Cover Sheet for Example Documentation

Please complete the following form and submit along with your documentation. If you have any questions, please email us at accreditation@astho.org.

The following documentation has been submitted to ASTHO for the Accreditation Library as a potential example of Health Department documentation that might meet the PHAB Domain 7 Standard 7.2 Measure 7.2.1A.

This document is not intended to be a template, but is a reference as state health agencies develop and select accreditation documentation specific to the health department’s activities.

Please note that the inclusion of documentation in this library does not indicate official approval or acceptance by PHAB.

<table>
<thead>
<tr>
<th><strong>Document Title:</strong></th>
<th>Idaho Advisory Council on HIV and AIDS</th>
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<tbody>
<tr>
<td><strong>Document Date:</strong></td>
<td>3/10/2016</td>
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**Version of Standards and Measures Used:** 1.5

**Related PHAB Standard and Measure Number**

<table>
<thead>
<tr>
<th>Domain:</th>
<th>Standard:</th>
<th>Measure:</th>
<th>Required Documentation:</th>
</tr>
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<tbody>
<tr>
<td>7</td>
<td>7.2</td>
<td>7.2.1A</td>
<td>1</td>
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</table>

**Short description of how this document meets the Standard and Measure’s requirements:**

The Idaho Advisory Council on HIV and AIDS has been in existence since 1994 with only three name changes over those years. PDF pages 1-2 meeting participants PDF pages 3-11 - meeting summary - see highlighted for areas where strategies were discussed.

<table>
<thead>
<tr>
<th><strong>Submitting Agency:</strong></th>
<th>Idaho Division of Public Health</th>
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</thead>
<tbody>
<tr>
<td><strong>Staff Contact Name:</strong></td>
<td>Traci Berreth</td>
</tr>
<tr>
<td><strong>Staff Contact Position:</strong></td>
<td>Chief, Public Health Business Operations/Accreditation Coordinator</td>
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<td><strong>Staff Contact Email:</strong></td>
<td><a href="mailto:Traci.Berreth@dhw.idaho.gov">Traci.Berreth@dhw.idaho.gov</a></td>
</tr>
<tr>
<td><strong>Staff Contact Phone:</strong></td>
<td>208-334-5774</td>
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**Can we attribute the document to your agency?**

☒ Yes, you can include our agency name when posting
☐ No, please post the document anonymously

**Can we include staff name and contact information with the documentation?**

☒ Yes, you can include staff contact information
☐ No, please do not include staff contact information

Thank you for submitting your health agency's documentation to the Accreditation Library. We appreciate your contribution to this resource, and we look forward to continuing to provide you with assistance in your accreditation work.
<table>
<thead>
<tr>
<th>Name, Title</th>
<th>Agency</th>
<th>IACHA Affiliation</th>
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<tbody>
<tr>
<td>Shane Anderson</td>
<td>IACHA Member</td>
<td>- representing MSM</td>
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<tr>
<td>Tulumba Asaka</td>
<td>IACHA Guest</td>
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<tr>
<td>Brandon Atkins</td>
<td>Communicable Disease Control</td>
<td>Technical Advisor to IACHA</td>
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<tr>
<td>Jared Bartschi</td>
<td>Bureau of Communicable Disease Prevention</td>
<td>Technical Advisor to IACHA</td>
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<tr>
<td>Chris Bidiman</td>
<td>a.l.p.h.a. (Allies Linked for the Prevention of HIV and AIDS)</td>
<td>IACHA Community Co-Chair - representing MSM</td>
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<tr>
<td>Kevin Brinegar</td>
<td>HIV Prevention Program Specialist</td>
<td>Technical Advisor to IACHA</td>
</tr>
<tr>
<td>Treena Clark</td>
<td>Program Manager Policy Planning and Communications, Division of Behavioral Health</td>
<td>Technical Advisor to IACHA</td>
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<tr>
<td>Sheri Cook</td>
<td>Special Needs Team Lead</td>
<td>Technical Advisor to IACHA</td>
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<tr>
<td>Lenny Fraser</td>
<td>IACHA Member</td>
<td>- representing MSM</td>
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<tr>
<td>Gladys Goodman</td>
<td>Staff Epidemiologist</td>
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<tr>
<td>John Harvey</td>
<td>IACHA Member</td>
<td>- representing MSM</td>
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<tr>
<td>Joey Henson</td>
<td>Mpowerment Project Coordinator</td>
<td>Technical Advisor to IACHA</td>
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<tr>
<td>Lisa Kramer</td>
<td>School Health Education Coordinator</td>
<td>Technical Advisor to IACHA</td>
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<tr>
<td>Stacie Lechot</td>
<td>Executive Director</td>
<td>IACHA Member - representing HIV Medical Care</td>
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<tr>
<td>Kimberly Link</td>
<td>Program Manager</td>
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<tr>
<td>Mary Linn</td>
<td>Licensed social worker</td>
<td>IACHA Member - representing substance use</td>
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<tr>
<td>Kevin Lish</td>
<td>Board Chair</td>
<td>IACHA Guest</td>
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<tr>
<td>Kimberly Matulonis</td>
<td>HIV, STD and Hepatitis Prevention</td>
<td>Technical Advisor to IACHA</td>
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<tr>
<td>Program Coordinator</td>
<td>IACHA Guest</td>
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<tr>
<td>Idaho Department of Health and Welfare</td>
<td>IACHA Member - representing Community Based Organization Prevention</td>
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<tr>
<td>Jerry Nabarrete</td>
<td>IACHA Guest</td>
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<thead>
<tr>
<th>Epidemiologist</th>
<th>IACHA Guest Presenter</th>
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<td>Southwest District Health</td>
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<thead>
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<th>Assistant Director/Clinical Coordinator</th>
<th>IACHA Member - representing behavioral science</th>
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<td>Counseling and Testing Service</td>
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<tr>
<td>Idaho State University</td>
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<tr>
<th>Physical Health Director</th>
<th>IACHA Member, representing Public Health</th>
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<td>Interaction Consulting International, INC.</td>
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<thead>
<tr>
<th>Ryan White Part B/ADAP Coordinator</th>
<th>Technical Advisor to IACHA</th>
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<th>HIV, STD, and Hepatitis Programs Manager</th>
<th>IACHA State Co-Chair</th>
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<tr>
<th>Ryan White Part C Clinic Manager</th>
<th>Technical Advisor to IACHA</th>
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<tr>
<td>Family Medicine Health Center</td>
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<thead>
<tr>
<th>Executive Director</th>
<th>IACHA Guest presenter</th>
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<tr>
<td>Sero Project</td>
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<table>
<thead>
<tr>
<th>AIDS Education and Training Center (AETC) Coordinator for Mountain States Area</th>
<th>Technical Advisor to IACHA</th>
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<tr>
<td>Idaho State University Meridian Health Science Center</td>
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The two highlighted members tie directly to the two examples provided in 7.2.1A2.

- 7.2.1A2 Example 1
- 7.2.1A2 Example 2
Introductions and Meeting Overview

Participants introduced themselves. Monica reviewed the agenda and process for the meeting. The group affirmed the meeting ground rules:

1. Start and end on time. Aim to stay for the entire meeting.
2. Stay focused.
3. Limit distractions (e.g., phones/electronics, sidebar conversations, etc.).
4. What is said here, stays here.
5. Focus on what supports the greater good.
6. Everyone is on equal ground.
7. Respect all aspects of diversity in the room. Be aware of stereotypes.
8. Honor confidentiality.
9. Practice compassion.
10. Be aware of your body language and its impact on others.
11. Participate actively! Say it during the meeting, not after.
12. Be open to other perspectives.
14. Disagree openly and respectfully.
15. Use "I" statements. (For example, "I feel _____ when/because ______.")
16. Make decisions by consensus.
17. Avoid revisiting decisions unless new, compelling information becomes available.
18. Take care of your needs so you may engage fully.
HIV, STD, and Hepatitis Program Update

Aimee Shipman provided several updates on several topics, including the Pharmacy Benefits Management (PBM) Program, general information on the syphilis outbreak and testing options, Uganda delegation tour, High Impact Prevention (HIP), the CDC risk reduction online tool, Pre-Exposure Prophylaxis (PrEP), and Grindr’s interest in promoting PSAs. She also shared priorities and upcoming activities for this year, including the CDC restructuring TA request, specific TA assistance to help determine how to best facilitate policy work, and a CDC funding opportunity that combines prevention and surveillance.

SERO Project

Sean Strub provided background, successes, challenges, and upcoming opportunities related to the SERO Project. He shared that HIV-related stigma is still the same or worse than before; improved treatment and survival has negatively affected this, as have the criminal justice system, public health, and media. He highlighted that the primary considerations in criminal cases should be intent, likelihood of transmission, whether harm was inflicted, and treating like harms the same. Please see Sean’s presentation slides for more information, including a link to SERO Project produced video re: criminalization. There is also an upcoming HIV is Not a Crime National Conference scheduled May 17 – 20, 2016 in Alabama.

Syphilis Outbreak

Epidemiology Profile

Jared Bartschi presented the most recent Idaho outbreak trends. See Jared’s presentation for details. Jared invited participants to email him with any additional data questions.

STD Prevention Response (actually presented on Day 2)

Kimberly Matulonis shared the most recent radio advertisements addressing the syphilis outbreak, the Grindr ads, and the Naked Truth resources on Facebook. She recommended participants “Like” the Naked Truth. Please see Kimberly’s presentation slides for more information and links to actual ads.

Panel Presentation: DIS Field Perspective

Randi Pedersen, SWDH, shared her experiences (and challenges) in informing those potentially infected, partner services, referral to testing and treatment, and working with primary care physicians (PCPs) to answer questions. Gladys Goodman, CDHD, explained how the CDHD follows up with each confirmed case, including facilitating communication with partners and other potentially infected contacts, and shared that not all healthcare providers can provide treatment. Randi Pedersen, SWDH, talked about the national trends in multi-infections, and concerns about observed “nonchalance” in syphilis infection.

The group discussion topics that followed included incorporating PrEP with clients, ways to reach out via social media (e.g., Grindr) and events, the concern that lack of sexual health education in...
Aimee Shipman provided the national perspective and context for PrEP.

Rebecca asked the group for feedback about whether and how to formalize representation from stakeholders across Idaho. The group offered the following:

- This is important to supporting the diversity of the group
- Facilitate intentional recruitment
- Consider having multiple representatives from each category AND acknowledge that one person can represent multiple perspectives - qualify this in policies and procedures
- Include a lesbian representative
- Keep the reapplication process in place
- If we need three meetings per year, could reduce the member number limit per meeting

PrEP Panel

Dr. Thrun of Gilead talked about various options for increasing access to medication. He shared challenges related to marketing this to primary care providers (PCPs), and concerns with future sustainability of Gilead assistance if needs increase substantially. Gilead currently provides assistance with PrEP medication for those up to 500% of poverty (either free or copay program). Foundations should continue to be explored to assist with the clinical components of PrEP treatment programs.

The group engaged in lively discussion of these issues, including:

- Empowering patients to advocate for PrEP treatment with their PCPs
- How to increase PCP involvement: comfort level with PrEP, and sexual health in general
- The impact of the HIV Clinic/Wellness Center on “segregating” sexual health from other clinics
- The impact of strong religious influence in certain Idaho communities (e.g., doctors morally opposed to treating STDs)
- The potential role of case managers in educating PCPs

Mpowerment Program – Genesis Project

Ioey presented information on the background of the Genesis Project, including the programs and activities of this Mpowerment Program based in Pocatello. The Program is founded on promoting self-worth to increase the likelihood of self-care. He also shared that outreach is done through presence at Pride events (Idaho and Utah), web/social media, coffee night, and Club Charlie’s. Please see Joey's slides for more details.

IACHA Policy and Procedure and Membership

IACHA Meeting – March 10 and 11, 2016
Idaho Department of Health and Welfare, Division of Public Health
• This discussion could be incorporated into the TA request
• Gary recommended Nikki Sayer to replace him

National DIS Certification

Kevin gave an overview of the challenges related to DIS work (e.g., burnout) and provided an update on the efforts underway to establish national DIS certification. Three models are currently being considered, and work is being done to define “success” through best practices. Certification is expected to bring more prestige and consistency of service to this important work.

Western Regional Meeting:
Sustainability Across HIV Care and Prevention

Rebecca shared several highlights from the meeting from the various states in attendance. These included:
- Washington has decreased infection rates by 50%
- Two thirds of Washington PrEP patients stay in the program; most are white males and from Seattle
- In Oregon, Community Care Organizations are facilitating PrEP, but are inconsistent in their approval of PrEP
- Partners from the San Francisco area shared that the younger generations are harder to engage
- DIS is viewed as a stepping stone in the medical field
- Oregon has a statewide syringe exchange program; has an epi profile specific to hepatitis, and CCOs have incentives to treat hep C
- In New Mexico, everyone can distribute Narcon via the Medicaid formulary
- Many states have relatively strong CBO support
- The Cascade AIDS Project offers substance abuse and mental health services, has solid resources (people and financial), has expanded gay and lesbian services, and is able to provide higher level medical care

HIV/AIDS Discrimination

Jessica discussed the various laws that support reducing stigma and discrimination toward people living with HIV/AIDS. Her role encourages compliance, and she works in concert with the Idaho Human Rights Commission. Please see Jessica's slides for more details and resources.

Hepatitis Program Overview

Kimberly provided a program update, including information about the upcoming Viral Hepatitis Summit, May 23 at the Grove Hotel in Boise. Please see Kimberly’s presentation for more information.
HIV Quality Management Committee – Meeting Update

Aimee shared several highlights, including:
- There is a measures development process underway
- Recertifications have increased this year
- There is an effort to consistently capture the frequency of medical visits in the data
- The group is looking at the best models/structure to do its work in the future

**Process Meeting Information/Develop Outcomes**

Rebecca shared the draft Statewide Coordinated Statement of Need and Jurisdictional HIV Prevention and HIV Care Plan. She emphasized areas requiring IACHA input. IACHA participants were asked to contribute their input regarding all items indicated as “IACHA Action Items” on the agenda (recorded via provided worksheets). Below appear the group’s suggestions/input:

**SERO Project**
- Develop a strategic plan, working with stakeholders and getting support BEFORE pushing change to legislation
- Send two IACHA members to the upcoming conference, HIV is Not a Crime, in Alabama
- Reminded us stakeholders need to hear information 2-3 times for it to sink in
- Get information from Iowa Prevention Coordinator - steps toward legislative change
- Use positive messaging – focus on "modernizing" versus the negativity of current laws
- Empowering persons with HIV
- Be open-minded about potential coalition/stakeholder intersections (and support)
  - Also, alignment of interest with law enforcement
- Mobilizing affected community is essential (e.g., ALPHA and Wellness Center clients)
- Implications applied to prevention – educate (unintended consequences)
- Pamphlets distribution
  - SERO project
  - Add Boise AIDS walk info on state Facebook page

**Syphilis Outbreaks (not going away soon!)
- Increasing incidence, ocular aspect
- Education and outreach providers (e.g., Health Alert), including eye-related specialties
  - Pool resources across states
  - Sexual health conversations
  - Disease trends
- Public education (e.g., females are contracting and comprise one third of cases)
- Assess effectiveness of PSAs, if practical/feasible
  - Consider Pandora, Spotify, others
  - Demographic impact
- Enhance reporting
  - Demographics and treatment
  - From providers
- Re-assess media strategy to be more comprehensive in reach
  - Types of ads on social media hookup sites

**PrEP**
- Individuals on PrEP can talk to others (reduce stigma)
- Public education on PrEP

IACHA Meeting – March 10 and 11, 2016
Idaho Department of Health and Welfare, Division of Public Health
IACHA Meeting — March 10 and 11, 2016
Idaho Department of Health and Welfare, Division of Public Health

- Define what it is
  - Providers: how to start a conversation about sexual health (although it takes a willingness to establish comfort)

- Funding opportunities
  - Ryan White or HIV prevention funding to purchase medications is not allowed
  - The cost of labs can be a big barrier to those who are able to obtain prescription assistance
  - College of Pharmacy ISU (SE Idaho)

- Lack of PrEP-friendly doctors - ensure PCPs associated with HIV know about PrEP and patient assistance

- Need more information about whether PrEP is safe during pregnancy

- STD/HIV measures are included in State Healthcare Innovation Plan (SHIP) Patient-Centered Medical Home (PCMH)
  - SHIP representative attend next IACHA meeting
  - 55 initial sites identified
  - See Louisiana example
  - Educate PCPs how to identify IDUs

- St. Luke’s learning collaboration coordination – IACHA recommends sexual health be included/emphasized

- Emphasize and/or consider the possibility of Idaho having no more new HIV diagnoses/cases
  - Think about impact on funding if Idaho has no new HIV diagnoses

- Target partners of IDUs

- Educate/empower emergency departments about signs of IDU – and PrEP
  - Focus on harm reduction
  - Reduce aspect of anti-stigma

- Consumer education

- Provider education

- Addressing the cost of labs
  - Use of RWPB rebate funding being explored
  - Having contracts with labs (i.e. Interpath) can significantly lower the cost

**Discrimination**

- Review of jail/prison policies and procedures to comply with law
  - Private/tribal prisons exempt?
  - Staff accountability (no retaliation!)
  - Categorized and flagged = higher level of discrimination
  - Incarcerated can’t talk about risks and status

- Exemption of religious organizations and private schools - ask Jessica about potential action

**Letters (Concurrence, Reservations, Non-concurrence)**

- Keep in mind any opportunities for expanding to Region 5
  - College of Southern Idaho (CSI) - testing/pilot
  - Family Health Services
  - Influx of people (individual refugee population)
  - Outreach
  - Untapped data
  - 12 step programs

**IACHA Members/Attendee Updates**
o New physician hired in clinic
o Approximately 53 RWPB cases currently being managed
o RWPB MCM works with staff from region 6
o Breaking Boundaries – fundraiser very successful (black tie event)
o Next fundraiser is Beer Fest (1st Saturday of June) at Idaho Falls Race Track

Lechot, North Idaho AIDS Coalition (NIAC)
o North Idaho lost Part C clinic because the Ryan White Part C clinic did not reapply for funding (CHAS)
o Client arrested in October – received 10 year sentence
o Men's Amity Project – started in 2015, planning three-day camp in April
o Recently opened up a “Condom Shop” at NIAC

Stacie Lechot, North Idaho AIDS Coalition (NIAC)
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Treena Clark
o 3 crisis centers in operation
o Partial funding for regions 3 and 4 (clinics coming)
o Peer-run recovery services
o Millennium funds requested for recovery centers for tribes; seeking funding
o Working to strengthen recovery services

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Tulumba Asaka
o Refugee services must have refugees available who understand the community – Tulumba available to help

Lenny Fraser
o Will share what he learned from IACHA with others
  ▪ Connect with Treena on recovery centers
  ▪ Available to staff tables and events

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  ▪ Connect with Treena on recovery centers
  ▪ Available to staff tables and events

Mary Linn
o Remember Region 5 opportunities; currently not a lot of services available

Sherri Cook
o HOPWA amendment approved
  ▪ APLHA and ISU Health West new providers

Chris Bidiman
o MPowerment BOI
  ▪ Annual Formal being held March 12th (MPowerment BOI's Blue Ball – A Night of PrEP)
  ▪ Getting new participants every week
• ALPHA
  – Working to stabilize and getting back to basics
  – Higher quality of services
  – Increased testing
  – Increased chlamydia/gonorrhea testing (15% positive)
• Connect to HIV Care treatment in 24 hours
  – Seeing clusters, especially among 30-45 year old age group
    o Offer syphilis testing (rapid and blood draws)
    o Looking into PrEP wraparound lab services (to cover 3 month labs)
    o Fundraiser in 6 weeks (May 1) - brunch

Wrap Up

Possible Topics for Next Meeting

❖ Syphilis update
❖ PrEP
  o Priority issue and DHW strategies
  o Actively engaging PCPs
❖ HIV is Not a Crime – conference follow up
❖ Heroin and pain pills (and Hepatitis C)
❖ Friendly providers directory
❖ IDOC Health Department
  o Panel?
  o Information on policies
  o Outreach coming out of incarceration
  o County jails
  o Stacie - drug courts
  o Support while incarcerated (formal, social)

Next Steps

1) [Redacted] will reach out to members who have not attended recently to inquire if they are still interested in participating with IACHA. Members will be given until March 31, 2016 to reply with their intention.

Next Meeting

The next meeting is planned for September 2016. Dates will be confirmed.
### Brief Meeting Evaluation

<table>
<thead>
<tr>
<th>Worked Well . . . .</th>
<th>Improve for Next Time . . . .</th>
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<tbody>
<tr>
<td>➞ Group discussion, format, topic (great info, quality)</td>
<td>➞ Technology challenges</td>
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<tr>
<td>➞ Good information to take back</td>
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<tr>
<td>➞ Panel discussions!</td>
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Other comments made during the evaluation:

- Follow up on Syphilis outbreak status at next meeting
- Consider IACHA member/other attending SERO conference