



WestCAP WORDS

WESTERN COLORADO AIDS PROJECT
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February-March 2012

“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 Coordinator: Julie Le-Baron: 298-1735, or toll-free @ 866/448-8383

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“Congratulations! Today is your day. You’re off to Great Places! You’re off and away!” —Oh The Places You Will Go by Dr. Seuss

Oh The Places You Will Go by Dr. Seuss has been one of my all-time favorite children’s books! Each time I read it, I seem to pull different messages that are relevant to whatever may be currently happening in my life. Little did I know that such simple text could be so full of meaning and the words of a children’s author could speak to adults!

As 2012 began, I found myself thinking about this title often. This has become, in part, my mantra. Just the message in the title seemed appropriate to this time of year as we begin 2012 and especially appropriate at this time for WestCAP. WestCAP is in full throttle, exploring all the places a statewide entity can go, moving through challenges, and finding that “mountain” to climb—and the strength to climb it. As I move through the changes of 2011, I find myself anticipating the breathtaking views from the top of the New Year’s mountain, eager to see the payoff of having vision with the perseverance to get there. The New Year brings renewed momentum and more energy to explore these opportunities! I believe we are truly “off to great places! ...off and away!”

And with this new year, a WestCAP staff member who has served as the Prevention Education Coordinator for more than three years is also “off and away!”. Scott Montgomery will be leaving WestCAP in January in pursuit of other career opportunities and we wish him much luck climbing his new mountain!

This time of year is so full of possibilities, yet can be tinged with a sense of sadness and loss—of leaving something behind. WestCAP is no different. We have left things behind only to open up new possibilities. I am not one to create a New Year’s resolution—I need more daily ones to find success—but this year I have one that I know will stay with me for the 12 months and possibly beyond. One I hold myself to personally and bring to WestCAP. My resolution is to look for the possibilities in a new moment, a new thought, and a new year.

So, in the unusual way of Dr. Seuss, I say to you,

*“And you will succeed?
Yes! You will, indeed!
(98 and ¾ percent guaranteed.)
KID, YOU’LL MOVE MOUNTAINS!*

*So....be your name Buxbaum or Bixby or Bray
Or Mordecai Ali Van Allen O’Shea
You’re off to Great Places!
Today is your day!
Your mountain is waiting.
So...get on your way!”*

—Mary Beth Luedtke, Regional Director

CLIENT SERVICES

CASE MANAGEMENT TIDBITS

Thank You! It was wonderful to see everyone at the client Holiday Party! Thanks for coming.

Medicaid Expansion: Medicaid is planning on opening up to poverty-level Adults Without Dependents beginning April 2012. The details are not settled yet. I will keep you posted.

Upcoming ADAP Changes: The overall AIDS Drug Assistance Program (ADAP) will be requiring 6 month renewals. The core ADAP application must be submitted for all ADAPs. This includes the Insurance Continuation Program (HIAP), Medicare D-Bridging the GAP (BTGC), Getting Us Covered (GUC), and HIV Medication Assistance Program (HMAP). Please see your case manager for Assistance.

Please! Leave case managers a detailed phone message of your needs so that we can help. We do NOT have caller ID and have many people that we work with on a regular basis. Even if you think we have your phone number and can recognize your voice, please leave the number and name anyway. Thank you!

"If I were asked to give what I consider the single most useful bit of advice for all humanity, it would be this: Expect trouble as an inevitable part of life, and when it comes, hold your head high. Look it squarely in the eye, and say 'I will be bigger than you. You cannot defeat me.'"—Ann Landers

MEDICAL CASE MANAGEMENT

Case management has been shifting and focusing more towards “medical” case management. With the shift, it is key to know how to get the most out of your case manager. The topics have been broken into seven different areas: financial assistance, travel, vouchers, medications, appointments, phone calls, and your case manager.

Financial assistance: The Financial Committee typically meets Monday afternoons. Please have all request and supporting documents to your case manager prior to the meeting. If your request is not in by Monday morning then it may wait until the next week. The key questions the Financial Committee asks when looking at a financial request are:

1. Is the Agency the payer of last resort? Is there any other financial resource available to the client?
2. Is this request related to the client's HIV care?
3. Is there funding to support this request?
4. What is the client's long-term plan to support this need?
5. Is paperwork up-to-date?

Although there are questions beyond these five, this is a good starting point to know if you have the required elements for a financial request.

Travel: Gas coupons are given out based on mileage and the current rate of gasoline. This means, as gas rates change so can the amount of the coupons. Gas coupons are meant to be supplemental and not necessarily pay for your entire trip or fill your gas tank. If you have no other transportation, you live in Mesa County, and need assistance getting to appointments, please request bus passes through your case

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manager; they are issued on a month-to-month basis. If you live out of town and need assistance with Greyhound tickets please make your request at least 2 weeks prior to your medical appointment.

Vouchers: Please talk to your case manager, prior to making an appointment or getting work started. The Agency is often limited by the procedure that you may want/need and/or the amount of money we can pay. We have been fortunate to be able to pay for several items but this may not always be the case. Often vouchers require supporting documentation and treatment plans, prior to any voucher requests being approved.

Medications: One key component of medical case management is assisting clients with medication adherence, HIV or otherwise. If there is an issue with a client's medications then we do our best to resolve the issue as soon as possible. If a client has an issue with their medications (pharmacy errors, assistance program errors, and problems paying for medications), we ask the client to call their case manager as soon as they are aware of the problem so the case manager can try and assist in resolving the issue and to ensure medication assistance.

Appointments: Please do your best to make appointments with your case manager if you wish to see them. Case managers are often out of the office, taking phone calls, in meetings, or with other clients. If you do not make an appointment, you may not be able to meet with your case manager. There are also issues with confidentiality of yourself and other clients. So if you know you are going to be stopping by the office then call ahead and make the appointment.

Phone calls: As a reminder we do not have caller ID. So when you call, leave a message with your name, number, and the best time to reach you. We do our best to get ahold of you within 24 hours after you called. If there is something that you need immediate assistance with, then let the person who answers the phone know so they can direct you to an available case manager.

Your case manager: Talk to your case manager. Let them know if there is something that you are having trouble with and they may be able to help. Please try to not wait until the last minute to contact your case manager, because last minute may be too late.

—Crystal Luce, Medical Case Manager

START THE YEAR OFF RIGHT WITH NEW RESOLUTIONS....

Make this year a year of success!!! Create powerful and achievable goals. Most of us use this time of year to reflect on our accomplishments and our misfortune that we have experienced throughout the year. People's resolutions vary, depending on their likes or dislikes and/or their lifestyle. Before we get started with a list, here is a helpful guide I follow when writing goals. SMART Goals is a program by Harry Touzel that provides helpful guidelines when trying to set goals.

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S: Specific.....Be specific to what you want

M: Measurable.....When you measure your progress, you stay on task

A: Attainable.....Believe it is attainable and create ways to make it happen

R: Realistic.....You are the one who can decide just how high your goal should be

T: TimelySet a time frame

Most of all make resolutions that fit your life and make goals that are achievable. Most people try to add in their new year's resolutions good nutrition, exercise, and spending more time with family.

Good Nutrition: what it means is staying healthy, which includes eating a well-balanced diet regularly, staying clean, as well as keeping your heart strong and free of drugs, and ***taking your prescription medications as prescribed.*** Remember these three basis rules to promote healthy diet: variety, balance, and moderation.

Variety means to include different food groups such as protein, dairy products, fats, grains, fruits, and vegetables. It is best to eat food of all colors. The more color and texture in your meals the better nutrients you will get.

Balance means to eat the right amount of food of each food group. This can ensure that you will have the right amount of calories and nutrients.

Moderation means to make sure you don't eat too much of any type of food. If you would like to know more about how to improve your nutrition you may check "the food pyramid"

Exercise: Create an exercise routine that fits your lifestyle—whether it is walking, running, or going to the gym. It is all good. Daily exercise or regular physical activities improves people's health and can help decrease stress.

Spending time with family: For some people, spending time with family is their number one on their resolution list. Just like any other goal, look at the situation and come up with some ideas on how family can spend quality time together. Here are some examples: whether in the computer or a photo album, look at pictures and laugh together, watch family videos, create a family tree, tell family stories, talk about traditions, etc.

If you have any questions or need assistance regarding the "food pyramid" or how to set goals, contact your case manager.

—Jenny Vargas, Medical Case Manager

Be a part of HIV + Women's History in Colorado!!!

- Advocate for HIV+ women
- Be heard
- Create and write public policy that affects you
- Fight against stigma and discrimination
- Demand that human rights and women's rights are upheld when discussing:
The National HIV/AIDS Strategy, criminalization, reproductive justice, economic justice, prevention justice and women centered care.

If you are interested in attending the meeting, being involved in the future or have questions contact **Barb Cardell** at **303-946-2529** or **b-cardell@earthlink.net**. To learn more about the US PWN, find us at **<http://www.pwn-usa.org>** or friend us on face book **U.S. Positive Women's Network**.

—submitted by Barb Cardell, PWN

PREVENTION

WESTCAP OFFERS PROGRAMS COMPLEMENTING NATIONAL YOUTH GUIDELINES

WestCAP offers Harm Reduction Education, a program aimed at youth in Mesa County ages 13-18, offering information on HIV, sexually transmitted infections (STIs), and pregnancy prevention, as well as sexual self-efficacy and physical wellness. Since this program's inception in 2002, over 4,800 at-risk youth and high school students have been served. Harm Reduction Education is supported by United Way dollars from our community as well as by other funders.

The Centers for Disease Control (CDC) estimates that one-fourth of all new HIV infections in the United States each year occur in those under the age of 21; half of newly diagnosed HIV cases are in those under the age of 25. According to the Colorado Department of Public Health and Environment (CDPHE), 20% of all new HIV infections in 2010 were in individuals younger than 25; 17% of new HIV cases on the Western Slope were in youth under the age of 25. While 46% of U.S. high school students surveyed by national Youth Risk Behavior Survey (YRBS) reported having had sexual intercourse at least once, the CDC reports that more than 50% of HIV-infected adolescents (ages 13-19) have not been tested for HIV and thus do not know their status. Additionally, according to the National Institutes of Health, over 50% of those under 25 living with HIV are unaware of their status.

Furthermore, according to the CDC, there are approximately 19 million new STIs each year, and almost half of them (49%) are among youth aged 15 to 24, despite the fact that individuals in this age group make up only one quarter of the population who have experienced sex. According to Advocates for Youth, one in four young women ages 15-19 has an STI. However, according to the Kaiser Family Foundation, despite the higher risk for acquiring STIs among youth, only one-third (31%) of sexually active teens ages 15 to 17, and half (53%) of sexually active young adults ages 18 to 24 say they have been tested for STIs.

In addition, Colorado has the 22nd highest teenage (aged 15-19) pregnancy rate of any state, according to the Guttmacher Institute. According to CDPHE data, 12% of all births in Colorado are to mothers age 20 or younger; on average, 17 babies are born to teens in Colorado every day. Rural Colorado counties account for the majority of counties with teen birth rates higher than the state average. This includes Mesa County, with a teen birth rate of 42.0 (births per thousand women), compared with a Colorado average of 35.1.

Information gathered from the 2009 Colorado Youth Risk Behavioral Study (YRBS) indicates that the proportion of high school students who report having had sexual intercourse is 40%; 34% indicated they had had sex in the last three months and 14% of high school students responded they had more than four sexual partners. Furthermore, 24% of high school students surveyed indicated that they used alcohol or drugs before their last sexual encounter and only 63% used a condom the last time they had sex (a decrease from the 2005 study, when 69% of sexually active youth reported using a condom during their last sexual experience).

Of 2010 chlamydia diagnoses, 71% of Colorado cases and 73% of those on the Western Slope were in individuals under the age of 25. This same demographic composed 63% of 2010 gonorrhea cases

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in the state and 64% of those on the Western Slope. Finally, while 19% of individuals diagnosed with syphilis in the state of Colorado were younger than 25, 50% of new syphilis cases on the Western Slope were in those under the age of 25. These statistics underscore the need for sexual health education for youth.

A coalition of health and education groups released new, non-binding guidelines for sexual health education in the United States [on?] January 9, 2012. The recommendations to states and school districts aim to foster age-appropriate discussions that build sequentially from second grade through high school graduation. The goals of these guidelines are to “present sexual development as a normal, natural healthy part of human development” and “translate an emerging body of research related to school-based sexuality education so that it can be put into practice in the classroom.”

The collaborating organizations included Advocates for Youth; the American Association of Health Education; the American School Health Association; the National Education Association - Health Information Network; the Society of State Leaders of Health and Physical Education; and the Future of Sex Education Initiative. The standards can be found at: <http://www.ashaweb.org/files/public/Sexuality%20Education/JOSH-FoSE-Standards.pdf>.

The guidelines outlined therein include the following:

“By the end of second grade, students should be able to use proper names for body parts; explain that all living things reproduce; identify different types of family structures; explain that everyone has the right not to be touched; and explain why bullying and teasing are wrong.”

“By the end of fifth grade, pupils should be able to describe the female and male reproductive systems; understand changes during puberty; define sexual orientation as the romantic attraction of an individual to someone of the same gender or a different gender; define HIV and ways to prevent it; describe healthy relationships; and define teasing, harassment, bullying and sexual abuse.”

“By the end of eighth grade, students should be able to differentiate between gender identity, gender expression and sexual orientation; explain the range of gender roles; describe the signs of pregnancy; compare and contrast behaviors including abstinence to determine potential disease transmission risk; define emergency contraception and its use; and explain why a person who has been raped or sexually assaulted is not at fault.”

“By high school graduation, students should be able to analyze how brain development impacts changes in adolescence; define sexual consent and how it affects sexual decision-making; explain why using tricks, threats or coercion in relationships is wrong; and compare and contrast laws related to pregnancy adoption, abortion, and parenting.”

Ideally, these standards will be incorporated by schools around the nation in order to assist in the prevention of HIV, STIs, and unplanned pregnancy among youth through education.

—Rabeeha Ghaffar, Resource and Prevention Director, WestCAP