



Meeting Minutes

Oregon HIV/Viral Hepatitis/Sexually Transmitted Infection
Integrated Planning Group (IPG)



FULL MEMBERSHIP MEETING

Date: October 29, 2014

Number of voting members present: 24

Number of others/non-voting members present: 5

Number of guests present:

Agenda Item/Topic	Key Themes in Discussion
Announcements	<ul style="list-style-type: none"> • Three committee members are resigning from the IPG. Thank you all for your interest and contributions. • On Tuesday, November 11 at the Nine’s Hotel from 4:00pm – 6:00pm, there will be a forum that will consist of leading researchers in the region. The forum will discuss cutting-edge research for HIV vaccines. Representatives from the Fred Hutchinson Institute in Seattle will be there as well. The event is free. • This year marks the 30th year that Cascade AIDS Project have been providing prevention, supportive, and empowerment services. • Cascade AIDS Project will be hosting a “Heroes of HIV” luncheon at the Nine’s Hotel from 11:00am – 12:00pm. Tickets are \$60.00. • Plans were made to present the results of the recent housing survey for services that are delivered through the Oregon Housing Opportunities in Partnership Project which is administered by the state HIV Community Services Program in conjunction with Ryan White. Information will be sent out with highlights next week. • The epidemiological profile on hepatitis went to the publications unit last week. If anyone is interested in the data and findings related to hepatitis,
The 2015 Planning Process	<ul style="list-style-type: none"> • CDC and HRSA are now coordinating the due dates for their respective plans and when they will be due. • There are three documents that need to be developed: Statewide Coordinated Statement of Need (HRSA), the Comprehensive Plan (for HIV Care Parts A & B which will be developed by

	<p>Multnomah county), and the HIV Jurisdictional Plan.</p> <ul style="list-style-type: none"> • Guidance from CDC and HRSA is not yet available. The documents will be due in September, 2016. • Would like to start the planning process at the first IPG meeting of 2015. • To help think about the planning process, need to look at past data. • The focus at the federal level is the continuum of care cascade. • As of 2013, there were 6,470 people living with diagnosed HIV in Oregon. • At least one-third of cases diagnosed with HIV per year are diagnosed late. It is likely a person has had HIV for seven to 10 years undiagnosed. Because of this statistic, it is important to focus on early diagnosis and HIV testing is very important. • 88% of people living with HIV in Oregon who have been diagnosed were retained in HIV care. Oregon is doing very well with linkage compared to national estimates. • Work is continuing on “out of care” projects. The goal is to look at reported cases who show they have not had a viral load or CD4 count and do more research to see if a person has moved out of state, deceased, or are receiving care elsewhere, or are out of care for another reason. To date, the majority who appeared to be out of care were actually in care. • The true percentage of those retained in care is higher than 88%. • It is estimated that 70% - 86% of people in Oregon diagnosed with HIV are virally suppressed. The lower amount assumes that those with no reported viral load are out of care. The highest percentage assumes that the cases without viral loads had similar care outcomes to those viral loads that were reported. The percentage who may not be virally suppressed but receiving care changes. • One of the meetings next year could focus on increasing HIV testing among people with undiagnosed infections. • A second topic of focus could how to further support medication adherence for people who are receiving HIV care but not virally suppressed. • A third topic of focus could be on how to promote sexual health and wellness to address STIs and hepatitis among people living with HIV. • Ad-hoc committees are an option for anyone interested in pursuing other topics of interest.
<p>CareASSIST Update</p>	<ul style="list-style-type: none"> • CAREAssist is the name for Oregon’s AIDS Drug Assistance Program. • Focus of the program is to help people get enrolled for insurance whose coverage begins in January, 2015. Open enrollment is from November 15 through February 15. • A number of people were moved to the Oregon Health Plan because they became income eligible for that coverage. • Those who are undocumented were referred to insurance agents who could then sell them a

	<p>policy.</p> <ul style="list-style-type: none"> • Beginning January 1, 2015, for those who are not with the Oregon Health Plan can be covered for dental services. Two-thirds will be able to sign up for a plan. An application will be mailed out and will not be a part of any insurance exchange. • There will be “tiered” dental coverage. • ODS has contracts with the OHSU Dental School. • No date has been set on when the dental coverage forms will be sent out. • There is no open enrollment in dental coverage. • Due to ongoing extensions with OMIP and PECIP (Pre-Existing Conditions Insurance Pool), people in both pools were being billed for their prescriptions. All PECIP billing issues have been resolved. With OMIP and PMIP, clients are still being billed for their prescriptions. • Assister services contracts with Cascade AIDS Project and HIV Alliance were initiated last year. This year, Eastern Oregon Center for Independent Living, (EOCIL), HIV Alliance, Cascade AIDS Project, Multnomah County HIV clinic, and the Partnership Project. • The funds for these contracts are smaller. • Healthnet is not going to participate in the Affordable Care Act insurance exchange. • At the HIV Health Transformation Task Force meeting, the insurance division did a presentation where they are taking a tool developed by Cascade AIDS Project and Partnership Project and made changes to this. This tool will be available to anyone to navigate through the insurance process. This tool will be especially helpful for assisters. • Enrollment in the federal exchange will be from November 15 to December 15. CAREAssist has to make the payment between December 15 and January 1 for coverage to begin on January 1. Due to the transition between Cover Oregon to the federal exchange, there will not be continuity in coverage.
<p>Prevention with Limited Resources</p> <ul style="list-style-type: none"> • Resources for non-funded counties 	<ul style="list-style-type: none"> • Oregon has 36 counties. Of those 36, seven counties are funded to do HIV prevention work: Clackamas, Deschutes, Jackson, Lane, Marion, Multnomah, and Washington. • These counties account for most cases of HIV in Oregon. • Free educational marketing materials are available on the HIV prevention website. • The HIV prevention program has condom posters on-hand that can be shipped upon request. • Free materials are also available on the HIV prevention website. • Free technical assistance is available through the state HIV prevention program. This could include questions on monitoring, testing, capacity building, using technology and online trainings. • Fifteen counties are eligible to receive condoms and lubricants. Those are counties who have had at least four new HIV diagnoses in the past three years. • Oregon Reminders is available for testing and medication refill reminders. Currently the service

<ul style="list-style-type: none"> HIV Alliance's efforts in rural areas 	<p>has more than 1,500 users.</p> <ul style="list-style-type: none"> Although the majority of funding for Oregon Reminders will be ending, the website will still be available and people can continue to sign up to receive reminders. Window clings were developed to develop awareness with the hope of starting conversations. HIV Essentials training will be available soon. This training will take approximately two hours and is available for anyone to take. Non-funded counties can be reimbursed for HIV tests. A pilot project is underway that involves HIV case managers who offer HIV testing to sex and needle sharing partners. Most insurance plans cover HIV testing. HIV Alliance serves Lane, Douglas, and Josephine counties. Services offered in these counties include testing, syringe exchange, condom distribution, and education program that includes components such as Speakers in the Schools and HIV / Hep C 101. In Douglas county, there is one part-time person that runs the syringe exchange, condom distribution, and testing. Volunteers are used in the non-funded counties. Staff have taken the "Train the Trainer" program offered through the state. This allows someone who can train volunteers. Support also comes from faith-based communities. In-kind donations are a resource as well that has helped. Another way to develop partnerships and expand available resources is through the hospital system. Addictions providers have also been contacted. Partnerships are being developed that allow for education and testing for their clients. Applications for funding have been sent to various foundations.
<p>Oregon's HIV Medical Care System</p>	<ul style="list-style-type: none"> Due to technical difficulties, this topic was not recorded.
<p>AIDS Education and Training Center work plan</p>	<ul style="list-style-type: none"> Due to technical difficulties, this topic was not recorded.
<p>Tobacco cessation videos</p>	<ul style="list-style-type: none"> Due to technical difficulties, the videos were shown after the meeting adjourned.