Idaho Advisory Council on HIV and AIDS

Meeting Report

September 26-27, 2014

Submitted by:
Sherry G. Dyer
Management & Organization Consultant
sherry @ sherry-dyer.com
208-724-7049

Contents

Opening Remarks & Introductions

Chris Bidiman, IACHA Community Co-Chair, welcomed members and guest to the 3rd and final membership meeting of 2014.

Sherry Dyer, Meeting Facilitator, led introductions of group members and technical advisors. New member, Robert Mowery of Boise, was welcomed by the membership. Sherry referred participants to the agenda as a guide for presentations and discussions during the 1 ½ day meeting. Sherry also reminded members of the consensus decision-making process and reaffirmed the IACHA Operating Agreements.

For the benefit of current and new members, Sherry overviewed the agenda, reaffirmed the process of presentation and group discussion, and encouraged members to be prepared to consider the question "*What takeaways from this/these presentations helped guide and connect your thinking and make connections to the Strategic Plan*."

HIV, STD and Hepatitis Programs Update – Aimee Shipman

Program and Staff

Aimee reviewed recent personnel and program changes. Formerly the Family Planning, STD and HIV Programs, the new program name is HIV, STD and Hepatitis Programs. Family Planning is no longer a part of these programs, but is now aligned under Maternal and Child Health. Changes in personnel created the need for realigning the work plan and staff responsibilities. The Ryan White Part B (RWPB) and AIDS Drug Assistance Program (ADAP) Coordinator position vacancy is in the final stage of interviews. While the RWPB and ADAP Coordinator position remains vacant, Merideth Bochenek and Aimee have covered the responsibilities.

With Technical Assistance from University of Washington, the HIV, STD and Hepatitis Programs staff is reviewing HIV prevention related responsibilities to determine how to best meet the needs of the program. Rebecca Schliep continues to have responsibility for HIV Prevention Programs and monitors the Linkage to CARE program. Rafe Hewett continues with his responsibilities for the Viral Hepatitis Prevention program as well as oversight for the STD Prevention grant and HIV Prevention program. This organizational realignment will support broadening of staff knowledge and support continued and increased collaboration. As these changes continue we will have more information to share at our next IACHA meeting.

The Statewide Coordinated Statement of Need

The Statewide Coordinated Statement of Need Guidance provided in February 2014 encouraged (more) integrated data, planning and coordination of Ryan White and HIV programs (Care and Prevention). This is the last formal communications on this topic. There has not been any more guidance or clarification from CDC and/or HRSA.

The key points from NASTAD stated there would be guidance for an integrated plan, which is due in September 2016. We have been advised not to expect specific guidance. States are encouraged to conduct needs assessments, but we have had to put this on hold, pending filling of the RWPB Coordinator vacancy.

ADAP Technical Assistance Meeting

Over the summer, Aimee attended the ADAP TA meeting on FY2015 Appropriations. During this meeting, there was discussion regarding the expectation of future significant changes to the structure of the Ryan White program and the funding formula. Pending those changes, states are not receiving much guidance at this time. With anticipated shuffle in Congress this election cycle, there is potential for a change in committee leadership. Thus, reauthorization of Ryan White Care Act is on hold. In addition, 340B drug pricing is undergoing congressional scrutiny. There is the potential for new definitions and requirements for this program.

There is anticipation that future considerations for Ryan White may include planning and community engagement and potential funding formulas rather than “needs based” considerations. Whatever the outcome, decision-makers are aware of the unique circumstances among the states.

The new HIV/AIDS Bureau (HAB) initiatives include making improvements in health technology, including 1) improved availability of Ryan White data and 2) working with CDC on Continuum of Care initiatives which may include options to request funding.

During the Open Enrollment Year One Plenary session the Center for Consumer & Insurance Oversight (CCIIO) and National Association of Medicaid Directors (NAMD) reviewed points of view related to the next enrollment period, including community based structures to help people through the process; ensuring awareness of shifts in coverage (essential benefits) and delivery; and social determinants as a core feature of Medicaid reform.

HIV Prevention Update – Rebecca Schliep

2015 Funding Request

Rebecca reviewed the funding requests and results for 5-year grant cycle (2012 – 2016). Year 3 funding, which ends December 31, 2014, is $811,445 which includes $52,673 of unspent dollars from the 2012 (year 1) of the grant cycle. The Year 3 Interim Progress Report will be submitted to CDC as part of the 2015 (Year 4) budget request.

Required Core Components and Required Activities must comprise 75% of the total grant funds, the funding requested included 88% of the allocated funds to the required

components and required activities; the remaining 12% is designated for recommended components, specifically, evidence-based HIV prevention for persons at highest risk. $857,082 has been requested for 2015. The state expects 2015 to begin with partial funding of the requested amount. To sustain future funding, Idaho must prove that we can spend out the requested amounts.

Rebecca provided a summary of HIV Prevention Activity for January through June 2014 which included the following:

- 932 HIV tests were completed during this time (230 in healthcare settings and 702 in non-healthcare settings). Testing in healthcare settings resulted in 4 newly diagnosed confirmed positives (1.73% positivity), exceeding our positivity goal of at least 0.1% positivity. Testing in non-healthcare settings resulted in zero positivity, with results of one test still pending at the time of this report.
- 103,179 condoms were distributed through clinics and service organizations, reaching an estimated 80,741 people.
- 104 partner service investigations were conducted during which providers counseled HIV clients of the importance of notifying their partners regarding their status. This also covers other sexually transmitted infections.
- HIV prevention activities were conducted on behalf of high risk negative individuals.
    - Two Mpowerment programs (Pocatello and Boise) received support for their efforts to address stigma.
    - 1,725 outreach events were conducted
    - 205 core group meetings were held
    - 7,058 media and advertising events were completed

Year 2: CDC Rapid Feedback Reports

Rebecca also reviewed the Year 2 (2013) Annual CDC Rapid Feedback Report which describes progress and achievements related to the Funding Opportunity Announcement performance requirements. The report promotes accountability for both the grantees and the CDC. Year 2 includes information from 61 Health Departments that are funded under the CDC's Comprehensive HIV Prevention Programs.

Following are highlights of the Report:

- Nationally there were 1,694,233 tests conducted; 10,981 (0.6%) were newly identified HIV Positive.
    - Goal: Achieve ≥ 0.1% positivity in healthcare settings
        - National: 6,393 tests reported as newly identified HIV+
            - 95% of 61 Health Departments achieved the goal
        - Idaho met the goal: 1,398 tests, 5 newly identified HIV+ =0.4% positivity
    - Goal: Achieve≥ 1.0% positivity in non-healthcare settings
        - National: 4,588 tests reported as newly identified HIV+
            - 31% of 61 Health Departments achieved the goal

- Idaho did *not* meet the goal: 2,184 tests, 0 newly identified HIV+ = 0.0% positivity

- Medical Care (referred for medical care and attended first appointment)
  In healthcare and non-healthcare settings, HDs are required to link at least 80% of newly identified HIV+ persons to HIV medical care. The National HIV AIDS Strategy has set this goal at 85%.
  - National: 29 (48%) of 61 Health Departments achieved the target
  - Idaho: 5 of newly identified HIV+ were linked to medical care (100%)

- Partner Services – required to interview at least 75% of newly identified, confirmed HIV+ persons for partner services. Among new identified, confirmed HIV+ persons for which information was available, 5,583 (79%) were interviewed for Partner Services.
  - National: 44 (72%) of 61 Health Departments achieved the target
  - Idaho: 5 of the newly identified HIV positives were interviewed for Partner Services (100%)
- Prevention Services – no specified target for referral to prevention services. Among newly identified, confirmed HIV+ persons, 6,115 (82%) were referred.
  - National: no target established
  - Idaho: 5 of newly identified HIV+ were referred to prevention services (100%)

- Condom Distribution – 61 Health Departments distributed 137,553,840 condoms
  - National: 44 (66%) of Health Departments achieved their annual objective
  - Idaho: Goal – Distribute 218,000 condoms; distributed 187,480 (86%) Aimee commented that low-incidence states did well in this study. At the University of Washington Conference for Low-incidence States (February 2015), a session is dedicated to the discussion of why these States' numbers look good. She will provide a report on this topic at the next IACHA meeting.

  Aimee commented that low-incidence states did well in this report. She will be attending the Center for AIDS Research Health Department Consortium meeting at the University of Washington on October 7th. The afternoon session at this meeting will explore testing strategies utilized by participating low incidence jurisdictions to identify potential for adaptation to Idaho's context. She will provide a report on this topic at the next IACHA meeting.

- Policy Activity – Health Districts focused on a wide variety of policy activity areas, including these top 5 (most frequently discussed):
  - HIV Testing Access/Delivery – screening in a healthcare setting (18)
  - HIV Testing Access/Delivery – other (16)
  - Surveillance Data for Public Health Action – strengthening reporting requirements (13)

- Data Security, Access, and Intra-Department Sharing (12)
- Improved collaboration between prevention and care/treatment grantees & stakeholders (12)

Information for further interest/study by IACHA members can be found online, suggested sites include:

- NASTAD – A Path to Policy at www.nastad.org/docs/ (includes topics regarding the role of advocacy, the use of social media, current practices and fact sheets related to broadening the context to engage the public
  Act Against AIDS at www.cdc.gov/actagainstaids/campaigns (including the *Start Talking. Stop HIV.* campaign)

Idaho's State HIV Prevention Progress Report, 2014

The CDC released the State HIV Prevention Progress Report, 2014 which provides baseline information on the most urgent priorities for strengthening states' HIV prevention and care efforts. CDC cautions that direct comparisons between states cannot be made without understanding and accounting for these variations. The differences include variations in the levels of HIV burden, public health priorities, economic realities, healthcare systems, quality of data, existing infrastructure for HIV services, community response, and population demographics. Furthermore, among states, resources vary with regard to federal, state, and local funding. Of the six reported indicators, one is from the Behavioral Risk Factor Surveillance System which asks respondents if they have ever been tested for HIV. The other five indicators come from the National HIV Surveillance system and for three indicators only 18 states and DC report are able to provide complete lab data from 2011. The report suggests that States need to improve reporting all CD4 and HIV viral load test results for persons living with HIV infection so that states can monitor linkage to HIV medical care, retention in HIV medical care, and viral suppression.

HIV Criminalization – Lynsey Winters Juel

Lynsey reviewed the status of the ongoing effort to bring attention to Idaho laws that criminalize exposing someone to HIV through intimate contact without explicit knowledge and consent.

In September 2014 Dr. Hahn (DHW), Dr. Blue and Kaden Sinclair met with Idaho Medical Association staff and lawyers. With no progress made in regards to finding common ground with the prosecuting attorney, the group decided to explore another route. The IMA agreed to set up meetings with Dr. Blue and 3 Idaho legislators (who happen to have medical backgrounds) to discuss one on one the concerns related to this legislation.

In addition, Lynsey mentioned an upcoming technical assistance call facilitated by NASTAD with people from Iowa who helped change the HIV laws.

UPDATE: This call took place on September 29. Joining the call was Lynsey, Molly (IMA), Kaden, Aimee, Rebecca, Tami (community member from Iowa) and Randy (health department staff from Iowa). Take aways from this call include:

- *People in Iowa recognized the importance of having a tiered system rather than elimination of the law. This allowed for eventual bi-partisan support. The tiered system clearly addressed the issue of intent.*
- *When promoting the changes to the HIV laws in Iowa, they used the term "modernize" rather than "decriminalize" so as to gain broader support and not appear "soft on crime."*
- *They provided a fact sheet to use when speaking with legislatures (this fact sheet has been provided to Idaho)*
- *Randy clearly identified the key role that the Iowa Department of Health took in the process and encouraged Idaho to consider taking this role.*
- *They also encouraged Idaho to consider connecting David LaBahn (President of the Association of Prosecuting Attorneys) with Idaho's prosecuting attorneys.*

RWPB/ADAP (HIV Care) Update – Aimee Shipman

For the fiscal 12-month period April 2013 through March 2014, 305 ADAP clients were served (268 uninsured, 37 Part D clients). Total expenditures of $5.1 million continue to grow which impacts rebates to the state. 46 clients enrolled under the Affordable Care Act (20 of those clients were therefore removed from ADAP).

The following is a summary of changes/additions to Ryan White Part B contracts during the same 12 month period:

- Health West Pocatello began a new contract in November 2013 for a part-time position. Given the learning curve for this position, Meredith and Aimee provided orientation and education.
- The FMRI Wellness Center (HIV Primary Care) in Boise also added a part-time employee in November 2013 for the In-Person Assister position.
- Health West in Pocatello now oversees lab ordering and payment for Idaho Falls and Pocatello.
- The state recently structured a Medical Case Management contract for a collaborative effort for Districts 3 (Southwest Idaho) and 5 (South Central Idaho). The contractor has secured a space for a clinic in Twin Falls.
- An HIV Medical Case Management RFP is under development for other geographic areas in Idaho (Health Districts 1, 2, 6 and 7). These will be posted this fall or winter.

The impact of the Affordable Care Act on Idaho is unknown. We are seeing a lot of people moving back into Idaho who need ADAP support. The ADAP resources will need to be increased to support the growing numbers in the absence of Medicaid expansion.

Looking forward for the remainder of FY2014, the RWPB program expects to serve at least 275 clients under ADAP. They expect HRSA to implement a rule regarding partial pay rebates and 340B which involves discount pricing practices for the underserved. However, they do not anticipate these changes to impact ADAP; there is some speculation that ADAPs will receive rebates equal to what they pay for co-pay or deductibles.

Going into FY 2015, the RWPB program anticipates a very lean budget. The good news is the ADAP ERF (Emergency Relief Fund) came through in June. The FY14 RWPB/ADAP budget of $1,367,153 covered the ADAP Earmark of $721,625, ADAP Supplemental of $67,733 and the RWPB base of $577,795. There is a potential that, in the future, we will be required to go to the legislature annually for supplemental increase budget requests such as the request for supplemental receipt authority for $3.3 M that was approved by the State legislature in Spring, 2014.

The ADAP Advisory Council approved adding Triumeq to the ADAP formulary.

Idaho Viral Hepatitis Advisory Council Update – Rafe Hewett

Rafe provided the Viral Hep Prevention Program update and also presented the goals updates which are part of the IACHA Strategic Plan.

Rafe will be attending the NASTAD Hepatitis Technical Assistance meeting in October.

The Viral Hepatitis Prevention program is in Year 2 of the 3-year grant cycle (year 3 begins November 2014). The Year 3 funding request is $31,500; however, Idaho is forecasted to receive only $17,904. The final decision has not been made, and it is possible we will be fully funded. The primary focus at this time is rapid Hepatitis C testing and providing guidance to the Idaho Hepatitis Advisory Council and Strategic Plan.

The Rapid Screening project now includes 7 sites in Idaho (2 in drug treatment settings, 4 in community settings and 1 in a correctional setting). Three of these programs in the community setting are new this year: NIAC in Coeur d'Alene, ALPHA and CCJ in Boise.

Hepatitis C Virus (HCV) screening results in the first 6 months of the plan year (4 of the 6 sites reporting):

- 224 people were tested (114 female and 110 male)
- 10 people had reactive results (4.46% reactivity rate)

The Idaho Hepatitis Advisory Council provides representation throughout the state of Idaho. Three on the Council are members of IACHA. The Council meets quarterly and

met recently on September 22. The Council functions much like the IACHA Strategic Plan subcommittees.

Rafe overviewed the action items undertaken by the Council and reviewed at their September meeting, noting the effectiveness of the Council in moving forward on critical goals. Highlights include:

- Developed a new interactive map on the state Viral Hepatitis Prevention website that provides all available Hepatitis related services in Idaho
- On track to initiate a new reporting process for documenting successful referrals for people with reactive HCV test results
- Provided adequate testing supplies for year 3 of the grant for 5 testing locations throughout the State
- Developed and encouraged strategies for ensuring all IACHA members integrate viral hepatitis into their work

The Council has updated its goal matrix with all new strategies in goals 1 – 4. Rafe requested that IACHA members approve the new goals.

Decision: Gary Rillema moved and Cynthia Lynn Opdycke seconded the motion to approve the Idaho Hepatitis Advisory Council's new Goal Matrix, dated September 11, 2014. By full consensus, IACHA approved the new Goals of the Council.

Idaho HIV Epidemiology Update – Jared Bartschi

Epi Data

Jared provided an overview of *new* HIV diagnosis trends the last 10 years. Data reflects fluctuations by year and the declining trend the last 5 years from the peak of 54 cases in 2008 to 37 in 2013. The 5-year (2009-2013) trend by age group shows a similar distribution of new cases in the 20-29/30 to 39/40-49 age groups, with the highest in 20-29. However there are a notable number of new diagnoses in the 50+ age group. The exposure categories for men during this period are predominantly MSM or MSM/IDU. For women, the dominant exposure categories are heterosexual and risk not specified. Risk not specified is 42% compared to national data of 1%. Data from the 7 health districts shows District 4 with 52% of the total, an increase related to a syphilis outbreak in 2011.

Late Tester Study

The Department has undertaken a study to determine the prevalence and predictors of late testers. The purpose of the study is to understand the epidemiology of patients who test late and to identify characteristics at the patient and facility level that could predict late testing. The study population is 840 people including 377 late testers older than 39

and 463 early testers older than 32. The study excludes pediatric cases and individuals who could not be characterized as early or late.

In Idaho, persons who progress to HIV Stage 3 within 1 year of diagnosis are typically men who are in the mid-30 to mid-40 age group, live in rural areas of the state, are MSM, and are likely to be less educated and more likely to lack insurance.

The implications for late testers includes increased odds of dying early, increased impact on hospital and drug costs, increased risk of HIV transmission and reduced chance of viral suppression and immune response.

Outcomes of the study will help us better target resources and messaging to those at highest risk of testing late for HIV.

Syphilis Outbreak

Jared provided an update on the syphilis outbreak that occurred in 2011. The numbers of syphilis cases in Idaho are now down to pre-outbreak levels. Since June, 2011 there have been 335 cases and contacts in the State. 71 people have been diagnosed with early stage syphilis, 69 are men. MSM is the most frequent reported risk. Of the 69, 21 men have been diagnosed as HIV infected.

Future Surveillance Projects

Future projects include potentially expanding the CD4 and viral load reporting levels. Currently, only viral load and AIDS are included. This could mean a much higher burden for processing incoming laboratory results at the Department of Health and Welfare, depending on the approach. This could create a perception that the government is expanding data collection, which tends to scare people. For 2015 legislative session, the Department will not pursue changes to the CD4 and VL reporting criteria.

Division of Public Health Updates – Elke Shaw-Tulloch

Elke is the Administrator of Division of Public Health for the Idaho Department of Health and Welfare. The Public Health Division is one of 3 divisions under Deputy Director Chris Hahn within the Department of Health & Welfare. Under the website www.healthandwelfare.idaho.gov there is extensive information about our Public Health Division. Elke also mentioned the State Communications Center which is a 24/7 emergency contact center within the Department.

In July 2014, the Department completed its FY2015-2019 Strategic Plan. Idaho has conducted strategic planning before, but nothing on this scale. The Plan is intended to facilitate dialogue across the Department and within Divisions for better understanding and to support our ability to find ways to work together. Additionally, there will be an employee engagement survey.

Idaho has submitted a proposal through the Medicaid Division to redesign Primary Care. If the proposal is successful, the Governor's Idaho Healthcare Coalition will oversee the work of regional collaboratives which provide medical neighborhoods for citizens. This effort will identify the needs and get people connected to care. A component of this effort will be a statewide health assessment to identify community health needs and to compare the results with other existing surveys and sources of data collection.

Elke shared that the focus of the Division is all about prevention. However, there is a lack of new money and budgets are shrinking. The trend is to take a broader chronic disease focus instead of a narrow focus approach.

Your Health Idaho – Jody Olson

Jody is the Communications Director for Your Health Idaho.

Your Health Idaho is the only exchange in the U.S. where you can transfer off the federal market and onto the state exchange. As of November 15, 2014 Idaho will launch its own exchange technology.

Open Enrollment starts November 15, 2014. 76,000 people enrolled in the 1st enrollment and there are now 80,000 participants following a special open enrollment. The Exchange offers a competitive product. All Idahoans age 18 and above are eligible to sign up for coverage, with a few exceptions, including members of federally recognized tribes and access to coverage under other plans. Also, those over 65 are not eligible due to access to Medicare.

This year there is an increased selection of service providers with a total of 198 plans – these plans are competitively priced and designed for Idahoans. People signing up on the Exchange will also want to determine whether they are eligible for tax credits or cost sharing. The savings range from $26 to $280 per month. YourHealthIdaho.org provides a PDF for needed information to get you started. In addition, there will be an anonymous calculator consumers may use prior to going into the actual exchange.

In response to a question from an IACHA member, Jody stated that Idaho legislators will continue to discuss the Medicaid Gap and Medicaid expansion.

The online Exchange has cost the State $90 million to build. This is going to outside contractors. The plan is for Your Health Idaho to be self-sustainable by 2016.

Q & A Regarding Optum/Medicaid – Candace Falsetti

Candace is the Supervisor for the Idaho Division of Behavioral Health Quality Assurance. Candace provided a handout and information about Optum Idaho. Optum is a Medicaid contractor for managed care. Typically a consumer would get a

comprehensive medical assessment and then go to Optum for authorization of the recommended treatment plan. Optum authorizes payment for the service; it does not authorize the service itself. Optum uses “medical necessity” as the key measure for approval. Candace stated there have been challenges to Optum’s decisions. There is an appeal process available for patients.

Division of Behavioral Health Substance Use Update – Treena Clark

Treena provided an overview of the structure of the Divisions Central Office and Regional offices. The central office provides support related to quality assurance, policy rules and standards and operations, service delivery oversight, management of the Substance Use Disorder contract and the Recovery Idaho Initiative. The Regional services include the regional behavioral health centers and mental health services. Regional services also include the State Hospital North in Orofino and State Hospital South in Blackfoot.

The Alcohol and Intoxication Treatment Act, Regional Behavioral Health Services Act, and Children’s Mental Health services Act authorize and guide the Divisions work which fall under the Adult Mental Health Program, the Children’s Mental Health Program and the Substance Use Disorders Program.

FY14 Legislative highlights are:

- The Regional Behavioral Health Services Act which integrates substance abuse and mental health as Behavioral Health
- Education loan repayment for State Hospital physicians, mid-level practitioners and psychologists working at the 2 State hospitals.
- The appropriations of $2.12 million for a regional behavioral health crisis center
- Ensuring provision for individuals who are unable to pass a background check to request a waiver to work in an approved SUD or Adult Mental Health program.

Division Highlights include:

- Full implementation of an Electronic Health Records system across Department programs
- Quality assurance for Medicaid Idaho Behavioral Health Plan
- Behavioral Health Standards Manual which covers LGBTQIA/LGBTQ (note, the manual may or may not include “I” for intersex and “A” for asexual in the final document, which will be reviewed by the IACHA HIV Health Related Disparities Committee).
- Certified Family Support Partners for children with mental health issues
- Certified Peer Specialists standards upgrade for certification and training for adults with mental health issues
- Recovery Coach training
- Recovery Idaho to be the umbrella organization to establish and oversee a network of recovery centers
- The 4-year Idaho Youth Treatment Program Grant provides funding for the implementation of intervention services to Transitional Aged Youth. The intent is

to make this program a model in all regions. Currently services are provided in Regions 2 and 4.

- The Department was recently awarded a 3-year grant to provide substance abuse services to target populations, including veterans, child welfare families and the homeless. We hope to start the screening process in December, 2014.

Treena provided an overview of the advisory organizations that provide guidance and oversight to the Department: Behavioral Health Planning Council, Regional Behavioral Health Boards and Idaho Behavioral Health Cooperative. All include members of the communities served by the Department. There are some pending organizational decisions impacting the Behavioral Health Boards, particularly in regards to their role (i.e. continue as advisory board? Become a partner with another entity at the district or county level? Become a fully independent entity?).

DBH has a contract with Bonneville County for a Community Crises Center that will open around November 1 and be located in Idaho Falls. It will provide 23 hour and 59 minute short term service for adult mental health clients.

IACHA Strategic Plan – Committee Reports

Updates to the Strategic Plan have been integrated. For a copy of the plan, please contact Lynsey Winters Juel or go http://www.mtnstatesgroup.org/programs/idaho-advisory-council-on-hiv-aids-iacha/

IACHA Health-District Member Reports: What is Happening in Your Districts?

Gary Rillema (Health District 7): Gary participated in the Quality Management meeting on September 18. Breaking Boundaries continues to provide financial support to people living in Districts 6 and 7. A Pride parade was held in Idaho Falls. This was the 2nd parade and it is creating greater awareness.

Linwood Fraser (Health District 7): Lenny reported that there has been continuing concerns with the Department of Corrections at the Work Release Center in Idaho Falls. Additionally, Lenny is making efforts to encourage increased avenues for screening.

Rick Pongratz (Health District 6): Mpowerment is doing more testing and want to partner with other organizations for referrals. Rick anticipates teaching an AIDS 101 class every fall for 1 credit – it will be a pass/fail upper division credit. It will include risk factors, medical treatment.

Alex Zamora (Health District 4): On October 15, there will be an HIV Awareness Day event for Latinos. At the conference focusing on Latino Behavioral Health Conference last year, there was a clear message that people want more information and increased dialogue on the subject of HIV/AIDS.

Lynn Opdycke (Health District 5): Lynn does community outreach counseling in Region 5 through her business, Positive Connections. She works with the Health Department related to family planning and works thru Planned Parenthood as well. They are still figuring out how to work with the HOPWA expansion. Lynn has been working to develop staff through education. We will be doing an outreach push – through a community event. It will include providing information about our company and we hope to generate more opportunities for us.

Chris Bidiman (Health District 2): Inland Oasis is seeing fewer people coming in. We are looking at ways to increase visits. We are piloting a Couples HIV Testing and Counseling (CHTC) program.
Mary Linn (Health District 5): Mary works with HOPWA. They are looking for more options to address health related problems. She expressed that she sees opportunities to provide information and outreach through the 12-Step programs.

Ryan White Work Group Update – Lynn Opdycke

Following her attendance at the USCA in 2013, Lynn has participated on the Ryan White Work Group. This group provides webinars and training opportunities. Recent topics have included:

- There is a need for more data about how the ACA has affected clients and their access to Care.
- There was discussion about possibly combining Part C and Part B as one entity.
- With the changing health role, there is a need for increased collaboration across the nation. Ryan White will likely change over time.

211 Update – Alex Zamora

Alex shared the recommendation that all free testing sites be connected to 211. This would be a way to get information more easily regarding testing locations.

Group Discussion: Questions posed to IACHA Membership by HIV, STD and Hepatitis Program

Question 1: What do you need to do and/or to enhance your work in your community?
Question 2: What do you need for improving IACHA outcomes in regards to the Comprehensive Plan?

Responses:

- HIV Support Group
- Basic Needs: housing, transportation (affordable bikes), soap, paper towels, toilet paper
- Commitment to flexibility and partnerships

- Direction on how to navigate all the systems and language to obtain information. Simplification of communications – perhaps more consumer focused.
- Information about who does what at the State level, CBO level, etc.
- The IACHA Matrix: Consider the irony of trying to protect people who are stigmatized. Need balance between representing the constituency completely and protecting the individual's identity. Ultimately, the group decided to continue to use the membership matrix, but ensure that the completed matrix is not publically displayed. Additionally, there will be an update to the membership application to indicate that information presented in the application will be shared with the group, but kept private from the general public.
    - Need people to feel and be empowered by/through their identity
    - Respect desire for privacy, but encourage acknowledgement of identity of the "slot" you fill within the IACHA membership group.
    - More attractive and functional website
- Restructure meeting days or length to ensure better attendance. (see decisions under Administrative Updates below)
- Consider adding membership slots – Are we limited to 26 members?
    - Cap Provider members
    - Expand constituency members (those we serve)
- To help recruit groups of people that have been historically hard to attract, consider paying for people to attend meetings who would attend as guests.
- Rotate IACHA meeting locations throughout the state

IACHA Administrative Update – Lynsey Winters Juel

- Regarding the Idaho Department of Corrections (IDOC) policy of not allowing prisoners with HIV to work in food service areas, Lynsey emailed Rona Seigert at IDOC to inquire about the policy. Rona responded to her email advising that IDOC is aware of the concerns regarding the limitations on HIV diagnosed offenders and that, currently, the Department policy is under review by the Department's legal counsel. She stated that at this time, no meeting to discuss the issue is needed.

  Lynsey followed up with an email to Rona on August 30. There has been no response or further communications.

- The CDC monitoring questions were provided to members via email ahead of this September, 2014 IACHA meeting. Lynsey asked if there were any questions or suggested changes. There were none.

  Decision:

  The CDC monitoring questions were approved by unanimous vote of the membership.

- Jared Homnick submitted his application for membership. Chris Bidiman will be the mentor for Jared.

  Decision:

  By unanimous agreement, Jared was approved for IACHA membership.

.

- Jonathan Collins submitted his application for membership.

  Decision:

  By unanimous agreement, Jonathan was approved for IACHA membership. Jonathan Walker will be the mentor for Jonathan.

- Lynsey presented several options for 2015 meeting dates in February, May, and September. The group discussed changing the days of the week IACHA meets. Typically we meet on Friday and Saturday. There has been increasing concern about the burden of weekend meetings. The group discussed the option of meeting on Thursday and Friday. Additionally, the membership recommended that the IACHA Coordinator consider switching from the Red Lion to a new location.

  Decision: By unanimous agreement, IACHA membership agreed to change the meeting days to Thursday (all day) and Friday (half day).

  Lynsey offered several date options for February, May and September 2015.

  Decision: By unanimous agreement, IACHA membership agreed to meet in 2015 on the following dates:

  February 19-20
  April 30 & May 1
  September 17-18

Meeting Adjourned

Administrative Committee Follow-up Post Meeting

A Point of Clarification Regarding the Administrative Committee

Jonny Walker stepped down from IACHA membership in order to open up a slot. He will remain active as a Technical Assistance provider (officially beginning 1/1/2015). The Administrative Committee selected to maintain the current Administrative Committee members until the February 2015 IACHA meeting, meaning that Jonny Walker will remain on the Administrative Committee in the interim.

Renewal of Two IACHA Members

The Administrative Committee recommended membership approval for Lynn Opdycke and Alex Zamora; via email, IACHA members approved membership for both.

Attachment 1: IACHA Meeting Attendee List

IACHA Members	***Absent IACHA Members***
Shane Anderson	*Ryan Gilles*
Kituta Asimba	*Whitney Ginder*
Christopher Bidiman	*Gina Holt*
Linwood Fraser	*Stacie Lechot*
Mary Linn	*Frances Nagashima*
Robert Mowry	Jennifer Seaich
Cynthia Lynn Opdycke	*Diane Shelman*
Rick Pongratz	
Gary Rillema	
Jonathan Walker	
Mercedes Walser	
Alex Zamora	
Technical Assistance Providers	
Merideth Bochenek	
Treena Clark	
Sheri Cook	
Sherry Dyer	
Rafe Hewett	
Lisa Kramer	
Rebecca Schliep	
Aimee Shipman	
Jamie Strain	
Judy Thorne	
Lynsey Winters Juel	
Guests	
Jared Bartschi	
Candace Falsetti	
Jared Homic	
Jody Olson	
Elke Shaw-Tulloch	

Attachment 2: IACHA Meeting Evaluation

Idaho Advisory Council on HIV and AIDS Meeting
September 26-67, 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 (2)** **4 (6)** **5 (2)**

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 (3)** **5 (6)**

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

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

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

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

   Comments:

   - The meal at the Red Lion that I experienced before the meeting was horrible this time.
   - Spotty wifi made looking info up hard. Otherwise I really like supporting this church.
   - The food was fine—just that they forgot us. Saturday morning – more fruit—yogurt and granola
   - Hard chairs- other than being late, the meals were good
   - Previous smoker hotel room/ moved

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 (7)**

   Comments:

   - Keeping time was an issue

5. Which parts of the meeting did you find the most useful? Why?
    - Discussion of all the issues
    - All of it—the structure is well thought out
    - Starting at 8:00 am is AWESOME!!!
    - Information regarding changes
    - Group work sessions. Whole group discussions
    - Aimee/Rebecca/Rafe
    - Committee break up
    - Updates from public health

6. Which parts of the meeting did you find least useful? Why?
    - Scheduling was difficult (agenda) and a bunch of "updates" were giving without saving time for us to discuss actual problems/concerns going on with the state of Idaho
    - Some of the presentations seemed too long and just recited from the slides
    - Surveillance- redundant/dated info
    - Excessive updates
    - Talking about things way too long without real progress

7. Do you have any other comments regarding the meeting and/or accommodations?
    - The meetings themselves are extremely useful
    - Felt like when I had input I never got to provide it because several people do not self monitor and take a large part of the discussion time
    - Keep starting at 8:00 am'
    - 8:00 is an early start time for a Saturday
    - Please make sure the new location is a) within walking distance of the hotel and b) has wifi