

Idaho Advisory Council on HIV and AIDS

Meeting Report

May 30-31, 2014

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Opening Remarks & Introductions

Aimee Shipman, Family Planning, STD and HIV Programs (FPSHP) Co-Chair welcomed the membership and guests.

Sherry Dyer, Meeting Facilitator, facilitated introductions of group members and technical advisors. New members Jennifer Seach of Pocatello and Diane Shelman of Moscow were welcomed and introduced to the membership. Sherry also referred participants to the agenda as a guide for presentations and discussions of the members for the 1 ½ day meeting. For the benefit of current and new members, Sherry explained the consensus decision-making process and reaffirmed the IACHA Operating Agreements.

RADAR Center: No-Cost Substance Abuse/Behavioral Health Resources for Idahoans – Teri Carrigan

Teri provided information about the Idaho Regional Alcohol Drug Awareness Resource Center (RADAR). The Center's mission is to provide free substance abuse prevention and addiction treatment resources to all Idahoans for the purpose of preventing and reducing unhealthy use of substances. The resource materials cover tobacco prevention and cessation, underage drinking prevention and general drug abuse prevention and substance abuse treatment. Resources are available online and in hard copy. The Center is willing to expand their resources with any materials related to behavioral health. Teri brought many of the resource materials and displayed them at the meeting for the interest and use of members.

The Center functions through the College of Health Sciences of Boise State University (2103 University Drive, Boise, Idaho). Funding for FY2015 will come from SAMSHA Prevention Block Grant, Idaho Department of Health and Welfare Tobacco Prevention Program and the Idaho Millennial Fund.

The program utilizes community events such as the Idaho Conference on Alcohol and Drug Dependency, social media (Facebook, Twitter and Newsletters) and its website to keep people informed of their products and services.

Teri encouraged all who are involved with IACHA to access the educational materials available.

For copy of the PowerPoint presentation, please contact Lynsey Winters Juel.

The All-Too Brief, Yet Truly Useful Guide to Having Social Media Work for You – Brandon Atkins, Central District Health

Brandon provided an overview regarding the utilization of social media in disease investigation and its crucial role in partner notification. He overviewed several current online and mobile media sites and provided important input regarding the potential applications for these sites as a means of outreach for service providers.

It is essential to educate people and to get the word out about available resources and to help people connect to resources. He encouraged service providers to consider the value of utilizing social media for HIV prevention and as a means to communicate about access to care in Idaho. Social media messages can be made *Idaho* and/or *community* specific. Mobile apps are more useful than other forms of social media messaging. Facebook provides him almost 100% success when trying to contact someone regarding the need for testing.

Jonathan Walker stated that a.i.p.h.a. has been using pop-up ads on Grindr. Idaho's District Health Centers are moving this direction and utilizing social media to some extent.

For copy of the PowerPoint presentation, please contact Lynsey Winters Juel.

HIV Prevention Program – Rebecca Schliep

Rebecca provided an update regarding changes within Family Planning, STD, and HIV Programs (FPSHP). Beginning July, 2014, Family Planning will be moved under the Maternal and Child Health Program. Aimee Shipman will continue as program manager for HIV Prevention and Care, STD Prevention and Viral Hepatitis. Tobie Barton is moving out of state and her responsibilities will shift to Aimee and Rafe. Internal restructuring will be aimed at aligning tasks with functional roles.

The CDC increased Idaho's funding for year 3, restoring funding to \$750,000, which remains below the 2013 funding level of \$823,331. Department contracts have been revised to their full funding level for 2014. The Health Districts will receive a one-time increase in funding for clinical services related to HIV and STD testing and treatment.

The National STD Prevention Conference will be held June 9-13 in Atlanta, GA. The training will reflect the tying together of STD and HIV prevention, encouraging the integration of the two programs.

Site visits have been conducted/scheduled in Districts 1, 2, & 7. Visits to NIAC and Inland Oasis are set for June, 2014.

Upcoming 2014 training will take place in Boise and includes:
STD Update, Boise ID August 14, 2014
Respect, Boise ID Tentative date Sept 29-30, 2014

First quarter, 2014 activity summary:

- HIV tests totaled 363 including both healthcare and non-healthcare settings; results confirmed 1 new positive diagnosis in a healthcare setting.
- The condom distribution program was funded and 39,871 condoms were distributed. Marketing efforts reached 24,157 individuals.
- Judy Thorne conducted 8 training programs involving a total of 90 participants.
- 21 HIV investigations were initiated.
- Mpowerment Program activity included: outreach coffee events reaching 605 people; Core Group meetings attended by 40 members; and media/marketing efforts which reached 4,200 individual.

It is the intent of Prevention to share more data widely, especially information on test results.

Deeper Analysis of the Youth Risk Behavior Survey (related to depression and suicide) – Rick Pongratz

Rick Pongratz shared data extrapolated from the 2013 Youth Risk Behavior Survey to better understand the relationship between depression, suicidal thoughts/attempts, teasing (due to race/ethnicity or LGB) and bullying among high school youth. Note: IACHA asked about the lack of “T” for transgender; transgender was not an option given on the YRBS.

Lisa Kramer stated that data indicated suicide/depression was higher across the board for LGB than others. There were 2 high school suicides in Pocatello this year – 1 was a gay student. National data indicate a rise in the rate of attempted and actual suicide. There is a growing effort to establish support groups and prevention efforts in the schools.

During this discussion, the question was raised about whether there is a role for IACHA to help overcome issues in communities, including those that resist openness due to religion or other reasons.

Rick stated that schools that have LGBT alliances are making progress. District 6 has training that targets student leaders. Rick indicated he could provide information to Lynsey if other IACHA members are interested (<http://www.stevewessler.com/>)

Idaho Medical Provider Education/NWAETC – Judy Thorne

Judy Thorne, HIV/Viral Hepatitis Education Coordinator for Northwest AIDS Education and Training Center provided an overview of training conducted in FY2012-13. 387 people in the healthcare and behavioral health fields attended training. The largest proportion of health related disciplines represented were dentists, nurses and physicians.

Judy stated that the goals for training and the training topics would continue in the current year. The training quality and learning experience was rated very high with 92% rating the training as excellent/near excellent. The training utilizes a stigma reduction model and integrates other components into the medical-based training, e.g. spiritual models.

There have recently been requests for training incorporating substance abuse models which will be adapted to the level of interest of the participants.

Accomplishments to date in 2014 include:

- Training at Owyhee Community Health (Duck Valley Tribal Health). They are now requesting to be a longitudinal training site.
- Training was provided at the Corrections Conference with the Idaho Department of Corrections and Corizon (contracted to provide health services).
- Outreach and training was conducted for an increasing number of primary care physicians and dentists. In the past, primary care physicians and dentists have not seen training as a need. This is changing as they begin to experience greater incidents of HIV and Viral Hepatitis.
- Technical Assistance requests are also growing.
- Work was initiated on the development of a Dental Preceptorship, which will be the first for HIV in the western states.

Goals for the next grant cycle of July 2014 – June 2015 include:

- Continue work with Tribal Health in Fort Hall and Duck Valley
- Complete the development of a Dental Preceptorship Program for Idaho
- Continue with training at the Annual Corrections Conference
- Primary Care focus with the ACA roll-out, PrEP update and HCV
- Longitudinal Training Sites
- Technical Assistance

Judy said they will try to incorporate HIV into other topics – working to get a foot in the door. Judy suggested members let her know if they know of Hospitals and Clinics that are not being reached. Her desire is to ensure all health organizations are aware of the training and are invited to participate. She reinforced the value of IACHA members attending the professional meetings/dinners of medical care providers and making connections and educating them.

Judy mentioned the Social Networks Strategy, a recruitment strategy through the use of existing social networks for reaching and providing HIV counseling, and testing and referral services to persons who are unaware of their HIV infection.”

For copy of the PowerPoint presentation, please contact Lynsey Winters Juel.

Idaho Viral Hepatitis Advisory Council Update – Rafe Hewett

Rafe reported that the Idaho Hepatitis Advisory Council met on May 15, 2014. The Council reviewed and updated the Idaho Viral Hepatitis Prevention Plan.

On May 16, Idaho Governor Otter proclaimed that May 19, 2014 would be National Hepatitis Testing Day in Idaho. The Idaho Viral Hepatitis Advisory Council and partner agencies released a news statement and launched a statewide campaign for the month of May to raise awareness and encourage priority populations to get tested.

The Advisory Council and provider agencies continued to collaborate with Judy Thorne of the Northwest Aids Education and Training Center for training and tools to increase overall effectiveness for viral hepatitis prevention in the state. District 7 conducted viral hepatitis training this year. We are working with other health districts to encourage them to conduct the training this year.

The redesign of the State’s Viral Hepatitis Prevention website/webpage has been completed and educational materials have been made available to the health districts and others.

Dr. Ramers conducted training for medical providers on new HCV treatment options at the AETC Physicians Conference earlier this year.

Rafe presented IACHA with two new strategies to be added to the 2013 Idaho Jurisdictional Comprehensive Plan:

- Ensure adequate testing supplies for year 3 of the Viral Hepatitis Prevention Program’s screening project at 5 locations throughout the State (secure at least 500 test kits). *Rafe noted that the test kits cannot be provided directly through the program, so this effort will require partners.*
- Conduct an annual review of integration strategies for all Advisory Council Members. *Rafe noted that the objective is to develop a plan for high level advocacy.*

Decision:

Rafe requested approval of the two new strategies. Gary Rillema moved and Rick Pongratz seconded that IACHA give its full support to the added strategies. By full consensus, IACHA members approved the added strategies.

Public Comment Period

Teri Carrigan stated that IACHA does very important work, regardless of the progress that is made. The fact that people are coming together to define and address issues is great. She applauds the work of IACHA.

HIV/HCV Update 2014 – Dr. Ryan Gilles

Dr. Gilles provided information about treatment needs and new medications for HIV and Hepatitis C Virus (HCV).

What does HIV look like in 2014?

- No safe and effective cure currently exists
- With proper medical care, HIV can be controlled
- Treatment for HIV, called antiretroviral therapy or ART, can dramatically prolong the lives of people infected with HIV and lower their chance of infecting others
- Before the introduction of ART in the mid-1990s people with HIV could progress to AIDS in just a few years.
- Today, someone diagnosed with HIV and treated before the disease is advanced, can have a nearly normal life expectancy.

There are over 50,000 new infections each year – mostly involving the at-risk groups. 1.1 million people are living with HIV in America. Most infections are in people between 13 to 29 years of age. In all healthcare settings, HIV screening should be routinely performed for all patients between the ages of 13-64. Screening should also be performed routinely for patients seeking treatment for STDs. People who are high risk for HIV should be tested at least annually.

In May, 2014, the CDC and the U.S. Public Health Service released new clinical guidelines recommending pre-exposure prophylaxis as one prevention option for patients at substantial risk for HIV infection. The strategy of providing daily oral antiretroviral drugs to uninfected individuals prior to HIV exposure has been shown to reduce HIV acquisition (for more details of these guidelines, contact Lynsey Winters Juel for a copy of the PowerPoint).

A new development is the growing concern regarding the Hepatitis C Virus. It is relatively easy to enter the bloodstream – a person with a cut can pick it up by coming in contact with a small amount of blood on a counter. There is no vaccine for Hep C Virus. A growing concern is the tattoo trend which provides risk in an unregulated environment.

It is essential to identify people with chronic Hep C infection to get them into medical management. The most critical aspect of medical management is harm reduction intervention and prevention of further transmission. Up to 75% of people living with Hep C do not know they are infected. Many people can live with Hep C for decades with no symptoms. CDC recommends that anyone born between 1945 and 1965 should get

tested. This group of people is 5 times more likely to have this infection. Studies show that today, people infected with Hep C are more likely to die, if untreated, than are people with HIV.

New medications are becoming available for the treatment of Hepatitis C; with the new treatments, there are very high cure rates, but at a very high cost. Cure rate trends through treatment now exceed 80-90%, depending upon the case.

For copy of the PowerPoint presentation, please contact Lynsey Winters Juel.

IACHA Strategic Plan – Committee Reports

Reducing HIV Incidence – Whitney Ginder

The team has been re-evaluating some of the goals in the plan, and is in the process of removing some of the goals and establishing new and/or revised goals. Highlights from their discussion include:

- Articles on key topics that can be presented to Idaho's Area Health Education Center (AHEC). Topics may include potential stigma as related to sexual health and behavioral health.
- Shane will work with Lynsey to create a Facebook page for IACHA that would include public access and would also have some information that could be accessible only to IACHA members.
- The HIV de-criminalization goal will be removed from this subcommittee and moved to Reducing HIV Disparities.

Increase Access to Care and Optimize Health Outcomes – Stacie Lechot

The goals are moving forward. The subcommittee added some parameters to their focus area (*"Goals associated with Increasing Access to Care and Optimizing Health Outcomes fall into 3 tiers: Tier 1) Ensure access to ongoing quality of care; Tier 2) Access to HIV care and other specialty care as needed; Tier 3) Ensure measurement and tracking of health indicators"*)

Highlights from their discussion include:

- Medical Case Management Training will be conducted this fall – adherence training will be a part of this goal.
- A tracking tool to determine if there is a barrier to care will be developed for the HIV Care Wellness Center goal.
- Every health district is encouraged to put the HIV testing and care links on their website (District 1 has done this). Rafe and Stacie will work with Lynsey to get brief instructions out to everyone via email. Additionally, they will have a follow up email to determine whether or not people were able to add the links.

Reduce HIV-Related Health Disparities Committee – Rick Pongratz

Members of the HIV-Related Health Disparities Committee were given an update regarding their request for data. The data request was not completed due to difficulties in transferring data from CAREWare to the state data analyst. However, there is a new CAREWare build that should more easily provide the requested data. The new build will likely be installed over the summer, thus providing this committee with disparities-related data by September.

Other highlights from their discussion include:

- The committee supports the transfer of the de-criminalization of HIV related goal to this committee. Aimee will explore options for requesting technical assistance to help move this goal along (as it is currently stagnated due to resistance from the Prosecutors Association).
- To focus on health disparities related to mental illness and HIV, this committee will be involved in the following:
 - Researching training programs to educate healthcare providers
 - Contacting the organizers of Idaho Conference on Alcohol and Drug Dependency (ICADD) to encourage having a presentation addressing stigma, gender identity and LGBT concerns
 - Contacting the organizers of Idaho State Prevention Conference (Department of Education) to encourage having a presentation addressing stigma, gender identity and LGBT concerns
- Treena Clark (Idaho Department of Behavioral Health) has asked the committee to review Behavioral Health Transformation policies related to LGBT issues.
- The committee members agreed to add a goal to help change the Idaho Department of Corrections policies excluding HIV+ prisoners from working in food services.

Ryan White Part B/ AIDS DRUG ASSISTANCE PROGRAM (ADAP) – Bebe Thompson and Sheri Cook

Bebe provided a recap of FY 2013. 305 ADAP clients were served - 268 of whom were uninsured. 116 clients received scripts for the full 12 month period. Today the number of Medicare Part D clients served is 37; this number was 17 in 2011. We anticipate we will continue to see this number grow. The ADAP budget is \$5.680 million. Total expenditures for the number served were \$5.092 million. We have enrolled 45 clients under the ACA; 20 clients were removed from ADAP after their insurance became active.

In FY14 we anticipate ADAP will serve a minimum of 275 clients, including Part D clients. There has not been a drop in clients for ADAP, even though 20 were removed due to coverage under the ACA. The waiting list will continue to keep our client number consistent with previous years. There is speculation that ADAPs will receive rebates

equal to what they pay for co-pay or deductible. While we have not been informed what they will be, ADAP Supplemental rebates are being discussed as well.

Sheri Cook stated the HOPWA (Housing Opportunities for People with AIDS) program partners as much as possible with Ryan White. HOPWA functions under the Idaho Housing and Finance Association. 65 rental assisters across the State operate under a 3-year grant cycle. Sheri advised IACHA members that there is excess money that is available in the current budget – she suggested members contact her if they are aware of anyone needing the support.

The program is expecting significant changes in the future. Changes will include:

- Increased collaboration with local Continuum(s) of Care organization, including participation in the local programs planning groups.
- Participation in annual point-in-time and housing inventory counts at the local level.
- Participation and utilization of the Continuums of Care Coordinated Assessment (which will assess barriers to Housing – the assessment does not address HIV-AIDS)
- Participation in the HMIS or equivalent data collection/reporting system (Idaho is hoping to be the pilot for the system).
- Ensure access to available healthcare plans and promotion of adherence to medications.
- Healthcare costs will no longer be paid under HOPWA.
- The budget details will be more refined.

HOPWA must collect data for the annual progress report. Sheri and Bebe are collaborating to bring HOPWA on with CAREWare over the next several months. Ryan White Medical Case Managers are also HOPWA contractors and CAREWare has an HOPWA component with custom fields available, if needed.

There are several steps needed to make this transition to CAREWare. Bebe and Sheri hope to be at the point of providing training in mid-August, 2014. The training will cover new requirements for both Ryan White and for HOPWA. It will involve two days – one day will be clinical, the 2nd day will be dedicated to new requirements.

IACHA Health District Member Reports: “What is happening in your districts?”

Gary Rillema (Health District 7): There is no official Regional Planning Group (RPG) in District 7, but the 501(c)3 nonprofit, Breaking Boundaries, acts like an RPG. Districts 6 & 7 work together serving the HIV/AIDS population through treatment, care and awareness. Breaking Boundaries experienced a significant (and unsustainable) increase in the number of requests coming from Medical Case Managers requesting assistance for insurance expense support for their clients (provided for by fundraisers—like World AIDS Day which raised \$30,000. FPSHP, CDC and HRSA need to know these anecdotal stories.

Rick Pongratz (District 6): There has been a large degree of staff turnover within the district. There has been little guidance or leadership available.

Jonathan Walker (District 4): El Ada and a.l.p.h.a. meet 2-3 times per month in a collaborative effort to find funding. With lack of funding and funding cuts, the two organizations work together to share funding – both are involved with HIV prevention. AIDS Healthcare Foundation contacted a.l.p.h.a. asking that they consider submitting a grant request. a.l.p.h.a. is writing a proposal for \$10,000 for 700 test kits and condoms. The Foundation said “we want to support the work you are doing.” We have a goal to get people we serve to go out into the community to bring other interventions.

Whitney Ginder (District 5): It is slow going in the district. HOPWA has 8 clients in case management. We conducted a Mental Health Awareness week including local agencies, St. Lukes and Health and Welfare. The RPG has some leftover funds. Whitney and Lynn and others in the district are moving to work more closely together.

Dr. Ryan Gilles (District 1) stated there is pilot project with the Wellness Center and the University of Washington aimed at getting better data of the actual number of people with HIV/AIDS. He suggested that perhaps the project could be replicated in Districts 1 and 2 as well.

Close the Gap: Plans for 2015 Medicaid Discussions – Lauren Necochea

Lauren stated that Idaho Kids Count purpose is to bring data to the conversations regarding kids and families. Through the Close the Gap Idaho Network, we are seeking clarity and understanding and to improve ways to talk about the issues.

Lauren shared that many families that make more money, have less insurance coverage than families with less money. National poll results are indicating widespread concern about the gap. There is a lack of understanding and knowledge of how easy it can be to fall into the gap. State leaders have this issue on their minds and are talking about it. They realize we have left people out.

Governor Otter is planning a meeting in June involving the original Medicaid Expansion work group. This group will explore two options: expanding Medicaid and adopting a private option. They are to have a recommendation by September 1.

Advantages of the private option include:

- Medicaid is chronically underfunded and there is minimal access through providers.
- The private option would reduce stigma for those who participate, reduce churn from plan to plan and from being covered and then not covered.
- Income adjustments are in the plans.

For more information, access www.closethegapidaho.org

Administrative Update – Lynsey Winters Juel

- Regarding the HIV De-Criminalization issue, Lynsey contacted the Idaho Medical Association on May 20 to request an update. There is not an update at this point and the issue seems to have stalled.
- Lynsey noted that the CDC monitoring questions had been prepared and emailed to members prior to this IACHA meeting. She asked the members if they had any questions or changes. There were no concerns and members indicated full support.

Decision:

IACHA members unanimously approved the CDC monitoring questions.

- There have been some minor changes made to the IACHA Policies and Procedures. Language was added to the membership termination policy (indicating that the IACHA Coordinator will send a certified letter to the member in question indicating membership termination). Additionally, the membership slots listed in the Policies and Procedures were updated to reflect the current membership matrix. **The changes were approved by the membership.**
- Lynsey facilitated the discussion regarding the potential new IACHA member, Robert Mowrey of Boise. Robert is a certified HIV tester for low income, IDU, homeless, HCV+ and transgender. With Robert's background and experience he is able to represent the voices of homeless, IDU, low income, substance abuse and viral hepatitis.

Decision:

Gary Rillema motioned for approval of his membership. Whitney Ginder seconded the motion. IACHA members unanimously approved Robert Mowary as a new member.

- Lynsey discussed a few points related to the membership survey results.
 - IACHA has more members representing rural areas in Idaho than those that represent urban areas. However, IACHA has ready access to resources that would represent urban areas if needed. When developing the membership survey in 2015, Lynsey will better define rural and urban and add a "sub-urban" category.
 - The term in the matrix today of behavior scientist might not be the most appropriate – Lynsey will check for terminology options for the 2015 survey.
 - Members were encouraged to contact individuals who might fill any of the open spaces on the membership matrix and provide them with an application.

Department of Corrections' HIV Policies – Lenny Fraser

The Idaho Department of Corrections policy requires all prisoners to be screened for HIV when entering the prison system and within 60 days prior to their full-term release (if not tested previously). Persons testing positive can be discriminated against disallowing them to serve in certain prisoner roles. There is a written policy that HIV positive offenders will not be allowed to work in food service or food service areas. This policy impacts a prisoner's ability to repeatedly disclose status when assigned to kitchen duty.

Richard (Ritchie) Eppink, Legal Director of the Idaho ACLU received a letter from a person incarcerated in Idaho complaining about the policy. IACHA is working with the ACLU to address concerns over this policy. The National ACLU was involved in the overturning of a similar policy in Alabama. Ritchie and Amanda Goad, the national ACLU Staff Attorney for the LGBT and AIDS Project, who was involved in the Alabama case, joined Lenny and Lynsey on a conference call in May to consider ways to change this policy.

The ACLU wanted to know more about IACHA and how it functioned within the State of Idaho and what potential role IACHA could have in addressing this issue. He requested that IACHA locate additional individuals who have been affected by this policy. Lynsey suggested an effort be made to contact case managers and others to locate other current or former individuals impacted by this policy.

An email was distributed by Bebe Thompson to Medical Case Managers in Idaho requesting contact with HIV+ people who have been faced with this policy.

Next steps include:

- As the IDOC policy was set to be reviewed on May 30, 2014, we need to confirm whether or not this is still an issue. Lynsey will work with Judy Thorne (Northwest AETC) to determine how/who to contact regarding this. As of yet, there is not an updated policy posted online.
- Assuming there has not been a change to the policy, Lynsey and Lenny will work with Judy Thorne for further input and guidance
- Lenny, Judy and Lynsey will explore a potential contact who is involved with the health-related side of IDOC who may be able to address this issue as being medically-outdated
- Contact ACLU to provide an update

Updates from Family Planning, STD and HIV Programs – Aimee Shipman

- Aimee Shipman talked about the NASTAD Annual Meeting she attended which highlighted the theme of raising the bars across the continuum of care.. According to a point in time analysis conducted in December, 2013, approximately 150 to 160 people would be eligible for Medicaid expansion.

She suggested that the state needs input from IACHA concerning the prevention benefits of Medicaid expansion and the accessibility of comprehensive care for PLWHA .

Gary Rillema asked what would be required to explore this more. Should IACHA write a letter about HIV+ people? Should we continue to make attempts to be persuasive for an equitable health system?

Jonathan Walker expressed concern that IACHA's recommendations continue to be ignored by the state and feared that such an effort would be a waste of time.

It was suggested that perhaps the Idaho Primary Care Association and their membership would be a better option to pursue the matter. This might be a venue to build influence.

- Aimee reported that NASTAD is encouraging community planning groups to consider their role in raising the bar. There is realignment within the public health system with a focus on modernizing the public health programs in a changing environment. Community planning groups need to prepare to increase their focus toward more innovative programs.
- The new director for the Office of HIV/AIDS policy, Douglas Brooks, is looking to the National Viral Hep Plan as a model for packaging any forthcoming updates to the National HIV/AIDS Strategy. There is a growing national focus on the HIV Criminalization issue. We will not see another iteration of the past strategic targets. Some other themes discussed during this session include: We need new campaigns for MSM; We need to start talking about "stopping HIV." We are encouraged to align the public health clinic's missions with our priority populations: gay men, people who inject drugs, and racial and ethnic groups.
- The Ryan White reauthorization will require us to plan with less funding. This may require some restructure. We will be watching as the Affordable Care Act data evolves and matures to better understand what the future of Ryan White will look like. We may need a "partner's panel" for Ryan White to help us raise the bar. Leadership is well versed in the complications of Idaho and the critical role RW plays in our State.

- These conversations will be ongoing. Our challenge, nationally, in Idaho is to articulate for maintaining level funding. We need to build the case for funding and coverage. The upcoming challenge for Congress and other policy advocacy organizations, will be to hammer out what legislation could look like. As others advocate for Ryan White funding, we want to be on the bandwagon.

Group Brainstorm – What Do You Need: to Do and/or to Enhance Your Work in Your Community?

IACHA Members were asked to respond to the following questions:

1. What do you need to do and/or to enhance your work in your community?

Explanation: There is money available and CARE needs to understand what members need to help build capacity?

- Provide training?
- Access to onsite technical assistance?
- Regional meetings?
- Focus groups?
- Etc.

2. What do you need for improving IACHA outcomes in regards to the Comprehensive Plan? e.g. Training? Focus Groups?

Responses to the above questions should be emailed to Aimee (shipmana@dhw.idaho.gov)

During the meeting, members stated the following as areas to consider:

Social Media:

- Develop an IACHA Facebook page
- Advocate that all Idaho Health Districts use the same Social Media approach:
 - a. Ensure District Health Workgroups
 - b. Incorporate social media into planning
 - c. Ensure Epi encourages client access
- Share PowerPoints with members

Resource Guide:

- Ensure all case managers are familiar with the RADAR Center (at BSU)
- Training
- Site Visits
- Material distribution within each IACHA member's circle of connection/influence
- Add Health Districts to websites
- Behavioral Health Transformation

- Viral Hep efforts – need partnerships. Involve RADAR more
- A lot of new/expanded efforts regarding behavioral health (Treena)
- Encourage regional health organizations to attend IACHA meetings
- Encourage more open meetings: Mental Health Board meetings; Regional Health organizations.

Northwest AETC

- Consider ways to provide names of providers that have gone through training
 - Provides better knowledge for referrals
 - Need to exercise caution with this information
 - Perhaps advise attendees about resources in the Districts
 - Perhaps ask the question: Would you be willing to be contacted by an IACHA member?
- Contact Judy about upcoming events for potential referral
- Include an IACHA representative in training to provide orientation regarding IACHA

Attachment 1: IACHA Meeting Attendee List

Members:

Gary	Rillema
Rick	Pongratz
Shane	Anderson
Cynthia Lynn	Opdycke
Kituta	Asimba
Mary	Linn
Jonathan	Walker
Stacie	Lechot
Frances	Nagashima
Whitney	Ginder
Alex	Zamora
Linwood	Fraser
Aimee	Shipman
Ryan	Gilles
Gina	Holt
Diane	Shelman
Jennifer	Seaich

Technical Assistance

Treena	Clark
Sheri	Cook
Sherry	Dyer
Lisa	Kramer
Jamie	Perry Strain
Rebecca	Schliep
Bebe	Thompson
Judy	Thorne
Lynsey	Winters Juel

Guests:

Diana	Garner
Teri	Carrigan
Debbie	Olson
Robert	Mowry

Attachment 2

Idaho Advisory Council on HIV and AIDS Meeting May 30-31, 2014 MEETING EVALUATION

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

1 2 3 4 (6) 5 (6)

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(2) 5 (11)

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

Meeting Rooms	1	2 (1)	3 (1)	4 (7)
	5 (4)			
Meals	1	2(1)	3 (3)	4 (5)
	5 (4)			
Hotel Rooms		1	2	3 (2)
	4 (2)	5 (6)		

Comments:

- The meeting room is a cheerful, comfortable space
- More coffee AM and PM; No Ice provided, appropriate cutlery (no knives), 1 spoon for 4 dressings; No S&P, condiments (mayo and ketchup); caterer needs to be punctual (late Friday breakfast) and need labels for dressing and sandwiches
- Chairs in meeting were not comfy for all day
- Chairs are hard. That is my only gripe.
- The eggs were cold on Friday and unappealing. Would have rather had yogurt and granola and fruit rather than cold eggs.
- Longer extension cord for projector so pictures can be bigger

- Not a big deal- could the caterer bring condiments (mustard, hot sauce, etc)

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

1 2 3 4 (3) 5 (8)

Comments:

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

- I typically find all parts useful. I liked adding the discussion periods after each session to relate presentations to IACHA strategic goals.
- ACA, Medicaid Expansion talk
- Group work, HIV criminalization and corrections discussion
- All, my first meeting—a lot of info and intake of topics I was unaware of and did not understand
- Presentations
- Subcommittee meetings and reports
- Program updates
- The information on social media was great.
- Social media, Close the Gap, HIV/HCV
- Great presentations
- RADAR resources for IACHA and MCMs
- Branden and continued exposing on value of using social media
- Important to continue to talk about ACA/Medicaid expansion and impact on HIV/AIDS patients in Idaho
- Bebe, most involved member
- Updates on coverage status in Idaho
- Social media

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

- Ryan White B- hard to follow and know the point of the presentation. Also too late in the afternoon not to be focused.
- Some of the lengthy questions by individuals (and their extended discussions) could be better handled by email
- Committee meetings- need to be fine-tuned so as to improve efficiency—clear what can be accomplished and through what channels
- Strategic planning- unfortunately “dropped balls”
- Ideas needed how to engage the “spiritual community” in reducing stigma and promote harm reduction
- We started pretty late on Saturday. Is there any way we could start at the Friday start time and then end earlier if we are able? It would make the trip home nicer.
- Make committee work more effective somehow!

7. Do you have any other comments regarding the meeting and/or accommodations?

- Nice meeting. Thank you.
- Would like to get things going on all parts of all that discuss in meeting
- Brainstorming session at the end was confusing and hard to figure out the “ask”
- The shuttle driver from the hotel was terrible. Almost threw Lenny through the front window. Slammed on the brakes at least 3 times.
- It is encouraging to see the high level of participation, engagement and interest
- Great meeting!