center in Houston.
  - Challenge will be that advocacy will be virtual this year.
  - Greg suggests linking with Trans Forward, another organization that I missed.
  - Can also help coordinate with SHACs, since Vanessa is on the SAISD SHAC and well linked with them
  - Aleia update on changes for Texas social work
    - Sept 1st they are supposed to have a whole new Texas social work board to link to for oversight
    - Governor slipped in and added language
  - Junda also mentioned that the COVID-19 Community Response Coalition that is working on policy related to COVID. They have a particular focus on equity and social determinants of health. If there are advocacy issues related to COVID, we could bring them to that group.
  - Phil Schnarrs posted information about the transFORWARD ECHO.
    - transFORWARD received PCORI funding to develop and implement an ECHO program around C19. Here is the policy brief about transgender and gender diverse Texans during the C19 pandemic. If you’re interested in being part of the ECHO project or have additional questions. Phillip.schnarrs@austin.utexas.edu

- Rules of Engagement
  - Greg - Nothing on the table for them right now, if there are issues or comments that people want to bring to this committee, please do.

- Announcements
  - Santiago mentioned next Living Positive Meeting

- Meeting schedule for 2020
  - Nov 20th - 9am - 10:30am
  - Dec 16th - 6pm - 7:30pm
APPENDIX B2
AUSTIN
### Historical Overview of Austin/Travis County FTC

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Activity</th>
<th>Detail</th>
</tr>
</thead>
</table>
| May 2018      | Executive Meeting                            | • 90-90-90-50 Goals Established  
• Buy-in on 4 priority areas                                                                                                                     |
| June 2018     | Launch of Local Initiative                    | • Signing of the Paris Declaration by Austin Mayor Steve Adler and Travis County Judge Sarah Eckhardt                                                                                                     |
| August 2018   | Workgroup Meeting #1                         | • Each workgroup met and reviewed a list of best/promising practices that relate to their priority area  
• Facilitated process used to prioritize the top best/promising practices for each priority area. Workgroups picked top 3-7 strategies, then a dot voting method was used to narrow down to two  
• Also hosted evening and weekend sessions                                                                                                           |
| October 2018  | Workgroup Meeting #2 to developed draft      | • Facilitated action planning process for strategies selected in August: action steps included responsible parties and timelines  
• Also identified critical factors for success  
• Deliverable: Implementation Plan                                                                                                                  |
|               | Implementation Plan                          |                                                                                                                                                                                                       |
| November 2018 | Workgroups Meetings #3 Update and Monitor    | • Workgroups review each item in the Implementation Plan at the meeting and discuss updates and next steps  
• Plan was updated to include additional activities as items were identified                                                                 |
|               | Implementation Plan                          |                                                                                                                                                                                                       |
| January 2019  | Workgroups Meetings #4 Update and Monitor    | • Workgroups review each item in the Implementation Plan at the meeting and discuss updates and next steps  
• Plan was updated to include additional activities as items were identified  
• Seamless System of Care and Social Media Committees were launched                                                                                   |
|               | Implementation Plan                          |                                                                                                                                                                                                       |
| March 2019    | Workgroup Meeting                            | • Implementation Plan Monitoring Update  
• Review of Draft Action Plan  
  o Planning Taskforce received the Draft Action Plan via email with instructions for comment. Only 1 comment was received.                                  |
Planning Taskforce was presented the Draft Action Plan at a meeting and asked for feedback. There was general agreement of the need for the development of an Action Plan, but no feedback on the language or content of the plan.

- Workgroups were oriented to the Draft Action Plan during the March meeting. Workgroups completed an alignment exercise to identify how the two plans aligned. This alignment was captured by the note-takers and included in the minutes.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 14 2019</td>
<td>Executive Meeting</td>
</tr>
<tr>
<td></td>
<td>- Update on status of Fast Track Cities</td>
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<tr>
<td></td>
<td>- Identified Core Coordinating Committee Members</td>
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<tr>
<td>May-June 2019</td>
<td>Core Coordinating Committee Meetings</td>
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<tr>
<td></td>
<td>- Workgroup Chairs lead process to finalize Action Plan</td>
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<tr>
<td></td>
<td>- Design engagement strategy to solicit feedback and buy-in to the Action Plan</td>
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<td>- Signing Anniversary Celebrated by Austin City Council and Travis County Commissioners’ Court</td>
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<td>- Community Comment Survey on Action Plan</td>
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<tr>
<td>August 2019</td>
<td>Consortium Meeting</td>
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<tr>
<td></td>
<td>- Combined workgroup session</td>
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<tr>
<td></td>
<td>- Networking</td>
</tr>
<tr>
<td></td>
<td>- Workgroup breakout sessions</td>
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<tr>
<td>October 16, 2019</td>
<td>Core Coordinating Committee Meeting</td>
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<tr>
<td></td>
<td>- Review key takeaways from International FTC Conference: London</td>
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<tr>
<td></td>
<td>- Review key takeaways from FTC Action Plan Survey Responses</td>
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<tr>
<td></td>
<td>- Prepare for November Consortium Meeting and Executive Meetings</td>
</tr>
<tr>
<td></td>
<td>- Announcements: City Council Proclamation, World AIDS Day</td>
</tr>
<tr>
<td>October-November 2019</td>
<td>Priority Workgroup Meetings</td>
</tr>
<tr>
<td></td>
<td>- Review FTC Action Plan Survey Responses</td>
</tr>
<tr>
<td></td>
<td>- Review and refine Action Plans</td>
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<tr>
<td></td>
<td>- Identify current status, barriers, and next steps</td>
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<tr>
<td></td>
<td>- First Ending Stigma Workgroup Meeting on November 13</td>
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<tr>
<td></td>
<td>- Prepare for November Consortium and Executive Meetings</td>
</tr>
<tr>
<td>November 14, 2019</td>
<td>Consortium Meeting and City of Austin World AIDS Day Proclamation</td>
</tr>
<tr>
<td></td>
<td>- Priority Workgroup Highlights/Re-caps/Next Steps</td>
</tr>
<tr>
<td></td>
<td>- Interactive Activity: Dot voting on Action Plan items based on survey responses</td>
</tr>
<tr>
<td></td>
<td>- Launching FTC SharePoint</td>
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<tr>
<td>November 19, 2019</td>
<td>Executive Committee Meeting</td>
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<td></td>
<td>- Update on status of FTC: Global to local</td>
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<td></td>
<td>- Identifying agency representatives to serve on Core Committee</td>
</tr>
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<td></td>
<td>- Presentation of workgroup priorities/highlights</td>
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<tr>
<td></td>
<td>- Next Executive Meeting Announced: May 12, 2020</td>
</tr>
<tr>
<td>December 2019</td>
<td>Launch of FTC SharePoint</td>
</tr>
<tr>
<td>January – February 2020</td>
<td>Priority Workgroup Meetings</td>
</tr>
</tbody>
</table>
| February 25, 2020 | Austin/Travis County FTC hosted Ready, Set, PrEP | • The Office of Infectious Disease & HIV/AIDS Policy (OIDP) division of the U.S. Department of Health and Human Services presented the Ready, Set, PrEP campaign to FTC members and others working in HIV/AIDS prevention  
• Directors from the Prevention through Active Community Engagement (PACE) program, which sits in the Office of the Assistant Secretary for Health: presented HIV/AIDS data; introduced the Ready, Set, PrEP initiative; and opened the discussion up to attendees. |
| February 25, 2020 | Consortium Meeting | • Draft of the Action Plan presented  
• Priority Workgroups presented objectives and strategies moving forward |
| March 2020 | Priority Area Workgroup Meetings  
Core Coordinating Committee Meeting  
FTC SharePoint | • Priority Workgroups began to utilize virtual meetings  
• Priority Workgroups continued to develop Action Plan and add detailed activities and identify community partners  
• Core Coordinating Committee reviewed the Austin/Travis FTC Initiative within the context of COVID-19  
• The SharePoint site hosts a virtual Discussion Board for members to share challenges and success in delivering health and social services in the midst of COVID-19 |
<p>| April 2020 | Austin/Travis County Fast-Track Cities members were invited to participate in a virtual 2-day Liberating Structures Workshop | • Attendees learned and practiced facilitation and prioritization tools and methods to strengthen the initiative moving forward |
| May 2020 | Virtual Consortium Meeting | • Attendees reviewed grant funding streams, participated in a prioritization exercise, and received updates from Workgroup Co-Chairs |
| June 2020 | Austin/Travis County Fast-Track Cities members were invited to participate in a virtual | • Attendees learned and practiced tools and methods to prioritize and implement Action Plan items |</p>
<table>
<thead>
<tr>
<th>2-day Liberating Structures Workshop</th>
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</table>
Notes from meetings planning meetings including who attended and any organizational affiliations for those who attended:

**Prevention Workgroup Meeting Notes & Attendance April 2020 – August 2020**

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alberto Barragan</td>
<td>Vivent Health</td>
<td>Director of Publications</td>
</tr>
<tr>
<td>Aliza Norwood</td>
<td>CommUnity Care/Dell Medical School</td>
<td>M.D. and Assistant Professor in Population Health</td>
</tr>
<tr>
<td>Anjelica Barrientos</td>
<td>Austin Fast Track Cities</td>
<td>AmeriCorps VISTA</td>
</tr>
<tr>
<td>Claire Adkins</td>
<td>Texas Health Action</td>
<td>Research Assistant</td>
</tr>
<tr>
<td>Colt Woods</td>
<td>Walgreens Specialty Pharmacy</td>
<td>Regional Account Manager of Virology</td>
</tr>
<tr>
<td>Daniel Montoya</td>
<td>Gilead Sciences, Inc.</td>
<td>Director, Government Affairs</td>
</tr>
<tr>
<td>Daniel Ramos</td>
<td>ASHWell Clinic</td>
<td>Patient Support Services Manager</td>
</tr>
<tr>
<td>Danielle Houston</td>
<td>Gilead Sciences, Inc.</td>
<td>Community Liaison</td>
</tr>
<tr>
<td>Dr. Julie Zuniga</td>
<td>The University of Texas at Austin</td>
<td>Assistant Professor of Nursing</td>
</tr>
<tr>
<td>Dr. Liesl Nydegger</td>
<td>The University of Texas at Austin</td>
<td>Assistant Professor in Health Behavior and Director of Gender Health Equity Lab</td>
</tr>
<tr>
<td>Dylan Keesee</td>
<td>Austin Fast Track Cities</td>
<td>AmeriCorps VISTA</td>
</tr>
<tr>
<td>Elijah Allen</td>
<td>Texas Health Action</td>
<td>Program Operations Assistant</td>
</tr>
<tr>
<td>Flembrick Wright</td>
<td>ASA; Vivent Health</td>
<td>SAMHSA Coordinator</td>
</tr>
<tr>
<td>Hailey de Anda</td>
<td>Austin Public Health</td>
<td>Interim Manager, Planning and Evaluation Unit</td>
</tr>
<tr>
<td>Jenna Burt</td>
<td>TX DSHS</td>
<td>Program Consultant</td>
</tr>
<tr>
<td>Jessica Haskins</td>
<td>Walgreens Specialty Pharmacy</td>
<td>Community Specialty Site Manager</td>
</tr>
<tr>
<td>Jessica Howard</td>
<td>Gilead Sciences</td>
<td>Executive PrEP Specialist</td>
</tr>
<tr>
<td>Laura Still</td>
<td>Austin Public Health</td>
<td>Health Planner II</td>
</tr>
<tr>
<td>Maleny Benavides</td>
<td>People’s Community Clinic</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Mark Erwin</td>
<td>Texas Health Action</td>
<td>Board Chair</td>
</tr>
<tr>
<td>Martha Breck</td>
<td>AIDS Service of Austin</td>
<td>Testing and Linkage Program Manager</td>
</tr>
<tr>
<td>Meredith Vinez</td>
<td>Texas Medical Association</td>
<td>Public Health Policy Analyst</td>
</tr>
<tr>
<td>Rashana Raggs</td>
<td>Austin Fast Track Cities</td>
<td>Program Coordinator</td>
</tr>
<tr>
<td>Rodrigo Chavez</td>
<td>US Public Health Service</td>
<td>Regional PACE Program Deputy Director</td>
</tr>
<tr>
<td>Samuel Goings</td>
<td>Texas Health Action</td>
<td>Director of Programs and Services</td>
</tr>
<tr>
<td>Sarah Alvarado</td>
<td>CommUnity Care</td>
<td>RN sexual health care manager</td>
</tr>
</tbody>
</table>
AGENDA:
- Introductions
- Review previous action items
  - Education and Training:
    - Status: show blue book template for provider information to send out
    - Status: Educational material from UT
  - Access to Services:
    - We will edit slightly to fit our needs before sending out to FTC participants/clinics
    - Any thoughts or further ideas after reviewing?
  - Engagement: Gilead Prevention Updates and Virtual Training ideas – Colt
- Discuss Action Plan
  - Go over action plan
- Ideas and Best Practices Sharing (10 Minutes)
- Adjourn
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<tr>
<th>Action</th>
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<td>Collect patient summary statistics around PrEP Patients, PEP Patients, etc</td>
<td>In current discussions about University collaborations</td>
<td>Mark &amp; Colt</td>
</tr>
</tbody>
</table>

Meeting Schedule Target Second Thursday of Each Month

4-9-2020
Review Action items
- Dr. Agee provided the Houston bluebook template for resources in the community.
- Providers information form for blue/green book to be used as a tool to gather information on services they provide and hours.
  - The contents within this book will be used to go out to the people in the community to let them know what resources are available
- Crossed through information on template to be updated.
- Provider and program information on the form
  - Update the form to add extra page for extra programs provided by organizations
- Colt and Mark will make updates to resend out to sexual health providers.
  - When sending this out, opportunity to ask organizations if they may be interested in joining the Fast-Track Cities initiative or be a source for data collaboration.
- Julie Zuniga connected with Aliza Norwood
  - Scheduled meeting on 4-10-2020 to discuss UT Med School collaborations and networking contacts.
  - The meeting will discuss and review the meets and needs on figuring out how to get to providers and rural communities.

Action Plan
- MOUs suggested to be provided to organizations for data
- Anyone with expertise in health information exchanges, please reach out to Mark Erwin.

Julie:
• Knows of undergraduates needing projects to do. This can be helpful in gathering health information.
  o UT Med School and Nursing students
  o TXST Public Health students
  o The student that can participate in taking projects on will need to receive hours
  o Propose to develop project with the students to collect and share data for analysis

Colt:
• Spoke with Jessica Howard from Gilead and discussed their transition to virtual trainings with their staff.
• Connections can be made with Danielle Houston from Gilead as well as UT doctors for educational training purposes that can be provided to students and faculty.

Action Plan Survey
• Decided not to use Survey Monkey but instead use a PDF to send out to providers to gather information.
• Colt Woods suggested providing information on current services that are being provided during this COVID-19 time on special platforms
• Jenna Burt of DSHS stated they are currently collecting and rolling out information on their contractors right now that are still providing services, but people who are not contracted with them that provide PREP will not be listed.
• Scott Lyles will follow up with Mark and Laura on social media.
• The waterfall of needs will be shared to chairs on populations at risk

SharePoint
• Anjelica Barrientos presented on COVID-19 information and discussion board located on the FTC SharePoint site.
• Please contact Anjelica for SharePoint troubleshooting.

Fast Track Cities – Austin
Prevention Priority Group
Workgroup Meeting

<table>
<thead>
<tr>
<th>Prevention Priority Work Group Meeting #3</th>
<th>Date:</th>
<th>May 13, 2020</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Time:</td>
<td>12:00 pm – 1:00 pm</td>
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<tr>
<td></td>
<td>Location:</td>
<td>Virtual</td>
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<table>
<thead>
<tr>
<th>Facilitator</th>
<th>Notes</th>
<th>Submitted by: Mark Erwin and Colt Woods, Co-Chairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Erwin</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Rashana Raggs</td>
<td>8</td>
<td></td>
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<tr>
<td>Jenna Burt</td>
<td>9</td>
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<tr>
<td>Samuel Goings</td>
<td>17</td>
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<tr>
<td>Anjelica Barrientos</td>
<td>10</td>
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<tr>
<td>Sarah Alvarado</td>
<td>18</td>
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<tr>
<th>Attending</th>
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</table>
AGENDA:
- Introductions
- Review previous action items
  - Education and Training:
    - Status: show blue book template for provider information to send out
      - Still working on data request form for providers information to place in booklet for providers who don’t have any information at all.
      - Request volunteers to help with the PDF form to update for telemedicine and engage practitioners and clinics on how they are maneuvering through that.
        - Samuel Goings volunteered.
    - Status: Educational material from UT
      - Educational opportunities focused on best possible HIV prevention strategies. Discussed with Julie Zuniga and Dr. Aliza Norwood offered to help us refine education materials.
      - Currently getting list of providers to see if the training had positive or negative outcomes and why. Developing focus groups could help us better understand the why. Possibly 3-5 focus groups to use for feedback
      - Preferably utilizing something long term with graduate students for these projects.
      - Those in the workgroup, please provide any marketing materials used for HIV prevention or PrEP and send to Colt or Mark.
      - Shift grant money that would’ve been used on travel to use towards stipends.
      - Review list of past provider trainings that have happened over Austin and see if they are comfortable prescribing PrEP.
        - Offer quarterly trainings to the community around PrEP.
      - Focus is currently on providers and agencies.
      - Samuel Goings stated DSHS provision grant requires agencies and community providers to inform them about prep. He also suggested to reach out to other organizations in efforts to not over duplicate plan and see what those other organizations are doing for that grant requirement.
  - Access to Services:
    - We will edit slightly to fit our needs before sending out to FTC participants/clinics
    - Any thoughts or further ideas after reviewing?
  - Engagement: Gilead Prevention Updates and Virtual Training ideas – Colt
  
- Discuss Action Plan
  - Go over action plan
- Ideas and Best Practices Sharing

Telemedicine:
What is your organization currently doing for telemedicine?
Colt Woods: Walgreens now has advertisements on our App that directly link patients to some telemedicine providers. I’m very interested in learning what our local HIV Clinics are doing for their patients though?

Stephanie Eaton: APH CDU is activating the telemedicine components in our electronic health records this week. We are developing our processes and policies. We are conducting virtual visits and sessions on our work cell phones for individuals enrolled/engaged in our programs.

Claire Adkins, Research Assistant with Kind Clinic: This is all pretty new to me and I am not on the clinical side of our operations, but I know that in the past month we’ve had over 1300 TeleKind visits. From what I know these visits are preemptively for screening, then if needed, we set up safe clinical visits if patients need to come in. I think this gives us good hope for how we can continue to use TeleMedicine in the future as we continue to expand our services.

Sarah Alvarado with CommUnityCare: Chart Prep, scheduled phone appointments, lab services still available in person, face-to-face visits limited but available as needed, video visits will be available soon, new workflows for support services (SW, PAP, BH, etc), new workflows for sexual health

Jenna Burt (DSHS): Creating guidance for the field for HIV and STD care and prevention.

Mark Erwin: Ensure good policies, training and guidance on how to perform teleconferencing

Samuel Goings with Kind Clinic: Currently, we are primarily seeing all folks on telemedicine first (PrEP, HIV Care, and STI evaluation/consult) If a provider needs to follow up in person, or if the patient needs labs/physical exam, then will be scheduled in-person visit at clinic. Some appointments, like PEP are still being seen in clinic, with reduced staff and social distancing practices

Elijah Allen with Texas Health Action - Kind Clinic is conducting all our patient advocacy and connecting with patients via telemedicine first in San Antonio and Austin. This includes connecting them with social services, conducting assessments, and the other programs.

Needs around telemedicine:

Samuel Goings: internet service for some clients is spotty... but telephone usually works in most cases. some of our staff working from home also have internet issues, needing hot spots and/or video cameras... there was a backorder on some of these things for a while, but it seems more available now.

Sarah Alvarado: Ways to engage those who don't have the means to participate in their health via telemedicine; training for providers/staff to help build/maintain therapeutic relationship with patients over the phone/video (engagement)
Claire Adkins: Maybe this isn’t a direct need, but I’d be interested to know how follow-ups are going in the Telemed/virtual/phone world. And maybe how it compares to in-person follow-ups.

Colt Woods: Could Fast Track Cities be more involved in sharing frequently an updated list of clinics providing Telemedicine to the LGBTQ+ Community? I think this would be a great time to start getting out a list of those options via social media outlets established for Fast Track Cities :) It’s something that could increase usage of this and ultimately help with prevention directly.

Daniel Montoya: Not sure if it was mentioned as I had to change devices - some concerns that I’m hearing for using tele-medicine is that certain populations may lack appropriate devices or access to internet to have verbal and visual tele-medicine

Questions or concerns about confidentiality on platforms used?
- Not only a concern for telemedicine but a concern for teleconferencing in general. A lot of it is helped by educational programs, best practices on what to do and what not to do. Explain technical words being used.
- How confidentiality and health information being handled
  o At David Powell, hasn’t presented much of a problem but those who are coming into care or reengaging in care at this time of COVID are having to sign for medical records from other places is an issue. Having to get authorization to request records on behalf of the patient because they are not present to sign for themselves. Still waiting on feedback for using video.
  o Samuel Goings stated at Kind Clinic they were challenged by staff and patients having roommates when trying to have video calls. Suggested using headphones and planning when they can make visits and or try to find private places to have video meetings were challenges, they faced.
- Daniel Montoya stated Texas Medical Association put out guidelines for telemedicine that could be helpful for everyone to look at.
  o Daniel brought up challenges with some who may not have cell phones or even that connectivity such as wifi.
- If patients don’t have access to smart phone or device, is anyone making exceptions?
  o Sarah stated David Powell/CommUnityCare, they are. If they scheduled and didn’t know it was supposed to be a telephone visit, they will bring them in, place them in an exam room, give them a translator phone and have the provider in a different room to talk over the phone for social distancing. Trying to be as flexible as possible.
  o Still offering full capacity and staying 8:00am-5:00pm.

For Strategy 1.1.7 Telemedicine, please identify 1-3 recommended activities, or action steps

Mark Erwin: Define services appropriate and successful for telemedicine. Develop (or share if great one exists) guidance document for how to implement telemedicine for prevention. Develop best practices guide for using telemedicine for prevention activities. Include sections for common challenges that people can relate to.
**Daniel Montoya**: Action Items for consideration: 1. Review current literature on telemedicine pre- and post COVID-19 identifying opportunities and challenges; 2. Based on literature review and other input, develop survey questions for clinical and non-clinical care organizations to understand how tele-medicine has been incorporated into their protocols and processes and to gather their current practices (during COVID-19) as well as sentiment in using tele-medicine; 3. Analyze survey and determine the following: identification of emerging tele-medicine best practices; opportunities given tele-medicine with patient engagement; challenges given tele-medicine with patient engagement

**Colt Woods**: Action step to please do frequent social media pushes to share an updated list of clinics conducting telemedicine visits so more of the public is fully aware of these options.

**Sarah Alvarado**: develop platform for sharing best practices

- Adjourn

### Status Items

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<tr>
<th>Action</th>
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<th>Person(s)</th>
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Meeting Schedule Target Second Thursday of Each Month

**Fast Track Cities – Austin**

**Prevention Priority Group**

**Workgroup Meeting**

<table>
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<th>Prevention Priority Work Group Meeting #3</th>
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<td>Location:</td>
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<table>
<thead>
<tr>
<th>Facilitator</th>
<th>Mark Erwin &amp; Colt Woods</th>
<th>Notes</th>
<th>Anjelica Barrientos</th>
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</thead>
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<tr>
<td><strong>Attending</strong></td>
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<tr>
<td>1</td>
<td>Rashana Raggs</td>
<td>8</td>
<td>Aliza Norwood</td>
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<td>2</td>
<td>Meredith Viney</td>
<td>9</td>
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<td>3</td>
<td>Sarah Alvarado</td>
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<td>Scott Lyles</td>
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<td>4</td>
<td>Daniel Ramos</td>
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<td>5</td>
<td>Stephanie Eaton</td>
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<td>6</td>
<td>Jessica Howard</td>
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**Welcome & Introductions**
- Co-Chair, Colt Woods called the meeting to order at 12:07 p.m.

**Review of Objectives Identified:**
- **Provider Survey Update**
  - Colt Woods & Samuel Goings
    - Review and distribution discussion
    - Samuel, of THA, and Colt met last week to work on the survey; we are anticipating a draft of the survey in the coming weeks for members to review and for feedback
    - Are there recommendations for administering this survey among providers in our community? If you have suggestions, please let the Co-Chairs know, or bring ideas to the next workgroup meeting
- **UT Doctors Status on IRB Update**
  - Dr. Zuniga & Dr. Norwood briefing
    - IRBs are under review
    - One IRB for PrEP education has been approved and the training is currently being delivered to providers (including OBGYN providers) and open to feedback, which will help refine the training
    - Another IRB will include focus groups to gain insight into barriers to prescribing PrEP, and these will help develop trainings as well
- **Texas Medical Association meeting briefing**
  - Meredith Vinez
    - Co-Chairs met with Meredith to discuss how FTC and TMA can collaborate
    - Discussion has revolved around quarterly meetings
    - Meredith: TMA can offer a dissemination platform for provider education/trainings, especially for providers who are more difficult to reach (those who may have a private practice)
    - Stephanie Eaton: TMA is a great partnership to facilitate provider education
    - Meredith: TMA can help by promoting/offering education about specific topics, PrEP and PEP. There is opportunity for TMA to educate about the FTC Initiative
    - Dr. Norwood and Meredith to follow-up about UT training development and evaluation

**All** | 10 Minutes | 30 Minutes
- Jessica Howard: I have a limited audience reach/scope. Request for help disseminating education/trainings, and to reach populations beyond Austin
- Colt: Send any educational/training materials to Chair members to help disseminate

### Telemedicine
- Capturing organization services for survey
- Social Media reach for prevention
- Scott Lyles: Update
  - The FTC Social Media Group will be connected to the Workgroups in the coming weeks
  - If you would like to join a meeting (at the end of this month) with the Social Media Group, please reach out to Scott or Rashana
  - Please note that the FTC social media accounts are not operated by Austin Public Health
- Meredith: TMA has been working diligently in the past couple of months to get more providers to use telehealth, and to develop sustainable policy changes regarding telemedicine (such as reimbursement rates)
  - A TMA team helped providers find platforms for telehealth and speed along the process.
- Meredith: TMA has a portion of their website dedicated to telehealth: [https://www.texmed.org/telemedicine/](https://www.texmed.org/telemedicine/)
- Scott: Cardea services is providing services on telemedicine; information will be pushed out to Co-Chairs
- Aliza: It would be helpful to have coordinated services for lab testing, such as patient self-collection. We should consider collaboration efforts with lab services.
- Daniel: Are there any best-practices for engagement and retention? How do we address the technological divide (such as internet access)? Is there any data on best-practices so far? How do we address this in the survey?
  - Colt to follow up with Daniel about how to incorporate these concerns into the survey
  - [12:43 PM] Sarah Alvarado
    - At David Powell, our no-show rates have gone down. We are seeing that for many patients, its
easier to get on the phone for a visit than making it to the clinic.

- Dr. Norwood can help provide some preliminary data from CommUnity Care: Anecdotally, no show rate has decreased since offering telemedicine via internet and phone

### Next Steps

- Collaboration with Ending Stigma Workgroup
  - Stigma in healthcare settings dealing with PREP & PEP
  - Colt: Prevention workgroup has to work through a non-stigmatizing lens
  - Dr. Norwood: CommUnity Care has PrEP referral program, which has a low usage. CommUnity Care has created and re-fined campaigns to reach focused populations through community feedback such as focus groups
  - Jessica Howard: Daniel created a movie previously with Center for Health Empowerment
    - Daniel: The short video highlighted dating and using PrEP; the movie was presented at SXSW and there was a panel held after the showing. There is opportunity for us to host similar events.
    - 90 days The film: [https://www.imdb.com/title/tt5819304/](https://www.imdb.com/title/tt5819304/)
  - Colt: If you see strategies/practices that other communities are doing regarding HIV/AIDS and stigma, please send resources/information to the Co-chairs

### Liberating Structure – 15% Solutions

- Activity led by Shana Raggs
  - What is your or your organization’s 15 percent?
    - [12:58 PM] Sarah Alvarado
      Maximize provider education around PrEP to increase access and grow the # of providers in our organization who are rxing PrEP
    - [12:58 PM] Jessica Howard
      Educate providers myself and offer programs with thought leaders to also educate providers in both a virtual and live format eventually
    - [12:58 PM] Eaton, Stephanie
      I believe the 15% is bringing this information I obtain to spread it to my colleagues at APH/CDU which helps them to see what is happening outside of their clinical world. Provider education has been SUCH a STRONG need that I am excited to see PROGRESS on this...
    - [12:59 PM] Mark Erwin

| All | 15 minutes |
Continue to work with this amazing group of people and help facilitate and connect as best I can!
(1 liked)

[1:00 PM] Meredith Vinez
Amplify FT message and awareness to a larger provider/physician audience, facilitate connections to encourage program replication/best practices in other areas

[1:00 PM] Woods, Colt
Have the unique ability that I communicate frequently on behalf of Walgreens support to HIV/Prep/PEP clinics in Austin, San Antonio on a regular basis where I discuss prevention and our Fast Track Cities work that we are doing to progress this great cause collectively...truly appreciate each of your support and dedication to being here as your ideas are very important to all of us! :)

- Where do you have discretion and freedom to act?
- What can you do without more resources or authority?

[1:04 PM] Eaton, Stephanie
send out surveys, inform people of focus group needs,

[1:04 PM] Jessica Howard
Gilead is able to provide all of the education to providers, patient education, patient access tools, which are all independent of outside support. Please always reach out to me if there is a gap that I can bridge with any of these

[1:04 PM] Sarah Alvarado
Share ideas/current practices/best practices; query providers on specifics of discomfort with providing PrEP---where exactly do they need the most support?

[1:05 PM] Woods, Colt
Once we start distributing surveys, I have time to follow up via calls and/or emails with these clinics and providers to check in with them to ensure engagement and help collect surveys if need be.

[1:05 PM] Meredith Vinez
Look for any existing insights on provider understanding of PReP/Pep and highlight where there might be gaps

[1:06 PM] Mark Erwin
Send surveys, connect people, assist with some data analysis and visualizations.

<table>
<thead>
<tr>
<th>Adjourn</th>
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<tr>
<td>• Meeting adjourned at 1:10 p.m.</td>
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Chat Box

[12:09 PM] Raggs, Rashana added Guest to the meeting.

[12:09 PM] Raggs, Rashana
ICEBREAKER: During COVID-19, what is your favorite thing to do to past the time?

[12:30 PM] Lyles, Scott
(yes)

[12:35 PM] Lyles, Scott
Participation Opportunity: If you or your organization would like to be involved in the Social Meeting Workgroup please contact me at scott.lyles@austintexas.gov
Edited

[12:36 PM] Meredith Vinez
https://www.texmed.org/telemedicine/
(1 liked)
Telemedicine Policy, Regulations, and Reimbursement in Texas
Texas has been a leader in telemedicine-done-right for decades. Physicians at the Texas Tech Health Science Center in Lubbock have long used telemedicine to bring their specialists into primary care...
www.texmed.org

[12:40 PM] Lyles, Scott
Note: Telemedicine
Edited

[12:41 PM] Lyles, Scott
Note: Home testing to support telemedicine
Edited

[12:42 PM] Lyles, Scott
Note: Retention via Telehealth
Edited

[12:43 PM] Sarah Alvarado
At David Powell, our no-show rates have gone down. We are seeing that for many patients, it's easier to get on the phone for a visit than making it to the clinic.

[12:44 PM] Lyles, Scott
Anecdotally, no show rate has decreased since offering telemedicine via internet and phone

[12:54 PM] Raggs, Rashana removed Guest from the meeting.

[12:56 PM] Lyles, Scott
Daniel Ramos was referring to a film entitled 90 Days. Check with CHE - Center for Health Empowerment for additional information

Edited

[12:56 PM] Raggs, Rashana
What is your or your organization’s 15 percent?

[12:58 PM] Sarah Alvarado
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[12:59 PM] Sarah Alvarado
Scott, your shirt is #vacationgoals
(1 liked)

[12:59 PM] Lyles, Scott
Ziggy Marley: Tomorrow People

[12:59 PM] Mark Erwin
Continue to work with this amazing group of people and help facilitate and connect as best I can!
(1 liked)

[1:00 PM] Meredith Vinez
Amplify FT message and awareness to a larger provider/physician audience, facilitate connections to encourage program replication/best practices in other areas

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[1:02 PM] Raggs, Rashana
What can you do without more resources or authority?

[1:03 PM] Lyles, Scott
Music: Master Blaster by Stephen Marley

[1:04 PM] Eaton, Stephanie
send out surveys, inform people of focus group needs,

[1:04 PM] Jessica Howard
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[1:05 PM] Meredith Vinez
Look for any existing insights on provider understanding of PrEP/Pep and highlight where there might be gaps

[1:06 PM] Mark Erwin
Send surveys, connect people, assist with some data analysis and visualizations.

[1:09 PM] Lyles, Scott
Closing Music: Inner City Blues (Make me wanna holla) by Marvin Gaye

[1:09 PM] Raggs, Rashana
Thank you! Have a great day (smile)

---

Fast Track Cities – Austin
Prevention Priority Group
Workgroup Meeting

<table>
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<td>Scott Lyles</td>
<td>Jenna Burt</td>
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<td>Maleny Benavides</td>
<td>Daniel Montoya</td>
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<td>Rashana Raggs</td>
<td>Jessica Haskins</td>
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<td>Julie Zuniga</td>
<td>Laura Still</td>
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<td>Liesl Nydegger</td>
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<td>Danielle Houston</td>
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**Welcome & Introductions**
- **All**
  - **15 Minutes**

**Review of Objectives Identified:**
- UT Doctors Status on IRB Update
  - Dr. Zuniga & Dr. Norwood briefing
    - IRB approval to conduct focus groups has been awarded
    - Initial focus groups will be broad and start with anyone who considers themselves as a leader in the PrEP community
    - There are promotional flyers for distribution and recruitment
    - Goal is to have 3-4 focus groups with community leaders, and then identify more targeted populations for follow-up focus groups
    - Goal: Develop community specific education for providers and for the community
    - Results from focus groups will be shared and this will be an iterative process

**Telemedicine**
- Social Media reach for prevention
  - Briefing on social media group
    - The group is re-engageing. There is currently an Austin/Travis County FTC Facebook, Instagram, and Twitter account
    - The social media group is intended to be community led, it is currently led by Taylor Stockett
    - Please email Scott if you are interested in participating in the group, which will reconvene next month

**Dr. Zuniga & Dr. Norwood**
- **25 Minutes**

**Scott Lyles**
- **10 Minutes**
Liberating Structure – Purpose 2 Practice

- Practices
  - Outputs
  - Outcomes
- Principles
- Participants
- Structure
- Presented and led by Rashana Raggs
- Please refer to the following link for the interactive activity:  
  https://docs.google.com/presentation/d/1K-Xa2EpyCN265fQze8YmA-nhBoF0fOJcWJsGF_D0Keg/edit#slide=id.p1
  - The workgroup will resume the activity next month

Adjourn

Next Steps:
1. Flyers for the focus groups can be found on the SharePoint and will be distributed via email
2. Reach out to the FTC Support Team if you would like to participate in the social media group
3. The workgroup will continue the Purpose to Practice activity at next month’s meeting

Meeting Schedule:
- September 10, 2020
- October 8, 2020
- November 12, 2020

Priority Area 1: Prevention

Prioritization:

<table>
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<tr>
<th>Objectives</th>
<th>Votes</th>
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<tr>
<td>Objective 1.1: Prevent New HIV Infections</td>
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<table>
<thead>
<tr>
<th>Strategies</th>
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<td>Strategy 1.1.1: Educate Providers on PrEP</td>
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<tr>
<td>Strategy 1.1.2: Educate Health-Services Students on PrEP</td>
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<td>Strategy 1.1.3: Partner with CBOs</td>
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Strategy 1.1.4: Suburban and Rural PrEP
Strategy 1.1.5: Resource Guide
Strategy 1.1.6: Treatment as Prevention
Strategy 1.1.7: Telemedicine

Chat Box:

12:05:20 From Stephanie Eaton-APH CDU: hello everyone! Happy august!
12:05:35 From Liesl Nydegger (She/Her): Hi All!
12:06:37 From Rashana "Shana" Raggs: Rashana Raggs, APH/FTC
12:06:44 From Julie Zuniga: Hi! I’m Julie, I’m with UT School of Nursing
12:06:46 From Mark Erwin: Mark Erwin - Co-Chair prevention
12:06:48 From Liesl Nydegger (She/Her): Liesl Nydegger, UT Austin, Director of Gender Health Equity Lab
12:06:49 From Stephanie Eaton-APH CDU: Stephanie Eaton- Austin Public Health Communicable Disease Unit (CDU)
12:06:49 From Anjelica Barrientos, AmeriCorps VISTA, Austin Public Health: Anjelica Barrientos, AmeriCorps VISTA, FTC Support Team
12:06:51 From Danielle Houston: Gilead community liaison
12:06:52 From Maleny Benavides (she/her): Maleny Benavides, People's Community Clinic
12:07:04 From Scott Lyles - FTC Support Staff: Scott Lyles, APH
12:09:18 From Maleny Benavides (she/her): this is my first meeting, People's just kicked off a program around prevention, testing and education. I will be leading this project and I hope to connect with all of you and learn more about Fast Track Cities work. Happy to be here!
12:09:36 From Colt Woods: Colt Woods, Walgreens Pharmacy/Co-Chair of Prevention for FTC Austin\n12:11:03 From Anjelica Barrientos, AmeriCorps VISTA: Welcome Maleny ~ glad to have you on board!
12:11:08 From Rashana "Shana" Raggs: Welcome Maleny! :)
12:11:13 From Stephanie Eaton-APH CDU: Welcome Maleny... would love to talk offline about how we can work together and see how we can help one another.
12:11:49 From Maleny Benavides (she/her): thanks for the warm welcome! please feel free to email me at Maleny.benavides@austinpcc.org
12:12:52 From Liesl Nydegger (She/Her): @Maleny, I would also like to chat some time. I'm conducting interviews/focus groups on PrEP intervention development (have 1 tonight actually) among women of color at risk for HIV.
12:14:05 From Rashana "Shana" Raggs: My email is Rashana.raggs@austintexas.gov
12:14:13 From Maleny Benavides (she/her): Liesl, please email me and we can set up someto chat!
12:14:37 From Julie Zuniga: jzuniga@nursing.utexas.edu
12:15:56 From Liesl Nydegger (She/Her): Liesl.Nydegger@austin.utexas.edu
12:20:32 From Rashana "Shana" Raggs: Google doc PowerPoint link: https://docs.google.com/presentation/d/1K-XaZEpCN265fQze8YmA-nhBoF0fJcWJsGF_D0Keg/edit#slide=id.p1
12:21:18 From Danielle Houston: I'm having a connection problem. Logging out. Hope to get back
12:21:25 From Scott Lyles - FTC Support Staff : For Social Media Workgroup please email scott.lyles@austintexas.gov
12:27:53 From Daniel Montoya : scott...we can't hear you?
12:27:56 From Mark Erwin : Scott...we can't hear you
12:28:02 From Colt Woods : Scott you have a lag on your end
12:28:28 From Colt Woods : Scotts just talking extra slow today for us to make sure we understand :)
12:34:27 From Anjelica Barrientos, AmeriCorps VISTA to Jessica H(Privately) : Hi Jessica, for attendance purposes, is this Jessica Haskins or Howard?
12:35:23 From Jessica H to Anjelica Barrientos, AmeriCorps VISTA(Privately) : Haskins :
12:36:16 From Anjelica Barrientos, AmeriCorps VISTA to Jessica H(Privately) : got it, thanks!
12:36:29 From Jessica H : continually updated continuing education or programs
12:37:02 From Jessica H : Offer a range of topics for providers to choose what best fits their practice sites
12:38:18 From Jessica H : Offer to social workers and pharmacy - not just prescribers
12:42:12 From Jessica H : Objective output data to measure the ipact
12:47:27 From jburn374 : Makes HIV have a face
12:55:55 From Julie Zuniga : So sorry I have to jump on another call!!! Thanks for including me!
12:56:14 From Colt Woods : Thank you Dr. Zuniga for all that you're doing!
12:58:15 From Stephanie Eaton-APH CDU : heading to my 1:00 TEAMS meeting. ..See you all next month.. thanks Shana for getting all our thoughts into a workable form.
12:59:55 From Liesl Nydegger (She/Her) : I, too, have to head to another meeting. Thank you and it was nice to see/meet you all!
13:01:02 From Colt Woods : Thanks to everyone that has to jump off for joining us while you could, we appreciate your great thoughts and ideas from our community :)
13:14:16 From Mark Erwin : ditto!
13:15:18 From Laura (She/Her/Hers) : Telemedicine for home-based HIV and STI testing and risk reductions.
13:19:25 From Maleny Benavides (she/her) : I can speak more around telemedicine at People's. We have definitely had some challenges and would like to offer some feedback.
13:20:05 From Laura (She/Her/Hers) : ^that is something I would like to see but haven't
13:20:36 From Maleny Benavides (she/her) : We wanted to do at-home testing kits but we are not there yet.
13:21:29 From Mark Erwin : I have to step aay for a second. back soon
<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Title</th>
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<tbody>
<tr>
<td>A Daniel Ramos</td>
<td>ASHWell Clinic</td>
<td>Patient Support Services Manager</td>
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<tr>
<td>Alberto Barragan</td>
<td>Vivent Health</td>
<td>Director of Health Promotion</td>
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<tr>
<td>Alex Abbott</td>
<td>CommUnity Care</td>
<td>Program Director, Sexual Health</td>
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<td>Ana Herrera</td>
<td>Vivent Health</td>
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<td>Anastassia Mitchell</td>
<td>Central Health</td>
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<td>Angela Craig</td>
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<td>Barry Waller</td>
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<td>Ben Walker</td>
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<td>Brandon Wollerson</td>
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<td>Director of Clinical Operations</td>
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<td>Brenda Bounous</td>
<td>City of Austin Austin public health</td>
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<td>Hailey de Anda</td>
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<td>Interim Manager, Planning and Evaluation Unit</td>
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<td>Rashana Raggs</td>
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<td>Scott Lyles</td>
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<tr>
<td>Colt Woods</td>
<td>Walgreens Specialty Pharmacy</td>
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<td>Elijah Allen</td>
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<td>Emily Johnston</td>
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<td>Roy Wenmohs III</td>
<td>Integral Care</td>
<td>LCSW</td>
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<tr>
<td>Sarah Alvarado</td>
<td>CommUnity Care</td>
<td>RN sexual health care manager</td>
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<tr>
<td>Stephanie Eaton</td>
<td>Austin Public Health</td>
<td>Social Services Program Supervisor</td>
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<td>Vanessa Sarria</td>
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Testing & Rapid Linkage
Priority Group Meeting #3

Date: April 23, 2020
Time: 12:00 pm – 1:30 pm
Location: Microsoft Teams Meeting

Facilitator | Barry Waller / Scott Lyles | Notes | Anjelica Barrientos
--- | --- | --- | ---
Attending
1 | Ana Herrera | 5 | Elijah Allen | 9 | Rashana Raggs | 13 | Anastassia Mitchell
2 | Emily Johnston | 6 | Jessica Howard | 10 | Alberto Barragan | 14 | Brenda Bounous
3 | Stephanie Eaton | 7 | Martha Breck | 11 | Brandon Wollerson | 15 | Daniel Montoya
4 | Sarah Alvarado | 8 | Emma Sinnott | 12 | Isabel Clark | 16

Welcome & Introductions

Meeting Technology
- Moving to Microsoft Teams for FTC meetings
  - Thank you for your patience and cooperation as we navigate this new technology
  - Reach out to Rashana if you are having difficulty accessing and utilizing Microsoft TEAMS
- SharePoint
  - Access
  - COVID-19 Resources
  - Email anjelica.barrientos@austintexas.gov if you need SharePoint access
  - Feel free to upload to the COVID-19 Discussion Board to share how your organization is adapting under the current changes

Review of Actions Identified:
- Alberto Barragan – Validity/issues of home testing kits
  - ASA/Vivent Health is offering HIV home test kits with the State’s approval
    - Test kits are mailed out through an online store
    - Clients fill out survey to get capture of sexual health
    - Vivent Health confirms survey has been filled and the test kit has been mailed out
    - 3-4 business days to get the test kit to the client
    - Follow-up virtual counseling session (not all other states implemented a virtual counseling session: Arizona, Virginia, and New York had similar pilot programs)
    - Linkage: Vivent’s early intervention services
    - Alberto to share protocol when established:
      - Evaluation metrics; data analysis and evaluation
  - Working with Oral Quick; there is currently enough supply and demand; they are offering discounts

Meeting called to order at 12:05

Scott Lyles
Anjelica Barrientos
Please reach out to Alberto if you would like to learn more about the program and how to utilize it in your agency.

Reach out to Jenna Burt if you are interested: jenna.burt@dshs.texas.gov

- The State is working on a more global policy for guidance on the nuances for putting on a program like this
  - Be on the look-out!

- **Brenda Bounous – Display report on “hot spots” of testing (as a map layer)**
  - Purpose: identifying where we are seeing high concentrations of people living with HIV/AIDS by geographical area (zip-code or census track)
  - Map of current testing locations
    - How those testings occur: home kit; walk-in; appointment
    - This will help identify gaps and challenges
  - Brenda to follow-up with APH epi personnel Flor Hernandez to look-into a report; and look-into State resources
    - Prevalence and incidence data
  - **Daniel Montoya:**
    - Importance of acquiring incidence and prevalence data
    - Hard data from Epi
    - Soft data from community organizations
    - Collecting residential zip-codes vs testing location zip-codes
  - Alberto: ASA/Vivent Health does agency “heat map” by zip-code to identify gaps
    - This information is reported to the state
  - State data tends to take a little longer than local health department level: APH should be able to acquire some of the data reports

**Action Plan – Other Action Items**

- **Update 72 hours list of agencies**
  - This is referring to the timeframe from diagnosis to linkage to care (medication administration)
  - Next step is to reduce timeframe to within 60hrs
    - Taskforce will reach out to organizations to verify they are meeting the standard
    - Timeframe will reduce by 12hrs every quarter
    - This is a living document that is intended to be updated
    - Daniel Montoya: There is a discreet difference between diagnosis to linkage to care, vs diagnosis to medication
      - We should consider and capture this distinction
    - Isabel Clark: Rapid Start Program
- **Data needed to create map to display testing locations**
• Excel spreadsheets
  ▪ Decision needs to be made about what data we want to collect about testing and best methods for data collection
    • Barry: motion to create a taskforce to engage in this decision-making process
  ▪ Daniel Montoya: map by AIDS view: anyone who is offering testing can upload their information
    • [https://aidsvu.org/local-data/united-states/south/texas/austin/](https://aidsvu.org/local-data/united-states/south/texas/austin/)
    • There would be a need to verify if data is up-to-date and accurate with organizations and AIDSvu: and follow-up with Emory if they are willing and able to collaborate if more data collection is needed
  ▪ DSHS also lists providers across the State
  ▪ Taskforce volunteers:
    • Emma Sinnott
    • Stephanie Eaton or Laura Still

Other Discussion Items
• Implement possible slogan or campaign
  o Ex: “You do better, when you know better. Get Tested.”
  o Idea for a slogan suggested by Juan Troy at February Consortium
  o Please brainstorm and we will address at the next workgroup meeting
• How has COVID-19 changed testing?
  o Timeframes
  o Rates
  o Capacity
    • Kind clinic had a small telehealth platform pre-COVID-19, but are now seeing about 85pts/day via telehealth
    • Drop-in testing program is being developed at 40th street location: look -out for updates around those hours
    • North Austin location is offering limited in-person appointments
    • Lab services are offered at both locations
    • % drop in testing is unknown at this time
  ▪ Stephanie Eaton: current testing team has been pulled to COVID-19 response
    • COVID CHANGES for CDU: We are still providing clinical services for symptomatic people experiencing STI. Our DIS teams are still doing disease investigation and testing as needed on those individuals. We are still providing PrEP

| All | |
services and our case management program is still working on getting people in care and those out of care back into care. Our Focused Testing team is working on COVID response to support APH activities. We are referring out to community partners such as Kind and Vivent Health for testing. We are going to start working on getting home delivery testing started next week. We are working to get phones to people who have communication barriers for HIV identified individuals. We are launching our mail order condom delivery this week. All clinical case management services are happening, but from a remote locations. We are continuing to go into the community to meet the client where they are to give them what they need. We are having to be creative on our approaches to meet this new world.

- Emma Sinnott, CommUnity Care
  - CommUnityCare has moved to about 70% to telehealth. we are providing in person appointments, as needed. Lab and pharmacy still offered - pharmacy is curbside and delivery

- Alberto, Vivent
  - Drive through and home-delivery
  - Case management
  - Limited medical
  - Not currently doing dental, but referring out for emergencies
  - Virtual sessions for empowerment group
  - Possibility for home kits for STI testing in the future
  - Still assisting clients with housing and utility needs

- Daniel Montoya
  - What should we be imposing to ensure sustainability?
  - We should utilize this experience as an opportunity to continue best practices
    - Consider contact tracing practices
    - Suggestion to create a taskforce to identify best practices that are arising from COVID-19 and what should be carried forward into HIV/AIDS care

- Isabel Clark
In some facilities, there is increased routine testing in Eds
  - Small taskforce will meet before next workgroup to bring Action Plan recommendations forward in order to move toward prioritization
  - How does this influence our workplan?
    - To be discussed at next workgroup meeting

Adjourn

All

1:30 pm

Next Steps
- Benda Bounous of APH to:
  - follow-up with APH epi personnel Flor Hernandez to look-into a data report
    - Prevalence and incidence data
  - look-into State data resources
- Data taskforce to look-into existing data maps and identify resources, gaps, opportunities for improvement
- Committee taskforce to bring Action Plan recommendations to next meeting in order to move toward prioritization
- Brainstorm ideas for Testing & Rapid Linkage slogan
  - Alberto Barragan
    - Testing Slogan (Take control Get tested)

Chat Box:
[12:37 PM] Lyles, Scott
these map layers would be available to the FTC Consortium members

[12:38 PM] Sinnott, Emma
here is a snapshot of what we have

[12:38 PM] Lyles, Scott
Great! Thank you Emma

[12:39 PM] Sinnott, Emma
Lyles, Scott, I show this map in more detail in a meeting -

[12:41 PM] Lyles, Scott
Are FTC partner agencies able to share data/maps ?

[12:41 PM] Sinnott, Emma
I don’t think it is

[12:53 PM] Raggs, Rashana removed Jessica Howard from the meeting.
Please update your organizations information

This would allow the document to be accurate

What data is needed to create maps: Create subgroup to identify date to be collected and method to gather information

https://dshs.texas.gov/hivstd/covid19/services.shtm

Testing Slogan (Take control Get tested)

Brandon Wollerson - Kind Clinic - Full pivot onto TeleKind seeing about 85 patients a day on that platform. No reduction on services but pivoting tele-platform. Drop in testing. Routine testing. Those with symptoms receiving services at clinics in north Austin. Limited scope for continuing social distancing. Lab services still available. Pivot in delivery. No reduction in delivering

CommUnityCare has moved to about 70% to telehealth. we are providing in person appointments, as needed. Lab and pharmacy still offered - pharmacy is curbside and delivery

COVID CHANGES for CDU: We are still providing clinical services for symptomatic people experiencing STI. Our DIS teams are still doing disease investigation and testing as needed on those individuals. We are still providing PrEP services and our case management program is still working on getting people in care and those out of care back into care. Our Focused Testing team is working on COVID response to support APH activities. We are referring out to community partners such as Kind and Vivent Health for testing. We are going to start working on getting home delivery testing started next week. We are working to get phones to people who have communication barriers for HIV identified individuals. We are launching our mail order condom delivery this week.

Alberto Barragan - Vivent Health - Food banks, home delivery and drive through. Info available on website. Case management and medical still available. Not currently doing dental. All programs have gone virtual. Virtual sections for empowerment groups. Linking people into care. Providing home test kits. Looking to send out home collection kits for STIs. Still connecting individuals into housing.

Emily Johnston
I have to sign off to attend another meeting. Thank you to everyone. This was an excellent meeting today.
(1 liked)

[1:15 PM] Jenna Burt
I like Berto’s slogan suggestion.

[1:15 PM] Raggs, Rashana removed Emily Johnston from the meeting.

[1:16 PM] Raggs, Rashana removed Elijah Allen from the meeting.

[1:16 PM] Eaton, Stephanie
All clinical case management services are happening, but from a remote locations. We are continuing to go into the community to meet the client where they are to give them what they need. We are having to be creative on our approaches to meet this new world.

[1:19 PM] Raggs, Rashana removed Mitchell, Anastassia from the meeting.

[1:20 PM] Brandon Wollerson
to clarify: Kind Clinic is not currently testing for COVID-19--- just HIV/STI

[1:24 PM] Brandon Wollerson
hi, friends... so great to be part of today’s discussion, and i appreciate what each of you are doing. i have to sign off for now to return to my other job as a pre-k teacher. hope to connect again with y’all soon.

[1:24 PM] Raggs, Rashana removed Unknown User from the meeting.

[1:25 PM] Eaton, Stephanie
I have to leave to be ready for my next teams meeting that I have to lead... have a great week and be safe

[1:25 PM] Lyles, Scott
Five Minute Warning

[1:25 PM] Sinnott, Emma
likewise,I have to run. Thanks.

[1:25 PM] Raggs, Rashana removed Sinnott, Emma from the meeting.

[1:26 PM] Clark,Isabel (DSHS)
I can participate in the work plan review work group

Fast Track Cities – Austin
Welcome & Introductions

Meeting called to order at 1205p by Co-Chair Barry Waller

Icebreaker

Review of Actions Identified:

- Brenda Bounous – Follow up on identifying where we are seeing high concentrations of people living with HIV/AIDS by geographical area (zip-code or census track)
  - This agenda item was postponed to 1:21p due to Brenda having a conflicting appointment
  - Brenda contacted Flor Hernandez of APH Epi department and she helps with Ryan White Part A application every year
    - Request: Incidence and prevalence data by zip-code or census track, and to create a mapping display to show hotspots
    - Flor has received the raw data and reports she should have the report for the next workgroup meeting in June
  - Brenda has been in contact with Broward County and will be sharing on the FTC SharePoint
- Data needed to create map to display testing locations and any other information
  - Review of AIDSVu.com
    - Daniel Montoya: for the most part, the site allows individuals to update/upload information about their organization
      - it may be incumbent to engage organizations in utilizing this site
    - Barry: Is the site’s HIV data from 2016?
    - Daniel: the site may have agreement with different health departments or the state
Scott: data becomes available about 1 year late; in August we should begin receiving data from 2019; the site may take a year to update their information

Emma: I think it’s pulling provider information from CDC and HRSA funded entities

An individual provider can submit service updates on the site

Barry: original task was to do 2 things
  • 1) identify hotspots for cases
  • 2) compare that data with our current service delivery system when it comes to testing and rapid linkage
    o Does AIDSvu accomplish this second task?
    o Daniel: AIDSvu does not have the data broken down by zip code; the visualization on the site is only as good as the data available

Action Plan – Other Action Items
• Update 72 hours list of agencies
  o Discussion of quarterly updated agency hours for linkage to care
    ▪ The campaign to move Austin, as a community to a 24-hour linkage to care
    ▪ How do we approach this goal amid COVID-19?
      • Scott: the model can still be moved forward during this time
      • Alberto: I think we need to delay the schedule as it currently stands; organizations are facing capacity issues and the progress we aimed to see right now may not be realistic; how do we account for COVID-19 changes? We should consider extending our original timeline?
      • Isabel: Are we outreaching to other organizations like Seton EDs? They used to refer to David Powell; I am unaware of the tracking that is occurring. I believe there is a pilot going on currently with St. David’s; Do they know where they can refer patients for immediate care? How are we engaging them and do they know who to refer to for rapid start? Are we documenting why patients are not meeting the designated timeframe (transportation, clinic capacity, etc.)?
        o Scott: we would address these concerns (promoting throughout the community) in
the Action Plan, and as a workgroup develop the activities for these to occur. We are hearing that everyone is in agreement with the goal, but that the process needs to be extended
- FTC support staff is here to facilitate meetings and communication, update the Action Plan, but we are here to empower the workgroups to do their own analysis
- Barry: the information to update the 72hr list would have to come from the organizations and their representatives
  - Barry: is there anyone willing to make contact with the organizations on the 72hr list to confirm current timeframe? No volunteers
- Review feedback of SharePoint timeline
- Waterfall of barriers: see chat box text below

[12:42 PM] Alberto Barragan
EIS under Vivent Health has been doing outreach to hospital and ER across the county to let them know we can help with linkage

[12:47 PM] Clark, Isabel (DSHS)
Will FTC help encourage the organizations evaluate the same set of variables to document successes/challenges of rapid start w/in the specific time frame?

[12:48 PM] Lyles, Scott
would it be helpful to do the interactive in group today?

[12:48 PM] Sinnott, Emma
We can provide updated information - i’m a little hesitant because hours are likely to change soon with reopening

[12:49 PM] Lyles, Scott
What are the Barriers to Moving the 24 Linkage Campaign forward

[12:50 PM] Alberto Barragan
current capacity of patient appointments

[12:50 PM] Sinnott, Emma
We have issues with having patients seen in the office right now because of covid-19 - this is a potential barrier. Keeping in mind that remote staff are also a barrier. that said, it’s not a deal breaker - just reasons why it may not happen as much
[12:50 PM] Sinnott, Emma
or for every diagnosis

[12:51 PM] Alberto Barragan
client tech access for telehealth appointments

[12:51 PM] Eaton, Stephanie
Current barriers to 72 hour campaign forward: Short staff with limited knowledge of community availability; staff is shuffled to other COVID responses; limited appointment availability to see patients; current Focused Testing team is ALL assigned to COVID for APH needs; staff rotating out due to becoming ill or having ill family members; lack of knowledge of who is available for rapid linkage

[12:51 PM] Rick Astray
Can't speak for the clinic... I would imagine transportation is a barrier for patients. If you get an appointment tomorrow that doesn't mean you can take hours to get there and back on public transit.

[12:53 PM] Clark, Isabel (DSHS)
some patients may not have accepted their diagnosis and are not ready to adhere to care. dealing with stigma

Stephanie: have to be cognizant of the client’s timeline and pace

Daniel: we have to think about how we’re defining “rapid linkage to care” (there is a distinction between medication and care); it is a great milestone, but it may be perceived that the Mayor has not achieved the goals of the Plan

Scott: the campaign is about linkage time from diagnosis to medication

Isabel: in EDs, patients will be given PEP and then enrolled into the rapid start program where they can receive individualized treatment. We need to give special consideration to counseling from the very beginning when a patient receives a positive result

- Do home test kits affect linkage to care time?
  - This agenda item was not addressed

Liberating Structure
- Conversation Café | Prioritization Rally
  - Create/vote slogan
    - “You do better, when you know better. Get Tested”

All 25 Minutes
Other Discussion Items

- **COVID-19 Impact on Testing and Rapid Linkage**
  - Daniel: complexity of linkage to care is compounded by co-morbidities (such as mental health and substance use), esp. among vulnerable populations who are seen in EDs
  - Scott: Things to consider related to COVID-19 Impact on Testing and Rapid Linkage: Example UT Austin is planning for a potential "wave" by having classes August to Thanksgiving. After the Thanksgiving Break, UT will return to remote/stay at home
  - Alberto: We have had to adapt quickly to COVID-19, but I think we are better prepared now if a second wave of COVID-19 were to come. We did cancel all our events up through July as of now; later dates are postponed as of now. We aim to increase in-person activities mid-June and gradually expand. These are all considerations when we think about funding and meeting grant requirements and goals
  - Daniel: There are maybe some silver linings out of the pandemic; example: in some cases we have seen linkage to care improve due to telehealth

- **Barry: HIV long-term survivors day is June 5th**

Adjourn

Meeting adjourned at 1:28p

Meeting Schedule:
- June 18, 2020
- July 16, 2020
- August 20, 2020

Chat Box

[12:04 PM] Lyles, Scott
  Welcome to the Testing and Linkage Priority Group Meeting

[12:04 PM] Lyles, Scott
  Please sign in with your Name, Organization

[12:04 PM] Lyles, Scott
  Scott Lyles, APH -

[12:04 PM] Roy Wenmohs
  Roy Wenmohs, Integral Care

[12:05 PM] Raggs, Rashana
  Rashana Raggs, APH

[12:05 PM] Barrientos, Anjelica
  Anjelica Barrientos, AmeriCorps VISTA APH

[12:07 PM]
Raggs, Rashana added Alberto Barragan to the meeting.
[12:08 PM] Lyles, Scott
I enjoyed the responses
[12:09 PM] Daniel Montoya
Apologies as I had to take another call and will return momentarily...
[12:09 PM] Daniel Montoya
Daniel C. Montoya, Gilead Sciences, Inc.
[12:09 PM] Lyles, Scott
Please sign in with your Name, Organization
[12:11 PM] Lyles, Scott
I can share

[12:11 PM] Astray, Rick
Rick here. I think my phone signed in from work, but, here in my Friends of David Powell capacity, not my Accenture one :-D

[12:13 PM] Raggs, Rashana added Emily Johnston to the meeting.
[12:21 PM] Sinnott, Emma
Emma Sinnott, CommUnityCare
[12:21 PM] Raggs, Rashana added Unknown User to the meeting
[12:22 PM] Emily Johnston
In case we are signing in: Emily Johnston, Integral Care - CARE Program
[12:24 PM] Raggs, Rashana


Testing & Rapid Linkage.pptx shared via Sharepoint.cityofaustin.sharepoint.com
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current capacity of patient appointments

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[12:53 PM] Clark, Isabel (DSHS)
some patients may not have accepted their diagnosis and are not ready to adhere to care. dealing with stigma
(1 liked)[12:55 PM] Lyles, Scott
Sometime the push to get people into care may push the person away from care
[12:56 PM] Lyles, Scott
Goal is to have an option of 24 hour linkage to medication in mouth in the Austin/Travis County Community t
[12:57 PM] Emily Johnston
I think safe transportation to appointments is definitely a barrier to accessing care. Many people understandably do not feel safe taking public transportation to and from appointments. People have also expressed to us that they are afraid to go to labs to do lab work.
(1 liked)
[1:05 PM] Lyles, Scott
Thanks Emma
[1:05 PM] Clark, Isabel (DSHS)
thanks everyone, I have another meeting to jump to.
[1:05 PM] Raggs, Rashana removed Clark, Isabel (DSHS) from the meeting.

[1:07 PM] Raggs, Rashana
"You do better when you know better. Get Test"
[1:07 PM] Raggs, Rashana
"Take control. Get Tested"
(4 liked)[1:07 PM] Lyles, Scott
Two minutes to write a campaign slogan suggestion or support a suggestion
[1:09 PM] Lyles, Scott
(monkey)
[1:15 PM] Lyles, Scott
Things to consider related to COVID-19 Impact on Testing and Rapid Linkage: Example UT Austin is planning for a potential "wave" by having classes August to Thanksgiving. After the Thanksgiving Break, UT will return to remote/stay at home
[1:17 PM] Lyles, Scott
Lessons Learned: We are better prepared now
[1:18 PM] Lyles, Scott
Testing events canceled through July and beyond
[1:19 PM] Lyles, Scott
Outreach my look different in the future
[1:19 PM] Lyles, Scott
how do groups still meet grant goals and objectives
[1:19 PM] Lyles, Scott
How can Targeted Testing be re-strategized
[1:20 PM] Lyles, Scott
Would monitoring other STI test help plan HIV testing strategies?
[1:21 PM] Raggs, Rashana
10 minutes check
[1:21 PM] Raggs, Rashana
PS, Brenda is present (smile)
Welcome & Introductions

Barry Waller called the meeting to order at 12:04 p.m.
Ice-Breaker: Favorite Show
Reminder: June 27: National HIV Testing Day

Liberating Structure - Spiral Journal
- Something that's been on my mind...
- I can’t help but feel...
- I could use a break from...
- I’m choosing to be here today because...

Review of Actions Identified:
- Follow up:
  - Brenda Bounous – Update with Flor Hernandez status report
    - Brenda presented the current maps Flor has created, these are rough drafts and a work in progress
    - Data from the previous year is often released in August, which corresponds with Ryan White Part A
    - There are maps with incidence data from 2016, 2017, and 2018
- Prevalence maps are being developed
- Next Step: Need to clarify if the maps are by home residence or testing location
- Brenda: Is testing location enough? Would it be helpful to have data on the client’s residence as well?

[12:31 PM] Lyles, Scott
During previous discussion, the group asked to map prevalence and incident by zip code. APH epidemiologist provided maps which are shared today.

[12:33 PM] Lyles, Scott
Most recent data from DSHS is for 2018.

[12:33 PM] Brandon Wollerson
Can you confirm that this is by client’s home address and not testing location? I missed that piece.

[12:35 PM] Sinnott, Emma
Are these data from the most recent viral load data or is it from the point when people were diagnosed?

[12:35 PM] Rick Astray-Caneda (Friends of David Powell)
Wonder if they could do this “by population” to give some magnitude. Another cool one would be to baseline against 2016 and do shades to show degree of decrease/increase. Should also be normed against population per year.

[12:35 PM] Lyles, Scott
We can follow up - in the past, DSHS has reported zip code of home address listed.

[12:39 PM] Brandon Wollerson
And is RBJ 78702?

[12:39 PM] Brandon Wollerson
Ah, there you go Stephanie!

[12:40 PM] Lyles, Scott
Barry I have a clarifying question
[12:41 PM] Lyles, Scott
  Is it helpful to have testing location
  AND home address?

[12:42 PM] Lyles, Scott
  Please clarify the reason we are asking
  for the data

[12:42 PM] Lyles, Scott
  Please clarify outcome goal

[12:43 PM] Alex Abbott (Guest)
  I think home address would be helpful
  so that we can work towards meeting
  clients where they are

Stephanie Eaton: residency data is
important

Barry: Please enter any further
suggestions into the chat

[12:45 PM] Rick Astray-Caneda (Friends
of David Powell)
  Lyles, Scott, I would love to see

[12:45 PM] Rick Astray-Caneda (Friends
of David Powell)
  Sorry, did not finish...

[12:45 PM] Rick Astray-Caneda (Friends
of David Powell)
  love to see distance between testing
  location and home address.
(1 liked)

[12:45 PM] Rick Astray-Caneda (Friends
of David Powell)
  Showing us where testing opps may be
  lite.

Brenda: There are two maps related to
viral suppression

  - There are some questions
    regarding the virally suppressed
    and not virally suppressed
    calculations
I know that when DSHS has a need for a response for STI outbreak, they go by the zip code of diagnosis so to target testing in the neighborhoods as exposure... For example for syphyllis outreach and response.

I believe the zip codes are coming from the reporting documents submitted by the testing organizations. DIS go out to notify patients based on information shared by providers but many times the information is inaccurate or missing, thus I speculate these are not zip codes for PLWH. Another consideration regarding the information you were interested in such as where the person was exposed or where the PLWH lives - this might not be disclosed due to confidentiality, especially if the numbers are very small for a zip code area others may be able to "guess" who these individuals are.

Hi Stephanie, It would be interesting to see the rationale and protocol for DSHS response to an STI outbreak and why they target the zip code of the diagnosis?

Could we show major treatment locations on this? To show potential disparities between treatment locations and the rate of non-suppression.
Based on these data questions, would you like to compile your questions and we could ask someone from DSHS epi/surveillance to provide clarifications.

Viral load suppressed and not suppressed maps represent 1,499 suppressed and 3,576 not suppressed for a total of 5,075. Please send any questions you have about these numbers.

Action Plan - Priority Setting:
- Moving from planning to implementation
- Priority setting exercise
  - Discussion of priorities and ranking
- Objective prioritization:
  - [12:56 PM] Rick Astray-Caneda (Friends of David Powell)
    1, 2, 3
  - [12:59 PM] Rick Astray-Caneda (Friends of David Powell)
    Oh, then I think #1 should be the first objective.
  - [12:59 PM] Eaton, Stephanie
    Objective: 1 Establish Rapid Linkage Program FIRST
    priority Objective 2 Testing SECOND Priority Objective 3Rapid Linkage as THIRD priority
  - [1:00 PM] Barry Waller
    1, 2, 3 Barry Waller
  - [1:01 PM] Emily Johnston
    1, 2, 3
  - [1:02 PM] Bounous, Brenda
    1, 2, 3
  - [1:02 PM] Brandon Wollerson
    2, 1, 3
  - [1:02 PM] Sinnott, Emma
    1, 2, 3
  - [1:02 PM] Alex Abbott (Guest)
Results: Objective Priorities: 1, 2, 3

- Strategy Prioritization

[1:06 PM] Raggs, Rashana
VOTING ON STRATEGIES

[1:06 PM] Eaton, Stephanie
Strategies: 2, 1, 3, 4

[1:06 PM] Brandon Wollerson
2, 3, 1, 4
[1:07 PM] Rick Astray-Caneda (Friends of David Powell)
Strategies for O1: 4, 1, 2, 3

[1:07 PM] Sinnott, Emma
2,3,1,4

[1:07 PM] Barry Waller
2,3,1,4 Barry
[1:07 PM] Alex Abbott (Guest)
Strategies for Objective 2.1: 2, 3, 1, 4

[1:08 PM] Clark, Isabel (DSHS)
2, 1, 3, 4
[1:09 PM] Bounous, Brenda
2,3,1,4
[1:10 PM] Emily Johnston
2, 3, 1,4

Next Step: FTC Support Staff will prepare summary of prioritization results

[1:12 PM] Raggs, Rashana
ORDER STRATEGIES FOR OBJECTIVE 2.2
<table>
<thead>
<tr>
<th>Time</th>
<th>Name</th>
<th>Objective</th>
<th>Notes</th>
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<tbody>
<tr>
<td>1:13 PM</td>
<td>Eaton, Stephanie</td>
<td>1,4,3,2,5</td>
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<tr>
<td>1:14 PM</td>
<td>Rick Astray-Caneda (Friends of David Powell)</td>
<td>O2.2 - 1, 3, 4, 2</td>
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<tr>
<td>1:14 PM</td>
<td>Barry Waller</td>
<td>1,4,5,3,2</td>
<td>Barry</td>
</tr>
<tr>
<td>1:14 PM</td>
<td>Brandon Wollerson</td>
<td>1,4,5,3,2</td>
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<tr>
<td>1:15 PM</td>
<td>Bounous, Brenda</td>
<td>1,4,5,3,2</td>
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<tr>
<td>1:15 PM</td>
<td>Sinnott, Emma</td>
<td>1,4,5,3,2</td>
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<td>1:16 PM</td>
<td>Clark, Isabel (DSHS)</td>
<td>1, 4, 3, 5, 2</td>
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<tr>
<td>1:16 PM</td>
<td>Alex Abbott (Guest)</td>
<td>1, 4, 3, 5, 2</td>
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<tr>
<td>1:16 PM</td>
<td>Emily Johnston</td>
<td>1, 4, 5, 3, 2</td>
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<tr>
<td>1:16 PM</td>
<td>Raggs, Rashana</td>
<td>ORDER STRATEGIES FOR OBJECTIVE 2.3</td>
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<tr>
<td>1:17 PM</td>
<td>Eaton, Stephanie</td>
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<tr>
<td>1:17 PM</td>
<td>Rick Astray-Caneda (Friends of David Powell)</td>
<td>O2.3 - 1, 2, 3</td>
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</tr>
<tr>
<td>1:17 PM</td>
<td>Brandon Wollerson</td>
<td>2, 3, 1</td>
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<tr>
<td>1:17 PM</td>
<td>Bounous, Brenda</td>
<td>2,3,1</td>
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<tr>
<td>1:18 PM</td>
<td>Alex Abbott (Guest)</td>
<td>2, 1, 3</td>
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<tr>
<td>1:18 PM</td>
<td>Barry Waller</td>
<td>1,2,3 Barry</td>
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<tr>
<td>1:18 PM</td>
<td>Sinnott, Emma</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
[1:18 PM] Clark, Isabel (DSHS)
2, 3, 1

[1:18 PM] Emily Johnston
2, 3, 1

[1:18 PM] Raggs, Rashana
Thank you all (smile)

Other Discussion Items

- COVID-19 Impact on Testing and Rapid Linkage
  - Any updates or changes?
  - Brandon Wollerson: Kind Clinic has seen increase in testing (both asymptomatic and symptomatic). The Clinic has seen 4 new positives come in through the asymptomatic screening. Positivity rate has increased at Kind Clinic. What are other organizations seeing? Increased positives? Fewer referrals from hospitals?
  - Stephanie Eaton: APH is still only seeing symptomatic STI clients in the clinic. Focused testing team was planned to relaunch, but is currently doing COVID response and may not be redirected for several weeks or a month
    [1:21 PM] Lyles, Scott
    APH is only seeing symptomatic at the Sexual Health Clinic; increasing referrals to community partners
    [1:22 PM] Lyles, Scott
    Focus Testing team is currently working on COVID Response. KIND Clinic reports more testing and more reactive results (in HIV testing)
  - Emma with CommUnity Care: Majority of care is being done through telehealth; but clients are starting to be seen in-clinic. CommUnity Care clinics have starter packages in several locations. Community Care continues to receive community/hospital referrals. There has been a steady flow of patients; show-rates have improved. Care is being initiated via telehealth.
    [1:26 PM] Lyles, Scott
CommunityCare reports steady flow rate, improved rate of clients showing up for appointments associated with telemedicine

Adjourn

Meeting adjourned at 1:28 p.m.

Meeting Schedule:
- July 16, 2020
- August 20, 2020

Next Steps:
1) Need to clarify if the maps Flor is developing are by home residence or testing location
2) FTC Support Staff will prepare summary of prioritization results

Fast Track Cities – Austin
Testing & Rapid Linkage
Meeting Agenda

<table>
<thead>
<tr>
<th>Attending</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>1 Angela Craig</td>
<td>9 Vanessa Sarria</td>
</tr>
<tr>
<td>2 Laura Still</td>
<td>6 Rick Astray-Caneda</td>
</tr>
<tr>
<td>3 Alex Abbott</td>
<td>7 Brandon Wollerson</td>
</tr>
<tr>
<td>4 Emma Sinnott</td>
<td>8 Chip House</td>
</tr>
</tbody>
</table>

Welcome & Introductions

Ice Breaker

Review of Actions Identified:
- Follow up:
  - Anthony Kitzmiller – Discuss how AA is leveraging FTC action plan for Ending the Epidemic contracting
    - Anthony not present

Date: August 20, 2020
Time: 12:00 pm – 1:30 pm
Location: Microsoft Teams Meeting

Facilitator
Barry Waller / Scott Lyles

Notes
Anjelica Barrientos
Hailey: The grant is being managed by the HRAU Unit. There are two employee positions associated with the grant, and once these are filled, these two team members will determine which strategies best fit the grant.

**Action Plan – P2P: Contract/Workplan Development**

- **Purposes**
- **Practices**
  - Outputs
  - Outcomes
- **Structure**
  - Introduced by Rashana Raggs
    - The exercise is to help the AA develop contracts that will provide Ending the Epidemic grant funding to FTC activities
    - Hailey de Anda: Clarification: Just because a strategy has a P2P developed, it does not guarantee that that the strategy will receive grant funding
    - Q: Brenda: What is the process for strategies being selected for grant funding?
      - Hailey: The grant is being managed by the HRAU Unit. There are two employee positions associated with the grant, and once these are filled, these two team members will determine which strategies best fit the grant.
    - Q: Brenda: Is there going to be a RFP?
      - I would assume so, yes
    - Q: Brandon: Is there something to compare it to from the Planning Council lens?
      - Hailey: Trying to look through it from the Planning Council perspective would be complicated and not quite align. The grants are different; and the FTC workgroups are working to do a deeper dive into the FTC Action Plan in order to create contracts that will financially support FTC Action Plan activities
  - Refer to the google PowerPoint for activity results: [https://docs.google.com/presentation/d/17GPo4PzFAcqajm1q0cX7GCt1Hv7tq34SV5zq3UMbUIU/edit#slide=id.p1](https://docs.google.com/presentation/d/17GPo4PzFAcqajm1q0cX7GCt1Hv7tq34SV5zq3UMbUIU/edit#slide=id.p1)

**Other Discussion Items**

- Identify participants and a facilitator for completing workplan templates to present on September 17th Testing & Linkage workgroup meeting
  - Tabled
Next Steps:
1. Consider scheduling Anthony Kitzmiller for the next workgroup meeting to specifically speak to the AA’s role
2. The workgroup will continue the Purpose to Practice exercise at the September and October workgroup meetings

Meeting Schedule:
- September 17, 2020
- October 15, 2020
- November 19, 2020

Chat Box:
[12:06 PM] Barrientos, Anjelica
Anjelica Barrientos, AmeriCorps VISTA, FTC Support Team

[12:06 PM] Brandon Wollerson (Guest)
Brandon Wollerson- Texas Health Action/Kind Clinic

[12:07 PM] Raggs, Rashana
Rashana Raggs, APH-FTC Support Staff

[12:07 PM] Lyles, Scott
Scott Lyles - APH Support Staff

[12:07 PM] Raggs, Rashana
Bless you Angela Craig (smile)

[12:07 PM] Chip House (Guest)
Chip House - Avita Pharmacy

[12:09 PM] Still, Laura
Laura Still, APH

[12:09 PM] Raggs, Rashana added Burt,Jenna (DSHS) to the meeting.

[12:09 PM] Vanessa Sarria (Guest)
Vanessa Sarria, CPO, Cardea
[12:10 PM] Alex Abbott (Guest)
Shameless plug for Casa De Luz - great vegan food :)

[12:10 PM] Angela Craig (Guest)
Angela Craig - ViiV Healthcare

[12:12 PM] Raggs, Rashana
Welcome everyone (smile)

[12:13 PM] Vanessa Sarria (Guest)
Casa Colombia and Cafe Buenos Aires

[12:13 PM] Still, Laura
Gourmands- sandwich dive- Shana, you're gonna love it!

[12:14 PM] Chip House (Guest)
via 313 pizza (4 or 5 locations) and ATX Cocina downtown

[12:14 PM] Alex Abbott (Guest)
Bouldin Creek Cafe and Casa De Luz (vegan)

[12:14 PM] Rick Astray-Caneda (Friends of David Powell) (Guest)
Brewtorium: Excellent beer, good German inspired food, and great supporters of the Hill Country Ride for AIDS.

[12:15 PM] Raggs, Rashana added Clark, Isabel (DSHS) to the meeting.

[12:15 PM] Still, Laura
Apologies, I'll have to leave a little early for a 1 o'clock

[12:16 PM] Raggs, Rashana
https://docs.google.com/presentation/d/17GPo4PzFAcqajm1q0cX7GChLv7tq34SVSzo3UMbU1JU/edit#slide=id.g90455ddad6_1_62
P2P - Testing & Linkage
Purpose 2 Practice Testing & Rapid Linkage to Care
docs.google.com

[12:16 PM] Emma Sinnott (Guest)
Likewise - apologies in advance, but I have a 1pm, as well

[12:29 PM] Brandon Wollerson (Guest)
have to get addie on her class .... right back (wink)
[12:32 PM] Rick Astray-Caneda (Friends of David Powell) (Guest)
yep

[12:35 PM] Lyles, Scott
If we note a gap. w

[12:39 PM] Emily Johnston (Guest)
What about people who have fallen out of care and have been out of care for a good while?

[12:40 PM] Lyles, Scott
Excellent questions

[12:50 PM] Emma Sinnott (Guest)
I have to jump off.

[12:50 PM] Emma Sinnott (Guest)
I look forward to reviewing the notes. :-)

[12:50 PM] de Anda, Hailey
Bye Emma!

[12:57 PM] Lyles, Scott
What is needed in a 311 type system

[12:57 PM] Lyles, Scott
What would this look like

[12:57 PM] Still, Laura
Also have to jump off, if the strategies specific to expanding testing and testing people experiencing homelessness are completed this week, I'll follow up with a few notes, otherwise looking forward to discussing at the next meeting!

[1:00 PM] Rick Astray-Caneda (Friends of David Powell) (Guest)
...and I am glad to volunteer to co-lead some design sessions!
(1 liked)

[1:01 PM] Brandon Wollerson (Guest)
y'all, my apologies but it's addie's first week back to virtual school and am just pulled in a million directions. barry--- can we talk soon to follow up?

[1:02 PM] Brandon Wollerson (Guest)
sorry to have to sign off
[1:03 PM] Chip House (Guest)
getting an important phone call. stepping away for a moment.

[1:03 PM] Clark, Isabel (DSHS) (Guest)
if anyone was on the Dallas Co FTC call the other day they mention IRIS - an integrated system that includes intake for services including a referral directory. each organization need to “buy in” I think - it may be cost prohibitive but does anyone know of a system like this in Aus/Trav Co?

[1:04 PM] Barrientos, Anjelica
Prevention workgroup activity 1.1.15 Resource guide has activity b) "Train 211, 311 on rapid linkage services identified in resource guide"

[1:05 PM] Alex Abbott (Guest)
Once the list has been made, establish POC / liaison with each agency could be another action item

[1:10 PM] de Anda, Hailey
Sorry, have to step away for another meeting. Great work everyone.

[1:18 PM] Rick Astray-Caneda (Friends of David Powell) (Guest)
I have drop. It was a pleasure as always.
(1 liked)

[1:26 PM] Burt, Jenna (DSHS) (Guest)
For the list - could that be creating and making accessible?

[1:27 PM] Chip House (Guest)
I need to hop off. This phone call is pushing past 1:30...great work!! I made a note of “pharmacies working with providers for starter packs” i’d love to engage in this discussion when it’s appropriate for the group!
(1 liked)

[1:30 PM] Burt, Jenna (DSHS) (Guest)
THANK YOU!!!

---

Fast Track Cities – Austin
Testing & Rapid Linkage
Priority Group Meeting

<table>
<thead>
<tr>
<th>Testing &amp; Rapid Linkage Priority Group Meeting</th>
<th>Date:</th>
<th>September 17, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Time:</td>
<td>12:00 pm – 1:30 pm</td>
</tr>
</tbody>
</table>
**Welcome & Introductions**  
Meeting called to order at 12:05

**Presentation and Discussion regarding Rapid Start to ART and Rapid Start to PrEP**
- Danielle Houston presents on rapid linkage to ART and PrEP
  - Ensure that quality indicators are clearly defined
  - Goal to have patients achieve viral suppression and sustained (durable) viral suppression – being virally suppressed and staying suppressed
  - PrEP and treatment protocols should be one protocol that centers the patient

**Liberating Structure – Purpose 2 Practice**
- Rashana Raggs recapped Purpose-to-Practice and how the actions recorded in Purpose to Practice might be considered to distribute funds from the Ending the Epidemic grant
  - Personal deadline of the end of October

*Alignment of HIV Protocols*
- Practices –
  - Rapid starter pack before the patient leaves
  - Same day connection to non-clinical services (navigators, peer counselors, social workers) to facilitate linkage to PrEP or HIV medical care
  - Warm Referrals with Partner Organizations

- Refer to the Interactive PowerPoint that accompanies the meeting’s documents: [https://docs.google.com/presentation/d/17GPo4PzFAcqajm1q0cX7GCf1Hv7tq34SVSbg3UMbUIU/edit#slide=id.p90455ddad6_1_84](https://docs.google.com/presentation/d/17GPo4PzFAcqajm1q0cX7GCf1Hv7tq34SVSbg3UMbUIU/edit#slide=id.p90455ddad6_1_84)

**Adjourn**  
Meeting adjourned at 1:28

**Next Steps:** Continue the Purpose-to-Practice activity at the October meeting

---

**Meeting Schedule:**
- October 15, 2020
Priority Area 2: Testing & Rapid Linkage to Care

<table>
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<tr>
<th>Objectives</th>
<th>Votes</th>
<th>Prioritization Order</th>
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<tbody>
<tr>
<td>Objective 2.1: Establish Rapid Linkage Program</td>
<td>5</td>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
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<tr>
<td>Objective 2.2: Testing</td>
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<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
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<tr>
<td>Objective 2.3: Rapid Linkage</td>
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<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
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**Objective 2.1: Establish Rapid Linkage Program:**

<table>
<thead>
<tr>
<th>Prioritization Order</th>
<th>Strategies</th>
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<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>Strategy 2.1.2: Expand and Coordinate Intake</td>
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<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>Strategy 2.1.3: Alignment of HIV protocols</td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>Strategy 2.1.1: Define “Rapid Linkage to Care”</td>
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<tr>
<td>4&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Strategy 2.1.4: Share Best Practices</td>
</tr>
<tr>
<td>5&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Strategy 2.1.5: Expand Community Engagement</td>
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**Objective 2.2: Testing**

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<td>Strategy 2.2.1: Increase Testing Access</td>
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<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>Strategy 2.2.2: CME/CMU for STI/HIV Training</td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>Strategy 2.2.5: Opt-out HIV Testing in Austin and Travis County Jails</td>
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<tr>
<td>4&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Strategy 2.2.3: Testing for Homeless Population</td>
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<tr>
<td>5&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Strategy 2.2.4: Routine Testing in Area Emergency Rooms</td>
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**Objective 2.3: Rapid Linkage**

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<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>Strategy 2.3.2: Rapid Linkage from Emergency Departments</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>Strategy 2.3.3: Rapid Linkage in Area Jails</td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>Strategy 2.3.1: Advocate for State Drug Assistance Program Improvements</td>
</tr>
</tbody>
</table>

Chat Box:

[12:03 PM] Rick Astray-Caneda III (Friends of David Powell) (Guest)
Rick Astray-Caneda III - Friends of the David Powell Clinic
[12:03 PM] Danielle Houston (Guest)
Danielle Houston, Gilead Community Liaison

[12:03 PM] Angela Craig (Guest)
Angela Craig - ViiV Healthcare

[12:03 PM] de Anda, Hailey
Hailey de Anda, Austin Public Health

[12:03 PM] Emily Johnston (Guest)
Emily Johnston, Integral Care

[12:03 PM] Still, Laura
Laura Still, APH

[12:03 PM] Daniel Ramos (Guest)
A. Daniel Ramos - ASHwell Clinic

[12:03 PM] Brandon Wollerson (Guest)
Hi everyone, Brandon Wollerson (Kind Clinic)

[12:03 PM] Meredith Vinez (Guest)
Meredith Vinez, Texas Medical Association

[12:03 PM] Ben Walker (Guest)
Ben Walker, ASHwell

[12:13 PM] Brandon Wollerson (Guest)

no shame in googling, y'all. it's about being resourceful. (wink)

(1 liked)

[12:15 PM] Alex Abbott (Guest)
Ok I'm back. Apologies for the disruption.

[12:23 PM] Lyles, Scott
Ensuring time from reactive result to medication in mouth -Austin / Travis County Community-wide goal is 72 hours or less

[12:24 PM] Lyles, Scott
Also looking at achieving viral suppression and sustained viral suppression

[12:25 PM] Lyles, Scott
noting difference in same-day start offer to client
[12:26 PM] Lyles, Scott
Presents training opportunity for testers and providers

[12:26 PM] Lyles, Scott
HIV test is entry point for engagement leads to a status neutral response

[12:27 PM] Lyles, Scott
Thus one protocol for community

[12:29 PM] Raggs, Rashana added Unknown User to the meeting.

[12:29 PM] Lyles, Scott
Durable suppression definition

[12:44 PM] Brandon Wollerson (Guest)
that's amazing, CommUnityCare! so proud of that. (smile)

(2 liked)

[12:45 PM] Emily Johnston (Guest)
I like what you said, Brandon. Also, helping people establish trust with providers, especially when trust has been broken in the past.
(1 liked)

[12:45 PM] Alex Abbott (Guest)
Thanks Brandon :)
(2 liked)

[12:45 PM] Ben Walker (Guest)
Way to go Community Care!
(2 liked)

[12:46 PM] Daniel Ramos (Guest)
rapid starts programs can enhance care network communication and collaboration

(2 liked)

[12:46 PM] Unknown User has left the meeting.

[12:47 PM] Alex Abbott (Guest)
(and thanks Ben!)

[12:49 PM] Brandon Wollerson (Guest)
rapid starter pack before patient leaves

(1 liked)

[12:49 PM] Still, Laura
Same day connection to social worker to facilitate linkage to prep or HIV medical care
(1 liked)

[12:49 PM] Alex Abbott (Guest)
Warm referral
(1 liked)

[1:07 PM] Lyles, Scott
(hug)

[1:07 PM] Daniel Ramos (Guest)
(smile)
(1 liked)

[1:07 PM] Vanessa Sarria (Guest)
:)
(1 liked)

[1:09 PM] Vanessa Sarria (Guest)
Vanessa Sarria (Cardea) - Question - do any of the organizations online today have outcomes language already in developed that we could look to?

[1:10 PM] Raggs, Rashana
20 minutes check **

[1:12 PM] Daniel Ramos (Guest)
scott - is ashwell on that list?

[1:13 PM] Daniel Ramos (Guest)
or shana ... sorry

[1:13 PM] Lyles, Scott
15 minute notice (waiting)
[1:14 PM] Daniel Ramos (Guest)

yes let's!

[1:15 PM] Lyles, Scott
Daniel, I'll check in with you after the call ends
(1 liked)

[1:22 PM] Lyles, Scott
10 Minute Notice
(GIF)

[1:23 PM] Lyles, Scott
how are rapid start client indicated in records?

[1:24 PM] Lyles, Scott
Output -

[1:24 PM] Lyles, Scott
for 2.1.4

[1:26 PM] Lyles, Scott
Can group members stay on for 15 more minutes?

[1:27 PM] Alex Abbott (Guest)
I'll need to hop off at 1:30

[1:27 PM] de Anda, Hailey
(yes)

[1:27 PM] Daniel Ramos (Guest)
(yes)

[1:27 PM] Danielle Houston (Guest)
I have to leave

[1:27 PM] Emily Johnston (Guest)
I have to leave too.

[1:28 PM] Daniel Ramos (Guest)

ok thank you very much!!!!!
Fast Track Cities – Austin
Testing & Rapid Linkage
Meeting Minutes

<table>
<thead>
<tr>
<th>Testing &amp; Rapid Linkage Priority Group Meeting #3</th>
<th>Date: October 15, 2020</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Time: 12:00 pm – 1:30 pm</td>
</tr>
<tr>
<td></td>
<td>Location: Microsoft Teams Meeting</td>
</tr>
<tr>
<td>Facilitator</td>
<td>Notes</td>
</tr>
<tr>
<td>Barry Waller / Scott Lyles</td>
<td>Dylan Keesee</td>
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<td></td>
<td></td>
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<tr>
<td>Attending</td>
<td>1</td>
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<td>3</td>
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Welcome & Introductions
Meeting called to order at 12:04
Ice breaker
Liberating Structure – Purpose 2 Practice
Rashana Raggs recapped the progress made on the Purpose to Practice document in the last meeting and what still needs to be finished

Discussion of APH, Vivent Health, and KIND Clinic collaboration

**Strategy 2.1.4 Share Best Practices**
- Practices
  - Common shared definitions and measurements
  - Sharing best practices on a state and national level
  - Establish meetings of case managers and navigators

**Strategy 2.1.5: Expanding Community Engagement**
- Practices
Engage area hospitals and medical providers to actively participate with Priority Groups

- Discussion of identification of FQHC getting ETE grant funding to include providers in workgroup
- Identification of engagement method
- Developing one agreed upon process for testing/rapid linkage

**Objective 2.2: Testing**
- Why is testing important to FTC members and the community

**Strategy 2.2.1: Increase Testing Access**
- Practices
  - Encourage primary clinics to do routine opt-out testing for all
  - Increase mobile testing capabilities
  - Increase knowledge of testing locations and treatment

**Strategy 2.2.2 CME/CMU for STI/HIV Training**
- Practices
  - CME/CMU for STI/HIV training
    - Focusing on non DSHS service providers

- Refer to the Interactive Purpose to Practice PowerPoint that accompanies the meeting’s documents: [https://docs.google.com/presentation/d/17GPo4PzFAcqajm1q0cX7GCF1Hv7tq3455zg3UMbUIU/edit#slide=id.g902dba2574_0_0](https://docs.google.com/presentation/d/17GPo4PzFAcqajm1q0cX7GCF1Hv7tq3455zg3UMbUIU/edit#slide=id.g902dba2574_0_0)

<table>
<thead>
<tr>
<th>FTC Adherence Conference</th>
<th>Scott Lyles</th>
<th>2 minutes</th>
</tr>
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<tbody>
<tr>
<td>IAPAC Training conference is on Nov 2-3</td>
<td></td>
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<tr>
<td>Will cost $150 for non-members</td>
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**Adjourn**
Meeting adjourned at 1:31PM

Meeting Schedule:
- November 19, 2020
- December 17, 2020

**Next Steps:** Continuing with the Purpose to Practice activity

Chat Box

[10/15 12:41 PM] de Anda, Hailey

Bye Emma!

[10/15 12:43 PM] Lyles, Scott

**Outputs** = The things done
Outcomes = The results of what is done

[10/15 12:45 PM] Raggs, Rashana added Unknown User to the meeting.

[10/15 12:46 PM] Brandon Wollerson (Guest)

Normalizes routine HIV testing in all medical settings where someone is drawing blood

[10/15 12:46 PM] Still, Laura

Testing helps people know their status

[10/15 12:47 PM] Emily Johnston (Guest)

to reduce stigma and normalize testing
(1 liked)

[10/15 12:47 PM] Still, Laura

It helps people take care of their own sexual health

[10/15 12:48 PM] Still, Laura

it is an empowering act

[10/15 12:48 PM] Emily Johnston (Guest)
I'm sorry to have to go, but I have to attend another meeting. Thank you all!

[10/15 1:00 PM] Raggs, Rashana
And great progress!

[10/15 1:14 PM] de Anda, Hailey
It would most likely be training on Testing

[10/15 1:14 PM] Angela Craig (Guest)
for Case Managers around STI's and HIV testing

[10/15 1:15 PM] Angela Craig (Guest)

ViiV provides education programs virtually or face to face
[10/15 1:15 PM] Angela Craig (Guest)

I'm sure Gilead has a similar resource

[10/15 1:16 PM] Angela Craig (Guest)

Utilizing pharma partners

[10/15 1:16 PM] Lyles, Scott

10 Minute Warning
Edited

[10/15 1:22 PM] Lyles, Scott

This is a great information I suggest we come back to this at our next meeting also.

[10/15 1:24 PM] Vanessa Sarria (Guest)

People have the skills and knowledge to effectively perform functions along the continuum

[10/15 1:24 PM] Lyles, Scott

https://www.iapac.org/conferences/adherence-2020/
(1 liked)
Adherence 2020
Sponsored by the International Association of Providers of AIDS Care (IAPAC), Adherence 2020 will be the 15th conference in an annual series of conferences featuring the presentation and discussion...
www.iapac.org
[10/15 1:26 PM] Still, Laura

(GIF)

(1 liked)

[10/15 1:26 PM] Raggs, Rashana

lol Yayyy!!!
(1 liked)

[10/15 1:26 PM] Raggs, Rashana

(GIF)

[10/15 1:27 PM] Vanessa Sarria (Guest)
Anyone going after -CDC RFA--Comprehensive High-Impact HIV Prevention Programs for Community-Based Organizations:

[10/15 1:27 PM] Vanessa Sarria (Guest)

-CC RFA--Comprehensive High-Impact HIV Prevention Programs for Community-Based Organizations


GRANTS.GOV | Find. Apply. Succeed.
The government website where federal agencies post discretionary funding opportunities and grantees find and apply for them
www.grants.gov

[10/15 1:29 PM] Vanessa Sarria (Guest)

vsarria@cardeaservices.org

[10/15 1:30 PM] Raggs, Rashana
(GIF)

[10/15 1:30 PM] Raggs, Rashana
Thank you all so much for your hard work!

[10/15 1:31 PM] Vanessa Sarria (Guest)

Vanessa Sarria, Cardea

[10/15 1:31 PM] Brandon Wollerson (Guest)
Brandon Wollerson, Director of Clinical Operations Texas Health Action (Kind Clinic)
[10/15 1:31 PM] Still, Laura

Laura Still. APH Focused Testing Supervisor
<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alex Abbott</td>
<td>CommUnity Care</td>
<td>Program Director, Sexual Health</td>
</tr>
<tr>
<td>Andrew Martin</td>
<td>Vivent Health</td>
<td>Medical Case Manager</td>
</tr>
<tr>
<td>Angela Craig</td>
<td>Viiv Healthcare</td>
<td>Territory Account Manager</td>
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<tr>
<td>Anjelica Barrientos</td>
<td>Austin Fast Track Cities</td>
<td>AmeriCorps VISTA</td>
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<tr>
<td>Anthony Kitzmiller</td>
<td>Austin Public Health</td>
<td>Acting Program Manager</td>
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<tr>
<td>April Boyd</td>
<td>Texas Health Action/Kind Clinic</td>
<td>Texas Health Action's Director of TeleKind/Telehealth Services</td>
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<tr>
<td>Barry Waller</td>
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<tr>
<td>Bart Whittington</td>
<td>Texas Health Action</td>
<td>Care Navigation Program Manager</td>
</tr>
<tr>
<td>Christopher Hamilton</td>
<td>Texas Health Action</td>
<td>CEO</td>
</tr>
<tr>
<td>Claire Adkins</td>
<td>Texas Health Action</td>
<td>Research Assistant</td>
</tr>
<tr>
<td>Dani Houston</td>
<td>Gilead Sciences, Inc.</td>
<td>Community Liaison</td>
</tr>
<tr>
<td>Daniel Montoya</td>
<td>Gilead Sciences, Inc.</td>
<td>Director, Government Affairs</td>
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<tr>
<td>Dylan Keesee</td>
<td>Austin Fast Track Cities</td>
<td>AmeriCorps VISTA</td>
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<tr>
<td>Dr. Julie Zuniga</td>
<td>The University of Texas at Austin</td>
<td>Assistant Professor of Nursing</td>
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<tr>
<td>Elijah Allen</td>
<td>Texas Health Action</td>
<td>Program Operations Assistant</td>
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<tr>
<td>Elizabeth Lawrence</td>
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<td>Social Health Worker</td>
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<tr>
<td>Emma Sinnott</td>
<td>CommUnity Care</td>
<td>Sr. Program Manager</td>
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<tr>
<td>Hailey de Anda</td>
<td>Austin Public Health</td>
<td>Interim Manager, Planning and Evaluation Unit</td>
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<tr>
<td>Jeremy Teel</td>
<td>Texas Health Action</td>
<td>Community Engagement Coordinator</td>
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<tr>
<td>Jessica Haskins</td>
<td>Walgreens Specialty Pharmacy</td>
<td>Community Specialty Site Manager</td>
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<td>ASA; Vivent Health</td>
<td>Director of Grant Resources</td>
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<td>ASA; Vivent Health</td>
<td>Dental Practice Manager</td>
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<td>Marlene Rodriguez</td>
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<td>Meredith Vinez</td>
<td>Texas Medical Association</td>
<td>Public Health Policy Analyst</td>
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<td>Nancie Putnam</td>
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<td>Norah Maposa</td>
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<tr>
<td>Paul Scott</td>
<td>Vivent Health</td>
<td>Vice President of Engagement</td>
</tr>
<tr>
<td>Rachel Luebe</td>
<td>ASA; Vivent Health</td>
<td>Quality Assurance Manager</td>
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<tr>
<td>Rashana Raggs</td>
<td>Austin Fast Track Cities</td>
<td>Program Coordinator</td>
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<tr>
<td>Rick Astray-Caneda III</td>
<td>Friends of David Powell Clinic</td>
<td>Project Manager</td>
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<tr>
<td>Ricky Waite</td>
<td>CommUnityCare</td>
<td>Practice Administrator - David Powell Clinic</td>
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<tr>
<td>Roy Wenmohs</td>
<td>Integral Care</td>
<td>LCSW</td>
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<tr>
<td>Sarah Alvarado</td>
<td>CommUnity Care</td>
<td>RN sexual health care manager</td>
</tr>
<tr>
<td>Scott Lyles</td>
<td>Austin Fast Track Cities</td>
<td>Program Manager</td>
</tr>
</tbody>
</table>
## Fast Track Cities – Austin
Retention, Re-Engagement, Viral Load Suppression (RRVL)
Meeting Agenda

### Retention, Re-engagement, Viral Suppression (RRVL)
Priority Group Meeting #3

<table>
<thead>
<tr>
<th>Facilitator</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Paul E. Scott</td>
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### Date: April 14, 2020
Time: 11:30 am – 1:00 pm
Location: Zoom Meeting

### Attending

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<tr>
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<tbody>
<tr>
<td>1</td>
<td>Bart Whittington</td>
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<td>Leah Graham</td>
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<td>2</td>
<td>B Waller</td>
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<td>Lynne Braverman</td>
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<tr>
<td>3</td>
<td>Danielle Houston</td>
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<td>Jessica Haskins</td>
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<tr>
<td>4</td>
<td>Emma Sinnott</td>
<td>8</td>
<td>Rachel Luebe</td>
<td>12</td>
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### Welcome & Introductions
- **Two reminders:**
  - The stay at home work order has been extended to May 8
  - We want to encourage everyone to wear face cover when going in public and to encourage others to do so.
  - More information can be found on the City of Austin website at [http://www.austintexas.gov/covid19](http://www.austintexas.gov/covid19)

### 3/11/2020 Minutes – Review for Approval
- All

### Meeting Technology
- Moving to Microsoft Teams for FTC meetings
- Sharepoint - Once everyone has access to sharepoint then we can start uploading documents.

### Review of Actions Identified:
- **See Minutes – 3/11/2020**
- Out of Care Data:
  - APH is going to start reaching out to local XXX providers to start matching data or return data. My takeaway is that the city is going to reach out to the provider agencies. Having a central entity like APH really being the ones that are the points on that is probably something that would be integral to its success because it’s not necessarily attached to another provider agency.
    - Is this a one-time effort or on-going effort? Decide on a frequency that the data is uploaded. Uploaded into
text and then pairing it with their counterparts. It would be an on-going effort.

- What other criteria are providers uploading? There is definitely room to discuss as a community on what level of frequency and make sure everyone choosing the same criteria so that there is some consistency across the board.
- Reconstitute the return-to-care program, we have taken care of that with the City taking the lead.
- Do we want to talk to the City to start tracking that and reporting to this group? This whole project is funded under DSHS, so some reporting is already being done. I don’t think they are collecting data on a patient returning-to-care.
- What about off chances that DIS will miss somebody? Do we need to have a data agreement between this group and the City.
  - Action - Scott to talk to Paul offline about it.
- Who are we asking to provide us the data, is it the state? We submit data to the City of individuals we have on record who have been out of care, then the city then matches against state data, then the state lets the city know exactly who to follow-up with. The City are calling each and every one of them to determine why they have fallen out of care. We don’t know the frequency the State is sharing the data. Karen Serita is the contact at the State.
  - At some point the City will report linkage to care to somebody? Yes, but don’t know who it goes to.
  - Action: Paul is going to do a flowchart around to look for gaps in who is responsible for what and to see how we can determine how to get that data back in order to measure successes.
  - Standards of Care issue: There are some patients that the providers are telling them that they are so stable that they only need to be seen once a year. This could lead them to be considered out-of-care.
    - Someone who hasn’t reached a benchmark to be considered at risk for out-of-care but the provider requested due to social reasons then we will look at them.
    - Action: Keep this as a parking lot issue and not focus on it right now.
- Viral Load Reports:
  - Nancy and Brenda had a meeting with us at Vivent Health. Showed us some reports but they were not vastly different than what we are already doing. There wasn’t a big outcome but the HAB measure report pulls data from Vivent Health
clients that pulls viral load with any client we share with David Powell. We still have gaps. We would be combining three different reports. Brenda does not usually have access to the database that provides Private Provider data.

- We need to identify what we need and what we are looking for. As we are trying to determine the baseline for viral load in the community. Can we cross tab information between race, gender identity and other social determinates. How can we access those data reports that have the most client data?
- Doing a mapping around where are there clusters or zipcode locations, etc., that seem to indicate because of the location or zipcode, etc. that these are having people having difficulty with viral load suppression and for us to begin to determine what we do about that.
  - Might show at lab and not where people live. Has the potential to skew data.
- Could we enter data into Aries information that clients are bringing us from Private Providers?
- It should be more comprehensive that Aries.
- **Action:** Submit a request to Nancy to determine the appropriate database so we can get the most accurate data.
- **Action:** Emma to follow-up with Justin Erving to determine if we can pull that data.

**• DIS model – Florida:** No conversation yet.

**• Service mapping:**
  - Not sure we can have a discussion on this today.
  - Seems like this is kind of a big thing. There is probably other ways to pull the data.
  - Add additional screening questions and tracking seems like a little complex right now, due to COVID-19.
  - There is currently some discussion in Prevention group to come up with some kind of communication exchange. There is a link in with this that could be pulled. I think this will be a slow moving progress.
  - Could we cross reference data in Aries with some of those key social determinates that would be the lowest hanging fruit to collect that data.
  - Community Care does health risk assessments annual with patients. The bigger issue is that here isn’t an easy way to share the information.
  - THE HIV Planning Council is in the process finalizing their Needs Assessment Survey that includes the service categories that are support services.

**Action Plan – Other Action Items**

- **Streamlining eligibility – the guidance that Leah got that RWA will be following RWB. Which is just for the COVID-19 crisis.**
  - Waterloo providing teletherapy so electronic signatures were being accepted before by HRA.
Docusign – is there an approved or recommended vendor that people are using or looking at? Vivent Health is looking at launching that enterprise wide. We are also looking at Adobe.

- Any signature that is not editable.
- Staff attesting to client signatures in some circumstances.
  - Do think that this will live past COVID-19.

Developing a baseline

- HRAU is in discussion about engaging a consultant to do an assessment on the care system.
  - Has not been discussed at planning council.
- Looking at asking about questionnaire to providers about what they are doing around decentralization.
- Action: define the three components more.
- Action: Determine best practices. Look at what is discussed after this pandemic to see how healthcare settings had to change themselves in order to address this issue. I think we can build on it from there.
- Action: Survey of what those individual organizations did to address the pandemic.
  - What did they learn?
  - What specifically they did for people with chronic conditions?
  - How they were relinking people or contact tracing?

Other Discussion Items

- What else does RRVL Priority Group need to address?
- Service standard: We were talking about following up with the project officer to discuss service standard around EIS. Providing peer navigation and writing that peer navigation into the service standards. The eligibility issue was around
  - Do we want eligibility to be less strict? Providers would like it to be more flexible from the State on their interpretation of edibility.
  - IS this more of a follow-up for DSHS?
  - The way the State interprets this, there is not that interpretation.
  - Action: Question for project manager at HRSA what the interpretation is and then take it to State.

Adjourn
Welcome & Introductions
- Meeting called to order by Chair Paul Scott at 1135a

4/14/2020 Minutes – Review for Approval
- To be sent out in separate email

Added Agenda Item: Liberating Structures Training Update
- Liberating Structures is a set of facilitation tools and methods that will help the prioritization process of FTC objectives, strategies, and activities in order to develop detailed contracts to fund activities
  - There is about $500k in grant funding to support FTC activities
  - The first training session was held in late April
  - Shana will send out calendar of future FTC events, including the June Liberating Structures trainings, as well as a link to the first recorded training session that was held in late April

COVID-19 Pandemic Impact Issues:
The workgroup supports keeping COVID-19 Discussion as an Agenda Item
- Out of Care – how are patients being affected?
- Return to Care – data on increased needs or return to care
  - Stephanie Eaton:
    - APH CDU is reaching out to, and working with, people in protected lodging facilities who are out of care
    - There are at least 5 individuals they are currently working with
    - Clients are more easily able to re-engage in care with telehealth
  - Emma Sinnott of CommUnity Care:
    - Unintended consequences = people not engaged in care prior to COVID-19 are currently engaging in care
- Some individuals have re-located during the stay-at-home/quarantine measures, making it difficult to monitor and track these individuals.
- CommUnity care:
  - Is also facing difficulty reaching and caring for out-of-care homeless clients.
  - Experiencing a better show rate with telehealth, so providers are hopeful that this trend will continue.
  - Some services still require in-person appointments – such as “wet-signature” requirements.
    - Daniel Montoya: we may want to consider a letter of support to address this issue.
  - Utilizing telehealth has also limited routine/opt-out screening and immunizations that are usually baseline standards of care during in-person appointments.
    - Nora:
      - Vivent Health is seeing increased number of clients who need mental health resources and counseling.
    - Paul: the shift in utilizing technology has also called for IT support for clients.
      - Vivent Health is completing weekly phone-calls with clients, however, these weekly phone calls are requiring more time.
    - Scott: please notify APH if your agency is facing difficulties establishing and implementing telehealth.
    - Andrew:
      - Vivent Health: 90% of clients are remaining engaged through phone-calls; housing and financial issues are arising, as well as mental health needs.

- Impact of changes to Policies/Procedures on retention in care.
  - This topic was brought up at the HIV Syndicate held in late April.
  - Emma and Daniel: We may want to identify which agencies implement in-person requirements such as a wet-signature, and as a workgroup, advocate for resolution.

- Other Issues
  - Daniel Montoya: we may want to consider gathering data through a survey to understand how agencies are operating and how clients are affected amid COVID-19.

Next Steps:
Scott:
1) Developing a support/recommendation letter to regulatory agencies regarding in-person requirements such as a wet-signature
2) Explore creating or utilizing an existing survey to understand how agencies are operating and how clients are affected amid COVID-19
Scott will work with Paul on these two items

<table>
<thead>
<tr>
<th>Out of Care and Data</th>
<th>All</th>
<th>15 Minutes</th>
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</thead>
<tbody>
<tr>
<td>Review draft flow chart – <em>at meeting</em></td>
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<tr>
<td>o Paul will continue developing this out of care flow chart of agencies, personnel, and processes</td>
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<tr>
<td>o Stephanie Eaton:</td>
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<td>▪ CDU has revitalized this process with CommUnity Care earlier this month; they are continuing to monitor and evaluate the process</td>
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<td>▪ DIS gets a list of those out of care (algorithm from State); but internal concerns arise: the algorithm is not a good indicator of who is out of care and why</td>
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<tr>
<td>o Example: once DIS gets a list, they may find that a client is out of state, but still in care</td>
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<td>o Paul: What is our expected outcome from a flow chart and refining the process?</td>
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<td>▪ Stephanie: Visual of flow of re-engagement and establishing a standard across the community</td>
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<td>▪ Emma: Help close the loop on care in order to accurately identify, monitor, and evaluate outcomes and utilize resources efficiently</td>
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<table>
<thead>
<tr>
<th>Review of Actions Identified:</th>
<th>All</th>
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<tbody>
<tr>
<td>• <em>See Minutes – 4/14/2020</em></td>
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<tr>
<td>• Data Reports: City/ARIES</td>
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<tr>
<td>o Most accurate data would be in THESIS (this database stores all tests; when someone is diagnosed with HIV, it is state mandated to enter it into THESIS; it is the State database for communicable diseases)</td>
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<tr>
<td>o Nancie currently does not have access to this database; ARIES also has this data, but cannot currently enter data from THESIS into ARIES; Nancie is currently working on what data can be extracted</td>
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<tr>
<td>o Paul: Given different databases, how do we establish a baseline of % of people retained in care?</td>
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<td>▪ Nancie: at this time, it would have to be done outside of the system; this would be a more long-term project and require agreement among several different agencies, including DSHS</td>
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</table>
Process: THESIS data is entered into provider’s EHR, which is then entered into ARIES
Nancie: ARIES might be the best bet, but also consider a combination of the two (ARIES and THESIS)
Stephanie Eaton will research if you can pull specific data from THESIS
Nancie: The State may be launching an out of care program; Nancie to follow-up with more information
Daniel: for out of care issue and survey, it may be helpful to understand how many organizations struggle to maintain an HIV/STI DIS workforce given that personnel may be pulled for COVID-19 contact tracing and other support services
  - Stephanie: APH is not currently experiencing reduced HIV DIS efforts
  - However, “mapping” may be affected because the epidemiology group is prioritizing COVID-19 efforts

Next Steps:
3) Stephanie Eaton will research if specific data from THESIS can be pulled
4) Nancie: The State may be launching an out of care program; Nancie to follow-up with more information

5) Decentralization: Definition; Best Practices
   a. How do we establish a baseline around this topic?
   b. What are organizations doing around decentralization of care?
      i. Is identifying geographic gaps part of the current scope?
   c. Anthony to follow-up with Brenda and report back any HRAU updates
   d. Daniel: in many ways we’ve gone to a decentralized model due to COVID-19; what practices can be continued in order to address decentralization challenges? What is working and what is not working?
      i. It may be helpful to members and organizations to define what ‘decentralization’ means to them
   e. Paul: Are we duplicating current or future surveys?
   f. Daniel: It may be helpful to ask DSHS and other agencies if there are future surveys in order to dove-tail onto those pieces; but it may be helpful to develop a focused survey for PLWH in order to get specific data, and this may be useful for the other FTC workgroups as well
   g. Anthony: There is currently no survey from HRSA to determine if clients are in or out of care
h. Daniel: There may be potential budget cuts in the upcoming fiscal year, so data could also help guide resource allocation.

6) Eligibility – Service Standards – 60 months – *Report out*
   a. Paul: recertification is not legislation/statute, it is a policy
      i. This was a Pre-covid-19 topic
      ii. Is there way to advocate for eligibility flexibility due to the fact that it is not written into law?
   b. Paul: DSHS has a very strict interpretation and agencies were told by reviewers that eligibility was written into legislation
   c. Paul: is this something the workgroup wants to continue working on?
      i. Anthony: Support to advocate for “taking advantage of flexibility” regarding eligibility recertification process
      ii. Action Item: Develop position statement around the State taking advantage of the eligibility recertification process and timing

Next Steps: Anthony with APH HRAU will look into any updates around decentralization

<table>
<thead>
<tr>
<th>Action Plan – Other Action Items</th>
<th>Paul/All</th>
<th>30 Minutes</th>
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</thead>
<tbody>
<tr>
<td>Other Discussion Items</td>
<td>All</td>
<td>10 minutes</td>
</tr>
<tr>
<td>• What else does RRVL Priority Group need to address?</td>
<td>All</td>
<td>1:00 pm</td>
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</tbody>
</table>

*Next Steps*

1) Scott and Paul: Developing a support/recommendation letter to regulatory agencies regarding in-person requirements such as a wet-signature

2) Scott and Paul: Exploring, creating or utilizing an existing survey to understand how agencies are operating and how clients are affected amid COVID-19 Scott will work with Paul on these two items

3) Stephanie Eaton will research if specific data from THESIS can be extracted

4) Nancie: The State may be launching an out of care program; will follow-up with more information

5) Paul: Develop position statement around the State taking full advantage of the eligibility recertification process and timing requirement

6) Anthony with APH HRAU: will look into any updates around decentralization
Meeting Schedule:
• June 10, 2020
• July 8, 2020 (changed from July 3, 2020 – there still may be a conflict)
• August 11, 2020
• September 9, 2020

Chat Box

[11:33 AM] Bart Whittington
I accidentally kicked myself out of the meeting. I'm in the waiting room. Will someone open the door? LOL

[11:35 AM] Daniel Montoya
Hi, I'm Daniel C. Montoya, Gilead Sciences, Inc.

[11:37 AM] Sinnott, Emma
Emma Sinnott, CommUnityCare :-)

[11:37 AM] Bart Whittington
Bart Whittington, LMSW - Texas Health Action/Kind Clinic

Anthony Kitzmiller acting Program Manager HRAU with APH

[11:38 AM] Eaton, Stephanie
Stephanie Eaton, Acting Program Manager Austin Public Health-CDU

[11:38 AM] Barry Waller
This is Barry Waller.

[11:38 AM] Andrew Martin
C. Andrew Martin, RN Medical Case Manager, Vivent Health

[11:38 AM] Norah Maposa
Norah Maposa Vivent Health Case Management Coordinator

[11:38 AM] Lyles, Scott
Scott Lyles, APH Fast-Track Cities Support Team

For those of us who were not able to attend the one in April, do we need to register for the one in June?

(1 liked)

Please connect with Shana to register for the June Liberating Structures Training Rashana.Raggs@austintexas.gov

Are any providers/agencies experiencing challenges establishing or maintaining a telemedicine program

Leaving for another meeting. Thanks

(1 liked)

I am signing off to attend the Vivent meeting. See you next month.

(1 liked)

I think it may be an issue with ADAP as well regarding wet signatures - unless they've changed it in the last few weeks

(1 liked)

I have to step out. See y'all next month

(1 liked)

i need to step out of this meeting to get ready for the next meeting I have. Paul- I will reach out to you to set up a time to discuss the flow chart?
[12:38 PM] Paul Scott  
Thanks Stephanie.  
(1 liked) 

[12:49 PM] Haskins, Jessica  
None here :) TThank you.  

[12:50 PM] Claire Adkins  
Thank you!  

### Fast Track Cities – Austin  
Retention, Re-Engagement, Viral Load Suppression (RRVL)  
Meeting Agenda  

<table>
<thead>
<tr>
<th>Retention, Re-engagement, Viral Suppression (RRVL) Priority Group Meeting #6</th>
<th>Date:</th>
<th>June 10, 2020</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Time:</td>
<td>11:30 am – 1:00 pm</td>
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<tr>
<td></td>
<td>Location:</td>
<td>Zoom Meeting</td>
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<tr>
<td>Facilitator</td>
<td>Notes</td>
<td>Anjelica Barrientos</td>
</tr>
<tr>
<td>Paul E. Scott</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Attending</strong></td>
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</tr>
<tr>
<td>1 Angela Craig</td>
<td>5 Elizabeth Lawrence</td>
<td>9 Meredith Vinez</td>
</tr>
<tr>
<td>2 Barry Waller</td>
<td>6 Anthony Kitzmiller</td>
<td>10 Roy Wenmohs</td>
</tr>
<tr>
<td>3 Bart Whittington</td>
<td>7 Norah Maposa</td>
<td>11 Scott Lyles</td>
</tr>
<tr>
<td>4 Christopher Hamilton</td>
<td>8 Rashana Raggs</td>
<td>12 Alex Abbott</td>
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</tbody>
</table>

#### Welcome & Introductions  
All 5 Minutes  

### 5/13/2020 Minutes – Review  
All 2 Minutes  

**Priority Setting:**  
- Moving from planning to implementation  
  - Paul Scott: Reviewed current Action Plan Objectives  
    - Objective 3.1 has been accomplished  
- Priority setting exercise  
  - Vote to prioritize Objective 3.2 (2) or 3.3 (3)  
    - Vote for obj. 2: 10  
    - Vote for obj. 3: 2  
- Discussion of priorities and ranking  
  - Bart Whittington: 3.2.2: Comment to add what the community is doing around benefits education and enrollment  

All 60 Minutes
Paul Scott: Review of the Strategies and Activities under Objective 3.2 in order to move toward prioritization

- 3.2.1: Efforts to create a survey
- 3.2.2: This Strategy has not been discussed and developed as much
  - Nancie will follow-up about website updates
- 3.2.3: This group has not had a full discussion on this strategy
  - Anthony: There has been work around collaborating with Ride Shares
- 3.2.4: This group has not had a full discussion on this strategy
  - Jessica Haskins: Recommendation to assign a point person to streamline information
- 3.2.5:
  - Emma Sinnott reviewed CommUnity Care practices regarding centralized eligibility

Voting Activity:

[12:16 PM] Kitzmiller, Anthony
4,2,5,1,3
[12:17 PM] Christopher Hamilton
5, 3, 2, 1, 4
[12:17 PM] Bart Whittington
(1st - 3.2.5); (2nd - 3.2.1); (3rd - 3.2.3); (4th - 3.2.2); (5th - 3.2.4)
[12:18 PM] Sinnott, Emma
5,3,4,2,1
Barry Waller
1, 5, 2, 3, 4
[12:20 PM] Eaton, Stephanie
1- Strategy FIVE; 2- Strategy TWO; 3- Strategy FOUR 4--Strategy Three
FIVE-Strategy ONE
[12:20 PM] Putnam, Nancie
5,3,2,4,1
[12:21 PM] Meredith Vinez
5, 2, 3, 4, 1
[12:21 PM] Paul Scott
Barry Vote - 1, 5, 2, 3, 4
[12:21 PM] Paul Scott
Paul Vote - 5, 1, 3, 2, 4

*7 people voted to make 3.2.5 the top priority

Next Step: A formal report of the votes will be sent out.

Scott Lyles: Nothing of the Action Plan is being left out; but these votes identify what the Workgroup prioritizes

Workgroup discussion: Centralizing eligibility status throughout the community
- How do we streamline data entry with State databases?
  - Electronic Health Records and ARIES compatibility
Review of Actions Identified:

6) Scott and Paul: Developing a support/recommendation letter to regulatory agencies regarding in-person requirements such as a wet-signature

7) Scott and Paul: Exploring, creating or utilizing an existing survey to understand how agencies are operating and how clients are affected amid COVID-19 Scott will work with Paul on these two items

8) Stephanie Eaton will research if specific data from THESIS can be extracted

9) Nancie: The State may be launching an out of care program; will follow-up with more information

10) Paul: Develop position statement around the State taking full advantage of the eligibility recertification process and timing requirement

11) Anthony with APH HRAU: will look into any updates around decentralization

12) Paul: Out-of-Care Flow Chart

Other Discussion Items

- What else does RRVL Priority Group need to address?

Adjourn

Technical issues: meeting adjourned at 12:48p

Meeting Schedule:

- July 8, 2020
- August 11, 2020
- September 9, 2020

Chat Box

[Yesterday 11:35 AM] Bart Whittington
My feet were made for the ground

[Yesterday 11:35 AM] Meredith Vinez
Aisle

[Yesterday 11:35 AM] Lyles, Scott
Today's Ice Breaker: What's your Seat On an airplane and why

[Yesterday 11:36 AM] Raggs, Rashana added Jeremy Teel to the meeting.

[Yesterday 11:37 AM] Lyles, Scott
Alex Abbott

[Yesterday 11:37 AM] Raggs, Rashana added Paul Scott to the meeting.

[Yesterday 11:38 AM] Eaton, Stephanie
Stephanie Eaton just got finished with prior meeting and now with you guys... APH- CDU

[Yesterday 11:38 AM] Bart Whittington
Stephanie!!!
[Yesterday 11:38 AM] Lyles, Scott
Angela Craig

[Yesterday 11:39 AM] Raggs, Rashana
If you are not speaking, please mute all devices. Thank you
(smile)

[Yesterday 11:53 AM] Christopher Hamilton
2

[Yesterday 11:53 AM] Meredith Vinez
3

[Yesterday 11:54 AM] Putnam, Nancie
3

[Yesterday 11:54 AM] Elizabeth Lawrence
2

[Yesterday 11:54 AM] Alex Abbott
Logging off and re-joining on a new device.

[Yesterday 11:54 AM] Raggs, Rashana removed Guest from the meeting.

[Yesterday 11:54 AM] Kitzmiller, Anthony
2

[Yesterday 11:54 AM] Angela Craig
2

[Yesterday 11:54 AM] Norah Maposa
Norah Maposa 2

[Yesterday 11:54 AM] Eaton, Stephanie
2
[Yesterday 12:02 PM] Raggs, Rashana
Emma its not just you.

[Yesterday 12:03 PM] Lyles, Scott
if everyone can mute

[Yesterday 12:03 PM] Sinnott, Emma
Putnam, Nancie do you know who we should reach out to?

[Yesterday 12:03 PM] Raggs, Rashana removed Norah Maposa from the meeting.

[Yesterday 12:03 PM] Sinnott, Emma
^to
[Yesterday 12:04 PM] Christopher Hamilton
Do clients/patients use those websites? Is there any indication people are searching there for this info?

[Yesterday 12:04 PM] Sinnott, Emma
ok

[Yesterday 12:04 PM] Sinnott, Emma
Completely understand - just pointing out its a barrier. :-)

[Yesterday 12:07 PM] Sinnott, Emma
Christopher Hamilton, I know it comes up when you google HIV care in Austin, so I’m sure people reference it.

[Yesterday 12:08 PM] Putnam, Nancie
There are 3 medical transportation datasets for Ryan White clients on the Austin Open data portal https://data.austintexas.gov/Health-and-Community-Services/Ryan-White-Grant-Medical-Transportation-Expenditur/q7pb-dgav.

[Yesterday 12:21 PM] Paul Scott
Barry Vote - 1, 5, 2, 3, 4

[Yesterday 12:21 PM] Paul Scott
Paul Vote - 5, 1, 3, 2, 4

[Yesterday 12:22 PM] Lyles, Scott
Support Staff (3 of us) will not vote

[Yesterday 12:22 PM] Raggs, Rashana
don't include myself, Scott, or Anjelica for voting

[Yesterday 12:24 PM] Bart Whittington
I'm as cool as Stephanie

[Yesterday 12:36 PM] Paul Scott
can ya'll hear me?

[Yesterday 12:36 PM] Raggs, Rashana
We hear you (smile)

[Yesterday 12:38 PM] Raggs, Rashana
Bart raised his hand (smile)

[Yesterday 12:46 PM] Lyles, Scott
hello

[Yesterday 12:46 PM] Eaton, Stephanie
is anyone saying anything?

[Yesterday 12:46 PM] Bart Whittington
It's frozen

[Yesterday 12:46 PM] Kitzmiller, Anthony
everyone froze except for scott

[Yesterday 12:47 PM] Christopher Hamilton
The whole internet is frozen today

[Yesterday 12:47 PM] Raggs, Rashana
We can hear you

[Yesterday 12:47 PM] Eaton, Stephanie
(yes)

[Yesterday 12:47 PM] Bart Whittington
I can hear

[Yesterday 12:47 PM] Barrientos, Anjelica
i can hear you!

[Yesterday 12:47 PM] Kitzmiller, Anthony
yup

[Yesterday 12:47 PM] Raggs, Rashana added Paul Scott to the meeting.

[Yesterday 12:47 PM] Bart Whittington
regroup
[Yesterday 12:47 PM] Christopher Hamilton
Sounds good!

[Yesterday 12:47 PM] Kitzmiller, Anthony
sounds great...thanks paul

[Yesterday 12:47 PM] Christopher Hamilton
thank you Paul!

[Yesterday 12:48 PM] Eaton, Stephanie
everyone take care

[Yesterday 12:48 PM] Bart Whittington
LOL. Y'all have a good day

Fast Track Cities – Austin
Retention, Re-Engagement, Viral Load Suppression (RRVL)
Meeting Agenda
Welcome & Introductions
Meeting called to order at 11:38 a.m.

Centering Activity
Liberating Structures: Spiral Journal Activity

6/10/2020 Minutes – Review
Paul Scott gave a re-cap of the June Workgroup meeting, inc. prioritization activity results

Priority Setting:
- Review Priority Settings
- Discuss when/if to set rankings for 3.3 Strategy

Workplan Development: *Top two (2) priorities*
- Will use “Purpose-to-Practice” under Liberating Structures to develop workplan activities to support development of formal plan.
  - The Workgroup engaged in the Purpose-to-Practice activity, focusing on the Purpose and Practice elements
  - Refer to the Interactive PowerPoint that accompanies the meeting’s documents:
    [https://docs.google.com/presentation/d/1K2jNPpIvDBjFSgtUt9K3Oli bmkQfXJDIa38Ld14qw/edit#slide=id.g8e35d7d2c2_1_4](https://docs.google.com/presentation/d/1K2jNPpIvDBjFSgtUt9K3Oli bmkQfXJDIa38Ld14qw/edit#slide=id.g8e35d7d2c2_1_4)

Other Discussion Items
- Texas HIV Syndicate Update

Adjourn
Meeting adjourned at 1:04 p.m.

**Next Steps:**

1. The workgroup will continue the Purpose to Practice exercise for the remaining items at the next meeting

Meeting Schedule:
- September 9, 2020
- October 14, 2020
Chat Box
[11:36 AM] Raggs, Rashana removed April Boyd (Guest) from the meeting.

[11:36 AM] Raggs, Rashana added Unknown User to the meeting.

[11:42 AM] Raggs, Rashana added Vanessa Sarria to the meeting.

[11:43 AM] Daniel Montoya (Guest)
Daniel C. Montoya, Gilead Sciences, Inc.

[11:44 AM] Raggs, Rashana
Welcome Vanessa (smile)

[11:44 AM] Raggs, Rashana
Welcome Daniel! (smile)

[11:44 AM] Vanessa Sarria (Guest)
:)

[11:53 AM] Norah Maposa (Guest)
No link here

[11:54 AM] Barrientos, Anjelica
https://docs.google.com/presentation/d/1K2jNPpIDbjF5gtUt9K3OjibmkQfXJDIsal38Ldl4qw/edit#slide=id.g8e35d7d2c2_1_4
P2P - RRVS
Purpose 2 Practice Retention, Re-Engagement, Viral Load Suppression (RRVS)
docs.google.com

[11:56 AM] Paul Scott (Guest)
We are focusing on the Purpose of minimizing burden on people we are serving.

[11:56 AM] Eaton, Stephanie
We are closer today to having this disease being manageable, but in order for it to be MANAGED, then we MUST reduce the burdens to our shared community members, then we must address the barriers that keep it from it being managed. That is why I feel this is important.

[12:01 PM] Norah Maposa (Guest)
Looking at processes that screen people into services instead of intaking people into services.

[12:02 PM] Paul Scott (Guest)
NEXT: Think about why important to you and larger community - Bundling and co-locating services.

[12:07 PM] Vanessa Sarria (Guest)
You are doing great Rashana!

(1 liked)

[12:11 PM] Rick Astray-Caneda (Friends of David Powell) (Guest)
Seems like process mapping may be a to do here... like if you come in without an ID here is the
process of getting you what we can... then you go down the next process of getting an ID... then a
process of rapidly getting a person who has been waiting an ID into svcs.

[12:11 PM] Christopher Hamilton (Guest)
I really appreciate this exercise and tying to purpose!

[12:40 PM] Paul Scott (Guest)
Time check - we need to look at outputs and outcomes for these practicds

[12:46 PM] Barrientos, Anjelica
*15 minute time check

[12:52 PM] Barry Waller (Guest)
I have to leave for another meeting. Thanks for everyone's great work. Barry

[12:53 PM] Raggs, Rashana removed Guest from the meeting.

[12:53 PM] Paul Scott (Guest)
thank you Barry

[12:53 PM] Christopher Hamilton (Guest)
great discussions, sorry to leave early. Have a great day everyone!

[12:53 PM] Raggs, Rashana removed Christopher Hamilton from the meeting.

[12:54 PM] Paul Scott (Guest)
thanks Christopher

[12:57 PM] Raggs, Rashana removed Roy Wenmohs from the meeting.

[12:59 PM] Vanessa Sarria (Guest)
We have done great work today. Thanks, all.

[1:00 PM] Eaton, Stephanie
Have another meeting to jump on! Great work. ... see you all on this channel next month!
Welcome & Introductions
- Meeting called to order at 11:37
- Mentioned that the Fast Track Cities Virtual was in progress
  - Priority group members were encouraged to join

8/12/2020 Minutes – Review
- Chair gave an overview of what happened at the 8-12-2020 meeting

Workplan Development: *Top two (2) priorities*
- Review workplan development –
  - Reviewed Engage Pharmacists strategy through the Purpose to Practice liberating structure
  - Status Neutral white paper presented by Paul Scott
- Will use “Purpose-to-Practice” under Liberating Structures to develop workplan activities to support development of formal plan.

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<th>Date:</th>
<th>September 9, 2020</th>
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<td>Time:</td>
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**Retention, Re-engagement, Viral Suppression (RRVL)**
Priority Group Meeting #7

<table>
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<tr>
<th>Facilitator</th>
<th>Notes</th>
<th>Dylan Keesee</th>
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<tr>
<td>Paul E. Scott</td>
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<tbody>
<tr>
<td>1</td>
<td>Bart Whittington</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>Daniel C. Montoya</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>Emma Sinnott</td>
<td>7</td>
</tr>
<tr>
<td>4</td>
<td>Roy Wenmohs</td>
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<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>Welcome &amp; Introductions</td>
<td>5 Minutes</td>
<td>All</td>
</tr>
<tr>
<td>8/12/2020 Minutes – Review</td>
<td>2 Minutes</td>
<td>All</td>
</tr>
<tr>
<td>Workplan Development: Top two (2) priorities</td>
<td>70 Minutes</td>
<td>Paul, Shana - facilitate</td>
</tr>
</tbody>
</table>
Transportation
- Providing options for patients to get access to services via transportation
- Using Telehealth to potentially provide an alternative to transportation
  - Discussion of barriers to telehealth
  - Possibility of telehealth being a separate strategy going forward
  - Potentially including Telehealth in bundling and co-locating services
- Providing mobile healthcare via a mobile unit

Promote Education Around Benefits & Enrollment Assistance
- Online enrollment learning program for patient navigators and case managers
- Information to patients on their needs for services so they can make decisions on enrollment
- Community based live document to help navigate HIV care

Strategic Decentralization – Item Tabled
Childcare – Item Tabled
- Refer to the Interactive PowerPoint that accompanies the meeting’s documents: https://docs.google.com/presentation/d/1K2jNPpiDBjFSgtUtI9K3OJibmkQfXJDialog38Ldl4qw/edit#slide=id.g8e35d7d2c2_1_4

Next Steps: The workgroup will continue the Purpose-to-Practice activity with the remaining items
Chat Box

[9/9 11:37 AM] Raggs, Rashana
Rashana Raggs, APH-Fast-Track Cities

[9/9 11:37 AM] Raggs, Rashana added Guest to the meeting.

[9/9 11:37 AM] Daniel Montoya (Guest)
Daniel C. Montoya, Gilead Sciences, Inc. - limited audio capabilities given competing demands

[9/9 11:37 AM] Eaton, Stephanie
Stephanie Eaton APH/CDU

[9/9 11:37 AM] Paul Scott (Guest)
Paul Scott, Vivent Health

[9/9 11:37 AM] Roy Wenmohs (Guest)
Roy Wenmohs, C.A.R.E. outreach team

[9/9 11:38 AM] Raggs, Rashana
We are recroding.

[9/9 11:38 AM] Raggs, Rashana
recording*

Dylan Keesee, AmeriCorps VISTA APH Fast Track Cities

[9/9 11:38 AM] Emma Sinnott (CommUnityCare) (Guest)
Emma Sinnott, CommUnityCare

[9/9 11:40 AM] Haskins, Jessica (Guest)
Hey Sorry - I had to take a call!

[9/9 11:45 AM] Raggs, Rashana
https://docs.google.com/presentation/d/1K2jNPpIDbjFSqtJtl9K3OJibmkQfXJDIsal38Ldl4qw/edit#slide=id.g8e35d7d2c2_1-4
P2P - RRVS
Purpose 2 Practice Retention, Re-Engagement, Viral Load Suppression (RRVS)
docs.google.com

[9/9 11:46 AM] de Anda, Hailey
Hailey de Anda, Austin Public Health

[9/9 11:52 AM] Lyles, Scott
Achiving Together - a Status Neutral Approach document

[9/9 11:53 AM] Lyles, Scott
Status Neutral At the Individual Level slide

[9/9 11:54 AM] Lyles, Scott
please familiarize yourself with the document that will be sent

[9/9 11:54 AM] Lyles, Scott
What are practices that will minimize the burden on clients

[9/9 11:55 AM] Lyles, Scott
David Powell Clinic's approach to transportation

[9/9 11:56 AM] Raggs, Rashana added Guest to the meeting.

[9/9 11:59 AM] Bart Whittington (Guest)
I think TeleHealth is a viable option for some - for those who have the technology. A question is how do we address this with patients who do not have the technology needed to participate in TeleHealth.
(1 liked)

[9/9 12:03 PM] Emma Sinnott (CommUnityCare) (Guest)
Y'all I have to pick up my son from school apparently he's not well.

[9/9 12:03 PM] Emma Sinnott (CommUnityCare) (Guest)
Bye for now

[9/9 12:03 PM] de Anda, Hailey
Ohh no Emma. Be safe and good luck. Bye

[9/9 12:07 PM] Lyles, Scott
Topic time check

[9/9 12:10 PM] Raggs, Rashana added Unknown User to the meeting.

[9/9 12:11 PM] Daniel Montoya (Guest)
I believe that the discussion is highlighting the need to revise this strategy based on what we know now given COVID. We can still prioritize Transportation as one of the issues, but could consider renaming Strategy 3.2.3: Service Access Issues

(1 liked)

[9/9 12:17 PM] de Anda, Hailey
Daniel Montoya There are two times a year when we update the action plan. We recognize that the FTC plan is a living document and may not be worded perfectly however for use to do a deeper dive we have to discuss the strategies keeping focusing on their intent.

9/9 12:23 PM Lyles, Scott
Child/online school issue. I have to log out

9/9 12:24 PM Bart Whittington (Guest)

9/9 12:25 PM Bart Whittington (Guest)
If that PDF doesn't open, I'll email to Rashana. Julie Dombrowski is the researcher's name. My guess is Dombrowski and her team have looked at addressing innovative ways to increase access during COVID.

9/9 12:29 PM de Anda, Hailey
Bart Whittington Thanks Bart, we can work with our FTC team to post on SharePoint as well.

9/9 12:29 PM Bart Whittington (Guest)
Thanks, de Anda, Hailey. I just emailed a copy to Rashana as well.

9/9 12:40 PM Lyles, Scott
Discussion re: prior authorization for PrEP patients impacting status neutral retention in care

9/9 12:41 PM Raggs, Rashana
20 minutes check.

9/9 12:42 PM Bart Whittington (Guest)
Here is a link to the article related to 'systemic barrier' to HIV prevention in Southern States: https://medicalxpress.com/news/2020-08-barrier-hiv-southern-states.html
(1 liked)
New research finds 'systemic barrier' to HIV prevention in southern states
The South, the U.S. region with the most HIV infections each year, also has the greatest barriers to obtaining drugs that can prevent the disease for people who rely on Affordable Care Act insurance... medicalxpress.com

9/9 12:42 PM Lyles, Scott
Thank you Bart!!

9/9 12:47 PM Bart Whittington (Guest)
I hate to leave but have to head to another commitment. Great conversations. Glad to be a part of the conversation. Y'all have a great day and stay safe - Bart
(1 liked)

9/9 12:47 PM Lyles, Scott
Thank you for being here today
Bye Bart, thanks for your input.

Thank you!

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

<table>
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<tr>
<th>Objectives</th>
<th>Votes</th>
<th>Prioritization Order</th>
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<tbody>
<tr>
<td>Objective 3.1: Defining Terms</td>
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<td>Completed</td>
</tr>
<tr>
<td><strong>Objective 3.2: Minimize Burden on Clients</strong></td>
<td>10</td>
<td>1st</td>
</tr>
<tr>
<td>Objective 3.3: Bundling and Co-locating Services</td>
<td>2</td>
<td>2nd</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Prioritization Order</th>
<th>Objective 3.2: Minimize Burden on Clients Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>Strategy 3.2.5: Engage Pharmacists</td>
</tr>
<tr>
<td>2nd</td>
<td>Strategy 3.2.3: Transportation</td>
</tr>
<tr>
<td>3rd</td>
<td>Strategy 3.2.2: Promote Education Around Benefits and Enrollment Assistance</td>
</tr>
<tr>
<td>4th</td>
<td>Strategy 3.2.1: Strategic Decentralization Plan</td>
</tr>
<tr>
<td>5th</td>
<td>Strategy 3.2.4: Childcare</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prioritization Order</th>
<th>Objective 3.3: Bundling and Co-locating Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>Strategy 3.3.1: Co-locating City/County Services</td>
</tr>
<tr>
<td>2nd</td>
<td>Strategy 3.3.2: Utilizing State Strategies related to Achieving Together plan to widen the circle of involvement in FTC</td>
</tr>
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# Ending Stigma Meeting Notes & Attendance April 2020 – October 2020:

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alex Abbott</td>
<td>CommUnity Care</td>
<td>Program Director, Sexual Health</td>
</tr>
<tr>
<td>Anjelica Barrientos</td>
<td>Austin Fast Track Cities</td>
<td>AmeriCorps VISTA</td>
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<tr>
<td>Anthony Kitzmiller</td>
<td>Austin Public Health</td>
<td>Acting Program Manager</td>
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<td>Daniel Montoya</td>
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<td>Laura Still</td>
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<td>What’s in the Mirror/CHE</td>
<td>Executive Director/Founder</td>
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<td>Taylor Stockett</td>
<td>Hill Country Ride for AIDS</td>
<td>Executive Director</td>
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<tr>
<td>Virginia Pearson</td>
<td>Huston-Tillotson University</td>
<td>Professor</td>
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**Fast Track Cities – Austin**
# Ending the Stigma

## Meeting Agenda

**Ending the Stigma**  
**Priority Group Meeting #3**  
**Co-Chairs: Dr. Agee & Dr. Burnette**

<table>
<thead>
<tr>
<th>Facilitator</th>
<th>Notes</th>
<th>Time: 9:00 am – 10:30 am</th>
<th>Location: Microsoft Teams Meeting</th>
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<th>Date: April 24, 2020</th>
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#### Welcome & Introductions
- Meeting called to order at 9:06

#### Meeting Technology
- Moving to Microsoft Teams for FTC meetings
- SharePoint
  - Access
  - COVID-19 Resources
  - For access, please email anjelica.barrientos@austintexas.gov
  - New Features:
    - COVID-19 Discussion Board
    - FTC Discussion Board
  - Each priority Area has a designated section where you can find meeting agendas, notes, and other resources
  - There is a “consortium meeting” tab where you can find powerpoint presentations

#### Review of Actions Identified:
- Presentation of action items to date
- Discussion of presentation
  - Virtual parking lot
    - No items brought up

#### Action Plan – Other Action Items
- Facilitated discussion
  - Adding/removal of action items
- Closing and identifying key points
- **Next Steps:** Please send any Action Plan suggestions/recs to FTC Support Staff by May 10th
  - Goal is to have a printable document by the end of April, in order to move toward prioritization in May
Other Discussion Items

- How COVID-19 has compounded the effects of the stigma impacting those affected by HIV/AIDS
  - See document below “Stigma and COVID-19”
- Impacts of spatial locations and housing
- Closing and identifying key points

Adjourn

Meeting adjourned at 10:28

**Next Steps:** Please send any Action Plan suggestions/recs to FTC Support Staff by May 10th

- Goal is to have a printable document by the end of April, in order to move toward prioritization in May
- Please send information to FTC Support Staff
  - Scott.lyles@austintexas.gov
  - Rashana.raggs@austintexas.gov
  - Anjelica.barrientos@austintexas.gov

Meeting Schedule:
- May 15, 2020
- June 19, 2020
- July 17, 2020

Priority Area 4: Ending Stigma

Objective 4.1: Inclusion

Strategy 4.1.1: Respectful and Inclusive Language

Activities
- Develop/find appropriate language document (Glossary of Terms) and share out.
  - Step 1: Gather existing resources
  - Step 2: Workgroup uses existing resources to develop FTC language guide and sends to consortium, Social Media workgroup, CHE group who is training providers etc. Continue conversation around removing AIDS from vocabulary
Strategy 4.1.2: Normalize HIV Testing
Activities
No activities documented
- Consider: Testing can be indicator of other metrics and help inform the other Priority Areas
- ED routine screening is an opportunity to normalize HIV testing; maintain communication and collaboration with all health care providers and leaders; look at Dallas and Plano practices
- Suggested activity: gather client information from surveys from orgs
  o Client experience with testing
  o Gather insight and perspective into HIV testing from client
- Suggested Activities for Normalizing HIV Testing: # of clinical care organizations providing routine HIV screening; # of providers providers routine HIV screening; # of organizations providing focused (targeted) screening; +/- in routine HIV screening; +/- in focused (targeted) screening

Strategy 4.1.3: Incentivize Participation of Individuals with Lived Experience
Activities
• Identifying key populations to ensure are included in events and decision making.
• Identifying resources and funding to incentives participation of key populations.
  o Involve Youth: Implement peer education

Strategy 4.1.4: Ensure future medical providers are adequately trained on gender affirming care
Activities
• Develop or identify a training or curriculum focused on Transgender, sexual minorities and gender affirming care.
• Implement sexual health curriculum and trainings.
• Training focused on providers or future providers and incentivizes providers to participate.
• On-going quarterly training with evaluation component

Objective 4.2: Advocacy and Education

Strategy 4.2.1: Engage Peer Education
Activities
• Implement Stigma Index
  o Coordinate with HIVPC’s efforts to support bringing the index to UT Austin and HT and other academic institutions

Strategy 4.2.2: Empowering & uniting through story sharing & promoting community events
Activities
• Create or add to calendar of local events within our community.
• Support these events by promotion and involvement
Support the Hill Country Ride for AIDS
Support the Austin AIDS Walk
Support the Hill Country Ride for AIDS in publicizing stories of participants affected by HIV
Support the Austin AIDS Walk in publicizing stories of participants affected by HIV

**Strategy 4.2.3: Establish Leadership or Community Advocacy Council**

**Activities**
- Access the current leadership or community advocacy Council to determine what resourced already exist
  - Consider efforts to educate this leadership team and to educate entire FTC committee
    - Disease state, data
    - Advocacy training
- Leverage current leadership or community advisory council to be leaders in advocacy for ending stigma in the healthcare setting
- Provide training around Transgender, sexual minorities and gender affirming care.
- Women Rising group does HIV education
  - “Raise our voices”
  - This may serve as strategy guidance
  - Positive women’s network of U.S. utilizes training webinars and modules that can be downloaded
    - consider existing programs as we develop this strategy
- Consider educational packet: tools, resources, policies and regulations, contact information

**Strategy 4.2.4: Advocacy Training**

**Activities**
No activities documented
- What are local organizations doing around advocacy training?
- Or is this more appropriate as a cross-cutting strategy?

**Potential Partners/Resources for Priority Area 4: Ending Stigma**
- Austin Public Health (APH)
- AIDS Services of Austin
- Allgo
- Cardea
- Center for Health Empowerment (CHE)
- CommunityCare
- Friends of the David Powell Clinic
- HIV Planning Council
- Huston-Tillotson University
- Texas Health Action
- Travis County Health and Human Services
- University of Texas at Austin Dell Medical School
Stigma and COVID-19

Below are prompts to help the group think about Ending Stigma and COVID-19
*red text indicates discussion during the April 2020 meeting*

Limited access to healthy food increases the likelihood of Coronavirus exposure.
- How far
- How to get there
- Food stamps/money
- Many African-Americans work in so-called 'essential' jobs. Requiring face-to-face contact with others.
- Many use public transportation to get to and from jobs, the grocery store, and other essential places.
- They live in multi-generational and extended family homes, making isolation nearly impossible.
- If you work and you cannot work from home, then you have to make a very difficult decision about how you are going to put food on the table and pay rent, therefore, you probably decide to risk your health and expose yourself or your family by actually working.

Put policies in place to truly address the structural inequities.
- Many are likely to be uninsured or under-insured.
- Many don't have a primary care physician which means they aren't going in for routine check-ups which can lead to underlying health conditions going undiagnosed and untreated.
- Then when it comes to the Coronavirus and testing, not having a primary care physician can pose a real issue.
- How do I get the paperwork or how do I get what I need to get those tests? So because of that we don't get tested as early.
- Then when we’re presenting with symptoms from Coronavirus, they're at their very worst, and now we're going to possibly have these poor health outcomes
- The data is clear and has been clear for decades: African Americans, Latinos and other minority groups live sicker and die younger

There needs to be better communication about the virus in minority communities,
so that everyone understands what it's going to take for us all to protect one another

In minority areas, credible messengers often “don't have M.D.'s behind their name; they don't have Ph.D.'s behind their name,” he explains. “They may be the local barber or the local stylist in the hair salon. They have tremendous trust and credibility.”

Social distancing guidelines and stay at home orders mean that most barbershops, churches and community centers are closed. This has left a big gap in communication channels in neighborhoods.

- How do we best communicate changes in health care and social services due to COVID-19?

Sylvia Lopez:

- Social isolation among PLWH is compounded by COVID-19 and social distancing
  - This applies to those newly diagnosed and those who have been living with HIV/AIDS
  - How can we address how COVID-19 is impacting the lives of PLWH
    - Health care services; food; transportation; housing; psychosocial support
    - How can we connect and support PLWH virtually?
      - Barriers:
        - the digital divide
        - homeless population
  - Psychosocial support: Peer navigators
    - Those who have been living with HIV share experiences and offer support for newly diagnosed

ASA/Vivent health is offering food delivery services

Feelings of rejection; fears of public outings; job security; isolation are now Universal due to COVID-19

Translate what we are hearing from PLWH to our strategies

Daniel Montoya:

- Stigma, COVID-19 and intersection with HIV Activities might include the following: Literature review of Coronavirus Data and impact on Communities of Color e.g.
- Literature review of data on stigma relative to communities of color living with HIV e.g. AA
- Review of articles (States) regarding policies or legislative actions re criminalization of COVID-19 transmission
- Historical context: Danger of how PLWH have been categorized
  - Will COVID-19 have similar implications?
  - How do we approach this in a way that is truly about public health?
Chat Box

[10:08 AM] Barrientos, Anjelica
Daniel Montoya ~ yes! I will send out the documents I am taking notes on after the meeting for everyone to contribute to; look-out for an email (smile)

[10:09 AM] Pearson, Virginia R.
Providing virtual conversations with students to find out what resources they are needing (Through our counseling services) - Unfortunately, COVID has effected our ability to reach our students as it was prior to the pandemic.

[10:09 AM] Kitzmiller, Anthony
we have been assisting in new contracts related to COVID19 that will be addressed to the service providers soon.

[10:10 AM] Sheena VanDeVanter
Texas Health Action has pivoted all appointment types to telemedicine (video or phone). We are also providing drop-in testing for STIs with universal mask coverage/wait in car for social distance.

[10:10 AM] Isabel Clark
surveying contractors to learn how they are responding during covid-19 to support PLWH - staff are taking on non-traditional activities outside of contract defined scopes

[10:10 AM] Sylvia Lopez
ASA-Vivent Health: Healthy Relationships Program for PLWHA, Women Rising Project Support Group (both virtual); Women Rising's "Rising Times" newsletter; sending "coping Skills" activities: coloring pages; short readings; suggested reading by peers; "tools" such as journals; affirmation cards; one-on-one check-ins from staff with clients; follow up with

We at Walgreens are offering free home delivery of all medications and can support processing Prior Authorizations, our Community Walgreens Specialty locations (2 now in Austin with a new one in North Austin near the Domain) can often even ship medications for same-day delivery. Feel free to contact me if you need anything -
Colt    matthew.woods@walgreens.com

[10:12 AM] Barrientos, Anjelica
Are there specific strategies related to COVID-19 that should be added to the Action Plan?

[10:14 AM] Sheena VanDeVanter
I have nothing to add in the way of the strategies, but I'm loving this music

[10:16 AM] Sylvia Lopez
ASA-Vivent Health also does behavioral health via telehealth; Mpowerment program has gone virtual; ways to help clients overcome the barriers to virtual mediums -- for example, my staff is helping clients utilize tools on their phones; providing access to smartphones and training for clients who can't get them on their own; COVId education

[10:17 AM] Lyles, Scott
Literature Review

[10:23 AM] Lyles, Scott
Closing and Identifying Key Points

[10:23 AM] Sheena VanDeVanter
yep

FYI: All Walgreens locations are also having a Frontline Heroes Discount Day tomorrow, Saturday April 25th if you work in healthcare or law enforcement so just simply show your badge or nametag and receive 20-30% off as a thank you for all each of you and your teams are doing during these times to help patients in our community! :)  

[10:27 AM] Sheena VanDeVanter
Thank you!

[10:27 AM] Raggs, Rashana removed Unknown User from the meeting.

[10:27 AM] Raggs, Rashana removed Sheena VanDeVanter from the meeting.

[10:27 AM] Faye, Sakou
Thank You

[10:28 AM] Raggs, Rashana removed Guest from the meeting.

[10:28 AM] Raggs, Rashana removed Guest from the meeting.

[10:28 AM] Pearson, Virginia R.
Thank you!
**Welcome & Introductions**
- Icebreaker: What is a small that brings back a good memory?
- Meeting called to order at 0906a

**Spiral Journal**
- Something that’s been on my mind...
- I can’t help but feel...
- I could use a break from...
- I’m choosing to be here today because...
- Facilitated by Anjelica Barrientos
  - Welcome new attendee Katie Wolfe, Community Health Education Manager of Planned Parenthood of Greater Texas

**Review of Objectives Identified:**
- Mitigate accessibility challenges faced by organizations and the community
- Develop policies to address the structural inequities
- Improving communication to minority communities
- What’s your current state about the objectives?
  - Confused? Enthusiastic? Skeptical?
- Chat Waterfall used for this exercise, see below:

  [9:23 AM] Clark, Isabel (DSHS)  
  skeptical but enthusiastic
[9:23 AM] Valerie Agee
Enthusiastic

[9:23 AM] Sinnott, Emma
I'm enthusiastic; however, I do think that we may be dealing with some of this across all populations right now. We're in a period of unknown.

[9:23 AM] Claire Adkins
Enthusiastic

[9:23 AM] Sarah Alvarado
Enthusiastic about mitigating accessibility challenges and improving communication to minority communities

[9:26 AM] Sinnott, Emma
Absolutely - I just meant it as we're in the process of figuring out basics with outreach and communication right now

What is your organization doing related to one of the current objectives above?:

[9:28 AM] Sinnott, Emma
Telehealth services, provision of 60 day supply of medications, mobile health services and testing, manning a community hotline

[9:28 AM] Clark, Isabel (DSHS)
require contractor trainings to address inequities

[9:28 AM] Sarah Alvarado
CommUnityCare continues to improve telemedicine to maximize provision of care/accessibility for patients

[9:28 AM] Katie Wolfe
PPGT offers same day appointments for HIV testing. It's always the right time for Leon Bridges.

- Katie will follow-up with current PPGT practices and telehealth

[9:28 AM] Claire Adkins
Kind Clinic - we are hoping to send out a community survey/needs assessment, something quick and simple for our patients and community members to give us some feedback about what they are experiencing during Covid-19 to see where we
can better assist them in accessing resources. we also hope to host a few focus
groups to get more robust qualitative data

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<tr>
<th>Action Plan - Activity</th>
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<tr>
<td>• Facilitated discussion</td>
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<tr>
<td>o Identifying strategies that your organizations currently have to achieve COVID-19 related objectives</td>
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[9:38 AM] Katie Wolfe
Since Planned Parenthood's ability to provide in-person health education has changed, we're encouraging people to go to our national chatline with questions. People can chat with a real person about their questions about STDs, HIV, abortion, birth control, emergency contraception, pregnancy, and more. Anyone who has a phone with text messaging can access this service.

[9:38 AM] Katie Wolfe
OOPS - this is my first waterfall!

[9:38 AM] Sinnott, Emma
We're in the process of ramping up sexual health programming across all sites, this includes the expansion of sites for HIV care and prevention - we are currently the process of identifying a consultant to help develop and integrate new cultural competency and sexual health training into overall employee training - including required new employee training.

[9:38 AM] Clark, Isabel (DSHS)
access to testing - developing guidance for contractors to develop policy/process for client access to home test kits, self-collection test kits. Also, looking for resources and experts to guide adoption of tele-health/tele-med. to support clients

[9:38 AM] Claire Adkins
Kind Clinic - strategies to reduce stigma in a covid-19 world: we are offering telekind services (just hit 1300 visits last month), we still offer walk-in testing (i think they have a system in place to keep people safe, since im not on the clinical side i'm not really sure), our marketing and outreach teams have been putting out blog posts on how to have safe sex, we are also working to give out monetary support from grants we've received recently to support low-income patients --- though not very apparent, I think that by continuing to do all these things, especially the blogs, we are making it aware that we are up and running and here to help

[9:38 AM] Kitzmiller, Anthony
We have funds that we are administering for service providers. working on contracts currently

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Identifying missing strategies

[9:45 AM] Clark, Isabel (DSHS)
DSHS has only offered trainings on stigma, we need to have deeper conversations with our supported programs on how to access populations and consider all stigma experienced. Currently we only identify priority populations, but our contractors might be required to incorporate addressing stigma in all activities.

[9:46 AM] Claire Adkins
I like the at-home testing. I think that I’ve heard we are looking into offering that as well... maybe we could do more social media or virtual events to reduce stigma, keeping the conversation open and keeping everyone informed on best practices for sexual wellness/HIV/STI/etc could be a good strategy - especially to help reach minority communities.

Anjelica: a lot of stigma research tends to focus on the client’s perspective; are any organizations looking into provider self-assessments of stigma/prejudice/discrimination; or are these self-reflections/assessments integrated into training?

Community care: Sarah Alvarado
- This is important and provider self-assessments are something we are looking to incorporate.

Is Strategy: Normalize HIV Testing appropriate in this workgroup or as a Cross-Cutting Strategy?:
- Isabel Clark has been working with Daniel Montoya of Gilead Science, and this is what they do
  - Stigma of healthcare and stigma of HIV
  - Historical context of stigma surrounding public health efforts and HIV
  - 2 Different Stigmas:
    - 1 stigma: in HIV community outside of healthcare setting
      - Emma: CommUnity Care has been working on this for a long time
    - Perhaps dedicate more thought to what we mean by “normalize”
    - 2nd Stigma: stigma in healthcare setting

This strategy was moved to a cross-cutting strategy and it is noted to have a non-stigmatizing lens.

- The workgroup went through several suggestions from a document Daniel Montoya provided.
Define Austin Fast Track City Ending Stigma Vision among Clinical and Non-Clinical Care Settings: Dr. Agee felt that the group did a substantial job of defining stigma and stigma in our communities and healthcare settings when this group first convened

- Normalize HIV Testing: see discussion above
- Disseminate ‘Ending Stigma’ Best Practices to Clinical and Non-Clinical Care Organizations through Continuing Medical Education
  - The Prevention workgroup is looking into CME courses for providers and these should have an inclusive and non-stigmatizing lens
  - Anjelica reached out to Katie from Planned Parenthood because they do gender affirming care and are present in the LGBTQIA+ community
  - Evaluate Ending Stigma Efforts through Continuous Quality Improvement (CQI) Committee

Next Steps
- Explain prioritization process and when it will begin
  - FTC Consortium is May 28th
  - FTC participated in a Liberating Structures workshop last month and will hold another 2-day workshop in June
    - Liberating Structures is intended to provide FTC members and Chairs with effective and efficient facilitation and prioritization tools and methods
- Is there more work needed for prioritization? If so, please set dates and time to complete work that will be brought to consortium
  - No comments on adding items to the Action Plan
- Closing

Adjourn

Meeting Schedule:
- June 19, 2020
- July 17, 2020
- August 21, 2020

Fast Track Cities – Austin
Ending the Stigma
Meeting Agenda

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<th>Ending the Stigma Priority Group Meeting #4</th>
<th>Date:</th>
<th>June 16, 2020</th>
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<td>9:00 am – 10:30 am</td>
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Microsoft Teams Meeting

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<tr>
<th>Facilitator</th>
<th>Dr. Agee &amp; Dr. Burnette</th>
<th>Notes</th>
<th>Anjelica Barrientos</th>
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<td>1</td>
<td>Renue Jones</td>
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<td>Emma Sinnott</td>
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<td>Anthony Kitzmiller</td>
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Welcome & Introductions

- Juneteenth
  - Announcement of virtual community events
  - Resource sharing: -
    [https://www.washingtonpost.com/history/2020/06/18/juneteenth-celebration-george-floyd-protests/?fbclid=IwAR1EvjAZH7-gxjKK-8HkN88km6QNsqqyj-WK1RHvweddmzsXHoTXNmNL18](https://www.washingtonpost.com/history/2020/06/18/juneteenth-celebration-george-floyd-protests/?fbclid=IwAR1EvjAZH7-gxjKK-8HkN88km6QNsqqyj-WK1RHvweddmzsXHoTXNmNL18)
  - [https://www.youtube.com/watch?time_continue=4&v=GNEPwwv56DY&feature=emb_logo](https://www.youtube.com/watch?time_continue=4&v=GNEPwwv56DY&feature=emb_logo)
- Fast-Track Cities 2nd Year Anniversary
  - June 20, 2020: We are anticipating a celebratory event to be held in September

Discussion: This item was not addressed

- Mitigate accessibility challenges faced by organizations and the community
- Develop policies to address the structural inequities
- Improving communication to minority communities

Action Plan - Activity

- COVID-19 & Stigma review
  - Objectives related to COVID-19 and strategies organizations are using to achieve those objectives
- Prioritization
  - Voting and discussion on prioritizing objectives and strategies
    - Dr. Agee: Introduction to prioritization of Action Plan Objectives
      - [9:17 AM] Sinnott, Emma (Guest)
        2, 1
      - [9:17 AM] Alex Abbott (Guest)
        2, 1
      - [9:19 AM] Valerie Agee (Guest)
        2, 1
      - [9:19 AM] Paul Scott (Guest)
        2, 1
Based on voting, Objective 2: Advocacy and Education was prioritized

Activity: Prioritizing Objective 2 Strategies:

[9:22 AM] Sinnott, Emma (Guest)
3,1,4,2

[9:23 AM] Valerie Agee (Guest)
3214

1,4,3,2

[9:23 AM] Clark, Isabel (DSHS) (Guest)
3, 2, 1, 4

[9:23 AM] Paul Scott (Guest)
3,4,1,2

[9:23 AM] Alex Abbott (Guest)
3, 1, 2, 4

[9:24 AM] Sylvia Lopez (Guest)
Sylvia: 3, 1, 2, 4

Based on voting, Objective 1 Strategy prioritization is as follows: 3, 1, 4, 2

Next Step: FTC Support Staff will summarize results for the Workgroup

Activity: Prioritizing Objective 1 Strategies:

[9:28 AM] Valerie Agee (Guest)
1243
Based on voting, Objective 1 Strategy Prioritization is as follows: 3, 2, 1, 4

- Remember that the Action Plan is a living document

Next Steps
- Finalization and implementation of action plan
  - Shana: Presented the Austin/Travis County FTC Booklet that will be printed in the upcoming months and will be distributed among organizations and throughout the community
- Participation in next Liberating Structures workshops that will be held June 24th and June 25th, 2020

| | 
|---|---|
| Agreement: | All |
| | 30 minutes |
The methods and tools learned will help the workgroup members prioritize and implement the Action Plan

- Liberating Structure – 15% Solutions: Facilitated by Shana
  - What is your or your organization’s 15 percent?
    - [9:44 AM] Paul Scott (Guest)
      Individually: Continue to educate myself on the unique stigma issue for black and brown persons living with HIV
    - [9:45 AM] Paul Scott (Guest)
      Organizationally: Assess the organization's capacity needs to support a sustained anti-stigma initiative
    - [9:45 AM] Sylvia Lopez (Guest)
      Sylvia: Personally/Organizationally: Engage Women Rising Advisory Board
    - [9:46 AM] Clark, Isabel (DSHS) (Guest)
      Advocate for and educate others about HIV stigma facing our black and brown population
    - [9:46 AM] Sinnott, Emma (Guest)
      Educate and advocate both personally and professionally. Support the incorporation of comprehensive cultural competency training at all levels within the organization. Embrace being uncomfortable to I can grow
  - What can you do without more resources or authority?
    - [9:48 AM] Valerie Agee (Guest)
      Organizationally: continue to offer appropriate/culturally comp language
    - [9:48 AM] Alex Abbott (Guest)
      Provide an inclusive, welcoming environment for all clients seeking care
    - [9:49 AM] Paul Scott (Guest)
      Prioritize dialogue and conversations around stigma (impact and opportunities to address)
    - [9:49 AM] Sylvia Lopez (Guest)
Sylvia; (1) Engage/educate Women Rising Advisory Board; (2) continue to include anti-stigma perspectives in Women Rising newsletter

[9:50 AM] Clark, Isabel (DSHS) (Guest)
model a culture of inclusion, be respectful and value others

- Do you perceive there are barriers preventing you from acting and if so, what are they?

[9:52 AM] Valerie Agee (Guest)
Organizationally: Barrier would be ensuring we have the right people on staff that are culturally aware

[9:52 AM] Sinnott, Emma (Guest)
competing priorities - trying to meet people where they are in appropriate way – covid

[9:52 AM] Clark, Isabel (DSHS) (Guest)
individually no

[9:52 AM] Valerie Agee (Guest)
Individually: I don't see any barriers in me doing my part. but constant reminders to myself.

[9:53 AM] Paul Scott (Guest)
Yes, primary barrier is complacent attitude around HIV as a public health issue. Additional barrier is disproportionate impact of HIV on black and brown communities - reflecting systemic issue

[9:54 AM] Sylvia Lopez (Guest)
neither individually or organizationally except CoVID-19 impacts to work. Sylvia - see above. Also can’t predict Adv Board 15%

Adjourn

Meeting adjourned at 10:02 a.m.

Meeting Schedule:
- July 17, 2020
- August 21, 2020
Next Step:

1) FTC Support Staff will summarize results for the Workgroup

Fast Track Cities – Austin
Ending Stigma
Meeting Agenda

<table>
<thead>
<tr>
<th>Ending the Stigma Priority Group Meeting #4</th>
<th>Date:</th>
<th>August 21, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Time:</td>
<td>9:00 am – 10:30 am</td>
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<tr>
<td></td>
<td>Location:</td>
<td>Microsoft Teams Meeting</td>
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<table>
<thead>
<tr>
<th>Facilitator</th>
<th>Notes</th>
<th>Anjelica Barrientos</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Agee &amp; Dr. Burnette (Dr. Burnette was not present)</td>
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<table>
<thead>
<tr>
<th>Attending</th>
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<tbody>
<tr>
<td>1</td>
<td>Rashana Raggs</td>
<td>5</td>
<td>Fernanda Santos</td>
<td>9</td>
</tr>
<tr>
<td>2</td>
<td>Hailey de Anda</td>
<td>6</td>
<td>Scott Lyles</td>
<td>10</td>
</tr>
<tr>
<td>3</td>
<td>Alex Abbott</td>
<td>7</td>
<td>Colt Woods</td>
<td>11</td>
</tr>
<tr>
<td>4</td>
<td>Sheldon Darnell</td>
<td>8</td>
<td>Taylor Stockett</td>
<td>12</td>
</tr>
</tbody>
</table>

Welcome & Introductions
- Ice breaker

Review Q&A:
- Prioritization
  - Dr. Agee reviewed the prioritization process of objectives and strategies that occurred at previous meetings

Liberating Structure – Purpose 2 Practice
- Practices
  - Outputs
  - Outcomes
- Principles
- Participants
- Structure
  - Rashana Raggs introduced the exercise
  - Dr. Agee facilitated the activity. Please refer to the link: https://docs.google.com/presentation/d/1h7f9RcUetQWnaemA2dmiiBh6pVM9z7pRZxf2_jkqK0/edit#slide=id.g909fa13390_3_280
  - Hailey de Anda explained the purpose of this activity: to build contracts with the APH HRAU to receive Ending the Epidemic grant funds

Adjourn

<table>
<thead>
<tr>
<th>All</th>
<th>10 Minutes</th>
<th>60 minutes</th>
<th>10:30 am</th>
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</thead>
</table>

All | 10 Minutes | 60 minutes | 10:30 am |
**Next Steps:**

1. The workgroup will continue the Purpose to Practice exercise at the next meeting (revisit “parking lot” items)

Meeting Schedule:
- September 18, 2020
- October 16, 2020
- November 20, 2020

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**Priority Area 4: Ending Stigma**

<table>
<thead>
<tr>
<th>Objectives</th>
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<th>Prioritization Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 4.1: Inclusion</td>
<td>0</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
</tr>
<tr>
<td>Objective 4.2: Advocacy and Education</td>
<td>7</td>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

**Objective 4.1: Inclusion:**

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<td>Strategy 4.1.2: Incentivize Participation</td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>Strategy 4.1.1: Respectful and Inclusive Language</td>
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**Objective 4.2: Advocacy and Education:**

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<tbody>
<tr>
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<td>Strategy 4.2.3: Establish Leadership of Community Advocacy Council</td>
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<td>Strategy 4.2.2: Empowering and Uniting Through Story Sharing and Promoting Community</td>
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Chat Box

[9:05 AM] Woods, Colt (Guest)
Good Morning Y’all, I’m still on another work call. I’ll come back to this one as quick as I can as I do have a question about how Prevention and Stigma can work more together :) 

[9:06 AM] Raggs, Rashana
Please type your name and organization within the chat

[9:06 AM] Dr. Agee (Guest)
Good morning all - Dr Agee Dir of Operations - Center for Health Empowerment

[9:07 AM] Taylor Stockett (he/him) (Guest)
Taylor Stockett, Hill Country Ride for AIDS

[9:08 AM] Woods, Colt (Guest)
Colt Woods with Walgreens :)

[9:12 AM] Taylor Stockett (he/him) (Guest)
WHAT! How cool!

[9:14 AM] Barrientos, Anjelica
Anjelica Barrientos, AmeriCorps VISTA, FTC Support Team

[9:16 AM] de Anda, Hailey
Hailey de Anda, Austin Public Health

[9:17 AM] Raggs, Rashana added Guest to the meeting.

[9:18 AM] Rocky (Guest)
I can’t see the presentation on video, is this document linked in the call details?

[9:19 AM] Alex Abbott (Guest)
Alex Abbott - CommUnityCare

[9:19 AM] Rocky (Guest)
Is this it?
https://docs.google.com/presentation/d/1h7f9RcUetQWnaemA2dmii8h6pVM9z7p8RZxf2_jkqK0/mobilepresent?slide=id.g909fa13390_3_312
(1 liked)

[9:19 AM] Rocky (Guest)
Oh ok.. thanks
[9:20 AM] Taylor Stockett (he/him) (Guest)  
yes!

[9:20 AM] Dr. Agee (Guest)  
yes

[9:20 AM] Alex Abbott (Guest)  
yes

[9:21 AM] Rocky (Guest)  
Yes

[9:21 AM] de Anda, Hailey  
yes

[9:21 AM] Sheldon Darnell (He/They) (Guest)  
Yes

[9:21 AM] Santos, Fernanda  
yes

[9:21 AM] Sheldon Darnell (He/They) (Guest)  
https://docs.google.com/presentation/d/1h7f9RcUetQWnaemA2dmiiBh6pVM9z7p8RZxf2_jkgK0/mobilepresent?slide=id.p1

[9:22 AM] de Anda, Hailey  
Thank you Sheldon for sharing the link.

[9:24 AM] Raggs, Rashana added Unknown User to the meeting.

[9:28 AM] Santos, Fernanda  
It educates parents and young people on facts about HIV/AIDS

[9:28 AM] Santos, Fernanda  
and testing

[9:30 AM] Santos, Fernanda  
It educates the community on PrEP and PEP access

[9:31 AM] de Anda, Hailey  
Status neutral is an excellent lens to use when considering building out the plan  
(1 liked)
[9:31 AM] Jones, Renue has left the meeting.

[9:31 AM] Clark, Isabel (DSHS) (Guest)
comments for Alex's great comment - clarify HIV services to include HIV testing, status neutral referrals to Prevention and HIV care services

[9:35 AM] Clark, Isabel (DSHS) (Guest)
build and increase trust in the community

[9:36 AM] de Anda, Hailey
that sounds good to me!

[9:36 AM] Taylor Stockett (he/him) (Guest)
sounds good!

[9:37 AM] Santos, Fernanda
Do you all have a specific community or zip code you are focusing on or is this for Travis County as a whole? Sorry I missed some meetings

[9:41 AM] Santos, Fernanda
ok thank you!

[9:43 AM] Dr. Agee (Guest)
yes

[9:43 AM] de Anda, Hailey
yes

[9:45 AM] Alex Abbott (Guest)
As a practice: What about recruiting members of the community to participate?

[9:50 AM] Santos, Fernanda
first bullet: outputs - list of ACTIVE resources for education, advocacy and access to care on HIV/AIDS in Travis County; outcomes: increase access to accurate medical information, health care and policy advocacy on HIV/AIDS

[9:51 AM] Killion, Jaseudia
Key Informants

[9:51 AM] Killion, Jaseudia
Have people identify them
[9:55 AM] Killion, Jaseudia
Yes my comment is related to Alex and Taylors comment

[9:58 AM] de Anda, Hailey
no more outputs for me.

[9:59 AM] Alex Abbott (Guest)
I vote to move on

[9:59 AM] Taylor Stockett (he/him) (Guest)
Outcome - more engaged community actively working together to end the epidemic.

[10:03 AM] Alex Abbott (Guest)
May I interject with a quick question?

[10:03 AM] Raggs, Rashana
30 minute check **

[10:05 AM] Alex Abbott (Guest)
Thank you for the explanation :)

[10:07 AM] Rocky (Guest)
Outcome- i want to see more systems designed to support gender affirming services that are specific to HIV for trans masculine people (currently a huge gap in services for this population)- this may involve changing the narrative and language around how we handle engagement. Not sure if this is useful here

[10:08 AM] Alex Abbott (Guest)
Yes! Provide value and be intentional in outreach efforts

[10:09 AM] Killion, Jaseudia
Yes people need a reason to participate

[10:10 AM] Killion, Jaseudia
Be people centered

[10:10 AM] Rocky (Guest)
Outcome- increasing awareness, education, and tools for communities not historically considered high risk populations.

[10:12 AM] Clark, Isabel (DSHS) (Guest)
agree with Rocky’s comment - HIV prevention community seems to primarily include trans women in priority populations but not trans men. this may be funding influence but we need to include this population and build data to prove the need to include.

[10:12 AM] Santos, Fernanda

second bullet: outputs - workshops/presentations by potential young leaders (adolescents -up 24 years of age) to health care providers and council leaders on challenges experienced by young people diagnosed with HIV and challenges experienced by the LGBTQIA community (can be done with non-profit groups like Changing Lives, like a play or real stories and experiences of young people with stigma)

[10:13 AM] Santos, Fernanda
sorry this was for second bullet

[10:13 AM] Rocky (Guest)
Yes maybe inclusion*

[10:13 AM] Clark,Isabel (DSHS) (Guest)
oops - correct my comment to include trans males, not trans women

[10:14 AM] Raggs, Rashana
15 minutes check **

[10:14 AM] Clark,Isabel (DSHS) (Guest)
delete my 10:13 comment - multitasking

[10:15 AM] Santos, Fernanda
sorry I was writing on the box and pressed enter by accident

[10:19 AM] Lyles, Scott
Please remember to connect Austin Travis data to strategies being developed

[10:20 AM] Santos, Fernanda
Agree!!!

[10:20 AM] Santos, Fernanda
Yes Rocky!

[10:20 AM] Santos, Fernanda
Agree!
[10:22 AM] Santos, Fernanda

[10:23 AM] Woods, Colt (Guest)
Great points Rocky!

[10:24 AM] Woods, Colt (Guest)
That’s why it’s so important that people like you stay engaged in this conversation to represent strongly like you are :) 

[10:24 AM] Taylor Stockett (he/him) (Guest)
Thank you Rocky!!!

[10:24 AM] Santos, Fernanda
This is the YRBS data 2019 and there are not only behaviors but mental health data that show trans people with rates of suicide thoughts and attempt 2 to 3 times higher Also LGBT numbers compared with others are much higher for specific behavior. If you all have some time it would be worth it to mention this data when talking with council and leaders

[10:26 AM] Santos, Fernanda
Thanks!

[10:26 AM] Rocky (Guest)
Thanks for invite.

[10:26 AM] Taylor Stockett (he/him) (Guest)
Thanks y’all! See ya next time =)

[10:26 AM] Santos, Fernanda
Thanks!

[10:26 AM] Clark, Isabel (DSHS) (Guest)
bike, thanks!

Fast Track Cities – Austin
Ending Stigma
Meeting Minutes
Ending the Stigma
Priority Group Meeting #4

Date: October 16, 2020
Time: 9:00 am – 10:30 am
Location: Microsoft Teams Meeting

Facilitator Dr. Agee & Dr. Burnette
Notes Dylan Keesee

Attending
4. Dr. Agee 8. Sharmila Paul 12

Welcome & Introductions
Meeting called to order at 9:07AM
- Ice breaker – Give a positive word with the first letter of your name
  - Ex: Super-di-duper Scott 😊😊

Presentation on Stigma Index
- Sharmila Paul & Shannon Scroggins, Dell Medical School
  - Study objective: to explore the distribution and severity of stigma in PLWH and to assess its impact on access to care
  - Stigma scale consists of 5 subsets of stigma
  - Long term goal is to create a culturally competent and effective intervention for stakeholders
- Discussion of how the study’s work can be implemented into the FTC Action Plan

Liberating Structure – Purpose 2 Practice
- Strategies completion of Objective 4.2
  - 4.2.1: Implement the PLWH Stigma Index
    - Coordinate with HIV Planning Councils efforts to support bringing the index to UT Austin and Huston-Tillotson and other academic institutions
    - Discussion of electronic surveying and how it can contribute to bias
  - 4.2.2: Empowering and Uniting Through Story Sharing and Promoting Community
    - Create or add to calendar of local events within our community
    - Support these events by promotion and involvement
    - Supporting the efforts of utilizing the stigma index
- Objectives 4.1: Inclusion
  - Discussion of why inclusion is important
- Refer to the Interactive Purpose to Practice PowerPoint that accompanies the meeting’s documents:
  https://docs.google.com/presentation/d/1h7f9RcUetQWaemA2dmi8h6pVM9z7p8Rxf2_jkqK0/edit?usp=sharing
FTC Adherence Conference Announcement

- Registration fee is $125 for members $150 for nonmembers
- November 2-3

Adjourn
Meeting adjourned at 10:28AM

Meeting Schedule:
- November 20, 2020
- December 18, 2020

Next Steps: Continue the Purpose to Practice exercise and address the strategies under the 4.1: Inclusion objective

Priority Area 4: Ending Stigma

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</table>
[10/16 9:11 AM] Jones, Renue has left the meeting.

[10/16 9:13 AM] Still, Laura

Laura Still, APH Focused Testing Program

[10/16 9:14 AM] Alvarado, Sarah (Guest)
I still see the title slide?

[10/16 9:24 AM] Raggs, Rashana added Guest to the meeting.

[10/16 9:25 AM] Taylor Stockett (he/him) (Guest)
Taylor Stockett, Hill Country Ride for AIDS

[10/16 9:27 AM] Raggs, Rashana
Welcome Taylor!

[10/16 9:53 AM] Still, Laura

Do you have HIV testing at that event?

[10/16 9:54 AM] Still, Laura

We do drive-up rapid HIV testing

[10/16 9:54 AM] Still, Laura

( will follow up after since it’s not related to this item)

[10/16 10:01 AM] Raggs, Rashana
**30 minutes check**

[10/16 10:14 AM] Sharmila Paul (she/her/hers), DMS MS3 (Guest)
I like that idea Taylor...could we utilize Story Corps in that line of story sharing?

[10/16 10:14 AM] Taylor Stockett (he/him) (Guest)
Very similar to story corps!

[10/16 10:14 AM] Lyles, Scott
**Outputs:** Audio Recording and Video Production
Edited
100% what Taylor says! Podcasts are so IN right now and are so powerful!

but using the method that is most accessible to those sharing their stories

Achieving Together has blogs and calls for participants

YES!

We can also have folks on our APH radio station

Improve mental health by reducing stigma and isolation

Sponsored by the International Association of Providers of AIDS Care (IAPAC), Adherence 2020 will be the 15th conference in an annual series of conferences featuring the presentation and discussion...

Wish I could participate...but I'll be doing election work on those two days

Thank you so much for allowing us to join you! We were able to learn so much as part of this process and were so excited to engage with such a committed, passionate group

Thank you Shana!!! celebration hands and claps

[10/16 10:28 AM] Aya Rossano (Dell Med) (Guest)
Yes, thank you all! We are encouraged by all the great work that you all are doing!

[10/16 10:28 AM] Lyles, Scott (gift)

[10/16 10:28 AM] Taylor Stockett (he/him) (Guest)
LOL

[10/16 10:29 AM] Sharmila Paul (she/her/hers), DMS MS3 (Guest)
bye everyone!

[10/16 10:29 AM] Still, Laura

Thank you FTC team!
DALLAS COUNTY FAST TRACK COUNTY PLANNING MEETING
DCHHS, Room 434

Wednesday, July 24, 2019
3:30PM-5:00PM

AGENDA

Welcome.................................................................Phil Huang, MD, MPH

August 26 FTC Launch ........................................................Group
  A. Logistics
  B. Public Input, Facilitators

Upcoming Workgroups ........................................................Group
  A. Guiding Principles
  B. Toolkits

Updates from Achieving Together,
Ending the Epidemic, others ............................................Group

Other issues/discussion.......................................................Group

Next Steps-Action Items.....................................................Group

Adjourn
Dallas Fast Track County
Steering Committee Meeting
DCHHS, Room 434

Wednesday, September 18, 2019
4:00PM-5:00PM

AGENDA

Welcome.................................................................................................................. ...Phil Huang, MD, MPH August 26

FTC Launch Review.................................................................................................Group

Upcoming Workgroups ..........................................................................................Group
A. Guiding Principles
B. Proposed Goals for Meeting 1:
   • Review Fast Track County Initiative
   • Review and affirm Guiding Principles
   • Review and affirm Main Strategies for each Workgroup area
   • Identify additional Critical Factors for Success
   • Identify who else needs to be involved
   • Identify process to develop Logo for Dallas Fast Track County
   • Prioritize top 2 strategies for each Workgroup area

C. Process support:
   • Materials
   • Table Facilitators

D. Proposed Goals for Meeting 2:
   • Identify key long-term and short-term goals/milestones (Link to logic model?)
   • Identify specific activities that need to happen to accomplish short-term goals/milestones and develop initial Action Plan with specific actions and timelines

   Specific Action Who is Responsible By When

E. Proposed Goals for Meeting 3:
   • Review status of Action Plan Items – Ongoing process to make sure not just good ideas on paper
   • Identify what is working and what isn’t working
   • Update Action Plan if necessary
   • Review Data Indicators

Process for developing logo for Dallas Fast Track County........................................Group

Social Media...........................................................................................................Group

Next Steps-Action Items.........................................................................................Group Adjourn
Dallas Fast Track County Workgroup
Meeting Session 1

Tuesday, October 8, 2019
6:00PM-9:00PM

Goals for Today:
• Come to Consensus on Key Strategies for each workgroup area
• Prioritize top 2-3 Strategies for each workgroup area

AGENDA

Welcome/Introductions ................................................................. 5 minutes

Background ............................................................................... 10 minutes

Guiding Principles .................................................................... 5 minutes

Small Group Work ................................................................. 20 minutes
• Review Strategies - Any Missing? Any need to be removed?
• Identify Critical Factors for Success and Considerations for Prioritization
• Identify other partners that need to be at the table

Voting on Priority Strategies ............................................... 5 minutes

Next Steps-Action Items ......................................................... 5 minutes

Adjourn

Upcoming Meetings:

Session 2
• Monday, November 18th 9:00AM- 4:30PM at DCHHS, 2377 N Stemmons Fwy, Suite 627 A/B, Dallas, TX 75207
Detailed schedule: (9:00-10:20 – Prevention; 10:30-11:50 – Testing and Rapid Linkage to care; Noon-1:30 – Lunch Break; 1:30-2:50 – Retention, Re-Engagement and Viral Suppression; 3:00-4:30 – Ending Stigma)
• Tuesday, November 19th 6:00PM-9:00PM at DCHHS, 2377 N Stemmons Fwy, Suite 627A/B, Dallas, TX 75207
Dallas Fast Track County
Steering Committee Meeting
DCHHS, Room 434

Wednesday, October 30, 2019
3:30PM-5:00PM

AGENDA

Welcome ................................................................. Phil Huang, MD

Sept. 24, Oct. 5, Oct. 8 Workgroup Sessions ......................................... Group
   A. Review of Final Strategies and Prioritization
   B. Other comments/ suggestions
   C. Who else needs to participate

Upcoming Workgroups Nov. 18, 19 .............................................. Group
   A. Logistics
   B. Action Planning
   C. Follow Up

Updates from Achieving Together,
Ending the Epidemic, others .................................................. Group

Other issues/ discussion .......................................................... Group

Next Steps- Action Items ......................................................... Group

Adjourn
Dallas Fast Track County
Steering Committee Meeting
DCHHS, Room 434

Monday, November 11, 2019
3:30PM-5:00PM

Questions/Discussion for today:
1. Shared understanding of expectations regarding the plan from DSHS
2. How does this impact other levels of community planning?
3. Look at the timeline
4. Marching orders for the Task Force

AGENDA

Welcome ........................................................................ Phil Huang, MD

Discussion with Shelley Lucas with DSHS.................................Group

Upcoming Workgroups Nov. 18, 19 ........................................ Group
A. Final Logistics
B. Facilitation
C. Follow Up

Other issues/ discussion .........................................................Group

Next Steps- Action Items ...................................................... Group

Adjourn
Dallas Fast Track County
Workgroup Meeting Session

Monday, November 18, 2019
9:00AM-4:30PM
DCHHS (Suite 627A/B)

Overall Meeting Schedule:

- 9:00-10:20 - Prevention
- 10:30-11:50 - Testing and Rapid Linkage to care
- Noon-1:30 - Lunch Break
- 1:30-2:50 - Retention, Re-Engagement and Viral Suppression
- 3:00-4:30 - Ending Stigma

Goals for Today:
- Identify key milestones and critical factors for success for the top 2-3 strategies that have been prioritized for each workgroup area
- Develop action plans with specific action steps for each of the top 2-3 strategies.

AGENDA FOR EACH TOPIC AREA

Welcome/Introductions ........................................................................................................10 minutes

Background ..........................................................................................................................5 minutes

Small Group Work ..............................................................................................................30 minutes

- Review Top 2-3 Strategies
- Identify Key Milestones and Critical Factors for Success
- Identify specific actions steps to move forward on top 2-3 strategies

Report from Small Groups and Develop Consensus Action Steps ..............................30 minutes

Next Steps/Additional Action Items ................................................................................5 minutes

Adjourn

Upcoming Meeting:
Session 2

- Tuesday, November 19th 6:00PM-9:00 PM at DCHHS, 2377 N Stemmons Fwy, Suite 627A/B, Dallas, TX 75207

Session 3

- Wednesday, January 22nd 9:00 AM-5:00 PM
- Thursday, January 23rd 6:00 PM-9:00 PM
Dallas Fast Track County Workgroup Meeting Session

Wednesday, January 22, 2020
9:00AM-4:30PM

Overall Meeting Schedule:

- 9:00-10:20 – Ending Stigma
- 10:30-11:50 – Testing and Rapid Linkage to care
- Noon-1:30 – Lunch Break
- 1:30-2:50 – Retention, Re-Engagement and Viral Suppression
- 3:00-4:30 – Prevention

Goals for Today:
- Review status of action plan items.
- Discuss new action items and next steps

AGENDA FOR EACH TOPIC AREA

Welcome/Introductions.................................................................10 minutes

Background .....................................................................................10 minutes

- Review Current Status of Action Items
- Additional Action Items or Follow-Up
- Discussion
- Any other partners that need to be at the table

Next Steps.......................................................................................5 minutes

Adjourn

Upcoming Meetings:
Session 3 (If you didn’t make it on January 22, 2020)
- Thursday, January 23, 2020 from 6:00PM-9:00PM at DCHHS, 2377 N Stemmons Fwy, Suite 434, Dallas, TX 75207
Dallas Fast Track County
Steering Committee Meeting
DCHHS, Room 434

Thursday, February 20, 2020
9:00AM-10:15AM

AGENDA

Welcome ......................................................... Phil Huang, MD

CDC RFA Grant Proposal ............................................ Group

Plan Framework ....................................................... Group

Upcoming Workgroups March 23, 24 ................................ Group

Updates on Action Plan, Task Force, Achieving Together,
Ending the Epidemic, others ........................................ Group

Other issues/ discussion ................................................. Group

Next Steps- Action Items ............................................ Group

Adjourn
Dallas Fast Track County
Steering Committee Meeting
DCHHS, Room 434

Thursday, February 20, 2020
9:00AM-10:15AM

AGENDA

Welcome ................................................................. Phil Huang, MD

CDC RFA Grant Proposal ........................................... Group

Plan Framework ......................................................... Group

Upcoming Workgroups March 23, 24 ................................ Group

Updates on Action Plan, Task Force, Achieving Together,
Ending the Epidemic, others ........................................ Group

Other issues/ discussion ............................................. Group

Next Steps- Action Items ........................................ Group

Adjourn
Questions/Discussion for today:

1. Federal Update on End the Epidemic
2. Discuss coordination with Task Force
3. Planning for March 23, 24 meeting

AGENDA

Welcome ................................................................. Phil Huang, MD

Federal End the Epidemic Updates................................................. Group

Upcoming Workgroups March 23, 24 ........................................... Group
   A. Final Logistics
   B. Follow Up

Other issues/ discussion ......................................................... Group

Next Steps- Action Items ...................................................... Group

Adjourn
Tuesday, August 18, 2020
6:00PM-7:30PM

Join Microsoft Teams Meeting
+1 469-208-1731 United States, Dallas (Toll)
Conference ID: 765 336 622#

AGENDA

Welcome and Introductions ................................................................. 5 Minutes

Overview/ Review since COVID-19..................................................... 5 Minutes

Demo of Iris - PCCI.................................................. 10 Minutes

Updates .................................................................................................... 60 Minutes

A. DCHHS
B. Prevention
C. Early Detection & Rapid Linkage to Care
D. Retention, Re-Engagement and Viral Suppression
E. Ending Stigma

Other Business/ Next Steps ................................................................. 10 Minutes

Adjourn
AGENDA

Welcome and Introductions ........................................ Phil Huang, MD

Updates ........................................................................... Group

A. DCHHS
B. HIV Task Force
C. Other Updates
D. Ending the HIV Epidemic Consolidated Master Plan
   a. Prevention
   b. Diagnose (Early Detection & Rapid Linkage to Care)
   c. Respond
   d. Treat (Retention, Re-Engagement and Viral Suppression)
   e. Ending Stigma

Other Business/ Next Steps .............................................. Group

Adjourn
# Fast-Track Planning Meeting

**Dallas County Fast Track County Planning Meeting**

**DCHHS, Room 434**

**Wednesday, July 24, 2019**

3:30PM-5:00PM

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**Fast Track Cities: Ending the Epidemic**

August 26, 2019
<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Phone</th>
<th>Organization</th>
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</thead>
<tbody>
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<td>Achieving Together &amp; RWPC/DAFT</td>
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### Fast Track Cities: Ending the Epidemic

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<tbody>
<tr>
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<td>PHHS</td>
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# FAST TRACK COUNTY STEERING COMMITTEE MEETING

**DCHHS, ROOM 434**  
**Wednesday, September 18, 2019**  
**4:00PM-5:00PM**

<table>
<thead>
<tr>
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<th>AGENCY</th>
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</thead>
<tbody>
<tr>
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</tr>
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<td>214-943-8124</td>
</tr>
<tr>
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<td><strong>Justin Henry</strong></td>
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DALLAS FAST TRACK COUNTY TO END THE HIV EPIDEMIC
SESSION 2
MONDAY, NOVEMBER 18, 2019
9:30AM-5:00PM
627 A/B

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</tbody>
</table>

202
**Dallas Fast Track County to end the HIV Epidemic**

**Session 1**

Dallas County, HHS Suite 434

**SATURDAY, OCTOBER 05, 2019**

**9:30AM-11:00AM**

<table>
<thead>
<tr>
<th>NAME &amp; TITLE</th>
<th>AGENCY</th>
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<td>Brent J. Taylor</td>
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FAST TRACK COUNTY STEERING COMMITTEE MEETING
DCHHS, ROOM 434
Monday, November 11, 2019
3:30 PM - 5:00 PM

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<td>Justin M. Henry</td>
<td>DCHHS- RWPC</td>
<td><a href="mailto:justin.henry@dallascounty.org">justin.henry@dallascounty.org</a></td>
<td>214-819-1829</td>
</tr>
<tr>
<td>Glenda B. Johnson</td>
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<td>214-819-1857</td>
</tr>
<tr>
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<td>214-819-2144</td>
</tr>
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</tr>
<tr>
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<td>Karin Goff</td>
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<td>214-590-7059</td>
</tr>
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</table>
# FAST-TRACK CITIES

**DALLAS FAST TRACK COUNTY TO END THE HIV EPIDEMIC**

**SESSION 2**

**MONDAY, NOVEMBER 18, 2019**

9:30AM-5:00PM

627 A/B

<table>
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<tr>
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<th>AGENCY</th>
<th>EMAIL ADDRESS</th>
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<tr>
<td>Kenton Hill-Songe</td>
<td>SBPAN</td>
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<tr>
<td>Lovey Willis</td>
<td>Alumni Prosperity</td>
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<tr>
<td>Karin Tellez</td>
<td>FANTX</td>
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<td>Cindy Zoellner</td>
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DALLAS FAST TRACK COUNTY TO END THE HIV EPIDEMIC

SESSION 2
TUESDAY, NOVEMBER 19, 2019
6:00PM-9:00PM
627 A/B

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<tr>
<td>Aurelia Schindling</td>
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# Dallas Fast Track County

**Steering Committee Meeting**

**Wednesday, December 18, 2019**

2:30PM-4:30PM
DCHHS, Room 434

<table>
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<tr>
<th>Name &amp; Title</th>
<th>Agency</th>
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<tr>
<td>Shirley Rivers</td>
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<td>Jonathan Gute</td>
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<td>214.590.7059</td>
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</table>
# DALLAS FAST TRACK COUNTY WORKGROUP SESSION 3

**Location:** DCHHS, ROOM 627  
**Date:** Wednesday, January 22, 2020  
**Time:** 9:00 AM - 4:30 PM

## NAME & TITLE | AGENCY | EMAIL ADDRESS | OFFICE NUMBER
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Toni Sarrac, PA-C | Gilead Sciences | toni.sarrac@gilead.com | (505) 390-3398
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Renata Tevis | PHHS | renata.tevis@phhs.org | 214-590-0185
<table>
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<tr>
<td>Ellen Kitchin</td>
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</tr>
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<td>214-1591591</td>
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<td>Donna Pernaud</td>
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<td>214-5292008</td>
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<td>Amanda Evans MD</td>
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## DALLAS FAST TRACK COUNTY WORKGROUP SESSION 3

**DCHHS, ROOM 627**

**Wednesday, January 22, 2020**

**9:00AM-4:30PM**

<table>
<thead>
<tr>
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<th>AGENCY</th>
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<tr>
<td>Cory Bradley, PhD</td>
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<td>214-819-2014</td>
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<tr>
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<td>Brian Hughes</td>
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<tr>
<td>Ruby Blum</td>
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</tr>
<tr>
<td>Justin Henry-Flamer</td>
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<td>214-819-1879</td>
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<tr>
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<td>Octavia Hendrix</td>
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<td>214-819-1878</td>
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<td><a href="mailto:B.Karimi@hsjnj.com">B.Karimi@hsjnj.com</a></td>
<td>214-529-2008</td>
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<tr>
<td></td>
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<td><a href="mailto:Philip.Huyn@DallasCounty.org">Philip.Huyn@DallasCounty.org</a></td>
<td>214-819-2014</td>
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<tr>
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<td><a href="mailto:Katy.Wamble@DallasCounty.org">Katy.Wamble@DallasCounty.org</a></td>
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<td><a href="mailto:S.Hughes@dallascounty.org">S.Hughes@dallascounty.org</a></td>
<td>214-819-1841</td>
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<td></td>
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<td><a href="mailto:D.Walkins@its.jnj.com">D.Walkins@its.jnj.com</a></td>
<td>214-590-7069</td>
</tr>
<tr>
<td>Jonathan Gutierrez</td>
<td>PHHS</td>
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</table>
# Dallas Fast Track County Steering Committee

**DCHHS, Room 434**  
**March 9, 2020**  
**3:00 PM - 4:00 PM**

## Name & Title | Agency | Email Address | Office Number
---|---|---|---
Brent J. Taylor | SBPAV | b.jtaylor@sbpan.org | 214-521-5181
Karin Petties | PHNTX | karin.petties@phntx.org |  
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Jennifer Moore |  
Yessenia R. Alvarez | DCHHS | yessenia.alvarez@dallas | 819-2054

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A. Community Assets Prevention

1. Comprehensive sex education NTARUPT.org
2. HIV Programs for youth
3. Churches, schools, senior center
4. Paraphernalia law policy issues
5. PrEP clinics in the area which identify resource available with HIV task force
6. Needle exchange program illegal in Texas
7. Dr. Helen King pushing for sex health PrEP clinic in Parkland
8. Talk about it Dallas! Have sex education and sex health media campaign
9. Harm reduction and coalition

B. Critical factors for success prevention

1. Have a system of reporting data group
2. Culturally appropriate sex education
3. Be radical, be accessible, and be present
4. We need cultural and language specific material and intervention
5. Educate non-HIV providers and reach out to FQHC’s
6. English material should not be translate to Spanish. We should have Spanish material along with Spanish speakers in conversation.
7. Target marketing to heterosexual couples
8. Holding multiple trainings
9. Outreach to providers
10. Have focus on STI behavior versus orientation lifestyles
11. Collaborate effort with area hospitals
12. Comprehensive sex Ed for youth and their parents that addresses sexual risk factors for all risky behaviors.
13. Education and reducing the stigma so individuals feel comfortable disclosing
14. Standardized protocol for non HIV providers to identify STI’s as red flag and to prescribe PrEP
15. Have more people from “at risk community” that engage in certain behaviors involved in prevention and warning efforts- people are more open with people they feel they have something in common

C. Community Assets Testing and Linkage

1. Locations
2. Pop- Up Clinics
3. Community engagement
4. Non-traditions
5. Gatekeepers
6. Schools, Universities, Churches, Radio Stations {97.9 and K104}
7. Saturday clinic dedication
8. Senior Centers
9. Community block parties and fairs
10. Street outreach teams
D. Critical Factors for Success testing and linkage

1. Advertisement
2. Community engagement
3. Consistency
4. Bilingual
5. Non-traditional hours
6. Innovation thinking
7. Meeting people where they are
8. Mobility
9. Social landscape
10. Community bay-ins
11. Partnership with schools, radios, churches
12. Educate leadership privately (point of testing)
13. Stigma reduction
14. Targeting marketing
15. Incentives testing for tickets
16. Rapid Start
17. Opt out testing at hospitals and clinics
18. Encourage testing for people getting yearly physicals
19. Survey HIV providers
20. Testing ads with hook up apps and promo codes
21. Testing pop up at bath houses and adult stores
22. Renting out hotels rooms
23. Definition of rapid start – ETI (Early Treatment Initiation) is it 48hrs, 60hrs, 72hrs, etc.?

E. Community Assets Stigma

1. Having these conversations with organizations outside SOS
2. Education with multiple languages embracing our differences
3. Include senior LGBT community
4. Use AARP as a vehicle to get word out
5. Create listening post at events
6. Community and staff training
7. Get out into the community and let them know what’s available in regards to HIV care
8. Acceptance of faith communities and churches
9. Get a talk session with KERA gospel
10. Education with multiple languages embracing our differences
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22. Community and staff training
23. Get out into the community and let them know what's available in regards to HIV care
24. Acceptance of faith communities and churches
25. Get a talk session with KERA gospel channel
26. Sepia in the factors of HIV
27. Open discussion in the community
28. Increasing education opportunities
29. Look at specific populations independently
30. PSA's public service announcements weekly use all media
31. Campaigns in Spanish by Latinx people—use telemundo, Univision, etc., Hispanics don't believe HIV is a thing
32. Cultural competence and humility among care providers
33. Family engagement and education
34. Educating and engaging families
35. Work state and city leaders to hold discussions and provide resources for ending stigma around HIV
36. Connecting with criminal justice involved citizens

F. Critical Factors for success stigma
   1. Protect
   2. Include
   3. Empower
   4. Educate
   5. Engage with policy writing
   6. Liaison for community
   7. Develop video for easy information access
   8. Language matters
   9. Moderator that incorporates all

G. Critical factors for success retention re-engagement and viral suppression
   1. Engage seniors to help be buddies to call and follow up
   2. Ensure groups and organizations that work in the Latino community are present
   3. A system that allows multiple organizations to view patient information without community PHI
   4. Knowledge of free and affordable medical services
   5. Community empowerment
   6. Affordable housing in Dallas
   7. No gatekeeper system
   8. Telehealth for virally suppressed PTS
   9. Address structural barriers to access
   10. Increase and elevate involvement and perspective of consumer in rating health systems
   11. Create sub groups
   12. Ask questions (How, When, Where, etc.?)
   13. Identify a lead to get results and be actions oriented
Fast Track Cities: August 26, 2019

14. Data dive to identify gaps
15. Data to care from county to providers
16. Stable housing
17. Increase PrEP programs across communities
18. Immediate access to ART (Anti-Retroviral treatment)
19. Peer programs and navigators
20. Extend Clinic hours Saturday or evenings
21. Patients at the table
22. Ryan White Planning Council prioritize service category for interventionist and navigation
23. Options and resources for housing
24. Telehealth protocol pilot and standardization
25. Coupling Social engagement initiatives with care
26. Peer navigation of community resources
27. Work with community and political leaders to increase access to resident and state funding for data collection

H. Community Assets- Retention, Re-engagement & Viral Suppression
A. Comments on Key Strategies (Prevention)

Add
1. Risk reduction - female condoms and dental dams
2. Education of personal risk - sex ed & personal interview
3. Sex Ed - advocate for policy change for education in schools
4. Media campaigns - paid of necessary
5. PrEP - train providers and provide access to PrEP (cost & providers)
6. Comprehensive sex
7. Education - NTARUPT
8. Talk about it Dallas
9. Church Outreach
10. Sex education in schools, clinics, high risk groups
11. Reduce Stigma in highly impacted zip codes
12. Educate non HIV providers & reach out to FQHC
13. Outreach to Latinx population
14. Have education material in Spanish and have Spanish speakers
15. PrEP access - expanding sites (education to patients and providers)
16. Legislation - advocate groups, lobby days, consumer led events (voting, registration)
17. HIV programs for youth
18. Affirming news coverage
20. Education - sex education, medical education, risk reduction needles/bleaching
21. Media (Vehicle)
22. CDC recommendation guidelines
23. HIV 101
25. 311/211 Resources
26. Structured public health professional tailored education

B. Comments on Key Strategies (Prevention)

Eliminate
1. Paraphernalia low issues (important but a different matter)
2. Needle exchange
3. Stigma (role in prevention)
4. Barriers to providing sex education in schools
5. Abstinence- only approach
6. Stigma

C. Critical factors for success (Prevention)

1. Educate - providers/ health system knowledge
2. Advocates for HIV as educators
Focus on economic side of HIV to HC system

D. Who's missing? (Prevention)
1. Mental Health
2. Providers/Local Clinics
3. Texas Medical Center Association
4. Parole & Probation departments
5. 311 or 211 access to HIV needs
6. Shelters/ day centers
7. MDHA (Metro Dallas Homeless Alliance)
8. Schools (DISD)
9. Afiyah Center
10. Sex workers (former sex workers)
11. Faith-based organizations
12. Politicians (advocacy)
13. Consumers

E. Comments on key strategies (Testing & Rapid Linkage to care)

Peer Advocacy/ Peer Education

Add
1. Inpatient
2. ED-Routine Opt. out screen
3. Outpatient clinics
4. Education
5. Define Rapid Linkage
6. Who is partner?
7. Lack of resources to connect
8. How to linkage to care
9. How long are labs
10. Define Product
11. What to do with positive test
12. What to do with a negative test
13. Routine testing
14. Linkage education & support for providers
15. Define what rapid linkage care is in Dallas Rapid linkage culturally competent (peers)?
16. Include medical education to non HIV providers ad part of routine testing strategy
17. Bring testing to the people don’t make people have to come to testing
18. Opt out testing mall ER’s
19. Primary care providers
20. HIV testing in urgent care/ER settings
Fast Track Cities: September 24, 2019

21. Peer advocacy to bridge testing results in care
22. Interagency collaboration related to testing outreach and availability
23. Positive test → what is actual access? When seen within 24 hours.
24. Geographic sites of care
25. PCP as HIV care providers or vice versa? (one stop shop)
26. Educate providers to at least refer patients to appropriate providers
27. How to deliver/provide testing results? (Education for providers)
28. Addressing barriers to care (transportation, etc.)
29. Testing in less urban/populated cities
30. Expanding capacity for quicker access to testing (24 hours)
31. Peer navigation & support
32. Structured education
33. Virtual support groups

Eliminate
1. Consent
2. Risk Manage
3. Minimize Risk

F. Critical factors for success and considerations for prioritization (Testing & Rapid Linkage to care)

Peer Advocacy/Peer Education
1. Uncompensated care
2. Routine testing – destigmatize (risk assessment)
3. Testing should be about prevention
4. Use of EMR
5. Linkage of availability role of navigator
6. Automated prompts
7. Tracking-1st appointment
8. Prompts for navigator
9. Collaborating with other agencies to avoid duplication
10. Defined fast-tracking-LTC follow up
11. Break down silos

G. Who’s missing? (Testing & Rapid Linkage to care)

Peer Advocacy/Peer Education
1. FQHC’s

H. Comments on key strategies (Retention, Re-Engagement and Viral Suppression)

Social Determinants/Telehealth, HIE/PCCI

Add
1. Issue appropriate/culturally appropriate access to care
2. Substance use services
Fast Track Cities: September 24, 2019

3. Mental health services
4. Medication access services
5. Health information exchanges (Dallas County HHS)
6. Tele services (case management, financial, classes)
7. Enhances personal contact /peers
8. Substance use & mental health services
9. Telemedicine computerized
10. Minimizing burdens (eligibility requirements)
11. Social determinants of health
12. Housing resources
13. Transportation
14. Improving the transition between PEDS and adult HIV medical care
15. Develop population-specific community advisory boards
16. Alliance with existing CAB
17. Celebrity-supported campaign messages (marketing)

I. Comments on key strategies (Retention, Re-Engagement and Viral Suppression)

J. Social Determinants/Telehealth, HIE/PCCI
   Eliminate
   1. Combine 5 and 7

K. Who’s missing? (Retention, Re-Engagement and Viral Suppression)

L. Social Determinants/Telehealth, HIE/PCCI
   1. Texas medical association
   2. Metro care

M. Comments on key strategies (Ending Stigma)
   Educational Materials
   Add
   1. Full implementation of FTC strategies
   2. Educate on the facts
   3. Workforces development in Dallas County
   4. HIV summit (action item)
   5. More than HIV – Media campaign
   6. Anti-discrimination laws
   7. Advocacy campaign

N. Who’s missing? (Ending Stigma)
   Educational Materials
   1. Immigration & refugee authorities
WORKGROUP TOOLKIT: PREVENTION (PRIORITIZED AS OF NOVEMBER 1, 2019)

TASK FOR SECOND MEETINGS: DEVELOP ACTION PLANS FOR PRIORITY STRATEGIES

Goal: 50% reduction in the number of new persons with HIV by 2030

Current benchmarks: 987 new diagnoses in Dallas HSDA in 2017

Key Strategies/What works?

2. Pre-exposure Prophylaxis (PrEP)
   - Culturally and linguistically appropriate education about pre-exposure prophylaxis (PrEP), especially in communities where HIV is most heavily concentrated, as well as among health professionals, stakeholders and consumer groups
3. Treatment as Prevention
4. Risk-reduction Promotion
   - Increase Condom availability
     - Although, individual-level, group-level, and community-level interventions demonstrate moderate to high success in promoting condom use, they show the greatest effect in reducing the risk of HIV infection when combined with structural-level interventions (when the environment is changed so that there is increased availability, accessibility, and acceptability of condom use).
   - Motivational interview/counseling/messaging training
5. Media campaigns
6. Harm reduction-clean needle and syringe programs; opioid substitution therapy
7. Non-occupational Post-Exposure Prophylaxis (PEP)
8. Prevention of Mother-to-Child Transmission (PMTCT) Programs
   - Provide ART to HIV-positive pregnant women to stop their infants from acquiring the virus
   - PMTCT services should also continue after an infant has been born – with early infant diagnosis at four to six weeks after birth and ART initiation within the first 12 weeks for HIV-exposed infants.
9. Medical Education
10. Trans-specific Access to Care
11. Status Neutral Linkage

Notes on Community Assets:
WORKGROUP TOOLKIT: TESTING AND LINKAGE TO CARE (PRIORITIZED AS OF NOVEMBER 1, 2019)

TASK FOR SECOND MEETINGS: DEVELOP ACTION PLANS FOR PRIORITY STRATEGIES

Goals: 90% of people who are living with HIV will know their status

90% of those who know their HIV status will be on sustained treatment

Current benchmarks: 83% of people living with HIV in Dallas County know their diagnosis

73% of persons diagnosed with HIV are on sustained treatment

Key Strategies/What works:

Universal testing per CDC guidelines (everyone should be tested at least once in their lifetimes, and more often if at higher risk).

1. Testing
   - Focused (not routine) Rapid HIV testing in nonclinical outreach and community settings aimed at vulnerable and high risk populations, including patients with sexually transmitted infections. (e.g. public parks, homeless shelters)
     - Ex: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2567007/
   - Routine testing for HIV, which should be integrated with testing for syphilis and for hepatitis C when indicated, in primary care, emergency departments, jails, detention centers and specialty courts
   - Automated prompts for providers to test
   - Education of providers regarding funds available to cover testing costs
   - Community-Driven Access to STI Testing

2. Rapid Linkage to care including peer advocacy/peer education
   - Anti-Retroviral Treatment and Access to Services (ARTAS)
   - Individual-level, multi-session, time-limited intervention with the goal of linking recently diagnosed persons with HIV to medical care soon after receiving their positive test result (https://effectiveinterventions.cdc.gov/en/2018-design/care-medications-adherence/group-1/artas)

3. Increased Access to Comprehensive (Wrap-around) Services

4. Medical Education
   - Educate registered PharmDs
   - Educate providers outside the usual HIV targets

Notes on Community Assets:
Goals: 90% of people who know their HIV status will be on sustained antiretroviral therapy (ART)  

90% of persons on sustained ART will be undetectable for HIV.

Current benchmarks:
- 73% of persons in Dallas County who know they have HIV are on sustained ART
- 87% of persons in Dallas County who are on sustained ART are virally suppressed

Key Strategies/What works?

1. Data to Care (including use of Health Information Exchange [HIE] and Parkland Center for Clinical Innovation [PPCI])
   - Uses HIV surveillance data to identify HIV-diagnosed individuals not in care, link them to care, and support the HIV Care Continuum. D2C can be initiated at the Health Department or the healthcare provider level.
   
   
   - Example: Virology Fast Track - a clinical decision support system that generates alerts in the electronic medical record (EMR) to notify HIV care providers of suboptimal follow up, virologic failure, and new laboratory toxicities.
     

2. Minimizing burden on clients (e.g. eligibility, transit, locations, social determinants, telehealth)

3. Enhanced personal contact (Mental health/Substance abuse-PED & Adult care)
   A. A trained interventionist establishes a personal relationship with HIV clinic patients and remains in contact with patients. During brief face-to-face meetings at each HIV primary care visit and interim phone calls between care visits, interventionists provide positive affirming statements to patients for attending primary care appointments and respond to questions or concerns about appointments.
     
   B. Patient-affirming, patient-centered care
   C. Motivational interviewing training

4. Bundling and co-location of services (One-stop shop)

5. Incentives

Notes on Community Assets:
Goal: End HIV-related Stigma

Current benchmarks:

Key Strategies/What works?

Stigma matters because of the cyclical relationship between it and HIV ("people who experience stigma and discrimination are marginalized and made more vulnerable to HIV, while those living with HIV are more vulnerable to experiencing stigma and discrimination")

https://www.avert.org/professionals/hiv-social-issues/stigma-discrimination

1. Protect (Policy)
   - Anti-Discrimination Laws
   - Decriminalization
   - Challenging violence
2. Media campaigns & Information campaigns
   - Targeted media campaigns; culturally sensitive messages
3. Include
   - Key populations in service design and implementation
   - Stigma and discrimination reduction in strategies
4. Educational Materials
   - To understand rights
   - To act on violations
5. Educate
   - To address fears
   - To change attitudes
6. Social marketing initiatives to reduce internal and/or external HIV stigma
7. Educational materials that help people living with HIV better understand their healthcare coverage, HIV-related rights, and civil liberties (Empower)
   - Patient-affirming, patient-centered care
8. Gender-affirming Care

Notes on Community Assets:
Dallas Fast Track County Work Session 2 Action steps (November 18 and 19, 2019)

**PREVENTION:**

<table>
<thead>
<tr>
<th>Action</th>
<th>Who is responsible?</th>
<th>Due Date</th>
<th>Performance Metric</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create list of who is actively doing rapid start? (Also interested in bilingual resources)</td>
<td>Venton Hill Jones will contact Alex Ortega for list. Will also contact Ryan White/Cindy Zoeller (PHHS)</td>
<td>December 15th</td>
<td>First Draft</td>
<td>Completed</td>
</tr>
<tr>
<td>Assemble PrEP provider list (info like Wikipedia of all things PrEP - provider/user friendly)</td>
<td>Task force will get list to refine from Kelly Richter</td>
<td>January 30th</td>
<td>Meeting convened and have list</td>
<td>Per Joni, list completed by task force (James Berglund) Jonathan Gute (PHHS) will send out again. Per James will provide updated list so Dr. Huang can distribute</td>
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### Dallas Fast Track County Work Session 2 Action steps (November 18 and 19, 2019)

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<th>Task</th>
<th>Main Responsible Person(s)</th>
<th>Timeframes</th>
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<tr>
<td>Develop coordinated education campaign (Prism, AETC connect, Gilead)</td>
<td>• Prevention Workgroup and Allison with THR</td>
<td>November 2020</td>
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<td>• Karin will introduce us to Martha Guerrero who will assist.</td>
<td>January 2020</td>
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<tr>
<td></td>
<td>2. Send greater than AIDS videos</td>
<td>2. Feb. 15, 2020</td>
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<td>4. DCHHS is now offering PrEP - People can call for appointments. Ask to Talk to grace- evalutions are done by Grace/Dr. Schmalstieg. PrEP not provided at the clinic the first time. Courier system is used for medication delivery purpose. Cost? Gilead assist for those who do not have insurance by providing coverage for labs. Then their is only a $20.00 fee</td>
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<tr>
<td>ID stakeholders to be involved in conversations and community conversation on strategies to reduce the HIV impact in the black community</td>
<td>Task Force workgroup</td>
<td>Community Convening invitation list created Vision Statement</td>
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</table>
Dallas Fast Track County Work Session 2 Action steps (November 18 and 19, 2019)

| ID stakeholders to be involved in conversations and community conversation on strategies to reduce the HIV impact in the Latinx community 1. ID health care resources with Spanish speaking providers 2. Explore use of social media | Task Force workgroup 1. Miranda will follow up with LOUD 2. | Community Convening invitation list created Vision Statement | Latinx task force workgroup  
No updates per Susana Lazarte  
Also per Susana they will need someone who is tech savvy as this will be a full time job 

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</table>
| • Educate providers re how to prescribe PrEP (Dallas County Medical Society, Medical schools, physician assistants, NP, Retail pharmacists, CME)  
• Educate providers re HIV testing with all extragenital STI testing in UCC across Dallas | Karin Petties - PRISM, AETC  
Working on this as well is Martha Guerrero | Ongoing, including one education program Spring 2020 | • Number education sessions  
• Attend biomedical conference in Houston 12/2-12/4 PrEP, NPEPE, U=U, TasP  
• Bring education back to Dallas providers  
• Increase in # of PrEP Providers (by zip code, by population served)  
• # of PrEP Prescriptions prescribed | Biomedical conference held. How to bring back to Dallas providers? |
Dallas Fast Track County Work Session 2 Action steps (November 18 and 19, 2019)

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<tr>
<td>• Get Report on Landscape of Sex Education</td>
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<tr>
<td>• Sex education at youth schools, community at large, parent education</td>
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<td>• Prevention substance use - drug use leads to high risk sexual behavior</td>
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<td>• DCHD Engage DISD school board leadership Bolster Sex education 2020-2021 school year</td>
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<td>• PTA - Parents condoms</td>
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</tr>
<tr>
<td>• PTA meetings and DISD meetings (Karin Petties will get information on substance misuse from DISD - Done)</td>
<td></td>
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</tr>
<tr>
<td>Train community pharmacists to offer rapid HIV testing and collaboration practice to prescribe PrEP</td>
<td>• Patrick Clay</td>
<td>Summer 2020</td>
<td>Curriculum developed and distributed to responsible parties</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Texas Pharmacy Association</td>
<td></td>
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<tr>
<td></td>
<td>• UNT System</td>
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<tr>
<td></td>
<td>• College of Pharmacies</td>
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<tr>
<td></td>
<td>• Texas Tech-Dallas</td>
<td></td>
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<tr>
<td></td>
<td>• College of Pharmacies Dallas Area Pharmacy Associates</td>
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</tr>
<tr>
<td></td>
<td>DDISD expanded sex education curriculum</td>
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<tr>
<td></td>
<td>Per Martha G</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Possibility of entering into DISD to speak about physical and behavioral health aspects of adolescent health with emphasis on sexual minority Will not happen till January</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Curriculum developed and distributed to responsible parties</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Awaiting follow up info from Patrick Clay (UNT)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No updates</td>
<td></td>
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</tbody>
</table>

TESTING AND RAPID LINKAGE TO CARE:

<table>
<thead>
<tr>
<th>Action</th>
<th>Who is responsible?</th>
<th>Due Date</th>
<th>Performance Metric</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
| Goal: Get THR, BSW and other hospital ED's to implement opt-out HIV testing (including develop protocol to help ED's start HIV testing program) | 1. Seamus Lonergran - Baylor Scott and White and Pam Green  
2. Miranda Grant  
3. Ruby Blum |
|---|---|
| Convene BSW, THR, Parkland, Janssen, Gilead, DSHS, Afiya Center, AHF, Abounding prosperity  
1. Follow up with Seamus Lonergran to see what resources are already available  
2. Get draft version of resource list for testing resource to care  
3. Ruby Blum to contact UTSW hospitals | 1. Meeting convened  
End of Feb. 2020  
2. Feb. 10th first draft for resource list  
3. March 2020 |
|  |  
• Dr. Lonergran working on PPT presentation  
• Isabel Clark with DSHS has sample policies  
No updates on the opt out testing in Emergency dep.  
• Ruby Blum and Dr. Huang met with Dr. Martin Koonsman (CMO Methodist) |
<table>
<thead>
<tr>
<th>Convene a meeting to &quot;develop protocol to help ED's start HIV testing program&quot;</th>
<th>Ruby Blum and Allison Liddell?</th>
<th>End of February</th>
<th></th>
</tr>
</thead>
</table>

- Meeting scheduled Feb. 20, 2020 with Dr. Lonergran, Dr. Liddell, Dr. Koonsman, Dr. Huang and Ruby Blum

Per Dr. Liddell not specific work has been done on this process. But as part of their COVID strategy at THR they tested everyone for HIV.
Dallas Fast Track County Work Session 2 Action steps (November 18 and 19, 2019)

<table>
<thead>
<tr>
<th>Goal: Increase Rapid Start</th>
<th>Subcommittee to coordinate (Kevin, Miranda Grant)</th>
<th>Convening of meeting</th>
<th>Mtg. 1.6 &amp; 1.21 Miranda compiled provider list</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bring together experts on rapid start. Establish specific window for “rapid” define (ie 72/48/24). Develop Provider invitation list (DCMS). Physician-led presentation DCHHS Director to send out invitation • Redistribution of resources, mapping redundant and resources areas of flow services 1. ID additional data beyond CDC data. 2. Compiling list of providers 3. Mapping where patients can go when (Austin model)</td>
<td>• Ellen Kitchell 1. Isabel Clark 2. Miranda Grant</td>
<td>1. Mid February 2020 2. March 2020</td>
<td>Defined Rapid Start as 7 days</td>
</tr>
<tr>
<td>Obtain list of Ryan White Providers and send to THR and BSW</td>
<td>Gene Voskuhul</td>
<td>January 2020</td>
<td>Per Dr. Huang, Iris might be a useful resource. Per Miranda she is in the process of updating the list. Some providers are offering walk-ins. She’s working on making the list a geographical information list.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Info sent to THR and BSW - Done</td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td>Who is responsible?</td>
<td>Due Date</td>
<td>Performance Metric</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>---------------------------------------------</td>
<td>------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>1. Disseminate information regarding UTSW navigators</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Creation of a training committee on rapid start/linkage to care.</td>
<td>Tony to send Miranda a list of training</td>
<td>March 2020</td>
<td>Development of training resources</td>
</tr>
<tr>
<td>TESTING AND RAPID LINKAGE TO CARE:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td>Who is responsible?</td>
<td>Due Date</td>
<td>Performance Metric</td>
</tr>
<tr>
<td>Convene college workgroups</td>
<td>Task force &amp; Abounding Prosperity's lead</td>
<td>1st quarter 2020</td>
<td>Hold meeting</td>
</tr>
</tbody>
</table>
### Dallas Fast Track County Work Session 2 Action steps (November 18 and 19, 2019)

<table>
<thead>
<tr>
<th>Encourage opt-out testing in urgent care clinics in hot spot areas. Test area protocol and linkage</th>
<th>ED-HIV Taskforce, Fast Track</th>
<th>2nd or 3rd quarter 2020</th>
<th>Recommended protocol for urgent care in hot spots</th>
<th>No updates given</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify Peer navigation services Resources</td>
<td>Pam Green - Contact June Trimble regarding access to multiple clinics</td>
<td>Jan-20</td>
<td>Peer Resource Information Identified</td>
<td>Task Force (Karin and Miranda working on getting info)</td>
</tr>
<tr>
<td>Identify Medical Directors for Dallas area ED Departments</td>
<td>Pam Green</td>
<td>Jan-20</td>
<td>List of ED Medical Directors for Dallas County obtained</td>
<td></td>
</tr>
</tbody>
</table>

**THR- Specific Goals:**
- Get THR to implement opt-out testing in ED
- Get THPG to implement opt out testing in primary care

**UTSW/Parkland-Specific Goals:**
- HIV testing draw enough blood antibody (+) then reflex to HIV NAT
  - Cindy Zoellner
- Batch/ing. Turn around time 2-5 days
  - Geenius finger stick
  - Cryptococcal antigen
  - X-Ray respiratory infection rule out TB
  - Reflex HIV test blood for any Hep C and syphilis test
  - Cindy Zoellner
- 3 meetings with WISH program related to expanding services in 3 clinics (GEN, Family, Medicine)
- Met with DCHHS-changed lab protocol
- No updates

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Dallas Fast Track County Work Session 2 Action steps (November 18 and 19, 2019)

**TESTING AND RAPID LINKAGE TO CARE:**

<table>
<thead>
<tr>
<th>Action</th>
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<th>Due Date</th>
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</tr>
</thead>
<tbody>
<tr>
<td>• Title X STI testing women need to add HIV testing to all vaginal screening test</td>
<td>Cindy Zoellner</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**RETENTION, RE-ENGAGEMENT AND VIRAL SUPPRESSION:**

<table>
<thead>
<tr>
<th>Action</th>
<th>Who is responsible?</th>
<th>Due Date</th>
<th>Performance Metric</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create Data to care workgroup (Looking at viral load - sporadic viral loads)</td>
<td>Ank Nijhawan, Phil Huang, Jacqueline Naem, Corey Bradley, Gene Voskhul</td>
<td>Feb. 2020</td>
<td>First meeting held</td>
<td>First meeting held Jan 13. next mtg. Feb 11th 1PM-3PM</td>
</tr>
</tbody>
</table>
### Dallas Fast Track County Work Session 2 Action steps (November 18 and 19, 2019)

| Is everyone performing same patient-centered care (including mental/behavioral health)? Ashley Innes is available to do trainings regarding patient centered care. Provide information to group | Ashley Innes (Gilead) | January 2020 | Dissemination of information regarding available trainings. | Long-term – Coordinated approach to patient-centered care | ? Will follow up with Ashley

| • Implement a universal eligibility card for Dallas County to minimize burden. (For patient management - ? Care quality/Commonwell - EHR’s/centricity) Aries is the current database | • Joni Wysocki, Phil Huang, and Cindy Zoellner (PHHS)  
• Thomas Reed is aries expert  
1. Joni Wysocki  
2. Glenda Blackmon-Johnson | 3/1/2020  
1. March 2020  
2. March 2020 | Develop/Implement plan Card | Joni Wysocki will follow up with Melissa Grove regarding next steps for universal eligibility | Dr. Huang suggest Iris could possibly help with sharing eligibility documents

### RETENTION. RE-ENGAGEMENT AND VIRAL SUPPRESSION:

<table>
<thead>
<tr>
<th>Action</th>
<th>Who is responsible?</th>
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<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide coordination of care (COC) membership information to group (housing resources) Subscription approx. $250/year</td>
<td>Joni Wysocki (AIN)</td>
<td>Feb-20</td>
<td>Distribute COC information FTC list</td>
<td>Dr. Huang sent out info</td>
</tr>
<tr>
<td>Invite Carl Falconer from MDHA to present at future FTC meeting (Global assessment of housing opportunities, TDCJ 2nd chance housing)</td>
<td>Phil Huang</td>
<td>March 2020</td>
<td>Carl Falconer to present to workgroup</td>
<td>Will present in March</td>
</tr>
</tbody>
</table>
## Dallas Fast Track County Work Session 2 Action steps (November 18 and 19, 2019)

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<tr>
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<th>Due Date</th>
<th>Performance Metric</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invite Traswell Livingston from ASD to present at next mtg. 90/90/90</td>
<td>Joni Wysocki</td>
<td>January 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advocate for change in policy for more affordable housing.</td>
<td></td>
<td>Ongoing</td>
<td></td>
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</tr>
<tr>
<td>• MDHA CoC align with current messaging</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• ASD/ Gateway</td>
<td></td>
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<tr>
<td>• HOPWA-City</td>
<td></td>
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<tr>
<td>• Section 8- DSHS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Phil Huang, Christina Mintner, Donna Persaud</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implement patient centered care training</td>
<td>Administrative agencies</td>
<td>May 1,2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Define patient centered care</td>
<td>Per Cindy, Toni</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Offer training #9 of organization have trained</td>
<td>will be the best</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Gilead- send Ashley's information to invitation list</td>
<td>person to follow up</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow up care quality and common well for sharing data</td>
<td>DCHHS</td>
<td>Ongoing</td>
<td>Report to workgroup</td>
<td>DCHHS working on getting on board with EPIC</td>
</tr>
<tr>
<td>RETENTION, RE-ENGAGEMENT AND VIRAL SUPPRESSION:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Action Step</td>
<td>Responsible Party</td>
<td>Status</td>
<td>Notes</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>--------------------------------------------</td>
<td>-----------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>More health navigators/public health students</td>
<td>Dennis Thombs (UNT Health Science Center Dean) has interest</td>
<td>Ongoing</td>
<td>Talking about using community health workers, health navigators and engaging people from the community. Per Dr. Huang a lot of medical students now have the health navigator program</td>
<td></td>
</tr>
<tr>
<td>Per Dr. Huang as an action item we could link in UTSW/medical students?</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Dallas County Jail to implement opt out testing (Parkland hospital)</td>
<td>Phil Huang to work with Dr. Porsa</td>
<td>Oct-20</td>
<td>Opt out testing implemented in Dallas County Jail. Dallas County Jail interested in HIV testing without the quantaliferon.  Dr. Huang has talked to Dr. Cerise and this item is still on the agenda.</td>
<td></td>
</tr>
</tbody>
</table>

Dallas Fast Track County Work Session 2 Action steps (November 18 and 19, 2019)
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<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Get list of behavioral health resources</td>
<td>Justin Henry, Ellen Kitchell, David Rodriguez (Resource Center)</td>
<td></td>
<td></td>
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<tr>
<td>List was distributed. Next steps are to reach out to different agencies to strengthen communications within providers</td>
<td></td>
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<tr>
<td>Obtain list</td>
<td>Jan-20</td>
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STIGMA:

<table>
<thead>
<tr>
<th>Action</th>
<th>Who is responsible?</th>
<th>Due Date</th>
<th>Performance Metric</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 3 targets – people at risk, providers, general population</td>
<td>Helen send (1 pager)</td>
<td>2 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Needed – (Education, storytelling, language and 1 pager from data summit)</td>
<td>Copy to disseminate we will send</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Look at what education and materials are available (Subgroups requested)</td>
<td>Helen Turner</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>For those interested in stigma a distribution of four projects will be sent out requesting input</td>
<td>February 15th</td>
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</tbody>
</table>
### Dallas Fast Track County Work Session 2 Action steps (November 18 and 19, 2019)

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</thead>
<tbody>
<tr>
<td>• F/U with Dwight Reverend Neal to help with faith-based community</td>
<td>• DCHHS check list</td>
<td>February 2020</td>
<td>Participants identified and list created</td>
<td>Aafiyah centered participating in January FTC meeting</td>
</tr>
<tr>
<td>• Work with Alfea center &quot;living out loud&quot; task force group - stigma</td>
<td>• Contact Helen Zimba Aafiyah Center</td>
<td>February 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Edgar Gonzalez will do the connection between the task force and UT Southwestern</td>
<td>• Ashley Hutto will follow up with DPD and connect them with Dr. Huang and Helen</td>
<td>February 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Involve police and judicial see who has participated in FTC and who is on the list</td>
<td>Policy &amp; advocacy committee of Task Force, Southern Black Policy group</td>
<td>February 2020</td>
<td>Process document completed</td>
<td></td>
</tr>
<tr>
<td>• Educating DPD regarding Stigma</td>
<td></td>
<td></td>
<td>Focus around HIV awareness dates such as black HIV, latino HIV national awareness dates, etc.</td>
<td></td>
</tr>
<tr>
<td>Policy analysis for Dallas</td>
<td>Policy &amp; advocacy committee of Task Force, Southern Black Policy group</td>
<td>February 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outline on how the process will move forward will be available</td>
<td></td>
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</tr>
<tr>
<td>Create community &quot;fun&quot; engagement events - for stigma educational purposes</td>
<td>HIV task force subcommittee on community engagement and Miranda Grant</td>
<td>Ongoing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review how we name our locations and the associated stigma</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helen Turner will distribute four projects to those interested in stigma to received input</td>
<td>Helen Turner</td>
<td>15-Feb-20</td>
<td>Information distributed</td>
<td></td>
</tr>
</tbody>
</table>
### STIGMA:

<table>
<thead>
<tr>
<th>Action</th>
<th>Who is responsible?</th>
<th>Due Date</th>
<th>Performance Metric</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health diverson program vs. incarceration</td>
<td>Ruby Blum will contact Lorean</td>
<td>February 2020</td>
<td>Contact made Lorean Bodemo</td>
<td></td>
</tr>
<tr>
<td>(educating on stigma)</td>
<td>Bodemo</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Invite Reck Gershner and Christina from &quot;Unlock the door&quot;</td>
<td>Joni Wysocki</td>
<td>March 2020</td>
<td>Invitation made</td>
<td></td>
</tr>
<tr>
<td>Contact &quot;SHAC&quot; to move forward with education on Stigma</td>
<td>Janeen Dantzler</td>
<td>March 2020</td>
<td>Meeting with Janeen Dantzler, Ruby Blum and Dr. Huang held</td>
<td>Meeting scheduled for March 2</td>
</tr>
<tr>
<td>Review the &quot;standards of care&quot; document</td>
<td>Planning Council already reviewing</td>
<td>Meeting Jan. 27</td>
<td></td>
<td>Meeting held Jan 27, 2020</td>
</tr>
<tr>
<td>make changes to stigmatizing wording</td>
<td>it</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(inside the box cannot be changed, outside can.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stigma outcome indicators/surveys</td>
<td>Karin Petties</td>
<td>31-Jan-20</td>
<td>Obtain indicators/surveys</td>
<td></td>
</tr>
<tr>
<td>Check with the provider network to see what practices are going on</td>
<td>Karin Petties</td>
<td>March 2020</td>
<td>Identify current practices</td>
<td></td>
</tr>
<tr>
<td>regarding notices of appointments.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal: [No specific action] Creation of broader HIV networks for</td>
<td></td>
<td>Ongoing</td>
<td>Creation of non Ryan White network</td>
<td></td>
</tr>
<tr>
<td>non ryan white funding</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX B4
FORT WORTH
<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Email Address</th>
<th>Phone Number</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/12/20</td>
<td>Laticcia Riggins</td>
<td><a href="mailto:Laticcia.riggins@dshs.texas.gov">Laticcia.riggins@dshs.texas.gov</a></td>
<td>817-264-4658</td>
<td>Region VI</td>
</tr>
<tr>
<td>2/12/20</td>
<td>Dr. Sally Lewis</td>
<td><a href="mailto:Slewis@tarleton.edu">Slewis@tarleton.edu</a></td>
<td>254-968-1692</td>
<td>TSU School of Public Health</td>
</tr>
<tr>
<td>2/12/20</td>
<td>Mel Leroy</td>
<td><a href="mailto:Mell@aoc.org">Mell@aoc.org</a></td>
<td>817-916-5215</td>
<td>Associate Executive Director-AIDS Outreach Center</td>
</tr>
<tr>
<td>2/12/20</td>
<td>Michelle Polemeni</td>
<td><a href="mailto:mpolemeni@tarrantcounty.com">mpolemeni@tarrantcounty.com</a></td>
<td>817-531-5600</td>
<td>Tarrant County Commissioner Roy C. Brooks Office</td>
</tr>
<tr>
<td>2/12/20</td>
<td>Diane Turner</td>
<td><a href="mailto:Jas5519@att.net">Jas5519@att.net</a></td>
<td>214-381-0542</td>
<td>Retire Nurse Practitioner</td>
</tr>
<tr>
<td>2/12/20</td>
<td>Rev. Regis Fontenote</td>
<td><a href="mailto:regisfontenot@yahoo.com">regisfontenot@yahoo.com</a></td>
<td>682-978-6874</td>
<td>Concerned Citizen-Faith Community Leader</td>
</tr>
<tr>
<td>2/12/20</td>
<td>Renee Castereno</td>
<td><a href="mailto:renee@helpfw.org">renee@helpfw.org</a></td>
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<td>Johanna Miller</td>
<td><a href="mailto:Johannamiller.ptgfi@gmail.com">Johannamiller.ptgfi@gmail.com</a></td>
<td>817-760-1133</td>
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<td><a href="mailto:ruseymore@tarrantcounty.com">ruseymore@tarrantcounty.com</a></td>
<td>817-350-4529</td>
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<td><a href="mailto:wmitchell@aoc.org">wmitchell@aoc.org</a></td>
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<td><a href="mailto:brian.foster@aidshealth.org">brian.foster@aidshealth.org</a></td>
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<td>Norma Keyser</td>
<td><a href="mailto:Nkeyser@jpshealth.org">Nkeyser@jpshealth.org</a></td>
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<td><a href="mailto:Stanb@mhmrtc.org">Stanb@mhmrtc.org</a></td>
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<td>Ruben Ramirez</td>
<td><a href="mailto:rubenr@aoc.org">rubenr@aoc.org</a></td>
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<td>5/12/20</td>
<td>Finn Jones</td>
<td><a href="mailto:FinniganJ@trans-cendence.org">FinniganJ@trans-cendence.org</a></td>
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<td>Trans-Cendence International</td>
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<td>Jeffrey Parks</td>
<td><a href="mailto:parks_jeff@hotmail.com">parks_jeff@hotmail.com</a></td>
<td>North Central Texas HIV Planning Council Member</td>
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<td>6/9/2020</td>
<td>Diane Turner</td>
<td><a href="mailto:jas5519@att.net">jas5519@att.net</a></td>
<td>Retired Nurse Practitioner</td>
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<td>6/9/2020</td>
<td>Eleese Bower</td>
<td><a href="mailto:EBower01@jpshealth.org">EBower01@jpshealth.org</a></td>
<td>JPS Health Network</td>
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<tr>
<td>6/9/2020</td>
<td>Dr. Manza Agovi</td>
<td><a href="mailto:AAgovi@jpshealth.org">AAgovi@jpshealth.org</a></td>
<td>JPS Center for Research and Outcomes</td>
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<td>6/9/2020</td>
<td>Rodrigo Chavez</td>
<td><a href="mailto:rodrigo.chavez@hhs.gov">rodrigo.chavez@hhs.gov</a></td>
<td>HHS PACE Officer</td>
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<td>6/9/2020</td>
<td>James Berglund</td>
<td><a href="mailto:james.berglund1@gilead.com">james.berglund1@gilead.com</a></td>
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<td><a href="mailto:Luz.Rivera@hhs.gov">Luz.Rivera@hhs.gov</a></td>
<td>HHS PACE Officer</td>
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## PREVENT

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<td><a href="mailto:gaflores@tarrantcounty.com">gaflores@tarrantcounty.com</a></td>
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<td>Melissa Wright, PAC</td>
<td><a href="mailto:mnwright@tarrantcounty.org">mnwright@tarrantcounty.org</a></td>
<td>TCHP- Adult Health Services</td>
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<tr>
<td>6/9/20</td>
<td>Denise Hill</td>
<td><a href="mailto:denisehill@collinsclinic.org">denisehill@collinsclinic.org</a></td>
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<td>6/9/20</td>
<td>Janice Collins</td>
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<td>Reuben Ramirez</td>
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<td>6/9/20</td>
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<td>6/9/20</td>
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<td>Dr. Subi Gandhi</td>
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<td>Bryan Tyler-Orr</td>
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