Idaho Advisory Council on HIV and AIDS

Meeting Report

June 3 & 4, 2011

Submitted by:
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Opening Remarks & Introductions

Gary Rillema and Bebe Thompson, Co-Chairs of IACHA opened the meeting with a welcome to all members and guests. Members were asked to introduce themselves and to state their role in support of their membership or involvement with IACHA. Sherry Dyer overviewed the agenda and meeting process.

Inclusion of Viral Hepatitis in the Comprehensive Plan

Rebecca Schliep provided an overview of Viral Hepatitis trends for 2006 – 2010 and led a discussion regarding incorporating this issue into the comprehensive plan.

Hepatitis is an inflammation of the liver caused by several potential factors such as extended excessive use of alcohol, autoimmune diseases, drugs and medications and viral hepatitis. Primary concerns are Hepatitis B and C because they are chronic. Hepatitis B is very infectious – 100 times more than HIV. There are many ways to transfer – typically through sexual activity. In the U.S. Hepatitis C is transferred mostly blood to blood.

Approximately 33% of those infected with HIV are co-infected with Hepatitis C and 10% are co-infected with Hepatitis B [1] In the U.S., baby boomers, ages 46-64 account for two-thirds of hepatitis C cases.

The Idaho Viral Hepatitis Program collaborates with the HIV Prevention Program and STD Control Programs. The HIV Prevention program has used carry forward money to purchase HCV test kits.

CDC money to support the Adult Hepatitis A and B vaccination initiative has ended. Vaccine purchased under year 3 of the adult vaccine initiative will expire in November 2011.

Other states have found that formal integration of viral hepatitis into the CPG plan has trickled down to adding contract deliverables that relate to hepatitis activities (HI: hepatitis C testing in conjunction w/ HIV testing, MT: hepatitis included in Epi Profile). Barriers: CPG with its historical focus on HIV prevention and care may be concerned that some of the HIV services and resources will be diluted and individuals w/ HCV may not want to be linked in with HIV positive individuals.

Suggestions for integration include a 1-2 hour focus on viral hepatitis at each IACHA meeting and the addition of a voting member who has been diagnosed with hepatitis.

The group discussed Rebecca's request to integrate viral hepatitis into goals of the Comprehensive Plan, as appropriate.

[1] National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Annual Report, Fiscal Year 2010

Note: There was discussion during the meeting about the statement that liver disease is now the main cause of death in HIV infected persons. Bebe, Gary, and Jaime all agreed they had no heard this to be true. To clarify, this bullet point was included under the statistic that 33% of HIV positive persons are co-infected with hepatitis C. "Fifteen to thirty percent of all persons infected with HIV have chronic viral hepatitis[2] and liver disease is now the main non-AIDS cause of death in HIV-infected persons[3]".

Consensus: Move forward to incorporate viral hepatitis because it integrates well with the Comprehensive Plan needs/issues and there is increasing interest and need for awareness and education and for prevention. However, ensure it does not complicate or compromise needed funding and attention for other prevention and care priorities.

Administrative Updates

Lynsey Winters Juel provided an administrative update on general topics.

A. Structural Committee Report (policy and procedures changes):
    - *Technical assistance providers* are not working members of IACHA, but provide expertise to the group and may include individuals who serve on committees. Technical assistance providers who also serve on committees are invited to sit at the table with IACHA members during IACHA meetings.
    - *Guests* include all other individuals who are not IACHA members or who are technical assistance providers, but do not serve on a committee. Guests will be identified with nametags provided by the Coordinator and will have seating provided away from the primary IACHA meeting table.

Consensus: Accept the recommendations of the Structural Committee as stated.

B. Regional Planning Group updates:
    - D2 Regional Planning Group received $400 for conducting a meeting to inform RPG members about the structure of care and prevention programs in Idaho, IACHA, National HIV/AIDS strategy and the Epi overview. 12 individuals attended. The group began population prioritization and gaps analysis to be continued at the next RPG meeting. $145 will be used on prevention materials as directed by IACHA's Admin Committee.
    - D4: Waiting for more info

[2] Sherman KE, Rouster SD, Chung RT, Rajicic N. Hepatitis C virus prevalence among patients coinfected with human immunodeficiency virus: a cross-sectional analysis of the U.S. Adult AIDS Clinical Trials Group. Clin Infect Dis 2002;34:831-7.
[3] D:A:D Study Group. Factors associated with specific causes of death amongst HIV-positive individuals in the D:A:D study. AIDS 2010 [epublication May 6, 2010 ahead of print

- D5: Funded $340 (part of initial request) for food and materials for their first meeting. They were encouraged to request additional funds as needed.
- D1: Got their request the first week of June. It will be reviewed with the Admin Committee for decision.
- D6: Got their request on June 3. It will be reviewed with the Admin Committee for decision.

C. IACHA Sub-Committees: The Data Committee needs more members. The Committee is tasked with reviewing prioritized populations provided by planning groups and make recommendations for the Comprehensive Plan. They also need to review SCSN guidelines and data sources to determine gaps and unmet needs. Stacie, Jamie and Jesse volunteered to work with the Data Committee until additional member resources are available to the group.

D. IACHA Community Co-Chair nominations and election: See page 10

E. A new Ryan White brochure is being developed. Contact Bebe to receive brochures when they are finalized. They should be available by the September meeting.

F. Lynsey advised that the membership survey which typically is held in the summer, would now take place at the end of the year and be presented in February 2012.

Comprehensive Plan 2012-2014 – Prevention

Teri Carrigan reported on content to be developed for the Comprehensive Plan (2012– 2014).

- Report on Ranking of Priority Populations for Prevention

States are directed by CDC to prioritize populations most effected by HIV in order to direct funding to them and to target testing and other prevention interventions.

The proposed process has been to engage Regional Planning Groups (RPGs) in each Health District to prioritize populations. RPGs use the prioritization tool developed by the Data Committee and will report the information to the Data Committee for review. The Data Committee will present final rankings for each Health District to the Council for approval and adoption into the 2012-2014 Comprehensive Plan. The Committee will also use Epi and other data resources for our recommendation.

RPG Progress

- D4 RPG has finalized their ranking
- RPGs in Districts 1, 2, and 6 have begun the process

- RPG in District 5 has committed to the process
- RPGs in Districts 3 have not been engaged yet. Working to get someone to take the lead with District 7 and District 3.

- Gaps Analysis Progress

The D4 Regional Planning Group has reviewed prevention interventions funded in District 4 and provided input. D1 and D2 have been given Gaps Analysis tools and will complete this summer. Districts 3, 5, 6, and 7 have yet to receive the Gaps Analysis tools. The Data Committee will turn reports over to Research Committee to make recommendations for prevention interventions for the Comprehensive Plan.

- Selecting & Prioritizing Recommended Prevention Interventions

New Funding will be based on 2008 HIV/AIDS data. Idaho is one of the lowest funded states. We will review interventions prioritized in the 2009-2011 Comprehensive Plan. We need to be more prescriptive on RFPs to help us stay within the budget. In ECHPP, emphasis is on testing, linkage to care, and prevention for positives. Teri noted that 1,200 people were tested in the 1st quarter – up slightly over last year's 1st quarter.

Traditional Interventions will be emphasized:

- Partner services (all districts)
- HIV Counseling Testing Referral and Screening (all districts)
- Health education/risk reduction (targeted to greatest need). We may see less emphasis nationally but for Idaho, keeping these efforts is important.
- Health communication/public information (all districts)
- Structural interventions (all districts – condom distribution). CDC will likely emphasize this area.
- Emergency Department Testing -- Ask for technical assistance with CDC to help us with needs assessment and communicate, train and integrate testing with emergency department environment.

CDC may take a stronger role in a national awareness media campaign which we support.

Currently Funded Health Education/Risk Reduction

- Comprehensive risk counseling and services (CRCS) in Districts 4 and 5
  We need to identify resources to take on burden to conduct training in all districts. Perhaps the Research Committee could identify potential options.
- Interventions for MSM include Mpowerment (District 6); Mpowerment informal bid (District 4) – a proposal has been put out to address the gaps in risk reduction and prevention education to gay and bisexual men in District 4; Personalized Cognitive Counseling (District 4).

There are challenges because there are not a lot of interventions available for MSM. We have started contracting with ALPHA to build capacity for Mpowerment in Boise.

- Our Intervention for Hispanic communities is Cuidate in District 3. This intervention targets youth and delivery is working very well. We hope to expand this intervention across the state.

It is now decision time. If there is less emphasis on health education and risk reduction we need to determine what we are willing to give up. We prefer to go for everything we can and see what we get. We will look to the RPG's for input on high impact and structural interventions. We need community planning involvement to advocate in communities. The State cannot advocate.

HIV Prevention Updates

The PEMS Form (program evaluation and monitoring system) captures all our key data for testing. As of January 2012, CDC is doing away with the PEMS Form which we support. It is cumbersome and not intuitive. CDC will support our use of Evaluation Web for HIV testing data. CDC is revisiting the testing form and revising the variables. Other data variables for other interventions are also likely to change.

RWPB Community Planning and SCSN Overview

Guidance has been received for the Statewide Coordinated Statement of Need. Input will be sought from all RW programs in the state including PLWH/A, federally recognized Indian tribes, HIV primary care and medical case management providers, HOPWA and NWAETC. The guidance has been helpful in developing the HIV Care needs assessment, which may include focus on persons diagnosed but not in primary care, special populations and disparities in access to care and services.

The Guidance urges us to follow the National HIV/AIDS Strategy and to address early identification of individuals with HIV/AIDS, Healthy People 2020 Objectives and the Affordable Care ACT. We will need to provide input on what our State is doing in these areas.

We will also need to address where we are now regarding current HIV continuum of care and care funding priorities and where we need to go with focus on coordination of efforts, solutions identified for gaps/overlaps in Care and our goals for addressing unmet need. Monitoring progress will be essential.

Our next steps could be that we create an ad hoc panel of HIV+ people that are in c are. We are looking to the Research Committee to conduct a needs assessment in the next six months that incorporates Prevention and Care. The NWAETC (Judy Thorne) has several needs assessments in the works and will channel them to the Research Committee.

Structure of HIV Care and Prevention – Comprehensive Plan for 2012- 2014

Teri and Bebe's presentations touched heavily upon the requirements for the Comprehensive Plan. Lynsey Winters Juel presented an outline of how the Comprehensive Plan would be organized and presented.

Historically, the Plan had a lot of information (reports, data, etc.) at the front with goals being presented at the end. The 2012 -14 plan will focus on the key "what, why, how" with goals presented at the beginning. The other backup reports, e.g. the Epi Summary, and data will become attachments.

IACHA will adopt the National HIV Strategy Mission Statement as IACHA's Mission Statement. Sections will include our community planning structure and our collaborative partners; Idaho's demographic information, including an overview of HIV and AIDS in Idaho and our estimate of the unmet need; attachments supporting our current Continuum of Care; our Priority Populations, as identified by our regional planning groups in Districts 1 – 7; Care funding priorities; and our goals and actions that support: Decreasing New HIV Infections, Increasing Access to Care and Improving Health Outcomes for People Living with HIV and Reducing HIV-Related Health Disparities. A section will also detail our Care Programs, plan and activities, with details and timelines. Reports and Data will be provided as attachments.

Update from HOPWA

Sheri Cook is with the HOPWA program, which is the Idaho Housing Opportunities for People with AIDS. Under HUD, the program provides rental assistance and services for people at or below 80% of income. This group of people is often homeless. They need to avoid going to shelter environments, which can compromise their health. We have a current waiting list of 120 people, which represents a two to four year wait.

Most who qualify for HOPWA also qualify for Ryan White. We also provide short term rent assistance and utilities. No late fees are covered. Funding is available for a three year period. Housing needs to be part of HIV/AIDS strategy. We need more involvement/collaboration with HUD in these areas.

Consensus: IACHA members agreed that the Co Chairs will develop a Technical Assistance letter representing involvement of HOPWA.

LGBTQ Presentation

Bryan Lyda is with the Idaho Coalition against Sexual and Domestic Violence which provides prevention and support work. Domestic violence providers know little about safety planning, HIV, and birth-control sabotage.

The Sexual and Relationship Violence Task Force is addressing the question of what it will take to better address and help people dealing with the issues related to

misinformation and misunderstanding among counseling resources. Our goal is to support them to identify, understand and gain skills. We have members in Pocatello, Twin Falls, and Boise and we want to expand beyond these areas to statewide.

Our work includes a prevention program which will seek to engage young men in the "Wise Guys" program; increase male responsibility to reduce abuse and ensure respect of partners in every way, and developing and disseminating material and education to encourage people to know about available resources.

Formalization of ADAP Advisory Committee

The Ryan White Part B Program has been told that Idaho must have an ADAP Advisory Committee that has responsibility to:

- Establish ADAP eligibility
- Determine types, amount of duration and scope of services
- List covered drugs on the State's formulary
- Administer the program

Participants must include: HIV specialists, Physicians, Pharmacists, HIV Medical Case Managers and consumers.

Duties include regularly meeting to advise the State on what medications to include on the formulary, funding recommendations, and provide advice on the waiting list situation.

The prior ADAP Advisory Committee was disbanded in 2004. Currently Dr. Blue and Dr. Roscoe, HIV Medical Directors provide Idaho ADAP oversight.

We need to determine how we can meet the requirements and "formalize" an Advisory Committee. No funding exists to support additional committees or meetings. But, IACHA does exist, and the Data and Finance Committees have been working to review the program. But a formal role for IACHA to function as the Advisory committee does not currently exist.

Actions to ensure the State meets the requirements for an Advisory Committee include:

- Gather the information and support from Dr. Blue and Dr. Roscoe. Provide it to IACHA to review.
- Meet with a Medical Director and pharmacist as needed, but at least twice per year.
- Involve case managers and consumers
- Provide an overview report to IACHA for acceptance.

Decision: Write these actions into the IACHA Policies and Procedures and report to IACHA to approve the procedure.

FY 2011 Ryan White Part B Update

Generally, RWPB is granted a 5% increase in funding every year. We should be able to expect that again, but we are waiting to hear for certain. There will be an additional $25 Million in Federal funding, but it is still unclear how these funds will be distributed to State ADAPs. The State's General Funds have been untouched in the cutbacks.

ADAP Program Overview: We are currently serving 144 clients with enough funds to continue through the end of September. An additional 28 clients are being served by IDAGAP (Idaho's Medicare Part D Wrap-Around Program) The ADAP wait list continues to grow; though with adequate funding we should be able to clear current wait list of 16 clients.

RWPB Medical Case Management Services Overview: New contracts for RWPB Medical Case Management are in effect May 1, 2011 thru April 30, 2012 for total awards $216,000. Contracts have been awarded to North Idaho AIDS Coalition-District 1, Inland OASIS-District 2, Centro de Cumunidad Y Justicia-Districts 3 & 5, Southeastern Public Health-District 6, and Eastern Idaho Public Health-District 7.

Bebe also provided information on changes in Contract Requirements including the need for agencies to have policies and procedures that are consistent with RWPB and include information regarding hours of operation, a client grievance policy and procedure, a non-discrimination policy, and culture competency training.

Steps have been taken to customize CAREWare to be consistent with our State's model of operation now. The first year of implementation of the new CW set up will help provide a more accurate measure of the number of hours it takes to provide medical case management according to the RWPB Policies and Procedures and Standards.

Other Services Now Being Funded:

- $55,000 for HIV Monitoring/Screen Labs in Southern and Southeast Idaho
- $12,000 for Medical Transportation and emergency Financial Assistance
- Half-time employees at PFMC for LPN position

HIV/STD Prevention in Rural Communities Conference

Chris Bidiman attended the HIV/STD Prevention in Rural Communities Conference. The conference had a very Midwest focus, which limited its value to Chris. He did learn about how some areas are working with local bars to install condom dispensers. Chris is now working with bars in his geographic area for the same purpose.

Chris was successful in making a couple of important contacts. One for a potential speaker for University of Idaho – Ray Lewis Thornton and Robert Foley, National Native American AIDS Prevention Center provided a contact from the Nez Perce Tribe for Chris to pursue.

Nomination and Election of IACHA Community Co Chair

On Friday, as part of the Administrative Update, nominations were taken for the role of Community Co Chair.

- Gary Rillema (current chair) was nominated by Bebe; Rick seconded the nomination
- Chris Bidiman was nominated by Mary Linn; Lynn seconded the nomination

Nominations closed with a motion by Rick and seconded by Lynn

Decision: On Saturday IACHA members voted and Chris Bidiman was elected.

Wellness Center of Family Medical Residency of Idaho

For the Saturday morning segment of this meeting, the Advisory Council conducted their meeting at the Wellness Center on Emerald Avenue.

Jamie Perry of the Wellness Center provided an overview of the Clinic and information on services they provide (HIV patient care, refugee health screening, and family practice services).

Anatara Smith provided an overview of the Wellness Center and its Roadmap to Patient Care. She provided information about the circumstances related to how HIV patients become part of the Center's patient base and what the steps are in serving them, including the first and routine appointments, the issues of adherence of medical and HIV care, risk reduction, health literacy. She also reviewed stigma issues that create one of the largest barriers to testing and treatment, especially in Idaho.

Stacie Lechot, LSW, presented the Medical Case Management process, particularly from the perspective of the HIV patients. It is client centered ensuring they get linked to all service resources needed for care and support. Advocacy is provided through understanding the clients' medical, personal, financial, etc., situation and needs. Support includes emergency financial assistance, food, housing, insurance coverage – a strongly needs based service. Key barriers to service for these clients are access to transportation, and the commitment of the client to service.

Quality care requires keeping routine appointments, adherence to the medical treatments, and the practice of risk reduction behavior and the development of health literacy. Medical Case Managers deal with the impact of stigma related to HIV. The clinics are challenged with helping to address and overcome the impact of stigma.

Committee Updates

Data Committee Update

Stacie Lechot provided an overview of the Data Committee's goals.

Goal: Review RPG Rankings.
Teri will e-mail RPG district rankings to all committee members. Committee will conduct a conference call with Administrative Committee to review rankings, and will then present to IACHA Committee via e-mail for approval. This goal is top priority as it needs to be accomplished before the next IACHA meeting. The deadline is June 30, 2011.

Goal: *ADAP Programs that use insurance. Research and bring back data.

ADAP MODELS:

- Different models
- Different ways paid
- Paint picture for committee

*The Committee was not present to discuss this goal with Stacie. They will revisit.

Finance Committee Update

Gary provided an overview of medical cost data provided by the Wellness Center. The committee discussed the adjusted cost in comparison to current ADAP costs, which appears to provide significant cost savings in all cases. The Finance Committee determined they will request Technical Assistance through NASTAD for direction in creating a proposal from IACHA to move forward. The Committee will request Technical Assistance from a PCIP representative to ensure calculations are correct. Moving forward, we will expand our sampling of patients to include: Females, Pregnant Females, and New to Care. Technical Assistance will be requested from NASTAD regarding ADAP designs of other states.

Data Committee will continue researching other state's ADAPs.

Research Committee Meeting Minutes
Co-Chairs: Mary and Alicia
Date: 6/3/11
Committee members present: Mary, Alicia, Mary Linn, Mercedes, and Rick
Purpose: Committee working session

1. Focus Group discussion:
    a. We have big concerns regarding Closed Loop's ability to conduct an effective focus group.
    b. They're going to do another one in mid-June
    c. Testing needs more visibility and less stigma

2. Closed Loop and Teri are discussing establishing an MSM-specific website. We discussed the need for it to be gay and sex positive.

3. Prevention intervention recommendations:
    a. Look at last Comprehensive Plan
    b. Be more "prescriptive" with interventions
    c. Prioritize PCC, CRCS, MSM programs, and any that are currently being used in the state.
    d. We must use the Gaps Analysis (from the RPGs) in making our recommendation.
    e. Teri will let us know our timeline when she knows it.

4. Pending online survey:
    a. Greg Rebechek (sp?) has reviewed the survey to give feedback. It will be focused on assessing gay and bisexual men's knowledge of social behavior, meeting places, testing status/behaviors, and some health practices.
    b. Closed Loop will advertise
    c. Teri will send it to the Research Committee for review when she returns from vacation.

5. Bebe's data/gaps/needs project:
    a. Determine best tools to identify needs for those in care (unmet need).
    b. Possibly add on to Teri's survey
    c. Provider capacity assessment
    d. GOAL: Identify needs of those "in-care" as well as HIV+ people who are not in care.

6. Alicia has connections with young MSMs (HIV+) and will work to try to encourage them to visit with the Research Committee in order to encourage them to participate in the process.

Membership Committee Update

New slots filled in the IACHA Membership Matrix for 2011. New member applications are as follows:

- Whitney Holman (Mentor – Lynn Opdyke)
  - Recommend approval; High Risk Heterosexual slot
- Frances Nagashima (Mentor – Mercedes Walser)
  - Recommend approval; Education slot
- Joe Swartz (Mentor – Alisha Rux)
  - Recommend approval; HIV Positive slot

The Membership Committee recommended approval and IACHA voted in favor of extending membership offers to those individuals.

In review of Jonny Walker's membership the following items were discussed:
Jonny currently has a reduced capacity to participate fully as a member of meetings, including attendance of meetings, calls and e-mail correspondence, due to his recent occupational change. He, however, has expressed his continued dedication to contributing to IACHA. The Membership Committee will re-evaluate his position at the September meeting.

Two slots in the Membership Matrix are devoted to care (Direct & Medical), which can be considered the same type of care. The committee provided clarification*.

- Care (Direct): Considered medical professional (Physician, Nurse, etc.)
- Care (Medical ⟶ Indirect): Considered care occupation (Medical Case Manager)

*This does not result in any changes, but provides better guidance/distinction for potential new members.

Membership Accountability Tool Recommendations:
Conference calls – Members are expected to participate in all necessary conference calls unless the "Call Lead" has been notified of an impending absence.
E-mail correspondence – Members should respond to e-mail correspondence (requiring member response) within 10 business days.
Snail mail correspondence – Members should respond to written correspondence (requiring member response) within 30 calendar days.

Accountability Discussion:

What about extenuating circumstances? What if there is no access to a computer, no e-mail.

Approve the language going in to Policies and Procedures at the fall meeting.

Conceptual agreement: IACHA agreed to have the Membership Committee pursue the recommendations and further develop them, specifically in regards to the discussion, to be presented at the September IACHA meeting.

Attachment 1

IACHA Committee Membership Roster
Updated June, 2011

Data Committee – Standing*
Co-Chairs: Katy Kujawski and Casey Moyer (non-member)
Jonny Walker
Stacie Lechot (temporary)
Jamie Perry (temporary)
Jesse Tellez (temporary)

Research Committee – Standing*
Co-Chairs: Mary Beaver and Alisha Rux
Mary Linn
Denielle Townsend
Mercedes Walser
Stacie Lechot

Finance Committee – Standing*
Chair: Gary Rillema
Shane Anderson
Lynn Opdyke
Rebecca Schliep (non-member)
Jamie Perry (non-member)

Membership Committee – Standing*
Chair: Chris Bidiman
Darlene Burke
Idaho Purce
Kituta Asimba
Jesus Tellez
JoAnne Fletcher

Structural Committee – Ad Hoc**
Chair: Katy Kujawski
Mary Beaver

*Chairs and Co-Chairs also serve on the Statewide Quality Management Committee and the IACHA Administrative Committee

**Chair also serves on the Administrative Committee

Lynsey Winters Juel, Teri Carrigan, and Bebe Thompson are resources to all committees.

Attachment 2

Idaho Advisory Council on HIV and AIDS
June 2011 Meeting Attendees

Members:
Alisha Rux
Bebe Thompson
Chris Bidiman
Darlene Burke
Denielle Townsend
Gary Rillema
Jesse Tellez
Kituta Asimba
Lynn Opdycke
Mary Beaver
Mary Linn
Mercedes Walser
Rick Pongratz
Shane Anderson
Stacie Lechot

Technical Advisors:
Jamie Perry
Rebecca Schliep
Teri Carrigan

Non Members:
Sheri Cook
Sherry Dyer- Facilitator
Ed Galisewski
Bryan Lyda
Judy Thorne
Lynsey Winters Juel- Coordinator
Diane Zhitlovsky

Attachment 3

Idaho Advisory Council on HIV and AIDS Meeting
June 3-4, 2011
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 (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(1) 4 5 (10)

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 (5)**

Meals **1 2 3 (2) 4 (4) 5(6)**

Hotel Rooms **1 2 3 (1) 4 (5) 5 (5)**

Comments:

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 (10)

Comments:

5. Which parts of the meeting did you find the most useful?
    - Our breakouts
    - Committee work session
    - This was a very useful meeting across the board. The clinic visit and presentation was very helpful.

- Presentations
- All of it. Guest speakers, discussion, the business done
- Site visit
- Wellness Center
- Everything
- The information from the Wellness Center
- Saturday's info was great
- Collegial interaction
- Clinic tour and client perspective review

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

7. What additional types of information, training or technical assistance would you like to receive at future meetings?
    - List of all abbreviations

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, youth at risk in Nez Perce and especially the tribe

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

    - The meeting was great and greater!
    - Great job- always very informative
    - Love the slides with larger print