

Idaho Advisory Council on HIV and AIDS

Meeting Report

May 17, 18 & 19, 2012

Submitted by:

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Preliminary Meeting - Information Sharing and Discussion (Thursday, May 17, 2012)

Review purpose of SCSN and Comprehensive Plan – Lynsey Winters Juel

Lynsey provided an overview of the purpose for each of the key planning documents for Prevention and Care. Having written plans is required by our national funding organizations to ensure accountability for funding and for activities throughout the State through the development of goals and the clarity of needs. The SCSN provides the focus on identifying and affirming the needs in the State; the Comprehensive Plan provides the focus on goals to address those needs. The focus of this May meeting will be to ensure the identified needs are reflected through goals within the State Comprehensive Plan.

Ryan White Part B HRSA Site Visit Key Points – Bebe Thompson

The 3-year Comprehensive Plan incorporates all aspects related to our constituents: Prevention, Diagnosis, Testing and Care. There are critical pieces pieces of the ACA or Health Care Reform that we do not know which may significantly impact our programs. The Supreme Court is currently considering the future of the National Health Care, the Affordable Care Act. It remains to be seen, what part of that ACA will remain. In addition, the RW Care Act is coming up for reauthorization. The current belief is that believe that Ryan White Part B and ADAP will remain, however Part C funding may not be continued or it might change how Part C operate. The Court decision is expected in June. Following this decision, we should know more about our funding and about program changes/requirements. Regardless, the Healthcare Continuation Program will be funded. ADAP likely will cover only limited medications. We are concerned about how we will pay the Medical co-pays. Currently 13 people are on the wait list. Without continuation of emergency funding or changes to the program, over 40 people (who are currently on ADAP due to Idaho receiving emergency Ryan White funding) would be put back on a waiting list in addition to the 13 already there.

In addition, depending on the results of the presidential election, there may be additional changes to the ACA and Ryan White Care Act.

Overall, the challenges to include in our planning will be:

- Lack of funds to meet the needs and serve all eligible persons on ADAP or other services
- Lack of dental care coverage
- Lack of staff and associated costs
- Requirement for Part C to be the key part of the Plan

IACHA Regular Meeting, Friday and Saturday, May 18-19, 2012

Opening Remarks and Introductions

Chris Bidiman and Bebe Thompson, IACHA Co-Chairs, welcomed everyone to the regular May meeting of IACHA.

Bebe noted that ADAP emergency funding is at risk next year, which could affect over 40 people.

HIV Prevention Update – Rafe Hewett

Rafe advised the group on the status of the Mpowerment Project RFP, the Carryover Funding and the Viral Hepatitis Carryover Funding. Following is a brief description of the updates:

The Mpowerment RFP was posted in March and awarded in mid May. The RFP was for HIV and Viral Hepatitis Funding. a.i.p.h.a. was awarded funding for a 2-year Mpowerment project, Out Loud.

Carryover HIV Prevention funding was approved in April as summarized below:

- \$11,000 – supplies for contracted agencies
- \$13,000 – testing supplies for contracted agencies
- \$12,000 – supplies for the State Lab (newer Algorithm for Lab Testing and Diagnosis of HIV)
- \$40,000 – contractual related services
- \$4,000 – Hepatitis Prevention services

Rafe also discussed Viral Hepatitis Prevention. CDC provides funding for a part-time Adult Viral Hepatitis Prevention Coordinator. Idaho State University at Meridian currently holds a 2012 MOA for an Adult Viral Hepatitis Program. He provided information that could be included in the Comprehensive Plan, along with four potential goals covering testing, education and prevention.

Decision: IACHA members approved by consensus the incorporation of prevention goals into the Comprehensive Plan. Where funding is possible, efforts should partner with other organizations and states.

Rafe's full PowerPoint presentation is available through Lynsey Winters Juel

Sex Tech Annual Conference – Lisa Kramer

Lisa introduced the group to the annual Sex Tech Conference which demonstrates the positive uses of technology to have communication, conversation and learning with/from others. Lisa encouraged members to consider attending in the future

Epi Update – Jared Bartschi

The update covered the last 2 years of reported HIV/AIDS cases in Idaho. The data reflects an increase in 2011 over 2010. District 4, which includes the Treasure Valley, continues to have the highest number of diagnosed cases. District 3 had the second highest number for the same period. Three age groups (20-29; 30-39; 40-49) have equal levels of diagnosed cases – 26, 26 and 24 respectively.

By gender, the number of cases for men total 72; for women they total 19. For risk not specified exposure category, the percent represented for men and women is the same. More than half of diagnosed females fall in heterosexual categories.

Current and future HIV Epi Projects include:

- Understanding the unmet need by matching the data with Idaho death certificates through the Bureau of Vital Statistics and determining the active, inactive and relocated status.
- Determine the next epidemiologic profile using cases through 2011.
- Expand the CD4 and viral load reporting levels (currently only detectable VL and AIDS define CD4).

Regarding the new 2013 grant cycle, the funding formula has yet to be released by CDC.

There has been a continued increasing trend in Syphilis diagnosis over the past 3 years (including 2012). Most reported were MSM or MSMW. There has been some successful use of the internet to connect with cases.

A change has been made regarding Syphilis screening and confirmatory tests. The new testing process is now a 3-step system:

- Automated antibody tests
- If positive – screen test
- If the 2 tests agree there is another confirmatory test

CDC prefers the older method.

Jared's full PowerPoint presentation is available through Lynsey Winters Juel.

GAIN – Global Appraisal of Individual Needs – John Kirsch, Treena Clark, Joy Husmann, Sandy Colling

A panel of resource providers, along with input from members Lynn Opdycke and Whitney Holman, overviewed the GAIN program, which provides referrals to providers for people that are identified “at risk”. Resources include testing, mentoring, and motivating/assisting people to access the resources. A goal of the network is also to better identify and increase provider resources. Another goal is to increase knowledge about the resources for those needing access.

The GAIN program was incorporated in 2007 within the Health and Welfare Substance Abuse Department. The program seeks to identify providers and to understand what testing they are doing. Providers are encouraged to work with the “whole” client, including lifestyle decisions.

The current focus of GAIN is to utilize the existing model that is working in Region 3, expanding it in other areas/regions. The money is available; the challenge is linking with provider resources. Providers need training on how to encourage testing – more aggressive than passive intervention; to inform and recommend testing. We first need to educate providers regarding what information and support is available. Both Region 3 and Region 5 are active with this approach and have resources.

Some substance abuse agencies are doing HIV rapid testing, but not through the Department. A policy is needed so agencies expand services to provide counseling and follow up. This effort requires a high level of communication and collaboration, plus training and education. We need legislators and county resources involved.

Suggestions and potential actions discussed included:

- RAC (Regional Advisory Committees) in each region should link with Regional Planning Groups and provide guidance.
- Need to send a policy recommendation to Regional Planning Groups and to the appropriate Health departments regarding normalizing the screening and referral process
- Need education for providers to help them normalize the testing process and referral process.
- Chris Bidiman and Mercedes will arrange the details for HIV training to Snake River Rehab Counseling
- Increase provider knowledge of resources available for referrals.
- District Public Health Centers have testing capability – need to maximize these resources.
- Circulate a list of providers to Gary Rillema who will work with his colleagues in each District. Encourage them to connect with RAC in their region.
- Increase referrals to the GAIN program. Note: Need certification to administer GAIN
- Need more client input. Also need ideas on how to accomplish this.
- Business Psychology Associates can help provide information to the provider network.

Websites: www.rac3.dhw.idaho.gov and www.mentalhealth.idaho.gov

Next Steps:

- Put this discussion on the agenda for the May RAC meeting in Region 3. Discuss and take to the next level.
- Provide RPG contacts for each district for Joy to provide to RACs
- Casey will communicate with Substance Abuse Operations.
- IACHA will ensure this program is referenced in the Comprehensive Plan goals
- Get reports from RPGs for the September IACHA meeting. Ensure a continuous process of communication.
- Send RAC meeting minutes to RPGs

Decision: IACHA members unanimously agreed with supporting the RAC program and with the Next Steps noted above.

Comprehensive Plan Goals

Three workgroups spent time developing goals, actions and timetables for the Comprehensive Plan. Those goals are summarized below and have been incorporated into the Plan.

Aligning with the National HIV/AIDS Strategy, IACHA is dedicated to following three focus areas:

- 1. Reduce HIV incidence**
- 2. Increase access to care and optimize health outcomes**
- 3. Reduce HIV-related health disparities**

The following tables provide the framework for which IACHA and the Family Planning, STD and HIV Programs will operate in the next three years.

NOTE: Finalized Comp Plan goals differ slightly from the goals as presented below. These can be located in the Comp Plan which is available on the Mountain States Group website (<http://www.mtnstatesgroup.org/IACHA.htm>) or by requesting a copy from Lynsey.

Focus Area #1: Reduce HIV Incidence			
<p>Goal: Increase HIV testing of priority populations:</p> <ul style="list-style-type: none"> • MSM • MSM/IDU • Hispanic • Late Testers (increase access to testing sites Districts 1,2,3,5) • Ages 20-49+ 			
Strategy	Activities	Responsible Agencies	Timeline
Explore social media options to access specific populations	Utilize existing social network sites in advertising testing (ex. Facebook, Grinder, Adam for Adam, Twitter)	IACHA Research Committee Ryan White Part B Program	By year two or three
Increase testing among Hispanic populations by 10 percent	Provide testing during Hispanic community events	Regional Planning Groups	By year three
	Increase number of Spanish speaking test counselors	Medical Case Managers HIV Prevention Program	
Increase numbers of substance use clients getting HIV testing	Utilize RPGs to build networks within their district (connection with substance use treatment)	Regional Planning Groups	RPG participation in RAC meetings by end of year one
Increase numbers of providers trained in HIV testing	Increase number of people trained in “Fundamentals of Waived Rapid Test Training” in each district	HIV Prevention Program NW AIDS Education Training Center	By year one

Goal: Build community partnerships to increase HIV education and reduce risk			
Strategy	Activities	Responsible Agencies	Timeline
Provide more consistent information for providers Increase provider knowledge by providing HIV Education Articles	Write articles to be included in AHEC newsletters (on the following topics: <ul style="list-style-type: none"> • Importance of early HIV testing • Importance of normalizing HIV testing for everyone • How and why to sign up for PCIP 	IACHA Co-Chairs	Average of two articles per year by the end of year three
Increase Community Partnerships	Identify potential community leaders representing priority populations on a local level.	Medical Case Managers	By year one
	Build relationships with community leaders	Regional Planning Groups	By year three
Provide guidance to RPGs to increase knowledge of available services	Encourage RPGs to develop newsletter, utilize provider networks and social media to increase awareness, accessibility and availability of existing interventions (PCC, CRCS, Mpowerment, !Cuidate!)	Regional Planning Groups Local professionals	By year three
Increase collaborative relationships with RPGs and their respective communities	RPG-sponsored trainings providing HIV/Hepatitis education to providers and priority populations utilizing qualified professionals within each district	Leaders in at-risk communities NW AIDS Education Training Center	By year three
Increase number of professionals attending HIV and hepatitis C related trainings	Explore options to encourage professionals to participate in HIV and hepatitis C training from Regional Planning Groups and NWAETC (this may or may not include offering Continuing Education Units or Continuing Medical Education).	Regional Planning Groups NW AIDS Education Training Center	By year three
Expand RPG involvement	Encourage RPGs to consider ways to involve community partners in: <ul style="list-style-type: none"> • HIV Testing • Outreach & trainings • Condom distribution • Peer navigation • Speakers bureau 	IACHA Regional Planning Groups	By year three

Focus Area #2: Increase Access to Care and Optimizing Health Outcomes

Goal: Increase consumer and provider knowledge of Ryan White Part services

Strategy	Activities	Responsible Agencies	Timeline
Outreach	Provide Spanish version of the RW Program brochures to the following (which already have English versions): <ul style="list-style-type: none"> • HIV MCMs and Disease Investigation Specialists • Major hospital ER social workers and discharge planners • HIV Prevention-funded testing and prevention service providers • Private HIV medical providers known to the Ryan White Part B and C Programs 	Ryan White Part B Program	By year one
	Provide Spanish & English version to the following: <ul style="list-style-type: none"> • Clinics and ER staff in each of the seven health districts • FQHCs located in Idaho • Homeless and domestic violence shelters • Mental health facilities • Substance use treatment programs • Communities of faith • University health clinics • Pride agencies 	Ryan White Part B Program	By year one
Increase disbursement of the HIV/AIDS and Hepatitis C Resource Guide	Add substance use providers to HIV/AIDS and Hepatitis C Resource Directory distribution list	IACHA Secretary	By year one
Increase numbers of providers signed up for PCIP	Provide education to providers regarding need to sign up for PCIP	IACHA Co-Chairs Consumers (discuss with providers)	By year one

Expand marketing of HIV care and prevention services	Explore Facebook and other social media for outreach, education and compliance Explore use of custom condom wrappers	Ryan White Part B Program HIV Prevention Program	By year two
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Goal: Increase medication adherence and medical visit rates

Strategy	Activities	Responsible Agencies	Timeline
Enhance patient knowledge of importance of medication adherence	Research or develop adherence brochures (including resistance information, housing resources and mental health resources).	RIACHA Committees	By year two
Enhance medical compliance follow up	Develop follow-up tool using text reminders/phone to clients such as appointment reminders and adherence with medications	Ryan White Part B Program Medical Case Managers	By year two
Strategy	Activities	Responsible Agencies	Timeline
Improve tracking of patient visits (in and out) of care clients	Modify Idaho communicable disease rules to require reporting of CD4/Viral Counts	Idaho Office of Epidemiology	By year three
Strategy	Activities	Responsible Agencies	Timeline
Increase the number of PLWH/A covered by insurance	Develop PCIP coverage for expanded medical care and drug coverage	Ryan White Part B Program	By year three
Diversify means of accessing funds for medical transportation for clients	Implement expanded options for medical transportation	Ryan White Part B Program	By year one

Focus Area #3: Reduce HIV-Related Health Disparities

GOAL: To decrease the numbers of individuals presenting testing late

Strategy	Activities	Responsible Agencies	Timeline
Reduce barriers to testing	Educate providers and the public by providing training for at least one of the following entities in each health district: <ul style="list-style-type: none"> • 1 ER • 1 Community health clinic • 1 Free clinic • 1 OBGYN clinic 	Regional Planning Groups determine details	By year three
Targeted education and testing	IACHA to determine the education, testing resources for each targeted population	IACHA	By year one
Increase access to HIV test kits to providers	Identify payer sources for HIV test kits	Was no responsible agency indicated	By year one
Create safe spaces for LGBTQ	Support add the words campaign by writing letter of support to "Add the Words"	IACHA Co-chairs	By September 2012

GOAL: Decrease the numbers of people diagnosed with HIV, but not in care and retain those in care

Strategy	Activities	Responsible Agencies	Timeline
Decrease the number of PLWH/A not in care	Match HIV/AIDS data with death certificates from the Bureau of Vital Records and Health Statistics (BVRHS)	HIV Idaho Office of Epidemiology	By year one
	Match HIV/AIDS data with RW/HRSA clinic client data from The Wellness Center and CHAS patient data systems.	HIV Idaho Office of Epidemiology	By year one
	Assess the impact of increasing reporting limits to include below-limit viral load results and CD4 results in excess of current AIDS-defining criteria.	CDC Public Health Prevention Service Fellow assigned to Idaho will assist in creating the report	By year one

CONTINUED:

GOAL: Decrease the numbers of people diagnosed with HIV, but not in care and retain those in care

Strategy	Activities	Responsible Agencies	Timeline
Support stable housing	Prioritize/Identify funding source for low-income-based housing in each district	Regional Planning Groups Medical Case Managers	By year one
	Contact Idaho Legal Aid for explanation of housing rules	Regional Planning Groups Medical Case Managers	By year two
	Provide strategy for prioritizing housing for PLWH/A	Regional Planning Groups Medical Case Managers	By year three
Support HIV training for mental health providers and substance abuse	Explore options (workshops or existing college courses) for a curriculum for training mental health providers	Ryan White Part B Program Ryan White Part C Program (Wellness Center)	By year one
	Identify expertise for the training	Ryan White Part B Program Ryan White Part C Program (Wellness Center)	By year one
Support navigation through Medical Case Management payer sources (i.e. Medicaid and Medicare)	Explore options for providing a navigator to link newly diagnosed individuals to care and assist with retention	IACHA Research Committee	By year one
	Identify a navigating model	IACHA Research Committee	By year one
	Evaluate goals based on changes to the Affordable Care Act and information gathered by the IACHA Research Committee	IACHA	During years two and three
Provide insurance for uninsured PLWH/A	Within 10½ months develop the goals and activities necessary to develop health insurance continuation program	Ryan White Part B Program	Within first ten months of year one
	Move 53 APAP clients to eligible insurance program	Ryan White Part B Program	By year one

Affordable Care Act: Available Prevention Services – Gary Rillema

Gary attended the Office of Women's Health meeting and presented some of the key points regarding the Affordable Care Act.

The Office of Women's Health is working to make preventative health services/resources available to more women.

The Affordable Care Act was signed into law in March 2010. Its focus is closing the gaps in healthcare, ending unfair insurance practices, ensuring preventive services at no cost for people of all ages and increasing access and affordability of healthcare. It intends to establish minimum coverage standards in many health related areas, especially in the areas of Prevention.

Idaho has not established a Health Insurance Exchange due to guidance from the state (as Idaho is suing the federal government based on concerns regarding the Affordable Care Act)

For full details on the Affordable Care Act, members can access Gary's PowerPoint through Lynsey Winters Juel.

Reducing HIV-Related Health Disparities – Bebe Thompson

Bebe provided updates regarding Districts 3 and 4. District 5 does not have a contract for medical care management starting May 1, 2012. Decisions will need to be made about how to get services in that district by RFP or Bidding. District 6 has 3 new staff members in key roles in the health department Tracy McCullough, Physical Health Director, Wendy Hobley, Nurse Manager, and Samantha Congdum, RWPB Medical Case Manager.

Bebe discussed funding for Medical Case Management, including transportation and emergency services. Mileage for MCM/agency can be billed for under Part B. Monitoring standards requiring all contractors to abide by standards have been included in the application process requirements. All clients must be recertified every six months for eligibility for RW.

HRSA conducted a site visit in April 2012, meeting with department staff, to ensure compliance of our program with HRSA requirements. This was the first site visit in 15 years. HRSA has been evaluating states with ADAP waitlists, including Idaho. The evaluators were complimentary of Idaho's RW Program fiscal, management and quality management. HRSA was satisfied with overall management. They want us to develop a Health Insurance Continuation Program. We will have access to technical assistance from NASTAD & HRSA.

Administrative Updates – Lynsey Winters Juel

Next IACHA meeting: September 21-22, 2012 at the Red Lion Downtown. There will be no Thursday evening meeting.

RPG Funds Report: District 1 was granted \$1000 for World AIDS Day events. District 7 received \$1000 for a minimum of five presentations at sites that would target young people.

There was discussion about District 4 RPG. Ardia Johnson had led this RPG, but is no longer available for that role. Jonathan Walker agreed to look into the interest level of past members.

The average meeting cost for IACHA meetings is \$13,500. In 2013 the 3rd meeting is not funded. We may need to evaluate teleconference options. We might be able to use resources through the Division of Health or the Behavior Health offices. Concern was expressed about the impact on work group requirements. Other locations that might be less expensive were suggested: Nazareth Retreat Center and Ada County Paramedics. The Union Hall continues to be an option. There could be other options for those willing to pay their own costs. We could potentially consider geographic hubs and each hub working on a unique issue. We may need to spread out the face-to-face meetings.

We will consider all the needs for 2013 and determine options for which meeting(s) could be teleconference. Perhaps meet in person twice and teleconference twice.

Membership Committee Report – Chris Bidiman

IACHA members considered the application from Alex Zamora. Alex is Hispanic and works as a school counselor. He provides training for mental health.

Decision: Members unanimously approved Alex's membership application. Jonathan Walker agreed to be Alex's mentor.

Chris discussed that IACHA would need to continue efforts to fill several slots, including vacancies in Corrections, Criminal Justice, 2 in HIV+, and Faith Based. Chris also reminded members that there would be terms expiring for several current members by the end of 2012.

Attachment 1: Meeting Evaluations

1. On a scale of 1 – 5 with five being the highest score, how do you rate this meeting?

1 2 3 4 (3) 5 (7)

2. According to the CDC Guidance, IACHA must ensure parity in community planning meetings (*parity* implies that all members have equal opportunity to provide input and have equal voice voting and in decision-making). With this in mind, how do you rate degree to which you felt you had the chance to voice your opinion and be a part of the decision-making processes in this meeting (with 1 being the least amount of parity and five being the highest degree of parity)?

1 2 3 4(1) 5 (8)

3. On a scale of 1-5 with five being the highest score, how do you rate meeting location?

Meeting Rooms	1	2	3 (1)	4 (6)	5(2)
Meals	1	2	3	4 (2)	5(6)
Hotel Rooms	1	2	3	4 (2)	5 (5)

Comments:

- Diversity of meals was great! Appreciate meeting location being close to the hotel
- Bagels would be good

4. On a scale of 1-5, with five being the highest score, how do you rate the facilitator?

1 2 3 4 (1) 5 (9)

Comments:

5. Which parts of the meeting did you find the most useful?

- Committee meetings
- Group work
- GAIN-linkage/collaboration
- Face to face interaction
- Being part and participating in our groups
- RAC presenters
- Fleshing out the goals to be included in the Comprehensive Plan in workgroups
- Various updates
- Work groups
- Group reports
- The workgroups were extremely effective/useful and important. However, the guidance was a bit confusing/unclear. The roundtable discussion was also wonderful!
- Information about the comp plan and the insurance info

6. Which parts of the meeting did you find least useful?

- Thursday night would have been better with more attendance—having the insurance situation being repeated constantly may have been avoided if everyone were there
7. What additional types of information, training or technical assistance would you like to receive at future meetings?
- Affordable Care Act updates
 - Explanation of supreme court ruling in June (ACA)
 - More detailed objectives for workgroups
8. What expertise can you offer to the IACHA meetings in the way of presentations, trainings, etc? (Please include your name so that we can contact you.)
- Mental health, outreach, HIV testing and testing training (Whitney)
 - Collaborating with district partners to spread the word of testing and training
 - Any needed or IDU
9. Do you have any other comments regarding the meeting and/or accommodations?
- Another great meeting. Thank you!
 - Not much. Thanks! Great initiative
 - Very pleased with the variety of food
 - Yay

Attachment 2: IACHA Attendee List

Members

Christopher Bidiman
Cynthia Lynn Opdycke
Frances Nagashima
Gary Rillema
Mary Beaver
Jonathan Walker
Shane Anderson
Whitney Holman
Bebe Thompson
Jonathan Walker
Mary Linn
Mercedes Walser
Sky Blue
Kituta Asimba

Technical Advisors

Lynsey Winters Juel
Sherry Dyer
Sheri Cook
Casey Moyer
Jamie Strain
Rafe Hewett

Guests

Treena Clark
Sandy Colling
Joy Husman
John Kirsch
Michael Pitkin
Erick Seelbach
Diane Zhitlkovsky
Lisa Kramer

Absent Members

Katy Kujawski
Rick Pongratz
Alisha Rodgers
Denielle Townsend
Darlene Burke
Idaho Purce
Stacie Lechot