# The Fast-Track to Ending HIV in San Antonio

## A Report to the Community

December 1, 2017

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**World AIDS Day, December 1, 2017**

Ron Nirenberg
Mayor

Nelson W. Wolff
Bexar County Judge

On behalf of the City of San Antonio and Bexar County, we commit today to joining the Fast-Track Cities Initiative and ending HIV as a public health threat by the year 2030.

We are proud to be the first community in Texas to become one of the more than 80 cities around the world taking part in the Fast-Track Cities Initiative, focused on three goals:

1. 90% of people with HIV know their status,
2. 90% of people diagnosed with HIV are on treatment, and
3. 90% of people on HIV treatment have undetectable viral loads.

The science of HIV prevention and treatment has come a long way since the 1980s. We live in an era when HIV is preventable with one pill a day. People who acquire HIV, and start treatment early, live almost as long as people without HIV. In September 2017, the Centers for Disease Control and Prevention (CDC) said people who are successfully treated for HIV are infected, but not infectious, a distinction that serves as an important step in the eradication of HIV.

Besides scientific advances, there is another reason to join this effort now. HIV is a symptom of health disparities and hits hardest those communities that are already socioeconomically disadvantaged, stigmatized, and lacking healthcare access. Achieving the 90-90-90 goals is a matter of equity and social justice. We encourage our community residents to learn about HIV and unite against HIV-based discrimination.

The time to act is now. The people, programs, and resources exist in San Antonio and Bexar County to make HIV a thing of the past. We have momentum, we have political will, and we have a new spirit of cooperation.

We would like to thank everyone who participated in the Fast-Track Cities San Antonio Convening Meeting on October 11, 2017. We also thank the dedicated group of passionate individuals convened as the *End Stigma End HIV* Alliance who have taken responsibility for refining the plan and engaging the community to take ownership of the strategies and ensure we meet the 90-90-90 targets by 2020.

As your City and County leadership, we proudly support the efforts of all the organizations dedicated to serving our community by improving the quality of life for those with HIV and AIDS, and we look forward to announcing the end of new HIV infections in our community.

Sincerely,

Ron Nirenberg
Mayor of San Antonio

Nelson W. Wolff
Bexar County Judge

## Fast-Track Cities Commitment Letter

## PARIS DECLARATION

We stand at a defining moment in the AIDS response. Thanks to scientific breakthroughs, community activism and political commitment to shared goals, we have a real opportunity to end the AIDS epidemic globally by 2030. Cities have long been at the forefront of responding to AIDS. Cities now are uniquely positioned to lead Fast-Track action towards achieving the 90-90-90 targets by 2020: 90% of people living with HIV knowing their HIV status; 90% of people who know their HIV-positive status on treatment; and 90% of people on treatment with suppressed viral loads.

We can stop all new HIV infections and avert AIDS-related deaths, including deaths caused by tuberculosis. We can end stigma and discrimination. Every person in our cities must have access to life-saving HIV and tuberculosis prevention, treatment, care and support services.

Working together, cities can take local actions for global impact. Leveraging our reach, infrastructure and human capacity, cities will build a more equitable, inclusive, prosperous and sustainable future for all of our residents—regardless of gender, age, social and economic status or sexual orientation.

## WE, THE MAYORS, COMMIT TO:

### 1. End the AIDS epidemic in cities by 2030

We commit to achieve the 90-90-90 HIV treatment targets by 2020, which will rapidly reduce new HIV infections and AIDS-related deaths—including from tuberculosis—and put us on the Fast-Track to ending AIDS by 2030. We commit to provide sustained access to testing, treatment, and prevention services. We will end stigma and discrimination.

### 2. Put people at the centre of everything we do

We will focus, especially on people who are vulnerable and marginalized. We will respect human rights and leave no one behind. We will act locally and in partnership with our communities to galvanize global support for healthy and resilient societies and for sustainable development.

### 3. Address the causes of risk, vulnerability and transmission

We will use all means including municipal ordinances and other tools to address factors that make people vulnerable to HIV, and other diseases. We will work closely with communities, service providers, law enforcement and other partners, and with marginalized and vulnerable populations including slum dwellers, displaced people, young women, sex workers, people who use drugs, migrants, men who have sex with men and transgender people to build and foster tolerance.

**4. Use our AIDS response for positive social transformation**

Our leadership will leverage innovative social transformation to build societies that are equitable, inclusive, responsive, resilient and sustainable. We will integrate health and social programmes to improve the delivery of services including HIV, tuberculosis and other diseases. We will use advances in science, technology and communication to drive this agenda.

**5. Build and accelerate an appropriate response to local needs**

We will develop and promote services that are innovative, safe, accessible, equitable and free of stigma and discrimination. We will encourage and foster community leadership and engagement to build demand and to deliver services responsive to local needs.

**6. Mobilize resources for integrated public health and development**

Investing in the AIDS response together, with a strong commitment to public health, is a sound investment in the future of our cities that fosters productivity, shared prosperity and well-being. We will adapt our city plans and resources for a Fast-Tracked response. We will develop innovative funding and mobilize additional resources and strategies to end the AIDS epidemic by 2030.

**7. Unite as leaders**

We commit to develop an action plan and join with a network of cities to make this Declaration a reality. Working in broad consultation with everyone concerned, we will regularly measure our results and adjust our responses to be faster, smarter and more effective. We will support other cities and share our experiences, knowledge and data about what works and what can be improved. We will report annually on our progress.

City San Antonio, Texas

Signature

Date 11/30/17

Anne HIDALGO
Mayor of Paris

Michel SIDIBÉ
UNAIDS

Joan CLOS
UN-Habitat

Josè M. ZUNIGA
IAPAC

## Zero HIV—A Target within Reach

The landscape of HIV is shifting rapidly under our feet. In the last five years, we have learned:

**People with HIV enjoy long, healthy lives if they start treatment promptly and stay in care**.

- A 20-year-old with HIV that is well controlled after a year of treatment has a life expectancy of 78 years old, nearing that of someone without HIV.[1]
- Prompt treatment cuts in half the chance of serious health consequences in the first few years after being diagnosed with HIV.[2,3]

**HIV is preventable with a safe daily pill that is 92% effective.**[4] The prevention pill, "PrEP," is available at low or no cost to most people in San Antonio.

**Undetectable = Untransmittable.** When treatment brings HIV to such low levels that a blood test cannot detect it, then the HIV is called "undetectable." People whose HIV is undetectable for at least 6 months have almost no chance of transmitting the virus to a sex partner. [5]

Together, these advances mean we are at a turning point in the battle against HIV and we have the tools to end the epidemic. We must raise awareness within our community about these pivotal changes, and make prevention and early treatment accessible and stigma-free for everyone in San Antonio.

## Background of the Fast-Track Cities Initiative

The Fast-Track Cities Initiative, launched in 2014, is a global partnership between the City of Paris, International Association of Providers of AIDS Care (IAPAC), Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Human Settlements Programme (UN-Habitat) in collaboration with local, national, regional and international partners and stakeholders. Fast-Track Cities aims to leverage existing HIV programs and resources to strengthen citywide responses by reaching 90-90-90 targets:

- **90%** of people with HIV are diagnosed
- **90%** of people diagnosed with HIV are being treated
- **90%** of people being treated for HIV have undetectable viral loads

With the Letter of Commitment on page 4 of this report, San Antonio joins other Fast-Track Cities in the United States: Atlanta, Baltimore, Birmingham, Denver, Miami, New Orleans, New York, Oakland, Phoenix, Providence, San Francisco and Washington, D.C.

## Where Are We Now?

The 90-90-90 targets in the Fast-Track Cities Initiative are based on the HIV Continuum of Care, a global model that shows steps along the path to successful HIV treatment. It is a way for policymakers to see gaps where improvements can be made. The steps are:

- **Diagnosed**. People who don't know they are infected are not getting the care they need to stay healthy. They also can unknowingly pass the virus to others. The Centers for Disease Control & Prevention (CDC) recommends that everyone get tested for HIV at least once in their lives, and more often if at higher risk. This measure is estimated by the Texas Department of State Health Services (DSHS) using statistical modeling.

- **Linked to care.** People newly diagnosed with HIV do not always start medical care promptly. Nationally and locally, *the biggest drop-off in the care continuum happens between diagnosis and linkage to care*. This measure tracks the percentage of people who start any treatment after being diagnosed.

- **Retained in care.** People are more likely to stay in medical care when they have a strong support system, and when they form a connection with a healthcare provider they trust. This measure represents people with HIV who undergo at least two HIV lab tests at least 3 months apart.

- **Virally suppressed.** This measure looks at a specific HIV lab test, viral load—the amount of HIV in the blood—and tracks people who reach less than 200 copies/mL. By taking medicine regularly, people with viral suppression can go on to achieve an undetectable viral load, usually considered less than 20 copies/mL.

The HIV Care Continuum can be calculated several ways.[6]. *Figure 1* is based on Fast-Track Cities categories, with San Antonio standing at 86-72-85 in the 90-90-90 goals. Under Fast-Track Cities, each bar is a calculated as a percentage of the bar that preceded it. “Retained in Care” is used in San Antonio as a proxy for “On Treatment,” until such data are available locally.

Last year, Bexar County had 360 new HIV diagnoses. Eighty-nine percent of newly diagnosed people were men. The age group most affected by HIV continues to be 25- to 34-year olds (47.3 cases per 100,000 population). Sexual intercourse was the most common route of transmission, with men who have sex with men accounting for 80% of diagnoses, heterosexuals 11%, and injection drug users 6%.

In addition to newly diagnosed cases, we have roughly 6,000 people living with HIV (rate: 310.4 per 100,000) in Bexar County. Most of these people are 45 years and older, and 85% are men.

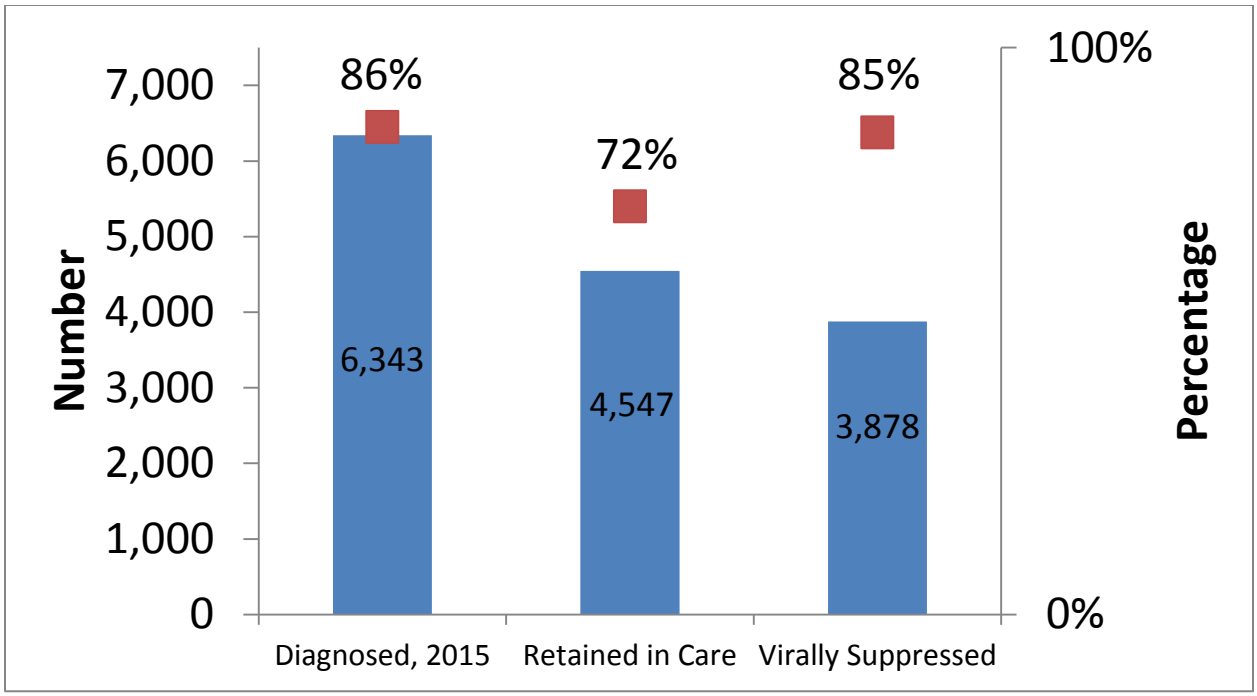


*Figure 1. HIV Care Continuum for Bexar County based on Fast-Track Cities targets*

Internalized HIV stigma is common in Texas. In annual surveys between 2011 and 2014, 71% of people with HIV said it is difficult to tell other people about their HIV, and 66% said they hide HIV from others.[7]

San Antonio came into the HIV spotlight in the summer of 2017, when we learned our community had the largest cluster of new HIV infections in the nation. The CDC and DSHS traced rapid and ongoing HIV transmission in this cluster, and noted missed opportunities to stop HIV:

- **Missed chances to diagnose**
  - People visiting local emergency rooms with acute HIV symptoms were tested for flu, but not for HIV.
  - Not all healthcare providers are familiar with stepwise HIV testing guidelines, so early HIV sometimes escaped detection.
- **Median time for linkage to care of more than 1 month** (32 days)
- **Many diagnosed cases are not virally suppressed**

Galvanized by this information, our community has come together in an unprecedented collaboration between every local HIV/AIDS service organization, the San Antonio People's Caucus of consumers living with HIV, the Ryan White Program Administrative Agency and

Planning Council, the Center for Health Care Services, the San Antonio Metropolitan Health District (Metro Health), and local academic institutions with strengths in community based research (Appendix 1). This collaboration is called the **End Stigma End HIV** Alliance (the Alliance).

The Alliance started meeting weekly on Sept. 1, 2017. The group serves as the foundation for the Fast-Track Cities Initiative in San Antonio, but its work goes further, ultimately seeking to develop a sustainable infrastructure and climate of collaboration and transparency to eradicate HIV in our community.

## How Will We Achieve 90-90-90?

The Alliance will support and amplify the HIV strategies of the San Antonio Transitional Grant Area and Health Services Delivery Area Integrated HIV Prevention and Care Plan, 2017-2021 [8], 2017-2021 Texas HIV Plan [9], and Healthy Bexar Plan [10]. Metro Health and the Alliance also organized a citywide convening of more than 120 community members on Oct. 11, 2017 (Appendix 2). At the convening, facilitators helped participants brainstorm strategies for each 90-90-90 target and for stigma reduction using frameworks known as Results Based Accountability[11] and Technology of Participation[12] . Appendix 3 shows a crosswalk of all these plans.

Then, in a series of exercises, the Alliance assessed community resources and gaps in relation to the crosswalk. These exercises demonstrated the following strategic needs in our community:

Prevention & Diagnosis

1. 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
2. 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
3. Expanded sexual health education in schools

Linkage to Care

1. Pathways for linkage to care that span healthcare systems, are client-centered, and include formal and informal support
2. A centralized eligibility process and/or reduced eligibility paperwork
3. Greater health insurance enrollment among people with HIV and those at risk for HIV

Viral Load Suppression (Retention in Care)

1. Use of shared metrics and data among all Ryan White-funded HIV care organizations
2. Increased use of peer mentors, evidence-based navigator programs and promotoras by HIV care providers
3. Greater access to housing for people living with HIV

Stigma & Advocacy

1. Increasing HIV awareness and the level of urgency among local leaders and policymakers
2. Broadly elevating community awareness about HIV, including awareness of HIV as a social justice and health equity concern

This is a living document, and the strategic needs above may change as more stakeholders join the three groups. The Alliance also found an overarching need for stakeholders in each category above to share information and data with each other.

The Alliance is beginning partnerships with three existing HIV coalitions for each of the 90-90-90 targets:

**90% diagnosed**: The HIV/Syphilis Testing Task Force. This group, initiated in 2009 by the San Antonio AIDS Foundation, Metro Health and the Ryan White Administrative Agency, is made up of over 90 community partners providing prevention, intervention, and testing services and programs. The task force is able to align communitywide testing and outreach efforts with the most current local data on new HIV infections. Meetings are open to the public.

**90% in care:** Linkage to Care and Early Intervention Services working group. Currently chaired by University Health System and BEAT AIDS, this group is organized around improving linkage to care and retention in care by identifying and working to reduce barriers and stigma that keep people away from medical care. The group includes AIDS-serving organizations, Metro Health, HIV clinics and anyone else who is committed to reducing the number of those not in care.

**90% virally suppressed**: HIV/AIDS Clinical Management Team. Housed at University Health System, this group is open to all HIV/AIDS specialists and HIV clinic support staff in San Antonio.

Contact information for leaders of each of these groups and the Alliance can be found in Appendix 1 and will be maintained online at hiv210.org. Additional stakeholders are welcome in each group. In October, the Alliance won a $20,000 grant for fledgling collaborations that will help it and its partner coalitions develop thoughtfully. The work that lies ahead includes meaningfully engaging a range of community voices, developing measurable actions with

realistic timelines by March 2017, implementing those actions, gauging progress and sharing information with each other about what works.

## How Will We Monitor Progress?

Starting in 2018, Fast-Track Cities will host a San Antonio data dashboard on its web portal, http://www.fast-trackcities.org/. Metro Health will update our city's HIV Continuum of Care on the website annually, so stakeholders can track our community's progress. Additional HIV data can be found at HIV210.org and http://www.sanantonio.gov/Health/News/HealthDataReports.

Quarterly, the Alliance will host discussions with the Syphilis/HIV Testing Task Force, Linkage to Care and Early Intervention Services Working Group and Clinical Management Team about successes, failures and changes to the 90-90-90 strategies and actions. Strategies will be revised or discarded if they are not working. Quarterly meetings will be open to the public, so the whole city can learn together.

This report is a beginning and not an end. San Antonio and Bexar County are fortunate to already have an intricate network of HIV prevention and treatment programs and support services who have been working in the community for decades. Now, we are braiding together our community's strategies and efforts, with a common thread of data transparency and accountability through Fast-Track Cities, which will help partners stay on pace. Please join us and our partner coalitions as we plan the next steps, and together, we can end HIV in our community.

## References

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## Appendix 1: Coalitions Accountable for Fast-Track Cities Targets

**End Stigma, End HIV Alliance (ESEHA**)

**Co-Chairs**:
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Rhonda Andrew, Ryan White Part B Administrative Agency
Delia Bullock, University Health System FFACTS Clinic
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Sylvia Delossantos, BEAT AIDS
Charlene Doria-Ortiz, Bexar County Ryan White Program Administrative Agency
Michele Durham, BEAT AIDS
Enrique Flores, Center for Health Care Services
Mary Helen Gloria, Mujeres Unidas
Sian Hill, Metro Health
Freda Jackson, BEAT AIDS
Catherine Johnson, Ryan White Planning Council
Javanka Johnson, BEAT AIDS
Anita Kurian, Metro Health
Stacy Maines, Metro Health
Steven Manning, Ryan White Planning Council People's Caucus
Andrea Moutria-Niño, San Antonio AIDS Foundation
Cynthia Nelson, San Antonio AIDS Foundation
Andrew Phillip Pack, UTSA
Howard Rogers, Alamo Area Resource Center
Frank Rosas, Ryan White Planning Council People's Caucus
Ana Sanaseros, CentroMed
Phillip Schnarrs, UTSA
Yvonne Venegas, University Health System FFACTS Clinic
Junda Woo, Metro Health

**Syphilis/HIV Testing Task Force Co-Chairs:**
Andrea Moutria-Niño, San Antonio AIDS Foundation, amoutria@sanantonioaids.org (2017 Co-Chair)
Yvonne Venegas, University Health System FFACTS Clinic, yvonne.venegas@uhs-sa.com (2017 Co-Chair)
Marlene Burriola, University Health System / Texas Wears Condoms, marlene.burriola@uhs-sa.com(2018 Co-Chair)
Mildred Offor, Metro Health, mildred.offor@sanantonio.gov (2018 Co-Chair)

**Linkage to Care and Early Intervention Services Co-Chairs:**
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Nicholas Hollopeter, University Health System, nicholas.hollopeter@uhs-sa.com

**University Health System Clinical Management Team leadership:**
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Delia Bullock, University Health System FFACTS clinic, bullock@uthscsa.edu

## Appendix 2: Attendees at Fast-Track Cities Initiative Convening, Oct. 11, 2017

*Special thanks to the **United Way** and **Ximenes & Associates** for facilitating work groups.*

The Honorable Ron Nirenberg, Mayor
The Honorable Nelson Wolff, County Judge
City Councilwoman Ana Sandoval

Individuals living with and affected by HIV

Representatives of the following organizations:

- Alamo Area Resource Center
- BEAT AIDS
- Bexar County Juvenile Probation Department
- Center for Health Care Services
- CentroMed
- Johnson & Johnson
- Metro Health
- Mujeres Unidas
- My Brother's Keeper San Antonio
- National Hispanic Nurses Association
- Northeast Independent School District
- Northside Independent School District
- P16 Plus Council
- Planned Parenthood South Texas
- Rape Crisis Center
- San Antonio AIDS Foundation
- San Antonio Gender Association
- San Antonio Independent School District
- San Antonio Military Medical Center
- San Antonio Ryan White Part D
- San Antonio Ryan White Planning Council
- Santa Fe Episcopal Church
- South Alamo Regional Alliance for the Homeless
- Texas Department of State Health Services
- Texas Wears Condoms
- The Health Collaborative
- University Health System
- University Health System FFACTS Clinic
- U.S. Air Force
- U.S. Department of Veterans Affairs
- UT Health San Antonio
- UTSA
- UT School of Public Health

## Appendix 3: Crosswalk of Strategies

(Note: Some organizations' strategies are limited by their funding source.)

**HIV Plan Crosswalk**

| | Strategy/Activity | Fast-Track Cities Convening | 2017-2021 Texas HIV Plan | S.A. Integrated Prevention & Care Plan, 2017-2021 | Healthy Bexar Plan (CHIP) |
|---|---|---|---|---|---|
| **Awareness and stigma reduction** | Promote science based sexual education, including HIV education, in schools | ✓ | ✓ | | |
| | Raise HIV awareness and promote the level of importance and urgency with local leaders and policy makers | ✓ | ✓ | | |
| | Address the issues that intensify HIV risk in vulnerable populations (social determinants of health; address cultural norms) | ✓ | ✓ | ✓ | |
| | Increase awareness and understanding of HIV in the general public | ✓ | ✓ | ✓ | |
| | Include younger generations in program leadership | ✓ | | ✓ | |
| | HIV education for parents, teachers, school boards | ✓ | | | |
| | Develop leaders in underserved communities (ex. asset-based community development) | ✓ | | | |
| | Develop and implement at least one Stigma Reduction Education training/event annually for a specific target populations | | | ✓ | |
| **Prevention** | Focus HIV prevention on communities and groups where HIV is most heavily concentrated. | | ✓ | | |
| | Bring the use of pre-exposure prophylaxis (PrEP) to scale in communities and groups where HIV is most heavily concentrated | ✓ | ✓ | ✓ | |
| | Increase access to housing, mental health, and substance use treatment for people and communities at highest risk | | ✓ | | |
| | Increase knowledge and sense of urgency to act in communities and groups where HIV is most heavily concentrated | | ✓ | | |

| | Strategy/Activity | Fast-Track Cities Convening | 2017-2021 Texas HIV Plan | S.A. Integrated Prevention & Care Plan, 2017-2021 | Healthy Bexar Plan (CHIP) |
|---|---|---|---|---|---|
| | Integrate culturally and linguistically appropriate and low literacy PrEP Education/Training into Case Management, Prevention Counseling, and Outreach Services | | ✓ | | |
| | PrEP Education/Training for Community Health Professionals, Stakeholders, and Consumer Groups that is culturally and linguistically appropriate and low literacy | | ✓ | | |
| **Diagnosis of HIV infections** | Promote models and innovative practices that effectively reach and test high risk individuals in communities and groups where HIV is most heavily concentrated | ✓ | ✓ | ✓ | |
| | Ensure that social and sexual networks of people diagnosed with and/or living with HIV are offered testing and counseling | | ✓ | ✓ | |
| | Expand adoption of routine HIV testing as part of medical care at clinics and primary care providers; include at annual check up | ✓ | ✓ | ✓ | |
| | Increase testing for STDs, syphilis and HIV | ✓ | | ✓ | ✓ |
| | Routine testing in hospital emergency departments | ✓ | ✓ | ✓ | |
| | Public Education and Awareness<br>• Provider education<br>• Change school policies<br>• Run easy to understand campaign (including social media), to include PrEP and post-exposure prophylaxis (PEP)<br>• Peer advocates | ✓ | | ✓ | |
| | Develop curriculum for providers<br>• How not to use stigmatizing language<br>• Sexual health<br>• Motivational behavioral interviewing<br>• Trauma informed care | ✓ | | ✓ | |

| | Strategy/Activity | Fast-Track Cities Convening | 2017-2021 Texas HIV Plan | S.A. Integrated Prevention & Care Plan, 2017-2021 | Healthy Bexar Plan (CHIP) |
|---|---|---|---|---|---|
| | Move from Public Health to Integrated Health approach; change language how we talk about HIV--person 1st. Focus on sexual health vs. reproductive health in messaging | ✓ | | ✓ | |
| | Implement Family Based Interventions | ✓ | | | |
| | Expand HIV testing to county jails, city detention center, adult probation/detention, and specialty courts | | | ✓ | |
| | Develop and implement at least one outreach initiative annually for a specific target population encouraging persons to get tested or link to medical care | | | ✓ | |
| **Linkage to care** | Create linkage pathways that span healthcare systems; develop a strategy for seamless referral for HIV+ clients | ✓ | ✓ | ✓ | |
| | Assure linkage systems are client centered and address the acute needs of clients at the time of diagnosis | | ✓ | ✓ | |
| | Develop and implement a centralized eligibility process, eligibility worker, or reduce eligibility paperwork | ✓ | | ✓ | |
| | Promote models and innovative practices that shorten the time between diagnosis and use of antiretroviral (ARV) treatment | ✓ | ✓ | ✓ | |
| | Connect newly diagnosed people with peer mentors | ✓ | | ✓ | |
| | Replicate evidence-based navigator programs | ✓ | | ✓ | |
| | Disaggregate and share data | ✓ | | ✓ | |
| | Increase outreach to organizations not focused on AIDS/HIV<br>• South Alamo Regional Alliance for the Homeless (SARAH), Planned Parenthood, Haven for Hope | ✓ | | ✓ | |
| | Increase field investigation positions at Metro Health | ✓ | | | |

| | Strategy/Activity | Fast-Track Cities Convening | 2017-2021 Texas HIV Plan | S.A. Integrated Prevention & Care Plan, 2017-2021 | Healthy Bexar Plan (CHIP) |
|---|---|---|---|---|---|
| | Create a positive messaging campaign and public service announcements around antiretroviral therapy | ✓ | | | |
| | Engage formal and informal support systems for patients | ✓ | | ✓ | |
| | Develop and implement a Clinic Capacity Building Activity/Plan | | | ✓ | |
| | Develop and implement insurance/ACA education training/event annually | | | ✓ | |
| | Develop and implement comprehensive, accessible, and culturally appropriate health literacy resources | | | ✓ | |
| **Retention in care** | Identify and explore approaches to locate and return to care HIV infected individuals who know their status but are not in care | ✓ | ✓ | ✓ | |
| | Create mechanisms to identify and respond to individuals and groups at highest risk of dropping out of care | ✓ | ✓ | ✓ | |
| | Promote models and innovative practices that improve retention such as by addressing stigma, poor health literacy, difficulty with health care navigation | ✓ | ✓ | ✓ | |
| | Promote HIV clinicians' understanding and use of current treatment guidelines, especially in relation to antiretroviral (ARV) treatment initiation | | ✓ | ✓ | |
| | Promote utilization of HIV care, prevention, and PrEP Continuum of Care models to medical practices outside of Ryan White providers | | | ✓ | |
| | Ensure that treatment systems include access to support services, especially mental health and substance use treatment | | ✓ | ✓ | |
| | Develop and implement a Clinic Capacity Building Activity/Plan | | | ✓ | |
| | Address access to care barriers for rural clients | | | ✓ | |
| | Develop and implement an evidence based model Peer Mentor Group or Peer Mentorship Program | | | ✓ | |

| | Strategy/Activity | Fast-Track Cities Convening | 2017-2021 Texas HIV Plan | S.A. Integrated Prevention & Care Plan, 2017-2021 | Healthy Bexar Plan (CHIP) |
|---|---|---|---|---|---|
| | Develop and implement a strategy for a seamless referral process for HIV positive clients with co-morbidities (i.e. clinic that offers wraparound services, centralized eligibility/referral process) | | | ✓ | |
| **Viral Suppression** | Increase use of viral suppression as a key health indicator. Promote models and innovative practices that increase viral suppression. | | ✓ | ✓ | |
| | Increase % retained in HIV care | ✓ | ✓ | ✓ | ✓ |
| | Expand access to HIV clinical care, including treatment drugs | | ✓ | ✓ | |
| | Expand access to medication and treatment for co-occurring and co-morbid conditions | | ✓ | ✓ | |
| | Create a focus on adherence that includes clients, clinicians, and supportive service providers | | ✓ | ✓ | |
| | Develop a strategy to streamline eligibility process and reduce cost of treatment | ✓ | | ✓ | |
| | Identify barriers and strategies for PLWHA accessing housing services | ✓ | ✓ | ✓ | |
| | Medication reminders | ✓ | | | |
| | App or TV commercial | ✓ | | | |
| | Data sharing agreements | ✓ | | | |
| | Celebrate successes: Incentives; ramp up HIV month | ✓ | | | |
| | Reduce time of results | ✓ | | | |
| | Educate and provide resources to healthcare individuals (even those in school) | ✓ | | | |