

# THE 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



*The San Antonio Area HIV Health Services Planning Council's mission is to create a broad-based community response to the HIV epidemic affecting people within the Transitional Grant Area and to ensure the availability and coordination of high quality, comprehensive health and social services to individuals infected with or affected by HIV.*

## PEOPLE'S CAUCUS MINUTES

Friday, Aug 19, 2022

12:00 Noon – 1:30 P.M.

Virtual Meeting via ZOOM

MEMBERS PRESENT		
Don Rodriguez	Ronique Pleasant	
Mikela Villareal		
Santiago Serrato		
Wayne Wientjes		
GUESTS PRESENT		
Dr. Cherise Rohr-Allegrini, CEO, San Antonio Aids Foundation(SAAF)		
STAFF PRESENT		
<b>Ryan White Recipient / Administrative Agency Staff</b>	Mary Kay Mitchell	Carol Nielson
	Annie Johnson	Yvonne Robles, Pt D Coordinator, Wise Women Support Group, WICY
	Dawn Cook	Daniel Pineda, Pt D, BRAVE
<b>Planning Council Support</b>	Sharron Harris	Gloria Wood
<b>Call to order</b>	Call to order by Santiago Serrato at 12:06p.	
<b>Mission Statement</b>	The Mission Statement was read by Wayne Wientjes.	
<b>Approval of the Agenda</b>	Motion to approve the Agenda was made by Don Rodriguez, 2 <sup>nd</sup> by Wayne Wientjes, no opposition, 1 abstention. Motion passed. Agenda approved.	
<b>Approval of the Minutes from July 22, 2022</b>	Motion to approve the Minutes was made by Wayne Wientjes, 2 <sup>nd</sup> by Don Rodriguez, no opposition, 1 abstention. Motion passed. Minutes were approved.	

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COMMITTEE BUSINESS	
<b>A. In-Person Meeting Update</b>	PC will continue to monitor the Covid community spread and will look into a hybrid meeting option for the September’s meeting, as requested by Santiago Serrato, if in-person meeting is not do-able.
<b>B. Committee Co-chair Update</b>	Reminder that if there are any members interested in serving as Community Co-chair for the Caucus, they have an opportunity to speak up, and to remind more people from the community to volunteer to serve on Planning Council to help keep up the HRSA requirement for 33% positive unaffiliated individuals.
<b>C. 2022-2026 Integrated Plan Overview</b> i. Goals Input/Discussion ii. New Member Recruitment for Planning Council	<p>PC Support provided an update on work of the Needs Assessment Committee’s effort on the Framework for the next 5-year Plan. There are three (3) overarching goals:</p> <p>Goal 1 - Reducing New HIV Infections; Goal 2 - Improving Access to Care and Health Outcomes; and Goal 3: Reducing HIV Disparities.</p> <p><b>GOAL 1: Reducing New HIV Infections –</b></p> <p><b>Objective A:</b> Increase the number of PLWH who know their serostatus.</p> <p><u>Strategy 1:</u> Increase access to routine HIV testing in the TGA. Are there opportunities to expand that testing?</p> <p><u>Strategy 2:</u> Prioritize early intervention, outreach &amp; testing services; make sure that people are aware that it’s important to know their status, get tested if they don’t know, and it’s important to stay in care if you know your status to maintain viral suppression.</p> <p><u>Strategy 3:</u> Increase harm reduction in the TGA. Make sure we’re doing education, outreach and awareness that increases the awareness that programs are in the community to support you.</p> <p><b>Objective B:</b> Reduce the number of the newly diagnosed by at least 25%.</p> <p><u>Strategy 1:</u> Ensure that there is linkage for those testing negative to appropriate resources to provide risk reduction strategies &amp; education, to expand the access of PrEP, to reduce stigma associated HIV to reduce the number of new HIV diagnosis in our Plan.</p> <p><b><u>Recommendation from the Group:</u></b></p> <ul style="list-style-type: none"> <li>• <i>Increase the use of social media to improve awareness of HIV prevention tools, to include podcasts, Pandora, Instagram, bars, gay websites, etc.; bus near a school and outside of gay bars for testing; Dr. Cherise Rohr-Allegrini gave background on some of the issues that go into making decisions about where and when to test, using buses for testing and barriers to testing at different sites. Often there is a lot of hesitation to testing at/near establishments by the owners. Cannot test on or near a school. Trying to work through other youth organizations; also staff is required to do testing; often staffing is limited. Their goal is to normalize testing. Another challenge is getting more funding for education.</i></li> <li>• <i>Get permission to use signage at various establishments.</i></li> <li>• <i>Advertising on condom distribution about where to access services.</i></li> </ul>

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	<p><i>(maybe use a QR Code).</i></p> <p><i>PC Support suggested we start planning to allow provider representatives present to the People's Caucus some of the program activities they have in the community to inform the community through the People's Caucus to be coordinated with the AA.</i></p> <p><i>Continue the education and awareness built into the previous years' plan to continue to try to reduce stigma around HIV.</i></p> <ul style="list-style-type: none"><li><i>• Website will be another source of education</i></li><li><i>• Facebook page</i></li></ul> <p><b>GOAL 2:</b> Improving Access to Care and Health Outcomes; <b>Goal 3: Reducing HIV Disparities.</b></p> <p><b>Objective A: Increase the % of newly diagnosed PLWH that are linked to HIV care within the first month and get to at least 85%.</b> Clinical Quality Committee looks at viral load suppression that helps us to determine if health outcomes expected are being met.</p> <p><u>Strategy 1:</u> <i>Support &amp; enhance a seamless service system so that the results are that we are linking newly diagnosed to rapid access to care.</i></p> <p><u>Strategy 2:</u> <i>Increase Rapid Linkage for all newly diagnosed to care.</i></p> <p><u>Strategy 3:</u> <i>Expanding education &amp; training for people in the community, service providers and stakeholders.</i></p> <ul style="list-style-type: none"><li><i>• Recipient provides ongoing monthly education for the community that describes one of the services per month that is funded, what the service delivery model is for that service, the providers of that service, and what the expectation for that service is, which is open to the public, open to community, open to the stakeholders, and open to the providers to help improve access to care so that we can reach the target outcomes for the TGA.</i></li></ul> <p><b>Objective B: Increase the percentage of people retained in HIV-related care. This is a part of the care continuum – 2 HIV-related visits within a 24- month period that are at least 90 days apart.</b></p> <p><b>Objective C: Increasing supportive services which impacts the clients ability to effectively be retained in medical care.</b></p> <p><u>Strategy 1:</u> <i>Provide services like housing, mental health support</i></p> <p><u>Strategy 2:</u> <i>Address barriers to accessing HIV related medical care, i.e., transportation and making sure people are aware that bus tokens are available for HIV related care.</i></p> <p><i>Wayne indicated that the largest use of bus tokens is used for the hot meal program.</i></p> <p><i>Wayne agreed that the remainder of the discussion can be saved for next month when more people may be at the meeting.</i></p>
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<b>Roundtable: Open Discussion</b>	
<b>Integrated Plan</b>	PC Support requests that if you have ideas, please get them to her. Also, if anyone have any ideas or concerns in the community for the next month's meeting, please let her know.

### Parking Lot Action Items

No.	Item	Assigned To	Date Assigned	Due Date	Status
	NONE				

<b>Public Comment</b>	None

<b>Schedule of Next Meeting</b>	Friday, September 16, 2022, 12:00 noon
<b>Announcements, Correspondence and Recognitions</b>	None
<b>Adjournment</b>	Motion to adjourn by Wayne, adjourned at 1:15 P.M.