Phase II Progress Report
Building the Strategy to End AIDS in Fulton County
Objectives & Actions

Fulton County Task Force On HIV / AIDS
June 27, 2016

OUR Time Is NOW
Persons Living with HIV, Fulton County, 2007-2014

The bar chart shows the number of persons living with HIV in Fulton County from 2007 to 2014. The number of persons living with HIV has increased from 10,000 in 2007 to over 15,000 in 2014.
New HIV diagnoses and rates per 100,000 people by county commission district, Fulton County, GA, 2014

HIV Diagnoses By District

GA Department of Public Health
HIV Mirrors Income Inequality

AIDSVu: Atlanta
Fulton County, HIV Health Disparity – 2013

Fulton County Population by Race

- White: 43
- Black: 7
- Hispanic: 8
- Other: 7

New HIV Diagnoses by Race

- White: 10
- Black: 68
- Hispanic: 14
- Other: 1
- Unknown: 1

Georgia Oasis: https://oasis.state.ga.us/oasis/oasis/qryPopulation.aspx
New Diagnoses by Sex, Fulton County, 2005-2014

HIV reporting begins

EOY 2015 dataset

GA Department of Public Health
HIV Treatment Is HIV Prevention
Adults and Adolescents Living with Diagnosed HIV
Fulton County, 2014

Linkage to care diagnosed in 2013 (CD4 or VL within 30 days of diagnosis, including day of diagnosis)
Engaged >=1 CD4 or VL in 2014
Retained >= 2 cd4 or VL at least 90 days apart in 2014
Viral suppression(VS) = viral load <200 on last VL in 2014
Provisional data, 2014 deaths not yet included
Fulton County Task Force on HIV/AIDS

• Created December, 2014
  – Resolution #14-1109 by Chairman Eaves and Commissioner Garner, adopted 12/17/14

• MISSION: End AIDS in Fulton County

• 14 appointed members; approximately 25 non-appointed contributors; unlimited committee members
Goals of the Fulton County Strategy to End AIDS

1. Reduce new HIV infections
2. Increase access to care and improve health outcomes for people living with HIV
3. Reduce HIV-related disparities and health inequities
4. Achieve a more coordinated local response to the epidemic
Community Input and Engagement

• Public Meetings
• Listening Sessions
  – Districts, NPUs
  – Issues
  – Organizations
• Web-based Survey
  – Specific and general recommendations
  – Prioritization
Priorities
Stigma Kills. Don’t Tolerate It.

- Eliminate stigma associated with HIV, sexual orientation, gender identity and expression, race/ethnicity, gender, class, and mental health and substance use disorders
  - healthcare settings
  - faith communities
  - educational institutions
  - government institutions
  - media coverage
  - all policies and laws
Make Care and Services Client-centered

- Re-focus services and care systems from the client’s perspective
  - Assess all services for satisfaction and stigma
  - Train all staff to be culturally competent
  - Train all staff to be customer service-oriented
  - Incorporate ongoing meaningful patient feedback to continually improve services
Make it Easy to Get into Care Fast and Stay Healthy

• Eliminate health system barriers that make it difficult to
  • Get in to see a medical provider fast
  • Stay in care
  • Access and stay on life-saving medications
  • Reduce the virus to undetectable levels
Testing and Prevention

• **Everyone Should be Tested for HIV**
  – Routine opt-out HIV testing in all healthcare settings including jails
  – Coordinate targeted (or risk-based) HIV testing so that people at highest risk of infection always have easy access to free, safe, and confidential screening.

• **HIV is Preventable**
  – Provide PrEP/PEP for people without HIV
  – Syringe exchange (services) programs for injection drug users regardless of HIV status
  – Immediate access to HIV treatment for PLWHIV
  – Condoms and lubricants for all
Zero HIV+ Babies; Better Education

• No More Babies Born with HIV
  – Prenatal care
  – Test all pregnant women for HIV
  – Treat all HIV positive pregnant women with ART

• Education is HIV Prevention
  – Require scientifically accurate, evidence-based HIV and sexual health education in schools so that youth learn skills to protect themselves against HIV and other STIs, and pregnancy
Housing, MH/SU

• Housing is HIV Prevention and Treatment.
  – Immediate, barrier-free access to housing for PLWHIV who are unstably housed

• Mental Health and Substance Use Services are Care, Too.
  – Access to MH/SU services to prevent HIV transmission and improve care continuum outcomes
Create Policies that Promote Health.

• Reform HIV criminalization laws
• Clarify that syringe exchange (syringe services) are legal and implement them
• Require cultural competency and sensitivity and anti-stigma training in Fulton County contracts.
• Close the current coverage gap
• Increase federal funding for HIV care and prevention
Cross Cutting Issues
Meaningful Involvement of People Living with HIV/AIDS

- Involve PLWHIV in substantial ways in all aspects of program planning, development, implementation, and evaluation for
  - Testing
  - Prevention
  - Care
  - And on the Fulton County Task Force on HIV/AIDS
Access to Substance Use (SU)/Mental Health (MH) Services and Trauma-Informed Care

• POLICY: Require contracts for Fulton County behavioral health services, substance use and mental health, to include
  – routine opt-out HIV testing
  – HIV linkage to care plan with designated liaison with HIV care facilities

• Increase routine screening for SU/MH by providers

• Encourage co-location of SU/MH services with HIV medical services where possible

• Work with housing providers to improve access to housing for persons with SU/MH disorders

• Integrate trauma-informed care principles and practices into prevention and clinical services
Increase Community Awareness and Education About HIV

- Multi-media 5-year community awareness and education plan focusing on HIV prevention and treatment
  - sexual health and wellness, anti-stigma framework
  - grounded in the experience of PLWHIV
- Involve marketing and advertising professionals but ensure target audiences and PLWHIV are involved throughout
- Funded Ambassadors Program and/or Speakers’ Bureau of experts, including PLWHIV, to educate schools, businesses, faith institutions, and community gatherings
- Educate local media to encourage scientifically accurate coverage of issues pertaining to HIV/STI/viral hepatitis/TB
- Provide Spanish translation of materials and programs.
Address Structural Issues Affecting Healthcare Access and Delivery

• Expand access to medical care for PLWHIV
  – POLICY: Close coverage gap by expanding Medicaid to improve access to care for PLWHIV and those at risk.
  – POLICY: Advocate for increased funding of the Ryan White Program, CDC’s HIV/STI/Viral Hepatitis/TB prevention programs, and Housing Opportunities for Persons With AIDS (HOPWA)

• Expand access to support for premium, deductible, co-pay, and co-insurance through ADAP funding and the Health Insurance Continuation Plan (HICP)

• Expand the ability of Ryan White clinics to accept private insurance plans

• Increase accessibility of HIV medical services within underserved areas of high HIV prevalence: expanded hours and locations
Boost the Provider Workforce

• Develop a workforce recruitment and retention plan to address provider and support staff shortages

• Provide greater flexibility in hours for HIV providers to attract and utilize part time staff

• Partner with medical and nursing schools to increase exposure to HIV medical care among medical students, residents, and physician assistant students, including rotations in HIV care facilities
Improve Healthcare Communications

• Share data from CAREWare Part A and B across all Ryan White Clinics in Georgia to allow tracking of patients who are linking to care or moving from one care facility to another

• Create a secure online repository for patient-level documents required to qualify for Ryan White, AIDS Drug Assistance Program (ADAP), Health Insurance Continuation Program (HICP), housing and other necessary services
Testing And Prevention
18.7% Are Not Aware of HIV Status (20.8% Among Gay & Bisexual Men)

Around 3000 Persons in Fulton County Have HIV But Do Not Know They Have It
Overall Objectives

• *Increase the percentage of people living with HIV who know their serostatus to 90%. (NHAS Indicator 1)*

• *Decrease the proportion of people with AIDS at the time of diagnosis to < 10%.*
Routine Opt-Out Testing in Healthcare Settings

• POLICY: County policies to require routine opt-out HIV testing in all healthcare settings under authority of Fulton County, including jails and behavioral health services.
  – Training to staff to instituting routine opt-out HIV screening within their facilities
  – Establish rapid linkage to care mechanisms for facilities instituting routine opt-out HIV screening
• Implement routine opt-out screening at
  – Federally Qualified Health Centers and Community Health Centers
  – Substance use and mental health treatment facilities
  – Internal Medicine, Family Practice, and OB-Gyn private practices
  – Urgent care clinics
• Create data systems for monitoring and evaluation of routine opt-out screening in health care facilities
HIV/STI Testing for Students

- Incorporate HIV/STI screening into school-based health programs in Fulton County and City of Atlanta high schools, and colleges and universities

- External opportunities for HIV testing in high schools, and colleges and universities
  - Train staff at student health services in HIV/STI testing, basic HIV/STI education, confidentiality and disclosure, cultural competency.
  - Create tailored linkage to care services for students diagnosed with HIV/STIs
New HIV Diagnoses, Fulton County 2014

New HIV diagnoses:
- 18 Black MSM
- 3 White MSM
- 5 Hispanic MSM
- 9 Other MSM
- 3 Women*
- 9 Other Men*

PLWH:
- 16 Black MSM
- 3 White MSM
- 3 Hispanic MSM
- 3 Other MSM
- 16 Women*
- 18 Other Men*

*IDU, hetero sexual contacts, NIR

GA Department of Public Health
New Diagnoses among MSM, by Race/Ethnicity and Age Group, Fulton County 2014
Targeted Testing for Disproportionately Affected Populations in Non-healthcare Settings

- Direct 90% of targeted HIV testing toward disproportionately affected populations and high prevalence geographic areas.
- Create an ongoing collaborative planning system among funded and non-funded agencies to coordinate targeted testing, including sharing of strategies and data and incorporation of geomapping.
  - Metro-wide geomapping group - monthly maps of HIV testing activities, new HIV diagnoses, acute HIV infections, location of testing services, to facilitate targeting of HIV testing and prevention services toward high prevalence geographic areas.
  - Include non-Fulton funded agencies, academic partners, mobile units
- Standardize protocols among agencies conducting HIV testing.
Change the Culture of Partner Services

• Provide prevention services to partners of newly diagnosed and reengaging patients
• Require that all partner services staff receive ongoing cultural sensitivity and competency training, including HRSA health literacy training
• Explore implementation of online or text STI notification services [NYC Dept of Health, South Carolina; Florida]
• Recipients of partner service interventions should give feedback about their experience
• Obtain resources to ensure that HIPP-funded entities also offer screening for syphilis, chlamydia, gonorrhea, hepatitis C, and TB.
• Coordinate and collaborate with Metro Atlanta TB Task Force to ensure HIV testing is offered at all shelters and by outreach staff that offer TB testing.
  – Provide Rapid Entry linkage to unstably housed persons testing positive for HIV.
• Ensure FCDHW STI clinic offers HIV screening and offer of PrEP for appropriate individuals
• Provide immediate ART to those with HIV/TB coinfection
Prevention

• Decrease the number of new HIV diagnoses by at least 25% (NHAS Indicator 2)
  – Reduce disparities by at least 15% (NHAS Indicator 9 adapted)
    • Young black gay and bisexual men
    • Gay and bisexual men regardless of race/ethnicity;
    • Transgender women
    • Black females
Transgender: The Unknown Demographic

• Do not have good data to even count the number of HIV+ transgender persons in Fulton County, much less their care outcomes

• WE NEED BETTER DATA!
PrEP and PEP

- **PrEP** = preexposure prophylaxis
  - A pill (Truvada®) taken daily by HIV negative persons to prevent HIV infection
  - Over 90% effective if taken daily

- **PEP** = postexposure prophylaxis
  - A complete 3-drug ART regimen taken for a month AFTER an exposure has occurred
  - Should be started within 72 hours of exposure
Increase Access to PrEP and PEP

- Increase community and provider awareness and education about PrEP and PEP
- Ensure adequate staffing for the FCDHW PrEP Clinic
- Create multiple access points for PrEP throughout Fulton County,
  - College and university health services
  - FQHCs
  - Pharmacies and urgent care clinics
  - Community-based organizations
  - Grady neighborhood health centers
  - OB-Gyn, Internal Medicine, and Family Practice providers
- Increase access points for PEP in Emergency Departments, non-HIV clinics and private practice providers
- Investigate opportunities for PrEP/PEP funding, including foundations, community fundraising, and government grants.
Perinatal HIV Infections Diagnosed in Infants Born in Fulton County, by Year of Birth

Data as of 3/2016
ZERO Perinatal Transmission

- Staffing to provide comprehensive perinatal prevention and services for HIV-infected pregnant women.
- Collaborations with medical provider societies, especially in obstetrics and gynecology
  - training in the care of HIV positive pregnant women.
  - HIV prevention campaigns directed at practicing obstetrician and obstetric nurses
- Expand the HIV Health Information Exchange to identify out of care HIV positive pregnant women when they present for obstetric care at Grady
Prevention for People Who Inject Drugs

• POLICY: Clarify the legality of syringe services programs for the legitimate medical purpose of preventing HIV, hepatitis B and C, and other blood-borne infections in Fulton County and the State of Georgia.
  – Mobile units and Ryan White clinics
  – Linkage to HIV/HCV care and SU/MH services
  – Offer HIV and HCV screening.

• Ensure access to naloxone for PWID and others with opioid use disorders in Fulton County

• Increase access to substance use and mental health treatment for PWID and others with opioid use disorders
Better and More Condom Distribution

- Increase the number of condoms distributed to persons with HIV and high-risk seronegatives to 3.5 million units per year.
- Improve the coordination of condom distribution and education in Fulton County to achieve appropriate targeting and consistent access by persons with HIV and disproportionately affected populations without HIV.
  - Local bars and sex clubs.
  - All HIV care sites.
  - Pilot mailing of condoms and lube through online requests
Care and Treatment
Adults and Adolescents Living with Diagnosed HIV, by Race/Ethnicity, Fulton County, 2014

Linkage to care diagnosed in 2013 (CD4 or VL within 30 days of diagnosis, including day of diagnosis)
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Retained >= 2 cd4 or VL at least 90 days apart in 2014
Viral suppression(VS) = viral load <200 on last VL in 2014
Provisional data, 2014 deaths not yet included
Adults and Adolescents Living with Diagnosed HIV, by Transmission Category, Fulton County, 2014

- **Linked to care within 30 days**
- **Retained in care**
- **Virally Suppressed (VS)**

Linkage to care diagnosed in 2013 (CD4 or VL within 30 days of diagnosis, including day of diagnosis)
Engaged >=1 CD4 or VL in 2014
Retained >= 2 cd4 or VL at least 90 days apart in 2014
Viral suppression(VS) = viral load <200 on last VL in 2014
Provisional data, 2014 deaths not yet included

*insufficient number

GA Department of Public Health
Adults and Adolescents Living with Diagnosed HIV, by Age Group, Fulton County, 2014

Linkage to care diagnosed in 2013 (CD4 or VL within 30 days of diagnosis, including day of diagnosis)
Engaged >=1 CD4 or VL in 2014
Retained >= 2 cd4 or VL at least 90 days apart in 2014
Viral suppression(VS) = viral load <200 on last VL in 2014
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Linkage To Care = 3 Days!

• Provide a medical provider visit within 3 days of diagnosis for 85% of newly diagnosed persons
• Assess and reinvent linkage resources, staffing, training, capabilities, and processes
  – Prioritize most vulnerable populations (youth, MH/SU disorders, unstable housing, released from incarceration) to receive intensive linkage navigation services.
• Eliminate barriers to patient entry at Ryan White clinics.
  – Create and implement Rapid Entry pathways to ensure initial medical visit within 3 days of diagnosis
• Evaluate synergies between allowable CDC HIPP and Ryan White activities to maximize linkage resources and decrease duplication of effort
Dramatically Improve Retention in Care

- Increase the number of people retained in care to 90% of those diagnosed (NHAS Indicator 5)
  - Create welcoming clinics
  - Individualized retention plans including navigators
  - Reminders for visits and medication refills, including online platforms
  - Follow up on missed visits during the same day
  - Develop mechanisms for obtaining and maintaining accurate contact information
  - Decrease long clinic wait times
  - Simplify and synchronize Ryan White, ADAP, and HICP recertification
Reengagement in Care

• Decrease the number of persons who are out of care by 50%.
• Reengage individuals identified as out of care within 3 days of contact.
• Assess and reinvent reengagement resources, staffing, training, capabilities, and processes
  – Use surveillance data to improve care reengagement
  – Pilot test a community health worker program for locating and assisting out of care individuals
  – Use mobile vans, including the Fulton testing van to do outreach and medical visits
  – Develop a mechanism by which providers can query the DPH Health Information Exchange (HIE) to verify whether an individual is out of care or receiving care elsewhere; Expand the HIE
  – Individualized patient-centered reengagement plans including transportation, housing, communication, SU/MH
Increase Viral Suppression to 80%

- Decrease the time from HIV diagnosis or reengagement in care to viral suppression to an average (mean) of 6 months.
- Educate: ART is for all persons regardless of CD4 count.
- Optimize systems for immediate and continuous access to ART for all persons
  - In-house and ADAP pharmacies should communicate with patient and provider immediately when prescription not picked up.
- Enroll in HICP to enhance access to medical care and ART through health insurance
  - POLICY: Advocate against adverse tiering, quantity limits and prior authorization.
- Expedite ADAP process: track turnaround times and address reasons for delays in processing.
- Address adherence and provide adherence support to vulnerable populations beginning or reinitiating ART.
Quality of Care

• Reduce the AIDS-related death rate among persons by at least 33%. (NHAS Indicator 8)
• Improve linkage to mental health and substance use treatment programs within one month of assessment
• Ensure that all patients receive HIV care consistent with current HIVMA and DHHS Guidelines
• Ensure that patients coinfected with HIV/HCV receive HCV treatment.
Structural Issues Affecting Fulton County Government, Including Fulton County Department of Health and Wellness

• Transparency regarding federal, state, and county funds impacting HIV, STIs, viral hepatitis, and TB

• Transparency and public process, and collaborative & inclusive planning
  – for integration of FCDHW with GDPH
  – for input on structural changes affecting Communicable Diseases and Ryan White programs at FCDHW

• Address hiring and contracting processes that impede timely implementation of HIV, STI, viral hepatitis, and TB initiatives

• BOC should appoint at least one person to the reconfigured Fulton Board of Health who is an expert in HIV prevention, treatment and policy.
Social Determinants of Health
Unstable Housing in <5% of PLWHIV

- Adopt a “Housing First” approach.
- Centralized online repository for documents needed to qualify for services
- Online resource portal for housing resources
- Standardize rules and applications across housing providers.
- Collaborate with HOPWA to decrease housing barriers for PLWHIV.
Improve Access to Transportation

- Contract with a limited number of transportation vendors to provide transportation for all Ryan White clients
- Use mobile van to provide medical visits to remote locations with inadequate transportation
- Encourage opening satellite clinics in areas with underserved transportation infrastructure
Reduce Food Insecurity

- Screen for food insecurity and other nutritional needs and SNAP eligibility among clients presenting for services or care
- Collaborate with existing food programs to ensure access to nutrition services
- Explore establishing food banks within high volume Ryan White clinics
- Expand Ryan White food voucher program to include farmers markets participating with Wholesome Wave where purchase value doubles for fresh fruits and vegetables
Provide Childcare

- Screen for childcare during entry to care and periodically thereafter, especially for women.
- Educate about the availability of childcare support in Ryan White clinics.
- Assess the barriers to uptake of childcare support services in Ryan White clinics, implement awareness measures accordingly, and tailor childcare support services to reduce barriers to uptake of childcare services.
Criminal Justice Pipeline
Policing and Courts

• Incorporate HIV education, trauma-informed practices, and cultural competency training into recruit training courses and existing staff for APD and Fulton County Sheriff’s Department.

• Collaborate with APD and Fulton County Sheriff’s Department to conduct an anti-stigma campaign within their departments.

• Work with courts to increase diversion programs for appropriate drug and sex offenses, including HIV prevention education in these programs.
Criminal Justice Pipeline Incarceration

• POLICY: Offer routine opt-out HIV testing upon entry at Fulton County jails.
• Provide HIV education, training on trauma-informed practices, and cultural competency training for jail administration and staff.
• Provide evidence-based sexual health and HIV education, including on HIV criminalization, and condoms to all inmates and pre-release planning for PLWHIV.
• Ensure that incarcerated persons receive HIV treatment according to current DHHS Antiretroviral Guidelines.
• POLICY: Eliminate policies or actions that stigmatize incarcerated people with HIV.
Education: Comprehensive Health and Sex Education and Health Literacy

• Implement evidence-based comprehensive sex and sexuality education for youth in Fulton County and City of Atlanta schools.

• Improve health literacy among staff at agencies providing HIV care and services and among PLWHIV

• Increase age-appropriate evidence-based community health literacy programming

• Make all materials available in Spanish and other languages as needed
Improve Job Training and Readiness

- Partner with Job Corps and Atlanta Regional Commission Workforce Development to increase job training opportunities for PLWHIV.
- Partner with employment agencies to provide temporary employment opportunities for PLWHIV.
- Identify sources of funding to subsidize GED classes for PLWHIV.
- Create resource portal for clothing banks, job training opportunities, GED classes.
- Create flexible clinic hours to facilitate attendance for those who are employed 9am-5pm.
ZERO Stigma And Discrimination

• POLICY: Reform HIV criminalization laws to align with current HIV science and advance best public health practices for HIV prevention and care.
• Implement anti-stigma campaign in Fulton County and City of Atlanta, including faith-based institutions
• Ongoing training in cultural competency and sensitivity for government employees and service and care providers
• Implement tools for assessing stigma within agencies and clinics, and across the broader community.
• Adopt policies and procedures supporting the meaningful involvement of PLWHIV across all HIV services
• Orient client services for PLWHIV long-term self-sufficiency to reduce dependency on public support systems.
Policy
Requests of BOC

**Stigma:** Reiterate BOC’s strong public stance against stigma and discrimination associated with HIV, sexual orientation, gender identity and expression, race, sex, socioeconomic class, or religion

- Resolution sponsoring an **HIV Awareness and Anti Stigma Campaign** for all Fulton County agencies, including corrections
- Add **HIV Criminalization Law Reform** to the legislative docket for 2017

**Routine Opt-Out HIV Testing in Fulton County Facilities:** Resolution requiring routine opt-out testing policies with evaluation and monitoring of outcomes, in all healthcare settings under jurisdiction of the BOC, including

- All facilities providing outpatient medical, substance use, and mental health services
- Medical intake at jails
- Emergency departments
- Hospitals
- Evaluation and monitoring methodology to be determined by FCDHW
Requests of BOC

Routine Opt-Out HIV Testing, Education, Pre-release Planning in Fulton County Jails
- Convene a meeting with the Fulton County Sheriff and jail administration to create a plan for implementing these services, under the supervision of FCDHW

Comprehensive HIV and Sexuality Education; HIV/STI Testing in Fulton Schools: Convene meeting with superintendent Fulton County schools to discuss
- Comprehensive evidence-based sexual health curriculum for schools including HIV/STI and substance use education
- Voluntary HIV/STI testing in school health programs

Promote Establishment of PrEP Clinics in Colleges/Universities
- Include HIV/STI testing in student health services (necessary for PrEP)
- Conduct anti-stigma campaigns, in collaboration with FCDHW HIPP
Requests of BOC

Syringe Exchange (Syringe Services Programs): Support resolution recognizing the legitimate medical purpose of syringe services programs and increasing access throughout Fulton County

- Work with county attorney’s office, Director of FCDHW, and FCTFHA to develop an ordinance to define syringe exchange as a legitimate medical purpose to address HIV and opioid abuse epidemics in Fulton County.
- Add update of O.C.G.A. § 16-13-32 to allow for syringe exchange as a “legitimate medical purpose” to county legislative docket.

Substance Use and Mental Health: Require outsourced Behavioral Health contracts to contain the following:

- All sites will offer routine opt-out HIV/STI testing for client
- All sites will have a relationship with HIV clinics and a mechanism for linkage to care within 3 days of a positive test result (new diagnosis or reengaging in care)
- All administration and staff at funded sites will receive annual cultural competency, anti-stigma training, approved by FCDHW
Requests of BOC

**Perinatal**: Commit to ending perinatal HIV transmission
- Outreach to OB-Gyns to educate about HIV testing and treatment resources
- Provide HIV education and testing through WIC programs

**Adequate Funding for the Ryan White HIV/AIDS Program** and education for legislators regarding program
- Support membership in the Communities Advocating Emergency AIDS Relief (CAEAR Coalition) and support travel to send the Ryan White Grantee Director to meetings in Washington, DC.

**Policy**: Recommend that Chairman Eaves & Commissioners convene a special briefing on the Strategy and its policy goals for members of the Fulton County legislative delegation.
Next Actions
On to Phase III

- Share Phase II report broadly
- Work with elected officials in Fulton and City of Atlanta to implement local policy requests
- Continue implementation of actions
- Continue community feedback
- Phase III – December 2016
  - Develop accountability and timelines for actions
  - Develop resource and gap assessment
  - Develop cost analyses for targeted actions
Do We Have the Political Will?
Yes, We Do!

We DO Have the Political Will!
We CAN Do This.

And We Will!

OUR Time is Now!
Contact the Task Force!

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On Twitter: @HIVTaskForceFC

On Facebook: Fulton County HIV Task Force (NEW! Like Us!)
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