

**San Antonio Area HIV Health Services Planning Council**  
 4502 Medical Drive, MS# 45-2 Corporate Square, Suite 200, San Antonio, TX 78229  
 Planning Council Support: (301) 807-2196



**MINUTES OF THE**  
**Needs Assessment & Comprehensive Planning/Continuum of Care Committees**  
**Thursday, October 6, 2022 | Zoom Teleconference**  
**9:00 a.m. – 11:00 a.m.**

NA/CPCPC Committee Members		Recipient Staff		Guest
Alfred Chavira	P	Jamie Zapata	A	Mary Kay Mitchell
Joe “Jace” Clower	A			Tanya Khalfan Mendez
LaToya Goodwin	P			Dawn Cook
Catherine Lemus	P			Carol Nielson
Ronique Pleasant	P			
Santiago Serrato	P			
Mikela Villareal	P			<b>Planning Council Support</b>
Wayne Wientjes	P			Sharron Harris
				Gloria Wood

<b>Call to Order</b>	PC Support called the roll.
<b>Determination of Quorum</b>	Quorum established; 7 of 9 Planning Council Members in attendance.
<b>Approval of the Agenda</b>	Motion to approve by Ronique; LaToya 2 <sup>nd</sup> the motion; no opposition; motion passed.
<b>Approval of Minutes from August 4, 2022</b>	Motion to approve by Ronique; Wayne 2 <sup>nd</sup> the motion; no opposition; motion passed.
<b>Approval of Minutes from September 1, 2022</b>	Motion to approve by Ronique; Alfred 2 <sup>nd</sup> the motion; Ronique & Catherine in favor of approval; no opposition; motion passed.
<b>Update on Bexar County – COVID Community Spread Status</b>	<ul style="list-style-type: none"> <li>• Covid 19 Update indicates Bexar County is at low community spread status.</li> <li>• PC Support made note of a CDC Health Alert shared by Ronique earlier regarding Monkey Pox that spoke to persons with compromised immune systems. PC Support suggested that individuals pursue getting the monkey pox vaccine. Ronique distributes UH RW updates every Friday.</li> <li>• There was also a Texas Medication Advisory Board meeting on Oct 28, 2022, notice sent out by Ronique.</li> <li>• PC Support also has been talking with Promesa’s Web development team (Don &amp; Bernie) about adding a rolling banner to post the some of the weekly updates distributed by Ronique to the Planning Council website.</li> </ul>

**COMMITTEE BUSINESS ITEMS**

**Needs Assessment (NA) and Comprehensive Planning/Continuum of Care Committee (CPCPC)**

**Chair – TBD**

Business Item

Discussion / Motion

Planning Council  
Action

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<p>A. <b>Discussion of Draft Integrated Plan - Progress on Plan Development</b></p> <p>1. <b>Stakeholder Workgroup Input</b></p> <p>2. <b>People’s Caucus Input</b></p>	<p>Reviewed Stakeholder Group &amp; People’s Caucus Input:</p> <p><b>GOAL #1</b> - Reducing new HIV infections’ strategies and activities. Federal guidelines require the Integrated plan to follow the National HIV/AIDS Strategy. Each goal must address the following pillars: Diagnose, Treat, Prevent, and Respond, so there is a slight modification of strategies &amp; activities from original goals to comply with the key components the Plan must address.</p> <p><b>DIAGNOSE – Primary objective is to increase the percentage of people living positive who know their status.</b> Will rely on AA for baseline., looking at where we have the most complete data.</p> <p><b>Strategy</b> – Expand access to routine testing as component of a Status Neutral Approach to prevention and care, which is one of the recommendations coming from the Stakeholder Workgroup, already in place. PC Support thanked Alfred for his insight &amp; input in helping to fully understand Status Neutral Approach and the progress our jurisdiction is making toward implementation.</p> <ul style="list-style-type: none"> <li>• PC Support explained Status Neutral Protocols, indicating that the infrastructure must be in place to link patient into care within 72 hours.</li> <li>• Increase the use of mobile clinics to give greater access to routine testing, particularly in rural areas.</li> <li>• Launching a multi-media campaign to increase awareness,</li> <li>• Expanding the use of social media, which came out of the People’s Caucus recommendations.</li> </ul> <p><b>Strategy</b> – Utilize early intervention services to expand test at home. Spoke to Program Manager, Louis Luna, regarding Texas Wears Condoms to get a good sense of the process and how you know when an individual tests positive at home and how that individual is linked into care.</p> <ul style="list-style-type: none"> <li>• Enhance the follow-up and tracking to ensure linkage to care for HIV positive test at home findings.</li> </ul> <p><b>TREAT - Expand participation in implementing a Status Neutral Approach.</b></p> <p><b>Strategy</b> Expand Provider Training –</p> <ul style="list-style-type: none"> <li>• Conduct comprehensive training around the Status Neutral Protocol to make sure we can get</li> </ul>	
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	<p>100% of Providers engaged in implementing a Status Neutral Approach to HIV prevention and care over the next 5 years.</p> <ul style="list-style-type: none"> <li>• Expand training to increase the number of PrEp Navigators.</li> </ul> <p><b>Strategy</b> – Expand capacity and increase interventions among target populations. Do we have adequate resources?</p> <ul style="list-style-type: none"> <li>• Jails, prisons &amp; detention centers continue to be an important part of the effort to link people to care.</li> <li>• Increase the number of Patient Navigators to be able to link people to care adequately.</li> </ul> <p><b>PREVENT– Expand Prevention Services</b></p> <ul style="list-style-type: none"> <li>• Increase the resources and awareness of Prevention Services</li> <li>• Create and implement training to normalize the conversation between Providers and community around sexual health. This is input from the Stakeholder’s Group.</li> </ul> <p><b>RESPOND – Achieve at least 10% reduction of new HIV infections among the target population.</b></p> <p><b>Strategy</b> - Assess Provider awareness in the use of prevention tools in our TGA and broader health services area.</p> <ul style="list-style-type: none"> <li>• Survey Provider awareness and implementation within the next 5 years.</li> </ul> <p><b>Strategy</b> - Assess community awareness</p> <ul style="list-style-type: none"> <li>• Surveys, community forums or focus group discussions</li> </ul> <p><b>Strategy</b> – Establish a process to measure the progress. (No activity yet.)</p> <p><i>PC Support requested feedback from the Committee regarding the above. Goal 1 strategies and activities.</i></p> <ul style="list-style-type: none"> <li>• Ronique suggested that there may be adequate resources, however, perhaps doing a better job of bridging the gaps between the agencies to be able to work together would be a solution to the appearance of not having enough resources, i.e., Patient Navigators.</li> <li>• PC Support suggested the possibility of a quarterly update to the stakeholder network</li> <li>• Ronique suggested that the Care Coordination meetings could be an avenue to include Patient Navigators, Outreach Team, etal, and include this update as a talking point, so everyone understands where we are.</li> </ul>	
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	<p><b>GOAL #2</b> – Improving Access to Care and Health Outcomes</p> <p><b>DIAGNOSE</b> - Expanding implementation of the Status Neutral Approach for HIV care and prevention.</p> <p><b>Strategy</b> – Rapid Start – link 100% of newly diagnosed persons to HIV medical care within 72 hours of their diagnosis.</p> <ul style="list-style-type: none"> <li>• Assess the Provider capacity to comply</li> <li>• Strengthen and enhance the capacity to form a seamless system to facilitate the newly diagnosed link to care, if the capacity is not there.</li> </ul> <p><b>Strategy</b> – Expand the education and outreach to community stakeholders to raise awareness.</p> <ul style="list-style-type: none"> <li>• Expand partnerships to promote health literacy.</li> <li>• Conduct annual targeted health literacy training to target populations</li> </ul> <p><b>TREAT</b> – Increase the % of persons diagnosed with HIV who re retained in primary HIV medical care from whatever the level up to 95% (Is this too aggressive?)</p> <p><b>Strategy</b> – Maintain 95% (will determine if this is feasible).</p> <ul style="list-style-type: none"> <li>• Identify barriers to accessing care. (Oftentimes, housing &amp; transportation are barriers) to find solutions.</li> <li>• Identify unique barriers and access to care issues for our target populations (what barriers are unique to these populations that we can tackle early on?)</li> </ul> <p><b>Strategy</b> – Increase supportive services, such as transportation, support groups.</p> <ul style="list-style-type: none"> <li>• Identify barriers for accessing housing services.</li> <li>• Strengthen partnership with housing resources.</li> </ul> <p><b>PREVENT</b> – Increase the % of persons with a positive diagnosis who are virally suppressed.</p> <p><b>Strategy</b> – Strengthen the system of care to increase the % of HIV positive clients achieving 85% or higher suppression. (% TBD)</p> <ul style="list-style-type: none"> <li>• Develop &amp; implement a comprehensive, accessible &amp; culturally appropriate viral suppression trainings or events for PLWH, community stakeholders and service providers, as well as outside of these populations.</li> </ul>	
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	<ul style="list-style-type: none"> <li>• Strengthen partnerships with community-based organizations that help promote staying in HIV-related care and viral suppression.</li> </ul> <p><b>Strategy</b> – Create and implement an outreach &amp; promotional program to encourage viral load suppression.</p> <ul style="list-style-type: none"> <li>• Endorse Undetectable equals Untransmittable (U=U)</li> <li>• Building and promoting a campaign of treatment as prevention, so that people can stay in care, and encourage them to maintain viral suppression.</li> </ul> <p><b>RESPOND</b> – Enhance the HIV Care &amp; Treatment service system to ensure a rapid response to needs of people who are newly diagnosed to ensure the support, resources, and care that people need to stay healthy.</p> <p><b>Strategy</b> – Part of CDC’s national guidance is being able to respond to rapid clusters of disease that can pop up, but we want to make sure that our infrastructure is able to respond to whatever our healthcare needs are within our jurisdiction,</p> <p><b>Strategy</b> - Constantly enhance the system, build a rapid reaction capability throughout the system. Have a robust response capability allowing us to have the resources to attack the problem as quickly as possible or to make sure we have the resources to link our newly diagnosed into care.</p> <p>PC Support is still working on Goal 3 and welcomes input from the Committee of additional recommendations.      Goal is having a solid draft by the end of the month.</p>	
<p><b>B. PSRA Summary, Final Decisions for Grant Year Mar 1, 2023 – Feb 28, 2024.</b></p>	<ul style="list-style-type: none"> <li>• Completed PSRA discussion, made our decisions, and the report was sent out to everyone, but want to make sure that the Committee understands the order of priority for all the services. These are services that we fund and the percentages that we allocated to those services.</li> <li>• The items in blue are Core Services – Services HRSA thinks are most important for PLWH and wants us to spend 75% of budget on those services. They are important to getting people linked to primary HIV medical care.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Items in red are Support Services – These services help you stay in primary medical care, they help you access the core services, i.e. -           <ul style="list-style-type: none"> <li>○ Food Bank home delivered meals – you’re able to eat—able to get out to your medical appointments.</li> <li>○ Emergency Financial Assistance – used to make sure you get the meds you need to keep your viral load suppressed.</li> <li>○ Medical Transportation – helps you get to your appointment</li> <li>○ Non-Medical Case Management – helps you navigate our system of care to get you what you need with RW network and outside of the network.</li> <li>○ Referral to Healthcare &amp; Other Supportive Services – helps you get the services you need.</li> </ul> </li> <li>• PC Support noted that Planning Council is the liaison to the community and its role is to help convey to the people of the community what services are available to them, so members need to be informed of the Part A services available, how the service is delivered to the community, and who is providing the services.</li> <li>• PC Support invited Committee to join and listen in on the workshops that the AA does monthly to get a better understanding of the services that the Planning Council has jurisdiction for advocating for, to be able to advise the community. Links are on People’s Caucus Agenda and on the website.</li> </ul>	

**Parking Lot Action Items**

No.	Parking Lot Action Items	Assigned To	Date Assigned	Due Date	Status
1	Review of Needs Assessment Outcomes, Lessons Learned and Strategies for 2022 Comprehensive Needs Assessment	NA/CPCC	Jan 6, 2022	TBD	Tabled until next grant year.
2	Distribute the Standard of Care	PC Support	Feb 3, 2022	Mar 3, 2022	Completed.

<b>Public Comment</b>	
<b>Announcements</b>	Oct 7 BEATS Banquet – link in chat box

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	<p>Oct 12 Health Fair at Texas A&amp;M w/Brave&amp;Fam210</p> <p>Oct 11 Coming Out Day at SEC</p> <p>Oct 15 National LatinX Awareness Day at Mission Marquee</p> <p>Oct 25 A Day to be Brave – Operation BRAVE &amp; FAM210 at Hopscotch</p> <p>Nov 19 – Chingona Race – FAM210 &amp; BRAVE there, MetroHealth testing</p>
<b>Schedule of Next Meeting</b>	Peoples’ Caucus is hybrid with in-person location at Cafecollege. Nov 3, 2022
<b>Adjournment</b>	Ronique motioned to adjourn, Alfred 2 <sup>nd</sup> ; adjourned at 10:18 A.M. CST