



Meeting Minutes

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



Committee: IPG Full Committee

Date: October 28, 2015

Number of voting members present: 23

Number of others/non-voting members present: 7

| Agenda Item/Topic | Key Themes in Discussion |
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| Announcements | <ul style="list-style-type: none"> • The meeting dates for 2016 have been determined. They are March 15 in Portland, May 11 in Portland, and July 13 in Salem. • The AIDS Education & Training Center (AETC) will be hosting a webinar series around HIV in primary care. • The Meaningful Care conference will be on Friday, March 25, 2016. This is an all-volunteer event. The Requests for Proposals is currently open with a deadline of November 2. CMEs and CEUs will be available. • An introductory course is being developed for inmates within the Department of Corrections. Some of the curriculum is based on feedback received from inmates. |
| Developing an updated integrated plan | <ul style="list-style-type: none"> • The state has just received guidance from federal funders regarding the new comprehensive plan. • The HIV Prevention program has always been funded by the Centers for Disease Control and Prevention (CDC). For this funding, two requirements had to be met: The formation of a planning group and the development of a jurisdictional HIV Prevention Plan. • HIV care services programs are funded by the Health Resources Services Administration (HRSA). For funding, convening a planning group and develop a Statewide Coordinated Statement of Need every three years and a comprehensive plan. |

- A planning process is still required to receive funding for programs.
- Only one comprehensive plan will be developed that covers both Prevention and Care services.
- The comprehensive plan will include a needs assessment, a plan, and a monitoring and improvement plan.
- The needs assessment will include an epidemiological overview (Epi profile), the HIV care continuum and how it looks in Oregon, and an inventory focusing on financial and human resources as well as a needs, gaps, and barriers summary.
- The integrated prevention and care plan will include goals, objectives, strategies, activities, and resources. The framework will be based on the National HIV/AIDS Strategy. Content will include collaborations, partnerships, and stakeholder involvement. Input will come from persons living with HIV (PLWH) and community engagement.
- The work done with the IPG has established a good foundation. With the first integrated plan that was developed three years ago, the National HIV/AIDS Strategy and the HIV Care Continuum were used as a framework in developing that document as well.
- Through input from previous meetings, the needs assessment process has already started to take shape.
- Next year, the IPG will review and contribute to the plan, provide guidance on the needs assessment and community engagement components. The final Plan will need to be approved by the IPG.
- When the plan is complete, the committee will monitor the progress of how the work is carried out.
- Portions of the document will be sent out via e-mail for feedback.
- The goal for the March 15th IPG meeting is to have drafts of the Statewide Coordinated Statement of Need (SCSN) needs assessment portion of the plan. There will be a request to review the document and provide feedback on what data is still needed and how to get it.
- The May 11th IPG meeting will focus on work for the Plan.
- The July 13th meeting will focus on finalizing the Plan.
- The deadline for the Plan and supporting documents is in September. There must also be a review by the Public Health leadership.
- A final draft will be sent to the committee in August. A decision from the committee will need to be made through a concurrence letter.

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| <p>Viral suppression among PLWH: What do we know?</p> | <ul style="list-style-type: none"> • The numbers of cases of new HIV are declining among Oregon residents. • An increase in syphilis has occurred since 2007. Gonorrhea rates are increasing as well. • HIV treatment and viral suppression prevents transmission. • The Care Cascade shows the progress of a person who is diagnosed with HIV and is connected to care services. • Work is done to try and determine how many people with HIV are living in Oregon. This includes working with other states and agencies to help keep data as current as possible. • There are approximately 6,600 persons who are HIV positive in Oregon. • Some labs in surrounding states provide data for those who live in Oregon but are being tested in a neighboring state. • An area for improvement is to decrease the time from infection to diagnosis. • It is estimated that 60% of diagnosed cases are virally suppressed. • In the Medical Monitoring Project (MMP), 500 people were tested. Of those, 350 were virally suppressed. • Young people tended to be virally suppressed. • People more likely to be non-virally suppressed include people who are not taking anti-retroviral therapy, who use tobacco, who binge drink, and who use drugs. • There is a certain stigma that comes with not being virally suppressed. |
| <p>Current efforts to support viral suppression: What are we doing?</p> | <ul style="list-style-type: none"> • Ryan White funding from the state comes from several sources: The Oregon Health Authority receives Ryan White Part B funding to support the administration of the AIDS Drug Assistance Program (known as CAREAssist) as well as case management and supportive services throughout the state with the exception of the Portland metro area. • The Multnomah County Health Department uses Ryan White Part A funds for services in the adjoining counties and Clark County in Washington State. • The intention of the program is to fill gaps. • There are other grantees that receive funding for HIV services throughout the state. • A medication therapy management program helps people overcome barriers. • Ambulatory care is provided for those with HIV. This is available statewide. |

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| | <ul style="list-style-type: none"> • Case management is available to everyone. This includes assistance with insurance applications, referral information, nursing services, adherence counseling, and working with medical providers. Nurse case managers are important in making sure that medication is taken which helps with viral suppression. • Early intervention services are also available. These include a pilot project with the Multnomah County Department of Corrections. Disease intervention specialists contact newly diagnosed persons to ensure there is a connection to care. Work is also done to find and help those who have fallen out of care. • Short term housing is available throughout the state. HUD funded programs are administered for long-term housing. |
| <p>Themes from group discussions</p> | <p>To improve viral suppression among Oregonians living with HIV, we must improve access to housing, addictions and mental health services. The following actions are the IPG's top recommendations related to these topics.</p> <p>Addictions & Mental Health Services for PLWH</p> <ul style="list-style-type: none"> • Further integrate addictions and mental health into medical care/make these conversations routine (10 votes) • Emphasize harm reduction approaches and policies (9 votes) • Standardize refills/bubble packs to include both mental health and HIV medications (5 votes) <p>Housing for PLWH</p> <ul style="list-style-type: none"> • Outreach, incentives and insurance policies encouraging home owners to rent rooms (low income tax credit) (9 votes) • Develop or support policies that increase affordable housing (7 votes) • Partner with affordable housing providers to develop units near HIV services (6 votes) |