SNAP ETAP

Status Neutral Approach to Improve HIV Prevention and Health Outcomes for Racial and Ethnic Minorities Initiative

LANDSCAPE ANALYSIS

BEXAR COUNTY

Bexar County/San Antonio Transitional Grant Area Baseline Technical Assistance Needs Assessment

LANDSCAPE ANALYSIS

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Introduction

JSI is funded by the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) to serve as the *Status Neutral Approach to Improve HIV Prevention and Health Outcomes for Racial and Ethnic Minorities* initiative Evaluation and Technical Assistance Provider (SNAP ETAP). HRSA HAB also funded four Ryan White HIV/AIDS Program (RWHAP) Part A recipients as implementation sites: Bexar County (San Antonio, Texas); Clark County (Las Vegas, Nevada); Hennepin County (Minneapolis, Minnesota); and the County of San Diego (San Diego, California). As outlined in the funding opportunity, this project is intended to "focus on the prevention pathway, utilizing the existing RWHAP non-medical case management model and applying it to people who test negative for HIV and who are at substantial risk for HIV, in order to assist in improving access to needed services."

While the official name of this project includes the term status neutral, SNAP ETAP is primarily using the term "whole-person" instead of status neutral. The use of this term aligns with HRSA's vision for the project as well as JSI's person-centered framework. In this document, status neutral is used when referring to existing resources and approaches in Texas and Bexar County.

JSI will work with the implementation sites to support the development, implementation, and evaluation of a whole-person approach that:

- Creates "one door" for both HIV prevention and treatment services.
- Addresses institutionalized HIV stigma by integrating HIV prevention and care.
- Makes HIV testing, linkage to medical care and prevention services, and testing for other medical conditions such as sexually transmitted infections (STIs) and hepatitis C virus (HCV) more accessible and routine.

Each jurisdiction has proposed a whole-person approach based on their local epidemiology; infrastructure; and existing service delivery systems, workforce, referral networks, funding, and partnerships. SNAP ETAP conducted a baseline needs assessment to identify facilitators and barriers, and determine readiness to implement whole-person approaches. This landscape analysis provides an overview of HIV prevention and care in the jurisdiction and examines gaps at the system, service delivery, and client levels to inform the development and implementation of the proposed jurisdictional status neutral framework.

Landscape Analysis

As part of the needs assessment, the landscape analysis serves as a foundational tool, providing critical contextual and background information about the jurisdiction, as well as about the proposed whole-person approach, to inform the development of TA and evaluation plans and support sustainability. JSI staff reviewed existing data sources (e.g., HRSA-23-126 implementation site applications, Integrated HIV Prevention and Care Plans, Ending the HIV Epidemic [EHE] Plans, other jurisdictional plans, surveillance data reports) to document existing initiatives and past successes, funding, policies, services, stakeholders, and data sources that

may facilitate the development, implementation, and evaluation of a whole-person framework. This landscape analysis also incorporates information about the proposed approach, capacity, and anticipated needs and challenges.

JSI's Person-Centered Care Framework

JSI's Person-Centered Care (PCC)[1] framework complements whole-person approaches as it places the individual at the center, accounts for different perspectives on healthcare and wellness, supports a trauma-informed lens, and engages all stakeholders as active contributors to health systems, services, and experiences. The sections below include information that align with the six PCC domains. The final section summarizes TA needs by domain.

Person-Centered Care framework domains	
	Service design and delivery
	Policy and financing
	Monitoring, learning, and accountability
	Workforce environment and development
	Point of care access and experience (client level)
	Leadership and governance

[1] https://www.jsi.com/person-centered-care/

Section 1: Jurisdictional HIV prevention and care goals

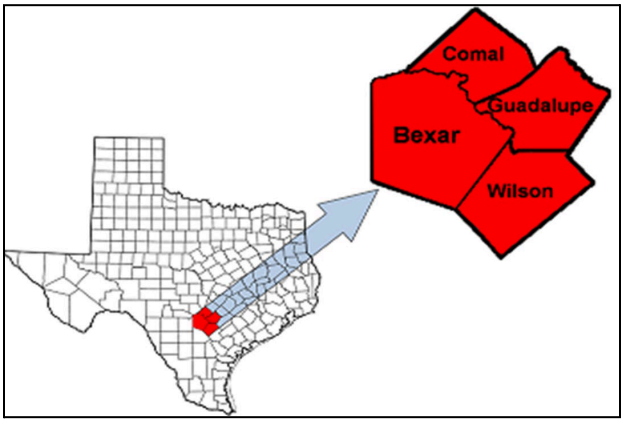
San Antonio is the second largest city in Texas by population and has a rich history of cross-sector engagement and community collaboration to transform systems. Local plans and initiatives are increasingly focused on documenting the root causes of health inequities and implementing data-driven strategies to improve community wellbeing. For 25 years, **the Health Collaborative** has worked with community stakeholders to produce a comprehensive community health needs assessment (CHNA) report that examines the contributions of social, economic, and environmental factors on health disparities and outcomes in Bexar County. Understanding that housing is a social determinant of health, The Housing Policy Framework - Strategic Housing Implementation Plan, 2022-2031 Housing Plan for the City of San Antonio and Bexar County includes advocacy for Medicaid expansion among its strategies to develop a coordinated housing system.

As further described in the sections that follow, there are multiple complementary HIV-specific and overall health initiatives and coalitions in San Antonio and Bexar County that support efforts to improve HIV prevention, care, and treatment in San Antonio and amplify a whole-person approach to care and services. Additionally, EHE funding, HIV cluster and outbreak detection and response initiatives, and the San Antonio/Bexar County Fast Track Cities Initiative have further strengthened and expanded partnerships in the jurisdiction that may be leveraged for whole-person care and service delivery.

JURISDICTION

The **San Antonio Transitional Grant Area (TGA)** *(counties listed in bold font below)* is part of the larger San Antonio HIV Service Delivery Area (HSDA), a geographic designation that the Texas Department of State Health Services (DSHS) uses to allocate state funds for HIV core medical and support services. The HSDA consists of Atascosa, Bandera, **Bexar, Comal,** Frio, Gillespie, **Guadalupe,** Karnes, Kendall, Kerr, Medina, and **Wilson** counties.

Figure SEQ Figure * ARABIC 1: San Antonio TGA



The San Antonio TGA is unique among Texas jurisdictions.[2]

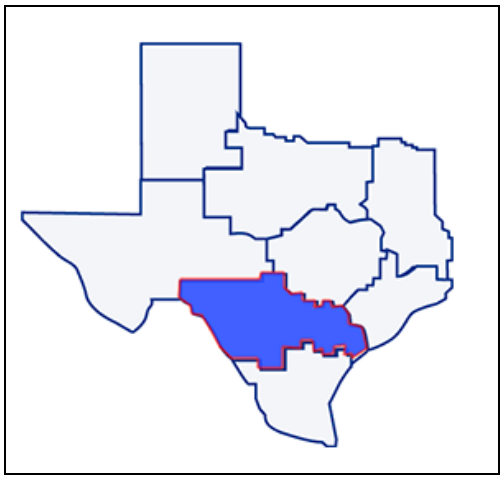
- San Antonio is the seventh largest city in

[2] University Health. SNA Program Overview 022024

the United States.

- Bexar County is the second most populous county in Texas.
- Among people with HIV in South Central Texas (Public Health Region 8), 94% are in the San Antonio metropolitan region.
- Bexar County has a significantly larger proportion of Hispanics (65.8%) than both Texas (40.2%) and the nation (19.1%).

Figure 2: Texas Public Health Region 8



JURISDICTIONAL PLANS, INITIATIVES, AND PLANNING BODIES

The San Antonio Transitional Grant Area and Health Services Delivery Area Integrated HIV Prevention and Care Plan, 2022-2026 focuses on the four TGA counties and meets the requirements outlined in the Centers for Disease Control and Prevention (CDC) and HRSA Integrated HIV Prevention and Care Plan Guidance. The plan serves as a guide to integrate HIV prevention and care services in the jurisdiction and describes existing partnerships, initiatives, funding sources, and activities. It also outlines goals, objectives, and strategies to improve prevention, care, and treatment for three priority populations: 1) Black men who have sex with men (MSM) 24 years of age or older; 2) Hispanic MSM 24 years of age or older; and 3) young MSM of color (less than 24 years old).

The following priorities, which highlight whole-person care and service needs in the San Antonio TGA, are among those that emerged during the integrated planning process.

- Improve awareness of HIV prevention and care services throughout the community.
- Improve the use of social media to engage and retain more youth in HIV prevention.
- Improve access to HIV prevention and treatment by offering non-traditional hours and locations or by greater use of mobile or pop-up clinics.
- Provide culturally affirming prevention and care treatment.
- Expand availability and knowledge of at-home testing.
- Reduce stigma to encourage people with HIV to get in care.
- Create an environment where people feel safe accessing prevention, treatment, and care services.
- Expand harm reduction programming.
- Address health literacy by meeting people where they are.

An **Integrated HIV Prevention and Care Plan Stakeholder Workgroup (SWG)** guided Integrated Plan development and continues to meet regularly to review outcomes related to the plan strategies. To ensure comprehensive responses to identified HIV prevention and care needs, SWG members represented community-based organizations (CBOs); the RWHAP and Ending the HIV Epidemic (EHE) Administrative Agency (i.e., University Health); the local health

department, the San Antonio Metropolitan Health District; medical service providers; San Antonio Area HIV Health Services Planning Council members; people with HIV; organizations serving women, youth, and LGBTQ communities; housing programs; a harm reduction/mental health provider; a community health center; pharmaceutical liaisons, local Substance Abuse and Mental Health Services Administration (SAMHSA)-funded projects, and the Veterans Health Administration (VA).

The San Antonio Area HIV Health Services Planning Council (SAPC) fulfills all of the responsibilities mandated through legislation to set HIV-related service priorities and allocate RWHAP Part A funds based on the number, demographics, and needs of people with HIV. Among the duties outlined in the SAPC bylaws is the development of an Integrated HIV Prevention and Care Plan, which includes strategies to "coordinate the provision of such [HIV core medical and support] services with programs for HIV prevention and for substance abuse prevention and treatment."[3] The SAPC collaborated with the SWG in plan development.

The **San Antonio/Bexar County Fast Track Cities (FTC) Initiative** launched in San Antonio/Bexar County in December 2017 as the first Texas city that signed onto FTC with support from the Mayor and County Judge. In Bexar County, FTC is part of the **End Stigma End HIV Alliance (ESEHA)**. Both are focused on three goals: 1) 95% of people with HIV know their status; 2) 95% of people diagnosed with HIV are on treatment; and 3) 95% of people on HIV treatment have undetectable viral loads by 2030.[4] 2019 data from DSHS report that in San Antonio, 83% of people with HIV know their status; 72% of people diagnosed with HIV are on treatment; and 89% of people on HIV treatment have undetectable viral loads.[5] FTC data reported by the City of San Antonio for 2020 indicated 83%-70%-88%.[6]

ESEHA is a collaboration between CBOs/AIDS service organizations (ASOs), the San Antonio People's Caucus of HIV peer advocates, the RWHAP Administrative Agency (AA) (i.e., the Bexar County Hospital District dba University Health), San Antonio Area HIV Services Planning Council, the Center for Health Care Services, and local academic institutions to improve HIV prevention, care, and treatment in San Antonio. ESEHA is intended to serve as a neutral and representative group not tied to funding constraints from any one agency. ESEHA also serves as an advisory body for the **Ending the HIV Epidemic (EHE)** activities funded by CDC through DSHS and meets at least twice annually with EHE stakeholders. ESEHA goals that align with the Integrated Plan and a whole-person approach include:

- Increase effectiveness among the group members by educating ourselves about each other's work, resources, and reach within the community.

[3] https://www.saplanningcouncil.org/_files/ugd/189883_bca4d136262d4a3ebcd474473a8f7c36.pdf
[4] Initial goals were to strive for 90-90-90 targets on a trajectory toward ending the AIDS, tuberculosis, and viral hepatitis epidemics by 2030; an April 2021 update to the Paris Declaration on Fast Track Cities raised the targets to their current levels.
https://www.fast-trackcities.org/sites/default/files/Paris%20Declaration%204.0%20-%2013%20April%202021.pdf
[5] https://endstigmaendhiv.com/resources/
[6] https://www.fast-trackcities.org/cities/san-antonio-bexar-county

- Build the infrastructure to improve data sharing among the group and the community at large.

Prior to ESEHA, HIV prevention agencies in San Antonio collaborated through the **HIV Prevention Task Force**. Members shared resources and partnered to promote awareness days. The group dissolved when EHESA was formed. Under Alamo Area Resource Center (AARC) leadership, the Task Force has reconvened to focus on prevention and the intersection of co-infections, particularly HCV and HIV.

Operation BRAVE: Bexar County Response And Victory in Ending the Epidemic began in 2020 with HRSA EHE funds awarded to the San Antonio TGA. **University Health** acts as the AA for its implementation. Operation BRAVE connects people with HIV who are either newly diagnosed, are diagnosed but currently not in care, or who have not reached viral suppression to essential HIV care and treatment and support services and depends on partnerships with local organizations.

The **Texas EHE plan** was submitted to CDC on behalf of the four Texas EHE jurisdictions identified in PS20-2010: Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States.

San Antonio strategies under the diagnose pillar focus on:

- Routine opt-out HIV screening in healthcare and other institutional settings in high prevalence communities
- Tailored HIV testing programs to reach persons in non-healthcare settings

Under the prevent pillar, there are two major strategies:

- Accelerate efforts to increase PrEP use, particularly for populations with the highest rates of new HIV diagnoses and low PrEP use among those with indications for PrEP
- Increase availability, use, and access to and quality of comprehensive SSPs.

The treat pillar focuses on rapid linkage to care, as well as re-engagement and retention in care, particularly for those who are not RWHAP clients. Finally, the respond pillar focuses on developing partnerships, processes, data systems, and policies to facilitate robust, real-time cluster detection and response and taking steps to respond to outbreaks.

As the local health department, **the San Antonio Metropolitan Health District (Metro Health)** provides public health services in San Antonio and unincorporated areas of Bexar County. Among the programs under the domain of Metro Health's Communicable Disease Division is sexually transmitted infection (STI) control and prevention. Metro Health also provides backbone staff and support to ESEHA.

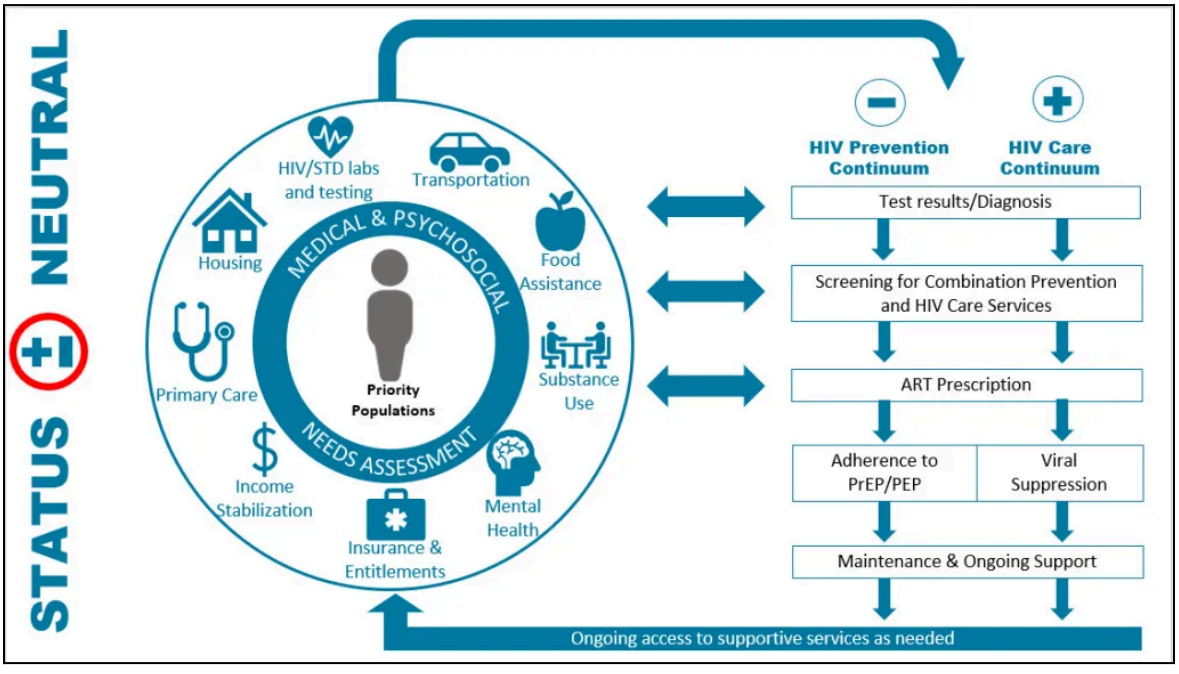
In late 2023, the department released the **Metro Health 2.0 Strategic Plan**, which centers health equity and outlines six focus areas to advance community health: community engagement, data and information technology, financing, partnerships, public health law and governance, and workforce. Examples of strategies in the plan that complement a whole-person approach include enhancing data collection, management, analysis, and sharing; improving interoperability and collaboration between programs; recruiting and retaining a diverse workforce that reflects the community it serves; and coordinating partnership development across programs, offices, and divisions.[7]

The Integrated Plan, Metro Health 2.0 Strategic Plan, and forthcoming Healthy Bexar Plan 2023 all leverage public and private partnerships and resources to respond to health inequities in the jurisdiction. Reducing disparities requires focusing on the needs of disproportionately affected populations, supporting racial justice, combating HIV-related stigma and discrimination, providing leadership and employment opportunities for people with or who experience risk for HIV, and addressing social determinants of health and co-occurring conditions to reduce health inequities and disparities.

At a state level in 2018, the Texas Syndicate—the Texas HIV prevention and care planning group—in collaboration with community stakeholders and partners developed **Achieving Together: A Community Plan to End the HIV Epidemic in Texas.** Bexar County RWHAP Administrative Agency staff participate in the Texas Syndicate. One product emerging from the Texas plan was a standalone status neutral white paper describing the multiple pathways to access health care and support services.

"For an individual, status neutral means they have been able to access and maintain services focused on decreasing vulnerabilities related to HIV acquisition and transmission. A status neutral approach does not require a person to access HIV specific services in order to access other services that address an individual's priority needs and other social determinants of health."

Figure 3: Status Neutral at the Individual Level - from the Texas Achieving Together Plan



"HIV testing is not the only entry point into a status neutral system. People with increased vulnerabilities to HIV should be able to access those necessary and priority services without having to access HIV testing first. HIV testing is only one of the services offered in a status neutral system. While the outcomes of tests are important for knowing which medical referrals will be needed, it should not be a barrier to other relevant services.[8]"

HEALTHCARE LANDSCAPE

In San Antonio, "high economic inequality, racial disparities, and residential segregation" are reflected in disparate geographic health and social outcomes.[9] People living in census tracts to the east, west, and south of central San Antonio "experience higher poverty, lower educational attainment, and higher rates of morbidity and disease" than those living north and northwest of downtown.[10] The higher proportion of people living in poverty who are employed compared to the state and national average also suggest that more individuals in San Antonio could be considered "working poor."

Yet, Texas is one of 10 states that has not expanded Medicaid and maintains strict Medicaid eligibility criteria. Four of every 10 individuals in the coverage gap reside in Texas.The Kaiser Family Foundation reports that if Texas were to expand Medicaid, 34% of the state's uninsured nonelderly adult population would become eligible for coverage and 67% of those who would become eligible are adults without children.[11] Of Texas' 11 public health districts, Region 8—made up of 28 counties, including Bexar County—has the highest rates of uncompensated care.

Despite ongoing local efforts to enroll people in health coverage, Census Bureau data illustrate a relatively unchanged proportion of the Bexar County population with health coverage, from 2015 to 2022 (84.1% insured in 2022).[12] Among the types of coverage, employer-based insurance at nearly 40% makes up the largest proportion, followed by Medicaid at 13.9%. Among those individuals in Bexar County who were uninsured in 2022, 74.3% identified as Hispanic or Latino of any race compared to non-Hispanic white individuals at 14%. Additionally, **nearly 30% of men aged 19-44 years old were uninsured** according to 2022 data (19-25 years, 29.8%; 26-34 years, 27.4%; 35-44 years, 26.6%).[13] The Health Collaborative's Pathways to Coverage program

[8] https://achievingtogethertx.org/wp-content/uploads/2020/11/Status-Neutral-White-Paper_06182020.pdf
[9] City of San Antonio (2019). Status of Poverty in San Antonio. Retrieved January 26, 2024, from https://www.sanantonio.gov/Portals/0/Files/HumanServices/FaithBased/2019PovertyReport.pdf
[10] Ibid.
[11] https://files.kff.org/attachment/fact-sheet-medicaid-expansion-TX
[12] U.S. Census Bureau. (2022). Selected Characteristics of Health Insurance Coverage in the United States. *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2701*. Retrieved January 27, 2024, from https://data.census.gov/table/ACSST1Y2022.S2701?q=health insurance bexar county san antonio.
[13] U.S. Census Bureau. (2022). Health Insurance Coverage Status by Sex by Age. *American Community Survey, ACS 1-Year Estimates Detailed Tables, Table B27001*. Retrieved January 27, 2024, from https://data.census.gov/table/ACSDT1Y2022.B27001?q=health insurance bexar county san antonio&moe=true.

provides free year-round assistance to navigate Marketplace, Medicaid, and Children's Health Insurance Program (CHIP) coverage.

HIV CARE AND SERVICES INFRASTRUCTURE

University Health is Bexar County's largest healthcare system and the third largest in the state. While University Health had collaborated with **the University of Texas (UT) Health San Antonio** for decades, the two organizations signed a memorandum of understanding (MOU) in 2020 to formalize a partnership with the goal of building an integrated and efficient system of care to include inpatient and outpatient services, as well as academic and research programs.

To increase workforce capacity and improve care and services in underserved, remote, and rural communities, UT Health San Antonio uses the ECHO (Extension for Community Healthcare Outcomes) model. In 2021, UT Health San Antonio was designated an ECHO Superhub, enabling them to launch their own ECHO programs, such as a Bilingual HIV ECHO, a HIV/Hepatitis Coinfection ECHO, and a Hepatitis C ECHO. They also host a Harm Reduction ECHO that meets monthly. Since January 2020, UT Health San Antonio has also served as the local partner for the **South Central AIDS Education and Training Center (AETC)**, based at the University of New Mexico.

RWHAP PROGRAM

In partnership with UT Health San Antonio, the University Health **Family-Focused AIDS Clinical Treatment Services (FFACTS Clinic)** provides comprehensive HIV medical care, medical case management, psychiatric services, substance abuse treatment, women's health care, and support services. University Health also houses two full-service, specialty pharmacies. Three University Health Nurse Care Coordinators guide clients who are newly diagnosed with HIV, who have been out of care, or who are late to care to link or reconnect to care and treatment.

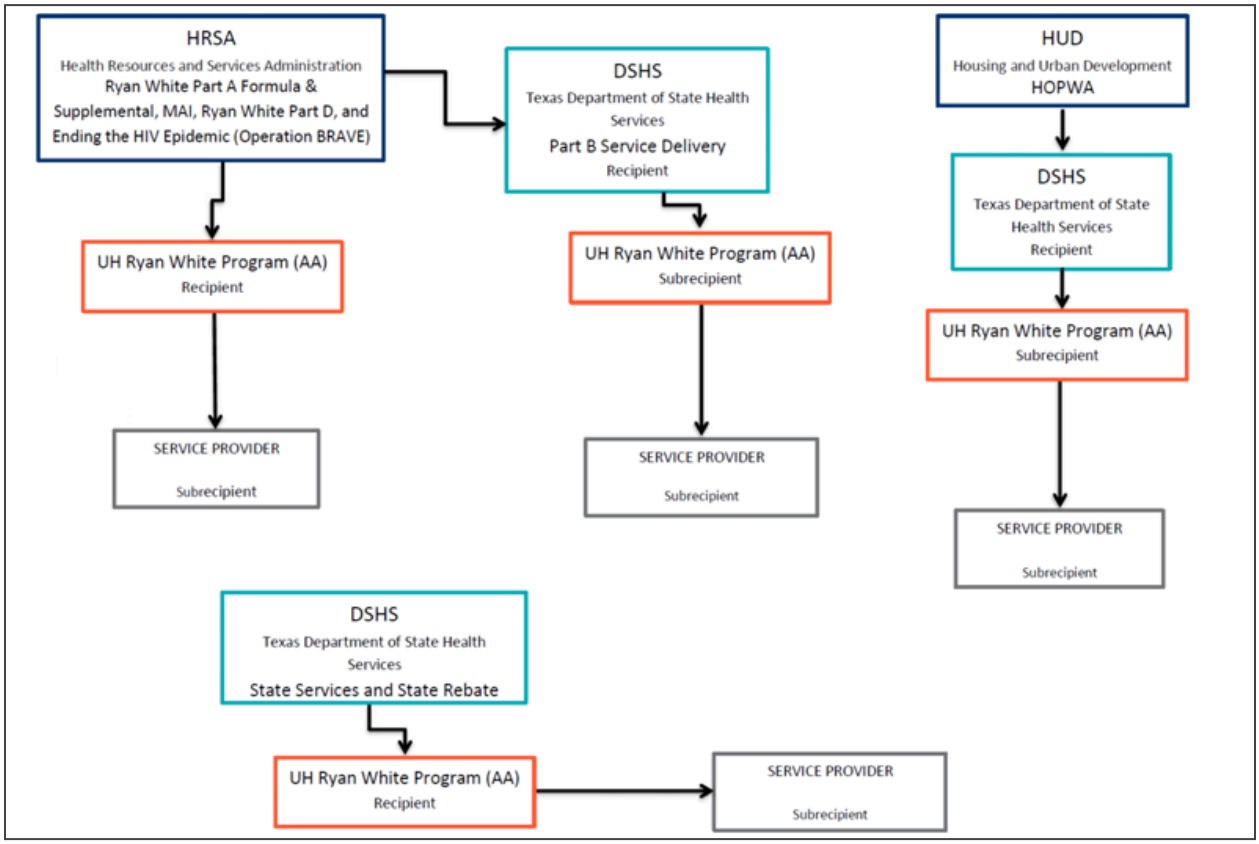
University Health serves as the **South Central Texas RWHAP AA** through which DSHS coordinates federal and state funds for HIV services (figure 4). RWHAP, State Services, and Housing Opportunities for People with HIV/AIDS (HOPWA) funds are contracted directly to AAs on a formula basis. The roles of the AA include administration of funds, planning, data management, contract and financial management, and quality assurance and management. University Health is also direct recipient of RWHAP Part A (formula, supplemental, and Minority AIDS Initiative), RWHAP Part D, RWHAP Part F, and HRSA EHE funding, and subrecipient of RWHAP Part B funds through DSHS.

Under RWHAP Part B, Texas's AIDS Drug Assistance Program (ADAP) is known as **the HIV Medication Program (THMP)**. THMP has a limited formulary and does not cover health insurance except for COBRA. Due to language in Texas legislation, THMP cannot enroll clients in insurance plans. THMP offers a State Pharmacy Assistance Program (SPAP) to assist with Medicare Part D plans for eligible clients, and a Texas Insurance Assistance Program (TIAP) to help those with insurance with medication co-payments.

In 2021, THMP experienced a significant budgetary shortfall ($100 million). A relatively small infusion of state funds prevented implementation of a THMP waitlist, but a backlog of applications persisted. More recently, Texas implemented **new ADAP eligibility criteria** in April 2023 in response to findings from a December 2019 HRSA site visit that stated the THMP spend-down processes were not equitable or applicable to all applicants.[14]

Further, Texas transitioned its data system from AIDS Regional Information and Evaluation System (ARIES) to Take Charge Texas (TCT), which has also contributed to challenges accessing medications through THMP. TCT is intended to serve as one web-based system for clients, agency staff, providers, and pharmacists across Texas. However until March 2024 with the rollout of the TCT Pharmacy Portal, pharmacies had to fill prescriptions via fax, resulting in delays. Local resources and pharmaceutical patient assistance programs bridge gaps to ensure clients have access to needed medications.

Figure 4: Flow of federal and state funds for HIV service delivery to University Health[15]



As previously introduced, the SAPC serves as the RWHAP Part A planning council with members appointed by the Bexar County Judge. SAPC is made of an Executive Committee led by two

[14] https://www.hhs.texas.gov/sites/default/files/documents/may-2022-ec-agenda-item-2civ.docx
[15] https://www.saplanningcouncil.org/_files/ugd/189883_74aeab8c70ae42e7b3afb38d5dfc00c4.pdf

planning council co-chairs, the Needs Assessment and Comprehensive Planning/ Continuum of Care Committee; the Membership, Nominations, and Elections Committee; and the People's Caucus.

As of June 2023, the AA had allocated 85% of RWHAP Part A funds to core medical services and 15% to support services. The SAPC webpage includes a directory of RWHAP Part A-funded client services available in the San Antonio TGA for people with HIV. The SAPC budget is included in the 10% of RWHAP Part A formula funds that cover administrative costs.

Table 1 below lists RWHAP core medical and support services supported by HRSA HAB funding in the San Antonio TGA where University Health is the recipient or subrecipient. The table does not include services provided directly by El Centro del Barrio (dba **CentroMed**), the funded RWHAP Part C recipient in the jurisdiction.

Table 1: Available RWHAP core medical and support services in the San Antonio TGA by funding

RWHAP core medical and support services	RWHAP Part A	MAI	RWHAP Part B	RWHAP Part D	Operation Brave (HRSA EHE)
Core medical services					
AIDS Pharmaceutical Assistance (LPAP)	x		x		
Early Intervention Services (EIS)	x	x	x		x
Health Insurance Premium and Cost Sharing (HIPCSA)	x		x	x	
Housing Assistance and Related Services					x
Initiative Services					x
Medical Case Management (MCM)	x		x	x	x
Medical Nutrition	x		x		
Mental Health Services	x	x	x	x	x
Oral Health/Dental	x		x	x	x
Outpatient/Ambulatory Health Services (OAHS)	x		x	x	x
Substance Abuse Services (outpatient)	x	x	x	x	x
Support services					
Emergency Financial Assistance (EFA)	x		x	x	x
Food Bank/home delivered meals	x		x	x	
Medical Transportation Services	x		x	x	
Non-Medical Case Management	x	x	x	x	x
Outreach Services				x	x
Referral for Healthcare and Support Services	x		x	x	x

University Health is also a recipient of HIV Health and Social Services (State Funds) and HIV Health and Social Services (State Services) funds from DSHS. Like RWHAP funds, State Services funds must also be used as a payor of last resort.

All subrecipients receiving funding for **Early Intervention Services (EIS)** must coordinate efforts with other HIV prevention and testing services. HIV testing paid for by EIS cannot supplant testing efforts paid for by other federal, state, or local funds. EIS services are limited to counseling and HIV testing, referral to appropriate services based on HIV status, linkage to care, and education and health literacy training for clients to help them navigate the HIV care system.[16]

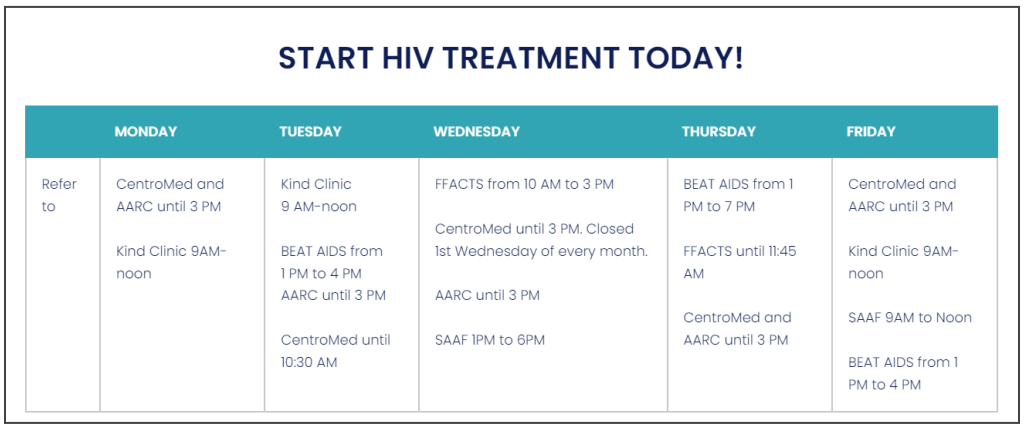
Results counseling for individuals with a negative HIV test result include:

- Health education
- Risk reduction
- Referral to HIV prevention services

The network of HIV providers in the San Antonio TGA has also embraced a collaborative **Rapid Start** model in which they have a rotating calendar (see figure 5) with available time slots on the ESEHA website. To help individuals who are newly diagnosed with HIV to receive care and begin treatment, the website includes the agency time slots and specific information to facilitate scheduling, including key contacts. Participating agencies (see descriptions in the sections that follow) include:

- Alamo Area Resource Center
- BEAT AIDS
- CentroMed
- Kind Clinic
- University Health FFACTS Clinic
- San Antonio AIDS Foundation

Figure 5: Rapid Start rotating appointment calendar



START HIV TREATMENT TODAY!

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Refer to	CentroMed and AARC until 3 PM Kind Clinic 9AM-noon	Kind Clinic 9 AM-noon BEAT AIDS from 1 PM to 4 PM AARC until 3 PM CentroMed until 10:30 AM	FFACTS from 10 AM to 3 PM CentroMed until 3 PM. Closed 1st Wednesday of every month. AARC until 3 PM SAAF 1PM to 6PM	BEAT AIDS from 1 PM to 7 PM FFACTS until 11:45 AM CentroMed and AARC until 3 PM	CentroMed and AARC until 3 PM Kind Clinic 9AM-noon SAAF 9AM to Noon BEAT AIDS from 1 PM to 4 PM

[16] https://www.saplanningcouncil.org/_files/ugd/189883_ee368a55053d4e1c8be562cc8252b78d.pdf

RWHAP SUBRECIPIENTS[17]

Alamo Area Resource Center (AARC) was founded in Bexar County in 1990 and is now a leading LGBTQ+, health, and social service organization in San Antonio. AARC serves individuals experiencing homelessness, disability, or any life-altering illnesses, including, but not limited to HIV. AARC uses a wrap-around care model which includes medical providers, social workers, housing specialists, mental health counselors, psychiatrists, and various supportive services on-site. Among their full spectrum of primary care, HIV specialty care, sexual health services, and gender-affirming care, AARC delivers HIV/STI/hepatitis prevention education and interventions, HIV/STI testing, PrEP, medical and non-medical case management, health insurance assistance, pharmaceutical assistance, and transportation. **AARC's pharmacy services are managed by Avita, who also administers their 340B program.** Additionally, AARC provides housing referral and placement services through HOPWA, Short Term Rental, Mortgage, and Utility Assistance (STRMU), Tenant-Based Rental Assistance (TBRA), and housing case-management. In addition to RHWAP Part A, B, D, and MAI funding, AARC is the subrecipient for the *Status Neutral Approach to Improve HIV Prevention and Health Outcomes for Racial and Ethnic Minorities* initiative.

BEAT AIDS, also known as "Black Effort against the Threat of AIDS," was the first African American led HIV service organization in Bexar County founded in 1987. BEAT AIDS operates Your Choice Clinic and provides a wide array of programs and services including, but not limited to, HIV/STI education and prevention, PrEP, case management, counseling and support groups, clinical services, mental health and substance use disorder services, pharmaceutical assistance, patient navigation/linkage to care, and support services. BEAT AIDS is a key partner in Operation BRAVE.

The San Antonio Aids Foundation (SAAF) is a 501c3 nonprofit organization providing services for those affected by HIV in Bexar County and surrounding counties. SAAF is committed to providing a safe space for the LGBTQ+ community and delivering comprehensive community-based, dietary, education, and HIV/STI testing services. Services include case management, mental health counseling, mobile testing, and housing. SAAF provides transitional, short-term housing through the Carson House, a sober-living environment where residents can stay for periods of 90 days. They also provide long-term rental assistance through HOPWA funds.

HEALTH CENTERS

There are two multi-site health centers in Bexar County that are funded via the HRSA Bureau of Primary Health Care (BPHC) Health Center Program. **CentroMed** is a non-profit, community-based, bilingual and bicultural community health center founded in 1973 whose

[17] https://targethiv.org/sites/default/files/media/documents/2021-10/hhe-Bexar-County-Manual.pdf

mission is to improve the wellbeing of families by delivering high quality, compassionate health care. CentroMed operates 23 sites in its network of clinics and provides medical, dental, behavioral health, nutrition, parenting education, health education and ancillary and support services.

In 2020, CentroMed served 111,047 unduplicated patients in 341,900 unique visits, including 28.2% of visits conducted virtually. Among CentroMed's patients served in 2020, 10.5% (11,708) were people experiencing homelessness, 33.9% were uninsured, and 93.3% (94,241) were living at or below 200% of the federal poverty level. Hispanic patients made up the largest proportion of people served at about 81% with 10% self reporting as non-Hispanic White, 7.2% Black/African American, and 1% Asian.[18] CentroMed is funded by the HRSA Bureau of Primary Health Care (FY2023 Health Center Program funding $11,238,290) and is the RWHAP Part C recipient

Barrio Comprehensive Family Health Care Center, Inc. (dba **CommuniCare Health Centers**) has served the south-central Texas area since 1972 and currently has 23 locations with more than half of all patients residing in Bexar County. In addition to primary care, mental health services, and oral health care, health and wellness coaches provide care coordination, medication assistance, social service navigation, and follow-up. CommuniCare also received HRSA BPHC EHE funding (FY2023 EHE Primary Care HIV Prevention funding $392,114). With EHE funding, CommuniCare proposed:

- Opening a new clinic for HIV-specific prevention and treatment care
- Training for providers and residents on HIV prevention and PrEP
- Hiring a new HIV-trained provider
- Utilizing telehealth and tele-PrEP
- Providing additional outreach
- Train all adult medicine, women's health, and selected pediatric providers and residents to enhance its culture to ensure that all populations feel welcomed in all clinics and increase the health equity of care
- Streamline services to facilitate linkage within 30 days of diagnosis

CentroMed also previously received HRSA BPHC EHE Primary Care HIV Prevention funding (FY2020 $305,965).

LOCAL HEALTH DEPARTMENT

The Metro Health STI/HIV Clinic serves residents of San Antonio and Bexar County and those who have no other means of obtaining STI services. The STI/HIV Program has a mobile unit that functions as an extension of the health clinic, which provides STI testing and treatment, HIV

[18] El Centro del Barrio. HRSA Health Center Program (H80) project abstract. https://data.hrsa.gov/tools/grants-abstract?grantId=40318&awardYr=2023

testing, linkage to services, and the Healthy Beats program, case management services for pregnant people to prevent congenital syphilis births.

RWHAP Part A service providers and CBOs have MOUs with Metro Health for health promotion, surveillance, STI testing, and prevention services. Disease Intervention Specialists (DIS) conduct partner services and counsel people with STIs. They also partner with EIS programs to link clients to medical care.

Metro Health also houses a PrEP clinic where clients are evaluated by a nurse practitioner, have labs drawn in the clinic, and speak to a PrEP Navigator. The PrEP Navigator counsels clients on PrEP, discusses risk reduction steps, and provides financial and insurance information and assistance.

MILITARY HEALTH SERVICES

While the Department of Defense does not share data, the San Antonio TGA is home to five large military installations and a large military health system. The South Texas Veterans Health Care System provides care for Veterans at 18 locations throughout Southern Texas, including LGBTQ+ veteran care. LGBTQ+ Veteran Care Coordinators help identify and meet the unique needs of individuals and families.

Section 2: Prevention and care service delivery system, structures, and referral networks

POLICY LANDSCAPE

Jurisdictional approach to whole-person care

Bexar County's "Status neutral approach to HIV prevention and care" includes both **Rapid Start** and **Rapid Linkage to HIV prevention** for those who test negative. The Rapid Start protocol was co-created by SAPC and then expanded to prevention. SAPC was committed to meaningful involvement of people with HIV and other populations affected by HIV including Latino men who have sex with men, Black women, and people experiencing substance use disorder or housing instability in developing the protocols. Ensuring a diverse group of stakeholders, members were encouraged to bring a "plus one" to planning meetings. Discussions also focused on ensuring that funds for people with HIV are not diminished in order to expand a whole-person approach.

As previously introduced, the Bexar Rapid Start model focuses on linking individuals who are newly diagnosed with HIV to medical care within 72 hours to see a provider, complete labs, and obtain a prescription for ART if ready. Follow-up case management services focus on patient assistance program applications and eligibility for RWHAP and ADAP.

University Health conducts **opt-out routine HIV testing in the Emergency Department (ED)**. "In 2020, 14,991 HIV tests were administered to individuals over the age of 18; 113 tested positive."[19] University Health **patient navigators** support linkage to appropriate HIV services.

If the individual tests negative, they are linked to HIV prevention services and offered PrEP, and other prevention related services, including counseling and other aspects of prevention. Individuals at high-risk of HIV are encouraged to stay in HIV related preventive care and to test regularly to remain HIV negative. For a non-reactive result, the goal is linkage to PrEP within seven days of receiving the results if the client expresses interest.

For linkage to prevention (and PrEP), Metro Health has a cap of 200 clients but only recently reached that cap. They are able to link clients to PrEP in eight or nine other facilities without insurance. Additionally, Metro Health staff are committed to expanding the whole-person approach by connecting individuals with HIV and those at increased risk with services that align with the social determinants of health including harm reduction, housing stability, and food security.

PrEP financial assistance

[19] SAPC, University Health. San Antonio TGA and HSDA Integrated HIV Prevention and Care Plan 2022-2026.

CBO/ASO staff help clients navigate payment options for PrEP, including pharmaceutical patient assistance programs, co-pay assistance, and other local resources. For example, AARC's prescription assistance program for individuals without insurance covers the cost of the medicine, office visit and lab work. The University Health FFACTS clinic also now offers PrEP services for individuals who do not have insurance and works with clients to navigate payment options.

Syringe services programs

Bexar County has had legal authority to implement syringe services programs (SSPs) since 2007, however it was not until September 2019 that Bexar County commissioners approved county funding for the first legal syringe exchange program in Texas and what would become known as the Bexar County Harm Reduction Initiative.[20] Bexar County remains the only county in Texas with a legal SSP. **UT Health San Antonio School of Nursing** administers the funding and grants for Bexar County. After an initial pilot project, **Corazón San Antonio** expanded their harm reduction program, drop-in center, and peer outreach support. The volunteer workforce of the **Bexar Area Harm Reduction Coalition** distributes harm reduction kits weekly.

The UT Health San Antonio School of Nursing also administers the SAMHSA-funded Texas Targeted Opioid Response (TTOR) program, distributing naloxone through the TTOR website, MoreNarcanPlease.com. Bexar County opioid settlement funds ($4.4 million to the state for San Antonio to be paid out over 20 years and $14.4 million to Bexar County) will be used for treatment and prevention, including affordable housing, employment, and violence reduction. Funds are already supporting naloxone distribution and expanding a women's recovery center, Casa Mia.

In September 2023, the Elton John AIDS Foundation awarded a two-year, $500,000 grant to SAAF and Corazón San Antonio to implement, "**SAAF Spaces with Corazón**." Funding will expand HIV outreach, testing, prevention, and syringe services while providing resources to people who engage in sex work and those who experience homelessness.

Current and proposed legislation

HIV is not criminalized in Texas, but people with HIV are still subject to higher sentences in some cases due to interpretation of assault laws. In 1994, Texas became the first state to repeal its HIV criminalization law. However, according to the Center for HIV Law and Policy, people with HIV have been subject to prosecution for aggravated assault/sexual assault as courts have "consistently" found that their bodily fluid can be a "deadly weapon," regardless of risk of transmission.

[20] https://sanantonioreport.org/bexar-county-needle-exchange-program-set-to-become-first-in-state/

KEY PARTNERSHIPS

Given countless coalitions, planning bodies, and funding relationships, there are long-standing and robust partnerships in San Antonio across the RWHAP care system, as well as with organizations that provide services in response to broad HIV prevention and social service needs.

HIV testing

- AARC
- BEAT AIDS
- Center for Healthcare services - integrated care for people with substance use challenges, mental health conditions, and intellectual or developmental disabilities; conducts street outreach testing
- Kind Clinic - Founded in 2015, Kind Clinic is a program of Texas Health Action, a 501(c)(3) non-profit dedicated to providing culturally affirming, quality care with expertise in serving the LGBTQIA+ community and people affected by HIV. Kind Clinic has locations in San Antonio, Dallas, and Austin.
- Metro Health
- Planned Parenthood of South Texas
- Pride Center San Antonio - at home HIV/STI testing kits
- San Antonio AIDS Foundation
- University Health conducts routine opt-out HIV testing in the emergency department
- UT Health

PrEP providers

- AARC
- BEAT AIDS - Your Choice Clinic
- CentroMed
- CommuniCare Health Centers
- CVS Minute Clinic
- Kind Clinic
- Methodist Hospital
- Planned Parenthood of South Texas
- Provider groups or individuals
    - Gonzaba Medical Group
    - Dr. Ruth Bergreen - UT Health
    - MacGregor Medical Center
    - Responsive Infectious Diseases Solutions - Dr. Robert Zajac
    - San Antonio Infectious Disease Consultants
- San Antonio AIDS Foundation
- San Antonio Metropolitan Health District - Metro Health
- South Texas VA Hospital Immunosuppression Clinic - Audie L. Murphy VA Medical Center

- University Health FFACTS Clinic
- UT Health

Community partners and programs

The San Antonio Community Resource Directory (SACRD) serves as an online compilation of more than 10,000 community resources in Greater San Antonio. The SACRD includes three portals (i.e., Mental Healthcare, Love Should Not Hurt, Housing Finder) and nonprofit organizations, congregations, government agencies, and other groups working to support communities throughout the San Antonio area in the following areas:

- Care
- Education
- Food
- Goods
- Health
- Housing
- Legal
- Partner
- Transit
- Work

*Additional partners (*participated in initial FTC convening)*

- "Be Well Texas" - mental health/substance abuse provider
- Bexar County Juvenile Probation Department*
- Bexar County Reentry Center - helps connect individuals after a period of incarceration or who are on probation or parole to educational resources, job assistance, and mental and physical health resources.
- Bexar County Unlocked Program
- Catholic Charities - emergency financial assistance, counseling, translation and interpretation, and other support services
- City of San Antonio Human Services - utility assistance, homeless services, child care services, family assistance centers, senior services, and other community partners
- Community Services Agency of South, Texas Inc
- Corazon Ministries - operates day center for people experiencing homelessness and SSP for people with substance use disorder
- Endeavors - migrant wellness program
- My Brother's Keeper SA =We are removing systemic barriers to safety, education and career success, ensuring that boys and young men of color have a path to postsecondary success.
- National Hispanic Nurses Association*
- Northeast Independent School District*
- P16 Plus Council*
- Pay it Forward - housing assistance for individuals following incarceration or in recovery
- Planned Parenthood South Texas*
- The Rape Crisis Center*
- Pride Life - insurance navigation

- Roy Maas Alternative Youth - Centrol Seguro is a 24-hour drop-in center for youth up to age 24 who are affected by trafficking or in unsafe living conditions
- San Antonio Fighting Back, Inc.
- San Antonio Gender Association*
- San Antonio Independent School District*
- San Antonio Military Medical Center*
- San Antonio Ready to Work - training and educational programs
- Santa Fe Episcopal Church*
- South Alamo Regional Alliance for the Homeless*
- The Health Collaborative*
- Thrive Youth Center - shelter, housing and mental health for LGBTQ youth
- U.S. Air Force*
- UT San Antonio School of Nursing - UT School of Public Health San Antonio (beginning fall 2024)

Additionally, the Bexar County Department of Behavioral Health has a 42-page resource directory listing local resources and providers for many topics/issues including mental health, substance use, housing, social services (ex. financial, legal, nutrition/food, legal, education services among many others) and specialized services related to disability support, domestic violence, pregnancy, veterans, and more. The directory also specifies sliding scale/free resource availability and telehealth availability.

FUNDING SOURCES THAT MAY SUPPORT A WHOLE-PERSON APPROACH

Through CDC's flagship health department funding, PS18-1802: Integrated HIV Surveillance and Prevention Programs for Health Departments, DSHS's HIV prevention program provides funding to subrecipients to support discrete prevention activities.

Table 2: DSHS-funded prevention subrecipients

DSHS-funded HIV prevention program services	AARC	BEAT-AIDS Coalition	University Health	San Antonio AIDS Foundation
Client-level interventions		x		
Condom distribution			x	
Core prevention	x	x		x
PrEP	x	x		

University Health's condom distribution program is known as **Texas Wears Condoms** (FY2021 $1,855,876). The program aims to reduce HIV and STIs by expanding access to free condoms and at-home test kits; improving knowledge about condoms; and destigmatizing condom use by shipping condoms and test kits to any adult in Texas at no cost. The program ships packages

every 60 days as requested with 50 condoms and 8 lubricants per shipment. The program also offers bulk orders to clinics, non-profits, or other groups that serve the community.

DSHS administers PS20-2010: Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States for Bexar County, Dallas County, Tarrant County, and Travis County ($6,069,792). Metro Health is the subrecipient for San Antonio (Component A: Ending the EHE Core and Component C: Scaling up HIV Prevention Services in STD Clinics $3,300,000). Funding supports linkage to care and support of training and capacity building through the EHESA. Through this CDC EHE funding (ending September 2024), Bexar County aims to create synergy across prevention, treatment, and community response. A key EHESA activity supporting these strategies is a digital stigma and storytelling project as a means of developing strategic messaging for eliminating stigma. Beginning with a provider survey and focus groups, they have collected stories on provider stigma and attitudes toward HIV care.

Funded by PS21-2102: Comprehensive High-Impact HIV Prevention Programs for Community Based Organizations, BEAT AIDS is the only CBO in San Antonio directly-funded by CDC to deliver HIV prevention services. The BEAT AIDS prevention portfolio includes HIV/STI/HCV testing; PrEP; prevention education, counseling and interventions; navigation; and condom distribution.

Metro Health is the local recipient of CDC PS19-1901 Strengthening STD Prevention and Control for Health Departments (STD PCHD) funding through DSHS (FY2024 $781,551; FY2023 $697,850). [21][22] The funding is intended to prevent and control chlamydia, gonorrhea, and syphilis in the jurisdiction and the CDC grant has been extended until January 2026.

CDC PS21-2103 Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments

Table 3: HRSA HAB RWHAP Part A service categories and subrecipients

RWHAP Part A core and support services	Funded provider/organization				
	AARC	BEAT-AIDS Coalition	CentroMed Clinic	FFACTS Clinic	San Antonio AIDS Foundation
AIDS Pharmaceutical Assistance (LPAP)	x	x	x	x	x
Early Intervention Services (EIS)	x	x			
Emergency Financial Assistance (EFA)	x	x	x	x	x
Food Bank/home delivered meals	x			x	x
Health Insurance Premium and Cost Sharing (HIPCSA)	x				
Housing Assistance and Related Services - funded by HOPWA	x				

[21] https://taggs.hhs.gov/Detail/RecipDetail?arg_EntityId=eF28x53lhjFd3EU63HJmbg%3D%3D
[22] https://www.highergov.com/subgrant/HHS001315900007-NH25PS005182-4e8e0882/

Medical Case Management (MCM)	x	x	x	x	x
Medical Nutrition				x	
Medical Transportation Services	x	x		x	x
Mental Health Services	x	x	x	x	x
Non-Medical Case Management	x	x	x	x	x
Oral Health/Dental					x
Outpatient Ambulatory Health Services	x	x	x	x	x
Referral for Healthcare and Support Services	x	x	x	x	x
Substance Abuse Services (outpatient)	x	x		x	

University Health administers RWHAP Part A HIV Emergency Relief Grant Program funding in the amount of $1,815,295 for FY2024 (FY2023; $6,156,756).

RWHAP clients in the San Antonio HSDA use the RWHAP Local Pharmaceutical Assistance Program (LPAP) service category for medications not covered by THMP and the RWHAP Emergency Financial Assistance (EFA) service category for medications while awaiting approval for the ADAP Program.

The RWHAP Part A EIS program is known as Project THRIVE and encompasses testing, outreach, education, and linkage to care. AARC operates Project THRIVE and focuses efforts in zip codes with higher numbers of individuals out of care and higher incidence rates. Partners include HIV testing sites, homeless shelters, food banks, and CBOs.

Table 4: HRSA HAB RWHAP MAI service categories and subrecipients

MAI core and support services	Funded provider/organization				
	AARC	BEAT-AIDS Coalition	CentroMed Clinic	FFACTS Clinic	San Antonio AIDS Foundation
Early Intervention Services (EIS)	x	x			
Mental Health Services	x	x	x	x	x
Non-Medical Case Management	x	x	x	x	x
Substance Abuse Services (outpatient)	x	x		x	

HRSA RWHAP Minority AIDS Initiative funding (FY2021; $540,496) is intended to enhance access to HIV care and improve health outcomes for minority populations.

Table 5: HRSA HAB RWHAP Part B service categories and subrecipients

RWHAP Part B core and support services	Funded provider/organization				
	AARC	BEAT-AIDS Coalition	CentroMed Clinic	FFACTS Clinic	San Antonio AIDS Foundation
AIDS Pharmaceutical Assistance	x	x	x	x	x

(LPAP)					
Early Intervention Services (EIS)	x	x			
Emergency Financial Assistance (EFA)	x	x	x	x	x
Food Bank/home delivered meals	x				x
Health Insurance Premium and Cost Sharing (HIPCSA)	x				
Housing Assistance and Related Services - funded by HOPWA					
Medical Case Management (MCM)	x	x	x	x	x
Medical Nutrition					
Medical Transportation Services	x	x		x	x
Mental Health Services	x	x	x	x	x
Non-Medical Case Management	x	x	x	x	x
Oral Health/Dental					x
Outpatient/Ambulatory Health Services (OAHS)	x	x	x	x	x
Referral for Healthcare and Support Services		x	x	x	x
Substance Abuse Services (outpatient)	x	x		x	

RWHAP Part C

As an eligible Federally Qualified Health Center (FQHC), CentroMed is a recipient of a FY2022 RWHAP Part C Early Intervention Services grant (FY2023 $563,572), which funds primary health care and support services in outpatient settings for people with HIV. All RWHAP Part C EIS program funds are awarded competitively every three years.

Table 6: HRSA HAB RWHAP Part D service categories and subrecipients

RWHAP Part D core and support services	Funded provider/organization					
	AARC	BEAT-AIDS Coalition	CentroMed Clinic	FFACTS Clinic	San Antonio AIDS Foundation	MCHD
Emergency Financial Assistance (EFA)		x			x	
Food Bank/home delivered meals				x		x
Health Insurance Premium and Cost Sharing (HIPCSA)	x					
Medical Case Management (MCM)		x		x	x	x
Medical Transportation Services		x		x		x
Mental Health Services	x	x		x	x	x
Non-Medical Case Management		x		x	x	x
Oral Health/Dental					x	
Outpatient/Ambulatory Health	x	x	x	x		x

Services (OAHS)						
Outreach Services		x				x
Referral for Healthcare and Support Services	x	x		x	x	
Substance Abuse Services (outpatient)	x	x		x		

University Health is the recipient of RWHAP Part D Women, Infant, Children, and Youth Grant Supplemental Funding (FY2023; $965,281). The University Health Senior Director of Ryan White Programs manages the grant and collaborates with the RWHAP Parts A and B staff. Supplemental funding is intended to strengthen organizational capacity

As featured in the RWHAP Best Practices Compilation, the RWHAP Part D funding at University Health supports peers and patient navigators to provide support, reduce barriers, and improve linkage and retention to care for women and youth with HIV. Two peers with lived experience were hired as Outreach Specialists to spearhead the program, which is named *FAM210*. Their duties include planning and facilitating support groups, connecting clients to patient navigators, and developing innovative ways to engage youth and women. Outreach Specialists also share similar experiences, encourage medication adherence and use of services, and provide mentoring.

The South Texas Family AIDS Network (STFAN) is a collaborative, multidisciplinary partnership serving a 28-county region in South Texas, including Bexar County supported by RWHAP Part D funding. Along with agencies funded through RWHAP Part A and B, the Maverick County Hospital District (MCHD) is a key partner in the network.

Table 7: HRSA HAB EHE service categories and subrecipients

HRSA EHE funded (Operation BRAVE) core and support services	Funded provider/organization				
	AARC	BEAT-AIDS Coalition	CentroMed Clinic	FFACTS Clinic	San Antonio AIDS Foundation
Early Intervention Services (EIS)		x			
Emergency Financial Assistance (EFA)	x	x			
Food Bank/home delivered meals	x	x			
Housing Assistance and Related Services					
Initiative Services					
Medical Case Management (MCM)					
Medical Transportation Services		x			
Mental Health Services	x	x			
Non-Medical Case Management					
Oral Health/Dental					x
Outpatient/Ambulatory Health Services (OAHS)		x			

Outreach Services					
Referral for Healthcare and Support Services		x			
Substance Abuse Services (outpatient)	x				

Operation BRAVE is the HRSA-HAB funded Ending the HIV Epidemic in the U.S. initiative in Bexar County focused on the *Treat* and *Response* pillars (FY2023; $2,000,000; FY2024 $714,800). Operation BRAVE activities include: 1) increasing organizational capacity; 2) Information dissemination and public outreach; 3) community engagement; 4) implementation of emerging practices, evidence-informed and/or evidenced-based interventions particularly around rapid linkage to care, retention in care, reengagement in care, and adherence counseling; 5) the provision of RWHAP core medical and/or support services; and 6) and data infrastructure development and systems linkages. Among the Operation BRAVE capacity building activities is implementing "transgender sensitivity training at University Health ambulatory clinics" to support individuals newly diagnosed with HIV to link to Rapid Start ART services and eliminate barriers.

RWHAP Part F

University Health previously participated in the HRSA RWHAP Part F Special Projects of National Significance (SPNS) initiative: Improving HIV Health Outcomes through the Coordination of Supportive Employment and Housing Services, 2017-2020. The CASE (CAse HouSing and Employment) Management Initiative was a unique partnership between SATGA's public and private sectors to develop innovative strategies to: 1) integrate HIV care; 2) promote housing stability; and 3) increase employment opportunities for low-income, uninsured and underinsured people with HIV in racial and ethnic minority communities. While the initiative focused on housing and employment, it also provided an opportunity to develop additional community relationships to identify resources and meet broader needs related to documentation, peer support, mental health, and substance use among others. Operation BRAVE funds have been used to sustain housing efforts for the CASE program.

Partnerships strengthened or developed through the CASE Management Initiative

- Alamo Workforce Solutions - job training and placement
- Dress for Success - clothing assistance
- Goodwill Industries - job training and employment assistance
- Haven for Hope - shelter for those experiencing homelessness; broad array of services
- Project Quest - job training and placement
- Putting an End to Abuse through Community Efforts (P.E.A.C.E.) Initiative - domestic violence services
- Refugee and Immigrant Center for Education and Legal Services (RAICES) - immigration legal assistance
- Salvation Army
- San Antonio Food Bank (SAFB) - nutritional needs and job training

- San Antonio Housing Authority (SAHA) - federal housing assistance and Operation BRAVE partner
- San Antonio Police Department - Homeless Outreach Positive Encounters (SAPD-HOPE)
- South Alamo Regional Alliance for the Homeless (SARAH) Housing Strategic Workgroup
- Texas Rio Grande Legal Aid - immigrant legal assistance
- United Way
- University Health CareLink - financial assistance

Table 8: DSHS State Services service categories and subrecipients

State Services core and support services	Funded provider/organization				
	AARC	BEAT-AIDS Coalition	CentroMed Clinic	FFACTS Clinic	San Antonio AIDS Foundation
AIDS Pharmaceutical Assistance (LPAP)	x	x		x	x
Early Intervention Services (EIS)	x	x			
Emergency Financial Assistance (EFA)	x	x		x	x
Food Bank/home delivered meals	x			x	x
Health Insurance Premium and Cost Sharing (HIPCSA)	x				
Medical Case Management (MCM)	x	x		**x**	**x**
Medical Nutrition				x	
Medical Transportation Services	x	x		x	x
Mental Health Services	x	x		x	x
Non-Medical Case Management	x	x		x	x
Oral Health/Dental					x
Outpatient/Ambulatory Health Services (OAHS)	x	x		x	x
Referral for Healthcare and Support Services	x	x		x	x
Substance Abuse Services (outpatient)	x	x		x	

DSHS also equips DSHS-funded HIV providers across the state with HCV rapid antibody test kits.[23] DSHS-funded HIV prevention providers deliver HCV services with state resources also collect and submit standardized data on transmission factors, linkage to care, and confirmed cases.

Table 9: Housing and Urban Development (HUD) state HOPWA service categories/subrecipient

HOPWA	Funded provider/organization				
	AARC	BEAT-AIDS Coalition	CentroMed Clinic	FFACTS Clinic	San Antonio AIDS Foundation
Permanent Housing Placement (PHP)	x				
Short Term Rent, Mortgage, and Utilities	x				

[23] 2022 State Plan for Hepatitis C

(STRMU)					
Housing Case Management	x				
Tenant-Based Rental Assistance (TBRA)	x				

The City of San Antonio also receives HUD HOPWA funding (FY2021 $2,043,971) and subcontracts to AARC, BEAT AIDS, and SAAF to help low-income persons with HIV and their households establish or maintain affordable and stable housing, reduce their risk of homelessness, and improve their access to health care and supportive services.

HRSA Bureau of Primary Health Care

Through the **Health Center Program**, CommuniCare (FY2024 $3,255,803) will provide comprehensive primary care services, including medical care, oral health care, and mental health care. CommuniCare also offers specialty care services and refers to other specialty medical and oral health care services as needed. Wellness Coaches provide care coordination, medication assistance, and social services assistance. FY2023 **EHE Primary Care HIV Prevention** funding $392,114 supports PrEP provision, including telePrEP delivery.

CentroMed is funded by the HRSA Bureau of Primary Health Care (FY2023 Health Center Program funding $11,238,290) and is a RWHAP Part C recipient. CentroMed offers medical, dental, behavioral health, nutrition, parenting education, health education and ancillary and support services. CentroMed is a key RWHAP partner in Bexar County.

Other HRSA funding sources

CommuniCare is also the recipient of HRSA **Quality Improvement Fund – Maternal Health Health Center Program** (FY23 $2,000,000) focused on CommuniCare's African American/Black, Hispanic, and Afghan prenatal populations, including cultural training and interpretation services.

HRSA funds the University of Texas Health Science Center at San Antonio to lead the **South Texas Community Health Worker Workforce Preparedness Collaboration** (STCWPC) through Community Health Worker Training Program (FY2022 $2,964,130). The program aims to address the gaps in the community health worker (CHW) workforce and prepare the next generation of CHWs.

SAMHSA-funded programs

- **StrongARM** (Strong Addiction Recovery for Men) - SAMHSA funded. Substance abuse treatment, behavioral health, and HIV services for adult racial/ ethnic minority men FY2023 -$524,008. *Ended.*
- **NExT** Navigate.Engage.Connect.Test- Substance Abuse and Mental Health Services Administration (SAMHSA). Aimed at minority young men (18-24). ******Ended. SMASH is a part of the NExt program.***

- **SMASH** (Substance Misuse Awareness and Sexual Health) (SAMHSA) Five-year funding began in 2022 $249,766; FY2023 $237,869 to serve predominately Hispanic and Black minority men, ages 18 years and older, especially males at risk for HIV, MSM, and individuals with unstable housing. A Prevention Navigator will provide outreach, navigation, HIV/viral hepatitis testing, evidence-based prevention education, and referrals for housing support services to clients recruited through University Health's outpatient primary care clinic and community partners.
- **HUSTLE** (Helping Underrepresented populations with Substance abuse Treatment and linkage to care) (SAMHSA) Five-year funding at $500,000/year that began in 2022. Focused on racial/ethnic minority adults who have substance use or co-occurring substance use and mental health disorder and are living with, or at risk for HIV
- **STOP** (South Texas Overdose Prevention Program) (SAMHSA) FY2023 $797,920; FY2022 $398,960; Goal to enhance and expand overdose prevention and other harm reduction services and activities for racial/ethnic minority adults (ages 18+) at risk for or with substance use disorders (SUD) living in South Texas Region 8, with special focus on individuals from rural or LGBTQ+ communities.with, or at risk of developing substance use disorders (SUD).Will identify clients through University Health clinics, community partners, and the STOP website.
- **SACADA MAT Program** - San Antonio Council on Alcohol and Drug Awareness (SACADA) Medication Assisted Treatment Program (SAMHSA) $750,000/year for five years beginning in 2022. The program provides services to uninsured and under-insured adult (age 18+) male and female, primarily Hispanic, individuals diagnosed with an opioid use disorder (OUD) in Bexar County.

Other funded providers through SAMHSA

- Our Lady of the Lake University
    - Mental Health Awareness Training Grants (Mental Health First Aid etc
- Family Service Association of San Antonio
    - National Child Traumatic Stress INitiative Community Treatment & Service Centers
    - Linking Actions for Unmet Needs in Children's Health Grant Program
- Family Endeavors, Inc
    - Grants to Implement Zero Suicide in Health Systems
- County of Bexar
    - Resiliency in Communities After Stress and Trauma
- Communities in Schools of San Antonio
    - Project AWARE (Advancing Wellness & Resiliency in Education)
- Children's Shelter
    - National Child Traumatic Stress Initiative Community Treatment & Service Centers
- Center for Health Care Services

    - Community Programs for Outreach and Intervention with Youth and Young Adults at Clinical High Risk for Psychosis
    - Additionally, the Center for Health Care Services provides a range of behavioral health, justice, supported housing, substance use, and crisis management programs and services.
- Texas A&M San Antonio
    - Mental Health Awareness Training Grants (Mental Health First Aid etc)
- University of Texas San Antonio
    - Strategic Prevention Framework – Partnerships for Success
- San Antonio Council on Alcohol & Drug Abuse
    - Strategic Prevention Framework-Partnerships for Success for Communities, Local Governments, Universities, Colleges, and Tribes/Tribal Organizations
    - Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth, and their Families
    - Mental Health Awareness Training Grants (Mental Health First Aid etc

Other complementary programs

- Gilead's Frontlines of Communities in the United States (**FOCUS**) program addresses systemic and institutional barriers to routine HIV and HCV screening and access to care. Funding for University Health has helped streamline processes for HIV and hepatitis B and C testing in the emergency department and ambulatory clinics.
- **PL4Y**- National Institutes of Health (NIH)-funded. Initiative is focused on designing an app to help youth with HIV between the ages of 18 and 29 to stay in care.
- **Navigation to Cessation (N2C)** is funded by the Cancer Prevention and Research Institute of Texas (CPRIT) to increase tobacco cessation among people living with HIV, ages 18 and older.

EPI DATA

Demographics of Bexar County

About 2.06 million people live in Bexar County according to estimates from the US Census Bureau. An estimated 14.7% of the population is aged 15 to 24. Approximately 87.8% of county residents graduated high school (or have a degree equivalency) and 32% have a Bachelor's degree or higher. About 61.3% of people living in the county identify as Hispanic/Latinx, 7.2% identify as non-Hispanic Black, and 25.1% as non-Hispanic white.[24]

[24] 2022 American Community Survey (ACS) 1-Year Estimates

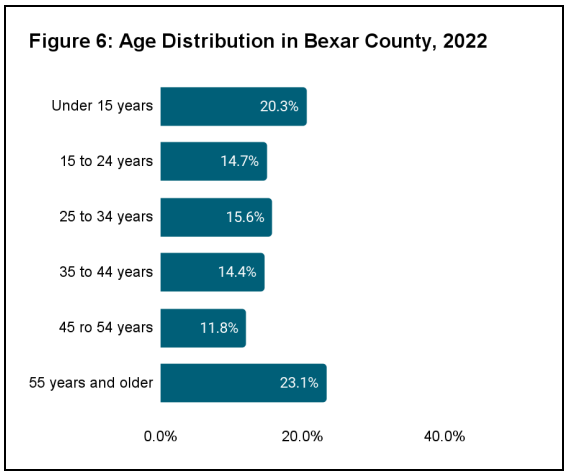


Figure 6: Age Distribution in Bexar County, 2022

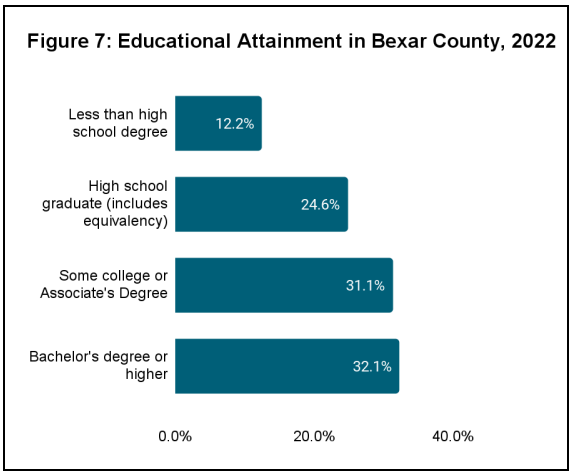


Figure 7: Educational Attainment in Bexar County, 2022

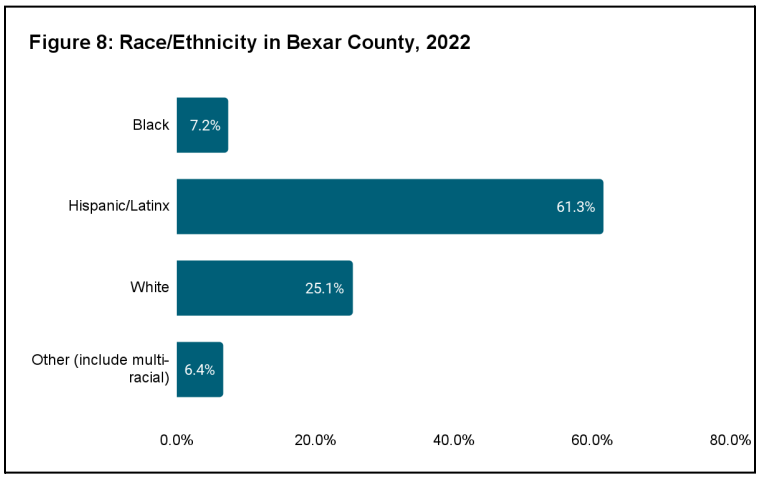


Figure 8: Race/Ethnicity in Bexar County, 2022

Employment, income, and housing costs in Bexar County

An estimated 66.3% (N=1,068,440) of the population in Bexar County aged 16 years or older is in the labor force. Of those in the labor force, 97.5% are in the civilian labor force. Within the civilian workforce (n=1,041,776), the unemployment rate is approximately 4.7%. The median household income in Bexar County in 2022 inflation-adjusted dollars is $65,854. Approximately 17.6% of households in Bexar County have an annual income of less than $25,000 and 19.9% have an annual income between $25,000 and $49,999. An estimated 13.5% of the population 18 years of age or older has an income level that is below the poverty level. The median monthly owning costs for housing units is $1,801 for units with a mortgage and $617 for units without a mortgage while

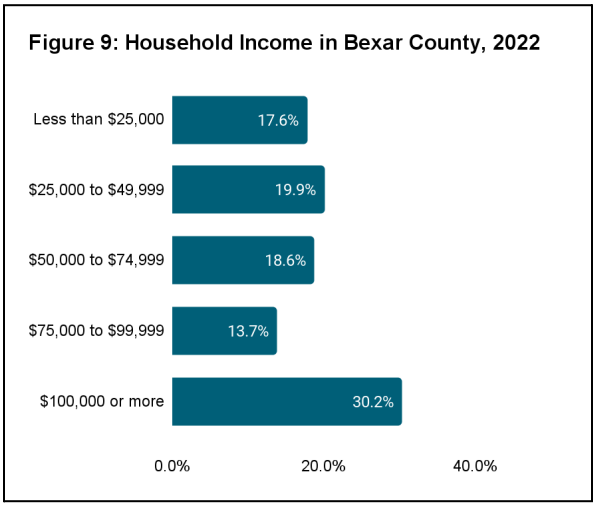


Figure 9: Household Income in Bexar County, 2022

the median rent is $1,254. In an estimated 56.6% of housing units paying rent, gross rent was 30% or more of household income.[25]

HIV prevalence and incidence

In 2021, 6,913 people were living with HIV in Bexar County, a prevalence of 415 per 100,000 population. 85.4% of people living with HIV in Bexar County are men.[26] Males also were more likely to receive a new diagnosis of HIV in 2021 than females with males consisting of 84.5% of the new diagnoses. People identifying as Black or Hispanic/Latinx are also disproportionately impacted by HIV. 13.7% of people living with HIV in Bexar County are Black and 65.8% are Hispanic/Latinx. Similarly, 13.4% of new HIV diagnoses in 2021 were among Black people and 72.3% were among Hispanic/Latinx people. People between the ages of 13 and 24 accounted for 22.3% of the HIV diagnoses in Bexar County in 2021.

Table 10: HIV Prevalence, Incidence, and PrEP Use

	HIV Prevalence (2021)	New HIV Diagnoses (2021)	PrEP Users (2022)	PrEP to Need Ratio (PNR) (2022)
Rate (per 100,000)	415	20	198	–
Total	6,913	328	2,856	8.71
Sex				
Male	85.4%	84.5%	93.7%	9.66
Female	14.6%	15.5%	6.3%	3.53
Race/Ethnicity				
Black	13.7%	13.4%	Not available	Not available
Hispanic/Latinx	65.8%	72.3%	Not available	Not available
White	15.1%	11.6%	Not available	Not available
Age in years				
Age 13-24	3.5%	22.3%	15.0%	5.86
Age 25-34	20.6%	35.4%	40.7%	10.02

[25] 2022 American Community Survey (ACS) 1-Year Estimates
[26] https://aidsvu.org/local-data/united-states/south/texas/bexar-county/

Age 35-44	22.7%	25.9%	25.3%	8.51
Age 45-54	21.4%	11.0%	11.5%	9.11
Age 55+	31.8%	5.5%	7.8%	12.33

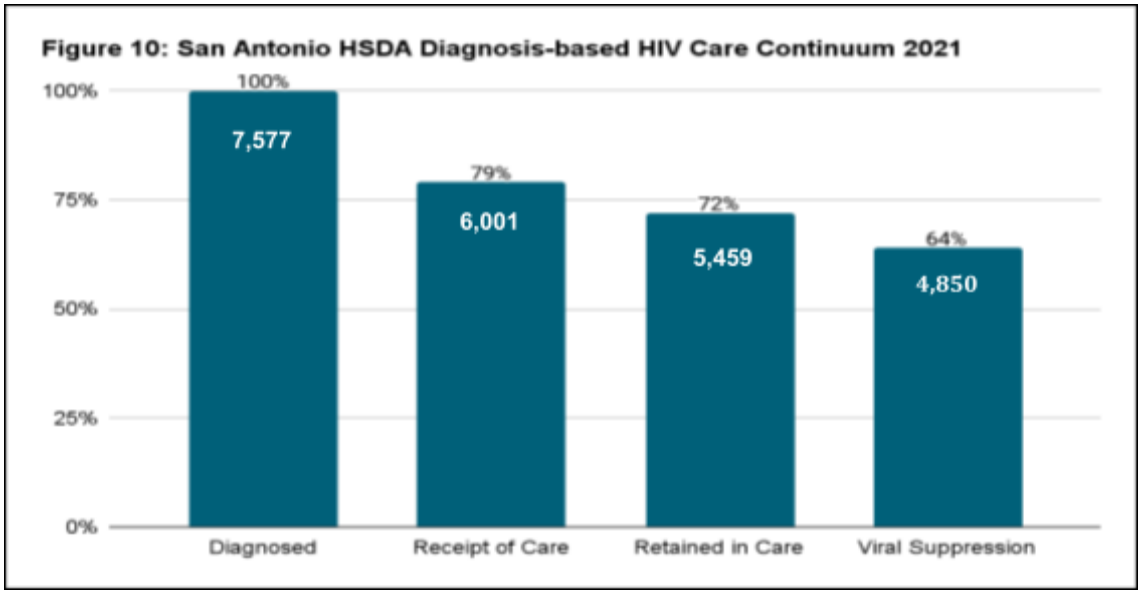
PrEP use

Among the 2,856 individuals using PrEP in Bexar County in 2022, 93.7% were male and 40.7% were between the ages of 25 and 34. However, given inequities in PrEP access and use since PrEP was first approved in 2012, an additional measure is used to assess whether PrEP use appropriately reflects the need for HIV prevention. The **PrEP-to-Need Ration (PNR)** in 2022 is the ratio of people using PrEP in 2022 to people newly diagnosed with HIV in 2021. A lower PNR indicates more unmet need. The 2022 PNR for Bexar County is 8.71. The 2022 PNR for males is 9.66 compared to 3.53 for females, indicating that there is more unmet need for females. The 2022 PNR was lowest for those aged 13-24 (5.86).

HIV care continuum

Figure 10 below represents four stages of the San Antonio HSDA diagnosis-based HIV care continuum based on 2021 DSHS surveillance data. :

- Diagnosed
    - Percentage of persons aged >13 with an HIV diagnosis who know their status.
- Receipt of Care
    - Percentage of persons with diagnosed HIV who had at least one CD4 or viral load test during the calendar year.
- Retained in Care
    - Percentage of persons with diagnosed HIV who had documentation of two (2) or more CD4 or viral load tests performed at least three months apart during the calendar year.
- Viral Suppression
    - Percentage of persons with diagnosed HIV whose most recent HIV viral load test in the past 12 months showed that HIV viral load was suppressed (less than 200 copies/mL).



Additionally, in 2021 77% of individuals newly diagnosed with HIV in the San Antonio HSDA were linked to care within one month after diagnosis (n=218) as evidenced by a documented CD4 count or viral load.

According to AIDSVu, 17.4% (N=57) of people newly diagnosed with HIV in Bexar County in 2021 were a late diagnosis, defined as being diagnosed within three months of the initial HIV diagnosis. Among people living with HIV in Bexar County in 2021, 71.0% (N=4,685) received HIV care and 62.3% (4,112) were virally suppressed.

Table 11: Bexar County HIV Care Continuum Data, 2021[27]

	Linked to HIV Care*	Receipt of HIV Care**	Viral Suppression***
Total	80.2% (263) within one month of being diagnosed with HIV	71.0%	62.3% (4,112)
Sex			
Male	79.4% (277)	71.4% (~6,000)	62.6% (~6,000)
Female	84.3% (51)	69.0% (~1,000)	60.8% (~1,000)
Race/Ethnicity			

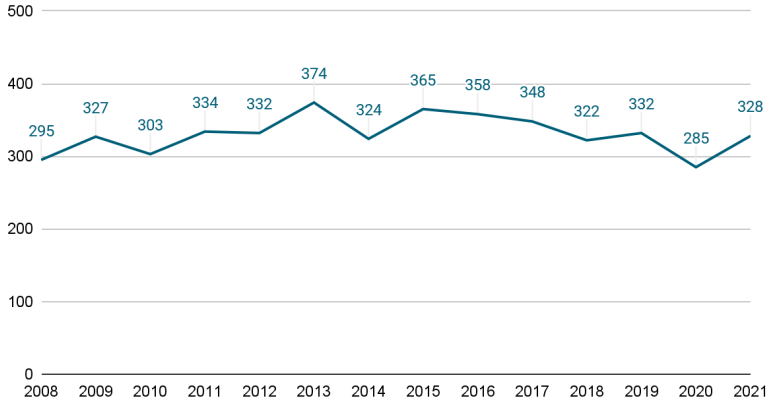
[27] https://map.aidsvu.org/profiles/county/bexar-county-tx-texas/continuum-of-care

Black	77.3% (44)	62.7% (946)	52.2% (946)
Hispanic/Latinx	81.9% (237)	72.5% (~5,000)	64.0% (~5,000)
White	71.1% (38)	71.8% (~1,000)	64.1% (~1,000)
Age in years			
Age 13-24	74.0% (73)	75.2% (245)	64.2% (245)
Age 25-34	81.0% (116)	71.1% (~1,000)	60.0% (~1,000)
Age 35-44	82.4% (85)	69.5% (~2,000)	58.8% (~2,000)
Age 45-54	83.3% (36)	72.6% (~1,000)	63.5% (~1,000)
Age 55+	83.3% (18)	70.4% (~2,000)	65.4% (~2,000)

*People diagnosed with HIV and linked to HIV care
**People living with HIV who received care
***People living with HIV who were virally suppressed

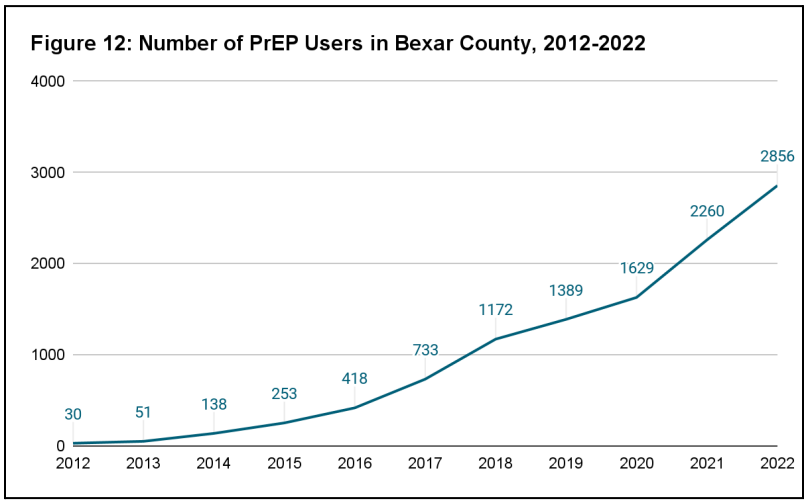
Trends over time for new HIV diagnoses and PrEP use[28] - Data source: AIDSvu
The number of new HIV diagnoses each year was fairly consistent from 2008 through 2021, though the data from 2020 and 2021 should be interpreted with caution due to the COVID-19 pandemic. However, the number of PrEP users in Bexar County increased from 30 in 2012 to 2,856 in 2022. Consequently, the PrEP-to-need ratio (i.e., number of PrEP users divided by new HIV diagnoses)[29] also increased during this time period from 0.09 in 2012 to 8.71 in 2022.

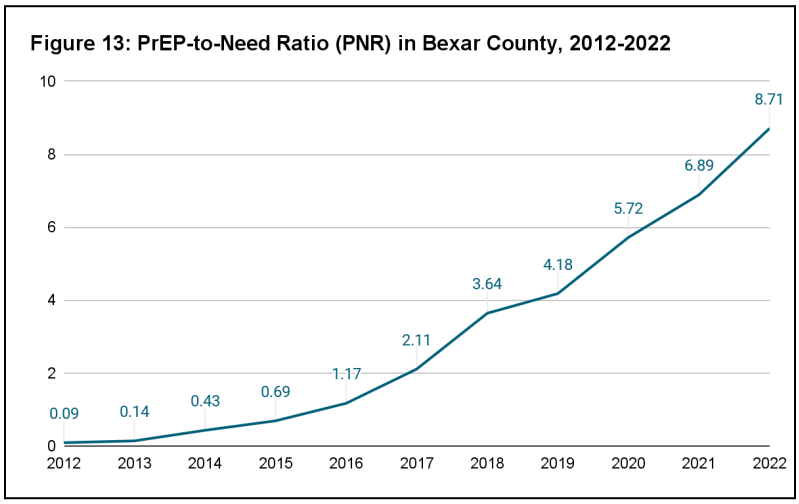
Figure 11: Number of New HIV Diagnoses in Bexar County, 2008-2021



[28] https://map.aidsvu.org/profiles/county/bexar-county-tx-texas/prevention-and-testing#1-2-PnR
[29] Siegler AJ , Mouhanna F, Giler RM , *et al*. The prevalence of pre-exposure prophylaxis use and the pre-exposure prophylaxis-to-need ratio in the fourth quarter of 2017, United States. *Ann Epidemiol* 2018;28:841–9. doi:10.1016/j.annepidem.2018.06.005

Note: HIV data from 2020 and 2021 should be interpreted with caution due to the COVID-19 pandemic





Sexually transmitted infections in Bexar County[30]

The overall rate of chlamydia in Bexar County in 2021 was 694.4 per 100,000 population. Chlamydia rates are higher in females compared to males, which could be driven by more screening. For example, in 2021, the rate of chlamydia per 100,000 population was 874.4 for females and 504.9 for males. Rates of chlamydia were also generally higher among non-Hispanic Black individuals, with the rate in 2021 being 1.8 times as high as Hispanic/Latinx individuals and 3.2 times as high as non-Hispanic White individuals. Chlamydia rates were highest among people ages 15-24 (2,643.2 per 100,000) and then among people ages 25-34 (1,391.1).

[30] https://www.sa.gov/files/assets/main/v/1/samhd/documents/health-data-statistics/sti-report-2021.pdf

Figure 14: Chlamydia Rates (Cases per 100,000) in Bexar County, 2017-2021

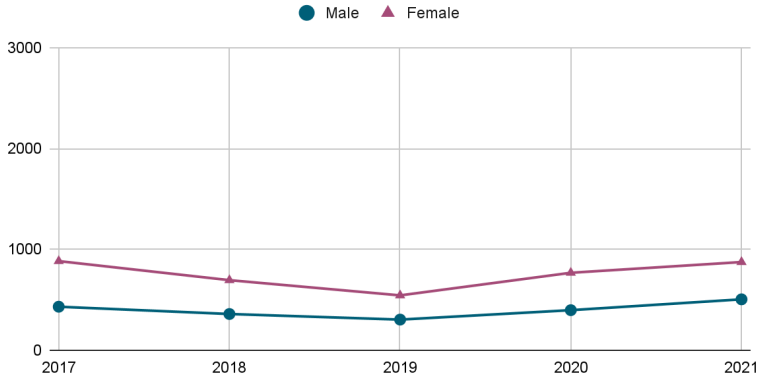


Figure 15: Chlamydia Rates (Cases per 100,000) in Bexar County, 2017-2021

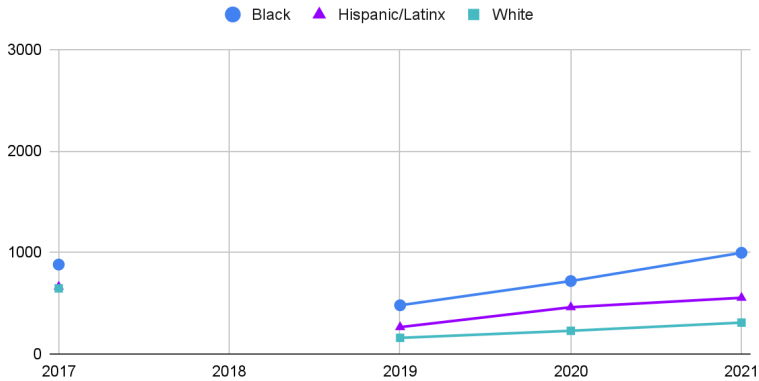
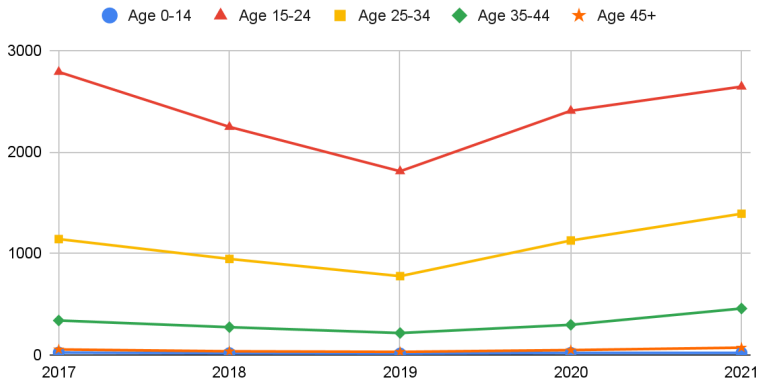


Figure 16: Chlamydia Rates (Cases per 100,000) in Bexar County, 2017-2021



Gonorrhea rates

There were 6,749 reported cases of gonorrhea in 2021 in Bexar County, corresponding to a rate of 332.8 cases per 100,000 population. The gonorrhea rate is higher in males than in females. In 2021, the rate for males (367.8) was 1.2 times as high as the rate for females (295.7). Rates of gonorrhea are also higher among non-Hispanic Black individuals. In 2021, the gonorrhea rate among non-Hispanic Black individuals was 718.3 compared to 266.3 for Hispanic/Latinx individuals and 179.6 for non-Hispanic White individuals. Gonorrhea rates were also highest among people ages 15-24 (886.4 in 2021) followed by people in the 25-34 age bracket (785.2) and then the 35-44 age bracket (378.6).

Figure 17: Gonorrhea Rates (Cases per 100,000) in Bexar County, 2017-2021

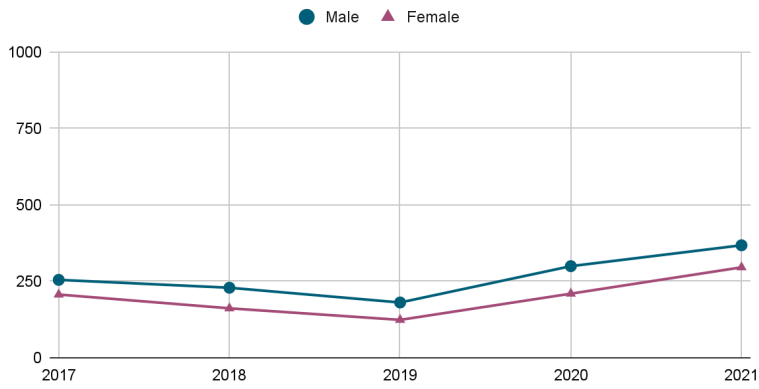


Figure 18: Gonorrhea Rates (Cases per 100,000) in Bexar County, 2017-2021

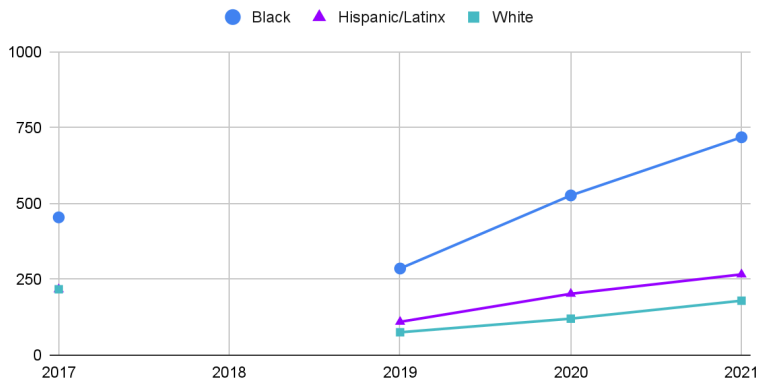
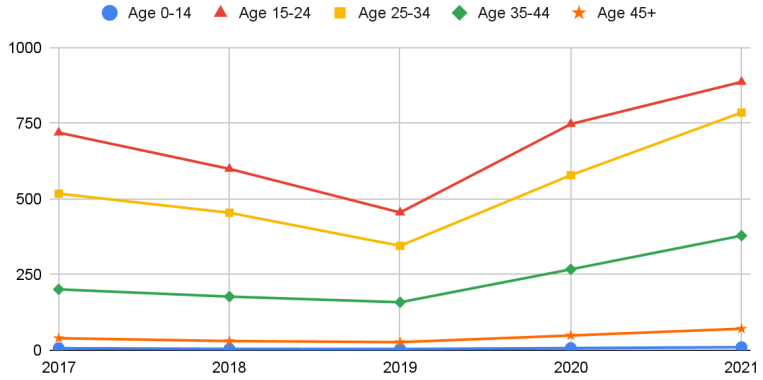


Figure 19: Gonorrhea Rates (Cases per 100,000) in Bexar County, 2017-2021



Primary and secondary syphilis rates

There were 470 cases of primary and secondary syphilis in Bexar county in 2021, corresponding to a rate 23.2 per 100,000 population. Males (34.4) had 2.8 times the rate of syphilis compared to females (12.1) in 2021. The primary and secondary syphilis rate was also higher in non-Hispanic Black individuals (40.5) than in Hispanic/Latinx (21.2) and non-Hispanic White individuals (20.9). Primary and secondary syphilis rates were highest among people ages 25-34 (52.0) followed by people ages 15-34 (38.3).

Figure 20: Primary and Secondary Syphilis Rates (Cases per 100,000) in Bexar County, 2017-2021

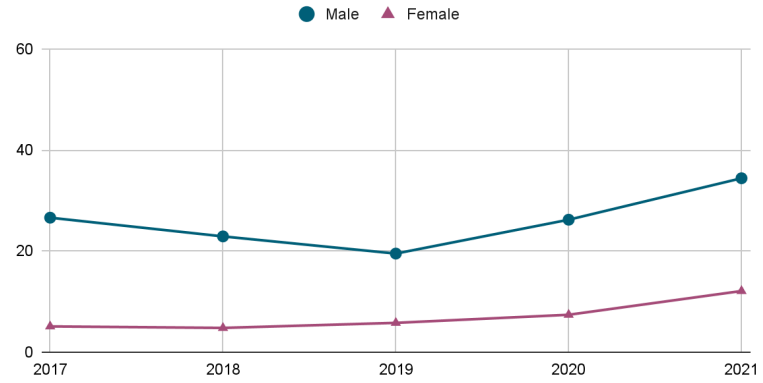


Figure 21: Primary and Secondary Syphilis Rates (Cases per 100,000) in Bexar County, 2017-2021

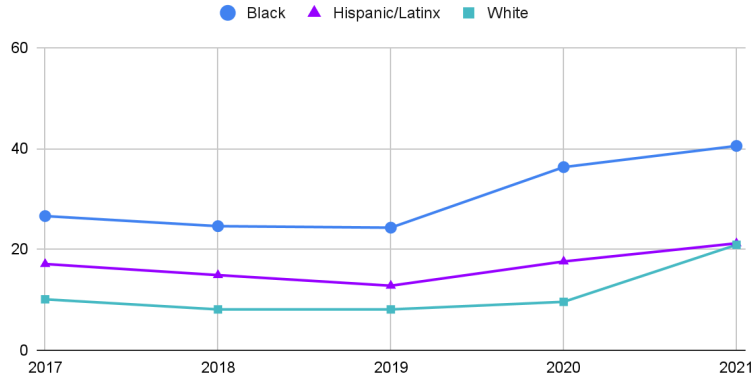
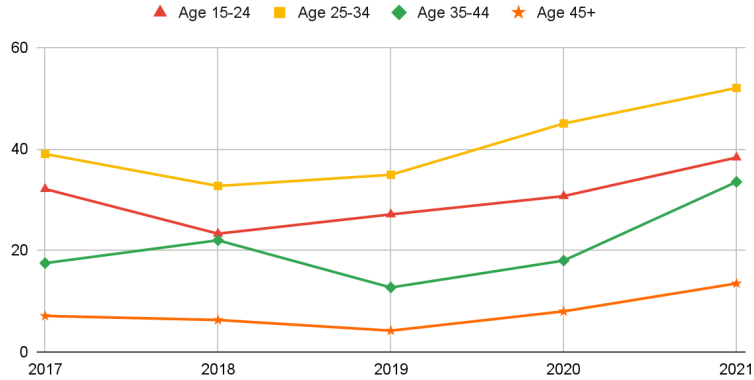


Figure 22: Primary and Secondary Syphilis Rates (Cases per 100,000) in Bexar County, 2017-2021



DATA SYSTEMS

In July 2020, University Health transitioned their electronic medical record (EMR) to **Epic**, also used by UT Health San Antonio, facilitating efficiencies and improved care for individuals across systems and entry points into care. The **Epic Compass Rose** module is designed for comprehensive care coordination and provides the ability to screen for and assess social determinants of health to facilitate effective referrals for social and support services. Social work teams at University Health have begun using Compass Rose and FFACTS Clinic staff have been working on modifications to meet their needs with an expected late summer 2024 launch.

As previously noted, Texas has transitioned from ARIES to TCT as the statewide HIV services data system. University Health has been using **e2SanAntonio** since April 2023 to manage HIV related health data. This local custom software captures RWHAP data and HRSA-funded EHE data across recipients and subrecipients. e2SanAntonio does not currently capture prevention data or clients without an HIV diagnosis. Subrecipients manage their own EMRs and then import data into e2SanAntonio for reporting RWHAP and EHE data to University Health.

Agencies funded by DSHS for HIV prevention submit data through **EvaluationWeb** and submit progress reports directly to DSHS.

GAPS IN SERVICE COORDINATION

- Limited CDC-funded prevention programs in Bexar County
- Limited services in rural areas of the TGA requiring travel to Bexar County for services
- Texas has not expanded Medicaid, limiting health and support service resources for non-elderly adults without children
- Provider training in LGBTQ+ care, LGBTQ resources, and LGBTQ+ sensitivity, anti-bias and stigma training
- While Metro Health has processes in place to confirm linkage to care for ART and PrEP, there is not currently a process to confirm receipt of support services after a referral.
- Challenges for priority populations
    - **Hispanic men >24 years old:** fear of isolation, rejection, homophobia in Hispanic culture, religious rejection, low literacy, language, HIV not being a priority health concern, fatalistic attitudes that support not getting into treatment, fear that their undocumented status will subject them to legal interventions, loss of sanctuary cities status, mental health, substance abuse, and possible deportation.
    - **Black men >24 years old:** social stigma, denial, lack of awareness of risk, low literacy, complacency, fear of religious rejection, lack of advocacy in the Black community, unwillingness to discuss HIV and same sex relationships, mental health, substance use, perception that HIV is easily managed and not a big deal
    - **Young MSM of color:** fear of isolation, rejection, homophobia, low literacy, language, HIV not being a priority health concern, fatalistic attitudes that support not getting into treatment, mental health, and substance abuse

- Potential to leverage Operation BRAVE capacity building activities to also enhance care in University Health outpatient clinics for transgender clients without an HIV diagnosis.

Section 3: Proposed whole-person framework based on epidemiological data

PROPOSED APPROACH

Building on long-standing and robust partnerships, and success in implementing patient viral hepatitis and cancer navigation models, University Health has proposed a multi-pronged approach to support whole-person care in Bexar County and advance health equity with an initial focus on **Hispanic MSM ages 18-65** for this initiative.

Funded by HRSA-23-126, University Health and subrecipient AARC will implement navigation services, provider education, community education, and outreach in an effort to broaden HIV screening and reduce stigma in health care settings and in the community. This initiative will complement existing HIV services and integrate strategies to support the social determinants of health and address the syndemic of HIV, STIs, viral hepatitis, alcohol and substance use, and mental health disorders.

While opt-out HIV testing is now routine at the University Hospital emergency department since early 2020, this initiative provides opportunities to leverage new efforts to expand partner testing and STI screening in ambulatory care settings. The University Health team is identifying the different entry points to care that will enable navigators to work with clients to assess additional medical, social, community, legal, financial, employment, and vocational needs and connect clients to whole-person services. Similarly, AARC's Health Equity clinic conducts free HIV/STI/ HCV testing, offering an opportunity to screen for additional needs; develop and monitor an individualized plan; and connect the client to whole-person care and services. Entry points include internal referrals from University Health clinics, the emergency department, and other AARC services, as well as external engagement through outreach events, community organizations, support groups, and social media platforms.

Eligibility for non-medical case management services

- 18-65 years old
- Reside within the San Antonio TGA - within the following counties
    - Bexar (priority)
    - Comal
    - Guadalupe
    - Wilson

Must fulfill criteria as defined by the following tiers:

Tier 1 Must meet **at least one** of the criteria below	**Tier 2** Must meet **at least two** of the criteria below
• Engaged in sexual health behavior(s) within last 12 months that puts individual at increased risk for HIV and STIs; examples: ○ *Condomless sex* ○ *Multiple sex partners* ○ *Having sex while under the influence of drugs and/or alcohol*	• Currently receiving or in need of mental health services within last 12 months
	• Has experienced housing insecurity within last 12 months; examples ○ *Unhoused/houseless/homeless* ○ *Non-permanent housing (shelters, couch surfing)* ○ *At-risk for eviction*
• Injection drug use within the last 12 months ○ *Share needles, syringes, and other injection equipment*	• Has not received an STI/HIV screening in last 12 months due to ○ *Cost* ○ *Lack of access* ○ *Stigma*
• Tested positive for an STI within the last 12 months	• Diagnosed with a substance use disorder in the last 12 months and/or actively misusing substances
• In last 12 months have exchanged sex for housing, financial needs, or other life necessities	• Has been incarcerated within the last 12 months

KEY ACTIVITIES

With a primary focus on **navigation services** — or non-medical case management — for individuals who would benefit from holistic prevention services, University Health and AARC will expand existing navigation services.

University Health has a lead navigator and has hired two new patient navigators for the initiative, with AARC having hired a third navigator. Training for new hires includes trauma-informed care, motivational interviewing, RWHAP Standards of Care, HIV Project ECHO, DSHS HIV modules, and medication assistance programs. Navigators will also be trained in social determinants of health and professional development in healthcare through University Health's virtual training platform. Navigators across both agencies will also participate in on-site training at both the University Health FFACTS clinic and the AARC clinic. To share lessons learned and support ongoing bidirectional learning, navigators will have regular check-in meetings to discuss client caseload, make adjustments as required, and share best practices. Throughout implementation, navigators will participate in ongoing data collection, management, and quality improvement activities.

Navigators also play a role in helping to identify resources for public and private health coverage, payment assistance for medications and co-payments, and other programs for which clients may be eligible including Department of Labor or Education-funded services, and other state or local health care and supportive services.

Among their duties, navigators will work with clients to develop and monitor individualized care plans, track referrals, and identify sources of social support. To support individuals transitioning back into the community, navigators may also work with Bexar County Jail to ensure linkage to PrEP, mental health and substance use services, and other support services.

The **provider education** component of this initiative aims to enhance HIV/STI/HCV screening, expand PrEP/PEP, and promote strategies for stigma reduction. **FFACTS Clinic pharmacists** are experienced with screening and approaches that support whole-person care, as well as developing and delivering provider education. They will lead content development and deliver training to providers onsite and remotely. There are also opportunities to leverage existing resources to support these activities. For example, the pharmacists will be able to incorporate content and strategies that have been part of Operation BRAVE training focused on enhancing care for transgender clients.

For this program, the **University Health lead navigator will coordinate** provider education among Bexar County safety net providers and then identify opportunities to expand to other providers with the goal of reducing stigma and enhancing services for clients across the TGA.

The **AARC navigator** will coordinate a Bexar All-Inclusive **symposium series** focused on reducing stigma and promoting whole-person strategies. The first symposium to take place in year two will focus on providers.

EVALUATION PLANS

Evaluation of navigation services will align with the data collection plans for the multi-site evaluation. In addition, Dr. Carey Suehs, PhD, lead evaluator and data manager for the Bexar All-Inclusive project, will work with local site staff with guidance from the JSI evaluation team to determine if there are additional measures to track on the local level that are not a part of the multisite evaluation. Data from University Health will regularly be extracted from the Epic system and AARC will send data to Dr. Suehs on a monthly basis. Dr. Suehs will combine the files and upload them to the JSI REDCap. In addition to uploading to REDCap, Dr. Suehs will use a copy of the exported data for local exploratory analyses.

Prior to implementing this plan, University Health and AARC need to compare data collection tools to determine which measures are available and harmonizable across both entities. While some client data from AARC are entered into EvaluationWeb and eClinicalWorks (ECW), AARC initially collects data through Microsoft Forms. Therefore, a system will also need to be

developed to extract data from the individual AARC files. The procedure for sending data from AARC to University Health also needs to be formalized.

In order to have a record in Epic, a person must engage as a patient in the University Health system. Consequently, the team needs to develop a system for tracking engagement and contacts prior to entering the University Health or AARC records as a client.Within the University Health system, Epic Compass Rose will be used to track and confirm referrals. The team is working to refine processes to collect and report referral data, including confirmation of referrals, and develop processes to collect referral data from AARC.

A local site evaluation plan will be developed to evaluate the provider educator program and the symposium program.

LEADERSHIP BUY-IN

Both University Health and AARC leadership, including their Board of Directors, are committed to delivering whole-person care and services that promote overall health and wellbeing. The Principal Investigator for this project, Dr. Anna Taranova, holds multiple leadership roles within the University Health system, which facilitates organizational support and investment of resources to move the initiative forward. This funded project enables both organizations to establish systems and processes to institutionalize whole-person care for people who would benefit from HIV prevention services.

COMMUNITY AND STAKEHOLDER ENGAGEMENT

University Health and AARC staff participate in local HIV planning initiatives as previously described. Staff are also engaged in and lead community efforts, facilitating opportunities to gather feedback and promote whole-person activities. Both agencies have mechanisms in place to obtain client and community feedback, which will need to be tailored to inform continuous improvement efforts for a whole-person approach focused on the prevention pathway.

AARC completes yearly evaluations and receives community input annually through community evaluations. Additionally, University Health distributes stigma surveys on college campuses, community events, and with partners.

Section 4: Summary: strengths and challenges

Overall, University Health is a comprehensive health system with services in place to support broad community health needs and as the Administrative Agency and RWHAP recipient, University Health has a rich history serving the needs of people with HIV.

Many systems are in place to support RWHAP service delivery. Lessons and relationships from RWHAP and prior initiatives (e.g., focused on housing and employment; viral hepatitis) can be leveraged to support whole-person care. To support this initiative, systems need to be updated to include provision of sexual health and support services for those without an HIV diagnosis.

Based on discussions with AARC and University Health teams, the SNAP ETAP team identified the following areas as strengths and challenges aligned with and organized by the six domains of JSI's PCC framework.

Identified strengths to support implementation of a whole-person approach

- System level
    - Service design and delivery
        - University Health has the ability to leverage existing infrastructure and processes, including outpatient primary care clinics and routine HIV testing protocols, to identify new clients.
        - AARC has systems in place to support whole-person care as they have been delivering prevention and care services and have established community partnerships. There is an opportunity to examine opportunities across prevention and EIS to identify gaps and opportunities to improve processes for whole-person care delivery.
    - Policy and Financing
        - University Health regularly reviews and updates standard operating procedures; systems in place to review and update with whole-person language as appropriate.
        - AARC has established policies and procedures that support the initiative and that can also be updated to incorporate whole-person language.
    - Monitoring, learning and accountability
        - University Health is rolling out Epic Compass Rose, a comprehensive care coordination application. Compass Rose will help assess social determinants of health, identify eligible clients, and support client engagement, referrals, and confirmation of referrals. The team is actively engaged in the development of the Compass Rose application and internal Epic staff will provide training prior to implementation.
        - Strong evaluation staff and IT capacity at University Health
        - AARC completes yearly evaluations and receives community input annually through community evaluations.

        - University Health distributes stigma surveys on college campuses, community events, and with partners.
    - Leadership and governance
        - AARC's Executive Director and the Board are supportive of the initiative and have been discussing opportunities to incorporate whole-person care and services for some time.
        - The Bexar County elected judge is in favor of the program and the office is a large supporter of public health initiatives.

- Service delivery level/Client level
    - Monitoring, learning and accountability
        - Staff are engaged in the development of the Compass Rose application, which will support service delivery and data collection.
    - Workforce environment support and development
        - University Health supervisory staff have frontline, client-facing, community experience, which will enable them to better support navigators.
        - The new AARC navigator role will coordinate with and be supported by the EIS and health equity programs and staff.
        - University Health and AARC staff have strong connections to other community organizations and HIV prevention and care initiatives
        - Staff assigned to this initiative are well connected within University Health and AARC and in the community.
    - Point of care access and experience
        - University Health is a comprehensive health system with services in place to support broad community health needs.
        - All AARC sexual health services are delivered internally and are fully operationalized with policies and procedures for DoxyPEP still being refined.
        - AARC has fully operationalized services delivered internally around reproductive health, transportation, insurance navigation, gender affirming care, translation/linguistic services, and education services; and initiated new partnerships within the last year. They refer to external partners for: housing, mental health, substance use, food assistance, intimate partner violence, oral health, legal aid, emergency financial assistance, employment services; harm reduction, and SSPs.
        - AARC has established processes to ensure warm handoffs on site to other services; and in the mobile testing setting, information is gathered to test and support linkage to care.
        - The FFACTS clinic now offers PrEP services for those who are insured and who lack health coverage. This provides an opportunity to reach partners of RWHAP clients who receive care at the FFACTS clinic.

Identified challenges/gaps that threaten implementation of a whole-person approach
The challenges identified below emerged from the readiness tool assessment and apply to both University Health and AARC; these are areas of focus for this project.

- System level
  - Service design and delivery
    - Document workflows and expand standard operating procedures to incorporate navigation to sexual health and support services for clients who would benefit from prevention services.
  - Policy and financing
    - Identify revenue generation strategies and other funding sources for sustainability.
  - Monitoring, learning, and accountability
    - Identify efficiencies in data collection and evaluation processes.
    - Establish an intentional process to obtain community input and ongoing feedback specific to whole-person care as it pertains to the prevention pathway for people not living with HIV.
    - Identify processes to obtain intentional and ongoing client input and feedback on program implementation.

- Service delivery level/Client level
  - Workforce environment support and development
    - Identify strategies to support hiring staff with lived experience. Boilerplate language in job descriptions and human resources requirements may limit or discourage individuals with lived experience from applying for positions.
    - Establish strategies to supervise and support staff to minimize turnover.
  - Point of care access and experience
    - Establish processes needed to confirm receipt of support services, particularly when delivered by an external partner.
    - Identify strategies to work with providers to reduce stigma.

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SNAP ETAP
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