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2015 MINORITY AIDS INITIATIVE CONTINUUM OF CARE
(MAI-CoC)

GRANTEE VIRTUAL MEETING

TUESDAY, AUGUST 11

1:00 P.M. ET

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(Audio issues)

>> Can everyone hear us?

>> Yes.

>> Yes.

>> Thank you.

(Inaudible)

So I'd like to welcome everyone to the SAMHSA HRSA Center for Integrated Health Solutions 2015 Minority AIDS Initiative Continuum of Care Virtual Grantee Meeting.

Before we begin, I'd like to go over a few of the features of this platform. Closed captioning is available for the general sessions and requested breakouts during each session. The link to each will be in the Notes pod in the bottom center of your screen. Your slides will be automatically synchronized with the audio, and you may submit questions to the speakers at any time by typing into the Chat pod on the bottom right of your screen.

All presentations and resources shared during the virtual meeting will be available for you to download in the Files pod on

the bottom left of your screen. In addition, they will be available to you on the MAI-CoC section of the website under the Virtual Meeting tab. You can give the presenters live feedback during their presentation using the Status Change button at the top of your screen.

If at any time you need technical assistance, please use the Chat pod to speak to a meeting host or email Hannah Coen at HannahC@thenationalcouncil.org.

Now I would like to introduce, Gerlinda Somerville, Branch Chief of SAMHSA, to offer a welcome.

>> GERLINDA SOMERVILLE: (Inaudible). We are so pleased to be with us today as we continue our work together on the collocation and integration of HIV medical care into your -- (Inaudible) -- by integrated behavioral healthcare -- (audio interference from the phone.)

>> PHONE PARTICIPANT: Hi. There's a lot of feedback. It's hard to hear. Whoever is speaking, it sounds like they are a thousand miles away.

>> Is this any better?

>> Better, yes.

>> GERLINDA SOMERVILLE: I'd like to -- I'll start again.

So we are pleased to welcome you as we continue our work together on the collocation and integration of HIV medical care into your (Inaudible) mental health services. We look forward to our continued collaboration with you to create infrastructure to provide integrated behavioral healthcare (Inaudible) screening, testing, and vaccinations. I hope your day will be fulfilling and provide you -- (phone line audio interference)

Can everybody please mute their phones.

As you head into this learning opportunity (Inaudible) programs and community, note that the MAI-CoC is, as a whole, a continuous learning community. This meeting is our first (Inaudible) virtual get-together. Used in place of an in-person session, it is an excellent opportunity given the limitations on travel and time and represents a new way (Inaudible).

Want to encourage you to use these sessions in collaboration with your GPOs (Inaudible) MAI-CoC virtual (Inaudible) many exciting things going on, such as the new national HIV/AIDS strategy and continued development (Inaudible) and enjoy your sessions.

>> Good afternoon, everyone, and welcome to the first grantee meeting. We are really looking forward to being with you today, and I think we have an excellent program in store, and I want to thank everybody here and the contractors. I think they've done an excellent job preparing a really good program for you today.

>> Excellent. Thank you. And we also have (Inaudible) our team lead (Inaudible).

>> Hello. Can folks hear me?

>> Yes, I can hear you.

>> We apologize for the audio issues this afternoon. We are working on getting those resolved. So we will be able to correct those. We may have to loop back around to some of our presenters because I think that we missed some of their valuable comments this morning.

So I am going to set up my video so you all can see myself and Laura Galbreath.

On behalf of the SAMHSA HRSA Center for Integrated Health Solutions, we want to welcome you to the MAI-CoC Grantee Virtual Meeting and thank you for all the work you do. We have a full day planned for you today that I think will include a lot of exciting interactions with subject matter experts and with one another to bolster your goals of integration.

So for this part of the presentation, I would like to share a bit about the agenda and then about getting more out of Adobe Connect, so we are going to share some information around how we engage with the technology platform. I will share a bit about what the Center for Integrated Health Solutions is as well as a brief overview of who you are in the virtual classroom today, names, locations, organization types, whether you -- what types of evidence-based practices you are using, and other types of target populations.

As we've heard (Inaudible) because they want to know more about other grantees across the country.

And then finally, we'll open up the lines for you all to have an opportunity to share updates from what's happening in your organization.

So here is a brief overview of the day one agenda. As you can see, this afternoon, we will be introducing the Center. Then we will be moving into grantee updates. After that, we will have data collection update and discussion led by SAMHSA staff. Then we will do a break. And then after the break, you will break out into your concurrent breakout sessions. And we will have some more instructions about how to do that in a few moments.

For day two, tomorrow we will convene again at 1:00 p.m. We will have a welcome from SAMHSA. Then the other set of grantees will offer some grantee updates. We will then move into a panel discussion on recruitment and retention in the era of the ACA. We will do a break, and then we will move again into the second round of concurrent breakout sessions, followed by a closing presentation.

So I wanted to share some information about engaging in Adobe Connect. So during the plenaries, feel free to use the Chat box -- I see that we are already using the Chat box heavily this afternoon -- to offer feedback both on the technical support you may need and also to engage presenters and ask questions. You can send a message to the entire group, or you can click on the specific names of presenters on the middle right-hand side of your screen to private

chat them.

During the grantee updates and discussions, we will open up individual lines. In addition, we can use the "raise your hand" function. So you will see on the top black bar of Adobe Connect that there's a little person with their hand. I think that you all can see now. There's a person who is raising their hand. You will want to use that to raise your hand if you have a question. In addition, during the grantee updates, you can raise your hand if you are the designee from your site offering that update.

For the breakouts, although it says on the slide that you will use the same login link and call-in information, the breakouts have changed due to technical difficulties. So you will use the same login link that we've already sent you and the same login process, but the numbers that you will call will be different, and there will be conference line numbers. So we'll ask you to join using those conference lines as opposed to join using your computer mic and audio. So we will be sending that information, and we'll have it down in the Notes section as well as we are going to be sending Outlook invitations.

All right. So now I am going to turn it over to Laura Galbreath from the Center for Integrated Health Solutions to talk about the Center.

>> LAURA GALBREATH: Thanks. I just want to give you a context for the Center and just to kind of offer a welcome. The SAMHSA HRSA Center for Integrated Health Solutions is a technical assistance center, and our job is to help you as you try to implement your integration project and to be successful in this program. And so we're really fully dedicated to your success.

And the Center is a pretty broad-brush center. We serve multiple audiences with a variety of training and services. So whatever your needs may be, feel free to contact us, and we'll see how we can be of assistance to you as you try to integrate HIV/AIDS prevention, treatment, primary care, and mental health and addiction services.

So as you can see on the slide, we really serve four audiences. We're here today serving you as providing a technical assistance provider for the grantees. You may also be aware that SAMHSA funds primary and behavioral health care grantees.

We also work with HRSA and centers that are getting funding to expand capacity. And then the larger audience, trying to help provide tools and resources, webinars to support all providers, regardless of whether you've gotten funding or grants from SAMHSA or HRSA as they try to integrate services and improve the services for folks being served in the community.

We do this in a lot of different ways, individual phone and TA consultations. Just got off a phone call this morning with somebody who just wanted to make sure they were on the right track with how

they were trying to move from a collocated to a fully integrated. Certainly very practical tools and resources. How are we making sure you get sample job descriptions, workflows, whatever it may be to help you and your team as we try to move forward with your MAI-CoC project.

Certainly, connecting to other providers. Do you want to talk to another provider who has been successful at embedding a prevention protocol into their primary care services as well as subject matter experts and training opportunities.

With that, I am excited that we can be a part of working with SAMHSA and your GPOs on today's virtual meeting and looking forward to the discussion, both learning from you and hearing from you in terms of what's successful and what technical assistance needs you have. Thanks.

>> Thank you, Laura. As part of this project, the SAMHSA HRSA Center for Integrated Health Solutions has partnered with Advocates for Human Potential to really provide the best TA, training and technical assistance, that we can, and in this particular project, we are providing site visits, email and telephonic technical assistance. This grant, virtual grantee meeting, communities of practice, and also webinars.

So why are we here? So we believe that the integration of prevention, primary care, and behavioral health helps people by improving the customer experience and health outcomes overall.

In addition, we know that behavioral health has a strong bidirectional relationship with HIV, AIDS, and hepatitis. It does not make sense to keep those items separate. A strong bidirectional relationship between these various conditions. We endeavor to provide the very best in relevant and responsive technical assistance.

And finally, we want you to succeed.

Here's a slide that contains the names of the various MAI-CoC grantees. There are 34 of you all total, and this also breaks it out by your Government Project Officer.

Here's also a map that breaks out your MAI-CoC grantees by region, and it demonstrates how you all are really spread throughout the United States dealing with local communities, and we are going to share some more information about some different demographic characteristics, but most of the HHS regions are represented in this project.

Finally, we can look at the overlay between Medicaid expansion states and the MAI-CoC grantees. We know that your state's specific policy landscape means a lot as you endeavor to provide services to people with behavioral health conditions, living with HIV, and people at risk for HIV and hepatitis. And so 23 of the MAI-CoC grantees are within Medicaid expansion states, with the remaining 11 in states that have not adopted Medicaid expansion at this time.

So who is in the room today? One of the amazing things about this particular initiative is the diversity of the type of healthcare settings that are represented, either as the prime grantee or as a partner organization to the various MAI-CoC grantees.

So within the virtual room today we have community behavioral health organizations represented, and those are both organizations that provide specialty mental health services, specialty substance abuse services, and both. In addition, we have AIDS service organizations, AIDS training providers, healthcare for the homeless, hospital-based behavioral health systems, integrated behavioral health and HIV organizations, hospital-based primary care, community health centers, federally qualified health centers, Ryan white HIV care sites, and mobile health units. I am sure that that doesn't even -- and I know that there's a lot of overlap between those types of organizations, so you may be two or three of those characteristics on that list, and we may have not even captured all the diversity among the providers. But it's exciting to be able to engage all these different types of systems.

In addition, most of the projects are primarily serving urban areas. About 31 projects were identified as having a primarily urban focus. 3 projects are serving primarily rural areas. And the target populations that are being engaged through this initiative include American Indian and Alaska Native populations, LGBT populations, men who have sex with men, Asian and Pacific Islanders, black and African Americans, Latino/Latina, Hispanic, veterans, low socioeconomic status, and foreign-born ethnic and racial minorities.

So this really demonstrates that through this initiative there are multiple -- there are organizations taking population health approaches and targeting populations that bear the disproportionate burden of HIV and hepatitis within the United States.

And I also wanted to share some of the most frequently used evidence-based practices in the MAI-CoC project. So one of the most frequent was motivational interviewing; also, cognitive behavioral therapy; dialectical behavioral therapy; motivational enhancement therapy; in addition, SBIRT is being used, screening, brief intervention, and referral to treatment; self-help interventions; patient navigation and peer support interventions; and then also seeking safety or other trauma-informed care approaches. And these are just like the top eight or nine interventions that were identified in your proposals.

So that hopefully gives you a little better view of all the grantees and high-level demographic characteristics. At this time, we would like to hear from you all, and so we would like to hear some of your grantee updates. And we have Victor Ramirez from the MayaTech corporation leading this portion of the program. So I will return into the view here. Also, I am going to ask Victor if you will speak up as loudly as you can because I know we had some

difficulty hearing folks originally.

So Victor, can we hear you? Okay. Victor, we cannot hear you.

>> Jake, can you hear us?

>> JAKE BOWLING: Yes, now we can. I can hear you, Rose, but I can't hear Victor if he is speaking. So I don't know if it has to do with the location of the microphone in the room.

>> We'll just transition, and you will hear from Victor in just a second.

>> JAKE BOWLING: Okay. Thank you. So I think we've identified the issue, a mic issue within the room. And if folks who are on the line go ahead and mute your lines, you can do so by hitting 6*. That would be very useful.

>> VICTOR RAMIREZ: Okay. This is Victor again. Can everybody hear me?

>> JAKE BOWLING: Yes, we can hear you.

>> VICTOR RAMIREZ: Okay. All right. So we're having problems with the camera on-site here at SAMHSA, so you will see an empty seat as I'll be talking on another microphone.

But for this section, I mean, we would like to open up this section to grantees to talk about their experiences so far with their MAI-CoCs. This is a chance for grantees to give the entire, you know, all the attendees today to give a brief summary of who they are, who they serve, the location that their project is located, you know, whether the project is integrated or collocated, and like I said, just to highlight some accomplishments, opportunities for growth, and some items that make that project unique. And you know, how the project helps the community where it's located.

So we're going to be going by region. You can see the slide details the regions that we will be covering today. And I'd like to start with Region 9. The first project, CODAC Behavioral Health Services, Dr. Chad Mosher, the MAI Grant Coordinator.

>> CHAD MOSHER: Hi, everyone. My name is Chad. I am sitting in the room with the team here. We have (Inaudible) from the AIDS foundation, and we have Jose, and he is our primary care provider. We have a wellness support specialist. We have the Project Coordinator. We have a case manager, a therapist, and a program assistant and myself. We also have our evaluator on another line.

We opened our doors for the Living Out Loud program, which is an LGBT behavioral health and wellness program here in southern Arizona in Tucson. We opened in December, and we have been charging along ever since with our One Life project through the MAI grant. And our primary function is to reach out to the lesbian, bisexual, transgender, intersex, agender communities to provide some prevention, some behavioral health interventions, and health education along the way.

And so one of our accomplishments is that we've been able to do some very on-the-ground outreach to a variety of transgender

communities who are not always in the market for materials and outreach (audio cut out) so we've also been able to partner with some other HIV care centers to promote HIV primary care within our health and wellness center. And our biggest growth has been forming a multidisciplinary team within a very community-based organization that has a track record of providing a specific type of care within southern Arizona, and so our growing edge or our growth we are looking forward to really increasing our communication amongst ourselves and to really deliver top-notch service to our LGBTQI community.

Thank you.

>> VICTOR RAMIREZ: Thank you very much, Dr. Mosher. Next up we have Native Health Central also from Arizona, based out of Phoenix. Is there anybody online from Native Health Center?

>> EVELINA MAHO: Hi. Can you hear me?

>> Yes, we can.

>> EVELINA MAHO: Okay. This is Evalina. I work as the Director for the Prevention Division here at Phoenix Native Health.

Native Health is basically a nonprofit agency that provides primary healthcare, behavioral health, and in our division that provides community health interventions. Our project is -- housing our program coordinator, RJ. She has a team of folks that work with the community and in the clinic. First off is Sharita, our clinical nurse case manager. Anya works as our social worker. We have one data person. And also we have two community advocates that go out into the community and work with folks here in the Valley.

Our approach is really about creating community partnerships with our behavioral health agencies in the community, working and identifying -- identifying high-risk populations, our American-Indian population, African American, Hispanic population as well. And through our partners internally and externally, our biggest goal is to create a system (Inaudible) comprehensive approach in health education, screening, identifying folks who may be at risk and really trying to talk about prevention measures. Also, we've initiated hep C testing and providing care here at our facility, and we are now working with our primary care docs to begin providing care to those who have been diagnosed with HIV and ensuring that continuity of care all the way around. That's Native Health at Phoenix. Thank you.

>> VICTOR RAMIREZ: All right. Thank you very much.

Next up, I'd like to go to Special Services for Groups, the program coordinator, and they're based out of California.

>> HALA MASRI: Hi, everyone. Can you hear me? Hello?

>> Yeah, we can hear you.

>> HALA MASRI: Oh, perfect. Okay.

Well, good morning. My name is Hala Masri. I am with Special Service for Groups, health integration for at-risk racial and ethnic communities. We are located in downtown Los Angeles, and we serve

predominantly men who have sex with men who have a history of trauma and substance abuse who are either living with or at risk for HIV, and we integrate mental health, health, and substance abuse services for these individuals the majority of our clients are people of color, many Latino and Spanish speaking. (Inaudible).

Individual therapy as well as substance abuse treatment in the group setting. We are physically collocated with Central City Community Health Center, and our program is integrated with Central City as well, and we continue to work towards that.

Two programs from Special Service for Groups partner to comprise hierarchy, and that includes behavioral health team, AIDS intervention team.

We have been up and running, especially with year one there's always speed bumps and new adventures, but I think one of our accomplishments is we have both English-speaking and Spanish-speaking alumni groups, and the members seem to be really (audio interference) creating a sense of community, so that's something we are really excited about.

>> VICTOR RAMIREZ: Thank you very much.

Next up, also from the LA region, Bienestar Human Services. Hello, is anybody there from Bienestar?

Okay. So we will skip Bienestar. We will go to East Bay Community Recovery Project. Is there anybody from East Bay?

>> Hi. My name is Jenny Price. I am the Project Director for our (audio interference)

A community-based behavioral healthcare organization. We're located in West Oakland, an economically distressed neighborhood. (Inaudible) many chronic problems, including specifically substance abuse and mental health issues as well as a number of co-occurring health issues, including hepatitis and risk for HIV.

Our project is a collaboration Among four agencies (Inaudible) setting for the program.

(Inaudible) runs a needle exchange and is (Inaudible) for the project through the needle exchange.

(Inaudible) with a peer advocate who is doing client navigation services. And then Lifelong Medical Care, which is a federally qualified health center, is our medical partner on it.

We do individual counseling for substance abuse and co-occurring disorders, and we have a strong (Inaudible) component celebrating families and seeking safety.

I think what's unique with us is that we have a strong focus on the holistic health and treating the whole person. We're incorporating some of the alternative modalities, that includes groups with meditation, also doing Chi Dong, focusing on other health issues, such as smoking cessation and exercise, and really building out a program that is not only collocating services, but is integrating a number of different approaches into one comprehensive

healthcare package for the participants.

Thank you.

(Beep)

>> Hello?

>> Hello.

>> Hello.

>> I'm here.

>> Hello. Yes.

>> Hello?

>> Did people hear me?

>> Yes.

>> Yes.

>> Okay. Okay.

>> VICTOR RAMIREZ: Please go ahead.

>> I completed.

>> VICTOR RAMIREZ: Oh. Okay. Thank you. Okay. So I was moving on to Sunrise Community Counseling Center, if there is anybody from Sunrise.

>> Yes, there is.

>> VICTOR RAMIREZ: There is?

>> Yes. Jefferson (Inaudible) Project. We are in (Inaudible). Our population is primarily Hispanic, African American, transgender, but the majority of our populations are Hispanic. Newcomers to the country, as well as homeless. And we were vied developmental health. We also provide provision to the homeless and (Inaudible). Work directly with us in terms of housing, transportation, assisting case management. We -- 0% of our population are -- have income under \$15,000 per year per family, so the needs are tremendous. And for some reason, we facilitate in terms of recruitment and retention (Inaudible) there for 38 years, and for 38 years, we have pretty much targeted the same population and basically the same issues, poverty, trauma, violence, and drugs and HIV. And that's the main thing. I finished.

>> VICTOR RAMIREZ: All right. Well, thank you very much for sharing Sunrise's project.

Next up, we have Native American Health Center out of Oakland. Is anybody there from Native American Health Center?

>> SERENA WRIGHT: Hello? Hi. Okay. Great. This is Serena Wright from the Native American Health Center. It's a federally qualified health center that we have a community-based clinic in San Francisco and one in Oakland. This project is based out of our San Francisco clinic, and in that clinic, we provide collocated, integrated medical, dental, and behavioral health services. Our behavioral health program includes mental health and substance abuse services, and it's very much built on a community-based mental health model. So the services we provide are really designed to reach the Native American community and people

who typically don't come in for services for various reasons. So this contract is focused on the native community, but we also serve members of the surrounding community.

So one of the really important components of our program is that it's culturally based, and so in addition to providing integrated care, the HIV care, hepatitis care, and the strong focus for us with this contract is medical care coordination. It's a really important piece, the glue between all the various kinds of services that we provide. We also provide traditionally-based cultural services. So that includes culturally-based arts groups, which are ways to get people in the door, talking circles, and probably most significantly, access to (audio cut out) traditional healers.

We serve people living with HIV or at risk for HIV, and that includes a really incredibly broad and diverse community. Even if it's only Native Americans that we are talking about. So people can really run the gamut in terms of how they present. But one of the most important links we provide is that cultural basis for our services.

And with that, I am done.

>> VICTOR RAMIREZ: Okay. Thank you very much, Miss Wright.

Next grantee, Volunteers of America of Los Angeles.

Is there anybody there from Volunteers of America?

Okay.

>> Victor?

>> VICTOR RAMIREZ: Yes.

>> Hello, Victor, can you hear me?

>> VICTOR RAMIREZ: Yes, we can hear you.

>> Okay. (Inaudible). I am sorry, I couldn't get my phone to work when you called our name.

>> Okay. Go ahead.

>> Okay. Well, Bienestar under this grant has a collocation grant providing substance abuse, mental health, and HIV services in our East Los Angeles location. Bienestar has seven centers throughout southern California where we provide a different array of HIV services to the LGBT community and the Latino community at large. We provide case management, linkage to care, HIV testing, needle exchange, food bank, and other services.

Under this grant, we are providing collocation services out of our Los Angeles center, and we've been providing these services almost from the beginning of the contract to mostly Latinos in the area, even though, as I mentioned, we provide services to the LGBT community.

And basically, those are the services that we are providing through this program. Thank you.

>> VICTOR RAMIREZ: All right. Thank you very much.

And now we would like to move on to Region 8, Colorado, the University of Colorado in Denver. Is there anybody there from the

University of Colorado?

>> We've got the University of Colorado here. My name is Jennifer. I am the Project Coordinator. I am with the University of Colorado Addiction, Research, and Treatment Services. We are integrated collocation. Our primary target population is people who inject drugs and men who have sex with men. Our main focus is the minority population. I think something that's unique about us is we are associated with the University of Colorado, so we have tied to the infectious disease center right down the road, and they are a large part of our grant.

One of the things we really focus on is getting everything into one service, utilizing wraparound services, and meeting medical care needs.

>> VICTOR RAMIREZ: Okay. Thank you very much, Ms. Brenner.

I would like to go back to Region 9 to Volunteers of America. I think there was some audio problems. Volunteers of America, are you there?

>> Hello. Yes. I am here. My name is Donald. Let me mute my computer. Just a minute. Can everyone still hear me?

>> VICTOR RAMIREZ: Yes, we can hear you.

>> Okay. So my name's Donald. I represent Volunteers of America. We service Skid Row area, which is located in downtown Los Angeles. What we provide is hepatitis C and HIV testing in addition to case management, linkages to services. We also collaborate with homeless healthcare and also Los Angeles Christian Health Center. We do several classes, life skills, smoking cessation. We also utilize motivational interviewing as well, and we definitely have a large population that we are working with in the Skid Row area. That's about all.

>> VICTOR RAMIREZ: Okay. Thank you very much.

Now we would like to move on to Region 6 and the two grantees from Texas. First off, the City of Laredo Health Department.

>> Hello?

>> VICTOR RAMIREZ: We can hear you.

>> You can hear me?

>> VICTOR RAMIREZ: Yes, we can.

>> Okay. Well, hi. Good afternoon. My name is Marco Ileas, and I am a licensed professional counselor intern, and I am representing the program called Erasing Barriers, along with the City of Laredo Health Department.

Like our name states, one of our goals is to erase some of the barriers that clients face here in Laredo. One of the greatest achievements that we've had is being able to link mental health, psychiatric services, and harm reduction practices under one roof. We are like a one-stop shop. The moment a client walks in, we try to address any problems the client might be facing, whether it be counseling, case management, HIV, or hepatitis testing, and even

treatment under the City of Laredo Health Department. If the services needed are beyond our scope of practice, we still try to link clients to the appropriate service provider instead of letting the client walk away. We work hand in hand with other community organizations and providers, such as Border Region NMHR, who also helps us by providing free psychiatric services and medication to our clients.

Other services provided are free substance abuse treatment, free mental health counseling, HIV screening and treatment, free hepatitis A, B, and C screening, as well as vaccinations, and on-site educators. Our target population is men who have sex with men, especially those who are living with HIV or are at risk of contracting HIV or hepatitis.

Our project kicked off in January. So far we've had about 50 successfully enrolled clients. And we've also noticed some increase in adherence to treatment and visitations with the doctor. Thanks to our mental health component, we have been able to increase risk reduction through constant education on HIV, hepatitis, and safe sex practices. The program Voices has been a very important component to this factor.

Another last point that I would like to mention is that we have been able to successfully link clients to hepatitis C treatment services. Our case workers go out of their way to register the clients to (Inaudible) technologies for treatment assistance. I believe that's all. Thank you.

>> VICTOR RAMIREZ: All right. Thank you very much, Mr. Ilias.

Next stop, Special Health Resources for Texas out of Longview. Is anybody there from Special Health Resources?

Okay. We'll move along.

Next up, Region 5. New Age Services Corporation, Illinois, is there anybody there from New Age?

>> Yes, this is Charles from New Age. We are located on the west side of Chicago in an area where there's a significant amount of heroin abuse; therefore, our program focuses primarily on providing methadone maintenance along with the collocated HIV services.

We have several partners on the project. We have two from the University of Illinois at Chicago, one HIV community clinic network and community outreach intervention projects. They have worked very well with us to provide outreach, education, and collocated HIV care, which has allowed us to open up many more medical services in our project.

Most of our services are done at our main site on the west side; however, we do some services into community sites as well, so we do outpatient counseling, as well as the methadone.

One thing that is an opportunity that's come up for us recently is we are beginning to develop a relationship with another west side

organizations that serves primarily young MSN patients who have a great need for outpatient treatment. Hopefully we will expand our reach into the community much larger than we originally anticipated, and certainly we'll have a healthy impact to the project. We are very excited for that opportunity.

That's it.

>> VICTOR RAMIREZ: All right. Thank you very much. Next up, also from CDBG, Puerto Rican Cultural Center, is there anybody there from PRCC?

>> Hello. This is Juan from the Puerto Rican Cultural Center.

So the Puerto Rican Cultural Center, in collaboration with Norwegian American hospital has expanded its collocated behavioral health, HIV, and hepatitis services for African American and Latino adults living in Chicago, all across Chicago. We are located in the northwest side, predominantly in the Hispanic/Latino community. The population of focus is gay, lesbian, bisexual, and transgendered adults. The Puerto Rican Cultural Center is an umbrella organization that has ten different programs from the Affordable Care Act initiative to an educational program to an alternative high school to a day-care center to an LGBTQ transitional living program and supportive housing shelter. To name a few of the programs.

As an umbrella, this year we've had multiple accomplishments. This year we hosted our eighth annual Female Impersonator Transgender Project. We will be featuring at a conference this year the documentary that we made on the pageant four years ago. Additionally this year, for the trans community, we launched the Chicago TransLatina Coalition, which is a part of the national TransLatina Coalition, and we currently have two Board members at the National TransLatina Coalition, and for the Chicago chapter, we have 28 members. Outside of that, our focus has continued to be informing community partnerships, and we just expanded our need exchange program and providing outreach to the community.

>> VICTOR RAMIREZ: All right. Thank you very much. Next up, we have from Michigan Adult Well-Being Services. Is there anybody there from Adult Well-Being Services.

>> Yes. Good afternoon. Can you hear me?

>> VICTOR RAMIREZ: Yes, we can hear you loud and clear.

>> NICOLA WALKER: Okay. Great. Okay. This is Nicola Walker. I am the Project Supervisor for Adult Well-Being Services for the Collaborate and Prevent HIV Infection in Detroit Project. We call it CAP HIV. We are located in Detroit, which we are located in a pretty economically disadvantaged community. It has some of the highest rates of HIV infection in the city, so we do have our work cut out for us, but we have a staff of two peers, a nurse, social worker, of course myself and the Project Director. We also have one of our evaluators, Chris Dairy, on the line today. With that, Adult Well-Being Services, we are a multicultural, multidimensional agency

that provides a wide range of services, but we provide a lot of the behavioral health services around mental health care as well as substance use treatment and services for co-occurring disorders. We also collaborate with AIDS Partnership with Michigan, which is actually the oldest AIDS service organization in the State of Michigan, as well as Henry Ford Health System Infectious Disease Clinic. They are one of our nation's leading integrated health systems.

In the collaboration, again, we are providing HIV testing, rapid HIV testing, as well as rapid hepatitis C testing and vaccination, as well as behavioral health services. Our peers provide a lot of the outreach. We have collaborations with several entities into the community, and we do a lot of health fairs and things like that and do testing out in the communities.

I guess one -- a couple unique things is, of course, our collaborations, but also another collaborative partner is an agency called 5E gallery, and they are an inner city nonprofit who provides sort of a creative spin on things, and they have a lot of -- they do some things with contemporary art and have artists and videographers that work, and so we work with them to work with our clients who want to express themselves, whether it's because of low self-esteem or what have you -- and let me go back a little bit and just say that our target population is African American, men who have sex with men, and African American women who are at high risk for HIV and/or substance use, ages 14-39. So some of our accomplishments are that we have established relationships with some of the local schools, Detroit Job Corps, as well as some of the charter schools that will be providing education and testing this upcoming school year. We've also established some relationships with the local salvation Army and treatment facilities, where the peer goes in weekly and provide education as well as hepatitis and HIV rapid testing, and we identify those who have a need for behavioral health services, and they are then referred for case management, and they see a social worker. Of course, those who test positive, we work with our collaborative partners on that.

Just sort of a personal story is we recently had a client who had a triple diagnosis, and she relapsed and called one of our peers during that time, and our team met and organized a plan, and we got here into detox immediately. So that was just a personal story of what we are doing out in the community, and so we're just looking forward to continue on the rest of this year and into year two.

>> VICTOR RAMIREZ: Thank you very much, Ms. Walker.

Next up from Ohio, we have Jo Ann Ford from Wright State University. Ms. Ford, are you there?

>> JO ANN FORD: I am here. Can you hear me okay?

>> VICTOR RAMIREZ: Yes, we can hear you.

>> JO ANN FORD: Perfect. Our program is called the Integrated

Continuum of Care Services, or ICS for short. We are an integrated program in the Dayton and Montgomery County, Ohio, area. Our primary target population are adults who are African American and who are at high risk for either HIV, hepatitis, substance abuse, or mental health issues.

So again, a pretty large population there. We are partnering with a number of programs. We have a primary care physician with a specialty in infectious disease. We are working with our public health, several treatment programs, our local housing organization, a local church in the area, our local AIDS service organization, a local minority outreach program who is doing some prevention in the schools for us as well.

I think what's probably unique about our program is that outreach is probably our forte. We are very good at going out and finding folks who would normally never find their way into completing the screener, doing an HIV or hep test, or actually getting referred for treatment. That's where our strength is, identifying those folks or clusters in the population that are hard to reach and that normally aren't finding their way in.

We are a little slow right now on our referral process, so that's, I think, one of our biggest challenges right now, what we are working on the most, but we are going to get there.

All right. Thanks.

>> VICTOR RAMIREZ: All right. Thank you very much, Ms. Ford.

Now, we did have some other grantees email us saying that they wanted to provide updates. We still have ten more minutes before we have to move on to the next section, so I do want to apologize in advance if we are not able to get through the remaining grantees, but we will try.

From Region 4, from Alabama Health Services Center, Ms. Julie Tally. With you there?

>> Hello. This is Patricia from United Community Center in Wisconsin. I thought you were going to call us next.

>> Yes, I think I skipped over you. My apologies.

>> I'd hate to be forgotten.

>> Go ahead.

>> All right. I'm Patricia from the United Community Center here in Milwaukee, Wisconsin. Also on the phone and participating in the grantee meeting are internal and external evaluator Chelsea Nebel, Marsha Via, and Malcolm. Our health coordinator, Natalie, and our billing specialist, Jasmine, as well as our substance abuse treatment specialist, Eugenia Desosa.

Our project name is VIC, and for the purpose of the grant, we are listed as integrated with our partner, the 16th Street Community Health Center, which is a federally qualified medical home. We are actually personally collocated because we have a clinic on-site that provides medical treatment, but for the purposes of this grant for

the services required, we left it as full integration.

Unique to our program is that we're a long-term community center here in Milwaukee, having served our community for over 40 years at this point, almost 45. You are welcome to come and join us for our 45th anniversary next year.

We are part of the community that we serve. The Center serves the community literally from birth to death, having services from birth to 3 through our nationally recognized geriatric Alzheimer's clinic, including in the interim the schools, grade school, middle school, high school, community cultural center, an or the gallery, restaurant, medical clinic, et cetera, et cetera, et cetera.

For this project, our target population is focused on the adult Hispanic substance-abusing co-occurring population. We serve both men and women adults. We provide substance abuse treatment across all levels of care, including residential, day treatment, outpatient, and an alumni after-care program.

We specialize in family-based treatment focusing on community-based treatment services. So we work to stabilize while in patient or in residential treatment and move towards supportive wraparound services in the community as quickly as possible to maintain unity of the families.

We provide services -- and this is really unique for us -- in English and in Spanish, and by that I don't mean translation services, but rather, we have full Spanish tracks and full English tracks, so we provide both group services in English or Spanish, depending on the client's preference.

We provide evidence-based gender-specific trauma-informed and trauma-specific substance abuse mental health treatment services, and we are really happy to say that we have implemented our rapid HIV testing, hep C testing, and our gender-specific health education series with men and women as a result of the grants to date. So we are very excited about the HIV education and prevention services that we have been able to implement, as well as developing seven clinicians at this point have trained as prevention specialists and worked toward receiving their credential from the State of Wisconsin in that area.

So we are very excited with the progress that we have made to date and are looking forward to the next several years. Thank you.

>> All right. Thank you very much. Ms. Anya Kudo. And actually, Regions 4, 3, 2, and 1, those regions will be providing their updates tomorrow. My apologies for that confusion. Again, Regions 4, 3, 2, and 1 will provide their updates tomorrow.

So you know, that's the conclusion of the grantee ...

So we'll move to the next item on the agenda, the data collection update and discussion, and again, I would like to thank all the grantees who participated in today's miniupdate.

>> ILZE RUDITIS: This is Ilze Ruditis again, and we have Mark

Jacobsen, who is the liaison for CMHS, and I wanted to check on the phone, we are looking for Dr. Kirk James.

>> Yes, I am here. Can you hear me? Dr. James.

>> ILZE RUDITIS: Yes, yes. And also, Sarah Ndiangui. Is Sarah with us? We weren't sure if Sarah was going to get to be with us. She is a CSAT GPRA lead.

Today we recognize that the data component of our project is very important and has had confronted numerous challenges, and this was a topic that we really wanted to put up on the front end. We are going to handle it in a round robin across myself and beginning with Kirk James and Mark Jacobsen, so basically point out the most critical portions of the data collection and resources at this point.

So with that, I am just going to turn our session over to Kirk James. And I am not seeing our PowerPoint.

>> KIRK JAMES: Okay. Can everyone hear me? Okay. Victor, I think you have control of the slides or someone has control of the slides. I don't have control at this time. So I will go through the slides, and I'll just ask you to move to the next slide.

Again, welcome, all grantees. It's good to hear about a lot of the different programs.

Getting some feedback here

But anyway, we are going to start on slide 2 with the title is MAI-CoC Data Resources.

If you look at that slide, the Web address is (Inaudible).

>> Kirk, we are having a little trouble hearing you. Are you on a speakerphone?

>> KIRK JAMES: Let me see if I can remedy that.

Okay. Maybe a little better now. Can you hear me?

>> ILZE RUDITIS: Much better. Thank you.

>> Hello?

(Beep)

Can you hear me?

>> ILZE RUDITIS: Yes. But don't get back on your speakerphone.

>> KIRK JAMES: Hello?

>> Okay.

We are starting to get your feedback again. Are you on plain phone?

>> KIRK JAMES: Can you hear me now?

>> Yes.

>> KIRK JAMES: For some reason, I take it off the speaker, I can't hear you guys.

Okay. Can you hear me clearly? I know I am getting some feedback here. But I can tolerate that (Inaudible).

>> Jake, is there something that we can do to help out?

>> I am still here.

>> KIRK JAMES: Hi. Can you all hear me?

>> Yes, that's better.

>> JAKE BOWLING: So I will recommend, Kirk, if you can mute your computer microphone or mute your speaker, since you are talking through the phone.

Am I echoing?

>> Yes, Jake, this is Rose. You are echoing.

>> So if everyone right now could take a moment to mute your line, that should correct the issue. So you could either mute the line on your phone or hit * 6.

Okay.

Are we still echoing?

>> KIRK JAMES: Okay. I am going to try to speak. I am still getting a little bit of echo, but I can tolerate it.

(Beep)

Let me get started. If it becomes not bearable, let me know, Jake or Ilze. Okay?

This is Kirk James. It is a pleasure to hear about other programs. We are going to be talking about the data resources and some of the data reporting to SAMHSA or you will continue to report.

If you look at the first slide that's entitled MAI-CoC Data Resources, you will notice the link there. I was saying before this is a very important link to store away if you haven't already done so because this is a link where you will have very important information as it relates to data collection (audio echoing) for this particular grant.

The actual link that you see, the second link there, is what you will find on the very next slide. We can move to the next slide. If you were to click on this link, you would find this information, the MAI-CoC data resources, and this is very critical information, and I know many of you have already viewed this. For those that haven't, let me share with you what's on this site.

One of the three things that you will find here is the actual rapid HIV and hepatitis testing form, or what we call the RHHT form, and this, of course, is Office of Management and Budget approved testing form, and you are, you know, to offer testing, HIV testing as well as hepatitis testing, B and C testing, to your clients and their family members or significant partners who may be at an increased risk for HIV or hepatitis.

The second item you will find there, which will be very helpful in going through and completing the rapid HIV and hepatitis testing form, is the QXQ or question by question instruction guide. Be sure to view that. It probably will answer a lot of the questions that you may have regarding completing rapid HIV and hepatitis testing form.

The third item here is actual audio. It was a presentation that I gave back sometime ago, which I walked through the rapid HIV testing form, so you will actually have an audio of that particular webinar.

That is all updated.

If we move to the next slide, slide with rapid HIV and hepatitis testing data securemailbox, as you should already know, but just to reiterate, you should be collecting your HIV testing data and hepatitis data using that RHHT form, and then submitting that information to a secure resource mailbox. You will see the link there on the slide, the FY 14 CoC, et cetera.

One thing that's not on the slide that I would like to include, and perhaps when we send this information out we will include it in another slide, but when you submit your data, your rapid HIV testing and hepatitis DESE, it would be very helpful if you would include in the subject line your grant number, your grant organization name, and then the number of scanned rapid HIV and hepatitis testing forms you are submitting with your email.

Again, that would be your grant number, your grant organization name, and then the number of scanned rapid HIV testing and hepatitis forms that you are submitting with that email.

Be sure not to CC your government project --

>> You have been muted.

Your microphone has been turned on.

>> KIRK JAMES: Okay. The last thing I wanted to mention is you should not be CCing your Government Project Officer when you send your rapid HIV and hepatitis information to SAMHSA. It sort of defeats the purpose because that is a secure mailbox. So you should only be sending that information to that secure resource mailbox.

And the RHHT data collection system, the next slide, is currently under development. Some of you are wondering when will you be able to input this data directly into the Web-based system, which would be a lot more -- would be easier, obviously, and would probably capture some mistakes that are made, but that is under development at this time, and Sarah -- I am not sure if Sarah is on the phone -- she may be able to give you more information, but it is under development at this time. But we will keep you posted about it coming onboard.

One of the things that I know Sarah wanted us to rely to you, that if there are interested parties who would like to be sort of beta testers for that particular online data system, again, this is the system that would allow you to input your data directly into an electronic system as opposed to sending the scanned forms, which we are relegated to doing at this point. But if you are interested in being beta testers, we will provide information who you will need to contact to be one of those individuals. We really would like to have some of you volunteer so we can capture some things that might go awry before they happen as a beta test.

At this point, I will pass the baton back over to Ilze or Mark.

Is anyone there?

>> Okay. I was going to just say we're going to turn this presentation over to Mark Jacobsen. It's the client-level services

component where we are having the most challenges. That and anything in the CDP, like your goals and budget and IPP data. We are very grateful to have Mark with us today. It takes many hands to do the work that's needed on this.

>> MARK JACOBSEN: Well, it's good to be here this afternoon. I am the GPA coordinator at CMHS, and I guess I have the pleasure today of becoming the face of CDP, which is probably not such a great thing in --

>> It is a good thing. It will be.

>> MARK JACOBSEN: So I'm sure everyone is well aware that as of July the CDP went dark. You know, we've had a really difficult journey since February, since we turned on the CDP, and its launch, and we really do regret the inconvenience that the start-up issues have caused all of you and your clients.

You should have received two weeks ago a notice from the Deputy Administrator, and she said there that the reason for taking down the CDP is so that the contractor can really focus all of its time and attention on correcting all the problems that are going on with the CDP, all the technical issues. So right now we are all in that difficult place of having to wait and see, and in the meantime, we are waiting for the CDP Governance Council, which is made up of each center Deputy Director and the agency Deputy Director to come up with an interim plan to -- that will help us -- tie us over from when the CDP comes back up -- from now until when the CDP comes back up.

So in the meantime, while we are waiting for this plan, if you would all just continue collecting your data the way you have been, which is using hard copy, and I'd recommend if you haven't already done so, to please submit a waiver so that we can -- so SAMHSA can formally waive your data submission requests.

And so now I think we can take some questions.

>> Okay. Well, if you can stay with us, we'll have some questions at the end. Is that all right? Okay.

So just to keep kind of moving along, we have another screenshot of the resource page. So also on the resource page, we have all of the components that pertain to the data collection that we need for this project. That, of course, is the new DCI, which you were trained on back in the winter. This is the legacy tool to continue to collect MAI-CoC data, and it's the only tool that's associated with Section H that has the medical (Inaudible)-- aware that your programs may have other grant components and other projects that have been reporting in other systems. If you find yourself off target on this particular point, you want to get with your (Inaudible) so we can support you in any way we can to help (Inaudible). So do let your GPO know if that's not the exact track that you are on.

Finally, it also includes the IPP data. Actually, the CCP system includes the data problems we have not been able to access and have not accessed. Many of you may remember being trained on

collecting the number of individuals being screened for behavioral health needs and also the numbers trained in the workforce. So These should be numbers that you are tracking. We are going to update the resource page and include the IPP data so that all of these pieces are together for you.

There will be one more component to collect, which is an aggregated count of the numbers of people in a prevention intervention. That will be a quarterly account. It's a very straightforward number to collect, and when you do so, you can describe if there are several types of activities what it is exactly you are counting. But once the system comes back up, you will the capacity to enter that.

So we delayed adding to that the tools that you would need or the items you should be concerned about because of the numbers of concerns we had at any particular point in time. But that is something that will allow you to reflect your prevention numbers of people served in a prevention intervention.

Finally, we have a footnote for you on the annual report. Apparently they indicated you have a quarterly or biannual report. You have the continuation application every year and the annual report. The annual report will cover everything from the beginning through to the (Inaudible) for you, and the formatting will be similar to the continuation application, and we'll send you a format that will show you where it is you want to put in, like, data about, you know, numbers served, workforce, et cetera. So that will be supportive to you and timely for you and not to pull you out of a track that you are already in. So you can use your continuation application as a base and then build from there and make sure you've covered the year.

So that's kind of the end of our, like, 30,000-foot view of things, and we would like to just open the floor to you for questions. So you can type in questions, and we'll have (Inaudible).

We've had so much, like, quirks in audio that it might not be clever to open all the lines. But I'll let Jake take the lead on this.

>> JAKE BOWLING: Sure. Thank you so much. Can you all hear me?

>> Yes.

>> JAKE BOWLING: Great. Thank you. Apologies again for the audio. But we would love to address your questions. So if you all can keep the line open for Rose and myself so that we can Ilze and her team's responses.

We do have a couple questions here already.

One is if you can please repeat the due date of the annual report, the deadline date for the annual report.

>> It will be October 30. It's 30 days after the end of the grant cycle.

>> JAKE BOWLING: Thank you. October 30.

>> ILZE RUDITIS: Right.

>> JAKE BOWLING: All right. Do we have any other questions? If so, please type it in the -- okay. We have a question about will there be a Spanish version of the RHHT form coming anytime soon?

>> ILZE RUDITIS: I will defer that to Kirk if he is still with us. There should be a Spanish form right now. Historically, I believe the rapid testing form has always been available in Spanish. Kirk, are you able to be with us? Okay. So we will take that under advisement. I will find out, and we'll send everybody an update on that and also provide an update note on that tomorrow.

>> JAKE BOWLING: Thank you, Ilze.

The next question is will all of our data need to be entered into the CDP by submission of the annual report?

>> ILZE RUDITIS: No, absolutely not. You will not have any outcomes data. We don't think it will be available at that time to have detailed client-level data. But for instance, numbers served, that type of more overview data would be very key.

>> JAKE BOWLING: Great. And we have a question about the annual report. Just to reiterate, what is the timeframe this should be covered by the annual report?

>> ILZE RUDITIS: It would be one year from the date of the award, September 30, until, you know, September 29, 2014 to 2015.

So already in your continuation, you have projected what you are going to do for a whole fiscal year ahead. So this reports at this juncture exactly what you've accomplished through this first year.

>> JAKE BOWLING: Okay. Great. So we have a question. A person is asking if you could review the first two slides of Ilze's presentation. Ilze, if you could just briefly touch on some of the key points. That was when the audio was cutting in and out.

>> ILZE RUDITIS: Oh, of course. This was only a screenshot, basically, it was the data resources client level data, and that is the text from the CIHS resource page, the integration.SAMHSA.gov data resources. At the top, it has our http, and at the bottom, it has the common data instrument, the data collection instrument. I am sorry.

And it also has Section H and has guidance on how to use those tools. I am sorry. I am hearing that we need that in Spanish too. And this is where I am a little bit stuck because I believe while the systems are still in development, we are going to have difficulty putting that into Spanish, but that will double-back and recheck because these instruments should definitely be available for you.

>> JAKE BOWLING: Great. Thank you.

>> ILZE RUDITIS: Right, and basically, most of you are familiar with that data resources page on our dedicated webpage under CIHS, and just as you go forward and have emerging need for staff, that

is a reference tool. There are still references in that guidance material in RHHT to the prior contractor, and the ACT associates will be your upcoming support for RHHT, as Kirk mentioned. And then these materials will be updated just as soon as they are able to reach out to grantees on the developed system. So that's kind of a central communication point for us.

>> JAKE BOWLING: Great. We have a question. Will there be a template for the annual report?

>> ILZE RUDITIS: Yes, we will send a template for that.

>> JAKE BOWLING: Great. And we have another question. Is the legacy tool referring only to the CMHS DCI, or also the previous CSAT GPRA?

>> ILZE RUDITIS: For the MAI-CoC program, the tool for use is the CMHS DCI. It's very similar to the CSAT GPRA tool, but the CSAT GPRA tool does not have the instrument that pertains to Section H, and that part of the tool is very critical for our program, which is about the medical care and information on people we are serving who are with HIV.

>> JAKE BOWLING: Great. Oh, sorry.

>> ILZE RUDITIS: I am seeing the next question.

>> JAKE BOWLING: Yeah, when there the CDP be back up?

>> ILZE RUDITIS: I am going to turn that back to my colleague here. I told him I have his book.

>> So I wish I could say. We really don't have any idea at this point, but there is going to be the interim -- this interim plan we are going to be coming out with soon since we sent this notice out two weeks ago. So we are hoping that we will be able to finalize a plan very soon, and we will let you know as soon as we are able to.

But the CDP will not be back up anytime soon.

>> ILZE RUDITIS: So going forward, if you have challenges around data collection overall, please, please talk to your GPO and refer them, and we one on one will work with your site to assure that you get the best possible processes in place.

And we surely appreciate all of your questions, and also the updates were fabulous, very inspiring.

So we realize we are coming up to the end of the first part of the afternoon session, and I wondered, did any more questions come in?

>> Ilze, at this time, there are no additional questions.

>> ILZE RUDITIS: Okay.

>> JAKE BOWLING: So thank you all so much. Thanks to Ilze Ruditis, Mark Jacobsen, and Kirk James for the data collection update. That was very helpful. And so at this time, we will go ahead and move into our break. But before we do so, I have some information to share about the breakout sessions.

So the breakout sessions will start at 3:00 p.m. Eastern Time.

So in about 19 minutes is when the breakout sessions start. The way -- the same link that was sent to you in your Outlook invitation to access this meeting. The difference is your audio options will have changed. So to get into your breakout sessions, there are four separate conference line numbers. They are listed in the notes section on your display pod right now. So if you see the Notes section, you'll see the list, Breakouts 1, 2, 3, and 4. And they all come with their own corresponding conference line number and ID number. So in about 19 minutes, if you all will log back in to the session and use those conference line numbers, you will be able to access your breakout session.

We recommend for those of you who are at a team in a conference room, for you to return to your individual computers so you can now be broken out into your various sessions.

So if you have any questions, feel free to ask our hosts, but otherwise, at this time, we can go ahead and end, and as I said, your breakout conference line information is in the Notes page.

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