Idaho Integrated HIV Prevention and Care Plan 2017-2021

Written by the HIV, STD, and Hepatitis Program
with guidance from the
Idaho Advisory Council on HIV and AIDS

Created September 2016

IDAHO DEPARTMENT OF
HEALTH & WELFARE

Table of Contents

Acknowledgements

The completion of this comprehensive plan could not have been possible without the participation and assistance of the Idaho Advisory Council on HIV and AIDS (IACHA) members and the Idaho Department of Health and Welfare staff. Their continued commitment, expertise, and involvement in HIV care and prevention to ensure a better quality of life for those living with HIV and AIDS in Idaho is unsurpassed.

2016-2017 IACHA Members

Shane Anderson
Marcial Angulo
Chris Bidiman (Community Co-Chair)
Linwood Fraser Jr.
Tina Ghirarduzzi
Ryan Gilles
John Harvey
Stacie Lechot
Jerry Nabarrete-Stuart
Frances Nagashima
Lynn Opdycke
Randi Pedersen
Rick Pongratz
Nikki Sayer
Alex Zamora

Idaho Department of Health and Welfare Staff

Aimee Shipman – HIV, STD, Hepatitis Prevention Programs Manager (State Co-Chair)
Rebecca Schliep – Ryan White Programs, Part B/AIDS Drug Assistance Program Coordinator
Kimberly Matulonis – HIV, STD, Hepatitis Prevention Programs Health Coordinator
Kevin Brinegar – HIV Prevention Programs Specialist
Vacant – Ryan White Program Part B/AIDS Drugs Assistance Program Data Coordinator
Diana Gardener – STD Prevention Program s Specialist
Allen Haumann – HIV, STD, Hepatitis Prevention Program Administrative Assistant
Jared Bartschi – State Epidemiologist
Treena Clark – Behavioral Health Policy

External Consultants

Sheri Cook – Housing Opportunities for Persons with HIV/AIDS
Lisa Kramer – Idaho State Department of Education
Jamie Perry Strain –The Wellness Center
Judy Thorne – Mountain West AIDS Education Training Center

Statewide Quality Management Committee

Rebecca Schliep – Ryan White Program Part B/AIDS Drug Assistance Program Coordinator
Aimee Shipman – HIV, STD, Hepatitis Prevention Program Manager
Jared Bartschi – STD/HIV Epidemiologist
Vacant – Health Districts Representative
Sheri Cook – Housing Opportunities for Persons with HIV/AIDS
Judy Thorne – Mountain West AIDS Education Training Center
Angie Jenkins – The Wellness Center
Jaime Perry Strain –The Wellness Center
Shane Ames – Pocatello Family Medicine
Vacant – HIV, STD, Hepatitis Prevention Data/Quality Management Coordinator
Kevin Brinegar – HIV Prevention Specialist

Mission Statement

Idaho will become a place where new HIV infections are rare and when they do occur, every person – regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance – will have unfettered access to high-quality, life-extending care, free from stigma and discrimination.

Introduction

The Idaho Statewide Coordinated Statement of Need (SCSN) and Jurisdictional HIV Prevention and HIV Care Plan, 2017-2021 provides a collaborative mechanism to identify and address the most significant issues related to the needs of Idahoans living with HIV/AIDS (PLWH/A). This plan will help to maximize coordination, integration, and effective linkages among HIV Prevention Programs, Ryan White HIV/AIDS Program Parts B and C grantees, and other state, federal and private funders in Idaho. This plan serves as the basis for HIV prevention and care development statewide, and will assist in planning resource allocation decisions, measurable objectives, quality management programs and statewide plans, and additional activities that enhance HIV prevention efforts and HIV care and service delivery statewide.

In 2010, Idaho chose to align with the mission statement and goals of the National HIV/AIDS Strategy (NHAS). The White House updated the plan in July, 2015 to reflect the lessons learned, the impact of the Affordable Care Act (ACA), the changing landscape of HIV/AIDS, and scientific progress made through the effect of treatment as prevention. The updated guidance will continue to serve as roadmap for the Idaho HIV Prevention and HIV Care programs and the Idaho Advisory Council on HIV and AIDS (IACHA).

Background

The Idaho Advisory Council on HIV and AIDS (IACHA) is an integrated care and prevention committee with representatives from around the state. The purpose of IACHA is to strengthen Idaho's HIV and AIDS care and prevention programs, and to reduce the further spread of HIV infection.

Members of IACHA work in partnership with the HIV, STD, and Hepatitis Programs (HSHP) to assess prevention and care needs in the state. It is through the IACHA membership that the views, knowledge, and experiences of many individuals and agencies are incorporated into the state's Jurisdictional HIV Prevention and HIV Care plan.

Membership of IACHA includes persons infected by HIV, persons representing populations at risk of HIV; HIV prevention and care providers; health department representatives; educators; and persons with expertise in behavioral science, substance abuse, corrections, health planning, epidemiology, and evaluation.

Section 1: Statewide Coordinated Statement of Need

Epidemiological Overview

Introduction

- This summary describes the most up-to-date information about HIV infection in Idaho in terms of sociodemographic, geographic, and behavioral characteristics of persons infected with HIV.
- HIV infection has been reportable in Idaho since 1986; AIDS (now called HIV Infection, Stage 3) has been reportable in Idaho since 1984. This presentation contains data from HIV infection reports and investigations through 9/1/2015.
- HIV infection data are presented here in a manner which allows groups to plan for HIV prevention and care. In particular, where the purpose is to ascertain the populations being infected in Idaho, only HIV infection cases in which Idaho is the residence at first diagnosis are presented. This applies to the analysis of recent trends and to the tabulations of recent diagnoses in health districts and among special populations. For "Presumed Living With HIV Infection," where the purpose is to ascertain a potential burden for HIV/AIDS care or a population of potential secondary transmission in Idaho, all cases not reported as deceased and have current residence in Idaho (and in consideration of the limitations of such ascertainment) regardless of residence at first HIV diagnosis, are included in analysis.
- Sex is reported as male, female, or unknown. Transgender identification was not collected.
- HIV/AIDS surveillance data are categorized by race/ethnicity in combined race/ethnicity categories. The National Center for Health Statistics has provided the IDHW Bureau of Vital Statistics and Health Policy with population data sets based on U.S. Census estimates which allow population race/ethnicity breakdowns into these combined categories:

    - Hispanic – any race
    - American Indian/Alaska Native (AI/AN), not Hispanic
    - Asian, not Hispanic
    - Black, not Hispanic
    - Native Hawaiian/Other Pacific Islander (NH/PI)
    - White, not Hispanic
    - Multiple race

Unless otherwise noted, these categories are used.

- Age groups used for HIV infection surveillance are unique due to the definitions of pediatric and adult cases. When a person is diagnosed with HIV or AIDS, a determination of pediatric or adult HIV or AIDS case is made based on the age at diagnosis. Persons

twelve or under at the time of diagnosis are considered pediatric cases and persons aged thirteen or above are considered adult cases. In most presentations of these data, the age groups used are: 0-12, 13-19, 20-29, 30-39, 40-49, and 50+ years.

- All state and city HIV infection surveillance systems funded by the Centers for Disease Control and Prevention (CDD) use a standardized hierarchy of mode of exposure categories. HIV and AIDS cases with more than one reported mode of exposure to HIV are classified in the exposure category listed first in the hierarchy. In this way, each case is counted as having only one mode of exposure. The only exception to this rule is the dual risk of male-to-male sex (MSM) and intravenous drug use (IDU), which makes up a separate exposure category in the hierarchy. The addition of a "Presumed Heterosexual" mode of exposure for women was approved by the Council of State and Territorial Epidemiologists (CSTE) and is employed in analyzing Idaho data in this summary. This consists of assigning a "Presumed Heterosexual" mode of exposure for women who answered "No" to injection drug use risk and for whom other likely alternative HIV infection sources are lacking (for example, occupational exposure) and the HIV risk of male partners was unknown. Although the modification is yet to be adopted at CDC, it has merit for describing probable heterosexual transmission in women which otherwise would be categorized as "Other/Unspecified" and is therefore used in this summary.
- These data are preliminary.

Historical trends

- During the ten-year period during 2005 – 2014, Idaho had an overall varied trend of reported HIV diagnoses, but has shown a decrease in diagnoses to nineteen cases in 2014 since a peak of 54 diagnoses during 2008. There were two detected HIV outbreaks in southeast Idaho during 2008, which likely contributed to the high number that year.

Recent HIV infection diagnoses among residents of Idaho at diagnosis (2010-2014)

- During the five-year period 2010 – 2014, there have been 165 Idaho residents reported with newly-diagnosed HIV infection; 85% of reported diagnoses were male and 15% were female. No pediatric cases were diagnosed among Idaho residents during this time period.
- By age group, diagnoses occurred in a very wide distribution, with largest proportions in the 20-29 year (27%) and 30-39 year (29%) age group, but with notable proportions in the 40-49 year (22%) and 50+ (20%) age groups.
- After refining to five-year age groups, a similar pattern of wide distribution by age group remained. Only 1% of diagnoses were present in the 15-19 year age group. Very similar proportions were present among persons aged 20-24 (13%), 25-29 (14%), 30-34 (15%), and 35-39 (15%) years. The number of reported diagnoses dropped off steeply after the 50-54 year age group.

- Whites (non-Hispanic) were the largest proportion with about three quarters (77%) of all reports (n=127). Persons of Hispanic ethnicity were 10% (n=16) of cases. Black (non-Hispanic) persons were 5% (n=8), and American Indian/Alaska Natives (AI/AN) were 2% (n=3). Other/Unknown race/ethnicity was 5% (n=9).
- Of the 141 Idaho males diagnosed with HIV infection during 2010-2014, most (76%) reported modes of exposure of men who have sex with men (MSM) or the dual category men who have sex with men and use injection drugs (MSM/IDU). Among the 24 women diagnosed with HIV infection during 2010 – 2014, high-risk heterosexual contact (HRH) or presumed heterosexual were the most common known mode of exposure categories with 54% combined. For both sexes, risk is not identified (NIR) on some reported cases, usually due to incomplete reporting or inability to obtain risk information.
- Over one half of diagnosed HIV infections during 2010-2014 were among residents of Public Health District 4 and another 16% were from Public Health District 3. Other districts were roughly the same proportion. The rate was highest in Public Health District 4 (4.0 per 100,000) by twice the next highest rate in Public Health District 3 (2.0 per 100,000). The lowest rate for the time period was in Public Health District 1 at 0.8 per 100,000. Statewide, the rate was 2.1 HIV infections per 100,000 population.
- Sharp increases in HIV infection diagnoses suggesting rapid transmission in high-risk clusters of susceptible residents have been encountered from time to time historically in Idaho. In Public Health District 4, an increase was observed related to a syphilis outbreak beginning in 2011 which brought the total number of HIV diagnoses to 26. The outbreak ended in 2014 and reported diagnoses declined to nine in 2014. Other Districts have shown variable trends in HIV infection diagnoses during 2010-2014, usually below 5-10 cases.

Special Populations: Heterosexual and presumed heterosexual modes of exposure

- Nearly three quarters (74%) of the 27 Idahoans diagnosed with HIV infection during 2010 – 2014 having heterosexual or presumed heterosexual modes of exposure were women. Among the twenty women with these modes of exposure, the most frequently reported exposures were sex with male IDU (40%), sex with male of unknown HIV risk (35%), and sex with a male HIV positive (25%). Whites were 70% of women in these modes of exposure; Hispanics (any race) ethnicity was 30%.
- Among the seven men with heterosexual mode of exposure, sex with a female HIV positive (57%) and sex with female IDU (43%) were reported exposures. Males with this mode of exposure were 71% White, 14% Hispanic, and 14% Black.

Special Populations: MSM and MSM/IDU

- The most frequently reported age group among the 132 residents of Idaho with HIV infection diagnosis during 2010 – 2014 having MSM (n=106) or MSM/IDU (n-23) modes of exposure were persons aged 20-29 years (36%). Age groups 30-39 and 40-49

years were reported in similar proportions (29% and 25%, respectively). Other age groups accounted for 10%.

- Race/ethnic categories among MSM and MSM/IDU were similar to Idaho's race/ethnic distribution – Whites were 88%, Hispanics were 10%, American Indian/Alaska Natives were 1%, Blacks were 1%, and Other/Unknown were 1%.

Special Populations: Late testers

- During the ten-year period during 2005 – 2014, Idahoans diagnosed with HIV infection who were concurrently HIV Stage 3 or progressed to HIV Stage 3 within one year of diagnosis, who are sometimes referred to as late testers because of the presumed advanced severity of immunocompromise, ranged from a high of 55% in 2010 to a low of 28% in 2012. Overall, the trend was variable but for the most recent four years 2012 – 2014, comparatively low proportions of between 28% - 32% were observed.
- By sex, late testers were a much higher proportion (67%) among females than among males (31%) diagnosed during 2010 – 2014, a new development during this time period compared with the previous five years 2005 – 2009 during which males and females had identical proportions of 39%.

Presumed living with HIV infection

- Reports of HIV infection can include non-Idaho cases, cases in which initial HIV diagnosis took place when the person was a resident of another state or country. Total cases reported, including in- and out-of-state diagnoses, averaged 72.5 annually during 1984 – 2014.
- Since 1984, there have been an average 21.7 annual deaths among persons with HIV infection reported in Idaho (including persons with initial diagnoses out-of-state). Annual deaths have decreased since the development and widespread use of modern treatment regimens. Since these treatment regimens have been in use, annual deaths have remained overall comparatively low, with an average 18.4 deaths during 1997 – 2014 compared with an average 27.0 deaths during 1984 – 1996 before such regimens were widely used.
- The total numbers of presumed living persons with HIV Infection reported in Idaho have been increasing each year. After restricting analysis to persons with a reported current residence of Idaho, there were 1,238 persons presumed living with HIV infection in Idaho at the end of 2014. Using this figure, the 2014 rate of presumed living with HIV infection in Idaho per 100,000 population using 2014 US Census Bureau estimates was 15.5. Limitations exist with these data, particularly with difficulties detecting out migration, but this restriction is believed to be slightly more accurate than including all cases regardless of current residence.
- By sex, males were 82% of persons presumed living with HIV in Idaho at the end of 2014; females were 18%. Age group as of 12/31/2015 followed relatively similar in distributions between males and females.

- Among persons presumed living with HIV infection in Idaho, a majority are forty and older (74%), with the 50+ age group accounting for the greatest proportion (46%) of persons presumed living with HIV infection with current residence in Idaho. However, the 50+ age group is large in comparison to the other age groups; this distribution was similar by sex.
- Whites were almost three quarters (73%) of persons presumed living with HIV currently in Idaho at the end of 2014, with the state's next highest race/ethnic group, Hispanics, accounting for 13%. Smaller proportions of Black (8%), AI/AN (2%), and Asians (<1%) make up the rest with Other/Unk being 4%.
- STD among HIV positives, including STD diagnosed concurrent with HIV infection or among persons with prior HIV diagnosis, increased between 2010 and 2012 but plateaued during 2012-2014. However, the STDs diagnosed have varied in proportion. Early syphilis cases peaked with the PHD4 syphilis outbreak that began in 2011 but has decreased as the outbreak was brought under control. Chlamydia and gonorrhea have been increasing somewhat steadily and are similar to overall STD trends during this time period.

HIV Care Continuum

Idaho is still in the process of developing an HIV Care Continuum. Preliminary results from the University of Washington Center for AIDS Research (CFAR) study entitled "Out-of-Care Investigations: A Collaborative Project of the Northwest Health Departments" indicate that the number of PLWH who are out of care is much lower than previously reported. The results of the study show that the number of those presumed out-of-care was reduced to around 6% for the largest population area (includes Public Health District 3, 4, and 5) and lower than 5% for the southeastern part of Idaho.

The Ryan White Part B (RWPB) Medical Case Management (MCM) Coordinator is also involved with the Idaho Housing Opportunities for Persons with AIDS (HOPWA) program and will be providing support for developing an Idaho Housing Care Continuum. This process will include determining how to best share data and inclusion of HOPWA in the execution of the jurisdictional plan. Currently three of the four agencies contracted to provide RWPB MCM services are also contracted to provide HOPWA case management services.

Idaho's implementation plan is focused on addressing critical services for PLWH that, if not addressed, might interfere with their ability to receive HIV Care services and maintain adherence to their HIV anti-retroviral medications (ARVs). The ARVs paid for with AIDS Drug Assistance Program (ADAP) funds allow physicians to prescribe the most effective regimens to low-income uninsured Idahoans. Medical case management services are essential in assisting clients with maintaining care. They are able to identify the barriers a client is facing, and help alleviate the road blocks that would otherwise thwart a client's access to care. The Idaho Ryan White Program has emergency financial funding which allows for payment of medications not

on the formulary, essential utilities, and housing costs that are not met by Idaho HOPWA funding. To assist clients in rural Idaho in attending needed medical and support services appointment, medical transportation services are available. Additionally there is funding for HIV diagnostic and monitoring of labs which allows physicians to monitor the effectiveness of the ARVs prescribed and to determine any other co-occurring conditions that may need treatment.

Financial and Human Resources Inventory

Division of Public Health – Bureau of Clinical & Preventive Services HIV, STD and Hepatitis Programs

STD Prevention Program

Name: Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development, and Prevention Strategies (STD AAPPS)

Funding Source: Centers for Disease Control and Prevention (CDC)

Funding Cycle: 2014 - 2018

FY 2016 Funding Amount: $353,586

Program Description: The Idaho HIV, STD and Hepatitis Prevention Programs, under the Department of Health and Welfare, Division of Public Health, housed in the Bureau of Clinical and Preventive Services receives CDC funds to conduct STD prevention activities. Program functions include STD surveillance, monitoring of STD screening rates, partner services, education and outreach activities, linkage to care, program evaluation, and policy development.

HIV Care Continuum Step(s) Impacted: HIV Diagnosed

Funded Agencies -

Panhandle District Health Department

Public Health – Idaho North Central District

Southwest District Health

Central District Health Department

South Central Health District

Southeastern Idaho Public Health

Eastern Idaho Public Health

Allies Linked for the Prevention of HIV and AIDS

HIV Prevention Program

Name: Comprehensive HIV Prevention for Health Departments PS12-1201

Funding Source: CDC

Funding Cycle: 2012-2016

FY 2016 Funding Amount: $755,416

Program Description: The Idaho HIV, STD and Hepatitis Prevention Programs receive CDC funds to implement HIV prevention programs that will reduce new infections, increase access to care, improve health outcomes for people living with HIV, and promote health equality. The four core program components for reaching these are: HIV testing, condom distribution, prevention with positives, and policy initiatives.

HIV Care Continuum Step(s) Impacted: HIV Diagnosed, Linked to Care, Retained in Care

Funded Agencies -

Panhandle District Health Department

Public Health – Idaho North Central District

Southwest District Health

Central District Health Department

South Central Health District

Southeastern Idaho Public Health

Eastern Idaho Public Health

Allies Linked for the Prevention of HIV and AIDS

Center for Community and Justice

El-Ada Community Action Partnership

Inland Oasis

North Idaho AIDS Coalition

Idaho State University – Genesis

Idaho State University – Meridian

HIV Care Program

Name: HIV Care Ryan White Part B

Funding Source: Health Resources and Services Administration (HRSA)

Funding Cycle: April 1, 2016 -March 31, 2017

FY 2016 Funding Amount: $1,431,026

Program Description: The Idaho HIV Care Program, through HRSA funding, is able to provide medical case management, medical transportation assistance, and emergency financial assistance throughout Idaho.

HIV Care Continuum Step(s) Impacted: HIV Diagnosed, Linked to Care, Retained in Care, Prescribed Antiretroviral Therapy, Virally Suppressed

Funded Agencies –

North Idaho AIDS Coalition

Community Outreach Counseling

Family Medicine Residency of Idaho

Idaho State University – Pocatello Family Medicine

Eastern Idaho Public Health

Magellan Rx Management Services

Name: HIV Care Ryan White Part B Supplemental

Funding Source: Health Resources and Services Administration (HRSA)

Funding Cycle: September 30, 2015- September 29, 2016

FY 2016 Funding Amount: $729,641

Program Description: The Idaho HIV Care Program, through HRSA funding, is able to provide medical case management, medical transportation assistance and emergency financial assistance throughout Idaho. This funding supplements any service or medication gaps that occur due to funding formula limitations and fluctuations in the RWPB/ADAP HIV Care grant.

HIV Care Continuum Step(s) Impacted: HIV Diagnosed, Linked to Care, Retained in Care, Prescribed Antiretroviral Therapy, Virally Suppressed

Funded Agencies –

North Idaho AIDS Coalition

Community Outreach Counseling

Family Medicine Residency of Idaho

Idaho State University – Pocatello Family Medicine

Eastern Idaho Public Health

Magellan Rx Management Services

Name: HIV Care AIDS Drug Assistance Program (ADAP)

Funding Source: Health Resources and Services Administration (HRSA)

Funding Cycle: April 1, 2016 -March 31, 2017

FY 2016 Funding Amount: ADAP Emergency Relief Funding (ERF) $757,187

Program Description: The Idaho HIV Care Program, through HRSA funding, is able to provide medical case management, medical transportation assistance and emergency financial assistance throughout Idaho.

HIV Care Continuum Step(s) Impacted: Linked to Care, Retained in Care, Prescribed Antiretroviral Therapy, Virally Suppressed

Funded Agencies –

Magellan Rx Management Services

Division of Public Health – Bureau of Clinical and Preventive Services
Maternal & Child Health Programs & Family Planning

Name: Reproductive Health Services

Funding Source: Maternal and Child Health Services Block Grant

Funding Cycle: October 1 – September 30

FY 2016 Funding Amount: $544,000

Program Description: Professional services sub-grants distribute funding to provide reproductive health services at clinic sites in public health district's 1, 3, 4, 6, and 7. Comprehensive clinical family planning and reproductive health services include initial and annual medical and social history, preventive health examinations, health risk assessment, risk reduction counseling, lab testing as indicated, diagnosis and treatment of minor primary care needs including minor gynecological abnormalities and STIs, referral, and follow-up.

HIV Care Continuum Step(s) Impacted: HIV Diagnosed

Funded Agencies -

Panhandle District Health Department

Southwest District Health

Central District Health Department

Southeastern Idaho Public Health

Eastern Idaho Public Health

Name: Reproductive Health Services

Funding Source: Title X Family Planning Services Grant

Funding Cycle: July 1 – June 30

FY 2016 Funding Amount: $1,566,000

Program Description: Thirty-three (33) clinical service sites in public health district's 1, 3, 4, 6, and 7 are funded by this grant to provide low-cost, confidential services that include (but are not limited to): clinical breast examinations, pap smear screening and pelvic examination, counseling and screening and/or testing/treatment for sexually transmitted infections and contraceptive methods, and counseling and provision of – or referral for – permanent contraception services (sterilization) for males and females. The clinical service sites also provide access to the full range of current, FDA-approved contraceptive methods and supplies to their family planning clients. In addition to clinical services, the sites provide counseling and education on reproductive and preventive health topics, including abstinence education, sexually-transmitted infections/Human Immunodeficiency Virus (STI/HIV) prevention and risk reduction, and education, counseling, and referral for all pregnancy options.

HIV Care Continuum Step(s) Impacted: HIV Diagnosed

Funded Agencies -

Panhandle District Health Department

Southwest District Health

Central District Health Department

Southeastern Idaho Public Health

Name: Personal Responsibility Education Program (PREP)

Funding Source: Administration for Children & Families

Funding Cycle: October 1 – September 30

FY 2016 Funding Amount: $291,742

Program Description: This program provides comprehensive sexual health education to youth ages 13-19 in seventeen public schools and a variety of community settings in Public Health District's 1-7. The two curricula supported by this funding, Reducing the Risk and *Cuídate*, focus on building knowledge of abstinence and contraception (while providing a positive perception of sexual health and relationships). The curricula include skill building lessons in refusal skills, negotiation, and active communication (with the goal of reducing the incidence of unprotected sex).

HIV Care Continuum Step(s) Impacted: HIV Diagnosed

Funded Agencies -

Panhandle District Health Department

Public Health – Idaho North Central District

Southwest District Health

Central District Health Department

South Central Health District

Southeastern Idaho Public Health

Eastern Idaho Public Health

Center for Community and Justice

Idaho Coalition Against Sexual and Domestic Violence

Division of Public Health – Bureau of Communicable Disease Prevention Epidemiology

Name: Idaho HIV Surveillance Program

Funding Source: CDC National HIV Surveillance System Cooperative Agreement

Funding Cycle: 2013-2017

FY 2016 Funding Amount: $150,727

Program Description: The HIV Surveillance Program, housed within the Epidemiology Program in the Bureau of Communicable Disease Prevention, receives, maintains, and analyzes data from laboratory and provider reports of HIV infection collected through public health surveillance channels. Additional data sources relevant to ongoing HIV medical care and vital status are used to supplement surveillance data.

HIV Care Continuum Step(s) Impacted: HIV diagnosis, deaths

The Family Medicine Residency of Idaho, Inc. /The Wellness Center

Name: HIV Care Ryan White Part C

Funding Source: Health Resources and Services Administration (HRSA)

Funding Cycle: May 1, 2016 – April 30, 2017

FY 2016 Funding Amount: $800,000

Program Description: The Wellness Center provides outpatient ambulatory care, medical case management, oral health referral, and specialty referral and support services.

HIV Care Continuum Step(s) Impacted: Linked to Care, Retained in Care, Prescribed Antiretroviral Therapy, Virally Suppressed

Idaho State University HIV Clinic

Name: HIV Care Ryan White Part C

Funding Source: Health Resources and Services Administration (HRSA)

Funding Cycle: May 2, 2016 – April 30, 2017

FY 2016 Funding Amount: $256,500

Program Description: The Idaho State University HIV Clinic (ISU HIV Clinic), which is embedded within the Family Medicine Residency Program and Health West Community Health Center, has been providing HIV services in eastern Idaho to persons living with HIV/AIDS since 1998. Located in Pocatello (83201), the ISU HIV Clinic serves a large frontier/rural geographic catchment area consisting of the Eastern and Southeastern Idaho Public Health Districts. This includes the counties of Bannock, Bear Lake, Bingham, Butte, Caribou, Franklin, Oneida, Power, Bonneville, Teton, Madison, Fremont, Jefferson, Clark, Lemhi and Custer. The model of care that has made this program sustainable is a patient-centered medical home model with:

- Infectious Disease Physician who serves as the HIV Medical Director and provides clinical leadership and guidance onsite twice a month.
- Physician Assistant who provides primary care services onsite in addition to HIV therapy.
- Clinical Pharmacist who designs medication regimens, provides adherence counseling, oversees clinical quality management (CQM), and serves as the Part C Clinic Coordinator.
- Licensed Practical Nurse who enters and processes clinical data in the electronic medical records (EMR), participates in the delivery of clinical services, and contributes to the CQM program.
- Medical Case Manager who supports medical and social needs of patients and participates in CQM activities.

Patient services supported by RWHAP Part C funding include onsite primary care, obstetrical and gynecological care, full spectrum clinical pharmacy services, and hepatitis C (HCV) treatment for co-infected patients, telemedicine, and case management. Contracted or fee-for-service opportunities offsite include oral health care, mental health/substance abuse counseling and nutritional services. In addition to routine CQM activities to meet HAB quality indicators, new projects to be supported include improving retention in care, increasing patients receiving antiretroviral medication and maximizing viral suppression.

HIV Care Continuum Step(s) Impacted: Diagnosis, Linkage to Care, Retained in Care, Prescribed Antiretroviral Therapy, and Virally Suppressed

Mountain West AIDS Education and Training Center

Name: HIV Care Ryan White Part F

Funding Source: Health Resources and Services Administration (HRSA)

Funding Cycle: July 1, 2016 – June 30, 2017

FY 2016 Funding Amount: $147,840

Program Description: A subcontract to Idaho State University (ISU) from the Mountain West AIDS Education and Training Center (MW-AETC) provides statewide training opportunities for medical providers associated with HIV/HCV medical care and treatment. The University of Washington's AETC also supports Idaho by providing HIV preceptorships, education, clinical consultations, clinical support tools, speakers, and technical assistance. Included in this funding are designated core provisions for ISU to work with two federally-qualified health centers on individualized Practice Transformation Projects (PTP) focusing on HIV screening, timely referral to care, and retention. Also included in the funding is a small apportionment focused on capacity development for HIV response in targeted Native American and Latino communities.

HIV Care Continuum Step(s) Impacted: Early Diagnosis, Routinized Rapid Testing, Reaching Minority Populations, Linkage to Care, Retention in Care, Virally Suppressed through ARVs.

Idaho's HIV Workforce Capacity:

The state of Idaho is defined as a health professional shortage area with many areas experiencing very limited access to primary care physicians. For example, Idaho has 64.1 primary care physicians for every 100,000 people. This primary care provider ratio is lower than similarly challenged low-incidence states such as Wyoming, Montana and Alaska (even though these states have smaller populations than Idaho's). Idaho's providers are primarily distributed in the Treasure Valley's urban core and – to a lesser extent – semi-urban Pocatello in southeast Idaho and Coeur d'Alene in northern Idaho (see map below). For people lacking insurance, there are few providers willing to provide care. For PLWH, this lack of providers is magnified due to the fact that some providers do not want to serve HIV+ clients or gain training about HIV for fear of the stigma associated with HIV. Ultimately, lack of insurance for many HIV positive individuals limits the willingness of existing providers to garner the training to provide HIV care.

Locations of Primary Care Providers in Idaho:

The map shows FQHCs (blue triangles) and HRSA-designated primary care shortage areas (hatched lines) in Idaho:

Data Source: Data from HRSA Bureau of Health Professions, reported on the American Academy of Family Physicians website www.healthlandscape.org

For individuals living with HIV or AIDS, the need is much greater for HIV specialty care resources. Infectious disease specialists offering HIV specialty care in Idaho are located in the major population centers of the state (Coeur d'Alene, Caldwell, Boise, and Pocatello). Boise has the majority of specialists and nearly all serve HIV-positive clients. PLWH in northern Idaho routinely accessed HIV specialty care at the Part C clinic located in Spokane, Washington, known as Community Health Associates of Spokane (CHAS). In FY 2015, CHAS did not reapply for Ryan White Part C clinic status due to Medicaid expansion in Washington State and the reduced need among eastern Washington's PLWH for subsidized Part C services. This has resulted in adverse impacts to northern Idaho clients who are still heavily reliant upon subsidized HIV medical care as Medicaid expansion has not yet occurred in the state.

Funding Sources:

As illustrated in the following tables, Idaho's HIV Prevention and Care programs successfully leverage funding with other entities such as Ryan White Part C clinics to support a statewide HIV testing, care and treatment infrastructure.

A. Idaho's HIV Prevention Program

The Idaho HIV Prevention Program funds prevention activities which include: HIV testing in clinical and non-clinical sites, HIV partner services, condom distribution, comprehensive prevention for HIV positives, social marketing, evidence-based HIV prevention for HIV-

negative persons, and provider training.

Statewide	
Service / Integration	**Service Description & Outcome Goals**
Clinic Based HIV Counseling Testing and Referral Services (CTRS)	Service Description: Provide HIV testing targeting clients based on Selective Screening Criteria: MSM/IDU, MSM, IDU, Sex partner at risk, Child of HIV+ woman, STD diagnosis, Sex for drugs/money, pregnant, and active TB diagnosis. Cost is based on a sliding scale fee.
Community Based HIV Testing (CTRS)	Service Description: Provide free HIV testing to persons most at risk for HIV in community settings that they may frequent, or to persons who have barriers to accessing clinic-based testing. Target populations include MSM, IDU, and high-risk heterosexual persons. Testing venues are determined by agency work plan.
HIV Partner Services	Service Description: Idaho code directs the PHDs to provide partner services to all persons who have tested positive for HIV. Each reported case of HIV infection must be investigated to obtain specific clinical information, identify possible sources of transmission, and identify risk factors. Partners of positives are voluntarily solicited and attempts are made to locate, test, and refer partners for prevention services and/or linkage to care.
Condom Distribution	Service Description: Condoms are made available to all clients attending a STD clinic and community-based HIV testing location. Condoms are distributed to agencies in the community that request them for their at-risk clients. Target populations include HIV positive persons, MSM, IDU, and high-risk heterosexual persons.

Prevention Programs Offered in Limited Areas	
Service / Integration	**Service Description & Outcome Goals**
¡Cuidate! (Health District #3 only)*	Service Description: *¡Cuidate!* is a cultural- and theory-based HIV sexual risk-reduction program designed specifically for Latino youth age 13-18. *This program is funded through the Idaho Adolescent Pregnancy Prevention Program.
Comprehensive Risk Counseling and Services (CRCS) (Health District #4)	Service Description: Recruit and engage HIV positives and high-risk negatives in HIV risk-reduction counseling sessions. Develop a written client-centered prevention plan and assess client's needs, risk, and progress toward decreasing risk.
Mpowerment (Health District #4 and #6 only)	Service Description: Implementation of Mpowerment project in Health Districts 4. Mpowerment conducts formal outreach to young gay, bisexual, and curious men, ages 18-35 to promote safer sex, HIV and STD prevention, HIV testing, and community building. The program is recommended by Idaho's CPG.

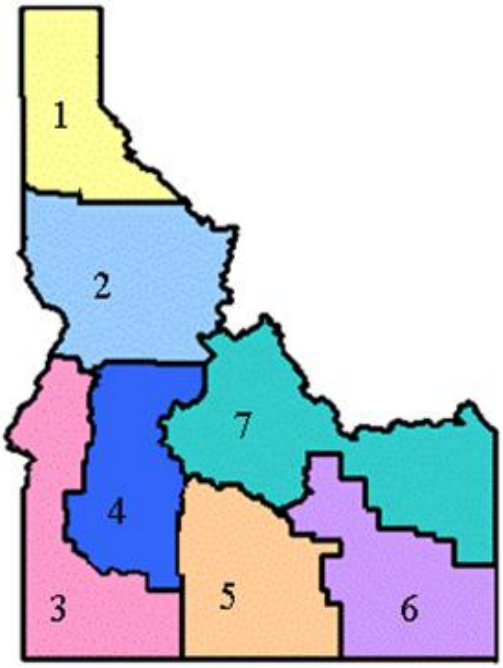
B. Idaho's HIV Care Systems

The following table describes the providers and types of HIV care services available in each of the seven health districts in Idaho.

North Idaho (Health Districts #1 and #2)	
Service Provider	**Available Services**
Community Health Associations of Spokane (CHAS), located in Spokane, Washington, is the former RWPC clinic serving the top ten counties of Idaho. Although CHAS no longer has Part C status the clinic continues to provide HIV specialty care. All clients are eligible for care services, though some individuals may be required to make co-pays depending upon income level. The clinic serves individuals with Idaho Medicaid, Medicare and private insurance as well as uninsured Idahoans.	Services funded by CHAS: • HIV primary care, diagnostic and monitoring labs • Referral for health care and supportive services • Local pharmacy assistance: 340B pharmacy, which supplies all prescribed meds except for Idaho ADAP formulary drugs • Early Intervention Services: HIV testing and counseling • Clinic-based medical and non-medical case management • Oral health care: Idaho clients are able to access any dental need they may have (dentures may be the exception) • Mental Health Services: CHAS Clinic provides payment for Mental Health services to a limited number of providers within Idaho. However, clients can access mental health services on site in Spokane. • Medical Nutrition: Provided at the clinic subject to insurance coverage limits for non-Ryan White clients • Health education and risk reduction provided in house during medical visits
Southern Idaho (Health Districts #3, #4, #5	
Service Provider	**Available Services**
For clients living in southern Idaho, the Wellness Center, housed at the Family Practice Residency of Idaho (FMRI) in Boise, is the primary Ryan White Part C clinic.	Services funded by the Wellness Center: • HIV Primary Care, diagnostic and monitoring labs • Referral for Health Care and Supportive Services • Idaho ADAP formulary drugs • Early Intervention Services: HIV testing and counseling • Clinic-based medical and non-medical case management • Oral health care (limited to Idaho State University Dental Program and Terry Reilly)

Wellness Center staff (FMRI), travels to Twin Falls, Idaho for an HIV clinic every three weeks to provide care locally. All clients are eligible for care services, though some individuals may be required to make co-pays depending upon income level. The clinic serves individuals with Idaho Medicaid, Medicare and private insurance as well as uninsured Idahoans.	• Mental Health Services • Medical Nutrition: Services • Medical Transportation: Within Boise City limits, clients receive bus tokens. Outside of Boise, gas cards are provided when clients have appointments for medical services • Health education and risk reduction provided in house during medical visits • Linguistic services
Southeastern Idaho (#6, #7)	
Service Provider	**Available Services**
ISU HIV Clinic is located within the Family Medicine Residency Program and Health West Community Health Center provides services to the counties in Southeastern Idaho which encompasses a large rural area.	Services funded by the Idaho State University HIV Clinic: • HIV Primary Care, diagnostic and monitoring labs • Obstetrical and gynecological care • Clinical Pharmacy Services • Hepatitis C (HCV) treatment for co-infected patients • Telemedicine • Case Management • Contracted or fee-for-service opportunities offsite for oral health care, mental health/substance abuse counseling and nutritional services

Due to Affordable Care Act-related changes in the healthcare provider landscape and the challenges of maintaining full staffing in public health clinics in Idaho's rural locations, the HSHP currently has no partnership in place to support STD or HIV testing in several geographic areas in Idaho. These areas include the geographic extent contained within North Central Public Health District (Public Health District 2) and South Central Public Health District (Public Health District 5). Both areas contain numerous dispersed rural communities with existing healthcare access challenges. In order to address these gaps in HIV and STD testing services, HSHP is working with the IDHW meeting facilitator to convene a workshop with interested stakeholders that will inform the development of an HIV testing pilot in North Central Public Health District. This workshop will occur in Fall, 2016 with a possible HIV testing pilot implementation beginning in January, 2017. If this strategy is successful, HSHP will plan to follow up with another HIV testing stakeholder workshop in South Central Public Health District in Spring, 2017.



The change in status of the former Ryan White Part C clinic (Community Health Associates of Spokane (CHAS) in Eastern Washington) has raised some concerns concerning access to HIV medical services for HIV positive clients in northern Idaho. As a result of losing Part C status, CHAS is no longer able to slide HIV medical care fees to $0 for Ryan White Part B and ADAP clients, resulting in these clients incurring unaffordable medical visit and lab bills. HSHP has established an interim resolution by working with the HIV Medical Case Management contractor for northern Idaho to cover these HIV-related medical costs. HSHP is also exploring a long-term solution by engaging clinical providers in northern Idaho to assess interest in building capacity to provide HIV medical specialty care and apply for Ryan White Part C status.

Assessing Needs, Gaps, and Barriers

A. Partners in the Process

HIV Planning Process Recruitment

IACHA's Technical Assistance providers include: the HIV Prevention Coordinator, Ryan White Part B Program Coordinator, Mountain West AETC, HOPWA, Wellness Center, and the Viral Hepatitis Coordinator. IACHA membership recruitment and retention is an ongoing challenge. When the CDC/HRSA Integrated Plan guidance was released in June of 2015, HSHP had just experienced the loss of a 3rd party service provider which conducted coordination and administration services in support of IACHA and HIV community planning activities. To fill this gap, HSHP took on the logistical coordination of twice-yearly IACHA meetings and engaged IACHA membership in a discussion to increase community engagement and ownership of IACHA activity. IACHA has acquired four new members in 2016 which brings the current membership total to thirteen active members.

To complete the tasks as designated by the CDC/HRSA Integrated Plan guidance, Idaho's Department of Health and Welfare's HIV, STD and Hepatitis Programs (HSHP) worked closely with the following entities:

1. Idaho Advisory Council on HIV and AIDS (IACHA)
2. Idaho's state HIV epidemiologist
3. Local public health districts
4. Medical Case Management agencies
5. Ryan White grantees in Idaho, including the Ryan White Part C Clinic, Wellness Center, and the Mountain West AETC Local Performance Site, Idaho State University HIV Trainer

B. Data Research and Information Gathering

Idaho is a low-incidence state that has received reduced funding for HIV prevention and care programming and has not yet implemented Medicaid expansion. Consequently, the HIV prevention and care landscape has not changed substantially since development of the current Comprehensive Plan in 2012. HSHP has relied on the research and information gathering completed in support of the current plan to inform the Integrated Plan. This process was structured as follows:

Overview of Research and Information Gathering Process for Integrated Plan

Summary of Research and Information Gathered in support of 2012 Comprehensive Plan

IACHA used years 2010 and 2011 as planning years and focused primarily on the development of the SCSN and the HIV and Viral Hepatitis Jurisdictional Comprehensive Plan. At the beginning of 2011, HSHP staff and the IACHA Coordinator created an inventory of past needs assessments, focus groups, IACHA panel presentations, and other existing qualitative and quantitative data. During the February, 2011 IACHA meeting, members and guests reviewed prior comprehensive plan documents, Health and Resources Service Administration (HRSA) guidance for the SCSN and care-specific Comprehensive Plan requirements, and this inventory to determine risk groups in need of an updated assessment. IACHA continued to provide feedback and receive data results at each of the three yearly meetings and *via* minutes from monthly IACHA Administrative Committee conference calls.

2015-2016 Information Gathering Process Update for CDC/HRSA Integrated Plan

Upon release from CDC and HRSA, HSHP shared the Integrated Plan guidance with IACHA membership at the Fall, 2015 meeting and revisited the Integrated Plan with IACHA membership at the Spring, 2016 meeting. Due to the short timeframe for Integrated Plan development, HSHP discussed with IACHA membership that much of the current plan's content was still applicable and that updates would be inserted as needed. Opportunities were also provided at both meetings to receive planning input from IACHA membership.

The HIV prevention and care service needs of persons at risk for HIV and PLWH are summarized in the table below.

<table>
<tr><th colspan="2">1. MSM</th></tr>
<tr><td colspan="2">Priority Needs:
Repeat testers who continue to engage in risk taking behavior
Substance use other than IDU
Continued stigma against LBGT individuals</td></tr>
<tr><td colspan="2">Cultural Challenges:
Young MSM may not identify HIV as a serious disease
Certain areas in Idaho are highly influenced by religious entities and may lead to higher incidents of anonymous sex</td></tr>
<tr><th>Essential Activities</th><th>Responsible Parties</th></tr>
<tr><td>1. Condom distribution funded through the HIV Prevention program to target HIV positive, high-risk negatives, and the general population.</td><td>Service Provider Contractors:
▪ 7 local health departments
▪ 3 CBOs</td></tr>
<tr><td>2. Social Marketing, Media and Mobilization activities funded through the HIV Prevention program to increase awareness for health department and CBO testing events.</td><td>Service Provider Contractors:
▪ 5 local health departments
▪ 5 CBOs</td></tr>
<tr><td>3. Contract requirements for HIV clinic and community-based testing include requirement to test individuals at high risk including:
a. MSM
b. MSM/IDU
c. Heterosexual IDU
d. Sex partner at risk (Partner of IDU, Partner of MSM, Partner of HIV positive, Anonymous partner)
e. Exchange sex for drugs/money/or something they need
f. Diagnosis of sexually transmitted infection
g. Sex with multiple partners</td><td>Service Provider Contractors:
▪ 5 local health departments
▪ 5 CBOs</td></tr>
<tr><th colspan="2">2. Hispanic Women</th></tr>
<tr><td colspan="2">Priority Needs:
Latinas are disproportionately affected by HIV
Rate of HIV infection is more than four times that of white women
No law requiring pregnant women to be tested for HIV during pregnancy
Late entry into prenatal care
Health-care providers’ perceptions that their patients are at low risk for HIV
Lack of time for counseling and testing, particularly for rapid HIV testing during labor and delivery</td></tr>
</table>

Cultural Challenges:

- Undocumented immigrants' fears of disclosure
- Higher rates of STIs in Latina population
- Unaware of their male partner's risks
- Socioeconomic factors including poverty, migrant status, inadequate or no health insurance
- Language barriers

Essential Activities	Responsible Parties
1. Coordinate program activities with *¡Cuidate!* (Evidence-based HIV Prevention for HIV-Negative Persons) Although *¡Cuidate!* is no longer supported by CDC as an HIV prevention intervention with high risk negatives HSHP funds this CBO for other HIV prevention related activities and is able to coordinate with *¡Cuidate!* services when needed.	Adolescent Pregnancy Prevention Program Center for Community and Justice

3. Hispanic (Men and Women)

Priority Needs:

- Latinos are disproportionately affected by HIV
- From 2008-2010, Hispanics consistently had more new AIDS diagnoses than HIV (this was not the case with any other race/ethnic group)
- Health-care providers' perceptions that their patients are at low risk for HIV

Cultural Challenges:

- Undocumented immigrants' fears of disclosure
- Higher rates of STIs in Latino population
- Socioeconomic factors including poverty, migrant status, inadequate or no health insurance
- Language barriers

Essential Activities	Responsible Parties
• Fund *¡Cuidate!* (Evidence-based HIV Prevention for HIV-Negative Persons)	Adolescent Pregnancy Program Center for Community and Justice

4. IDU

Priority Needs:

- MSM/IDU and IDU represent nearly 19% of newly-diagnosed individuals between 2005 and 2009
- According to the consumer survey, barriers faced by IDU or "possible IDU" (meaning that HIV risk was not specified) include the following:
    1. Cost for needed medical services (21.4%)
    2. Fear of disclosing HIV status (21.4 %)
    3. Did not know where to go for services (17.9%)

Cultural Challenges:

- Repeat testers who continue to engage in risk taking behavior
- Continued stigma against IDU

Essential Activities	Responsible Parties

• Develop needs assessment for IDU and IDU/MSM	IACHA HSHP HIV Prevention

HIV Prevention Services

Idaho's HIV Prevention services are experiencing a gap with no contracted HIV or STD screening or testing services currently available in North Central Public Health District (PHD 2) and South Central Public Health District (PHD 5). The HIV Prevention Program previously partnered with the PHDs to provide these services, however, due to a reduction in Title X funding and difficulty with filling vacancies in rural clinical staff, these two PHDs are no longer supporting Title X, HIV or STD clinical services.

In order to address these gaps in HIV and STD testing services, HSHP is working with the IDHW meeting facilitator to convene a workshop with interested stakeholders that will inform the development of an HIV testing pilot in North Central Public Health District. This workshop will occur in Fall, 2016 (with a possible HIV testing pilot implementation beginning in January, 2017). If this strategy is successful, HSHP will plan to follow up with another HIV testing stakeholder workshop in South Central Public Health District in Spring, 2017.

PrEP services are currently being offered by several providers within a limited geographic range. For clients seeking PrEP services in the Treasure Valley (Boise Metropolitan area) the HIV Prevention and Care programs, through contracted service providers, can refer those at higher risk for HIV to PrEP services at Central District Health Department (PHD 4); Family Medicine Residency of Idaho (FMRI); and Southwest District Health (PHD 3). PrEP services are also accessible through Health West, Pocatello Family Medicine, in the Pocatello area. The HIV Prevention and Care programs are currently working with CBO partners such as Allies Linked for the Prevention of HIV/AIDS (ALPHA), North Idaho AIDS Coalition (NIAC), and All Under One Roof (AUOR) to develop referral networks across all contracted CBOs for at-risk populations seeking PrEP services. In Idaho, demand for PrEP is increasing and there are gaps existing in where these services are available. The HIV Prevention and Care programs are also working with CBOs and the Frontier AIDS Education and Training Center to conduct PrEP outreach and education services with primary care providers to increase provider awareness of PrEP in areas where there are no current service providers.

Medicaid Expansion:

Idaho is one of the nineteen states that have not yet expanded Medicaid. Approximately 73% of Idaho Ryan White Part B and ADAP clients would be income-eligible for Medicaid if expansion was approved. As such these clients would have access to comprehensive health care and prescription coverage for non HIV-related medications. As Idaho ADAP only

provides HIV antiretroviral medications for eligible HIV positive individuals in Idaho, and does not provide wrap around health insurance, these clients must continue to rely on the availability/accessibility of Ryan White Part C clinical services to accommodate their medical care needs.

HIV Criminalization Statute:

Idaho Code 39.608 allows for criminal prosecution based on transfer of body fluid which may contain HIV. Originally drafted in 1986, the code includes medically inaccurate information (e.g. transmission risk through saliva and urine) and represents a barrier to high-risk individuals considering an HIV test. Additionally, the code has the potential to impact the willingness of those newly diagnosed to accept partner services from Idaho DIS, for fear of prosecution from notified partners. Individuals living with HIV that subsequently acquire an STD are also less likely to accept partner services. According to the SERO project, more than seventeen Idahoans have been convicted under code 39.608.

Complete CD4 and Viral Load Reporting:

A key barrier relates to the absence of complete reporting requirements for CD4 and viral load. Currently, Idaho only requires lab reporting of CD4 and viral load for AIDS defining CD4 values and detectable viral load. This is an impediment to constructing a complete continuum of care inclusive of all HIV positive individuals in the state as lab values are only obtained for those newly diagnosed or those not stabilized by retention in care and medication adherence. We are able to track the progression of all those enrolled in Ryan White Parts B, C, and ADAP through availability of complete lab reports. However, Idaho's Ryan White Part B/ADAP eligibility criteria is inclusive of individuals with income at 200% of federal poverty level or less which limits the ability to capture those uninsured or underinsured PLWH who have higher income levels.

Statewide Availability of PrEP Services:

Additionally, expanding the availability of PrEP services beyond the Boise metropolitan area and Pocatello is challenging as Idaho receives no federal or state funding for PrEP services. Consequently, the HIV Prevention and Care programs are not able to subsidize the cost of PrEP medication or lab services for clients with limited ability to pay these costs. Fortunately, Idaho's current PrEP providers are resourceful partners who have developed the capacity to navigate clients through Gilead's patient assistance program to assist with medication costs. These providers (Central District Health Department, FMRI, and Southwest District Public Health) continue to deliver PrEP services with a growing client

base in spite of funding challenges with lab costs and medical visits. Outside these geographic areas there is little or no PrEP awareness among providers despite growing client interest.

Statewide Access to HIV/STD Testing and Treatment:

Given Idaho's status as a HRSA-designated healthcare provider shortage area, the limited access to medical services and specialty medical care is most evident among the rural populations. For example, as discussed in previous sections, the HIV Prevention and Care programs are currently trying to recruit new clinical partners to provide HIV/STD screening and testing services in two of Idaho's most rural health districts (North Central District Health and South Central District Public Health). These services were previously provided by the local public health districts and were discontinued due to reduced staffing and fiscal resources and re-alignment of strategic priorities. This reduction in availability of HIV/STD screening and testing services for rural populations is especially concerning as Idaho's HIV epidemiology has historically featured a special population of late testers, those who advance to AIDS diagnosis within 1-2 years of HIV diagnosis.

Some other potential barriers are that Idaho does not have a law that requires HIV testing for all pregnant women, nor is there a policy, or law, that requires HIV testing in emergency departments in hospitals.

Data: Access, Sources, and Systems

In January 2012, IACHA and the Ryan White Part B Program developed and disseminated a survey to 435 consumers of HIV services (including consumers in all areas of Idaho, those receiving HIV medical care through the Veterans Administration or private providers, and recipients of Ryan White Part B, Part C and ADAP programs). This survey and the qualitative data it captured formed the basis of prioritizing Ryan White services and identifying service gaps for the Idaho Jurisdictional Comprehensive Plan/SCSN dated 2012-2015. Due to the short timeframe between the release of the CDC/HRSA Integrated Plan guidance (June, 2015) and the submission deadline for the Integrated Plan (September 30, 2016), and the lack of significant change in Idaho's HIV care and prevention landscape, the HIV Care and Prevention programs are continuing to rely on the needs assessment information obtained through the 2012 consumer survey. Supplemental, updated information is also available through the ongoing RWPB client satisfaction survey. The Idaho Ryan White Part B Client Satisfaction survey is an ongoing survey that is provided to each client at the time of their annual recertification. This survey includes ten questions that ask clients over the past twelve months how they perceive the services they receive from their case managers. As a proxy for access, the survey asks clients about the accessibility of their case

manager and whether they maintain consistent contact. Responses received thus far indicate that most clients are very satisfied with the customer service received from their HIV medical case managers.

Moving forward, in 2017 the Idaho Prevention and Care programs plan to initiate a public input process to inform the development of an implementation guide for the Integrated Plan. This implementation guide will integrate information from CAREWare, EvaluationWeb, HIV and STD surveillance databases, and a revised HIV consumer needs assessment survey that is under development.

The greatest impediment to the conduct of a needs assessment was the lack of time between the release of the CDC/HRSA Integrated Planning guidance and the submission deadline of September 30, 2016, for the new Integrated Plan. The Idaho Division of Public Health's process requires that any data gathering instrument that could possibly be linked to identifying information must be reviewed before the Research Determination Committee for a decision as to whether Internal Review Committee oversight is also required. These processes do not necessarily align with grant deliverable timeframes. In light of this, the Idaho HIV Prevention and Care programs will be conducting a public input/needs assessment process during the first seven to eight months of 2017. This information will inform the development of an implementation guide for the Integrated Plan.

Understanding the community planning group's needs for data will be included as part of the implementation guide. The department's contractor for facilitation services has an online commenting tool that can be used with IACHA members and other outside community members to determine data and information requests are included in the needs assessment.

Section 2: Integrated HIV Prevention and Care Plan

Integrated HIV Prevention and Care Plan

Integrated community planning has been an ongoing process in Idaho since 2003. The Idaho HIV and Viral Hepatitis Jurisdictional Comprehensive Plan 2017 - 2021 was developed based on the guidance included in the National HIV/AIDS Strategy (NHAS). IACHA's mission statement and goals of the plan align with NHAS goals. The detail of the plan is included in the tables below.

The planned outcomes of the EIIHA strategy are to increase the number of people who are aware of their HIV status and ensure that those who are newly diagnosed or currently out of care are linked to care.

National HIV AIDS Strategy Goal #1: Reducing New HIV Infections					
Objective 1A: By December 31, 2021, increase the number of identified high risk persons accessing PrEP services in Idaho by 20%					
Strategy	**Activities**	**Responsible Agencies**	**Resources Needed**	**Target Population(s)**	**Metrics**
#1: Increase the number of PrEP referrals made from contracted partners	**1.1:** Provide PrEP training to contracted partners	HSHP PHDs CBOs	HSHP Staff Time	Contracted Partners	Number of referrals reported by contracted partners
#2: Increase the number of health care providers in Idaho prescribing PrEP	**2.1:** Provide PrEP training to health care providers in identified areas of need	HSHP AETC	HSHP Staff Time Facilitator Training Materials Training Space	Idaho Health Care Providers	Number of new PrEP providers
#3: Increase PrEP resources and educational outreach in Idaho	**3.1:** Conduct a statewide needs assessment of PrEP use in Idaho, to include number of PrEP providers number and current PrEP clients	HSHP PHDs CBOs	HSHP Staff Time	MSM	Development of PrEP provider resource list Number of PrEP provider resource lists distributed Number of

	3.2: Develop a PrEP provider resource list **3.3:** Distribution of PrEP provider resource to Health Care Providers, Health Departments and CBOs in Idaho				educational materials distributed to clients Number of educational outreach events.
Objective 1B: By December 31, 2021, increase the number of free HIV test in Idaho by 35%					
Strategy	**Activities**	**Responsible Agencies**	**Resources Needed**	**Target Population(s)**	**Metrics**
#1: Increase the number of partnerships within two Public Health Districts for implementation of free HIV testing	**1.1:** Conduct a community stakeholder meeting within two Public Health Districts	HSHP Contract Partners	HSHP Staff Time Facilitator Space for Training Meeting Materials	Key Stakeholders	Signed MOU/Contract with partners in two PHDs
#2: Improve access of HIV testing in rural areas of Idaho through use of home test kit technology	**2.1:** Coordinate with existing partners to develop online ordering of HIV home test kits	HSHP PHDs CBOs	HSHP Staff Time Home HIV Test Kits Web-based development Shipping Supplies	MSM IDU First time testers living in rural Idaho	Number of tests orders Number of positive lab results Client feedback survey
#3: Increase the number of HIV tests being conducted by state contract partners	**3.1:** Amend existing state contracts with partners to reflect new testing goals **3.2:** Provide TA as needed	HSHP PHDs CBOs	HSHP Staff Time HIV Test Kits	MSM IDU	Number of contracts amended Number of tests conducted

	to address barriers to increasing numbers				
#4. Support HIV updates/changes in Idaho's criminalization laws.	**4.1:** Coordinate with SERO Project and IMA to develop strategies for building community and legislative momentum toward modernizing HIV-related laws. **4.2:** Develop up-to-date fact sheets for community partners and key stakeholders that outline relevant epidemiological and medical data.	IACHA members IMA HSHP Surveillance	IACH members Time HSHP Staff Time Surveillance Staff Time	Idaho residents	IACHA meeting minutes with the SERO project and other relevant stakeholders HIV/AIDS fact sheets
National HIV AIDS Strategy Goal #2: Increasing Access to Care and Improving Health Outcomes for PLWH					
Objective 1A: By December 31, 2021, increase the number of RWPB case managed and ADAP clients who are virally suppressed to 90%					
Strategy	**Activities**	**Responsible Agencies**	**Resources Needed**	**Target Population(s)**	**Metrics**
#1: Increase utilization of ADAP formulary medications	**1.1:** Ensure timely processing of six-month and annual recertification	RWPB program Contracted MCM agencies	ADAP funding PBM Agency	Idaho PLWH/A who are 200% or below FPL	Monthly and quarterly Intake and recertification forms

	paperwork to ensure clients maintain eligibility 1.2 MCM access client readiness to participate in HIV Care plan				Wellness plans MCM Assessment
#2: During FY 2016, increase access to OAMC HIV Monitoring and screening labs consistent with PHS guidelines	**2.1:** Contract with RWPC clinics and NIAC to process client's request for support with lab and medical payments	RWPB Program, RWPC Clinics, Wellness Center, ISU Pocatello Family Medicine, and NIAC	Support from supplemental grant and program generated Rebates	Uninsured and underinsured ADAP and RWPB Clients	Monthly invoices from contractors detailing RWPB payer of last resort for 100% of all submitted claims
#3: During FY 2016 improve linkage and retention in care through provision of services that link clients to primary care and other HIV related support services.	**3.1:** Provide medical transportation vouchers to eligible RWPB/ADAP clients **3.2:** Provide medical transportation mileage reimbursement to eligible RWPB/ADAP clients **3.3:** Provide emergency financial assistance to eligible RWPB/ADAP clients	RWPB program Contracted MCM agencies	RWPB Base funding	Idaho PLWH/A who are 200% or below FPL	Ninety percent of RWPB/ADAP clients who receive medical transportation, mileage reimbursement, and emergency financial assistance will be retained in HIV Care.

Objective 2B: By December 31, 2021, increase the number of cases in Idaho linked to care within 30 days from test event to 90%					
Strategy	**Activities**	**Responsible Agencies**	**Resources Needed**	**Target Population(s)**	**Metrics**
#1: Increase timely case reporting of newly diagnosed HIV cases in Idaho	**1.1:** Conduct routine monitoring and evaluation of case reporting by statewide DIS **1.2:** Provide TA to state contractors to address any barriers to timely case reporting of newly-diagnosed HIV cases in Idaho	HSHP Surveillance Program PHDs	HSHP Staff Time Surveillance Staff Time	Newly-diagnosed HIV cases in Idaho	100% of all HIV case reports are submitted to Surveillance within one week of diagnosis
#2: Increase the number of DIS investigations of HIV cases identified as previously diagnosed	**2.1:** Revise the Idaho HIV Investigative Guidelines to include DIS investigation on HIV cases identified as previously diagnosed **2.2:** Provide TA to state contractors on revisions made to the Idaho Investigative Guidelines	HSHP Surveillance Program	HSHP Staff Time Surveillance Staff Time	Previously-diagnosed HIV cases in Idaho	Updated Idaho HIV Investigative Guidelines
#3: Increase the number of HIV client referrals made by state contracted	**3.1:** All state contracts with CBOs will be required to submit documentation	HSHP CBOs	HSHP Staff Time	Clients receiving HIV testing at contracted CBOs	Number of HIV client referrals Number of submissions of comprehensive

CBOs	of their comprehensive HIV client referral protocols for care coordination with their clients **3.2:** State contract monitor will review each CBO protocol's to ensure protocols are comprehensive **3.3:** Provide TA as needed to contracted CBOs				HIV client referral protocol's for care coordination
National HIV AIDS Strategy Goal #3: Reducing HIV Related Disparities and Health Inequities					
Objective 3A: By December 31, 2021, increase the number MSM clients, age 18-29, living in Idaho receiving an HIV test by 20%.					
Strategy	**Activities**	**Responsible Agencies**	**Resources Needed**	**Target Population(s)**	**Metrics**
#1: Increase marketing and media outreach to promote HIV testing among young MSM in Idaho	**1.1:** Partnership with marketing firm to develop new comprehensive HIV/STD/ Hepatitis website **1:2:** Development of new comprehensive HIV/STD/Hepatitis website **1:3:** Redesign Facebook page to mirror new website	HSHP State Contractor Marketing Firm	HSHP Staff Time	MSM (18-29)	Development of Website Development of Facebook Page Number of visits to the website Number of likes to Facebook Page

	1:4: Promote launch of new website and Facebook page				
#2: Expand HIV testing through Mpowerment groups throughout Idaho	**2.1:** Increase engagement of current Mpowerment groups to increase HIV testing among young MSM through state contracts **2.2:** Provide TA to Mpowerment coordinators to conduct HIV testing	HSHP Mpowerment Groups	HSHP Staff Time	MSM (18-29)	Number of HIV tests conducted
#3: Increase rapid HIV testing at large events through collaboration with community based organizations	**3.1:** Provide community-based organizations with rapid HIV tests appropriate for large event testing (e.g. Insti tests) **3.2:** Increase promotion of large event testing through website and Facebook page **3.3:** Increase promotion of large event testing through IACHA members	HSHP CBOs IACHA Members	HSHP Staff Time	MSM (18-29)	Number of events Number of rapid HIV tests conducted Number of postings on website Number of postings on Facebook page Number of promotion activities by IACHA members

Objective 3B: By December 31, 2021, increase the number of HIV positive individuals in Idaho accessing a medical appointment within 30 days from diagnosis to 90%					
Strategy	**Activities**	**Responsible Agencies**	**Resources Needed**	**Target Population(s)**	**Metrics**
#1: Increase timely case reporting of newly-diagnosed HIV cases in Idaho	**1.1:** Conduct routine monitoring and evaluation of case reporting by statewide DIS **1.2:** Provide TA to state contractors to address any barriers to timely case reporting of newly-diagnosed HIV cases in Idaho	HSHP Surveillance Program PHDs	HSHP staff time Surveillance staff time	Newly diagnosed HIV cases in Idaho	100% of all HIV case reports are submitted to Surveillance within one week of diagnosis
#2: Increase the number of HIV client referrals made by state contracted CBOs	**2.1:** All state contracts with CBOs will be required to submit documentation of their compre-hensive HIV client referral protocols for care coordination with their clients **2.2:** State contract monitor will review each CBO protocol's to ensure protocols are comprehensive **2.3:** Provide TA as needed to contracted CBOs	HSHP CBOs	HSHP staff time	Clients receiving HIV testing at contracted CBOs	Number of HIV client referrals Number of submissions of comprehensive HIV client referral protocol's for care coordination

Collaborations, Partnerships, and Stakeholder Involvement

The RWPB program and the HIV Prevention program are co-located within the HIV, STD, and Hepatitis Programs (HSHP). Staff collaborates with the HIV Surveillance program staff on a regular basis including quarterly conference calls with the PHD staff to discuss activities related to the grants and related contract activity. The HSHP staff also has a strong partnership with both Ryan White Part C clinics in Idaho and with the Spokane medical clinic staff who provides services to the majority of the PLWH in northern Idaho.

The majority of Health Education and Risk Reduction activities are provided through the HIV Prevention program. The HIV Prevention program contracts with the PHDs to provide HIV testing, condom distribution, and the Mpowerment intervention. The provider of the Mpowerment program in south central Idaho, the Genesis Project, provides services to participants in Southeastern District Health Department (PHD 6) and Eastern Idaho Public Health (PHD 7) and is one of the only resources for education and HIV testing for MSM that is free from stigma. The Mpowerment program strives to help the MSM participants feel safe and supported in a community where violence and discrimination have occurred in the past. The Mpowerment project in Central District Health Department (PHD 4) created an Advocacy group in 2014 which works on health promotion and advocacy for gay rights. The project has successfully decreased the HIV screening/testing interval among participants and helped to normalize HIV screening/testing for all participants.

The RWPB HIV Care program contracts with four agencies to provide MCM services in six of the seven Public Health Districts (PHD). All of the agencies promote coordination and integration of community resources and services that constitute key points of access to health care systems. Community Outreach Counseling (COC), the RWPB MCM provider in Southwest District Health Department (PHD 3) and South Central District Health Department (PHD 5) conduct public relation outreach to other agencies on a regular basis. The RWPB MCM provider in Eastern Idaho Public Health (PHD 7) has prior experience working at one of the area hospitals and maintains good connections with the county jail and local shelters. This MCM is also the PHD Disease Investigation Specialist (DIS) and is able to provide immediate access to RWPB case management for any new HIV diagnosis if needed. The RWPB MCM in PDH 6 began providing case management in 4/1/2015 and is affiliated with the Federally Qualified Health Center (FQHC) and the RWPC (Ryan White Part C) clinic. This co-location with the RWPC clinic ensures clients have seamless access to the clinic, case management services, and to a local pharmacy that is in very close proximity. This site also provides a patient support group which includes a forum to help clients discuss risk behavior and educates clients on how to address their health needs.

People living with HIV(PLWH) and Community Engagement:

Due to Idaho's small population and low HIV incidence, the HIV Prevention and Care programs have been challenged to recruit broader participation beyond IACHA membership and existing service delivery partnerships for involvement in the development of the integrative plan. IACHA membership is informed by a membership category matrix which reflects all populations considered at risk or affected by HIV as characterized by Idaho's epidemic. When a new member submits application paperwork for membership consideration they are asked to identify with one of the priority categories reflected in the matrix which ensures the membership addresses parity and inclusion concerns.

The HIV Prevention and Care programs included the CDC/HRSA Integrated Planning guidance on the agenda of the IACHA meetings held in September, 2015 and March, 2016. This provided an opportunity to initiate dialogue around the new integrated plan and opportunities for IACHA membership to provide input and seek out input from other stakeholders. In particular, at the March, 2016 IACHA meeting HIV Prevention and Care program staff developed worksheets to document input from IACHA membership on activities, goals, and strategies associated with the new plan.

The HIV Prevention and Care programs rely heavily on contracted service delivery partners, both CBOS and local public health departments, to conduct outreach and engagement activities with communities, PLWH, and specific populations at risk. While these partners are skilled in outreach techniques they often encounter substantial challenges with the pervasive stigma that surrounds HIV, STDs and lifestyles that do not conform to Idaho's conservative cultural context. The HIV Prevention and Care programs have also utilized IACHA meetings to recruit members to engage their local communities concerning needs for those at risk of acquiring HIV and PLWH which may vary according to regional resource availability. The Idaho Department of Health and Welfare (IDHW) has just procured the services of a new meeting facilitation contractor which has developed an impressive assortment of web-based public input tools. The HIV Prevention and Care programs are planning to work with this contractor to initiate a public input/HIV community planning campaign in 2017 which will inform the development of an implementation guide to build on the framework of the new integrated plan moving forward.

As stated previously, the HIV Prevention and Care programs rely heavily on contracted service delivery partners, both CBO'S and local public health departments, to conduct outreach and engagement activities with communities, PLWH, and specific populations at risk. While these partners are skilled in outreach techniques they often encounter substantial challenges with the pervasive stigma that surrounds HIV, STDs and lifestyles that do not conform to Idaho's conservative cultural context. Due to stigma, impacted communities must be engaged in a sensitive and context-appropriate manner. By virtue of the membership matrix representatives of impacted communities are reflected in IACHA's membership. Therefore IACHA meetings have

presented opportunities to engage these members specifically about their communities and any particular needs they reflect. Again, the HIV Prevention and Care programs are planning to work with the new IDHW meeting facilitator contractor to initiate a public input/HIV community planning campaign in 2017 which will inform the development of an implementation guide to build on the framework of the new integrated plan moving forward. This implementation plan may likely contain specific action items for impacted communities that reflect their unique circumstances, needs, and concerns.

Section 3: Monitoring and Improvement

The IACHA planning committee will continue to have two face-to-face meetings each year. During these meetings, the members will review the status of the Jurisdictional Comprehensive Plan Goals to ensure progress is being met on each of the goals, and if any changes are needed to meet the goals. Starting in 2017, IACHA will begin the process of gathering public input from around the state to help with improvements to the Jurisdictional Comprehensive Plan, and to identify additional stakeholders to engage in the planning committee.

Each of the goals and SMART objectives from Section II will be continually monitored at both the state and community levels. The community co-chair will work with the government co-chair on a quarterly basis to review the status of each of the goals and objectives stated in the plan. Communication of the status to the rest of the committee members will include e-mails and calls to ensure all members are kept apprised of the current status.

Currently, Idaho has a strong continuum of care for HIV-positive individuals who are in the care system; it is the individuals who are outside of the care system on which much of our focus needs to be to engage these individuals. Idaho is currently working to improve the data-to-care coordination across HIV prevention, care, and surveillance programs to capture individuals who are currently out of care.