



IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH



**Idaho Advisory Council on HIV and AIDS
(IACHA)**

September 24 - 25, 2015

Meeting Summary Report

MEETING PARTICIPANTS

Meeting Participants: Shane Anderson, Paula Barthelmess, Jared Bartschi, Chris Bidiman, Kevin Brinegar, Sheri Cook, Lisa Kramer, Mary Linn, Andrew McCarthy, Robert Mowry, Frances Nagashima, Rick Pongratz, Gary Rillema, Rebecca Schliep, Aimee Shipman, Jamie Strain, Judy Thorne, Alex Zamora,

Facilitator: Monica Revoczi

Meeting Goal, Overview, and Ground Rules

The primary goal for the meeting was to share pertinent updates from the state and other partners, and revisit the role and structure of the group to best meet current and future needs.

Monica reviewed the agenda and process for the meeting. She presented, and the group affirmed, the following (revised from previous) meeting ground rules:

1. Start and end on time. Aim to stay for the entire meeting.
2. Stay focused.
3. Limit distractions (e.g., phones/electronics, sidebar conversations, etc.).
4. What is said here, stays here.
5. Focus on what supports the greater good.
6. Everyone is on equal ground.
7. Respect all aspects of diversity in the room. Be aware of stereotypes.
8. Honor confidentiality.
9. Practice compassion.
10. Be aware of your body language and its impact on others.
11. Participate actively! Say it *during* the meeting, not after.
12. Be open to other perspectives.
13. Listen for understanding and ask questions. Challenge your assumptions
14. Disagree openly and respectfully.
15. Use "I" statements. (For example, "I feel _____ when/because _____.")
16. Make decisions by consensus.
17. Avoid revisiting decisions unless new, compelling information becomes available.
18. Take care of your needs so you may engage fully.

Thinking Styles Exercise

Participants examined their individual thinking styles using the “Six Hats” thinking styles method. They selected and then discussed which color hats they most naturally “wear” when considering topics/issues/projects. (White = focus on facts/information, Red = focus on feelings and intuition, Yellow = focus on positive aspects/benefits, Black = focus on threats/problems/challenges, Green = focus on new approaches/ideas, and Blue = focus on process for implementation.) It was noted that all hat perspectives are vital to ensure thorough analysis of ideas and solid decision-making, and that the diversity of thinking styles present in the group strengthens its performance, particularly if understood and appreciated.

Participants’ **most and least natural thinking styles** are as follows:

NAME	Most like . . .	Least like . . .
Aimee	Green, Yellow	Red
Alex	Red, Blue	Yellow, Black
Chris	Red, White, Blue	Black
Drew	Green, Yellow	Black, Blue
Frances	Red, Blue	Green, White
Gary	Blue, White, Yellow	Red, Green
Jamie	Blue, Yellow	Green, Black
Kevin	Red, Blue	Yellow, White
Lisa	White, Red	Black, Green
Mary	White, Blue, Yellow	Black
Rebecca	White, Blue	Green
Rick	Yellow, Red	Green
Robert	Black, Blue	Red, Yellow
Shane	Blue, Green	Red

Insights/Observations

- Good mix overall in the group
- Blue, Red, and Yellow are most prevalent
- Green and Black are less prevalent
- It’s important that everyone actively participate to increase the likelihood that all perspectives/styles are represented
- This can be applied to presentations: addressing the audience’s various thinking styles can result in better connection and response

HIV, STD, and Hepatitis Program Update

Aimee Shipman

Please see Aimee's PowerPoint for details. Group members asked several questions about the new pharmacy benefits contract and pending performance measures. Aimee also noted the PrEP provider list will soon be available online. She shared that the new FOA coming next spring will include a PrEP component.

HIV Prevention Program Update

Kevin Brinegar

Please see Kevin's PowerPoint for details.

Epidemiology Profile

Jared Bartschi

See Jared's presentation for details. Please note the new terminology for describing different stages of HIV infection:

- HIV Stage 3 = AIDS
- HIV infection = HIV/AIDS

Jared invited participants to email him with any additional data questions or EPI profile suggestions.

Idaho Viral Hepatitis Advisory Council Update

Judy Thorne

Please see Judy's presentation for details. Judy also provided a map of the regional AETCs. The group unanimously supports the new goals.

Highlights from the HIV Care QM Meeting

Rebecca Schliep and Aimee Shipman

Please see the associated PowerPoint for details. Rebecca also provided information on the QI project and noted that Twin Falls is now a population of focus due to a current lack of clinical HIV/STD services in Health District 5.

Ten Minute Public Comment Period

Drew announced an evening event taking place 9/24/15 at the Bardenay restaurant downtown where Dr. Jerry Cade would provide information on Prezcoibix.

Review of New National HIV AIDS Integrated Planning Guidance

Rebecca Schliep, Aimee Shipman, and Kevin Brinegar

Please see associated PowerPoint presentations and handouts for details.

Rebecca provided information on funding updates, reviewed ACA enrollment, shared contractor changes, and reviewed PBM Implementation. Please see her presentation for more details.

IACHA Members: What is happening in your districts?

Gary shared information about District 6/7's partnership with Breaking Boundaries. Raised funds will be funneled through the District for HIV-related needs and to cover gaps in other resources. This partnership will include free testing events. He noted that increased dental needs are being seen. He also shared that the event in June, where approximately 33 tests were conducted, yielded zero positive results.

Jamie provided information about the Part C Grant administered by FMRI that includes services for referral, transportation, interpretation, dental services, and support groups. She also provided information about the SNAP account (includes assistance with emergency cash, assistance with COBRA premiums and medical expenses, food assistance funds, dental work assistance). Currently, the FMRI Emerald Clinic provided services to about 550 patients, 50 of which are from Twin Falls, 20 – 25 from Eastern Oregon, and 20 from the prisons.

Rick shared that the Genesis project is receiving an increasing number of requests for testing events. Staff turnover has been a challenge.

Shane shared that the first AIDS walk in Boise is being planned for next year.

Chris, as the new ED for ALPHA, plans to work on strengthening the organization's direction. He also shared that ALPHA will be receiving funds from HOPWA.

Asimba shared that El Ada is seeing an increase in women with housing needs. He also reported an increase in clients from Twin Falls.

Alex shared that CCJ is providing HIV testing weekly at its Health District site.

Community Planning Restructuring Discussion

The group began by reflecting on considerations that would guide the restructuring conversation:

- The need for meaningful and effective workgroup sessions
- Changing funding requirements where there are fewer opportunities for input - the opportunity for input is now more in the implementation of the received funding
- Exploring the opportunity for policy work
- Determining how to engage stakeholders statewide (conference calls are not often well-attended)
- Opportunities for developing recommendations (e.g., new FOA – can brainstorm how to support for Idaho)
- Two-way communication: determine how to get the most value for both the state and stakeholders (panel presentations have been useful)
- Other funding sources may be available to support the group
- Could hold meetings at DHW offices
- Consider coalition-building across disciplines, across the state

- Not enough prevention funding
- The need has changed
- Private sector role

The group had the following input on IACHA's role:

- Identify and work on issues/activities that energize the group and are realistic
 - Include non-IACHA members
 - Determine workgroup structure
 - Identify leads, time commitment
 - Note the temporary (versus ongoing) nature of most groups
- Technical assistance role in the community and within the group (e.g., problem-solving)
- Pursuing policy directions: local, statewide, seek examples from other states
- Providing DHW feedback here opportunities exist
 - FOA
 - Local impact/implementation feedback
 - Be creative about opportunities (i.e., if not "what," then "how")
- Consider ways to integrate other disciplines, both in terms of information brought into the meetings and engagement outside of meetings
- Examining emerging issues/trends (e.g., Medicaid expansion, chronic stress)
- Welcome the input of all attendees at the meeting
- Identify specific take-away points and report back on those at the next meeting
- Consider alternative methods for getting input

With regard to membership, group members suggested the following:

- Need clarity on who participates in what parts of the meeting meetings, decisions, etc. Revisit whether membership and other designations are still useful and the potential influence on participant continuity. Consider focusing the second day on membership integration of the information heard on Day 1.
- Determine how to make inclusion feasible:
 - Time requirement, number of meetings
 - Effectiveness of other modes of meetings
- Determine what is needed for committees/co-chairs
- Determine interest of current members, etc. in continuing participation (by email, phone, in person, other)
- Consider the impact of including spiritual leaders
- Need careful recruitment to ensure all vital voices are heard (e.g., those affected)
- Consider not requiring specific representation of participants
- Need coordination help from members (e.g., communication)

IACHA Administrative Discussion

Rebecca Schliep and Aimee Shipman

A brief overview was provided. The policies and procedures will be provided after the meeting for participant feedback and further clarification of roles.

Role of IACHA in Policy Development

The group acknowledged its potential to influence both statewide and local policy work. The following thoughts were shared:

- An IACHA coordinator role may be needed
- Policy opportunities may include:
 - Stigma letter: send a follow up letter to City Councils re: progress
 - Media: case management success stories, and coordinate with state/national events
 - Contact elected officials: visit offices to raise awareness and build relationships
- Build relationships with law-enforcement agencies
 - Provide education, specific topics could include decriminalization and clean syringes
 - Follow through on hepatitis testing of IDU-related incarcerated in jail (in alignment with the law): unfunded mandate, turnaround time of State Lab

The group listed the following past policy efforts:

“P” – Statewide

- Letter to dentists
- IMA: decriminalization, Prosecutor’s office
- IDOC: inmate policy regarding participation in food preparation

“p” - Local

- Stigma: letters to City Councils
- Letter to Health Districts to thank and encourage future case management interest and activity

Discuss Public Comments (if any) and Determine Next Steps

N/A

Housing Opportunities for Persons with AIDs (HOPWA) Update

Sheri Cook

Please see Sheri’s presentation for details.

Community Outreach Counseling (COC) – Overview and Services

Paula Barthelmess

Please see the COC brochure (e-copy) provided by Paula. Paula introduced her colleagues, Wendy Perez and Laura Rainer, to the group. She also shared that COC is working to become Idaho’s go-to organization for human trafficking education.

Jurisdictional Plan Updates – Requirements and Process

Rebecca Schliep and Kevin Brinegar

Please see the associated PowerPoint for details.

Additional Business – Parking Lot, Future Topics of Interest

Follow Up Discussion on PBM

Meredith Bochenek (DHW) is assigned to working with case managers on PBM. Magellan, Idaho's PBM contractor, is providing daily monitoring of claim acceptance and denial, and prompt trouble-shooting, as needed.

It was noted that the pharmacy community may need education on the new PBM process.

At the next meeting, there will be a report on PBM performance data to date, in relation to both Magellan's and DHW's role in the process.

Possible Topics for Next Meeting

- Human trafficking
- Case management
- Conference topics shared by Lisa Kramer: chronic stress, women with HIV, trauma
- Potential for "P" and "p"
- Housing Continuum
- Genesis Project update
- Discrimination issues: Boise PD, LGBT-related hate crimes
- PrEP update (FMRI)
- Stigma and mental health professionals (ask Judy for recommended presenters)

Wrap Up

Next Steps

- 1) Revise role and membership guidelines: prepare draft and seek input.
- 2) Provide meeting report and copy of policies and procedures by 10/9/15.
- 3) Group members to send input on 2. above by 10/23.
- 4) Rebecca to send revised draft to group by 11/18.
- 5) Group members to provide additional input early December (perhaps via phone meeting).
Input will also be sought on a date for the next meeting and what topics to cover.
- 6) Reach out to those not recently engaging in the group.

Next Meeting

The next meeting may be in March or April 2016. This is to be confirmed.

Meeting Participant Insights/Take-Aways

- ✓ Good to see enthusiasm for moving forward – momentum!
- ✓ Appreciate engagement, despite current challenges
- ✓ Impressed by level of ideas generated by the group (e.g., P/p, meeting topics)
- ✓ Hopeful for the future of the group
- ✓ Update/status/revamping of IACHA for the future
- ✓ Clarification of role
- ✓ Potential intersection points and related opportunities for collaboration

Meeting Evaluation

Worked Well	Improve for Next Time
<ul style="list-style-type: none">➔ Good, supportive dialogue➔ Good information re: DHW directions➔ Increasing unity developing between DHW and the group➔ Member updates➔ Facilitation➔ Having next steps, with dates	<ul style="list-style-type: none">➔ Hearing from everyone in the group➔ Bring input from case managers➔ Members could review updates in advance of the meeting and come prepared to discuss/ask questions➔ Provide information on specific roles of members, TAs, etc. (e.g., have a handout)