**Access Network of Care June 29, 2017**

**Healing with CAARe, Inc.**

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| **Funded Provider Programs** | **State Programs** | **Other Programs** |
| Wake County Human Services (Care Network Lead Agency) (RWB, EC, PF, HOPWA, CAPUS, MAI, RWC) | Natasha Bowen, Gladys Bonilla, John Brown, Katie Horstmann, Michael McNeill |  |  |  |  |
| Alliance of AIDS Services – Carolina (PF) | Hector Salgado | Duke Health Justice Clinic | Allison Rice | DART | Larry Partee |
| Community Alternative Housing | Monica Hart |  |  |  |  |
| Duke Partners in Caring (HOPWA, PF, RWB) | Amber Esters, Suzette Curry | NC DHHS | Robin Rivera,  |  |  |
|  |  | ACP | Kenya Servia,  |  |  |
| Durham County Department of Public Health | Annette Carrington |  |  |  |  |
| Duke Adult ID (RWB, EC) | Rhonda Stephens |  |  |  |  |
| Duke Pediatric ID (RWB, RWD) | Mary McLees-Lane, Julieta Giner |  |  |  |  |
| Healing with CAARe, Inc (RWB, PF, CAPUS, MAI) | Carolyn Hinton, Virginia Mitchell |  |  |  |  |
| Lincoln Community Health Center | Sandra Gomez, Laura Stephenson |  |  |  |  |
|  |  |  |  |  |  |
| WECAHC (RWB, PF) | Ricky Duck, Gregorio Lazo |  |  |  |  |
| WVCHC (RWB, EC) | Michelle Ogle |  |  |  |  |
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**Welcome/Introductions/Housekeeping**

Michael McNeill welcomed the network meeting. Introductions were made among those present. The network gave a round of applause in appreciation for the advocacy work done by Healing with CAARe, Inc., to the city of Durham to remove the parking meters in front of the Healing with CAARe, Inc., space. It was noted how much easier it is for clients when accessing services.

**Open Comment**

* Michael McNeill provided a summary of the ADAP training provided by the AIDS Care Program on Monday, June 26, 2017
	+ If submitting ADAP applications on or after July 1, 2017, please use the updated ADAP form. If submitting on or before June 30, 2017, please use the older form.
	+ ADAP hopes to begin providing marketplace premium assistance by the end of the year. The program will probably start with the clients currently on ICAP. There is the possibility of transitioning those with whom the network assists with premiums onto that program as well. The program will be limited to those between 100% FPL and 300% FPL (those 99% FPL and lower are not cost neutral).
	+ Hepatitis C medications that are not manufactured by Gilead will be added to the ADAP formulary. Gilead has its own program for patient assistance and, thus, will not be a part of the ADAP formulary. You MUST now answer Yes/No on the ADAP application regarding the client’s Hepatitis C positivity status. Please check, “no” for clients currently on Hepatitis C treatment.

**Duke Health Justice Center: HIV Decriminalization**

Allison Rice spoke about the Duke Health Justice Center’s efforts to work on some HIV-decriminalization language. The change would be a change to the regulation and would not be a legislative change. In working this up, Duke met with the AIDS Care Program and with NC CAAN to establish goals that they could all agree on and that they had a good shot at making a reality. Those goals were:

 Remove the requirement to use a condom if:

* + - Both parties are HIV-positive
		- The HIV-positive individual is not virally suppressed
		- The HIV-negative person is on PREP

 Remove the requirement to disclose HIV-positive status if:

* + - Both parties are HIV-positive
		- The HIV-positive individual is not virally suppressed
		- The HIV-negative person is on PREP

Any changes suggested must be sent to the Health Commission (initially sent to a work group / committee on the Health Commission) which is comprised of the health directors from the state’s various public departments. In presenting this to the Commission work group, the commission appeared largely to be ok with the change when using a condom; however, many commission members had issues with the change when a non-disclosure situation happened. Per Allison Rice, this has been the biggest hurdle for many people/focus groups including a group of HIV-positive individuals.

Among the network, a similar theme rang true. While the network was overwhelmingly in favor of the desired decriminalization outcome, many remained troubled by the removal of the HIV-disclosure requirement. Many felt that the need to have informed consent, even if the risk of transmission was miniscule, was still a valid an important requirement for the HIV-negative individual. Additionally, there was discussion about the idea of “virally suppressed” with some clinics noting the difference between long-term viral suppression and recent viral suppression (when a person may have a recent viral load of <20 but is still shedding the virus or young people who hear “virally suppressed” and then stop taking meds [or, who do not have a proven record of adherence]).

As a summary, Duke identified that many of the network’s expressions mirrored other expressions previously vocalized. The ultimate intent is to work for the larger decriminalization of HIV from a big picture angle noting that no answer will satiate every concern.

**Website Review**

John Brown reviewed the network’s new website ([www.accessnetworkofcare.org](http://www.accessnetworkofcare.org)). He reviewed how to subscribed to the mailing list, how to add your own agency as a service resource and how to submit announcements and events. John announced that all future minutes, agendas, etc., would be uploaded to the website.

**Deliverables:**

Michael McNeill announced that the updated Grievance Policy update would be uploaded to the website. For the Evaluation Plan and the Quality Management Plan, the prevention programs will be meeting on July 14, 2017 from 10:00 – 12:00 (location to be determined) to develop the prevention components of those plans.

**Presidential Advisory Council**

Dr. Michelle Ogle spoke about the Presidential Advisory Council on AIDS. The PACA consists of 21 members appointed by the President and sworn in by the Secretary of Health and Human Services to work. Dr. Ogle served on the council having been appointed by President Obama.

During the election, the board agreed to work with whomever was elected. It was noted that nominee Hillary Clinton met multiple times with HIV leaders whereas Donald Trump refused to do so. However, the goal was to work with whomever in order to continue the work of the council.

Early in the new administration, 4 members quietly resigned citing the difficulty in working with the new administration. The remaining 17 members remained on the Council in an effort to work with the new administration as much as possible. The Council had been working on the issue of stigma and was writing their report following the stigma summit. During this, they received no administrative support. In writing the report, they had to remove any and all references to the “National AIDS Strategy” and/or anything proposed by President Obama. Additionally, they were not allowed to mention, “MSM” and other “controversial” phrases.

At this point, additional members wanted to quit the council. However, Dr. Ogle was one of the ones who suggested that they wait until the budget was released to see how the administration treated HIV and because quitting at this point would just seem like someone quitting because they were not getting their way.

When the new federal budget proposal was released, it was devastating to HIV. It eliminated the SPNS program, the MAI program and the AETC program. It cut Part C funds by $4,000,000. It included an $800 billion cut to Medicare. At this point, the discussion again turned to resigning from the council. Dr. Ogle was one of those intending still to try to work on the Council until the celebration in the Rose Garden in which politicians who worked on the healthcare bill celebrated kicking people off Medicaid/care and off insurance. At that point, 6 of the remaining 17 council members elected to resign. The 6 resigning members have the full support of the remaining 11 members, and they still have great working relationships with those who remain on the Council.

**HOPWA**

Wake HOPA (Franklin, Johnston, Wake): Katie Horstmann indicated that Wake HOPWA was still out of STRMU funds. However, they were hoping for a budget revision that could free-up STRMU dollars.

Duke HOPWA (Lee, Person, Warren & Vance): STRMU is back in business with Duke HOPWA . Additionally, Duke now has a TBRA voucher via the Oxford Housing Authority and are looking for clients who can use it. Network members asked how long a person needed to be a residence of Lee, Person, Warren or Vance counties to access the voucher; there was no minimum.

Durham HOPWA (Chatham, Durham, Granville & Orange): Durham HOPWA could not be present today but sent word that they were accepting referrals for STRMU assistance.

However, various network members had numerous complaints about the Durham HOPWA program:

* Healing with CAARe, Inc. stated that they have referred 5 clients for STRMU and all 5 have been denied services
* Duke Adult ID Clinic has had multiple issues with clients getting assistance to the point that they have requested a meeting with the Durham HOPWA program. The Durham HOPWA program has responded that they cannot meet until September.
* A client present indicated that he had “a horrific experience” dealing with Durham HOPWA. He indicated that they are not helping people and that they are misusing the funds. He stated that they are not communicative and, when they do communicate, they are not courteous.
* There were multiple complaints about the program being in such a public space. Additionally, many people complained that they did not know the process for accessing Durham HOPWA, they could not get in touch with Durham HOPWA staff, they cannot get any messages returned and that they do not have access to staff.
* The network reported that they have not heard one positive experience with Durham HOPWA. They indicated that they would not necessarily hear anything positive, but they stated that all of the reports thus far had been negative.
* No one could say how many people had been helped with STRMU dollars by Durham HOPWA to date.

**Budget updates / contract**

Michael McNeill reported that contracts had gone out with multiple having been returned already.

**Prevention**

Annette Carrington reiterated the deliverables meeting for prevention. She also stated that they were getting their first round of billing in for ITTS. Additionally, there had been some kinks in DCoHD processing GC/Ch tests but those kinks were being worked out.

**New Contractual Obligations:**

* Next available opportunities for C3 cultural competency training are:
	+ August 16 & 17th: Raleigh. Location TBA
	+ September 6 & 7: Raleigh/Six Forks Cardinal Room

**2017 Meetings**

* **August 31, 2017 Durham County Health Department**
* **October 26, 2017 Wake County Human Services**
* **December 14, 2017 Durham County Health Department**