

**HAB You Heard Webinar**  
**November 19, 2020, 3:30-4:30 PM ET**

Coordinator: And thank you for standing by. At this time all participant's lines are in a listen only mode. This call is being recorded. If you have any objections you may disconnect at this point. Now I will turn the meeting over to your host, Dr. Laura Cheever. You may now begin the conference.

Dr. Laura Cheever. Thank you. And good afternoon and welcome to the Health Resources and Services Administration's HAB You Heard webinar, our monthly update from the HIV/AIDS Bureau.

I'm Laura Cheever, the Associate Administrator for the HIV/AIDS Bureau, the HAB in HAB You Heard. And I'm joined today by Captain Tracy Matthews, Deputy Director for HAB's Division of Policy Data; Heather Hauck, HAB's Deputy Associate Administrator; Dr. Susan Robilotto, Director of HAB's Division of State HIV/AIDS Program; Chrissy Abrahms-Woodland, Director of HAB's Division of Metropolitan HIV/AIDS Program; and Captain Jeanean Willis Marsh, Director of HAB's Office of Program Support.

We're so glad you could join us for this afternoon's webinar. Next slide. We once again have a full agenda for you today, including a refresher on the examples of uses of CARES Act funding; (unintelligible) guidance on purchasing mobile technology with CARES Act funding; preparing for the future COVID-19 vaccinations as well as preparing for flu season.

We will also share HIV/AIDS Bureau updates including highlights of our upcoming World AIDS Day activities. We're also excited to have three presentations today. Joining us is NASTAD who will highlight tools from the Informed Approaches Toolkit; the Ryan White Part A recipient from the San

Antonio Texas (TGA) who will highlight their efforts around reengaging clients back in the healthcare during COVID-19; and the Ryan White Program's New England AIDS Education and Training Center at the University of Massachusetts Medical School. Next slide.

As we begin with several COVID-19 updates this afternoon, I'd like to give our continued appreciation to each of you on today's webinar, for your unwavering support to provide HIV care and treatment during this trying time. Your dedication during the COVID-19 pandemic emergency, especially as we head into this very difficult winter, continues to inspire us. So thank you once again. Next slide.

Over the last several HAB You Heard webinars, we've discussed the importance of Ryan White Program recipient and providers drawing down your CARES Act funding. Following these discussions we've continued to receive questions from our Ryan White HIV/AIDS Program recipients about allowable uses for CARES Act funding.

We wanted to do a brief refresher about examples of CARES Act funding, uses with our Ryan White CARES Act funds. Next slide. I know many of you have seen this slide before, but at a high level, the purpose of the CARES Act funding has three main areas of focus. The first one is prevent - intended to promote practices to reduce the risk and transmission of the virus.

The second area of focus is prepare, which is aimed at enhancing the ability of our grant recipients to respond to the COVID-19 pandemic. And the third area is respond, which bolsters the capacity of a recipient to test and treat the limits and spread of the virus. Next slide.

The next few slides provide examples of allowable uses of COVID-19 funding. The first list focuses on examples of uses of funds in the prevent focus area. I'm not going to read every bullet on this slide. It is important to note that the list is not exhaustive as there are other allowable uses of funds consistent with the terms and conditions of your award.

I also want to note that we know many of our Ryan White Program recipients have been trying to (unintelligible) for several months now, to support your program efforts around increasing testing, telehealth expansion, mobile device purchases and supporting mental health and behavioral health needs of staff and clients.

And we really do truly appreciate your continuing to share those examples of best practices with us. Turning to this slide, under the bucket of prevent, examples of uses of the funds can include performing outreach and providing Ryan White clients information on hand hygiene, cough etiquette, COVID-19 transmission, delivery of culturally appropriate training and education for COVID-19 prevention practices and behavioral health and coping strategies, as well as purchasing cleaning supplies. Next slide.

Under the Prepare bucket this is really designated to enhance your readiness training and services to respond to COVID-19. These activities can include reviewing, updating, implementing emergency response plans, providing training for all staff on infection control procedures, training staff, establishing and designating separate spaces for clients and providing clinical consultation on the management of occupational exposures for COVID-19. Next.

Under the category of response, these are activities to increase your capacity for COVID-19 testing, diagnosis and limiting the spread of COVID-19. You may also use funds for instance, to enhance telehealth infrastructure,

purchasing supplies, purchasing PPE, providing home delivered meals and medications when appropriate, and making minor alterations and renovations to support socially distancing for Ryan White clients.

As you can see, there are many activities for using COVID-19 funds to address the care needs of people with HIV, and we hope to continue highlighting how Ryan White Program receipts are using CARES Act funding on upcoming HAB You Heard webinars in the New Year.

Next, I'm going to turn it over to Captain Tracy Matthews, the Deputy Division Director for HAB's Division of Policy and Data. Tracy?

Captain Tracy Matthews: Thank you, Dr. Cheever. And speaking of the uses of CARES Act funding, we understand that during the COVID-19 pandemic changes in the way that care is delivered, are necessary to reduce the risk of transmission for providers and patients. As such, many providers are looking to communicate with patients and provide services via telehealth using mobile technologies.

So while the Ryan White HIV/AIDS Program recipients have been allowed to purchase mobile devices for clients before the pandemic, under the Emergency Financial Assistance or EFA service category, we heard that some recipients have experienced some administrative challenges when purchasing mobile devices under that service category.

So HRSA HAB released the following FAQ to help recipients and subrecipients when purchasing mobile devices, such as cell phones, tablets and laptops, and related connectivity costs including data plans and phone cards, to help ensure access to care. Collectively, referred to as mobile technology, recipients can purchase mobile devices and connectivity costs using Ryan White HIV/AIDS Program and CARES Act funds, as long as the

recipient or subrecipient can ensure that the costs are reasonable, allocable and needed in order to achieve the statutory purpose of the program.

We also recognize that care can be provided using mobile technology or via telehealth across the variety of HIV/AIDS Program's core medical services and support service categories. So recipients should refer to policy clarification notice 16-02, the Ryan White HIV/AIDS Program services eligible individuals and allowable use of the funds, to best determine which service category should be used to support the purchase of mobile technology.

The policy clarification notices can be found at [HAB.HRSA.gov](http://HAB.HRSA.gov) under the program and grants management tab. Next slide. We also understand that many planning councils, planning bodies and other advisory groups, are unable to meet in person, due to the pandemic. While some of these groups have been able to meet remotely, some have been unable to participate due to limited or lack of internet access and mobile devices.

Therefore, we included language in the FAQ to let recipients know that they may also purchase mobile technology to help members of these groups participate in activities with recipients, using administrative funds. I'd also like to note that you do not need to seek prior approval from HRSA before purchasing this mobile technology, but you do need to - well you also do not need to submit a budget revision as long as there is not a significant change in the scope of your program.

So you don't have to submit a new budget every single time unless there's a change in that scope or the percentage according to grant policy. Next slide. Listed here are some of the considerations for recipients who are looking to purchase mobile technologies. This is not intended to be an exhaustive list of considerations, but can serve as a starting point for recipients and

subrecipients when establishing the policies and procedures for the purchase, use and eligibility of mobile devices and connectivity costs.

So HAB recommends that recipients establish policies and procedures that include but are not limited to the following - criteria for determining which activities and services are appropriate for funding mobile technology, criteria for determining eligibility to receive mobile technology, mechanisms for tracking how mobile technology is issued, and criteria for terminating the use of mobile technology and returning the device.

So the payer of last resort requirement also applies here. In instances where mobile technology may be used for purposes unrelated to the program, only a portion of the costs incurred from the program, can be paid by the Ryan White HIV/AIDS Program.

A lot of information over the last couple of slides, so we do intend to develop technical assistance and additional resources to help recipients better navigate practices and procedures when purchasing these technologies. Now I would like to turn it over to the HAB Deputy Associate Administrator, Heather Hauck.

Heather Hauck: Thank you, Tracy. The next topic we want to briefly discuss is the administration of a future COVID-19 vaccination. We know that there are updates about the significant progress in the development of COVID-19 vaccinations and discussions of their availability in the near future. So we want to make sure that our Ryan White recipients are already planning for what vaccine administration will look like in your city, state, county, clinic or provider setting.

On this topic we have received questions from you all about whether Ryan White HIV's Program recipients can use CARES Act funding to provide COVID-19 vaccinations as well as therapies, to Ryan White Program clients. And the answer is that FY 2020 CARES Act funding may be used for the purchase and administration of FDA licensed, authorized, or approved therapeutics and vaccines.

I would now like to turn it back over to Dr. Cheever.

Dr. Laura Cheever: Great. Thank you, Heather. And while we're talking about vaccinations, I want to give a reminder about the importance of influenza vaccination, especially during this time of COVID. Protecting Ryan White HIV/AIDS Program clients, patients and communities through influenza, is critical this year and you as a provider, play an important role in ensuring clients are maintaining adherence to recommended vaccinations.

And it's particularly complicated during this time of telemedicine visits. So really (unintelligible) that how you're going to ensure that your client are getting vaccinated. Under Outpatient Ambulatory Health Services, OAHS, Ryan White HIV/AIDS Program and CARES Act funds may be used for the provision of routine immunizations including flu shots, as routine immunizations prevent unnecessary medical visits, hospitalizations and further strain on the healthcare system.

For more information about allowable uses of funds, please look at [HAB,HRSA.gov](http://HAB,HRSA.gov). I would now like to turn it over to HAB's Director of the Division of State HIV/AIDS Programs, Dr. Susan Robilotto. Susan?

Dr. Susan Robilotto: Thank you, Dr. Cheever. I am excited to introduce our special spotlight presentation this afternoon. On last month's HAB You Heard we highlighted

several resources available to support providers, clients and staff, as we all continue to navigate this challenging time.

One resource was NASTAD's trauma informed approaches toolkit. Joining us today from NASTAD is Mahelet Kebede, who will share more about this important resource and highlight some applicable trauma informed best practices to support Ryan White HIV/AIDS Program providers.

Mahelet serves as a senior manager on the healthcare access team at NASTAD. She leads the trauma informed approaches portfolio and the high intensive technical assistance and problem solving for our high pass initiative. In her role, Mahelet provides technical assistance to Ryan White HIV/AIDS Program Part B and ADAP recipients as well as HIV prevention programs.

Thank you for joining us today, Mahelet.

Mahelet Kebede: Thank you so much, Susan, for that introduction. And I want to thank HAB for having me today and just carving out space to address this important topic. Next slide please. So for those of you who are less familiar with us I just wanted to share briefly about NASTAD.

We provide capacity building assistance and technical assistance to our membership, which includes all 50 states, health departments, the six US territories and the seven CDC directly funded jurisdictions. We work with these folks through technical assistance - through the types of technical assistance that ranges from ADAP to SSPs, to PrEP. Next slide please.

So as Susan mentioned, what I wanted to start off with today, was sharing a bit about the trauma informed approaches toolkit. So as many of you

probably know, applying a trauma informed lens is a critical tool to address the HIV epidemic in the United States.

Now NASTAD developed this toolkit in 2018, to assist health departments, specifically Ryan White HIV/AIDS Program Part Bs and ADAPs, as well as a service organization and HIV clinics. The toolkit equips administrators and providers at all levels of service with approaches to realize, recognize, respond to, and resist the impacts of trauma in people affected by HIV.

In the toolkit we cover the basics of trauma, provide an overview of the impact of trauma in people living with HIV, describe trauma informed approaches and strategies and provide practical steps for Ryan White HIV/AIDS Program Part B recipients and HIV providers in organizations to develop and operationalize a plan for delivering trauma informed prevention and care services. Next slide please.

I'm not going to walk through this in much detail, for time's sake, but you can find the details in the toolkit about this trauma across the HIV continuum image. I do want to flag for you all that clients are experiencing trauma, re-traumatization and triggers as they engage with the Ryan White Program across the entire continuum.

Now I also want to mention here that this is not new to the Ryan White HIV/AIDS Program. This is something that happens in the broader healthcare system. It's important you take the time to understand where and how your services can be more trauma informed and really feeling centered. So I encourage you to closely review this part of the toolkit. Now - next slide please. Thank you.

Now another type of trauma that I want to note is vicarious trauma. This is the type of trauma that can and does often occur in providers as a result of bearing witness to the experience of trauma in others, namely clients. It's my understanding that this is actually a part of the reason that I was invited here today, because of the stress, burnout and vicarious traumatization that many of you are experiencing as a result of the COVID-19 pandemic. Next slide please.

So with that in mind, I just wanted to take a moment and - to acknowledge and decipher the difference between these two, vicarious trauma and burnout. It is likely that many of you and your colleagues are experiencing both of these. It's just important to decipher between the two in my opinion, because the root cause for the two are different.

Therefore, you may want to address them differently. And without spending too much time on it, the main thing that I wanted to underscore is that vicarious trauma is experienced by bearing witness to another person's trauma versus burnout, which you can experience if you don't have any clients. Right? Folks who work in grocery stores, folks who work in tech, folks who work in housekeeping or maintenance services, also can experience burnout. So I just wanted to denote that. Next slide please.

So now moving along to the how to section or how to guide of the toolkit. Now what you'll notice for those of you who aren't familiar with the toolkit, is that the first half is really the understanding and the foundational piece of trauma and trauma informed approaches. And the second section, which there is an overview that you're seeing right now on your screen, provides the how to guide, which describes eight modules that are based on Trauma Informed Oregon's roadmap to trauma informed care.

Now each of these modules has a page or two in the toolkit and it includes considerations, tools, actions and examples, from HIV service entities. What is important to remember as you navigate through this trauma informed process, is that - or becoming trauma informed process, I should say, is that it's neither a dependent nor a linear process.

Depending on your setting or readiness level, some of the activities may not be applicable. And I want to underscore that becoming trauma informed for your agency to become trauma informed specifically, it's not a quick fix that can be done overnight.

Rather, it's a slow moving process aimed at creating sustained culture change within every person in a system. So bear in mind that this toolkit is not going to provide you all the immediate relief that I think many of you probably need. This process that is covered in the toolkit, focuses on the systems, structures and culture changes that need to be made so that providers and clients and staff in general, are not triggered or re-traumatized to begin with.

So that when you sandwich the day to day challenges of running a Ryan White HIV/AIDS Program part with a global pandemic or another natural disaster, or large challenge, you'll already have a more responsive and supportive system of care, which brings me to my next point. Next slide please.

It's important for folks to stay ready so you don't have to get ready. I'm sure many of you have heard of that saying before. What I just provided an overview of is really the sweet spot of proactivity that is the gold standard. That's where we would all love to be. Of course, this is not always realistic considering all of the competing priorities that I'm sure you're constantly balancing.

When the pandemic first hit, we at NASTAD surveyed our membership about what their needs were. And I suggested we check in on mental health and behavioral health support needed, because I just knew that it was alive in the midst of all things, a pandemic. And we actually didn't hear from many folks that this was a priority at that time.

And what I thought to myself was, is that it's only a matter of time. It's not if mental health, behavioral health and other stressors, are an issue. It's a matter of when they become an issue. So let's talk about the ways that we can address the more acute stressors that you all likely need to attend to immediately. And I'm just going to have a few ways to handle these, both with staff internally, and with client externally. Next slide please.

So first is self-care. When we talk self-care, we tend to make it a personal responsibility conversation and I want to note that it's not totally fair to ourselves or to others, to approach it in this way. We all operate within systems and as I previously mentioned, if the system is not supportive of healing it's hard to heal within them.

So when we talk self-care we also have to talk about a culture of self-care. So things like are the staff encouraged to take time off for self-care? And then do they have permission to use "sick time" to do so? How is leadership modeling self-care? Is there performative encouragement of self-care where people are told to do it but then demands for productivity don't remain flexible?

So keep in mind that - and consider this when approaching self-care and encouraging staff, to make sure that they are doing what they need to be doing, whatever that looks like for them, in order to make it through this pandemic safely and in a healthy fashion.

Now this poster that you all are looking at is from University of Buffalo. It's something that you can hang in your agencies or during these remote times. You can even email it to staff to affirm them if they're already engaging in self-care. And also to encourage them and offer some ways for them to engage in self-care if they're not already doing so. Next slide please.

Now this client poster again, is something that you can hang in your agency, put in a waiting area for those of you who are service providers, or send out. Now what it does is helps to put language to what your clients may already be feeling. A lot of the issue around trauma is that it is mystified.

And demystifying it in and of itself, letting them know that they're not alone, normalizing these feelings, and then juxtaposing that with all of the hopeful ways that trauma can be addressed and that healing can be achieved, it just helps to affirm and remind them that the grass is greener on the other side and that there actually is another side. And so I encourage you all to consider hanging something like this in your agencies. Next slide please.

All right. So finally, trauma informed supervision - I'm going to zoom through this because I'm out of time. This is just something for you all to be mindful of, the concept of trauma informed supervision. For those of you who are not familiar with it, I encourage you to just research online. I've linked and provided a few resources here. But there is so much that is available online.

This specific one that I'm sharing now from Trauma Informed Oregon, is about attunement and provides suggestions on how you as a supervisor, can ensure that you're present both physically and mentally, to support your staff. Next slide please.

So these are just a few resources that I want to share with you all. And I know you'll receive these slides in follow up. In general, what I want to close with is just sharing a reflection. What we've heard from a lot of folks is that just creating a space to talk through the challenges of this pandemic, both the challenges folks are experiencing with clients and personally and then troubleshooting those with one another as a team, and crowd sourcing solutions, is really what sounds like it's helping folks the most.

No one understands what you're going through better than your colleagues. So whenever possible, wherever possible, whether it is in your standing meetings or maybe adding a weekly huddle to your schedule, to connect and support one another, is of the utmost importance. Thank you again, for having me. And please feel free to chat me any questions. Back to you, Susan, I believe.

Heather Hauck: Thank you, Mahelet, for that great presentation. This is Heather Hauck, Deputy Associate Administrator for the HIV/AIDS Bureau. It's such an important and critical resource during this challenging time.

So we're now going to turn to some important HIV/AIDS Bureau updates. I would like to begin with this s- with a very important observance for HRSA and for the HIV/AIDS Bureau and for all of you, which is World AIDS Day. So on December 1st, HRSA will join the HIV community to commemorate World AIDS Day.

And as many of you are aware, the 2020 theme is Ending the HIV Epidemic, Resilience and Impact. The observance proceeds HRSA the opportunity to bring attention to the HIV epidemic, provide guidance on where to access

HIV testing, care and treatment, show support and commitment to those living with the disease, and remember those who have died from HIV and AIDS.

So to recognize this important day this year, we invite you to attend HRSA's World AIDS Day 2020 Virtual Commemorative Event on December 1st, from 11:00 am to 12:00 pm Eastern Standard Time. The virtual event will be held on Adobe Connect using the URL that is on this slide and we'll also be sending it out through other communication channels.

Through the art of storytelling, this event will highlight HRSA's role in its Ending the HIV Epidemic, a Plan for America initiative. And recognize the 30th Anniversary of the Ryan White HIV/AIDS Program as people with HIV share their personal stories of resilience and the impact of the program on their lives. All HRSA recipients, national, state and local stakeholders, and federal employees are invited to attend this event. Next slide.

In addition to the virtual event, the HIV/AIDS Bureau invites everyone on today's webinar and everyone in your network, to participate in our HRSA-initiated Twitter thread campaign. The thread will begin on Tuesday, December 1st and will continue through December 9th. HRSA has created the hashtag, #HRSAHonorWAD for World AIDS Day, which is intended to promote awareness about HIV World AIDS Day and the Ryan White HIV/AIDS Program's role in ending the HIV epidemic.

Over these nine days of the Twitter thread, HRSA's Twitter handle, @HRSAgov will send four messages tied together by their connection to World AIDS Day. We encourage you to please consider jumping on the HRSA wagon and posting your own content to HRSA's Twitter thread that focuses on your program's goals and accomplishments.

Your content does not need to (unintelligible) directly to HRSA's Twitter content that day. We also encourage you to comment on, like and retweet the post. So I would like to now turn it back over to Captain Tracy Matthews. Tracy?

Captain Tracy Matthews: Hi Heather. That's so exciting. Another exciting annual directive for the Ryan White HIV/AIDS Program is the release of our latest client level data. So around World AIDS Day the HIV/AIDS Bureau will be releasing our 2019 Ryan White HIV/AIDS Program Annual Client Level Data Report. As part of this effort, the HIV/AIDS Bureau will host a special edition of our HAB You Heard webinar titled HAB You Heard about the 2019 Ryan White HIV/AIDS Program Data, on December 9th from 2:00 to 3:00 pm Eastern Time.

HRSA HAB wants to thank you for your data submissions. The client level data report and webinar will show how your contributions impact on the outcomes of the Ryan White HIV/AIDS Program at the national, state and EMA TGA level.

So this virtual event on the HAB You Heard about the 2019 Ryan White HIV/AIDS Program Data, will be held on Adobe Connect. And all Ryan White HIV/AIDS Program recipients, subrecipients, stakeholders and federal colleagues are invited to participate.

For our next update I'd like to turn it back to Dr. Cheever.

Dr. Laura Cheever: Thank you, Tracy. We wanted to share a quick update on the HIV/AIDS Bureau community engagement effort. We're continuing our planning to resume the community engagement listening sessions to discuss successes and challenges of Ryan White HIV/AIDS Program recipients, stakeholders, people

with HIV and other community members, as we continue to move forward in coordination of Ending the HIV Epidemic initiative.

Sessions will be held virtually starting early 2021 and we look forward to sharing additional details with you on the HAB You Heard webinars. I really want to reiterate that we take this community input very seriously. Many of the initiatives that we've produced this year have come directly from input we receive during the community engagement.

I'll now turn it back to Heather Hauck for our last update.

Heather Hauck: Okay. Thank you, Dr. Cheever. So the last update is the HIV/AIDS Bureau is excited to share that our Ryan White HIV/AIDS Program Living History Web site has a new look. We just updated it and put it back up online. It looks fantastic.

This Web site which provides visitors the opportunity to discover the history of the Ryan White HIV/AIDS Program and the incredible progress the program with your hard effort and work, has made over the last 30 years towards ending the HIV epidemic. The Web site now has a new look and feel with easy to use navigation, a redesigned timeline unveiling the history of the program and quick access to the HIV/AIDS Bureau's videos.

We hope you will check it out. Check out the updated resource by visiting the URL that's on the slide. And now I would like to turn it over to Chrissy Abrahms-Woodland, the Division Director for HAB's Division of Metropolitan HIV/AIDS Programs. Chrissy?

Chrissy Abrahms-Woodland: Thank you, Heather. So as the Director for DMHAP, I'm excited to introduce our first recipient spotlight presentation. First we'll hear from

Leah Meraz with the Ryan White HIV/AIDS Program Part A recipient in the San Antonio Texas Transitional Grant Area, also known as the TGA.

Leah Meraz is the Senior Director for the Ryan White HIV/AIDS Program at University Health for the San Antonio, Texas TGA. She has been with University Health for over 13 years and has been in her current role for almost three years. Thank you so much for joining us today, Leah. I now turn it over to you.

Leah Meraz: Great. Thank you very much, Chrissy. And thank you HAB, for the opportunity to spotlight San Antonio. Good afternoon everyone. Today we're going to discuss our COVID-19 response. We'll provide some background of our institution, our current COVID numbers and highlight some actions implemented by the AA and our service providers. Next slide please.

Roberto Villarreal is our principal investigator. Within the University Health System he is our Senior Vice President and Chief Analytics Officer. And again, my name is Leah. Next slide. So we're in the Bexar County Hospital District operating as University Health which is a recent change. So we used to be known as University Health System.

We've been in the community since 1917 so a little over 100 years now, which coincidentally, was right before the 1918 influenza epidemic. Some highlights regarding University Health, is that we are the only safety net health system in South Texas. We're a Level 1 Trauma Center and have more than 8800 employees.

Regarding COVID, currently we are the number one site in the nation for the Remdesivir clinical trials. And we're also participating in the COVID-19 vaccine trials for stable HIV patients who have a CD4 count of over 200.

They would be considered for the trial and could participate if they are interested. Next slide please.

For the administrative agencies, we're located in San Antonio which is the seventh largest city in the United States. Bexar County is also the fourth most populous county in Texas. Ninety-four percent of the region's people living with HIV are in the San Antonio metropolitan area. So our demographics for the county are composed of 60.5% Hispanic which is a higher proportion than the rest of Texas and the nation. Next slide please.

You can see the map of Texas. So the dark blue area is Bexar County where San Antonio is located. The other shaded areas are the counties that we serve. So we receive funding for Part A, B, D, (HAPA) and currently completing a spin program for housing and employment. Next slide please.

These next two slides are just highlighting our funded service categories. So we have 14 core and supportive services for Parts A and B, and for (HAPA), we have demonstrative (unintelligible) support services and (unintelligible). Next slide. And this is just highlighting our Part D funded service categories. We have 13 for core and supportive services. Next slide please.

So who do we serve? We have currently 6893 people living with HIV/AIDS in the San Antonio TGA. Of those, 3653 unduplicated clients, receive Ryan White services. Our demographic for our Ryan White clients you can see, mirror what our county numbers are. For Hispanic, it's about 61.3%; for Black, African-American, we are at 14.8%; and the majority of our population is over the age of 45 at 53.3%.

I wanted to highlight our partners that we work with. So we have the Alamo Area Resource Center known as AARC. Black Effort Against the Spirit of

AIDS which is known as (unintelligible) or also known as (Sinthromed), the Family Circus AIDS Clinical Treatment Services, FACTS clinic, the Maverick County Hospital District and the San Antonio AIDS Foundation also known as SAAF. Next slide please.

So these were our numbers, our COVID numbers in San Antonio as of November 13th. But as of yesterday, our numbers have increased. So we have a total of 70,894 total cases with 1307 deaths. In Texas as of last week, November 16th, we had 1,039,513 cases, 19,696 deaths. And within Ryan White, within our Ryan White we have had 26 clients test positive for COVID. Next slide please.

These are just some highlights regarding our response for the Administrative Agency and for the providers. So here at the AA we have implemented COVID-19 emergency protocols. And that details how we are operating within our department. So our communication and working and how we are going to operate during this time.

We've also implemented weekly communications at the time, to providers, developed an emergency intake form and have a work from home office staff rotation schedule that we put in place and continue to operate during the county and citywide mandate. Some provider highlights - this really impressed and thankful for our providers that were able to shift very quickly to provide telehealth services.

They were all able to get that up and going within a couple of weeks. So to limit disruption within providing services. And then also developed health and safety plans for staff and clients, implemented work from home and office staff rotation scheduled.

And developed protocols for each service category so they know how to provide services safely and effectively for both the - both their team and also the clients. In (Sinthromed) they were able to offer drive-thru COVID-19 testing sites. Next slide please.

So this is a screen shot of our emergency eligibility intake form that became effective March 13, 2020. So this was to decrease the barriers presented by COVID and to assist with eligibility to be completed by the phone. So this form was for our new clients, recertification and self-attestation.

The form can be signed electronically by the client if they have a capability but however, if they don't, the agency's document system it may complete and sign the form for them. Overall, this form has been really well received by our providers and clients and have expressed what a major impact it was to help them continue services. Next slide please.

So this is a screen shot of one of our pates. It was a special administrative agency update that was created. So our planner normally sends out Friday, administrative updates. But this was implemented on the onset of COVID-19 when things were changing every day because of the newness and of course the unknown, of the virus. At the time we were getting inundated with information from our health system, from city and county officials, as well as our funders.

So this was a way for us to compile information in one newsletter instead of sending out email blasts every day on a weekly basis. So this really helps with streamlining our communication. It was also an opportunity to let our community and other service providers know the agency closures or reduced hour and services. Next slide.

So here this is one of our agencies - the Alamo Area Resource Center. So they've created a virtual room once the pandemic hit. So they utilize this room whenever possible, to decrease their risk as well as the clients'. At times they're - and still right now, working through it. There are clients that are not comfortable with telehealth or just do not have access to do telehealth, so this was able to be created to help create a softer transition between telehealth.

So the clients felt like they had the privacy by going to the agency for their appointment, but were able to maintain the necessary safety measures for all. So this agency had actually seen a unique response from their out of care clients. So after COVID-19 hit they saw an increase in activity from the number of walk-ins on a daily basis.

So the walk-ins were from their out of care clients. We believe that COVID-19 had brought in a heightened awareness and concern of their overall health, which brought them in to seek services. So as mentioned before, so these clients - a lot of these clients don't have access to phones but needed to be seen, so this is where the virtual rooms came into play. Next slide please.

So this is as picture of their lobby and they have implemented the COVID-19 protocols. So if the virtual room is not needed and they just need to speak to a case manager or check in or speak with a staff member, there's also a phone in this lobby that's available for their use. So if you go back to the virtual room, so the service categories that they mainly use it for, are mental health, substance use, case manager sessions, and walk in clients.

And they've implemented the protocol, so I just wanted to highlight a few of those. So when the clients come in, they'll be screened for COVID symptoms at the front - receptionist, using the CDC recommended screening questions. And if a client reports COVID symptoms they'll be asked to use a phone to

communicate with a staff member. They'll also be assisted with obtaining a COVID-19 test.

So a staff member will then follow up with the client and reschedule their appointment. They will also be provided a face mask if they do not have one. And in the lobby they still maintain social distancing precautions for anyone who enters in their staff.

They take temperatures using a thermometer, you know, when everyone walks in. And if the client presents with no symptoms, has no fever, then they'll be escorted to that virtual room where they'll be given instructions on how the virtual meeting will take place by the attending staff.

And after the virtual meeting, the virtual room will be clean and sanitized for - and ready for the next client that needs it. So overall, this strategy has helped maintain viral suppression rates and decreased out of care clients. They've only seen a reduction from this time last year, of 17 patients. So they're pretty much on track for where they were last year.

They are also looking at increasing engagement by informing the community through social media, about this virtual room, to help maintain connection and to make sure that people that may be hesitant to come in, that there are other options to receive care. Next slide.

So I just wanted to thank you all very much, for listening to our presentation. And if there are any questions please feel free to contact me in the email or in the chat. Thank you very much.

Woman: Jeanean, are you on mute?

Captain Jeanean Willis Marsh: No. I'm off mute now. Thank you so much. Good afternoon everyone, this is Jeanean Willis Marsh. I'm the Director of the Office of Program Support. And I am pleased to introduce to you today, Vanessa Sasso from our New England AIDS Education and Training Centers located at the University of Massachusetts, the Medical School.

And along with Vanessa, we have Dr. (Phil Balda), who will be online to answer questions or if you place any questions in the chat box, he'll be able to answer. So as many of you already know, the AETCs continue to do a lot of great work to build and strengthen the delivery of healthcare services, healthcare - I'm sorry, healthcare service and support services.

And as Mahelet mentioned, our APCs have done a really good job anticipating the increased need for mental behavioral health support in the communities that they serve. So today Vanessa is going to share with you a really wonderful program that they've established to support their aging population and folks that may be experiencing anxiety or trauma due to COVID-19. Without further ado, Vanessa?

Vanessa Sasso: Thank you so much, Jeanean. So good afternoon everyone and first, I would really like to thank Jeanean Willis Marsh and Anna Poker and HRSA HAB for providing the New England AIDS Education and Training Center, with this opportunity to present to you all today. First, I'll provide a brief overview of the New England AETC and then I'll tell you how we are using our 2020 Coronavirus Aid Relief and Economic Security or CARES Act dollars, here in New England. Next slide.

So here is a map of where the regional AETCs are located. And as you can see, we're embedded in every state and territory. We provide training,

capacity building, support and expertise along the HIV care continuum. Next slide.

And I also have highlighted where we are in New England just in case folks were wondering. But it is labeled as well. So I'm going to drill down a little bit more. The New England AETC serves the six great New England states where HHS, health service region 1, Connecticut, Massachusetts, Rhode Island, Maine, New Hampshire and Vermont. And the AETC New England regional office is located in Worcester at the University of Massachusetts Medical School, which is where I work.

And we administer the grant, we monitor program activities and report to HRSA. Next slide. So we received our (NOA) for the COVID-19 response grant in April. And after reviewing the goals of the new grant and assessing local need, we decided to develop a community of practice and learning focused on strategies to support behavioral health and support service providers on the front lines of the COVID-19 public health emergency here in New England as they strive to provide services to older, the 50 plus adults with or at risk for HIV, and really for them sees as well in care for the caregiver.

So in particular, we were seeing parallels between the early years of the HIV epidemic and the current COVID-19 pandemic. So we plan to explore concepts such as fear, stigma, social isolation, stress and trauma. And we plan to have these sessions facilitated by seasoned behavioral health professionals.

So we developed a request for proposals and our plan was to award five to the board, so current Ryan White HIV/AIDS Program recipients, to start on July 1. And so in the RFP we outlined that recipients would be expected to participate in this monthly virtual community of practice and learning or

COPL, develop written reports of their work and participate in a lessons learned webinar to be scheduled after the completion of the project, which perhaps we can come back to another HAB You Heard to share our outcomes.

So in May the RFP was released widely across New England and responses were due at the end of May. And ultimately 13 applications were received from across New England. We were really impressed by the responses and the wide range of states that were represented. And we engaged in a thorough application review; we engaged a diverse and interprofessional team to review and help us score the responses and make some new recommendations.

And ultimately, the five partner sites were notified of funding at the end of June. And then we began to work with the five sites to prepare for the sub award agreement process, project implementation. And everything commenced with our initial COPL.

We collaborated with clinical psychologists from the medical school to plan and co-facilitate the COPL sessions. And the initial session took place on September 15th. And I'm pleased to report we just had our third session this Tuesday and we'll continue meeting monthly through March, when the grant ends. Next slide please.

So here are our five partner sites. A Place to Nourish Your Health in New Haven, Connecticut; Codman Square Health Center in Dorchester, Massachusetts; Multicultural AIDS Coalition in Roxbury, Massachusetts; Family Service of Rhode Island in Providence, Rhode Island; and Maine General Medical Center in Augusta, Maine. And I just want to say a big shout out to all of them. They've been fabulous partners thus far in the project. Next slide.

So a community practice is a group of people who share a concern or a passion for something they do, and learn how to do it better as they interact regularly. And it really has been amazing to watch how quickly this group has connected. Right from the first session the group really gelled and began to tap into one another.

During the first session participants gave great feedback at the end, about how to best facilitate risk discussions and engage each other outside of the sessions. And also, at the end of the first session, one group member commented that they expected to stay connected with the group long after the project ends, which really felt great.

Another great thing to see is that participants are already encouraging each other to reflect and share what they need from each other and really what they want to get out and hope to get out of the group and their participation. And it is wonderful to see this cohesion happening, especially in a virtual format in such a short time. And again, you know, across four states. So it's really been amazing.

And we have provided members with each other's contact information and we're really encouraging them to reach out between the sessions, because they're only monthly. Next slide please. So another component of this project is care for the caregiver with a focus on self-care, resiliency and stress management.

As a part of this we are exploring concepts such as moral injury and compassion fatigue and sharing self-care strategies that are real, that have really been effective for the participants. And it has been helpful for members to know that they are not alone in this and that they are there to support one another in this public health emergency and beyond. Next slide please.

So site specific project activities are tailored to meet the specific needs of the client population that are served at each of the five sites. But there are some cross cutting themes. So two major themes here are increasing and expanding outreach and engagement and the other is provision of up to date, relevant and targeted education and resources.

So the slide here has further details of some of the activities that the sites have been engaged in. But for the purposes of time, I'm not going to read through it. Next slide please. So now I would like to highlight one of our partner sites, (ATNHA) or (unintelligible) Nursing Health, and some of the activities that they've done thus far in the project.

So they realized that their clients were facing challenges and barriers with technology, which impacted their ability to engage in services, especially during this public health emergency. So they realized that due to COVID-19 clients were really facing increased isolation and loneliness. So they hired two care specialists and they also developed and distributed a survey to assess the technology needs.

And of the 53 clients who responded, 35 did not have access to technology, internet connection, or a working understanding or a comfort with technology. So they distributed tablets to clients to increase their ability to participate in virtual behavioral health services and online support groups and other activities.

And as part of this effort, each client was contacted by one of the peer support specialists to offer assistance with connecting to the tablet and other resources, as needed. An "ah-ha" moment here was the realization that some clients

were illiterate. This was an eye opener for the site and challenged them to come up with creative ways to impart instructions.

The site created video tutorials to help clients who struggled with literacy or had challenges understanding directions to access the technology. And of the 35 clients who received tablets, 16 connected to the site (unintelligible) positively support group meetings and 20 connected to individual and group therapy sessions at the site.

Additionally, six clients were able to attend or access other community support such as 12-step meetings, other local Ryan White Program funded groups and planning council meetings. The peer support specialist created an extensive list of community support resources in the area, and this list will be continuously updated with new resources.

So all of this outreach and engagement has resulted in clients' increased access to needed services and support and increased feelings of isolation, anxiety and depression. This is one example of the excellent things coming out of this new project and I look forward to the opportunity to come back at the end of this project to tell you more about what we've accomplished. Next slide.

So just a quick - a big shout and acknowledgment to all of my colleagues that I'm working with on this project. And next slide. Last slide. Again, just thank you so much to Jeanean and Anna for this opportunity to present today. And thank you all for taking the time to listen and learn about the work we're doing here in New England. Thanks so much.

Dr. Laura Cheever: Great. And thank you for those great presentations, Leah and Vanessa. I really do appreciate the critical work you and your teams are doing both in

San Antonio and in New England, to support patient needs as well as the needs of providers. So thanks so much.

And thank you to NASTAD for all the important work you've done in that trauma informed approach. I also want to remind everyone on the next slide, of several key resources. You've seen this page before. But most ornately, for our COVID FAQs, we continue to update them regularly.

If you have some kind of questions or you think they're not clear enough, please give us feedback because we are going back at this point and revising them and making sure they're up to date given the ongoing pandemic. Next slide.

And as we mentioned earlier, next month we're going to have a special edition of the HAB You Heard webinar focused on our latest 2019 Ryan White Program client level data. You all make that program possible. So I'm very excited about it. It's December 9th from 2:00 to 3:00 pm. Let's see where we've gotten in the last year. I think you'll be impressed.

That concludes today's HAB You Heard webinar. The recording for today's event will be posted on the HAB COVID-19 Web page. As we conclude, I want to remind you all to make sure you are taking care of your families, your patients, your communities. And as we've just heard the importance of taking some time and care for yourself.

So we hope you all have a safe and socially distance Thanksgiving. And thank you all again for that vital work that you're doing. And thanks for participating in today's call. Thank you. Bye-bye.

Coordinator: That concludes today's conference. Thank you all for participating. You may now disconnect your lines. Speakers, please remain on the line with me for final line counts.

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