

# Michigan HIV News



FALL 2004

## INSIDE

HIV Risk to  
Female Sex  
Partners of  
Behaviorally  
Bisexual Men -  
See page 2

Epidemics on the  
Horizon - See  
page 4

DHAS News \_\_ 2-3  
World News \_\_\_\_ 4  
Michigan \_\_\_\_\_ 5  
Calendar \_\_\_\_\_ 6-7  
Where to call \_\_\_\_ 7  
Features \_\_\_\_\_ 8-9  
Statistics \_\_\_\_ 10-11  
Research \_\_\_\_\_ 12

## Salute to Veterans in the War on AIDS

Michigan has lost some pioneers this year, veterans in the war on AIDS who helped shape Michigan as a progressive state in HIV prevention and care and legal advocacy. Two passed suddenly, stepping off their high-speed lives, leaving us shocked at their loss. Schawne Parker, former CHOW Executive Director and Freddie Shay of Wayne State University (see Michigan News) left behind a legacy activities that will continue, but their loss is deeply felt and both are dearly missed.

In addition, this fall two more individuals have moved on to other states. Each has done groundbreaking legal advocacy work for persons living with HIV here in Michigan.

Kendra Kleber, JD, founded Michigan Advocates Exchange (MAX) in 2000 as a non-profit or-

ganization to provide a unique approach to legal advocacy for persons living with HIV/AIDS. David Piontkowsky, MD, JD – recognized for his early legal advocacy activities – was appointed in the late 80's to then Governor Blanchard's expert task force on HIV/AIDS. While he was president of Michigan's main Gay rights group, Michigan Organization for Human Rights, the group lobbied for the first money from the State to do HIV prevention in the gay community in 1985.

Kleber made a bold move for her personal life, closed MAX and moved to Rochester, New York, setting up a new private practice; Piontkowsky, MD, JD, left his residency program at WSU Detroit Medical Center to head up a unique HIV medical clinic in Pittsburg treating people with HIV as an infectious disease specialist. See Feature, pg 8

## One Perspective on World AIDS Day 2004

*Liisa Randall, coordinator of the DHAS-HAPIS - HIV Prevention Community Partnerships Unit, attended The XV International AIDS Conference this summer in Bangkok, Thailand. Following is an excerpt from her report, which seems an appropriate perspective for World AIDS Day 2004.*

I had the opportunity to speak at length with a director of health services for the Peace Corps for a certain country in southern Africa. He was pleased that his organization had been awarded more than \$2.5million from the President's Emergency Plan for AIDS Relief (PEPFAR). He said to me, however, "I have absolutely no idea how we're going

to spend it. There isn't enough money to buy drugs for everybody who needs them. I don't have enough clinicians to monitor treatment. I don't have the laboratory facilities to conduct testing. Most of the villages I work with don't have potable water or electricity. What we really need is money for schools, training for health care workers and addressing basic needs like having fresh water." The point of this is that the course of the epidemic is both influenced by and influences these factors.



Continued on page 16

## Local Public Health Change in Funding Methodology

Federal prevention funding priorities require targeting populations at highest risk for HIV in terms of behavior and seroprevalence, as outlined in CDC's new initiative, Advancing HIV Prevention (AHP). These priorities must be addressed with resources that have been decreasing for several years, which led MDCH leadership to reassess the method of funding HIV counseling and testing and partner notification in local public health departments around the state. After considerable discussion over the past six months with state and local partners, MDCH Director Janet Olszewski approved a change in funding methodology that will direct HIV categorical resources to 16 "High Impact" local public health departments\* (LPH). Of all HIV/AIDS cases diagnosed in local public health annually in Michigan, 91% are attributable to these 16 public health jurisdictions.

Beginning in January, 2005, categorical HIV/AIDS prevention funding will be awarded only to the high impact health departments on the basis of a formula which will focus on performance relative to targeting counseling, testing and referral (CTR) services and prevention counseling and referral services (PCRS). "Distribution of resources in this manner will facilitate addressing critical gaps in services in high impact jurisdictions," according to MDCH. Increasing resources to areas of high seroprevalence will also allow for adoption of new and improved strategies.

"We need to improve the number of our PCRS contacts (another component of AHP), and this will help us increase

those numbers," said HAPIS Manager Debra Szejda. With the increased funding, the 16 high impact LPH will be required to adopt strategies designed to improve the effectiveness of their PCRS.

For the remaining 29 LPH around the state, Minimum Program Requirements, Accreditation Standards and HIV counseling and training requirements will be scaled back. Those departments who continue to offer testing will be provided a reimbursement per test conducted, (including court ordered tests), as a drawing fee, or to cover purchase of Orasure devices. Lab costs for all test processing will continue to be covered by MDCH. All LPH will continue to participate in the condom distribution program, and other special initiatives, such as National Test Day.

Effective January, 2005, MDCH will be responsible for Partner Counseling and Referral Services for those 29 LHDs. Due to the history of low prevalence of positive testers at these health departments, MDCH will initially designate one new position, to be placed in a low prevalence health department, which will be responsible for the PCRS activities within the 29 LHDs. The new staff will travel from central locations when needed for positive test notification and PCRS elicitation and investigation. High impact LHDs will continue to be responsible for PCRS in their jurisdictions and must designate a specific PCRS staff person.

*\*High Impact Local Public Health Departments: Allegan, Berrien, Calhoun, Detroit, Genesee, Ingham, Jackson, Kalamazoo, Kent, Macomb, Muskegon, Oakland, Saginaw, Van Buren-Cass, Washtenaw, and Wayne.*  
Continued on page 11

## DHAS News

### Prevention Funding

"We have to work smarter and harder," said HAPIS Manager, Deb Szejda. During 2004, federal funding for HIV prevention was reduced by approximately \$70,000 as the result of a Congressional rescission of .59%. HAPIS/DHAS has not yet received their 2005 award, but is anticipating another reduction in funding, of up to 1%. The CDC application was sent in after a MHAC conference call approval in September. The initial technical review from CDC was very positive and Michigan was cited as a national model.

This year even with decreased funding, HAPIS expects to step up the prevention in non-traditional settings. Targeting of services continues to receive priority emphasis in all program efforts.

### Community Partnerships Prevention Unit (CPU)

Prevention Grantees Meeting – This annual meeting was held September 21-22 in Ann Arbor. A new session was added this year with great reception. "Agency Success Stories" highlighted the strategies and achievements of agencies that implemented the new interventions in FY04. Wellness AIDS Service in Flint?, HIV/AIDS Resource Center (HARC) in Ypsilanti, and Well-Being Institute in Detroit presented on SISTA (a peer-led program for young African American females), POP (Prevention Options for Positives) and Light Model (a nursing model targeted to commercial sex workers).

FY05 "Year of Quality Assurance" – This theme was kicked-off in October when Amy Peterson and Training Consultant, Dee Hurlbert teamed up to present "Assuring the Quality of HIV Prevention Counseling." This course, which will be offered twice in 2005 reviews the CDC standards for prevention counseling, the 6-step counseling model and basic communication skills and concepts as the keys to quality counseling, plus skills build-

Continued on page 16

## FOCUS ON: *Core Public Health Services Unit*

**A**s the name suggests, this Unit of MDCH-DHAS-HAPIS provides oversight, direction and guidance for core public health services. A primary function is coordination of HIV Partner Counseling and Referral Services program, which is an important element in the State's effort to reduce transmission of HIV. Additionally the Core Public Health Services Unit (CPHSU) provides the HIV component of Local Public Health Accreditation Program in the State of Michigan. This is key to providing quality HIV/AIDS services by local public health departments around the state.

### PCRS PROGRAMS AND RESPONSIBILITIES

- Partner Counseling and Referral Services (PCRS) is a prevention program. Newly diagnosed HIV-infected clients are provided HIV education and are counseled on the importance of notifying their at-risk sex or injection needle-sharing partners so they may also receive HIV counseling and testing. Specific tasks of the CPHSU include:

- Providing PCRS certification and update trainings to local health departments (LPH).
- Offering technical assistance to prevention providers in all areas of PCRS program planning and implementation.
- Coordinating with other HAPIS Units on provision of training, implementation and analysis of Michigan's PCRS Program.

While CBOs and physicians play an essential role in the PCRS process through counseling and referral, until recently the primary responsibility for actually notifying at-risk partners was that of LPH, and all staff providing PCRS were required to be certified by MDCH. See DHAS News for the update on new LPH funding methodology. The Unit staff offers a PCRS Supervisory Training to explore the elements of quality delivery of PCRS in agency and outreach settings.

### CPHS Unit Staff



*Bob Barrie*



*Audrea Woodruff*



*Tracy Peterson-Jones*



*Ray Cotton*



*Mike Baeza*



*Phette Hollins*



### Meet the staff

#### **Barbara Harris-Ellis, RN. MPA**

##### **Manager**

Barbara Harris-Ellis's work in the field of HIV/AIDS began seven years ago when she became the HIV Community Primary Care Network Coordinator for the City of Detroit Ryan White Title I Program. Directly prior to joining DHAS-HAPIS, Harris-Ellis served as a Title III Project

Officer with the HIV/AIDS Bureau of the Health Resources and Services Administration (HRSA) in Rockville, Maryland.

She assumed her current position in March 2003 where she is responsible for the day to day operations of the Core Public Health Services Unit. Harris-Ellis is a Registered Nurse by background and has worked in various areas of health care for 30 years. She holds a Bachelor's Degree in Health Science and a Master's Degree in Public Administration from California State University Dominguez Hills.

*Continued on pages 14 & 15*

# Michigan Veterans in the War on AIDS

## Move On

**Kendra Kleber, JD** many of you know from her participation on the Michigan HIV/AIDS Council and SHACC (State-wide HIV/AIDS Care Council) before that. She doesn't let anything slide. Kleber was always quick on her feet to point out the legal problems with any suggestions or proposals that were made at these council meetings. She could be blunt, but she has always had a great sense of humor.

Kleber recognized that the legal, direct approach was not always the best for her clients in her work for the Michigan Protection and Advocacy Services' HIV/AIDS Advocacy Program (MPAS-HAAP) during the 1990's. This is why after a couple of years consulting with case workers around the state, Kleber realized there had to be a better approach to advocacy for her HIV-positive clients, rather than a strictly legal response to their problems.

With the help of Christina Tabaczka, CPA, MSW, who was at the time a case manager with the HIV/AIDS Resource Center in Ypsilanti, and consultation with other case managers around the state ("the three Marys" as Kleber refers to them), MAX was incorporated in May of 2000.

"We invented this *therapeutic advocacy* which focuses on the most important thing for the client is to preserve their relationships," said Kleber. When lawyers get involved and take over a case, afterward the individual is left to deal with the fallout. Clients would say, "No one will treat me, nobody will hire me, nobody will baby-sit my kids, people look at me funny in the grocery store, how has this made my life better?" And the answer is, "It's not." For a client to have to leave town after a legal matter is not a successful resolution," said Kleber.

The idea for MAX came for Kleber working with a core group of case managers (Tabaczka, Mary Byers at McClees Clinic in Muskegon, Mary Breedon at BASIS in Flint, and Mary Dillinger at Thomas Judd Clinic in Traverse City) "that I

turned to to help me solve problems. And it was so apparent to me that often times clients got embroiled in problems that a lawyer could not solve, but when a case manager or a social worker called...a lot of times people who had done dumb things were a lot more amenable to the



*Kendra Kleber (right) with her partner, Jenni and son, Alec*

notion of negotiating some sort of a solution ...solving the problem," she said. Kleber began to see that case managers could advocate for their clients in a way that she couldn't and realized that the best people to be working with lawyers were social workers.

So MAX was developed as a way for advocates to work together with legal guidance to solve problems before litigation was necessary "absolutely acting with the client's best interest and letting the client describe what that is....MAX was formed with the idea that empowering people to take control, regain authority over their own lives, and solve their problems in a way that made sense and preserved their

relationships in their communities was absolutely the best way to go."

"There is a doctrine of analysis that's called therapeutic jurisprudence, which evaluates how to use the law and the courts as a healing mechanism for clients...But generally speaking it's not proactive enough for my taste, so we invented therapeutic advocacy," which is all about the client and preserving relationships.

Everything was going well at MAX. Kleber and Client Advocate Debra Wright were usually opening 30-40 new cases a month. But when the opportunity came to open up her life to a new family, Kleber decided it was worth the move and the change in her career. But change is not new to Kleber; law was her fourth career at age 32. (For more on the career evolution of Kendra Kleber, see [www.mipwa.org/newsletter](http://www.mipwa.org/newsletter))

Kleber gave plenty of notice to her Board of Directors last winter. Then after careful consideration and involvement of the funder, (MDCH-DHAS-HAPIS), the board decided candidly that they would not be able to replace the expertise and experience of Kleber with the funding they had available. So prior to the new fiscal year the MAX Board decided not to accept HAPIS funding for the agency, and MAX closed at the end of September. HAPIS has funded MPAS-HAAP (1.800.288-5923) for FY '04-'05 to provide legal and advocacy coverage outstate. The Detroit Department of Health and Wellness Promotion has been and continues to support MPAS-HAAP to provide these services to the Detroit (Eligible Metropolitan Area) EMA.

"I'm sad about MAX closing," said Kleber. Working at the non-profit agency gave "a license to dream up creative solutions to very important problems." "It's been an extraordinary honor." At the Sep-

*Continued on page 9*

tember meeting, MHAC recognized Kleber for serving vulnerable populations “respectfully so as to empower, preserve and protect self-esteem, and minimize stigma in a creative, least intrusive and efficient manner.”

Kendra Kleber chose love but she hasn't severed her ties completely with Michigan. She incorporated her new law practice (which she intends to go national with), Kendra S. Kleber & Associates PLLC, “focusing on HIV/AIDS-based Social Security disability claims, and developing legal strategies and policy to enhance the self-sufficiency, independence and quality of life of people living with HIV/AIDS”, in Michigan.

She will be living in the capitol of New York State, the hub for a community planning system that includes 3 EMA's (eligible metro areas). “They are a really good example of collaboration without territoriality,” said Kleber. For example, all services at the western end of the state are housed in one building, so the convenience of the client was the priority.

And though she doesn't plan on getting involved with community planning right away, she looks forward to working with a system where the “emphasis is solve the problems and be done with it.” It was in 1998 that Laura Anderson, at the time also at MPAS-HAAP “dragged me to my first SHACC (Statewide HIV/AIDS Care Council) meeting.”

You can still reach her at [kkleber@positiveoutlook.org](mailto:kkleber@positiveoutlook.org) or call 888-629-3660. Her plans are to move back with her partner, Jenni, when their son, Alec, graduates high school. She'd like to get married and is holding out for when they can do that legally.

**David Piontkowsky, JD, MD** left several chapters in Michigan HIV history before leaving the state in October, first in his career as a lawyer, human rights advocate and educator. And then, with a mid-life career change, he became a physician in AIDS care.

In the early 1980's Piontkowsky worked on employment discrimination of

all kinds, including handicap and sexual orientation discrimination which led him into HIV discrimination. During that time he was also president of the Michigan Organization for Human Rights (MOHR).

“He helped get the first Michigan Special Office for AIDS Prevention (SOAP) started and ran MOHR until 1986, hiring me then as their Executive Director,” said Craig Covey, CEO of the Midwest AIDS Prevention Project.

In the late 80's Piontkowsky was appointed to the Governor's expert task force on HIV/AIDS. Along with Evelyn Fisher he and other task force members helped draft the original HIV laws that were passed in 1988. “From that I developed a generalized interest in HIV and started doing a lot more with it,” Piontkowsky said.

Piontkowsky then taught at the University of Michigan Law School focusing on HIV issues is a year long course he taught with a colleague for two years and then on his own for one. The first semester was a generalized symposium on AIDS legal issues covering different topics such as discrimination, health insurance and hospital visitation issues. In the second semester Piontkowsky had his students working one-on-one with a PLWH/A, writing a will and durable power of attorney. His clientele were referred from the Ann Arbor Veteran's Administration (VA) hospital. Piontkowsky and his students worked on a couple of significant cases in those three years.

One major case dealt with a health policy issue. It involved an incarcerated woman who was put into a 23 hour lockup because she had been involved in a fight and she was HIV positive, but there was no process to get her out. Piontkowsky had a few students working on that case and within three days they had her out of lockup. The students then went on to help the \_\_\_\_\_ department write rules for this process.

Piontkowsky's U of M Law students wrote a brief to the Supreme Court on a health insurance case for a young man living in Texas whose health insurance was limited to \$100,000 lifetime coverage after his diagnosis. “For any other disease the limit is for one million life-time, so we argued that was discriminatory and filed an Amicus brief in the US Supreme

Court under the ERISA (Employee Retirement Insurance Security Act) statute,” said Piontkowsky. While the Supreme Court eventually ruled against their case, this led to additional policy issues and discrimination.

After teaching, he did some private work representing physicians through the law firm Frimet, Michaelsen and Piontkowsky. During

that time he continued to represent a number of people with HIV, balancing medical treatment and discrimination issues. Piontkowsky then helped to write some guidelines for healthcare workers in the State of Michigan, as part of a task force.

One of the issues was, “What do you do if the healthcare worker is positive?” They took a very broad approach and reviewed on a “case by case basis to determine if there was any actual potential for someone to spread infection. If not then there should no limitation on their ability to work and to care for people.

“Through all of that work I got to know a number of dedicated physicians in Michigan and was inspired by them,” said Piontkowsky. He decided at that point to go back to school for medicine. This meant two years of prerequisite undergraduate work before med school in 1995 at Ross University in the Caribbean. He did his clinical rotations at Wayne State and then accepted a residency at Wayne State in Internal Medicine. He stayed there for a two-year Infectious Disease fellowship at the Detroit Medical Center (DMC). His primary interest in infectious disease has been HIV, along with hepatitis C.

During this training period, he



*David Piontkowsky*

*Continued on page 16*

## FOCUS ON: *Core Public Health Services Unit Con't*

**Robert M. Barrie, MPH**  
Quality Assurance Coordinator

Robert Barrie has been working in HIV prevention programs since 1984. He joined what was then the MDCH Special Office on AIDS Prevention in January 1991. During his tenure with DHAS/HAPIS, Barrie has played a key role in the development and implementation of several programs in the Division including the condom distribution project. Presently, in addition to providing HIV accreditation review, he is in training to provide accreditation review for the STD program, and is monitoring the development of harm reduction and syringe exchange programs. Additionally, he works with the HIV Program Review Panel, and also with the statewide HIV/STD update conference planning committee.

Barrie began as a volunteer educator with the Seattle-King County AIDS Prevention Project. He then worked with the coffee capitol's American Red Cross, moving on to ARC National Headquarters in 1989 to coordinate regional and national HIV programs in D.C.. Barrie has a Bachelor of Arts from the University of Colorado where he competed for a Rhodes Scholarship, and he earned a Master of Public Health from the University of Michigan.

**Audrea Woodruff, MA**  
PCRS Program Coordinator

Audrea Woodruff has been employed in state government for over 24 years and currently holds the position as a Public Health Consultant. For the past 15 years, Woodruff has coordinated Michigan's Partner Counseling and Referral Services (PCRS) program within the Michigan Department of Community Health. This program facilitates the notification of person's at risk for HIV due to a sexual or needle-sharing exposure. Overall, Woodruff has statewide responsibilities for planning, developing program standards, and recommendations used by local health departments and funded community-based agencies to implement PCRS programs.

In addition, she has oversight responsibilities for monitoring staff who are responsible for implementing HIV prevention programs within two state prison reception centers, and Michigan's Peer Education Program. With assistance from other staff, Woodruff conducts trainings to certify staff from local public health departments by emphasizing departmental policies and principles for conducting PCRS activities. As a program consultant, she also provides program guidance, serves on various health department committees, and participates in interdepartmental work groups to facilitate health promotion.

**Tracy Peterson-Jones, MSW**  
Partner Counseling & Referral Services (PCRS) Consultant  
Tracy Peterson-Jones joined the Core Public Health Ser-

vices Unit in November 2000 as a PCRS Consultant. Prior to working with DHAS/HAPIS, she served as a supports coordinator, working with consumers who were developmentally delayed and/or mentally challenged at the Wayne Center based in Detroit. Peterson-Jones also worked for five years as the health education coordinator at the Urban League of Flint. She received her undergraduate degree in social work and Master of Social Work from the University of Michigan.

**Raymond Cotton, BSN**  
Prison PCRS Consultant

Raymond Cotton was hired in 1989 as a consultant by HAPIS to plan, implement and coordinate the HIV Prison Counseling & Referral Services (PCRS) system within the State of Michigan correctional facilities. In addition to PCRS, Cotton coordinates the Prisoner HIV Peer Education Program which includes the training and certification of designated prisoners to provide HIV/AIDS-STD information to all incoming prisoners coming into the state correctional reception facilities. Cotton also coordinates court-ordered testing within the State of Michigan.

Prior to his present position, Cotton was a staff nurse for the Michigan Department of Corrections; a staff and charge nurse at Sparrow Hospital adult ICU/trauma; and worked at Humana Hospital in Florida as a charge nurse in Coronary and adult ICU/trauma. He has been a nurse for 25 years.

**Michael Baeza**  
Administrative Support, Core Public Health Services Unit

Michael Baeza has been with HAPIS since 1994. Currently he provides clerical support for the Core Public Health Services Unit. Baeza processes PCRS data reports and prison peer education data forms and develops tables and charts based on those reports. Baeza is very computer savvy, and uses his skills to perform basic computer troubleshooting for the Division. In addition, Baeza is very adept in putting together PowerPoint presentations, and he is in charge of the DHAS/HAPIS presentation library. He previously worked in the ADAP program and as a temporary replacement for the HAPIS receptionist. Before working at HAPIS, Baeza worked for a temp agency, and he also had a one-year stint as a Community Voices columnist for the Lansing State Journal.

**Phette Hollins**  
Administrative Support

Phette L. Hollins, has been providing administrative support for the Division of HIV/AIDS-STD Detroit office for 4 years. She is a student at Wayne State University, majoring in English/Sociology. Previously, she worked in the Child Development Division of the Department of Human Services and for the Wayne County Health Department in Immunizations.

## PRISON PCRS PROGRAM

In addition to the standard HIV education and counseling, prisoners are provided additional education through a peer education cooperative program with the Michigan Department of Corrections, started in 1990. This education program for newly arriving prisoners at MDOC reception centers covers STDs, TB and hepatitis B and C as well as HIV. It was the first peer-driven HIV education to prisoners program in the nation. A third component to the prison program is Court Ordered Testing, where HIV, STD and hepatitis test results are provided to LPH and courts for victim/witness notification.

## MICHIGAN LPH ACCREDITATION PROGRAM

This program to assure quality public health standards at Local Public Health Departments is a collaborative effort between the Michigan Departments of Agriculture, Community Health and Environmental Quality and the Michigan Public Health Institute. The CPHSU, which provides the HIV component of the accreditation program, works closely with the DHAS STD program to provide both HIV and STD coordinated site visits to all 45 LPH sites around Michigan.

## TECHNICAL ASSISTANCE WITH THE PUBLIC HEALTH CODE

The CPHSU provides technical assistance to local health departments and citizens from communities all over the state in interpreting and understanding the Michigan Public Health Code. The Unit collaborated with private attorneys to develop a brochure which summarizes key points from the Code, and compiled this data in *Michigan HIV Laws: How They Affect Physicians and Other Health Care Providers*.

Questions frequently arise regarding protection of first responders, protection of client medical records and other confidentiality issues, and how to deal with

individuals who are not warning sex and/or needle sharing partners of their HIV status. The Unit collaborates with the MDCH legal counsel on questions and concerns that warrant a legal opinion.

The Unit has drafted a document entitled *Recalcitrant Behaviors: A Measured Response by Local Public Health*. This document contains standards and recommendations for local public health departments' response to individuals who know of their HIV/AIDS status, and fail to notify their sex or needle-sharing partner prior to sexual or needle-sharing activity in compliance with Michigan law.

This document is essential in helping local health departments to clarify Michigan Compiled law (333.5202), commonly referred to as "Health Threat to Others." This is a comprehensive document that addresses some of the "gray" areas that local health departments face when carrying out the responsibilities to enforce the law mandates. It is currently under review by DHAS and will be presented to MDCH's legal department for their review within the next few weeks.

The CPHSU is also responsible for the development and recent revision of the Michigan Recommendations on HIV, Hepatitis B, and Hepatitis C-Infected Health Care Workers. This document serves as a guideline for all Michigan health care institutions and private practice settings to use in developing and adopting effective policies for their members.

## PERINATAL HIV PREVENTION WORKGROUP

The Unit works collaboratively with the MDCH Division of Family and Community Health, and the Division of Communicable Diseases and Immunization as members of the MDCH Perinatal HIV Prevention Workgroup. The group is charged with developing comprehensive perinatal HIV prevention strategies and policies to meet the challenges Michigan

faces in the prevention of mother-to-child HIV transmission. The CPHSU is also represented on the smaller Missed Opportunities Workgroup that is responsible for assisting medical care facilities in initiating and maintaining institutional based interventions for preventing missed HIV testing opportunities.

## THE DHAS STRATEGIC PLAN & CONTINUOUS QUALITY IMPROVEMENT (CQI)

Three years ago, DHAS Director Loretta Davis-Satterla coordinated the detailed development of a strategic plan for the Division. Careful attention was devoted to documenting specific goals and objectives and staff action steps to accomplish the overall mission of the Division. The result was the DHAS Strategic Plan, which is updated with progress reports every six months. The Unit's Quality Assurance Coordinator, Bob Barrie works closely with Robin Orsborn in the Community Partnerships Unit and Cazz Cabot of the STD Section, who comprise the CQI committee, to assure that progress is documented in a timely fashion.

Over the past year, the CPHSU developed the Client Authorization for Counselor-Assisted Referral Form (CARF). This form was developed to help counseling, testing and referral sites facilitate access for HIV-infected clients to case management services. This is the first step for many individuals, who learn of their positive results and might otherwise fall through the cracks and not seek case management services on their own. For those clients who elect not to participate, they are provided information on the availability of services through the more traditional routes of verbal referral. The CARF form has been widely used by HAPIS

## HAPIS News Cont.

*Continued from page 2*

ing exercises in modes of assessment. See the Training calendar.

Referral Management and Monitoring – In an effort to comply with the CDC's requirements regarding referrals and particularly their monitoring, participants at the prevention grantees meeting were given an assessment questionnaire on practices and barriers to providing referrals and tracking them. In addition, the CPU is exploring how to enhance the capacity of the HIV Event System to track completed referrals.

### Prevention Counseling and Referral Services (PCRS)

Starting this summer the Prevention Counseling and Referral Services (PCRS) program has been conducting collaborative HIV and Syphilis screenings with a few CBOs including Project Horizon, CHAG, Veteran's Hospital and the Counseling, Testing and Referral Services (HIV/AIDS Mobile Unit). Additionally, the PCRS and STD staff have been working toward integrating services to become more productive within the STD program. After training, DIS (spelled out is?) staff will be able to provide one-stop shopping, conducting syphilis and PCRS interviews and testing.

### Education Training & Resource Development (ETRD) Unit

National AmeriCorps volunteers had the opportunity of first class training in Basic Knowledge in September provided by Technical Assistance Coordinator, Amy Peterson and Training Consultant, Bear Pross, who traveled to Washington, DC. This was the third year the National AIDS Fund has invited MDCH to provide this training.

### Continuum of Care (COC) Unit

The Division has made changes to the Interim Medication Reimbursement Pilot Program. Effective November 1, HAPIS is no longer reimbursing provider agencies for payments they have made to local pharmacies for interim medications. Instead they are now providing temporary Drug Assistance Program (DAP) numbers to eligible individuals so that dispensing pharmacies can bill DAP directly for the supply of interim medications. This program does not provide permanent medication coverage, nor does it relieve case managers/advocates/service providers from the responsibility of assisting clients as needed in applying to other services that will provide long term prescription coverage. This new process will however reduce overall paperwork and streamline the reimbursement process directly

to participating pharmacies and decrease unnecessary costs of providing the 14-day supply of eligible interim medication to clients.

The Continuum of Care Unit is implementing two listservs to be used to communicate with 1) Case Managers; and 2) Program Managers and Executive Directors. The use of these listservs will facilitate immediate access to those agencies and people with important information, as well as provide a common discussion area for concerns relative to each specific listserv membership. Guidelines, policies, and an agreement form are being developed for listserv members.

## Vets on the Move

*Continued from page 9*

worked at the DMC clinic that has about 1300 patients with HIV and also saw patients in the hospital setting at Detroit Receiving, Harper Hospital or the Detroit VA Center. Early this fall he completed a HIV/hepatitis C co-infection study at Wayne State, "looking at our population there...about 20 % are co-infected with HIV and hepatitis C...nationally the figures range as low as 10-15 percent, to a high of about 30 percent...It's an area that really needs a lot of attention in terms of treatment issues," said Dr. Piontkowsky. They are starting to treat patients for hepatitis C through the infectious disease clinic at Wayne State he said.

Dr. Piontkowsky's interest and expertise in co-infection will serve him well in his new position. In October he left Michigan to become an attending physician at Alleghany General Hospital in Pittsburg, PA., in the Positive Health Clinic for people with HIV, which sees about 300 patients. Running the Clinic and teaching the medical residents who rotate through the Clinic for HIV care will keep him busy for a while. However, down the road Dr. Piontkowsky sees himself getting more involved in policy issues again. He belongs to the HIV Medical Association, "a national organization that helps to formulate policy and has discussion around political issues as well as medical issues."

## One Perspective on World AIDS Day 2004

*Continued from frontpage*

For this reason it is important to address HIV/AIDS in context – if we can address education, ensure a basic public health structure and educate and empower individuals to protect themselves, we can have a substantial impact on this epidemic. We can simultaneously improve the health and welfare of all people.

Looking at HIV/AIDS globally, including the international response to the epidemic made me realize how truly fortunate we are in this country with respect to availability and access to prevention and treatment resources. Certainly there is significant room for improvement and innovation. In this respect, we can learn

some lessons from the global community. Here we tend to artificially separate care and prevention. We also tend to look at HIV/AIDS as a distinct and separate health issue. Funding is allocated in "silos" and health and welfare policies are neither holistic nor comprehensive. In reality, we face the same issues and challenges faced by the rest of the world – we are struggling to provide ART and access to treatment to all; our public health infrastructure is woefully inadequate; prevention efforts are impeded by stigma and inequality. Approaching HIV/AIDS in context can not only help us "get ahead" of HIV, but can improve the health and promote human rights for all.