



## Care Strategies Committee Meeting of the HIV Planning Council Tuesday, February 2, 2021

### Care Strategies Committee Meeting to be held 02/02/2021 with Social Distancing Modifications

Public comment will be allowed via Microsoft Teams; no in-person input will be allowed. **All speakers must register in advance** (02/01/2021 by Noon). All public comment will occur at the beginning of the meeting.

To speak remotely at the February 2, 2021 HIV Planning Council Meeting, residents must:

- Call or email the board liaison at **(512) 972-5806 and Jaseudia.Killion@austintexas.gov** no later than noon, (the day before the meeting). The information required is the speaker name, item number(s) they wish to speak on, whether they are for/against/neutral, and a telephone number or email address.
- Once a request to speak has been called in or emailed to the board liaison, residents will receive either an email or phone call providing the telephone number to call on the day of the scheduled meeting.
- Speakers must call in at least 15 minutes prior to meeting start in order to speak, late callers will not be accepted and will not be able to speak.
- Speakers will be placed in a queue until their time to speak.
- Handouts or other information may be emailed to **Jaseudia.Killion@austintexas.gov** by Noon the day before the scheduled meeting. This information will be provided to Board and Commission members in advance of the meeting.
- If this meeting is broadcast live, residents may watch the meeting here: <http://www.austintexas.gov/page/watch-atxn-live>



**Versión en español a continuación.**

## **Reunión del Care Strategies Committee Meeting of the HIV Planning Council**

**FECHA de la reunion (Tuesday, Febrero 2, 2021)**

La junta se llevará con modificaciones de distanciamiento social

Se permitirán comentarios públicos por teléfono; no se permitirá ninguna entrada en persona. Todos los oradores deben registrarse con anticipación (**02/01/2021** antes del mediodía). Todos los comentarios públicos se producirán al comienzo de la reunión.

Para hablar de forma remota en la reunión, los miembros del público deben:

- Llame o envíe un correo electrónico al enlace de la junta en **(512) 972-5806 and Jaseudia.Killion@austintexas.gov** a más tardar al mediodía (el día antes de la reunión). La información requerida es el nombre del orador, los números de artículo sobre los que desean hablar, si están a favor / en contra / neutrales, y un número de teléfono o dirección de correo electrónico.
- Una vez que se haya llamado o enviado por correo electrónico una solicitud para hablar al enlace de la junta, los residentes recibirán un correo electrónico o una llamada telefónica con el número de teléfono para llamar el día de la reunión programada.
- Los oradores deben llamar al menos 15 minutos antes del inicio de la reunión para poder hablar, no se aceptarán personas que llamen tarde y no podrán hablar.
- Los oradores se colocarán en una fila hasta que llegue el momento de hablar.
- Los folletos u otra información pueden enviarse por correo electrónico a **Jaseudia.Killion@austintexas.gov** antes del mediodía del día anterior a la reunión programada. Esta información se proporcionará a los miembros de la Junta y la Comisión antes de la reunión.
- Si esta reunión se transmite en vivo, los residentes pueden ver la reunión aquí: <http://www.austintexas.gov/page/watch-atxn-live>



**HIV PLANNING COUNCIL  
CARE STRATEGIES MEETING  
Tuesday, February 2, 2021, 6:00 P.M.  
City Hall/ Remote**

**CARE STRATEGIES COMMITTEE MEMBERS:**

*Bart Whittington, A. Daniel Ramos, Karson Jensen, and Michael Everett*

**MINUTES**

**CALL TO ORDER**

Meeting called to order at 6:02 pm by Daniel Ramos.

**Committee Members in Attendance:** Bart Whittington, A. Daniel Ramos, and Michael Everett

**Staff in Attendance:** Jaseudia Killion, Dylan Keese, and Mallory Scott

**AA in Attendance:** Justin Ferrill, Brenda Bounous

**CITIZEN COMMUNICATION**

The first 10 speakers signed up prior to the meeting being called to order will each be allowed a three-minute allotment to address their concerns regarding items not posted on the agenda.

**1. CERTIFICATION OF QUORUM**

**2. INTRODUCTION/ANNOUNCEMENTS**

Jaseudia: Bart is still with us, but he has had to step back from being the chair.

Daniel is the new Chair for this committee

Mallory Scott – new admin for office of support

Justin Ferrill – new aa manager

**3. APPROVAL OF MINUTES **

Minutes are approved as written.

**4. SERVICE STANDARDS AND DIRECTIVES**

- Discuss Service Standards and Directives Training
  - Identify potential Peer Navigator Service Categories and Standards

Daniel: If you look at your minutes from last meeting you will have all notes and chats from this meeting. This is our foundation. We can have a discussion if you all are ready. Nothing to set in stone here. Open to interpretation here. Based on our training last month, are there any thoughts you would like to talk about?

Bart: If there is a category that has a specific time limit on how long the patient can be served, is not the best fit for peer navigator.



Daniel: We can strike EIS from the potential list of categories.

Bart: If you have a service standard that provides the most flexibility, that would be the one to look at. I think Hila or Emily gave a definition for healthcare services that I had never seen before. Based on information that they put in the chat, gave a definition of going out into the community but didn't have a restraint on it.

Daniel: A service category – Health Education Risk Reduction. From previous experience we utilized that for per advocacy. One to think about.

Michael: What did that look like in reality?

Daniel: There were peer advocated for adults but mostly for youth.

Brenda: I put a link in the chat: that will take your definitions for service categories. If you want to look at it.

Daniel: I was just going to ask for this information. Hila and Emily are wrapping up and we will have an event at the end of March. They will share with us what agencies that might have a program or model. If any of our members here, bring it so that we can get those templates and information.

Jaseudia: I will be meeting with Holly Benavidez; she was the consultant worked with San Antonio. I also have made contact with people from the University of Texas to some of the professor who support peer support and peer navigation. The goal is to bring her in to talk with you guys.

Daniel: that would be great. Do we need to vote on that?

Jaseudia: No, the chair can ask, and you did, so I will get it scheduled. I met with Scott Lyles with Fast Track Cities and we came up with a having a series of sessions to help you guys to define this. What do you want this to look like? How you want training to go? Bringing in status neutral. Bringing all the components all together. It will be housed in this committee. Consumer and Community part. Facilitation going on between members. Define each part and pit in a report.

Daniel: I think its great discussion with the status neutral component. Also, what are limitations are with being Ryan White? To overlap and intersect, that would be good. The request by Scott is to attend meetings or he will come speak to us?

Jaseudia: It would be getting service provider input through a series of sessions, whatever you use, you will vote on that here. They would be input sessions. I told him that we need to have some meetings and if he wanted to have those sessions, it would be around April/May.

Bart: I have always wondered how you navigate status neutral language when a program you are offering is dependent on you have a certain status.

Jaseudia: I have already told our PO that this planning council is prevention focus. My goal is that we do start being more status neutral.

Daniel: Thanks for bringing this up. What are we doing for prevention? Is there a budget for prevention?

Jaseudia: Prep is prevention, but we can fund prep. We do have to be careful. I do plan to reach out to CHAT for assistance.

Daniel: I have an idea. We discussed a program that is in the valley and El Paso. It will be informative. Can we get some information or presentation on their program?

Jaseudia: I will reach out to someone who contacted me about ending the epidemic.

Daniel: They have tons of opportunities or training for service providers around the state. Any other thoughts or questions?



Michael: I was wondering in regard to Barts comments about the various intersections that will be useful. Do we put them down and rank them?

1. Relevant
2. Flexibility
3. Timeliness

Daniel: Jaseudia, is that something you can provide for us? To grade these service categories. Any other additional information or needs.

Jaseudia: Dylan is working on a community one pager, that has a summary from our data, from the latinx community. OAHs was brought up by Emily and Hila, we should look into that.

Daniel: Centralized vs. Not Centralized

Michael: I can help. Let me know.

Jaseudia: I know you are great with this, if you would build a tool, I could plug service standards and categories into that. I will loop in Dylan since he had been working on the one pager.

- Review Service Standards focus on DSHS updates

Jaseudia: Dylan will share on the screen.

Bart: I have to declare that as of January 1, I am conflicted, anything that is related to mental health care, I can't vote on that. We will have to break it up and not do a mass vote.

Daniel: I am also conflicted for medical and non-medical case management service.

Jaseudia: Thank you for not mentioning those categories today.

Daniel: Jaseudia, do you mind? Bart, if you are willing to lend a hand to guide us through this next item?

Jaseudia: Brenda put it on my radar that DSHS with an update. They provided me with the document. They kind of put what was in the language already and then the change they made to the statewide service standards. I want y'all to look at it to see if you want to accept and put it in our service standards, let me know.

Daniel: How far did we get in the process?

Jaseudia: You all were ahead.

Bart: In 2020 we accepted all DSHS and 2021 we wanted to take a closer look.

Jaseudia: No, Y'all were heading that way but meetings were cancelled so y'all didn't have to. This is all state document.

Daniel: This is a state document. Core and Support services.

Jaseudia: A bit more expanded on and a little more Texas.

Brenda: HRSA doesn't have written standards for these service categories. They have two key sources. The document I sent the link to and there something is called the national monitoring standards. They are minimal and haven't been updated since 2013.

Daniel: Process question. Accepting there changes as is?

Jaseudia: You will vote with this committee and move to business and then full council will vote on it. I want you keep in mind that any category/ service standard you want to pull out like last year and pay attention to it. Remember you don't have to do a sweeping yes with everything the state has done, per Emily and Hila.

Daniel: What does the committee think? What are our next steps? How are you feeling?



Michael: I am ok with bringing this to full council, but I would also like more time. I don't want conflict. I would like to know of any grand concerns that came up for other people. None came up for me. Is there a priority or any reason in terms of timelines? What to do with state language? Do we want to do an overhaul on our standards? Are they metrics really working?

Daniel: Is it mandatory accept these?

Jaseudia: No, it's mandatory. I think its related to language, medications, and I think purchasing. Nothing related to metrics, which I know is a concern for you guys.

Daniel: If we accept these as is, is the going to impact our service standards?

Jaseudia: Service standards will be brought monthly to the meetings. If you accepted 2021 to align the state.

Daniel: We aren't set or married to these. We do have wiggle room and changing as needed?

Jaseudia: Yes, correct.

Daniel: Bart, how do you feel? I echo with Michael. Do you want to move forward to vote?

Bart: I'm more inclined to accept with what the state does; My guess is that they are following best business practices. The only concern for me is medications for LPAP.

Jaseudia: They just clarified language.

Bart: I would be ok with accepting them as are.

Daniel: If you all want to make a motion, we can make a motion and move this to business committee.

Bart: I'll vote on what I can vote on due to conflicts.

Jaseudia: You cannot do a sweeping vote due to conflict.

Jaseudia: We will have to go through each one? Dylan please pull up.

Brenda: They are so different from what we have in the universal standards. All the individual categories. Universal standards documents. This just shows changes.

Jaseudia: They are on the Core Tab.

VOTE:

I make a motion to approve the following services: CORE SERVICES

AIDS Pharmaceutical Assistance – Local LPAP

Motioned: Michael, Second- Bart, I- Daniel

EIS

Motioned: Michael, Second – Bart, I – Daniel

Health Insurance Premium and Cost Sharing Assistance for Low Income Individuals

Motioned: Michael, Second – Bart, I – Daniel

Home and Community Based Health Services

Motioned: Michael, Second – Bart, I – Daniel

Home Health Care

Motioned: Michael, Second – Bart, I – Daniel



Hospice

Motioned: Michael, Second – Bart, I – Daniel

Medical Case Management, Including Treatment Adherence Services

Motioned: Michael, Second – Bart, I -Michael, Abstain – Conflict – Daniel

Medical Nutrition Therapy

Motioned: Michael, Second – Bart, I – Daniel

Mental Health Service

Motioned: Michael, Second – Daniel, I – Daniel, Abstain – Conflict – Bart

Oral Health Services

Motioned: Michael, Second – Bart, I – Daniel

Outpatient/Ambulatory Health Services

Motioned; Michael, Second – Bart, I – Daniel

Substance Abuse Outpatient Care

Motioned: Michael, Second – Bart, I- Daniel

I make a motion to approve the following services: SUPPORT SERVICES

Child Care Services

Motioned: Michael, Second - Bart, I – Daniel

Emergency Financial Assistance

Motioned: Michael, Second – Bart, I- Daniel

Food Bank/ Home Delivered Meals

Motioned: Michael, Second – Bart, I – Daniel

Health Education/Risk Reduction

Motioned; Michael, Second -Bart, I – Daniel

Housing

Motioned: Michael, Second – Bart, I- Michael, Abstain – Conflict- Daniel

Linguistic Services

Motioned: Michael, Second - Bart , I – Daniel

Medical Transportation

Motioned: Michael, Second – Bart, I- Michael, Abstain – Conflict -Daniel

Non Medical Case Management Services

Motioned: Michael, Second -Bart , I- Michael, Abstain – Conflict -Daniel

Other Professional Services:

Motioned: Michael, Second – Bart, I – Daniel



#### Outreach Services

Motioned: Michael, Second – Bart, I- Daniel

#### Psychosocial Support Services

Motioned: Michael, Second -Bart , I – Daniel

#### Referral for Health Care and Support Services

Motioned: Michael, Second – Bart, I- Daniel

#### Rehabilitation Services

Motioned: Michael, Second-Bart , I –Daniel

#### Respite Care

Motioned: Michael, Second -Bart, I- Daniel

#### Substance Abuse Services (Residential)

Motioned; Michael, Second – Bart, I -Daniel

- Payor of Last Resort Survey Finalization  
Letter of support didn't go out due to the holidays.  
It's on the agenda, something that is not done, and bring it back to your next meeting.

### **5. HIV PLANNING COUNCIL STAFF REPORT**

- a. Review committee budget
- b. Review workplan calendar
- c. Review Training recommendations

Jaseudia: Informed y'all about Fast Track Cities sessions and meeting with Holly. From the training, wanting to do a language directive, there would be a cost, you would need funding.

### **ADJOURNMENT**

Meeting adjourned at 7:35 by Chair, Daniel Ramos.

*⚡ Indicative of action items*

The City of Austin is committed to compliance with the American with Disabilities Act. Reasonable modifications and equal access to communications will be provided upon request. Meeting locations are planned with wheelchair access. If requiring Sign Language Interpreters or alternative formats, please give notice at least 2 days (48 hours) before the meeting date. TTY users' route through Relay Texas at 711.

For More Information on the HIV Planning Council, please contact Hailey de Anda at (512) 972-5862.