



WestCAP WORDS

WESTERN COLORADO AIDS PROJECT

805 Main Street, Grand Junction, CO 81501
(970) 243-2437 or 1-800-765-8594

August-September 2011

“There are endless possibilities in every present moment...”

Important Numbers:

WestCAP:
(970) 243-2437
1-800-765-8594

Website:
www.westcap.info

Office Hours:
Monday-Friday,
8:30 AM-5:00 PM

HIV/AIDS Treatment Information Service:
1-800-448-0440

CDC National Hotline:
800-342-2437 (English);
800-344-SIDA (en español);
800-243-7889 (for people who have a hearing impairment)

Western Colorado HIV Specialty Care Clinic:
Lucy Graham: 255-1735,
or toll-free @ 866/448-8383

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FOR OUR CLIENTS.....

It is not surprising that when there is less money to go around and more people in need, restrictions become tighter, eligibility becomes more difficult, and guidelines shift. WestCAP is no different and I am writing to share that this year, [federal?] Ryan White funding will be more and more difficult for clients to access. Although WestCAP was flat-funded for the current fiscal year (this means that we have received the same amount of money as the previous two years) new guidelines have been developed on how that money can be used which include stricter eligibility than ever before.

The Colorado Department of Public Health and Environment has been working on the Ryan White Part B Standards of Care that the rural AIDS Service Organizations (ASO) receiving those funds must adhere to in order to provide services. Over the last two years, as these were being developed, the ASOs have had opportunities to provide feedback, and the finalized version was given to us in June of 2011. The bottom line is there have been some significant changes.

In order for a client to receive Ryan White financial assistance, WestCAP has to demonstrate that we are the “payer of last resort”. Health Resources Services Administration (HRSA), which administers Ryan White funds, requires that clients access other community resources first and, if there are no other options or limited options, then Ryan White dollars can help. Case Managers ask for verification that other resources have been accessed and denied. Ryan White funds were not designed as long-term assistance and Case Managers will need to demonstrate that clients have a long-term plan to meet their needs. Although this guideline has been in place, it takes on additional challenges as community resources are shrinking and new eligibility requirements are set.

Access to Ryan White funding will continue but because of new requirements, individuals who receive Ryan White financial assistance have been restricted.

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CLIENT SERVICES

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In order to access Ryan White services, a client must be at or below 400% of the Federal Poverty Level (FPL). This means an individual client has to make \$43,560 or less or they are not eligible. Another change includes limits on how many times a client may request assistance and on how much financial assistance they can receive in a funding year. What does this really mean for clients? This means that clients will continue to be asked to follow through with other options before a request can be brought to the Financial Committee. This means we will ask for additional verification to show that other resources have been accessed and, ultimately, this may mean that more requests will be denied.

I realize that these changes present challenges but I am confident that together with your Case Manager, you can find the solution that provides clients with the necessary assistance. Thank you for your patience as we all struggle through new restrictions and guidelines and thank for working with your case manager within these mandates.

—Mary Beth Luedtke
Executive Director

CASE MANAGEMENT TIDBITS

Legal Services:

The 3rd Thursday of each month is Free Call-A-Lawyer Night (beginning at 4:30pm). Call 970-256-4001

HIV Legal Services: 1-800-288-1376

Local Grand Junction Colorado Legal Services hours open to the public are Monday, Wednesday, and Friday, 9:00am to 11:00am and 1:00pm to 4:00pm. Or call 970-243-7940 or 1-866-243-7941.

For child custody assistance, call 243-7940 x 110

For divorce assistance, call 970-243-7940 x 110

For Hepatitis C: Contact the Hep C Connection at 1-800-522-4372.

For assistance with heating bills this winter, call The Heat Helpline at 1-866-432-8435.

Reminder: If you need assistance getting to your HIV medical appointment, dental appointment, or mental health appointment, gas or bus passes may be available. Please contact your Case Manager at least 1-2 weeks prior, to request assistance. (Bus tickets have to be purchased in Grand Junction and then mailed.) These are intended to be a supplement to assist with getting to care. Additional assistance for lost or stolen gas cards or bus tickets is not guaranteed.

For Medication Assistance (without insurance access):

AIDS Drug Assistance Program: 1-303-782-5393 and ADAP Pharmacy Walgreens: 1-303-333-4678 or 1-866-287-1412

Non HIV Medication Assistance: contact www.needymeds.com

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CLIENT SERVICES

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Reminder: ADAP applications are due annually in the month of your birth. If you need assistance, please contact your Case Manager.

Medicare D: Remember to review and enroll your Medicare D plan in December, as well as your Bridging the GAP application. If you need assistance, please contact your Case Manager.

Private Insurance: If you have access to private insurance and are having difficulty paying the premiums and/or co pays, please talk with your Case Manager. There may be assistance available.

“Eat a live toad in the morning and nothing worse will happen to you the rest of the day.”
-author unknown

AREA SUPPORT GROUP

After a year of effort, the Western Slope now has the starting of a Support Group. The group is called “Western Slope Poz Support Group.” The group is currently forming on yahoo groups. You need a Yahoo ID, which is free, to sign up for the group. The group is a way to meet others in the area that are also positive. The information on the group is posted below. Please keep a look out for more information and gatherings the group is planning. Please contact your case manager with any questions.

Western Slope Poz Support Group

What is it?

A social support group for anyone affected by HIV.
(For the positive person, and their loved ones.)



Want to know more?

Check out the Yahoo group at :

http://groups.yahoo.com/group/western_slope_poz_support

At this page you may sign up to become a member and begin meeting other people that are living with HIV or that have a loved one that is. It is the group's hope to provide a safe and welcoming place to be ourselves and find similar others to share experiences with, knowing that they will understand. You're invited, we hope to see you soon!

—Crystal Luce, Medical Case Manager

CLIENT SERVICES

THE 3RD ANNUAL TWO-SPIRIT AND WELLNESS CONFERENCE

The third annual Two-Spirit and Wellness Conference was on June 9 and 10, 2011, in Ignacio, Colorado. The conference was sponsored by Our Sister's Keeper Coalition, an organization devoted to providing safety and support to survivors of familial and domestic violence. The overall theme of the conference was, "Exploring Cultural Lifestyles and Accepting People Who Choose to Dance to a Different Drum Beat."

Two-Spirit individuals are people who feel they have both male and female roles. These roles can be experienced and expressed either physically, mentally, emotionally, or a combination of the three. Two-Spirit individuals face numerous difficulties growing up, such as bullying, teasing, discrimination, and even violence. In addition, "coming out" to their parents and in small communities can be a severe struggle. The stress and anxiety an individual experiences due to their conflicting inner self and necessary outward expression can even lead a Two-Spirit individual to take their own lives.

It is crucial for communities to be accepting and open-minded of Two-Spirit individuals, and the bullying, teasing, discrimination, and violence should be addressed and stopped. When everyone is accepting of one another regardless of individual differences, a true sense of togetherness and community can be reached. Overall, the workshop was a fantastic experience that discussed the need for harmony with one another, and the importance of community support.

—Catie Pitts, Cultural Competence Coordinator and Intake Coordinator

A PIECE OF AFRICA

The beginning of this Summer my daughter, Savannah, a couple of friends and I took a trip to Gayaza, Uganda.

As a child I was brought up to help others, and it has always been my desire to give to others and make a difference. Last year we were inspired and planned to visit a foreign country in Africa to do some volunteer work and live with the community to attempt to understand and help the underserved population. We came in contact with a local organization named Hope Beyond Worldwide and made the appropriate arrangements.

We first arrived at the Entebbe airport and traveled for about an hour by car to Gayaza. The following morning we walked through the neighborhood and met many children in the community. While we were there, everyone was welcoming and friendly. The children looked happy. They were often playing outside with bicycle wheels and different objects. They love to have their picture taken and see themselves in the camera. Many of the women wore traditional dresses, and when we approached them to compliment their dresses they were very proud.

Our work in the community included health care programs, where we provided HIV testing and education. Most of the clinics were understaffed and had limited medical supplies and equipment. We participated in an outreach event, and I was surprised to see how many people wanted to get tested.

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PREVENTION

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We had a long line of local men and women who had many questions and were eager to be tested. We provided free condoms and had one-on-one conversations about risk reduction and safer sex.

We also had the privilege to work in an orphanage. There were 12 kids that lived in two bedrooms, with the boys in one room and girls in another. There was no running water or electricity in the orphanage. The orphanage is solely sustained by donations from the volunteers and the program “sponsor a child”. Our time with the children was very meaningful; the children were eager to learn from us and about life in general. We played games, read books, and did some basic math. We also spent time teaching them basic hygiene and having self empowerment conversations.

My favorite part of the trip was spending time with the local children. They often came to visit us at our home, and play soccer in our yard. I enjoyed watching little kids caring for their younger sibling, which was commonplace. All the kids enjoyed dancing with us, and took pride in showing and teaching us about their music and dance. Overall, it was a wonderful opportunity to help and to learn at the same time.

—Jenny Vargas, Medical Case Manager

NATIONAL HIV/AIDS STRATEGY FOR PREVENTION: ONE YEAR LATER

One year ago, on July 13, 2010, President Obama released the National HIV/AIDS Strategy for the United States (NHAS), which was designed as a five-year response to the epidemic. This marked the first federal comprehensive coordinated HIV/AIDS roadmap with clear and measurable targets to be achieved by 2015. The plan identifies key action steps and focuses on the key goals of reducing the number of new HIV infections, increasing access to care as well as improving health outcomes for individuals living with HIV, and reducing HIV-related health disparities.

The NHAS states, “More must be done to ensure that new prevention methods are identified and that prevention resources are more strategically concentrated in specific communities at high risk for HIV infection...Just as we mobilize the country to support cancer prevention and research whether or not we believe that we are at high risk of cancer, or just as we support investments in public education whether or not we have children, success at fighting HIV calls on all Americans to help us sustain a long-term effort against HIV.”

The quantifiable goals of the NHAS are to accomplish the following by 2015:

1. Lower the annual number of new infections by 25 percent
2. Reduce the HIV transmission rate by 30 percent
3. Increase from 79 percent to 90 percent the percentage of people living with HIV who are aware of their status

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PREVENTION

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The Federal Implemental Plan, the action piece of NHAS, recommends the following three components in order to accomplish the prevention goals stated above:

- Increase HIV prevention efforts among individuals and communities where HIV is most prevalent
- Expand targeted prevention efforts
- Provide scientifically-based, medically accurate information about HIV transmission and infection

In July 2011, the Administration released an Implementation Plan Update on the NHAS. The Update reported efforts by federal agencies to implement the Strategy, and policy changes the Administration feels are necessary. The Centers for Disease Control (CDC) now collects viral load and CD4 cell count data in order to improve the ability of local health departments to monitor the epidemic. The Food and Drug Administration (FDA) has approved a fourth generation HIV diagnostic tool that allows for earlier detection of HIV as well as an antibody test that provides results in 60 seconds.

In addition, the Department of Health and Human Services has improved its tracking of HIV spending to include demographics of those served, such as race/ethnicity, gender, and HIV risk factors. This goal is to provide a baseline for expanding the targeting of resources to the populations most impacted by HIV. Both CDC and the U.S. Department of Housing and Urban Development (HUD) have begun to take steps in 2011 to update funding formulas to award funding on the basis of HIV prevalence. On June 30, 2011, CDC released their new funding announcement for state and local health departments, using the new formula beginning in January 2012. According to the Implementation Plan Update, "This type of change can be challenging as it results in shifts of resources from one location to another. At the same time, it is necessary to ensure that resources are allocated fairly and in proportion to the current burden of HIV, which will help assure that our efforts have the largest impact."

Priorities stated in the Update for the coming year include improving collaborations at local levels by engaging the community, compile a Community Action Toolkit, and to collect consistent data across federal agencies.

In the words of President Obama, "As we remember people in our own lives we have lost and stand by those living with HIV/AIDS, we must also rededicate ourselves to finally ending this pandemic – in this country and around the world."

—Rabeeha Ghaffar, Resource and Prevention Director