
Oregon HIV/Viral Hepatitis/STI Integrated Planning Group Member Orientation Webinar

January 2012

The logo for the Oregon Health Authority. The word "Oregon" is in a smaller, orange, serif font. The word "Health" is in a large, blue, serif font. The word "Authority" is in a smaller, orange, serif font, positioned below "Health".

Oregon
Health
Authority

HIV/STD/TB Program

Welcome & Overview of the Planning Process

Presenters

Tuesday Johnson, Co-Facilitator

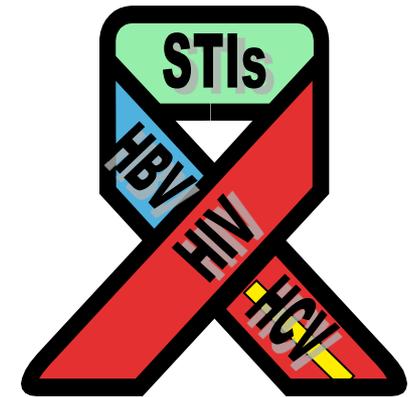
Deschutes County Public Health, HIV/HCV
Prevention Coordinator, Health Educator

Tom McConnell, Co-Facilitator

Community member

Integration Goals

- **Combine the two statewide planning groups:**
 - The Oregon Statewide Planning Group (SPG)
 - The Oregon HIV Care Coalition (OHCC)
- **Create a single Statewide Comprehensive Plan for:**
 - HIV Prevention
 - HIV Care and Treatment
 - Viral Hepatitis (VH)
 - Sexually Transmitted Infections (STIs)



One Year of Integration Planning

- Representatives from SPG, OHCC, VH and STIs began meeting monthly in January 2011.
- The group developed the IPG:
 - Organizational model
 - Purpose, vision, mission, & values
 - Membership grid
 - Policies & procedures
 - Application process
 - Agendas for webinar & 1st meeting

Purpose

- **Advise the HIV/STD/TB Section** of the Oregon Health Authority.
- **Assist in developing a statewide plan** for providing prevention and care services for HIV, viral hepatitis, and other STIs.

Vision

We envision an Oregon where, through prevention, new HIV/VH/STI infections are rare. When they do occur, every person will have access to high quality care, free from stigma and discrimination.



Mission

To regularly identify strengths, needs, gaps, and service priorities, resulting in a comprehensive plan that will support people in Oregon living with, affected by, or at risk for HIV/VH/STIs to live healthy lives.



Values

- **Inclusive**
 - Welcoming and safe environment
 - Valuing diversity and uniqueness
- **High quality**
 - User-friendly services
 - Based on best practices
 - Responsive to community needs

Values (cont'd)

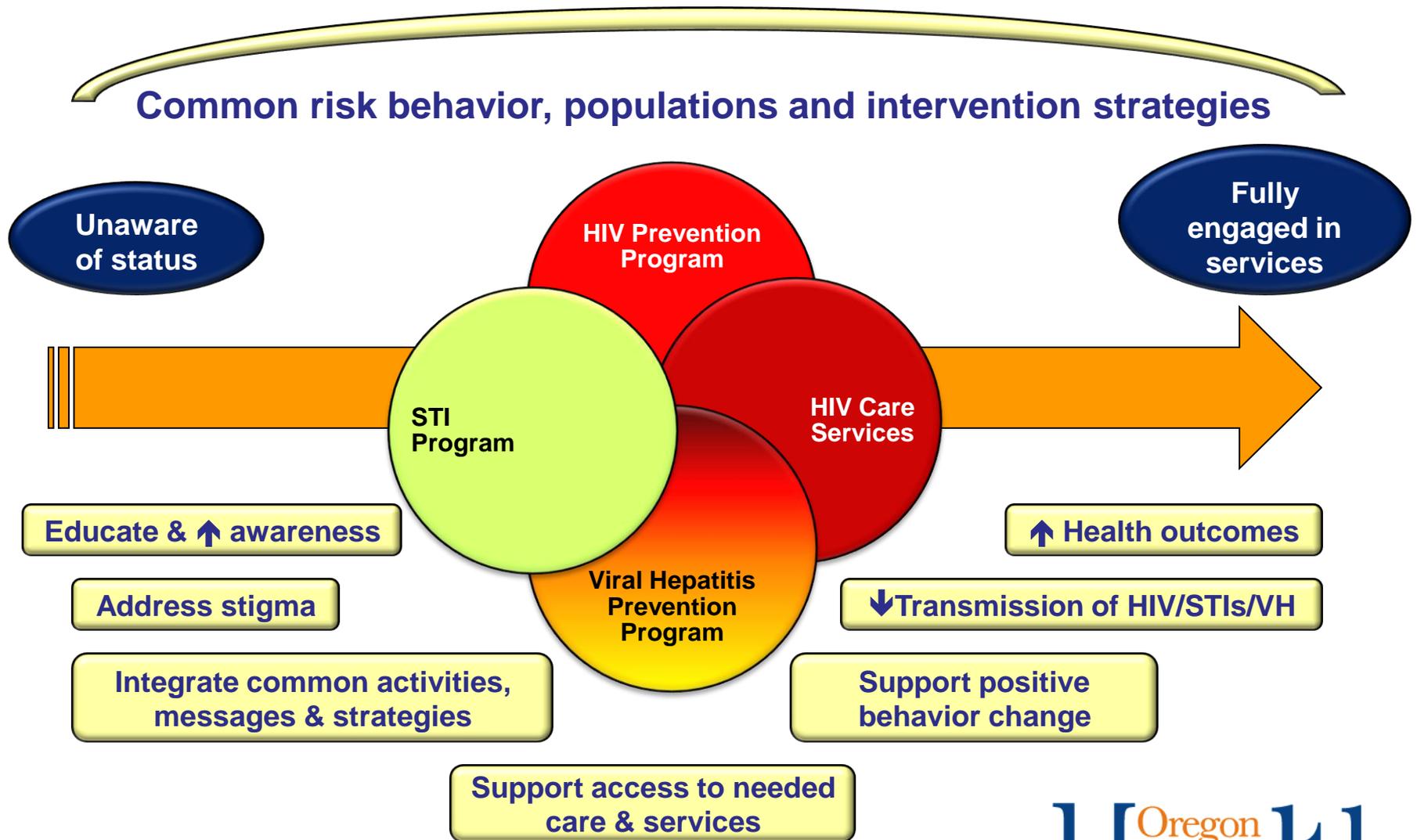
- **Compassionate**

- Empathy towards those we serve
- Services free from stigma or disparity
- Respectful of people from all cultures

- **Community Focused**

- Plan will be:
 - Realistic
 - Responsive to community input
 - Useful and accessible

HIV, STD and Viral Hepatitis Program Goals



HIV Prevention Program

Presenter

Ruth Helsley, RN, BSN

HIV Prevention Manager,
Oregon Health Authority

Program Goals for 2012

- **Decrease HIV transmission in Oregon**
- **Educate Oregonians about HIV**
- **Ensure access to prevention and care services for Oregonians**
- **Integrate messaging on HIV prevention and care, hepatitis and other STIs**
- **Actively address stigma**

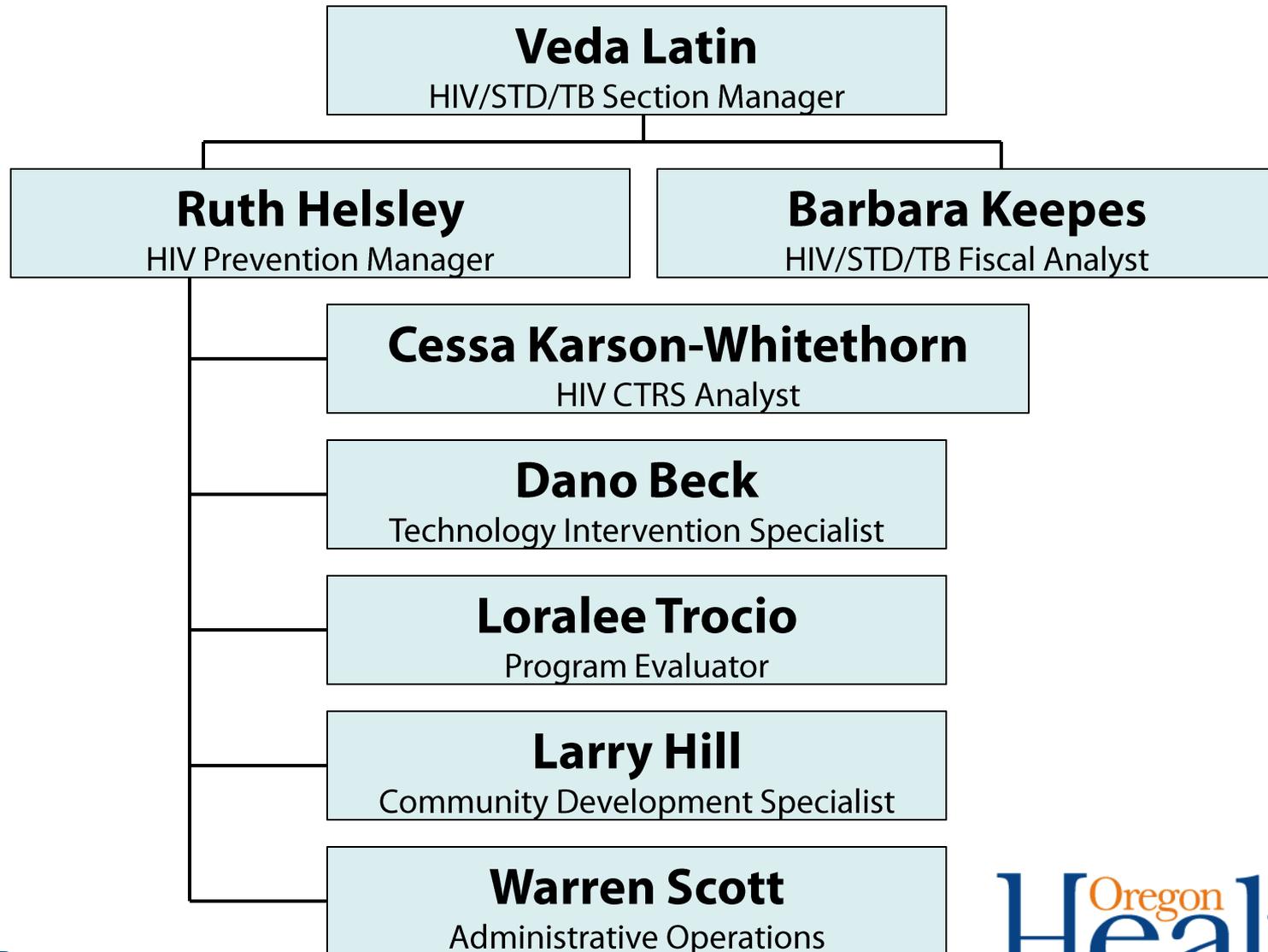


Program Funding Sources

- Centers for Disease Control and Prevention (CDC)
- Oregon - State General Funds



HIV Prevention Program Organizational Chart



HIV Prevention in Oregon

Core Components (Required)

HIV Testing

Comp. Prevention
with Positives

Condom Distribution
(Targeted)

Policy & Structural
Initiatives

Required Activities

HIV Prevention
Planning

Capacity Building &
Tech. Assist

Program Planning,
M & E, & QA

Recommended Components

Interventions for
HIV-Negatives

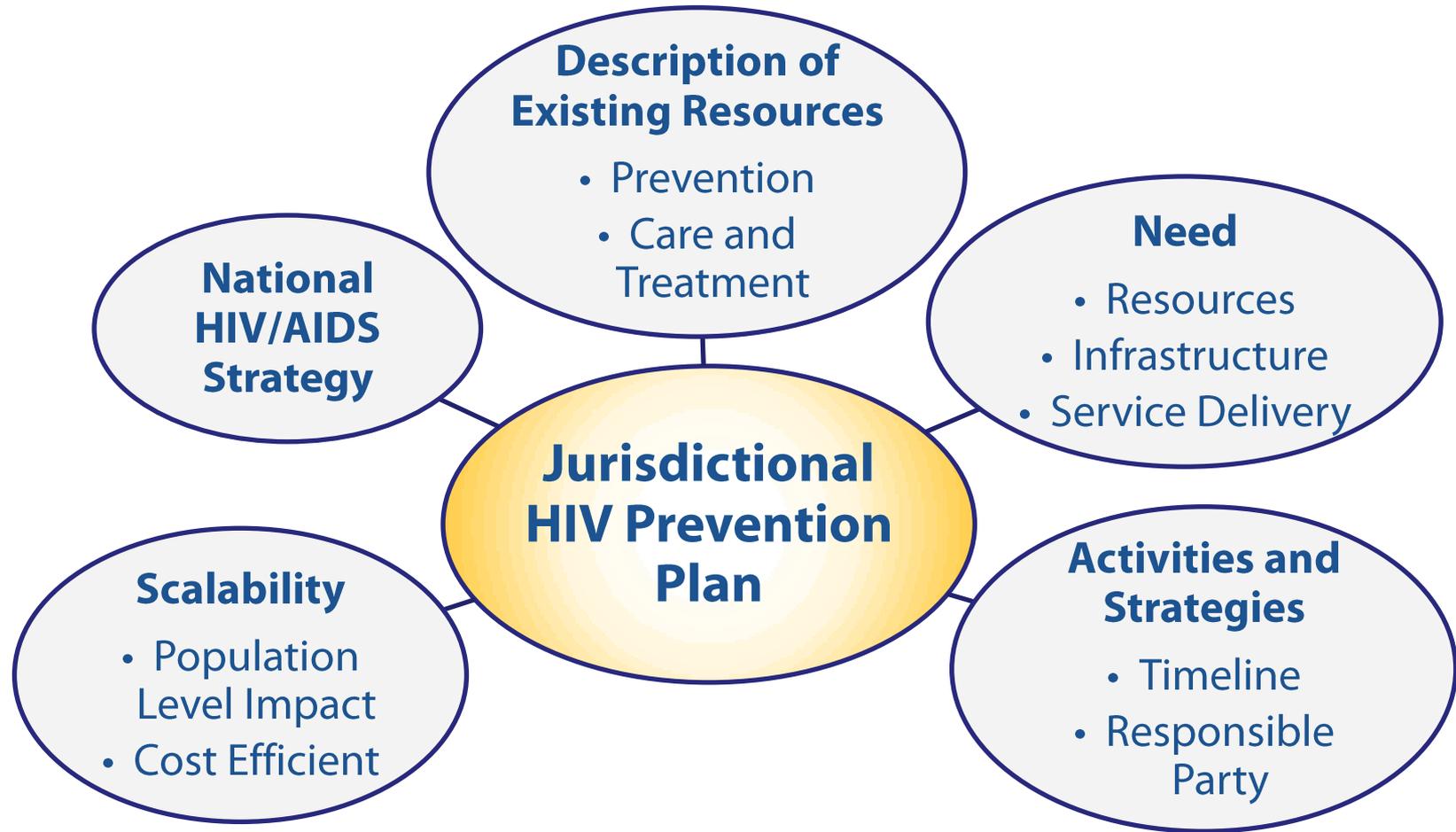
Social Marketing
& Media

Community
Mobilization

PrEP & nPEP

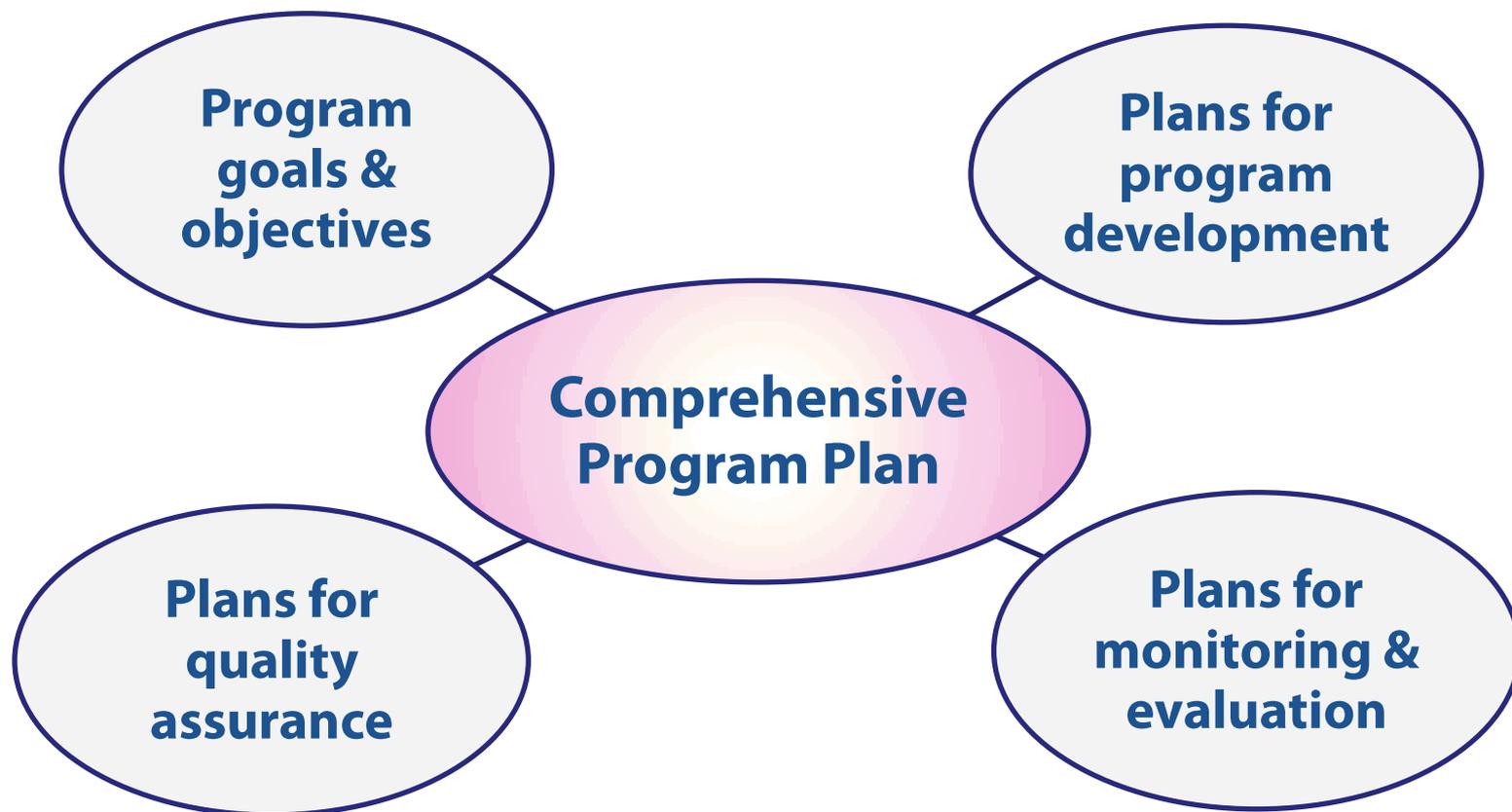
Jurisdictional HIV Prevention Plan

Due to CDC 6/30/12



Comprehensive Program Plan

Due to CDC 6/30/12



HIV Prevention in 2012

- **Decreased CDC funding** to Oregon as a low-incidence state
- **New strategies** needed to reduce HIV incidence
 - Approximately 275 new diagnoses per year for over 15 years!
- Align program with the National HIV/AIDS Strategy → **High-Impact HIV Prevention**



HIV Prevention in 2012 (cont'd)

- Public health as an **integrated statewide system**
- Platform of program efforts are based on an HIV **continuum of care** from testing to treatment
- **Integrate the community planning group** process with HIV care and treatment

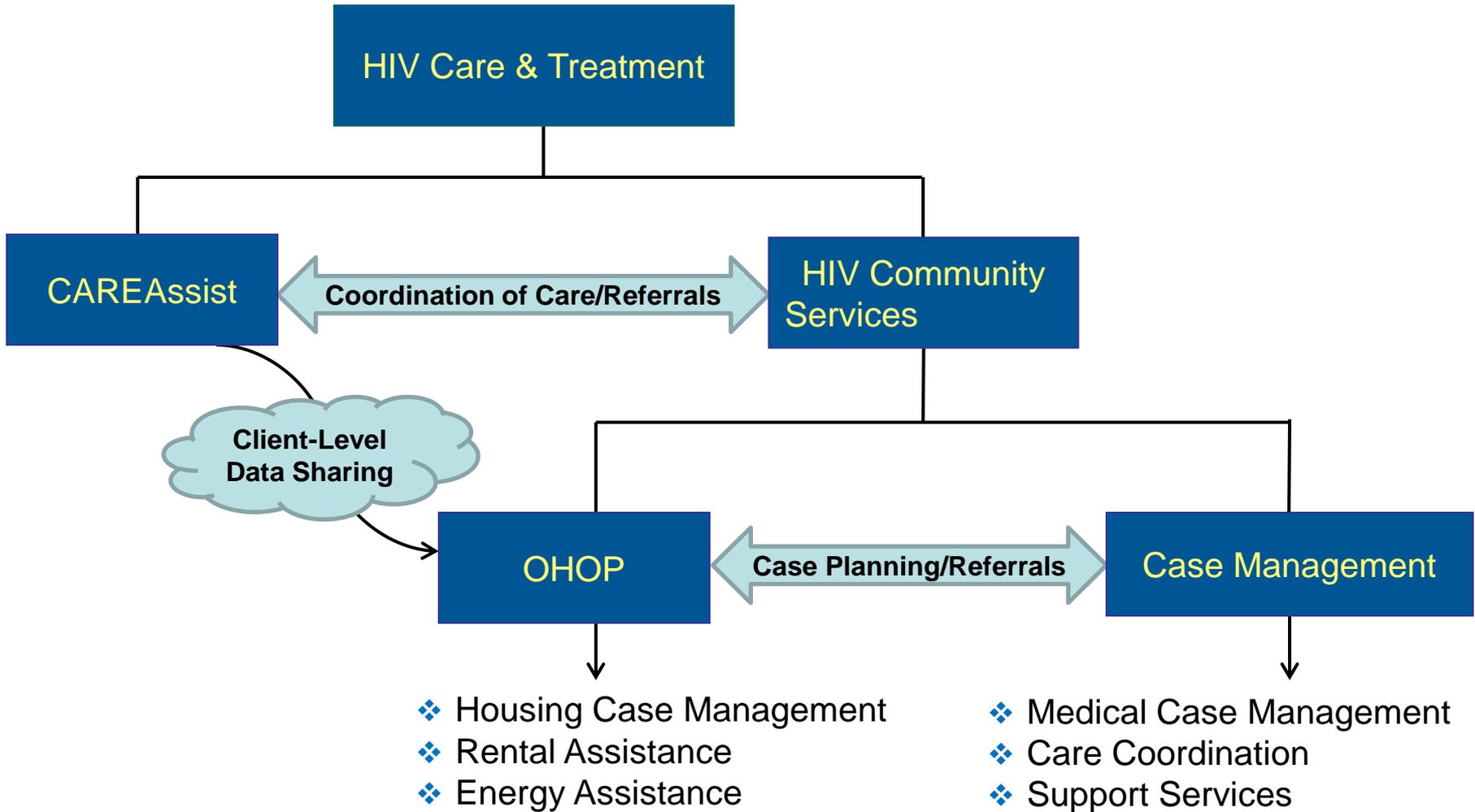
Thank YOU!

HIV Care and Treatment: HIV Community Services

Presenter

Annick Benson-Scott

HIV Community Services Manager, Oregon
Health Authority



Program Funding Sources

- **Health Resources & Services Administration:**
Ryan White Program - Part B
- **Department of Housing & Urban Development:**
HOPWA, Continuum of Care, Supportive Housing Program
- **General Fund/Other Funds**

HIV Case Management & Support Services

- Medical & non-medical case management
- Oral health care
- Medical transportation
- Linguistics services
- Housing & utility assistance
- Food assistance
- Other emergency financial assistance



1,113 clients served in 2010

State Managed Services

- Provides centralized and equal access to HRSA Core Medical Services:
 - Home health care
 - Medical nutrition therapy
 - Mental health services
 - Oral health care



135 clients served in 2010

Pharmacist-Led Treatment Adherence

- **Intensive treatment adherence program for Lane County residents**
 - Weekly pharmacist contact
 - Counseling & education
 - Medication review
 - Lab tracking
 - Adherence aid implementation
 - Case consultation with physicians



20 clients served in 2010
(program started in 2010)

Client Training

- **Provides positive self management workshops (7 weeks) covering a range of topics:**
 - Medication adherence
 - Dealing with fear/isolation
 - Exercise
 - Communication
 - Nutrition
 - Side effects
 - Future planning



55 participants completed training in 2010

Oregon Housing Opportunities in Partnership (OHOP)

- **Assists persons who are homeless or at risk of becoming homeless with:**
 - Housing coordination
 - Permanent supportive housing (deposits & rental assistance)
 - Energy assistance

Current waitlist has approximately 130 households



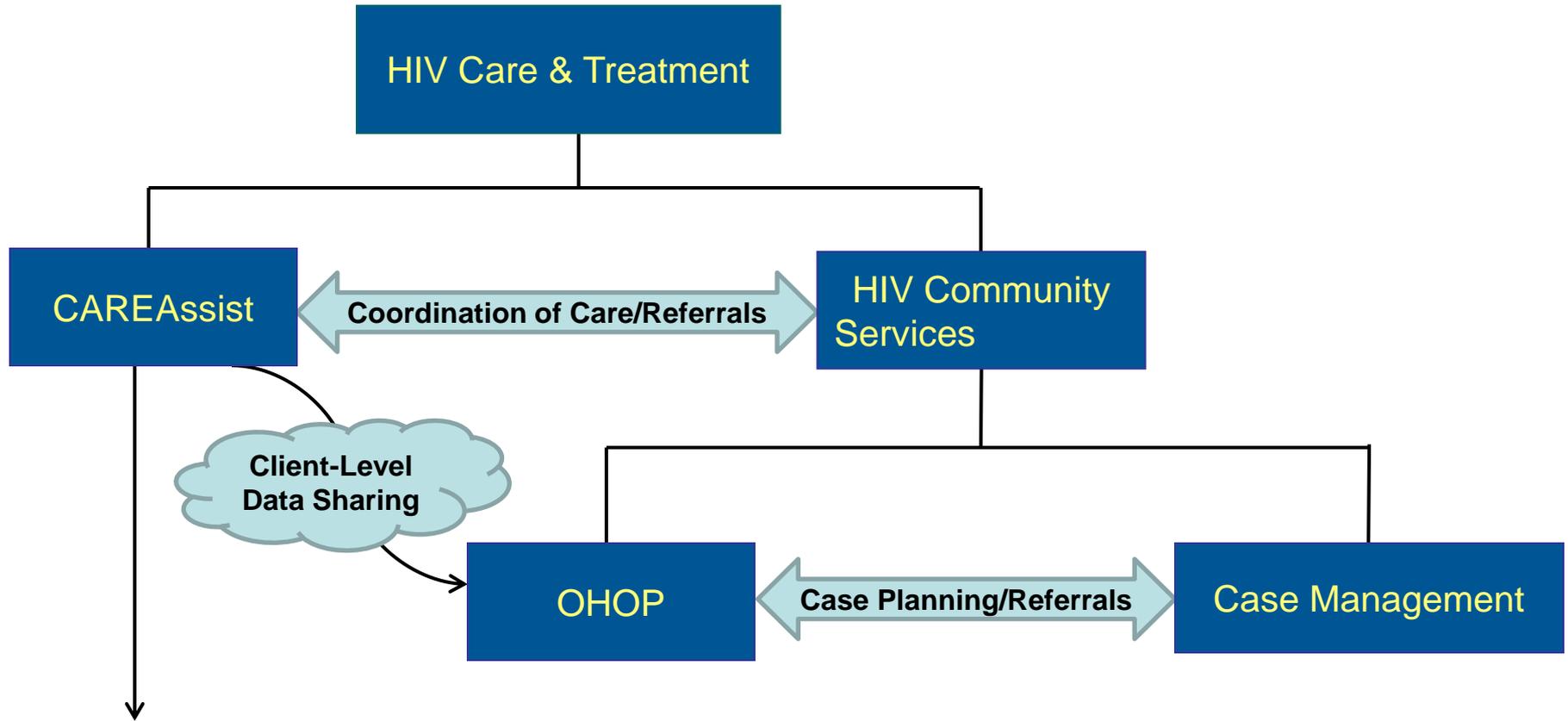
**163 clients received rental assistance
in 2010**

HIV Care and Treatment: CAREAssist

Presenter

Vic Fox

CAREAssist Program Manager, Oregon Health Authority, Office of Pharmaceutical Programs



- ❖ Insurance with drug coverage
- ❖ Medication co-pays
- ❖ Medical services co-pays
- ❖ Deductibles

Program Funding Sources

- **Health Resources & Services Administration: Ryan White Program- Part B**
 - Funds the statewide AIDS Drug Assistance Program (CAREAssist)
- **General funds/Other funds**
 - Cost share payments received from CAREAssist clients with income over 150% of the federal poverty level (FPL)
 - 340B Drug Discount funds received from drug manufacturers

CAREAssist Coverage and Benefits

- **Benefits groups based on income at time of enrollment**
 - Group 1: clients with income at or below 200% of the FPL
 - Group 2: clients eligible for Medicaid or VA services
 - Group 3: clients with income between 201% and 300% of the FPL
- **Bridge**
 - Clients who need short-term urgent access to medication and procedures



CAREAssist Payments

- **Prescription drugs**

- Both HIV and non-HIV-related medications
- Formulary drugs provided at full-cost for Bridge clients for 30 days eligibility

- **Health insurance premiums that:**

- Cover all FDA-approved HIV medications
- Pay at least 50% of prescription medication costs
- Have no annual maximum cap



Medical Services

- Must be a covered procedure of the primary health insurance
- Claim must be submitted within one year
- Annual cap on payments
- Limited number of outpatient procedure codes paid at full-cost for Bridge clients

Case Worker Assistance

- Assist clients with getting and maintaining primary health insurance coverage
- Determine income eligibility
- Make referrals
- Coordinate medical and insurance payments
- Make payments to pharmacies



Viral Hepatitis Program

Presenter

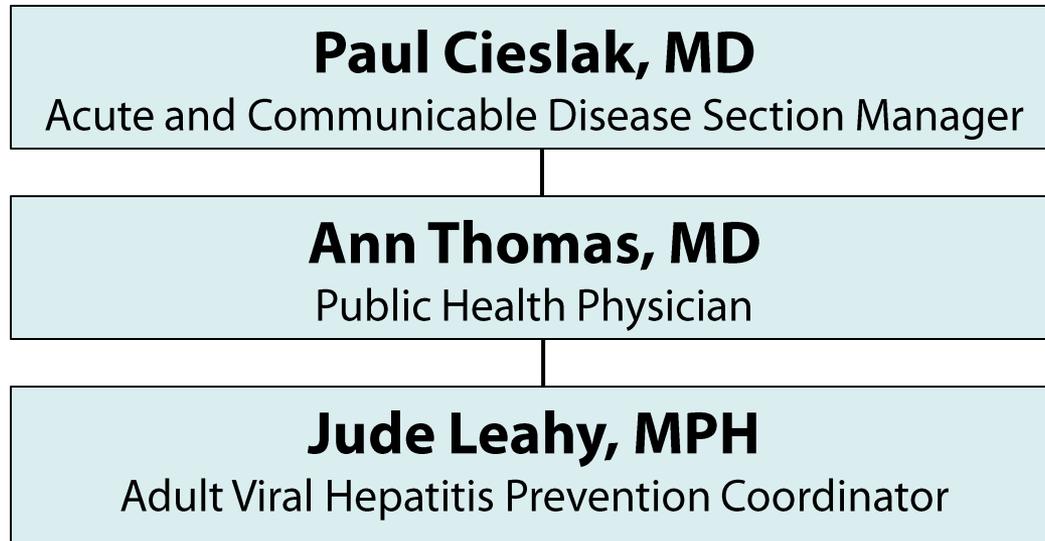
Jude Leahy, MPH

Adult Viral Hepatitis Prevention Coordinator,
Oregon Health Authority

Program Funding Source

- **Centers for Disease Control and Prevention (CDC)**
 - National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention
 - Division of Viral Hepatitis

Program Organizational Chart



Program Activities

- **Oregon's High-Risk HCV Screening Project**
 - In mixed, rural and frontier counties
- **Adult Hepatitis A and B Vaccination Project**
 - In Oregon Department of Corrections institutions
- **Education, Training and Technical Assistance**
 - For staff working with people at high risk



Program Activities (cont'd)

- **Expand the use of technology**
 - To further communication with service providers and consumers
- **Expand peer-education program activities**
 - To at least one additional Oregon Department of Corrections facility



Program Activities (cont'd)

- **Collaborate with OHA HIV Prevention and Care Programs**
 - To support VH prevention, screening, and education activities
 - To support care for people co-infected with HIV and VH
- **Participate in planning groups**
 - To support integration of VH prevention, HAV/HBV vaccination, and HBV/HCV screening

STI Program

Presenter

Doug Harger

STI Program Lead, Oregon Health Authority

Infections of Interest

- **Reportable infections:**
 - Chlamydia
 - Gonorrhea
 - Syphilis
 - Chancroid
 - HIV
- **Non-reportable infections:**
 - Genital herpes
 - Human papillomavirus
 - Others

STI Program Staff

- 5 positions in the HIV/STD/TB Program office
- 4 disease intervention specialist (DIS) positions assigned in county DHS facilities

Program Goals

- Reduce the number of STIs in Oregon
- Prevent complications associated with STIs (e.g., sterility, neonatal morbidity, disability, death)

STI Surveillance

What's involved?

1) Collecting STI case report information to:

- Monitor infection trends
- Assist in targeting resources
- Publish reports

2) Assuring rules and systems to accomplish #1

STI Screening

- **Support and coordination of STI screening**
 - e.g., the Infertility Prevention Project
 - Screens about 50,000 females and 10,000 males annually for Chlamydia and gonorrhea
 - 8% positivity rate for Chlamydia in 2010

STI Treatment

- **Providing drugs** to health departments and other partnering providers (e.g., Migrant Health Clinics) to treat bacterial STIs

STI Partner Services

- **Providing and coordinating sex partner services**
 - A person with an STI is interviewed by the health department to learn about recent partners at risk for infection and refer those partners for evaluation and treatment or management.

STI Consultation

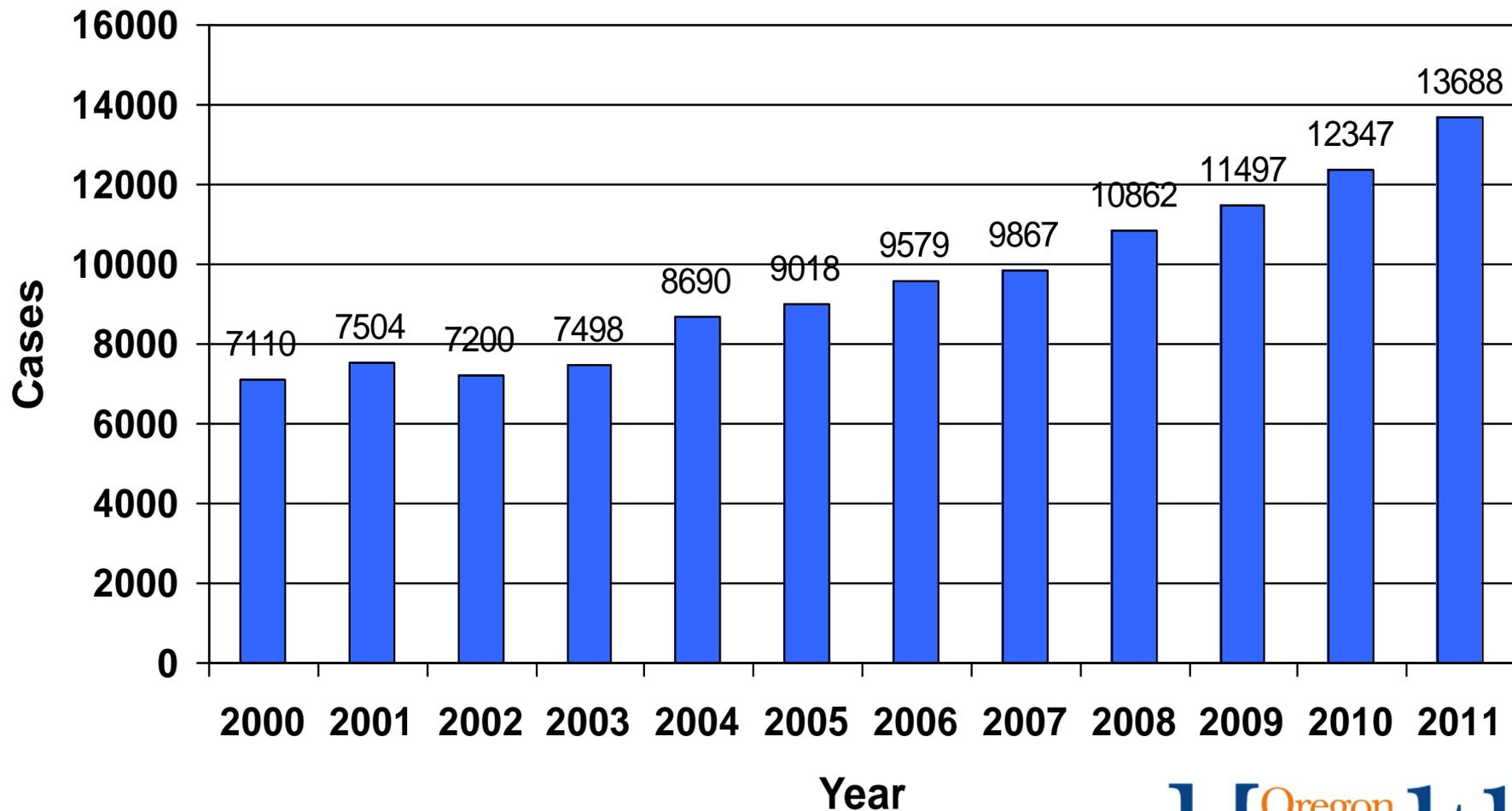
- **Providing consultation on STI prevention and control** with health departments and health care providers
- **Providing risk reduction counseling** to individuals and groups

Chlamydial Infections

- **13,688 Chlamydia cases reported in 2011**
 - Record high
 - An 11% increase compared to 2010
 - Young (15-24) females most impacted



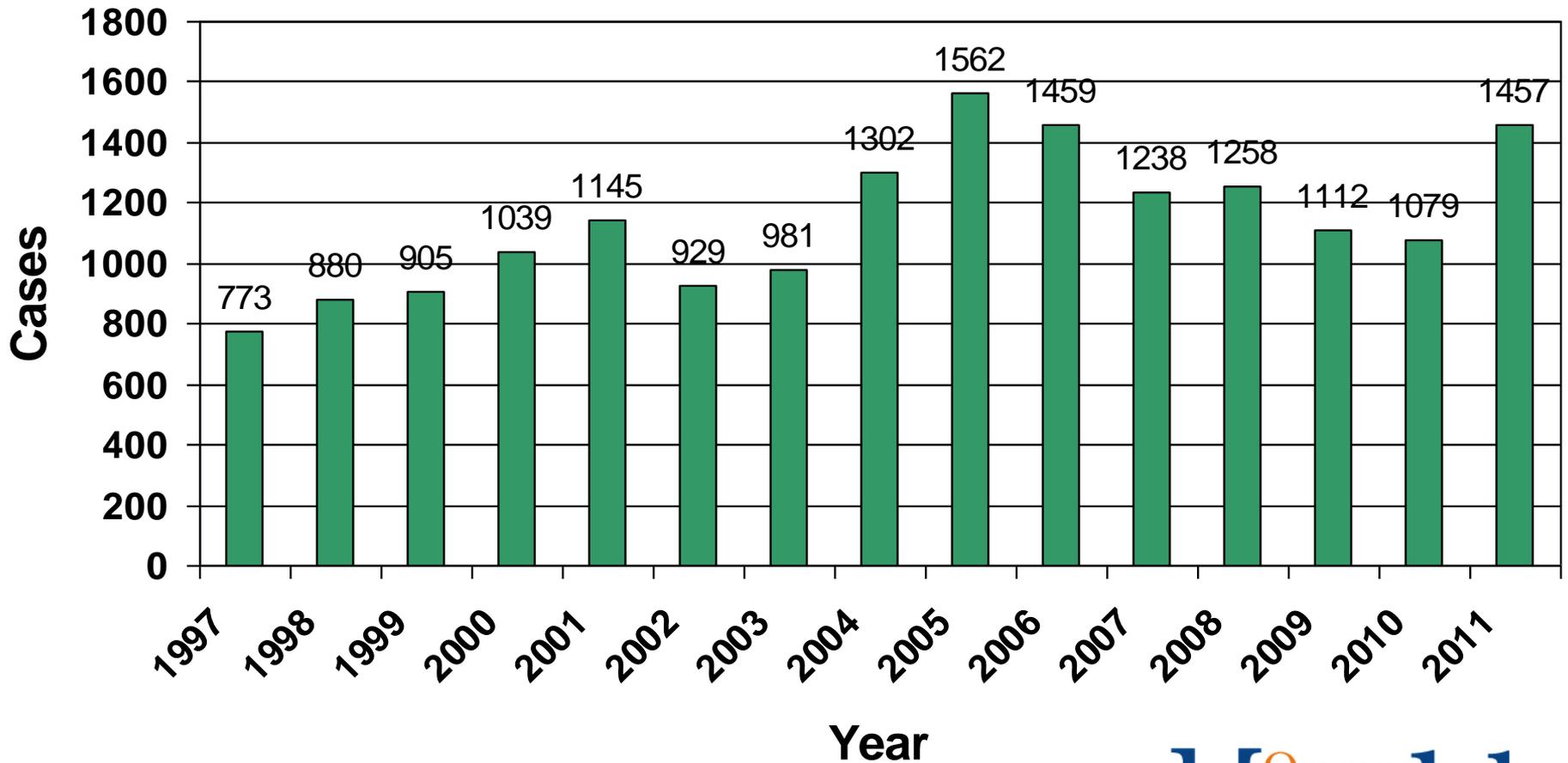
Oregon Reported Chlamydia Cases 2000 Through 2011



Gonorrhea Infections

- **1,457 gonorrhea cases reported in 2011**
 - A 35% increase compared to 2010
 - Most (59%) cases were from Multnomah County
- One current challenge: drug resistance

Oregon Reported Gonorrhea Cases 1997 Through 2011

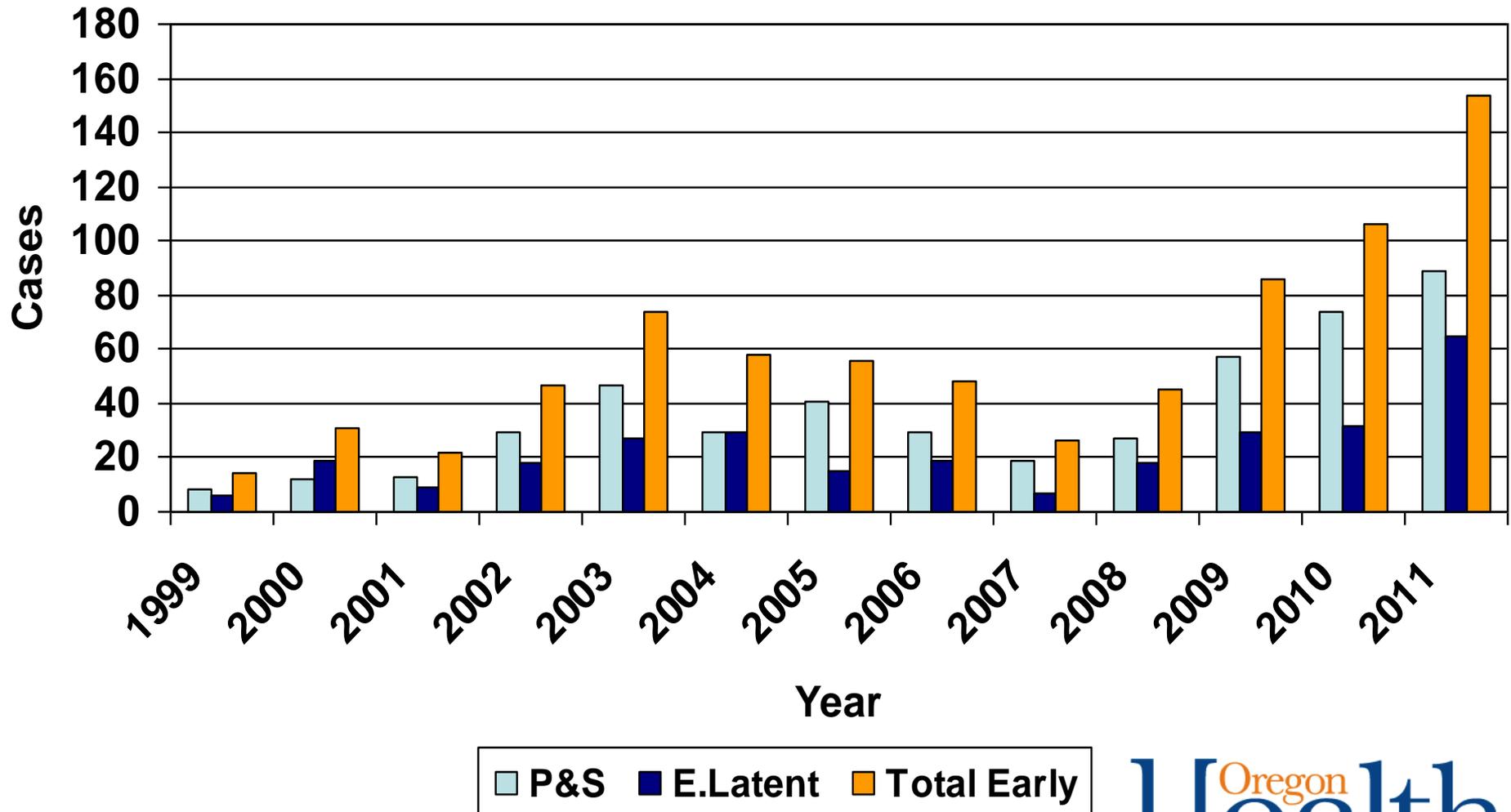


Oregon Early Syphilis Infections

- Over half of the male cases (2003-2011) are among **MSM**
- The majority of cases are among white males between **30-50 years of age**
- The majority of MSM early syphilis cases are also **HIV positive**



Reported Early Syphilis Cases Oregon 1999 Through 2011



IPG Policies and Procedures

Presenters

Tuesday Johnson, Co-Facilitator

HIV/HCV Prevention Coordinator, Health Educator, Deschutes County Public Health

Ann Shindo, PhD

HIV/Hepatitis Prevention Coordinator, Oregon Department of Corrections

Membership Goals

- **Representation**

- From persons who are infected and affected by HIV/VH/STIs
- From individuals with expertise in prevention and care service delivery



Membership Roles & Responsibilities

- **IPG member duties**

- Attend and actively participate in:

- All regular IPG meetings and orientations/trainings
- The meetings of one committee or in another capacity assigned by the Executive Committee

Membership Roles & Responsibilities

(cont'd)

- **IPG member duties**

- Review discussion/action materials before each meeting, and carry out agreed-upon assignments between meetings
- Assist in the implementation of the IPG's work plans
- Be familiar with the IPG's vision, mission, values, policies and operating procedures

Leadership

- **The Executive Committee**
 - To provide overall leadership of the IPG
- **Co-Facilitators**
 - To facilitate the general meeting process
 - One facilitator will be selected by the Executive Committee and one facilitator will be elected by the general membership.

Governance of Meetings

- **Open, consensus-building decision process**
 - If needed, the Co-Facilitators (or any member) may request a vote
- **Procedures and Ground Rules**
 - Shared responsibility of the entire body
- **Open to the public**

Committee Structure



Executive Committee

Comprised of:

- Two IPG Co-Facilitators
- One appointed person from OHA HIV Prevention *and* HIV Community Services
- One chairperson from each standing committee

Duties:

- Develop all general membership agendas
- Support and orient new members
- Support committee work and product development
- Develop and implement policies
- Support ground rules

Membership Committee

Comprised of:

- General membership

Duties:

- Maintain required membership through specialized recruitment plans and ongoing member support
- Support member retention and mentorship
- Support meeting attendance
- Inform membership decision-making of Executive Committee
- Support IPG team-building

Prevention of New Infections Committee

Comprised of:

- General membership

Duties:

- Develop and implement an annual committee work plan that addresses the following goals:
 - Reduce new HIV/VH/STI infections
 - Reduce HIV/VH/STI-related disparities and health inequities

Access to Prevention & Care Committee

Comprised of:

- General membership

Duties:

- Develop and implement an annual committee work plan that addresses the following goals:
 - Increase access to care and improve health outcomes for people living with HIV, VH, and STIs
 - Reduce HIV/VH/STI-related disparities and health inequities

Coordination Committee

Comprised of:

- General membership

Duties:

- Develop and implement an annual committee work plan that addresses the following goals:
 - Achieve a more coordinated response to the HIV/VH/STI epidemics
 - Reduce HIV/VH/STI-related disparities and health inequities

Work Groups or Ad Hoc Committees

Comprised of:

- General members involved in other committees

Duties:

- Specific purposes, tasks, outcomes directed by the Executive Committee
- Limited time, duration, or products are expected

Duties of OHA Staff

- A limited number of OHA staff will serve as **voting members of the IPG and Executive Committee**
- Other OHA staff will **support each committee** as non-voting IPG and committee members
 - Tasks may include:
 - Minute taking and distribution
 - Dissemination of technical information
 - Meeting logistics

Attendance

- **Attendance is mandatory** for the 4 meetings per year
 - In-person or with the use of technology
- **Absences must be communicated immediately** to:
 - Co-Facilitators if general assembly meeting will be missed
 - OR
 - Facilitator of committee if committee meeting will be missed

Removal

- Removal from general membership will occur with too many unexcused absences
 - 1 from general meetings
 - 2 from committee work
- Any member may be removed prior to the end-of-term at the discretion of the Executive Committee.

Grievance Procedures & Conflict Resolution

Grievance Procedures

- Any IPG member may bring a written grievance to the Executive Committee
- Grievances must be relevant to the IPG's policies or procedures
 - Membership processes
 - Deviation from IPG policies and procedures
 - Removal processes

Conflict Resolution

- The goal of the IPG is to be open and fair in resolving difficulties among members or in addressing grievances

Ground Rules

Function

- Ensure respectful engagement

Ground rules include:

- Being timely in meetings
- Being respectful and purposeful in dialogue
- Owning topics or concepts
- Honoring confidentiality
- Defining jargon or acronyms
- Being conscientious regarding the use of electronic devices
- Egalitarian in sharing ideas/talking (no dominating discussion)

Thank you!