

**Idaho Advisory Council on HIV and AIDS**  
**Meeting Report**  
**May 15 & 16, 2009**

**Submitted by:**  
Sherry Dyer  
[sherry-dyer@oppcos.com](mailto:sherry-dyer@oppcos.com)  
Phone: (208) 345-0803

## Table of Contents

---

Opening Remarks .....	3
Policies and Procedures for Medical Case Management.....	3
Ryan White, Part B Update .....	3
Research Committee Recommendation: Prevention Interventions .....	5
Research Committee Report: Addressing Stigma.....	6
Hispanic Media Campaign Update .....	7
Pocatello Family Medicine Overview.....	7
HIV and Care Prevention Comprehensive Plan .....	8
IACHA Committee Action Plans .....	8
Membership Survey Results/ Membership Committee Updates .....	8
Prevention Update.....	10
Training for IACHA Members .....	11
Conference Reports .....	11
Summary of Meeting Decisions and Future Actions.....	13
Attachment 1: Committee Planning and Action Steps.....	14
Attachment 2: Criteria for Inclusion of Non-Voting Members.....	17
Attachment 3: HIV Prevention Interventions Updated May 2009 .....	18
Attachment 4: May Meeting Attendees.....	19
Attachment 5: IACHA Committee Membership Roster Updated May 2009.....	20
Attachment 6: May Meeting Evaluation.....	21

## **Opening Remarks and Administrative Committee Update**

IACHA Co-Chairs Katy Kujawski and Bebe Thompson opened the meeting with welcoming remarks and Council introductions. Katy Kujawski provided a summary of activities of the Administrative Committee since the February meeting. The Committee reviewed and approved requests for Regional Planning Group funds. Some funding applications are pending and will be considered before the August meeting. The Committee also continued to address basic IACHA administrative questions and follow up needs. Facilitator, Sherry Dyer overviewed the Council Operating Agreements for the newer members and the visitors.

## **Policies and Procedures for Medical Case Management**

Bebe Thompson and Lynsey Winters Juel presented the need for policies and procedures related to Medical Case Management. Policies/procedures are needed to provide standardized methods and approaches and consistency in decision making. New mandates require written policies and procedures to ensure the effectiveness of the Quality Management program.

We have reviewed the policies of other states and prioritized what we want to include. Level 1 policies/procedures must be in place by July 1, in support of the new contracts. We will be involving case managers in their development.

In answer to the question of the role IACHA should have in policy/ procedure development, the group indicated the difficulty for such a large group to provide meaningful feed back. The group chose to defer to case managers as the best and most knowledgeable resource for providing input and feedback. IACHA's role is advisory.

Bebe and Lynsey agreed to post the policies and procedures on the website, and welcomed input from members of IACHA who want to review and provide feedback.

## **Ryan White Part B Update**

Bebe Thompson provided an update on Ryan White, Part B Programs FY2008 expenditures and a review of the Medicare Part D State Wraparound Program, IDAGAP first year.

IDAGAP was approved by CMS & DHW in late fall of 2008. The program was initially targeted to start on January 1, 2009. Merideth and Bebe spent much of January finalizing forms and training RW Programs case managers to screen clients to determine their eligibility for IDAGAP. The initial program design included a required up to \$75 per month co-pay for eligible clients and no assistance for clients 150% and below FPL. These clients were eligible for co-pay and coverage gap assistance called Low Income Subsidies (LIS). We also developed related policies and procedures as we went.

We evaluated what worked and what did not work related to the criteria for eligibility and processes of the program as we began to work with information requested on the IDAGAP Intake Forms. Immediately, it became clear that larger pharmacy chains were not likely, and for some, unable to participate. The issue most often was related to a request from our office for pharmacies to hand bill ADAP. Walgreens stated they could not do that given that all their billing is electronic. We solicited Fred Meyer Pharmacies, Albertsons Save On Pharmacies and other chains. We were finally able to get pharmacies across the state to participate, though not one in each Health District. As a result, smaller pharmacies were much more likely to be able to hand bill as long as we could ensure expedited payments.

Additionally, the \$75 co-pay requirement was set aside for this first year and will be evaluated further to determine if feasible. Several other unknowns became apparent when looking at HIV drug costs per client. Depending upon the client's plan, some HIV drugs were in the third and fourth tiers requiring clients to pay huge co-pays. Some clients who were just over the 200% FPL cap were unable to pay their co-pays. In order to assist those individuals, the eligibility criteria was revised to include a spend down category for insurance plan costs, deductible, premium and co-pays. If after deduction those amounts from the annual income a client was then under 200% of FPL, they could qualify for assistance.

Low Income Subsidy eligible clients were also considered if they had not signed up for LIS for 2009. CMS changed the way the annual sign up process worked for LIS. Clients who were dual-eligible continued to be enrolled automatically. Those that were not Medicaid eligible were no longer automatically enrolled. Although a letter was sent out from CMS in the fall of 2008, it is quite clear that those who are Medicare Part D eligible are really struggling to understand it and need additional help.

Currently there are 15 people on IDAGAP. 2008 ADAP expenditures were \$124,762 for those clients. In 2009, expenditures were \$35,485 of State General Funds, saving the program \$89,278 overall.

ADAP had 193 clients enrolled and served during FY2008, with 68 new clients coming onto the program. Drug costs were \$2.6 million with a budget of \$2.2 million. Due to the increased cost of drugs from Allscripts, ADAP's initial costs were more than the budget. However, due to NASTAD's negotiated price freezes, rebates from drug manufacturers increased as well, covering the gap.

Ryan White Part B Core and Support Services statistics follow:

	<u>Clients</u>	<u>Costs</u>
1. Monitoring Labs <i>(Outbreaks in district 6 created additional costs)</i>	136 clients	\$56,776.
2. Dental	20 clients	\$11,600
3. Emergency Financial Aid	28 clients	\$7,800
4. Medical Transportation	115 clients	\$10,800
5. Medical Case Management	<u>236 clients</u>	<u>\$97,000</u>
<b>Total served`</b>	<b>276 clients</b>	<b>\$184,000</b>

ADAP client support (those enrolled) increased over 2007. Contributing to the increase in expenditures over 2007 were the new meds added to the formulary, providing more regime options, which was great for patients, but has a budget impact.

Regarding client level data, two data submissions will be required in current year 2009. HAB is also requiring an RW data report. The elements to be reported will be similar, but will need to be reported differently. There is a new Unique Client Identifier created by HAB to address the concerns regarding client confidentiality. Additionally, the report will only request zip code information for the first three numbers of the code to reduce the likely hood of breaking confidentiality in rural areas.

The State IT Department and FPSHP are moving forward with the CAREWare remote access project. IT will develop a timeline by May 31. We need to consider custom reports for case managers, testing from outside sources, an Idaho-specific manual, permission sets and access rules. We anticipate we will be up and running by September/October 2009.

### **Research Committee Recommendation: Prevention Interventions**

During the February, 2009 IACHA meeting, the Research Committee presented interventions to be considered by the Council. The Council approved 13 interventions. The Research Committee presented Project Start as an additional intervention they recommend which would address the prison population. The intervention involves 6 sessions that begin prior to release and continue after release to address risk reduction. The intervention was rated by the Committee as a B category – best evidence intervention.

**Consensus:** IACHA approved Project Start as an additional intervention.

## **Research Committee Report: Addressing Stigma**

During the February, 2009 IACHA meeting the Comprehensive Plan updates on Goal A, included a request for the Research Committee to “research stigma interventions and media for best practices”.

The Committee reported on the progress they had made with their research. Several organizations were contacted that provide training and/or conduct research on the topic.

The Intervention Center on Research for Women functions mostly at the international level. Some work is being done in the U.S. The organization uses interpretive role play and drama, working to connect with people in communities. They also provide stigma training materials tailored to where people are. These materials could be adapted to Idaho with culturally appropriate adjustments.

The South Carolina AIDS Council works with funding from private grants. It works to involve local government representatives using town hall meetings. The Council provides material for surveying knowledge and addressing attitudes and beliefs. The program also works through churches and religious leaders. It provides funds for testing and emergency needs.

The Gay Men’s Health Organization in New York conducts stigma presentations and community outreach type programs. The effort needs to be at the national level.

There were several other contacts made by Committee members which provided additional sources of information, especially websites. A key concern is funding to help access and utilize the resources available. The Committee is still working on their source information.

### ***Action Steps:***

- 1) The Research Committee will continue with their efforts to identify resources and contacts related to best practice interventions and use of media for addressing stigma.
- 2) The Council agreed we need to include in the Prevention Intervention RFPs the requirement and encouragement for addressing stigma in their applications. *(Teri requested assistance from the Research Committee on how to word the RFP)*
- 3) Teri will request support (technical assistance) from CDC for stigma training/intervention. Bebe will request funds/support from CARE.
- 4) Involve the Regional Planning Groups. Have them help determine what the message needs to be. *(please note: in the Comprehensive Plan under Goal B of Stigma, the Administrative Committee was to contact RPGs for this purpose by March 30, 2009)*
- 5) Develop a stigma section in the Comprehensive Plan *(completed at the February, 2009 IACHA meeting)*
- 6) Develop an RFP for broad-based/statewide stigma training and education.

## **Hispanic Media Campaign Update**

Annabeth Elliot presented the update of the campaign which started April, 2008. The effort involved telephone surveys of youth regarding perceived STD and HIV risk. Hispanics did not want to talk about it.

The Media Campaign did not make STD/HIV as the major focus. It was more a reflection of the community efforts with some attention and messages on STD/HIV. Media spots were developed along with a brochure titled "Join the Knowledge Revolution".

An HIV awareness and testing event was put on by the Migrant Culture Center in June 2008, in Southwest Idaho. Calls to the 211 CareLine doubled during this time. A focus group involving 10 young adult participants from Ada & Canyon Counties focused on radio spots.

## **Pocatello Family Medicine Overview**

Dave Hachey presented the work of the Pocatello Family Medicine organization. They work with the Family Medicine Residency Program at Idaho State which receives Part C funds. The program has grown significantly since 1998, when the clinic served only 3 patients and provided ½ day services, twice per month.

The program teaches family medical residents about HIV to ensure knowledge/understanding and not to create expertise. They have a community HIV resource group to help determine how to use Part C funds. They collaborate with the Health Department on Part B funds. Their objectives have been to find ways to bring all services together and increase the ability to serve patients.

Currently, they have a psychologist involved and have incorporated an advanced dental residency. They are working to expand the Nutrition program and incorporate Physical & Occupational Therapy

The HIV clinic is now serving 100 patients ( 25% female, 75% male) and operating two days, twice a month utilizing a full team approach involving an LPN, a Nurse Practitioner, ID Specialist, Pharmacist, EMR and Case Managers with the Health Department.

In the future, they envision a Part C clinic, a Hepatitis C clinic and a QI program, along with the possibility of establishing their own clinic.

The biggest issue for serving the patients in rural areas is the need for transportation.

## **HIV and Care Prevention Comprehensive Plan**

As a follow-up to the February 2009 Council meeting, members reviewed goals H, I and J of the Comprehensive Plan and finalized actions, responsibilities and timelines. The consensus decisions made will be integrated into the Comprehensive Plan and made available on the Mountain States Group website at [www.mtnstatesgroup.org/Resources.htm](http://www.mtnstatesgroup.org/Resources.htm).

Key actions and responsibilities now reflected in the Comprehensive Plan that will require attention prior to the August, 2009 meeting of IACHA are summarized below:

### ***Action Steps:***

Goal H, Action Step 1 – Continue project to Link HIV care data systems together. **Review progress at August, 2009 meeting.**

Goal I. Action Step 2 – Provide data to Idaho State Legislature in coordination with substance abuse regional advisory Councils and Wellness Center. IACHA will write thank you letters to legislators on behalf of their constituents. **Develop approach at August, 2009 meeting for next legislative session.**

Goal J. Action Step 1 – Engage Regional Planning Groups to conduct Gap Analysis for community specific transportation needs. **Administrative Committee to discuss and reach agreement on an approach and present to IACHA at August, 2009 meeting.**

Goal J. Action Step 3 – Explore telehealth as an alternative approach for accessing care. **Lynsey and Bebe will make a report at the August, 2009 meeting.**

## **IACHA Committee Action Plans**

The Data, Research and Finance Committees met and developed Action Plans for completing important tasks between the May, 2009 and August, 2009 meetings, and beyond. Their Committee reports and Action Plans are included as Attachment 1. These reports were provided via email directly to each Committee member the week following the May 15 IACHA meeting.

## **Membership Survey Results/ Membership Committee Updates**

The annual Membership Survey includes only voting members. Most members have served three years or less.

Representation gaps include:

- Transgender: female to male
- Risk Groups: IDU and MSM/ IDU
- Gay lesbian bisexual: represented but at low levels

- Race: All categories are under represented except white and more than one race.
- Demographic: suburbs and rural
- District 1 – No representation
- Professional Roles: corrections & doctors

Other survey comments:

- District 6 - Well represented
- 2 members are living with HIV/AIDS
- The populations we work with are fairly well covered

IACHA's members fully support open recruitment. Members agree we need to work on improving diversity/parity. We do foster a Community planning process and do a good job of using Epi data for focusing on prevention needs.

**Action Steps:**

- 1) Teri will contact Jane Duke – Women's prison project who has a recommendation for a woman she is encouraging to be involved.
- 2) Katy has a contact for a former IDU who is interested in getting into IACHA
- 3) Shane will provide candidate recommendations for an HIV+ and a Latino
- 4) Membership Committee & Lynsey Winters Juel will review the first page of the application to ensure it represents our intent.
- 5) Lisa Kramer will be formally invited to complete a member application.
- 6) DHW support staff should be actively encouraged to become members.
- 7) Treena will connect with the Nez Perce tribe for potential member.
- 8) Sherry will connect with Benewah Medical Center to determine potential Coeur d'Alene tribe participation.
- 9) Teri will make appropriate contacts to invite persons living with HIV in Region 1.
- 10) Add Jared Bartschi to contact list to inform him about IACHA meetings.
- 11) Current members expiring in 2009: Mary, Mike, Rick, Mercedes, Gary
- 12) Applications: Have them in by August 1 in advance of mid-August meeting date.

**Consensus:** The membership agreed that the IACHA "Secretary" title should be formally changed to IACHA "Coordinator". Changes should be made to the Policies and Procedures.

Joanne Fletcher presented a draft recommendation regarding inclusion in CDC reports of individuals who would be non-voting members. Examples of these individuals would include Regional Planning Groups participants, focus group participants or other groups or individuals that assist or influence IACHA in making informed decisions.

**Consensus:** The Council accepted the definition, methodology and inclusion of non-voting members as described in Attachment 2. The Council will identify individuals for inclusion in CDC reports based upon this recommended definition. Information will be gathered through a Membership Survey distributed by the Regional Planning Groups.

## **Prevention Update**

Teri Carrigan provided an update on several aspects of the Prevention Program.

The current Cooperative Agreement was developed in 2003 for an expected 5-year cycle which should have ended in 2008. However, the Agreement was extended through 2009. She expected to respond to a Competitive Application with a 5-year cycle this fall (2009). However, it will be a “bridge” application providing funding for 2010-2011. She expects level funding for the 2010-11 funding cycle with little change to the Agreement itself. She then expects a competitive application for 2012-2016.

Teri had expected to compete for more money to support HIV prevention programs in 2010. However, CDC has told states to expect level funding during the bridge. All current HIV prevention contracts must be put out for bid because the contracts cannot exceed a 4 year period and they are all in their 4<sup>th</sup> year. Prevention projects need sufficient time to be effective and the RFPs put out in August will fund projects for 3 years beginning January 1, 2010. In 2012 we can request more money to help us fund more proposals. The Council agreed with Teri that the contracts generated from the RFP's should have a 3-year cycle.

Teri provided an update on the current Epi Profile, stating that it is in draft form but is being held up due to the need to respond to the H1H1 situation. The current profile is for the period 2003 – 2007 which does not match up with the contract cycle. The current update does not make sense when the data is not close to a Comprehensive Plan/contract cycle. The desired Epi Profile approach would be to receive annual updates for IACHA's first meeting of each year with full profiles being provided in years preceding a contract cycle.

The Data Committee will present Community Planning Tools in May 2010. These tools will become part of the Comprehensive Plan.

The Prevention RFPs will be released August 7, 2009 with a mid October due date. Teri encouraged Council members who have no conflicts of interest to participate in the RFP review process.

Teri provided a schedule of the training for Behavioral Interventions, Male Exam Skills, Grant Writing and STD update. There are also several web-based training opportunities. The CDC is developing web-based HIV Partner Services course modules which will make training more accessible.

CTR Protocols on Counseling, Testing, and Referrals have been drafted and will become part of guidance to providers and will be available on the website.

A recent CDC Press Release regarding the campaign, Act Against AIDS, will help with the stigma issue. The campaign will focus initially on the African American community and in the South. We will apply to the CDC to brand our logo on this campaign.

This fall an oral Hepatitis C screening tool will go on the market. Carry over funds from the Viral Hepatitis grant may be used to purchase kits and there is a plan to target the homeless community with Hepatitis C screening.

### **Training for IACHA Members**

Facilitator, Sherry Dyer raised a question to the Council members regarding several comments that had surfaced during discussions about the need and value of having training for members on various topics. The members agreed it would be useful to provide training during the Council meetings as needs are identified. Training topics could include being effective Board members; client pathways for care and prevention; and background on prevention interventions.

Teri Carrigan stated that CDC provides free training.

**Action Step:** Teri will send out a questionnaire asking members to indicate their top three areas of interest of training.

### **Conference Reports**

Rick Pongratz reported on his attendance at the 2009 Rural Center for AIDS/ STD Prevention National Conference.

Rick picked up on a variety of points and ideas during the conference, including the need to get the prevention message out to young people who tend to be more open to the information and to utilize churches and PSAs to assist in getting the message out. A program was overviewed regarding the use of cell phones to manage adherence to treatment for those living in rural areas. The cell phones provide 20 minutes per month and have pre-programmed numbers. Individuals can also add other numbers.

Efforts to get the message out include the use of web ads providing information on real people and experiences. They also encouraged the use of bumper stickers, coasters, and movie theaters ads. Also messages target the elderly people to help get the word out.

A speaker from the National Alliance of State and Territorial AIDS talked about how good research will always lose to ideology. We must work on a value based level when the obstacle is ideology – talk about benefits of your program; explain and be specific about your need and what you want; listen to them.

Denielle Townsend reported on her attendance at the 4<sup>th</sup> International Conference on HIV Treatment Adherence. Denielle found the conference to be high-tech focused. She felt the networking was extremely valuable for her. She was impressed by the updates from the pharmaceutical companies which seemed to be a primary focus of the

conference. She learned about PEER Education that provides support networks for women that are HIV positive. It was a very good life learning experience.

## MEETING SUMMARY

### Next Meeting Date

August 14 and 15, 2009

### Summary of Meeting Decisions and Future Actions

#### Actions:

1. Stigma Action Steps – see page 6 for specific next steps and assignments for the Research Committee, Teri, Bebe and Lynsey.
2. Comprehensive Plan – see page 8 for specific next steps for the Administrative Committee, Lynsey and Bebe.
3. The Research, Data and Finance Committees have specific action steps to achieve prior to the Council meeting in August, 2009.  
See Attachment 1.
4. Membership Applications – see page 9 for action steps related to potential new members. Membership applications are due August 1, 2009. Assignments include Teri, Katy, Shane, Treena, Sherry, Lynsey and the Membership Committee.
5. Training – Teri will follow up with IACHA to determine the most important training needs for council members. See page 11.

#### Consensus Decisions:

1. IACHA “secretary” will now be formally referred to as IACHA “Coordinator”.  
Change policies/ procedures to reflect this title.
2. Council accepted the Process for Inclusion of Non-Voting Members (See Attachment 2).

IACHA  
Committee Planning and Action Steps  
May 15, 2009

**Data Committee**

**1) Care – ADAP Funded Health Insurance**

Questions: Who will this impact? What are we doing now?  
Do we “purchase” insurance or do we pay co-insurance/deductible?

Deadline: August, 2009 meeting

**Action Steps:**

- a. Compile list of states with programs  
Treena, Co Chair: by June 12<sup>th</sup>
- b. Meet/email contact to divide research tasks  
Committee: by end of June
- c. Research and meet again to discuss  
Committee: by end of July
- d. Report to IACHA in August

**2) Prevention – Review Community Planning Tools for Prioritizing Populations or conducting Gap Analysis**

Deadline: May, 2010

**Action Steps:**

- a. Review tools (Teri has them)  
Committee: August meeting
- b. Meet at august meeting to discuss and get consensus on tools/component of tools to use  
Committee: August Meeting
- c. Teri will Draft documents  
Teri: 1<sup>st</sup> of month prior to first IACHA meeting in 2010
- d. Conference Call  
Committee: 3 weeks before first IACHA meeting in 2010
- e. Report recommendations to IACHA  
Committee: 2010

## **Research Committee**

### **1) Role Definition** – Identify best practices for Prevention and Care

- Evaluate current prevention and care interventions
- Determine best practice in consultation with the State (Teri & Bebe)
- Make recommendations to IACHA, Quality Management Committee and the Administrative Committee
- Ensure regular communications with IACHA, the Quality Management Committee and the Administrative Committee

### **2) Current/Past Projects**

- a. recommendations of prevention interventions
- b. identify way to respond to stigma
  - interventions
  - policies

### **3) Approaches and methods to fulfill roles**

- a. receive assignment
- b. inform each other and distribute available information
- c. review & conference call
- d. distribute assignments for further investigation
- e. share new information (email and/or conference call)
- f. repeat d. and e. until able to draw conclusions and make recommendations
- g. report to the Admin Committee, IACHA and/or Quality Management Committee.
  - Get feedback/recommendations/direction
  - Repeat a. through f. when needed

### **4) Action Steps**

- a. develop formal minutes of our meetings
- b. schedule next conference call – date to be determined via email scheduling
- c. further exploration of current Stigma Project
  - identify specific interventions and report
- d. stay focused on “Best Practices for Care and Prevention” to remain efficient and productive

## **Finance Committee**

### **Determine Poverty level guidelines**

- Part B & ADAP fixed @ maximum of 200%
- Possibility of expanding the guidelines for medical case management
- Use HOPWA Guidelines?

Review fixed funding versus the increase in the number of clients

Analyze finances to assist in recommendations.

Look at other states income guidelines

Bebe will provide the needed data for consideration:

\$ spent per client, # of visit per client. RDR Report for # in income groups (over 200%). Review averages of other States.

### **Action Steps:**

- a. Shane will forward documents on Poverty level guidelines to committee members.
- b. Bebe will send requested information (see above) – by the end of May
- c. Committee conference call on June 18, from 12:30 p.m. – 1:30 p.m.
  - Discuss data summary
  - Determine next steps
- d. Further conference call will be scheduled as needed in July and August.
- e. Committee will present a progress report at the August meeting.

## **Criteria for Inclusion of Non-Voting Members in CDC Annual Progress Report**

Regional planning group (RPG) participants, focus group participants, or any additional groups of people that assist IACHA in making informed decisions about prioritizing populations, selecting appropriate interventions for at-risk populations, or recommendations that influence care for HIV positive persons, shall be recognized as non-voting, contributing members of IACHA.

IACHA will include demographic and job related/ professional and community representation information of non-voting members in the CDC Annual Progress Report.

This information will be gathered from RPGs through contact with the RPG lead prior to the end of the current calendar year. Ideally, the RPG lead will distribute the first section of the Membership Survey (anonymous demographic and job/ professional/ community representation only) to active RPG members. RPG members may submit their anonymous surveys through the mail using a FPSHP self-addressed metered envelope. An active RPG member must attend at least 2 RPG meetings during the reporting period.

Focus group representative data will be collected by the provider conducting the focus group.

Groups that make care recommendations will be asked if they would voluntarily complete the demographic and job/ professional/ community representation survey at the time they meet and submit anonymously to the IACHA coordinator.

May, 2009

**HIV Prevention Interventions – Updated May, 2009**  
(Recommended by IACHA Research Committee)

**Consensus:** Council approved recommendations by consensus and adding four additional interventions.

**Recommended for all groups**

1. Health Districts benefit from and are recommended to continue with HIV counseling and testing including quick tests now as an intervention.
2. Health Communication Public Information (HC/PI)

**HIV+**

1. Choosing Life: Empowerment, Actions, Results (CLEAR) (In-person delivered intervention)
2. Healthy Relationships: Prevention for Positives (Boise only)
3. Partnership for Health

**MSM**

1. EXPLORE
2. Mpowerment Project

**HRH**

1. Project Respect: Two Models of Effective, Individual, Client-focused HIV Prevention Counseling Interventions
2. Sista

**IDU** *Note:* don't have an HIV – intervention for here.

1. Choosing Life: Empowerment, Actions, Results (CLEAR) (In-person delivered intervention)

**Youth**

1. Focus on kids (FOK)

**Latino(a)/ Spanish Speaking**

1. *¡Cuidate!* A culturally-based program to reduce HIV sexual risk behavior among Latino youth
2. Project SAFE (Standard Version)
3. VOICES/ VOCES: Video Opportunities for innovative condom education and safer sex

**Council Additions:**

- Street Smarts (HRH, IDU, Youth)
- Comprehensive Risk Counseling Services (HR negative & HIV+)
- Safety in the City (HCPI) Has potential for testing interventions
- Safety Counts (HIV±/ IDU)
- Project Start

**Idaho Advisory Council on HIV and AIDS**  
May 2009 Meeting Attendees

**Members:**

Gary Rillema  
Rick Pongratz  
Darlene Burke  
Treena Clark  
Bebe Thompson  
Mike Hirschi  
Shane Anderson  
Katy Kujawski  
Joanne Fletcher  
Denielle Townsend  
Lynn Opdyke

**Support Staff**

Teri Carrigan  
Rebecca Schliep  
Lynsey Winters Juel  
Sherry Dyer

**Guests**

Lisa Kramer  
Shane Ames  
Dave Hachey  
Annabeth Elliot  
Kitata Asimba  
Jamie Perry

**IACHA Committee Membership Roster**  
May, 2009

**Data Committee – Standing\***

Co-Chairs: Treena Clark and Mike Hirschi  
Katy Kujawski  
Matt Retherford

**Research Committee – Standing\***

Co-Chairs: Rick Pongratz and Margaret Legarreta  
JoAnne Fletcher  
Mary Beaver  
Denielle Townsend  
Mercedes Walser

**Finance Committee – Standing\***

Co-Chair: Shane Anderson and Gary Rillema  
Jamie Perry (not a member)  
Barbara Harrison Condon  
Idaho Purce  
Rebecca Schliep (not a member)  
Lynn Opdyke

**Membership Committee – Standing\***

Co-Chairs: Mike Hirschi and JoAnne Fletcher  
Darlene Burke  
Idaho Purce

**Structural Committee – Ad Hoc\*\* (continuing at this point)**

Chair: Katy Kujawski  
Mary Beaver  
Treena Clark

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

\*\*Chair also serves on the Administrative Committee

Teri Carrigan and Bebe Thompson are resources for all committees

**Idaho Advisory Council on HIV and AIDS Meeting  
May 15<sup>th</sup> and 16<sup>th</sup>, 2009  
MEETING EVALUATION**

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

**1                      2                      3                      4                      5 (8)**

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

**1                      2                      3                      4                      5 (8)**

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

Meeting Rooms	<b>1</b>	<b>2</b>	<b>3 (1)</b>	<b>4 (8)</b>	<b>5 (1)</b>
Meals	<b>1</b>	<b>2 (1)</b>	<b>3</b>	<b>4 (6)</b>	<b>5 (2)</b>
Hotel Rooms	<b>1</b>	<b>2</b>	<b>3 (1)</b>	<b>4 (5)</b>	<b>5 (1)</b>

- *Thought it was hot. Actually still a bit crowded.*
- *Meeting room a bit warm*
- *Meeting room too hot or too cold. Food was mediocre with no condiments the first day. Stuck in a noisy room.*
- *Room temp always seems to be an issue in the Cottonwood Room*
- *You do a great set up with the space we have, but if there is any way to open the circle so the people who sit at the left or right side of the room can see the front better, that would be great*

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

**1                      2                      3                      4 (2)                      5 (7)**

- *Sherry is absolutely great to work with*
- *The committee breakout session*

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

- *RW Part B&C Updates. Good presentations by Bebe and Dave Hachey. Committee Action Plan breakout session*
- *The planning break out sessions*
- *Clarifying committee work- setting goals*
- *Program updates*
- *Working with the committee time (Research, Data and Finance) and updates from prevention*

- *The informational paperwork and presentations*
- *When we got into groups*
- *Committee work- allowing time in the agenda to meet with committees!*
- *Committee work time*
- *Time to work on committee tasks*

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

- *It was all useful*
- *I found it all useful*
- *NA- all aspects of meeting were useful*
- *Generally quite relevant*

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

- *Discussed at meeting- no additional comments*
- *Review of community planning given new membership*
- *Discussed this during the meeting*
- *Any and all that can be offered*
- *I would like more training on how to be a better board member. What can I do? How to do it.*
- *The workshop on being a board member would be good. Something on addressing parity better as mentioned in the meeting.*
- *Ongoing information about interventions, trends, etc.*

8. What expertise can you offer to the IACHA meetings in the way of presentations, trainings, etc? (Please include your name so that we can contact you.)

- *I would be willing to do trainings regarding mental health issues if it is needed (Lynn Opdyke)*

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

- *I love working with this group! Thank you Lynsey for all that you do to make this meeting flow smoothly and providing your expertise to this group.*
- *Thank you very much. Everyone is just wonderful!*
- *Thank you Lynsey for all your hard work. Great job again.*
- *Please make sure rooms are not next to the utility room as it was very noisy even in the evenings.*