Boston College Graduate School of Social Work

Presents:

HIV/AIDS 2014

The Social Work Response
The Twenty-Sixth Annual National Conference on
Social Work and HIV/AIDS

At

Hyatt Regency Denver-at Colorado Convention Center
Denver, CO

Thursday, May 22nd - Sunday, May 25th, 2014

Conference Theme:

“New Practice Approaches for a New Era in HIV/AIDS Care”

This year’s program is made possible, in part, through the generosity of
Gilead Sciences
WELCOME!

Greetings to all who are participating in this year’s Conference, our twenty-sixth annual. It continues to be an important resource for many AIDS-care social workers throughout the U.S., as well as colleagues from many nations abroad. We have had over 10,000 registrations for the Conference during these twenty-six years. I hope you have a successful Conference and leave feeling refreshed, renewed and with more information that will enable you to become even more effective in the important work you do as an HIV/AIDS social worker. All the best.

Vincent J. Lynch, MSW, Ph.D.
Conference Founder and Chair

All Conference events will be in the Centennial Level of the hotel. This publication will provide you with all the information you need to plan how you spend your time at the Conference. We also hope you can find some time to also enjoy the beautiful City of Denver during your stay. Please consult our registration staff or hotel staff if you have any questions. In the event of any personal emergency please consult us for suggestions. Though we cannot provide any direct assistance in these situations we can provide you with information about local resources that can be of assistance.
THURSDAY, MAY 22nd
ATTENTION

Important Information

Our registration desk can be found in the Centennial Foyer

Meeting rooms include: Centennial Ballroom and Centennial A, B, C, F, G and H

Our Thursday evening reception, hosted by Gilead Sciences will be in Centennial F and G

Our Friday Lunch Seminar, hosted by Gilead Sciences, will be held in Centennial Ballroom

The Medical Case Management Institute will be conducted in Agate Room, also on the Centennial Level

It starts on Friday at 9:45 am. Pre-registration required.

Light Breakfast: On Friday, Saturday and Sunday we will provide a light breakfast of coffee, decaf, tea and baked goods outside the Centennial Ballroom from 7:15-8:30. Please join us.

Exhibit Hall

Please take some time to visit our exhibit hall. The exhibits are located in:

Centennial Foyer

The exhibit hall will be opened during the following hours:

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*Christopher Garnett, MSS*
The Children's Hospital of Philadelphia
Philadelphia, PA

Poster: The Growing Pain: Post-conflict Nation with Emerging Challenges of Injecting Drug Use

*Benedict Mukamba* Babonaro District, East Timor

Poster: Defined Approach to HIV/AIDS Education for Tribal and Uneducated Populations

*Vunnava Shakin Kumar*
HIV&AIDS Education
Andhra Pradesh, India

Poster: Positive Transitions: Empowering Young People Living With HIV

*Mary McLees-Lane, MSW, ACSW*
*Linda Connor, BSW*
Duke University Medical Center,
Department of Pediatrics, Division of Pediatric Infectious Diseases
Durham, NC
Poster:
What Would an HIV/AIDS Prevention Intervention for African-American Women Who Have Experienced Intimate Partner Violence Look Like?

*Michele A. Rountree, Ph.D.*
The University of Texas at Austin School of Social Work
Austin, TX

*Katherine Theall, Ph.D.*
Department of Global Community Health and Behavioral Sciences
Tulane University School of Public Health and Tropical Medicine
New Orleans, LA

*Adama Brown, PhD*
The University of Texas at Austin Department of Nursing
Austin, TX

*Meredith B. Bagwell, MSW*
Arizona State University
School of Social Work
Phoenix, AZ

Poster:
Community Strategy to Strengthen the Continuum of HIV and TB Care in Kenya

*Josphat Mbuthia Ngugi*
North Pole Education Centre
Nairobi, Kenya

Poster:
It Hurts When You Get Upset with Someone You Have Lived Your Whole Life When They Find Out That They Have HIV/AIDS: Exploring Emotional Challenges of Young People Affected by HIV and AIDS

*Samson Chama, Ph.D., LMSW*
Department of Social Work
Oakwood University
Huntsville, AL
Poster:
AIDS, Drugs, and Harm Reduction Programs in U.S. Black Communities

Michael H. Eversman, MSW, PhD
Rutgers University
Department of Social Work
College of Arts and Sciences
Newark, NJ

Poster:
Breaking the Silence on HIV/AIDS in Schools

Nabakiibi (Agnes)
AMKA Classic School
Kampala, Uganda

Poster:
Determinants of Risky Sexual Behaviors Among First-Year Sexually Active African-American College Students: Implications for Risk-Reduction Programs

Walter L. Ellis, Ph.D.
Livingstone College
Salisbury, NC

Poster:
Strengths-based Case Management for HIV Medical Care for Linkage and Retention Among Rural Women of Color: Applications and Lessons Learned

C. Simpson
K. Phillips
T. Fagan
T. Jacobs
M. Stearns
R. Hines
Health Services Center, Inc.
Anniston, AL
Poster: Working with HIV Positive Men Who Have Sex with Men

Melvin Cauthen, MSW, LCSW-C
Dale Schacherer, MSW, LCSW-C
Montgomery County Department of Health and Human Services
Silver Spring, MD

Poster: Adoption and HIV/AIDS

Kristina Berg, BSW
Children’s Home Society
St. Paul, MN

Poster: A New Approach to Service Delivery: Managing More Patients with Fewer Resources

Kate A. Bass, LMSW
AID Gwinnet, Inc./Ric Crawford Clinic
Duluth GA

Poster: Sustained HIV Seronegativity among Black MSM in NYC: The Neg4Life Pilot Study

Jagadisa-devasri Dacus, LMSW, Ph.D. (cand.)
Silberman School of Social Work at Hunter College–CUNY Graduate Center
New York, NY

Poster: Youth and Empowerment Programs in the Area of HIV/AIDS

Lwanga Thomas
Kampala, Uganda

Poster: The Social Worker’s Role in Non-Occupational Post-Exposure Prophylaxis (nPEP) at St. Luke’s Roosevelt Hospital/Spencer Cox Center for Health

Zlatka Rothman, LCSW-R
St. Luke’s Roosevelt Hospital
New York, NY
Poster:
  What Does History Tell Us About Today’s ASOs? Lessons From Gay and Lesbian Social Services Between Stonewall and AIDS

  Michael G. Lee, MSW  
  School of Social Work, University of Minnesota  
  St. Paul, MN

Poster:
  Social Determinants to Health: A Poster Presentation on a Response to the Spread of HIV

  Amanda Heinrich, MSW  
  Madeleine Evanoff, BSW  
  Boulder County AIDS Project  
  Boulder, CO

Poster:
  A Community-based Approach to Developing an e-Health HIV and Substance Use Prevention Intervention App for Primary Care Settings

  Nicole Waller, B.A., MPH (candidate)  
  University of Michigan School of Public Health  
  Health Behavior and Health Education  
  Ann Arbor, MI

  Laura Moynihan, B.A., MSW (cand.)  
  University of Michigan School of Social Work  
  Ann Arbor, MI

  Francheska Alers-Rojas, J.D.  
  University of Michigan Department of Psychology  
  Ann Arbor, MI

  David Cordova, Ph.D.  
  University of Michigan School of Social Work  
  Ann Arbor, MI

  Jose A. Bauermeister, MPH, Ph.D.  
  University of Michigan School of Public Health  
  Center for Sexuality and Health Disparities  
  Ann Arbor, MI
Jorge Delva, Ph.D.
University of Michigan School Social Work, Ann Arbor, MI … and
Corner Health Center, Ypsilanti, MI

Poster:
Creating “Statusboiz/Statusgurlz”: Lessons Learned in Designing a New
Online HIV Prevention Intervention

Darrin Johnson, MPA
The University of North Carolina at Charlotte
Charlotte, NC

Diana Rowan, Ph.D., MSW, LCSW
The University of North Carolina at Charlotte
Charlotte, NC

Poster:
Visual Service Plans: Creating Better Outcomes with Diagram-Based Logic
Models

Makarios Tabor, BS, MSW (cand.)
University of South Carolina School of Medicine –Office, Supportive Housing
Columbia, SC

Poster:
The Virtual Office: Creating a New Model of Medical Case Management
Service Delivery

Sarah Fanucci, MSW
Brian Spencer, BA
Evergreen Wellness Advocates
Bellingham, WA

Carrie Peterson, BA
Evergreen Wellness Advocates
Everett, WA

Poster:
Reaching Underserved Populations: Social Work Roles in HIV/AIDS in
Regina, Saskatchewan

Nicole Bachynski, MSW, RSW
Heather Temple, BSW, RSW
Communicable Diseases/Sexual Health Programs -
Regina Qu’Appelle Health Region
Regina, Saskatchewan, Canada
Poster:
Tips for Teaching Helping Skills in an Online Classroom

*Sheila Alimonos, MSW, LCSW*
University of Phoenix, Online
Phoenix, AZ

Poster:
Outreach, Pre-treatment and HIV Prevention: Enhancing Addiction Treatment for African American Women

*Catherine D. Williams, BS*
*Jeffrey G. Noel, Ph.D.*
Missouri Institute of Mental Health, University of Missouri-St. Louis
St. Louis, MO

*Lara B. Pennington, MSW*
Queen of Peace Center
St. Louis, MO

Poster:
Bridging the Gap between Social Work and Public Health: Iowa’s Interdisciplinary Approach in a New Era of HIV Work

*Holly Hanson, MA*
Ryan White Part B Program Manager, Iowa Dept. of Public Health

*Elizabeth McCchesney, BS*
Client Services Coordinator
Iowa Department of Public Health
Des Moines, IA

Poster:
Singular Treatment is Not Dual-Effective

*Gail Moore, MS, MFT*
AID Atlanta
Atlanta, GA

Poster:
Novel Advances in the New Direct-Acting Antiviral Era to Prevent Advanced Liver Disease Among HIV/HCV Co-infected Populations
Poster:

Looking Back and Moving Ahead: Exploring Outcomes and Next Steps Delivering Culturally-Informed Evidenced-Based Treatment to Latinas at Risk for HIV/AIDS

Serinah Smith, BA
Lena Lundgren, Ph.D.
Deborah Chassler, MSW
Boston University School of Social Work
Center for Addictions Research and Services
Boston, MA

Diliana De Jesús, BS
Emily Stewart, BA
Alfredo Marulanda, COEC, CMA, CPT
Casa Esperanza, Inc.
Roxbury, MA

Poster:

HIV Testing to Treatment: A Study of Choices

Shrivridhi Shukla, MSW, Doctoral Student
Donna Van Alst, Ph.D.
Terri Fox, MSW
Institute for Families
School of Social Work
Rutgers, The State University of New Jersey
New Brunswick, NJ
Opening Reception

Thursday, May 22nd
7:00 - 8:00 PM

Location

Centennial “F” and “G”

This reception is sponsored by the generosity of Gilead Sciences
FRIDAY, MAY 23

PLEASE JOIN US FOR A LIGHT BREAKFAST
7:30-8:15

CENTENNIAL FOYER
The Willis Green, Jr. Memorial
Opening General Session

FRIDAY MAY 23  8:15 – 9:15 AM

Location
CENTENNIAL BALLROOM

Topic:
“YOU Are the New Era in HIV/AIDS Care”

Panelists:

Melinda A. Marasch, LCSW
Aspire Training & Consulting, Denver, CO

Lucy Cordts, LCSW
New Orleans AIDS Task Force, New Orleans, LA

Marla Corwin, LCSW, CAC III
Mountain Plains AIDS Education & Training Center
Aurora, CO

Tarik D. Walter, MD, MPH
University of Colorado School of Medicine/ HRAC
Aurora, CO
Friday May 23rd

9:30 -10:45 AM

1. Session

HIV Infection, Basic Biology, and Implications for Social Workers

Lucy Bradley-Springer, PhD, RN, ACRN, FAAN
Mountain Plains AIDS Education and Training Center
Aurora, CO

2. Session

Leading in a Social World: An Unexpected Look at the Social Web Through the Lens of Leadership

Aaron Templer, MBA
Marketing and Leadership Consultant
Denver, CO

3. Session

Information is Powerful Medicine: An Innovative Approach to Advancing Health Information Privacy and Civil Rights Enforcement

Andrea Oliver, MA and Ian Shipps, J.D.
Office for Civil Rights, U.S. Dept. of Health and Human Services, Region VIII
Denver, CO

4. Session

Child-headed Households in the African Context: What Does the Future Promise?

Hugo Kamya, Ph.D.
Simmons College School of Social Work, Boston, MA
5. Session

Compassion Without Fatigue

*Michael E. Holtby, LCSW, BCD*
Denver Psychotherapy.com
Denver, CO

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**IMPORTANT INFORMATION:**

**MEDICAL CASE MANAGEMENT INSTITUTE**

**PRE-REGISTRATION REQUIRED**

This 12-hour program begins at 9:45 Friday and continues through Saturday. If you have pre-registered please proceed to the “Agate” meeting room, located on the Centennial Level. Content conforms to HRSA requirements for medical case management (*HAB Policy Notice 10-02*).

**Faculty:**

*Melinda Marasch, LCSW*
Aspire Training and Consulting, Denver, CO and

*Michelle Godwin, LCSW, Wild Hope, Denver, CO*
Friday, May 23rd

11:00 AM – 12:15 PM

1. Session Centennial A

Practice Approaches for Retention in Care and Medication Adherence:
Using Motivational Interviewing, Strengths Based Messaging, and Evidence Based Tools

Marla A. Corwin, LCSW, CAC III
Mountain Plains AIDS Education & Training Center
Aurora, CO

2. Session Centennial B

Influencing Politicians in the New Era of HIV/AIDS Care

Jim Manning, MSW, MPA
Palmetto AIDS Life Support Services
Columbia, SC

3. Session Centennial C

Responding to the HIV Crisis in Saskatoon: Bridging the Gap Between Diagnosis and Treatment

Shelly Glum, BSW
Positive Living Program, Saskatoon Health Region
Saskatoon, Saskatchewan, Canada

4. Session Centennial G

Improving the Engagement Cascade for Women of Color Living with HIV:
The CHANGE for Women Program

Erin C. Falvey, MA, Ph.D.
Shannon Hansen, MSW
Christie’s Place
San Diego, CA
5. Brief Oral Reports
(Approximately 20 minutes will be spent on each topic)

A. Domestic Violence and HIV: Legal and Practice Implications for Women in Uganda

Gloria Namugaya, LLB, MA (cand.)
Heller School of Social policy and Management Brandeis University
Waltham, MA

B. Gauging Our Cultural Competency
Thomas J. Buday, LSW
Elizabeth C. Otieno-Bryant, MPH
Carmen Castro
Ruby Dunlap
Mark Dutan
Jennifer Pareja, RN
Stephen D. Sabo
Anthony Strobel, M.Ed
Michele Vella, MS, MA, M.Ed
Lehigh Valley Health Network
AIDS Activity Office
Allentown, PA

C. Call for Action: An Overhaul of HIV/AIDS HealthCare in Brooklyn

Ashley E. Turner, MSW (Cand.)
Fordham University Graduate School of Social Service
New York, NY
Lunch Seminar

Sponsored by Gilead Sciences

Friday May 23rd, 12:30-1:45 PM
Location: Centennial Ballroom

**Topic: Undetectable: Essential Conversations in Social Work**

Summary of Presentation:
President Obama’s choice of a social worker to lead the White House Office of National AIDS Policy affirms the leadership role of social work in HIV. Who better than a social worker to understand the complexities of the epidemic and drive effective action along the continuum?

Our charge is to get to zero new infections and improve the health of PLWH. We’ve never had better tools and a more pressing mandate to use them wisely. What’s the social worker’s role in getting people into care, onto treatment and achieving undetectable viral loads? What are the essential conversations we must have with every person, in every setting, at every point on the continuum?

Join Derek Spencer, MS, CRNP, for an action-oriented discussion on philosophy, science and real world approaches. Together we can stop the virus.

**Speaker:**
Derek Spencer, MS, CRNP
JACQUES Initiative
University of Maryland, Institute of Human Virology
Baltimore, Maryland

*Space is Limited at this Event on a First Come Basis*
Friday, May 23rd
2:00 – 3:15 PM

1. Session
   Centennial A
   Let's Talk about Life: Naloxone, HIV, and Opiate Users
   
   J. Kennedy
   L. Raville
   HRAC
   Denver, CO

2. Session
   Centennial B
   Sustained HIV Seronegativity among Black MSM in NYC: The Neg4Life Pilot Study
   
   Jagadisa-devasri Dacus, LMSW, Ph.D. (cand.)
   Silberman School of Social Work at Hunter College–CUNY Graduate Center
   New York, NY

3. Session
   Centennial C
   Increasing Efficiency Through Technology and Collaboration
   
   Sara Fladmo
   Carole Anderson
   ClientTrack, Inc.
   Salt Lake City, UT

4. Session
   Centennial F
   “How to Survive a Plague”: A Documentary Viewing and Discussion
   (PART 1 of 2)
   
   Scott A. Kramer, LCSW, ACSW
   Private Practice Psychotherapist
   New York, NY
Jeff Driskell, Ph.D., MSW  
Salem State University  
Salem, MA

5. Session  

Integration of Mindfulness in HIV Social Work Practice

Matthew Bennett, MA, MBA  
Bettina Harmon, M.Div.  
Coldspring Center for Social and Health Innovation  
Denver, CO
Friday, May 23rd

3:30 – 4:45 PM

1. Session
   Centennial A

   Abstract: “Clinical Supervision of Paraprofessional Workers – The New Era of Social Service”

   *Molly Fogel, LCSW*
   *Stephen Lewis, LMHC*
   Harlem United
   Harlem, NY

2. Session
   Centennial B

   HIV-prevention with older HIV-negative MSMs: Dissertation Findings

   *Johnnie O’Neal, MSW*
   Virginia Commonwealth University
   School of Social Work
   Richmond, VA

3. Session
   Centennial F

   “How to Survive a Plague”: A Documentary Viewing and Discussion (Part 2 of 2)

   *Scott A. Kramer, LCSW, ACSW*
   Private Practice Psychotherapist
   New York, NY

   *Jeff Driskell, Ph.D., MSW*
   Salem State University, Salem, MA
4. Session

Sero-Discordant Couples: Co-Creating Relational Dialogues

Patricia Miller RSW, MSW, MA Psychology, Ph.D.(cand.)
The Taos Institute, Tilburg University & Alberta Health Services
Calgary, Alberta, Canada

5. Session

Caring For Ourselves: An Experiential Group

Alan Rice, LCSW
St. Luke’s/Roosevelt Hospital
New York, NY
Friday, May 23rd

5:00 – 6:15 PM

1. Session

Evaluating Programs for People Living with HIV/AIDS: Challenges and Lessons Learned

*Amanda Raker, MPH*

*Mathew Feldman, Ph.D., MSW*

New York City Department of Health and Mental Hygiene
New York, NY

2. Session

ONE CALL: An Innovative Call Center Linking Patients and Providers to HIV Care

*Christine Carcano, BS*

*Cynthia Gay, MD, MPH*

*Elisa Klein, MSW, MPH*

University of North Carolina- Chapel Hill
Chapel Hill, NC

3. Session

Evaluating Change in Community-Based Settings: How Do New Technologies Blend With ASOs’ Grassroots Origins?

*Micahel G. Lee, MSW*

School of Social Work, University of Minnesota
St. Paul, MN
4. Session

**Reaching the Queens**

*Darrin Johnson, MPA*
Project Director – Statusboiz/Statusgurlz  
The University of North Carolina at Charlotte  
Charlotte, NC

*Diana Rowan, Ph.D., MSW, LCSW*
Assistant Professor of Social Work  
Principal Investigator – Statusboiz/Statusgurlz  
The University of North Carolina at Charlotte  
Charlotte, NC

*Aaliyah Marie Revlon*
Legendary Mother of the House of the Unbothered  
Charlotte, NC

5. Session

**The Viral Load Project: A Collaboration of Care and Prevention**

*Sarah Fanucci, MSW*  
*Scott Bertani, MNM*  
*Brian Spencer, BA*  
Evergreen Wellness Advocates  
Bellingham, WA

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A 12-Step Meeting will be held on Friday during 5:15-6:15.  
Room location: Centennial H. This will be a leaderless group meeting.
SATURDAY, MAY 24th

Please join us for a *Light Breakfast*

7:30-8:15 AM

Centennial Foyer
Saturday, May 24th
8:30 – 9:45 AM

1. Session  
   Centennial A

   HIV Case Management: Narrative Approaches to Enhance Client-Centered Care

   Jennifer Haley, LMSW  
   Southwest CARE Center  
   Santa Fe, NM

2. Session  
   Centennial B

   Non-kinship Adoption of HIV Positive Children

   Deborah Calvert, LSW  
   Rachel Warner, LSW  
   The Children’s Hospital of Philadelphia  
   Special Immunology/Family Care Center  
   Philadelphia, PA

3. Session  
   Centennial C

   Improving Outcomes to Increase Access to Care, Treatment, and Resources in support of the NHAS Care Continuum: Social Work Matters!

   Evelyn P. Tomaszewski, MSW (Session Facilitator)  
   NASW Spectrum Project  
   Washington, DC

   Marla A. Corwin, LCSW, CAC III  
   Mountain Plains AIDS Education & Training Center  
   Denver, CO

   Mary Kay Diakite, LMSW  
   NYC Department of Health and Mental Health  
   New York, NY

   Larry S. Yurow, MSW, LCSW  
   Christiana Care Health System  
   Wilmington, DE
4. Session  

**Re-visioning HIV/AIDS Housing as “Accountable Care” in a Changing Environment**

*Randall Russell, LCSW*  
Life Long AIDS Alliance  
Seattle, WA

*Rusty Bennett, LGSW, Ph.D.*  
Collaborative Solutions, Inc.  
Birmingham, AL

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5. Session  

**Promotion of Latina Health: Intersectionality of IPV and Risk for HIV/AIDS**

*Dr. Michele A. Rountree*  
The University of Texas at Austin School of Social Work  
Austin, TX

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1. **Brief Oral Reports**  

(Approximately 20 minutes will be spent on each topic)

**A. Using Memoirs and Novels to Teach Advocacy and Counsel Clients**

*Lisa E. Cox, Ph.D., LCSW, MSW*  
The Richard Stockton College of New Jersey  
School of Social & Behavioral Sciences  
Galloway, NJ  
(Also, NASW Spectrum Project Advisory Board Member)

**B. FUBU for Real: Who Knows Best?**

*Darrin Johnson, MPA*  
*Diana Rowan, Ph.D., MSW, LCSW*  
The University of North Carolina at Charlotte  
Department of Social Work  
Charlotte, NC

*Aaliyah Marie Revlon*  
Legendary Mother of the House of Unbothered, Charlotte, NC
Saturday, May 24th
10:00 – 11:15 AM

1. Session
   Centennial A
   Dissemination and Implementation of Evidence-Based Interventions in Ryan White Part A Harm Reduction Services
   
   Mary Kay Diakite, MSW, LMSW
   Guadalupe Dominguez Plummer, MPH, CASAC
   New York City Department of Health and Mental Hygiene
   New York, NY

2. Session
   Centennial B
   Social Work Educators Networking Session (Leaderless)

3. Session
   Centennial C
   New Practice Approaches for a New Era in HIV/AIDS Care: HIV/AIDS Stigma in the MSM Community
   
   Robert A Pompa, Jr. LCSW, MSW
   Lehigh Valley Health Network
   AIDS Activities Office
   Allentown, PA

4. Session
   Centennial F
   Strategic Partnerships: How to Play Nice in the Sandbox
   
   Melissa Sellevaag, LICSW
   Metro Teen AIDS
   Washington, DC
5. Session  
Centennial G

Cultivating the New Era of Social Workers in HIV/AIDS Care and Prevention: How to Effectively Utilize and Foster Social Work Interns

_Danielle Willis, LCSW_  
_Kendra Wickline_  
_Kyla Pfeif_  
Colorado Health Network  
Denver, CO

6. Session  
Centennial H

A Discussion Group for the Over 10’s-That is… 10 or More Years in the Field of HIV

_Barbara Willinger, LCSW, BCD_  
AIDS Institute  
New York State Department of Health  
New York, NY

_Jim Feinberg, LCSW CH.t_  
St. Luke’s-Roosevelt Hospital Center  
Addiction Institute of New York  
New York, NY
Saturday, May 24\textsuperscript{th}

11:30 AM – 12:45 PM

1. Session

Connecting Housing, Healthcare, and Mainstream Systems: Learning from the Successes and Challenges of the Integrated Housing and Health Plans (HOPWA Special Projects of National Significance)

\textit{Rusty Bennett, LGSW, Ph.D.}
Collaborative Solutions, Inc.
Birmingham, AL

2. Session

Ladies Night: Safe Spaces as HIV Prevention for Marginalized, Oppressed, and Criminalized Communities

\textit{Kahn Miller}
\textit{Lindsay Roth}
Project SAFE
Philadelphia, PA

3. Session

Integration of HIV Testing and Linkages into Crisis Services and Community Mental Health Services

\textit{Sally Ann Altland-Bjornholm, LCSW-C}
\textit{Alana Smith}
\textit{Edgar Wiggins, MHS}
Baltimore Crisis Response
Baltimore MD
4. Session

Beyond the Familiar: The Possibility of Healthy Consensual Non-Monogamy, and Its Role in Treatment and Preventative Care

Amy Jacobs, LMSW
PJ Two Ravens, LMSW
University of Michigan HIV/AIDS Treatment Program
Ann Arbor, MI

5. Session

Children, Teens and Families Living with HIV

Mary McLees-Lane, MSW, ACSW
Duke University Medical Center,
Department of Pediatrics, Division of Pediatric Infectious Diseases
Durham, NC

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Lunch Break for All (on Your Own) 12:45-2:00 PM

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SCOTT KRAMER WILL FACILITATE A LUNCH TIME “MEET AND GREET” FOR THOSE CONFERENCE ATTENDEES LIVING WITH HIV/AIDS, TODAY FROM 12:45-2:00 IN “CENTENNIAL H”. BRING YOUR LUNCH

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PASWHA ANNUAL MEMBERSHIP MEETING, 12:45-2:00 Today
LOCATION: “CENTENNIAL A”
Saturday, May 24th

2:00 – 3:15 PM

1. Session  Centennial A

     Intimate Partner Violence in Same Sex Relationships and HIV: Implications for Social Work Practice

     Jim Feinberg, LCSW CHt
     St. Luke’s Roosevelt Hospital Center
     Addiction Institute of NY
     New York, NY

2. Session  Centennial B

     Rethinking Non-Profits: Seeking Sustainability While Serving the Vulnerable

     Fungisai Nota, Ph.D., CCEP
     AIDS Care Group/ Sharon Hill Specialty Pharmacy
     Sharon Hill, PA

3. Session  Centennial C

     Harm Reduction is Social Work: Using Harm Reduction Tools to Treat Triply-Diagnosed HIV-Positive Clients In a Managed Care Setting

     Juan Olmedo, LCSW, CGP
     Village Care AIDS Day Treatment Program
     New York, NY

4. Session  Centennial F

     The Future of Social Work Advocacy and Activism in the New Era of HIV/AIDS Care

     Dana B. Marlowe, Ph.D.
     Fordham University Graduate School of Social Service, New York, NY
5. Session

Bearing Witness

Barry Glass, LSW
The HIV Legal Rights Network @ The Legal Center
Denver, CO
Saturday, May 24th
3:30 – 4:45 PM

1. Session
   Centennial A

   Difficult Client/Problem Behaviors: The Convergence of HIV/Substance Use and Mental Health Issues

   *Barbara Willinger, LCSW, BCD*
   AIDS Institute
   New York State Department of Health
   New York, NY

2. Session
   Centennial B

   The Social Workers’ Contribution to the National HIV/AIDS Programme in Barbados

   *Dawn Grant-Jackman, LL.M.*
   HIV/AIDS Programme
   Island of Barbados

3. Session
   Centennial C

   Telling Our Stories: Digital Storytelling as a Culturally Responsive HIV/AIDS Health Promotion Tool in Native American Communities

   *Ramona Beltrán, MSW, PhD*
   University of Denver
   Graduate School of Social Work
   Denver, CO

   *Elton Naswood*
   National Native American AIDS Prevention Center
   Denver, CO
4. Session

Centennial F

Cultural Competence: Going Beyond Intellectual Understanding to Reflections on Our "Gut-Level" Reactions to Diverse Clients

_Gail Ukockis, LSW, Ph.D._
Assistant Professor
Ohio Dominican University
Columbus, OH

5. Session

Centennial G

The Successes and Challenges of Implementing a Linkage to Care Intervention

_Alison Meier, MSW, CAPSW_
Wisconsin AIDS/HIV Program, Division of Public Health
Madison, WI
1. “Meet and Greet” Informal Leaderless Meeting  
   Centennial A

2. Session  
   Centennial B

   Tools for HIV Social Workers to Guide Risk Assessment and Crisis Plans with Suicidal Clients

   Larry S. Yurow, MSW, LCSW
   Christiana Care Health System
   Wilmington, DE

3. Session  
   Centennial C

   Innovations in Interdisciplinary Care

   Ca-Lien Forrest MSW
   Jennifer Harcus MSW
   Michael Crate BA
   John Reudy Immunodeficiency Clinic
   BC Centre for Excellence in HIV/AIDS
   Positive Living Society BC
   St. Paul’s Hospital
   Vancouver, BC, Canada

4. Session  
   Centennial F

   Little Fish, Big Sea: How to Stay Relevant in a Changing System

   Melissa Sellevaag, LICSW
   Metro Teen AIDS, Washington, DC
Sunday, May 25th

Please join us for a *Light Breakfast*

7:30-8:15 AM

CENTENNIAL FOYER
Sunday, May 25th

Conversations on Best Practices, 8:30-9:20 AM

1. Session Centennial B

A Conversation About Clinical Supervision

Marla A. Corwin, LCSW, CAC III
Mountain Plains AIDS Education & Training Center
University of Colorado, Anschutz Medical Campus
Aurora, CO

Barbara Willinger, LCSW, BCD
AIDS Institute
New York State Department of Health
New York, NY

Melinda Marasch, LCSW
Aspire Training and Consulting
Denver, CO

2. Session Centennial C

A Nurturing Model that Promotes Cultural Changes for Pediatric Healthcare Providers and HIV Positive Adolescents

Cameron L. Brown, BSW, P.h.D, MDiv.
Christine Curtis, RN
Cook Children’s Medical Center
Fort Worth, TX

3. Session Centennial F

Deductibles, Premiums, and Copays, Oh My! How to Understand the Ever Evolving World of Health Insurance

Kelly Maycumber, MSW
Northern Colorado AIDS Project
Ft Collins, CO

Amanda Heinrich, MSW
Boulder County AIDS Project, Boulder, CO
Sunday, May 25th

Conversations on Best Practices

9:30 – 10:20 AM

1. Session
   Centennial A
   Informal “Meet and Greet” Leaderless Meeting

2. Session
   Centennial B
   If it Doesn’t Fit, You Must Aquit
   
   Annie Soriano, LMSW
   Melissa Soong, LMSW
   Friends House
   New York, NY

3. Session
   Centennial C
   The HIV Cascade: Gay Men’s Health Crisis’ Innovative Approach to Increasing Linkage to and Retention in Care
   
   Lynnette Ford, MSW, CASAC-T
   GMHC
   New York City, NY

4. Session
   Centennial F
   Rethinking Quality
   
   Matthew Bennett, MA, MBA
   Bettina Harmon, M.Div.
   Coldspring Center for Social and Health Innovation
   Denver, CO
Sunday, May 25th
Conversations on Best Practices
10:30 – 11:20 AM

1. Session
   Centennial A
   
   Interpersonal Violence & Loss: A Case Study
   
   Patricia Miller RSW, MSW, MA, Ph.D.(cand.)
   Mount Royal University & Alberta Health Services
   Calgary, Alberta, Canada

2. Session
   Centennial B
   
   
   Rusty Bennett, LGSW, Ph.D.
   Collaborative Solutions, Inc.
   Birmingham, AL

   Randall Russell, LCSW
   Life Long AIDS Alliance
   Seattle, WA

3. Session
   Centennial C
   
   Outpatient Based Opiate Treatment (OBOT), a Social Work Perspective to a Team Approach
   
   Darrell Sparks, BAS-Psych
   Christiana Care Health System, Wilmington, DE
4. Session

The AIDS Education and Training Centers: What Every HIV Social Worker Needs to Know

Susan L. Tusher, LMSW
Kansas AIDS Education and Training Center
The University of Kansas School of Medicine – Wichita
Wichita, KS

5. Session

Best Practices for Supervising a Team Who Experiences Vicarious Trauma: Two Case Study Examples

Kate Franza, MSW, CADC-II
API Wellness Center
San Francisco, CA

Deborah Borne, MD, MSW
San Francisco Department of Public Health
San Francisco, CA
Sunday, May 25th

Conversations on Best Practices

11:30 AM – 12:20 PM

1. Session
   
   **Centennial A**
   
   Prevention of HIV/AIDS Among Most at Risk Populations (MARPS) in Uganda

   **Hannah Nambalire**
   HIV/AIDS Coordinator: Wider Opportunities for Women And Youth Association (WOWOYA)
   Kampala, Uganda

2. Session
   
   **Centennial B**
   
   From Ryan White to the ACA: Lessons in Growth For One ASO

   **Sarah Fanucci, MSW**
   **Scott Bertani, MNM**
   Evergreen Wellness Advocates
   Bellingham, WA

   **Carrie Peterson, BA**
   Evergreen Wellness Advocates
   Everett, WA

3. Session
   
   **Centennial C**
   
   Trauma Informed Care

   **Matthew Bennett, MA, MBA**
   Coldspring Center for Social and Health Innovation
   Denver, CO
I’ve Lost My Mind…There’s an App for That!

Nick Nicholas, MSW, LSW
Jackson, MS

CLOSING SESSION SUNDAY MAY 25th
CENTENNIAL A

12:30- 1:15 PM

Vincent J. Lynch, MSW, Ph.D.
Session Facilitator

THANKS FOR COMING THIS YEAR....

SEE YOU NEXT YEAR IN
NEW ORLEANS... MAY 21-24, 2015
ABSTRACTS OF CONFERENCE PRESENTATIONS
Presenter:
Alimonos, S.

Contact:
Sheila Alimonos
sheila.alimonos@phoenix.edu

Title:
Tips for teaching helping skills in an online classroom: technical assistance for instructors of HIV/AIDS courses

Abstract:
Conference attendees who are engaged in teaching HIV/AIDS courses are invited to attend this poster session and to learn how they can develop their course content for an Online instructional platform. It is targeted to faculty who are new to teaching courses in an online environment. Effective instructional practices in the online environment will be presented in three phases: Pre-facilitation, facilitation, and post–facilitation. The pre-facilitation phase will discuss the instructional alignment matching the learning objectives, instruction, and assessment of student learning. The facilitation phase will discuss how to apply facilitation techniques to support a learner-centered, online environment. Finally, the post-facilitation phase will focus on assessment of the student’s performance in qualitative and quantitative measurement; as well as the role of communication in the online classroom.

Presenters:
Altland Bjornholm, S.A.
Smith, A.
Wiggins, E.

Contact:
Sally Ann Altland Bjornholm
sbjornholm@bcresponse.org

Title:
Integration of HIV Testing and Linkages into Crisis Services and Community Mental Health Services- 75 minute Individual Workshop

Abstract:
Baltimore Crisis Response, Inc. (BCRI) has been providing community based mental health crisis services since 1993. Initially implemented as a pilot project, BCRI has expanded...
over time to include a full range of crisis intervention services including a 24 hour telephone hotline, mobile crisis teams, residential crisis beds, case management and in-home services. Designed to be part of the public mental health system, BCRI provides crisis services in a non-restrictive environment without consideration of the client’s ability to pay. Additionally there are multiple mental health agencies throughout the city provide long-term care and case management for those living with a mental health diagnosis that collaborate with BCRI through a two way referral system. In October 2012, BCRI was asked to pilot the No Wrong Door Project, a program to integrate primary care and in particular HIV testing, education and linkages to care, into mental health and substance abuse programs throughout the Baltimore City area funded by the Maryland Department of Health and Mental Hygiene Prevention and Health Promotion Administration. The pilot project was a huge success and BCRI was asked to expand the project to include Mobile and Outreach HIV testing to community mental health organizations.

BCRI has also been trained on the facilitation of a number of CDC Diffusion Evidenced Based Interventions (DEBIs) and will be implementing those starting in January. Lastly the NWD program has created a comprehensive screening tool that screens for sexual risk factors as well as mental health, substance abuse and primary care issues. This tool will be used at BCRI as well as introduced to the community agencies over the next 6 month to aid in the referral process and assist clients with co-occurring conditions.

This workshop will review the BCRI model of care and how HIV services have been integrated into the system. There will also be a review of the treatment scope, levels of care protocol, admission criteria, and high risks issues. Additional discussion will talk about the challenges in the implementation of services, screening tools and DEBIs in the varied community mental health agencies. At the conclusion of the workshop, participants will be able to identify the essential components of comprehensive community crisis services and the benefits and limitations of the model of integration that the NWD Project has introduced. Lastly we will discuss the ethical and responsible mode of testing this model provides to a vulnerable population and the issues of sustainability for the future.

**Presenter:**
Bachynski, N.
Temple H.

**Contact:**
Heather Temple
Heather.Temple@rqhealth.ca

**Title:**
Reaching Underserved Populations: Social Work Roles in HIV/AIDS in Regina, Saskatchewan

**Abstract:**
Saskatchewan’s HIV Strategy was developed in 2010 and is funded by the Saskatchewan Ministry of Health. The goals of the Saskatchewan HIV Strategy 2010-2014 are to reduce the number of new HIV infections; improve quality of life for HIV infected individuals; and reduce risk factors for acquisition of HIV infection. The purpose of the presentation is to discuss the two innovative social work roles created as a result of HIV Strategy. Both Social Workers are housed
at Communicable Diseases/Sexual Health Program, Population and Public Health Services with the Regina Qu’Appelle Health Region in the city of Regina, Saskatchewan.

**Presenter:**
Bass, K.

**Contact:**
Kate Bass
bassk@aidgwinnett.org

**Title:**
A New Approach to Service Delivery: Managing More Patients with Fewer Resources

**Abstract:**
Case Management has been funded by Ryan White since the advent of HIV treatment in the United States. In the early days, services ranged from practical and emotional support to health care coordination. As HIV treatment has changed over the last 25 years, so has the scope of Case Management.

AID Gwinnett, Inc., located in a suburb of Atlanta, Georgia, provides medical treatment and medical case management services to approximately 800 HIV+ adults. In 2009, the caseloads of the two full-time medical case managers (MCMs) exceeded more than two hundred patients. That same year, Ryan White produced MCM standards that suggested caseloads be comprised of no more than 75 patients.

In response to this, two licensed social workers employed as MCMs at AID Gwinnett designed a Self Managed program for those patients who were assessed as being capable of managing their health care and psychosocial needs with minimal MCM assistance.

After several months of revision and piloting, and review by the Executive Director, Board of Directors and Client Services Advisory Committee, the new service delivery model was approved. Each new and existing patient’s psychosocial service needs were assessed and patients were assigned to the appropriate track based on numerous indicators. Today, approximately 60% of AID Gwinnett’s patients have been assessed as Self Managed and caseloads are at or below the Ryan White standard.

This poster will provide a graphic depiction of the creation of the existing service delivery model and the Self Management assessment process. It will also present anecdotal evidence which suggests that Self Managed patients are successfully managing their HIV care. Finally, the poster will provide the audience with recommendations for implementing this service delivery model in similar settings.
**Presenter:**
Beltrán, R.
Naswood, E.

**Contact:**
Ramona Beltrán
Ramona.beltran@du.edu

**Title:**
Telling Our Stories: Digital Storytelling as a Culturally Responsive HIV/AIDS Health Promotion Tool in Native American Communities

**Abstract:**
In many Native communities, storytelling is embedded into the fabric of our lives. Through and from story, we learn how to live in “right relationship” to each other, the planet, and our individual health and well-being. The process of creating and sharing story is important for illuminating cultural strengths and protective factors despite legacies of colonization and ongoing discrimination impacting overall health and mental health outcomes. Public health and social work scholars have recently adopted digital storytelling as a culturally responsive health promotion tool in Native communities as it combines principles of traditional storytelling with contemporary digital technologies. With the increased presence and accessibility of digital and social media, the sharing of stories from rural/reservations to urban areas is easily facilitated. Digital storytelling is an innovative new practice approach that engages Native communities in fighting HIV stigma and promoting prevention from within our own cultural framework, through the telling and witnessing of stories that all too often remain unspoken. The stories can be used as tools for training, community mobilization and HIV prevention, as well as individual healing from the emotional tolls of stigma.

This interactive workshop explores theoretical and ethical issues of digital storytelling methodology for individual and community transformation; describes challenges and solutions from case studies in various communities; and screens a selection of digital stories dealing with HIV stigma, homophobia, and transphobia. Participants will engage in a storytelling exercise and strategy session to apply digital storytelling to HIV prevention social work in their local areas.

**Presenter:**
Bennett, M

**Contact:**
Matthew Bennett
bennett@diversemanagementsolutions.com

**Title:** Trauma Informed Care
Abstract:
Recent research on the brain and trauma gives those working in the helping professions a new paradigm to conceptualize and work with clients. Understanding how trauma impacts brain development puts harmful behaviors and destructive thinking patterns in context, and gives helpers a roadmap for building relationships and promoting healing and growth. This training presents the Trauma Informed paradigm in a practical context, giving learners both a theoretical basis and tools to apply immediately to their work with clients/patients.

The Social Work Response to the HIV epidemic goes far beyond medical interventions. For many of our clients/patients HIV is one of many symptoms of a traumatic past that present barriers to care. Through the application of this Trauma Informed Paradigm helpers can create healing environments and interventions that address many of the reasons clients/patients have difficulty managing their HIV and other social issues.

Presenter:
Bennett, M
Harmon, B

Contact:
Matthew Bennett
bennett@diversemanagementsolutions.com

Title:
Rethinking Quality

Abstract:
As we enter a new era of the Affordable Care Act measuring the impact of the Social Work Response to the epidemic is more important than ever. Quality management in the social work arena has always been illusive and outcomes difficult to quantify. This problem is less about our inability to find the right measures or lack of resources to fully integrate quality improvement processes than it is about the field’s philosophic approach to quality improvement. Quality in the social work area needs a paradigm shift in thinking and execution. How we think about the work of healing must change if we are to measure the impact we have on clients/patients and communities.

This presentation will challenge participants to think different about their quality improvement efforts. The old saying goes, “What is measured is what improves.” This workshop will show that we have been measuring many of the wrong things and will take another look at how best to integrate the science of quality into social work. Participants will leave this presentation with new ideas about quality and ideas to transform how they measure the true impact of their work.
Presenter:
Bennett, M
Harmon, B

Contact:
Matthew Bennett
bennett@diversemanagementsolutions.com

Title:
Integration of Mindfulness in HIV Social Work Practice

Abstract:
Research on mindfulness is changing our understanding of motivation and healing. Mindfulness utilizes the power of the mind to focus and control the flow of energy and information inside the self and within relationships. The mind is the key to managing emotional and cognitive function of the brain and nervous system, both of which are critical in improving health outcome for HIV clients/patients.
This presentation will give participants an understanding of how mindfulness restructures the physical brain, improving mental, emotional, social and physical health. In addition to the theory, participants will learn mindfulness approaches they can integrate into their practice with their clients/patients. Mindfulness is the future of healing and an important practice as the Social Work Response to HIV moves into the future. Find out how to integrate these approaches to help clients, and see your work in a whole new light.

Presenter:
Bennett, R.

Contact:
Rusty Bennett
rusty@collaborative-solutions.net

Title:
Connecting Housing, Healthcare, and Mainstream Systems: Learning from the Successes and Challenges of the Integrated Housing and Health Plans (HOPWA Special Projects of National Significance)

Abstract:
Healthcare, homeless and housing services, and related social services are often disconnected systems, yet represent key elements comprising the system of care for persons living with HIV/AIDS (PLWHA). The Housing Opportunities for Persons With AIDS (HOPWA) program funded seven grantees under the Integrated Housing and Health Planning (IHHP) grants, a part of the Special Projects of National Significance. The national IHHP project was designed to improve housing and service integration through 1) direct housing assistance and service delivery to low income persons and families living with HIV/AIDS; and
2) comprehensive planning and coordination of local resources in meeting housing and service needs of the population. The seven IHHP grantees were funded to integrate housing, health, and mainstream systems by developing and implementing an Integrated Housing and Health Plan (IHHP). IHHP Grantees are expected to a) deliver housing solutions and services for low-income PLWHA; b) examine new approaches for integrating, coordinating, and streamlining community resources; and c) demonstrate models for next generation of improved coordination of housing and care. After the first year of IHHP implementation, each Grantee has made significant efforts in coordinating and collaborating with traditionally disconnected systems (healthcare, homeless and housing services, and related social services) to improve systematic delivery of housing and services to low-income individuals and families living with HIV/AIDS in the community. Case studies will highlight the key successes and challenges faced by communities during systems integration and planning. Geared to an intermediate audience, this presentation will address ways in which the communities utilized housing data, health data, and key systems to support their efforts.

**Presenter:**
Bennett, R.
Russell, R.

**Contact:**
Rusty Bennett
rusty@collaborative-solutions.net

**Title:**

**Abstract:**
HIV service systems are changing rapidly as states prepare to implement the Affordable Care Act (ACA) and as uncertainly exist about HIV programs such as Ryan White and mainstream programs such as Medicaid and third-part insurance reimbursement. Social work practice has always straddled both a medical and psychosocial focus in delivering comprehensive continuum of care for persons living with HIV/AIDS. ACA brings with it a greater focus on the medicalization of HIV care which may not addresses the broader psychosocial needs or structure barriers that often limit access to and maintenance of healthcare and limit positive health outcomes. Such issues as housing, transportation, and nutrition are critical to ensure positive health outcomes. In an effort to control costs, insurance companies are beginning to define what constitutes reimbursable “social work practice” without consideration of the array of client needs or the evidence-based social work interventions that work. Concerns related to utilization of traditional healthcare approaches of medical social work as opposed to a full person-in-environment psychosocial approach will be determined state-by-state. During this forum, we will discuss this trend and help to define the “best practice” components of HIV/AIDS social work. Questions for consideration include: What are the best practices in HIV/AIDS social work practice that engage especially hard-to-serve clients into care, help them remain in care, and
experience positive health outcomes? What is the standard of care for HIV/AIDS social work that should be supported through new reimbursement systems?

Presenter:
Berg, K.

Contact:
Kristina Berg
kberg@chsfs.org

Title:
Adoption and HIV/AIDS

Abstract:
Of all the children we encounter in the world of adoption, children with HIV are amongst the most vulnerable. While HIV is a chronic condition in the U.S., it remains a terminal illness for many children around the world. Being an orphaned child with HIV means a few things: you most likely lack access to continuous, quality medical care; you are most likely undernourished; you are more susceptible to common institutional illnesses such as measles and molloscum; you wait longer than all your peers to find an adoptive family and when you do, it is most likely that family will live outside the country where you were born.

As an adoption agency we have a responsibility to find families for these children who are prepared and willing to parent children with HIV. This poster will highlight statistics, challenges and the greatest rewards of adopting a child with HIV. Through conversation we will dive into the world of awareness and education, both on the family and international side, and show how this can be a small piece of the greater solution to reaching underserved populations with HIV/AIDS.

The poster will be visually compelling, featuring a mixture infographic-style data, text and actual photos.

Presenter:
Bradley-Springer, L.

Contact:
Lucy Bradley-Springer
Lucy.bradley-springer@ucdenver.edu

Title:
HIV infection, basic biology, and implications for Social Workers
**Abstract:**
At the conclusion of this session, participants will be able to:

- Trace the process of untreated HIV infection at the cellular, systemic, and whole body levels
- List key components of antiretroviral therapy (ART), including adherence and resistance
- Discuss the importance of common lab tests in HIV infection
- Describe the implications of immune dysfunction and viral replication for the Cascade of Care, HIV transmission, and treatment success

Social workers who care for people living with HIV infection (PLWH) generally focus on mental health, psychosocial, prevention, and referral needs. In doing so, they may not be aware of how the biology of HIV infection affects their patients and how it should, therefore, affect their care for those patients. Many PLWH know a lot about HIV, but all care providers need to be able to help them understand the underlying meanings, stay up to date, and correct erroneous information. Social workers are ideal providers to make this happen because social workers spend more quality time with patients and are able to develop trusting relationships and clear lines of communication. This session will go through the impact of HIV on the human body at the cellular, systemic, and total body levels. We will discuss how the biology affects prevention/transmission, ART, and stages in the Cascade of Care. We will also uncover the reasons for patient symptoms such as pain and cognitive disorders. Bring questions and concerns and learn how to better communicate with your HIV-infected patients on these topics.

**Presenter:**
Buday, T.
Otieno-Bryant, E.
Castro, C.
Dunlap, R.
Dutan, M.
Pareja, J.
Sabo, S.
Strobel, A.
Vella, M.

**Contact:**
Thomas J. Buday
Thomas_J.Buday@lvhn.org

**Title:**
Gauging Our Cultural Competency
Abstract:
In late October of this year our department, AIDS Activity Office of the Lehigh Valley Health Network in Allentown, PA, began a journey to assess, re-evaluate, re-name and enhance our client experience. As a medical practice that contains wrap around case management services our goal was to strive to attain a truly client centered department.

At our retreat we broke into teams and identified various themes that each group would strive to improve. The theme that will be discussed during this presentation is how we as a group decided to work toward achieving a more elevated awareness of our departmental cultural competency.

The intent is to measure our current degree of cultural awareness in order to identify our personal biases and our areas of strengths and weaknesses. Based upon the results of our survey, and the department’s identified strengths and weaknesses we will then develop a cultural competency program(s) to increase cultural tolerance and understanding.

Our initial hypothesis is that we must first identify and understand our own inherent biases and prejudices with regard to cultural competence before we can develop specific programs to utilize our strengths to improve weaknesses.

Presenters:
Calvert, D.
Warner, R.

Contact:
Deborah Calvert
calvert@email.chop.edu

Title:
Non-kinship Adoption of HIV Positive Children

Abstract:
There has been an increase in the United States of non-kinship adoptions of HIV positive children. This interactive presentation will explore the unique challenges we have faced in working with this population. We will start with the pre-adoption process and incorporate case examples to address issues and themes. We will discuss common struggles our patients and families face, including transracial and cultural issues, child trauma (which can lead to struggles with attachment), challenges with birth siblings, and issues of disclosure. The majority of these children have been orphans and are adopted at an older age than other adoptive children. Having often been present when their parent died has added to the trauma and concerns about their own health. As we review these case studies we will discuss the unique role of the social worker in supporting families through this life change. This will be an interactive presentation that will draw on the participants’ experiences.
Presenters:
Carcano, C.
Gay, C.
Klein, E.

Contact:
Christine Carcano
Christine_Carcano@med.unc.edu

Title:
ONE CALL: An Innovative Call Center Linking Patients and Providers to HIV Care

Abstract:
Learning Objective
Participants will learn about a HIV call center in North Carolina. Participants will leave this workshop with the tools to replicate a HIV referral call center.

Background
There is a need for novel services to bridge the gap between HIV diagnosis and care. In the United States, only 28% of HIV-infected individuals have suppressed viral load. Given geographical challenges, pervasive stigma, and additional barriers, alternative options for accessing HIV providers could increase linkage and retention in care.

Description
ONE CALL, a statewide, toll-free HIV referral line staffed by nurses to provide a centralized resource where both patients and providers are connected to HIV care, was launched on 2/14/13. The establishment of ONE CALL was possible through partnerships with an existing call center. The creation of a comprehensive and up-to-date HIV provider directory as well as a culturally sensitive script are key to the facilitation of each call. Services provided include: HIV counseling by trained nurses, a personal assessment of barriers to care for each caller, reassurance on patient’s concerns, a HIV provider directory with detailed clinic information including hours and on-site social services and staff, individualized referrals, and immediate transfers to HIV clinics to schedule appointments. Callers with barriers to care are referred to state-employed case managers to help address structural barriers to care and provide retention efforts post call center connection as needed.

As of 9/26/13 we have had 40 calls, with 94% seeking HIV care. Among callers, 58% were Black/African American, 8% new diagnoses and 27% had not seen a provider in > 6 months.

Lessons Learned
A HIV referral call center offers patients and providers an alternative resource for linkage to care and services, and could improve retention. Addressing specific barriers to care via reassurance on social and financial circumstances is a critical first step to linkage in care.

Recommendations
Many states have call center infrastructures in their communities that could be leveraged similarly to ONE CALL. The social worker can play a valuable role in both designing and implementing a response to new diagnoses, out-of-care patients and providers seeking assistance.
Presenters:
Cauthen, M.
Schacherer, D.

Contact:
Melvin Cauthen
melvin.cauthen@montgomerycountymd.gov

Title:
Working with HIV Positive Men Who Have Sex with Men

Abstract:
Fear of stigma and discrimination remain major concerns for men who have sex with men (MSM). Many in this population report lower than average levels of adherence to medication and medical treatment. MSM remain the group most heavily affected by HIV in the United States with young black men continuing to have the highest infection rate. In an effort to improve adherence and medical outcomes (higher CD4 levels and undetectable viral loads) it is imperative that Social Workers/Medical Case Managers work to establish stronger relationships with MSM clients. Social Workers/Medical Case Managers can have a direct affect on a client’s outcome based on the level of trust and comfort that is achieved. Social Workers/Medical Case Managers are the gateway to medical care and resources, providing pertinent client biopsychosocial information to physicians and other care providers. When working with MSM clients, it is imperative that Social Workers/Medical Case Managers be comfortable with conducting interviews that include informative discussions about MSM dating habits, sexual practices and common STDs. It has been my experience that MSM clients are much more forthcoming with information when they feel that a worker is open and knowledgeable about their life experience. When I am able to build a strong trusting relationship with an MSM client, I am able to measure improved adherence by the number of medical appointments kept, higher CD4 rates and lower viral loads.

By educating themselves about the latest trends in dating and sexual practices of MSM, case managers will not only deepen their rapport with MSM clients but will improve the quality of their relationships with them. This will directly affect a client’s health by improving their compliance with medical treatment and medication adherence. Better rapport between clients and Social Workers/Medical Case Managers will also impact the quality and effectiveness of educational tools, as case managers will be informed directly by the clients about how educational tools need to be created for the MSM population in order to assure a greater response to testing, treatment and achieving undetectable viral loads.

Areas of focus for the poster will include: 1) Modeling a strong trusting relationship with an MSM client resulting in improved adherence to medication, medical treatment, improved CD4 rate and viral load, 2) Modeling an informed discussion regarding GSP sites (Grindr, Scruff and Jack’d) and dating websites (Adam for Adam, OK Cupid, Match.com) where MSM meet, 4) Information regarding sexual habits (sex clubs, masturbation groups, sex parties), 5) STDs and current recreational drugs and usage.
Title:
“It hurts when you get upset with someone you have lived your whole life when they find out that they have HIV/AIDS.” Exploring Emotional Challenges of Young People Affected by HIV and AIDS

Abstract:
The number of young people affected by HIV and AIDS in Chattanooga, Tennessee has been increasing steadily in recent years. A close examination of the literature reveals a paucity of knowledge in this area. Using an emergent design I explored the emotional experiences of young people who are impacted by HIV and AIDS with a view to identifying emotional challenges that affect them daily. Fifteen (N=15) young people were recruited using convenient sampling. Two focus groups were held concurrently at an HIV and AIDS agency in Chattanooga. Focus group questions were asked using an interview protocol that had been developed prior to the start of data collection. Data was analyzed using thematic analysis and data units. Results from the analysis suggest that young people affected by HIV and AIDS experience emotional challenges that are manifested in a variety of ways. These challenges included the following: Depression, shame, self-blame and loneliness. Implications from the findings suggest a clear need for systematic and tailor made service-delivery that would specifically address emotional challenges experienced by young people who are affected by HIV and AIDS.

Presenter:
Coleman-Watkin, M.

Contact:
Megan Coleman-Watkin
MeganW@noaidstf.org

Title:
Building Hopeful Realities with Medically Case Managed Clients

Abstract:
In a generation of HIV service providers determined to see a cure and baring witness to success in treatment today, our duty to clients, facing the prospect of “normal, healthy, life”, is providing guidance that they may better understand this new, hopeful reality. Models of healthy-
mindedness, social workers may practice positivity with clients and help them identify their own talents for resilience as they recognize their futures in new light. Likewise, social workers have the power to propagate a culture of peace and lively interaction in the office and beyond.

This presentation is intended to encourage present-mindedness in the workplace to direct focus from fatality to vitality. Positivity-evoking exercises will be demonstrated to stimulate creative thoughts about practice. Resources for encouragement and positive insight will be provided to awaken eagerness and excitement in service providers, gifted with the opportunity to help clients see their opportunity for new life.

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**Presenter:**
Corwin, M.

**Contact:**
Marla A. Corwin
marla.corwin@ucdenver.edu

**Title:**
Practice Approaches for Retention in Care and Medication Adherence: Using Motivational Interviewing, Strengths Based Messaging, and Evidence Based Tools

**Abstract:**

Although originally designed for substance abuse counselors (Miller & Rollnick, 1991), the philosophy and techniques of Motivational Interviewing have since been studied in an array of clinical trials to examine such wide ranging health-change behaviors from weight loss to compulsive gambling to sexual risk reduction (Miller, Rollnick, Butler, 2008). The principles of empathy and self-efficacy are also inherent social work values, as is the use of a Strengths-Based (SB) philosophy in our work with clients. Further, the present concept of “treatment as prevention” makes early intervention and referral to care (CDC, 2009; Mugavero, et al., 2012, Corwin, 2013), regular attendance at clinic appointments, and the ability to be adherent to prescribed antiretroviral medications critical to reducing HIV-related morbidity and mortality (Giordano et al., 2007; Mugavero et al., 2010, 2011; Christopoulos et al., 2011, Gardner, 2013). Retaining patients in treatment, however, can be a challenging task for people dealing with poverty, homelessness, discrimination, mental illness, substance abuse, stigma, and other barriers to care (Gardner et al, 2007). Creating a welcoming clinic culture, and focusing on patient’s skills and strengths rather than deficits and pathologies when delivering retention messages have demonstrated efficacy in enhancing retention of HIV-infected patients in care (Rapp et al., 2009; Marks, et al., 2010; Corwin & Bradley-Springer, 2013). This session will focus on a strengths-based approach in clinic-wide messaging, the use of basic Motivational Interviewing techniques, and skills-building and adherence tools to help our clients become successful in HIV care.
**Presenters:**
Corwin, M.
Marasch, M.
Willinger, B.

**Contact:**
Marla Corwin
Marla.Corwin@ucdenver.edu

**Title:**
A Conversation About Clinical Supervision

**Abstract:**
Why is this an important conversation? At one time in the history of Social Work, supervision was part and parcel of what jobs offered. In many areas of the country the notion of consistent regular clinical supervision has become a dinosaur, replaced by administrative supervision or as needed consultation.

Like other specialties within social work, providing assistance to clients/families with HIV/AIDS presents many challenges, some of which we have not been taught and/or are not prepared to handle. Co-occurring struggles with substance use and mental health frequently fuel client-provider interactions that result in client non-adherence to medical care and/or medications. In response, agencies often fall back on sending or providing trainings on specialized topics. While trainings of any type provide a basis for expansion of knowledge, they do not necessarily result in internalized mastery. This is one way in which clinical supervision plays a vital role. Clinical supervision can also minimize burnout.

This session will be an informal interactive discussion identifying the differences between administrative and clinical supervision, and helping to strategize how to get support when clinical supervision may not be available.

Three clinicians with a variety of expertise and longevity in the field and in supervising will be available for feedback and brainstorming. Vignettes from the panel will illustrate how clinical supervision can move the client and families forward.

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**Presenter:**
Coutcher, M.

**Contact:**
Michelle Coutcher
michelle.coutcher@utoledo.edu

**Title:**
Recognizing stigma surrounding HIV while building allies

**Abstract:**
The national HIV/AIDS strategy addresses three main goals and this presentation will address the goal of “reducing the number of people who are becoming infected with HIV” by
telling the story of how our testing program has tirelessly advocated for HIV testing to be recognized as a standard of medical care. In 2012, The University of Toledo's HIV Counseling and Testing Program tested 2,234 individuals--more than double the number tested in 2011. Our testing program recognized the importance of reaching out to the communities that were facing health disparities. Our testing program built community allies which allowed us to provide regular HIV testing and early diagnoses not only resulting in early HIV treatment but also working toward addressing the reduction of the community viral load.

This interactive workshop will share stories regarding barriers encountered, stigmas overcome, and community alliances strengthened. A role-playing exercise will help to create participant awareness of personal biases and increase comfort levels in discussing sexual histories with various groups.

**Presenter:**
Cox, L.

**Contact:**
Lisa E. Cox
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**Title:**
Using Memoirs and Novels to Teach Advocacy and Counsel Clients

**Abstract:**

**Description**

Memoirs and novels can be used to teach HIV-related concepts and counsel people. Historical biographies and memoirs have long been used to teach students about time eras and places through storytelling. Novels offer unique perspectives on societal issues, advocacy efforts, and individual character’s circumstances, and help readers develop new ways of thinking. Novels and memoirs can offer insight into human nature and explore issues experientially.

Some educators have used the Ryan White Story: My Own Story to teach about cultural competency and diversity issues related to HIV/AIDS, oppression, and family relations. Other instructors have used autobiographies as a teaching tool in undergraduate HIV/AIDS classes. These same books about real people living with HIV disease represent a novel and resourceful new counseling approach that mimics narrative therapy or storytelling.

**Application**

A content analysis has examined knowledge about HIV/AIDS acquired from completing an AIDS Biography assignment. Twenty-three papers were mined and 41 concepts were coded and associated with four themes. Key words that emerged included: addiction, AIDS, disclosure, ethics, HIV, homosexuality, stigma, struggle, and uncertainty. Verbatim data revealed that the reader’s were deeply moved by the HIV-infected characters experiences and stories. These same memoirs and novels can be used in counseling as clients struggle with these same concepts today.


Presenters:
Curtis, C.
Brown, C.

Contact:
Christine Curtis
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Title:
A Nurturing Model that Promotes Cultural Changes for Pediatric Healthcare Providers and HIV Positive Adolescents

Abstract:
This discussion will look at a case study of an HIV positive female adolescent with a history of abuse and placement into foster care at an early age, leading her to run away from homes frequently, abandonment, prostitution, and overall distrust of all systems. She was labeled by the CPS system as a “hopeless runaway case” and by a mental health professional as “unable to form close bonds and communicate effectively.” This young lady presented to the Emergency Room one evening stating she was HIV positive and her CPS worker told her to come in. From that point on, the team worked on ways to develop her trust, and also to help her with the new HIV diagnosis by nurturing and role modeling. This became a very successful model for our teens.

We will explore the role of chaplain in a pediatric infectious disease clinic setting that will provoke thoughts about best practices with adolescents. There will be further exploration and discussion of the role of a chaplain that does not interfere with an adolescent’s belief system, sexuality, lifestyle, or coping mechanisms. This nurturing team approach model shows the success of integrating the chaplain’s role with an already established multidisciplinary team that includes social workers, nurses, physicians, and community agencies. The Pediatric Infectious Disease Clinic Team’s new practice approach builds community through nurturing, protection, and empowerment while maintaining healthy boundaries. This approach further emphasizes the importance that every child’s life is sacred and they will be treated with dignity and respect regardless of history or brokenness. Do you have the courage to connect with this population.

Presenter:
Dacus, J.

Contact:
Jagadisa-devasri Dacus
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Title:
Sustained HIV Seronegativity among Black MSM in NYC: The Neg4Life Pilot Study
Abstract:

Purpose

HIV seroprevalence data continue to indicate that the Black men who have sex with men (MSM) population is the most affected across all major categories of risk. Since Black MSM are disproportionately affected, unlike any other population in the US, public health research has been at the forefront of this investigation by informing HIV prevention efforts. The purpose of these studies has been intervention development in which considerable research has focused on their HIV risk factors. However, the majority of Black MSM who maintain HIV-negativity have not received much attention. Since the aim of primary HIV prevention is to keep HIV-negatives negative, this group warrants attention. Moreover, little is known about the behaviors, circumstances, or other factors enabling them to remain HIV-negative.

Method

Research questions: 1) How are non-injection drug using (non-IDU) Black MSM maintaining seronegativity? and 2) Why are non-IDU Black MSM maintaining seronegativity? This qualitative study had a phenomenological approach: collecting narratives about their direct, lived experience of sustained seronegativity. Thirty-three self-identified Black MSM were recruited and interviewed using a purposeful, respondent-driven sampling strategy. Qualitative data was collected via focus groups and individual interviews.

Results

As a byproduct of the data coding process and analyses, several major themes emerged from the data. They consisted of “fear and anxiety,” “luck,” “self-care,” “spirituality,” “overall health and wellbeing,” “valuing self/self-value,” “self-regulation,” “social support,” and “conviction and commitment to remaining uninfected.”

Implications

Preliminary findings from the study found among this cohort of HIV-negative men important protective factors, behaviors, and circumstances in their lives that support their sustained seronegativity. This preliminary analysis suggests that further research on and prevention efforts for HIV-negative Black MSM should examine the use of sex- and drug-related risk and harm reduction strategies, social support, as well as degrees and levels of emotional concern about HIV and spirituality.

Presenter:
Dacus, J.

Contact:
Jagadisa-devasri Dacus
jdacus@gc.cuny.edu

Title:
Sustained HIV Seronegativity among Black MSM in NYC: The Neg4Life Pilot Study

Abstract:

HIV seroprevalence data continue to indicate that the Black men who have sex with men (MSM) population is the most affected across all major categories of risk: gender, age, race, and
behavior at a rate that has been steadily approaching fifty percent. Black MSM are disproportionately affected, unlike any other population in the US. Researchers have investigated causes of this phenomenon among Black MSM and their intertwined, complex, social and sexual networks.

Public health research has been at the forefront of this investigation, which has informed HIV prevention policy, funding, programming, and practice efforts for Black MSM. The purpose of these studies has been HIV prevention intervention development in which considerable research has focused on the risk factors for HIV infection among Black MSM. However, the majority of Black MSM who maintain HIV-negativity have not received much attention. Since the aim of primary HIV prevention is to keep HIV-negatives negative, this group of Black MSM warrants attention. Unfortunately, the scientific literature does not address this aim. Moreover, there is a crucial gap in the literature about behaviors, circumstances, or other factors HIV-negative Black MSM report that enable them to remain HIV-negative.

Therefore, the purpose of this workshop will be to dialogue about the need for exploration of protective and health promoting factors as a means of understanding sustained HIV-negativity among Black MSM. The workshop will incorporate discussion about the theory of gay resilience – strong coping skills in the aftermath of tremendous personal and community loss, resiliency, and perseverance – as a means of identifying and/or generating new variables that will explain HIV-negative Black MSM’s behavioral deterrents and protective factors. This framework will be based on the findings from a qualitative pilot study, Neg4Life, in which 33 Black MSM participated. The purpose of the pilot study was to explore how and why many non-IDU Black MSM maintain seronegativity. Preliminary findings from the study found among this cohort of HIV-negative Black MSM living in New York City important protective factors, behaviors, and circumstances in their lives that support their sustained seronegativity.

Presenter:
Davis, E.

Contact:
E. Maxwell Davis
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Title:
Addressing HIV Risk among African-American Women College Students

Abstract:
African-American women's HIV infection rates are more than 15 times those of white women and three times those of Latinas, second only to African-American men (CDC, 2011a; CDC, 2012). In 2010, African-American women comprised 13% of all U.S. women but 64% of all women diagnosed with AIDS (KFF, 2012b). They are most likely to be diagnosed with HIV between ages 20 and 24 (CDC, 2011c) and roughly 85% are infected through heterosexual contact (CDC, 2011a).
College students have historically been considered “low risk” for HIV infection due to the perception that education is a protective factor and the assumption that all college students are socioeconomically privileged. However, recent research suggests that young African-American women remain at elevated HIV risk even when attending college, and that the significant disparity in college attendance between young African-American men vs. women may actually exacerbate their risk (Alleyne & Gaston, 2010).

This study uses surveys and interviews to assess levels of HIV knowledge, perceptions of risk and actual risk behaviors among African-American women college students at a comprehensive public university. Almost all students are commuters reliant on financial assistance, most are employed and many are parents or care givers. As they work to improve their lives through higher education, most have family, work and social lives centered in communities colored by poverty and discrimination. High rates of incarceration among young African-American men, gender-based power imbalances in romantic relationships, men’s frequent conduct of concurrent relationships, and cultural taboos around open discussion of HIV/AIDS, female sexuality and LGBT issues all appear to heighten their HIV risk.

The sustained failure to successfully engage African-American women in HIV prevention and treatment efforts has been fueled by initial failures to address the needs of women and people of color, later focus on "risk groups" versus risk behaviors, and then exclusive focus on biomedical aspects of HIV/AIDS. As such, the goal of this research is to develop an effective, engaging peer-driven HIV prevention tool for African-American women students that uses nuanced information about their knowledge, experiences and perspectives to address their needs, priorities and identities as social determinants of health.

REFERENCES:
Presenters:  
Diakite, Mary Kay, MSW, LMSW  
Plummer, Guadalupe Dominguez, MPH, CASAC

Contact:  
Mary Kay Diakite, LMSW  
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Title:  
Dissemination and Implementation of Evidence Based Interventions in Ryan White Part A Harm Reduction Services

Abstract:  
In addressing the theme of the conference “New Practice Approaches for a New Era in HIV/AIDS Care,” this workshop will specifically detail how evidence based interventions were disseminated and implemented within longstanding low threshold Ryan White Part A harm reduction services in New York City. The two evidence based interventions (EBIs) that will be discussed are: Healthy Living Project and Seeking Safety. Healthy Living Project was chosen because it is a model developed for serving current substance users who are living with HIV. Seeking Safety was chosen because it focuses on trauma and substance use, both of which have been linked to behavioral risks for co-morbidities (such as hepatitis or STIs).

The session will provide social workers with 1) information on two EBIs to consider implementing in their own programs; 2) the opportunity to experience two EBIs that were implemented in New York City; 3) the chance to discuss best practices in terms of dissemination and implementation; 4) discussion of unintended consequences of implementing the EBIs both for staff and client; and 5) the opportunity to discuss meaningful process and outcomes evaluation measures for programs incorporating these EBIs.

This interactive workshop will use lecture, discussion and experiential activities to give participants the opportunity to understand the challenges and best practices involved in disseminating and implementing evidence based interventions in their own practice.

Presenter:  
Ellis, W.

Contact:  
Walter L. Ellis  
wellis@livingstone.edu
Title: Determinants of Risky Sexual Behaviors Among First-Year Sexually Active African-American College Students: Implications for Risk-Reduction Programs

Abstract:
The purpose of this study was to identify correlates of risky sexual behaviors among 342 first-year sexually active students attending a Historical Black College in the south. This study is in conjunction with a Survival Skills Program that is a part of a General Education College Skills course aimed at raising awareness around HIV/AIDS-STD risk among first-year students. During fall 2010-spring 2013 semesters, the students enrolled in this course were asked to complete a HIV/AIDS-STD Needs Assessment that obtained information about their; 1) background, 2) perceptions of HIV/AIDS-STD risk, 3) current involvement in sex, 4) type of sexual behaviors, 5) prior STD diagnosis, 6) condom usage, 7) risky sexual behaviors-engaging in sex with a person of the same gender, with a partner under the influence of alcohol or drugs or being under the affect of those substances themselves within the past year. Other risky sexual behaviors were participating in vaginal or anal intercourse without a condom at the last sexual encounter, and partaking in oral sex without the use of a dental dam. The 10-item Rosenberg Self-Esteem Scale was also administered to students.

In an Ordinary Least Square regression analysis, the reason given for not using condoms-drunk or high (B=1.01, \( p = .01 \)), gay (B=1.81, \( p = .02 \)), bi-sexuality (B=1.78, \( p = .001 \)), and oral sex (B=1.81, \( p = .004 \)) increased the number of risky sexual behaviors students engaged in, whereas higher scores on the self-esteem element “At times I think I am no good at all” (B= -.60, \( p = .008 \)) decreased those behaviors. The model was significant (F=2.84, \( p = .001 \)), and explained a third of the variance in risky sexual behaviors.

Illicit drug use was at the root of risky sexual behaviors. This substance was positively related to four markers of those behaviors; not using condoms because of being drunk or high, bi-sexuality, oral sex, and agreement with the self-esteem element “At times I think I am no good at all”. The bi-sexual females and those students who did not feel worthy were particularly prone to participating in sexual activities while consuming illicit drugs. While oral sex was a common type of sexual expression, only a few students knew about or used dental dams. Given that many students anecdotally expressed during the Survival Skills Program that they believed that the HIV virus cannot be transmitted through oral sex along with the fact they were mixing illicit drug use with this type of sex, oral sex is especially risky.

There is an urgent need to include drug education and dental dam education in risk-reduction programs. Strategies for recruiting bi-sexual females and setting achievable goals to help elevate an individual’s sense of self-worth are warranted in those programs as well.

Presenter: Eversman, M.

Contact: Michael H. Eversman
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Title: AIDS, Drugs, and Harm reduction programs in U.S. black communities

Abstract: Illicit drug use in the U.S. remains a public health concern, with injection drug use notably linked to blood-borne disease transmission as HIV/AIDS; populations of color notably experience disproportionately higher transmission rates. Harm reduction programs as methadone and needle- and syringe-exchange are empirically demonstrated to reduce HIV transmission, yet are believed to be opposed by many in black communities. This study explores stakeholder views toward harm reduction as it relates to HIV/AIDS, illicit drugs, and black communities.

Design: In-depth interviews were conducted with 21 stakeholders from 13 drug treatment and community health service agencies serving communities of color in a Northeastern US urban hub. Data were analyzed using Atlas TI (v.6.2) qualitative software, identifying textual “meaning units” and conceptual themes.

Results: Respondents deemed harm reduction inadequate for black communities to address illicit drugs and HIV. Both methadone and NEP/SEP’s were criticized, and confusion surrounding the aims of harm reduction in relation to HIV/AIDS and drugs was noted. While conceding harm reduction lessens HIV/AIDS transmission, some believed it worsens drug problems, and noted that fighting HIV per se is not enough unless part of larger community transformation.

Conclusion: While professional social work endorses evidence based interventions, practitioners need consider the history of trauma surrounding illicit drug use in many black communities in deciding whether and how to promote harm reduction strategies. Whether harm reduction should be embraced as enhancing health outcomes in these communities requires considering neighborhood context, community segregation, and the racialization of illicit drugs in the US.

Presenters: Falvey, E.
Hansen, S.

Contact: Erin C. Falvey
falvey@christiesplace.org

Title: Improving the Engagement Cascade for Women of Color Living with HIV: The CHANGE for Women Program

Abstract: Ending the HIV/AIDS epidemic requires innovative, culturally relevant, and comprehensive approaches and interventions that effectively reach our most vulnerable populations. Christie’s Place, a women-led, women-focused agency that delivers comprehensive social and behavioral health services closely linked to HIV primary care for women and family members infected and affected by HIV in San Diego County, will lead an interactive discussion on the Coordinated HIV Assistance and Navigation for Growth and Empowerment for Women program (CHANGE for Women), an innovative, gender-responsive program aimed at strengthening the engagement cascade for HIV positive women of color, with specific emphasis on linkage to care, retention in
care, and access and adherence to ART. Developed in response to a 2010 estimate that 69% of HIV positive women in San Diego County who knew their status were not accessing medical care, this highly successful program has significantly impacted the local San Diego County engagement cascade by identifying and linking two hundred and thirty women to care resulting in a 12 percent decrease in unmet need in just over two years. The proposed workshop will outline the strategies utilized by CHANGE for Women in order to address the complex barriers that prevent HIV positive women of color from optimal engagement in healthcare and provide participants with specific examples of how these strategies were implemented in San Diego County. Through the workshop, participants will: 1) gain an understanding of the individual level, provider level, and structural level barriers impacting HIV positive women’s successful engagement in HIV healthcare; 2) learn about the strategies specific to a successful mobile/home based patient navigation model including integrating peer navigators as key treatment team members; 3) learn how to engage key stakeholders to develop a coordinated network of HIV care in order to create systems-level change; and 4) develop an understanding of the lessons learned from CHANGE for Women and their implications for improving retention in care and ART adherence including the need for gender-responsive, trauma-informed services which effectively address mental health and substance abuse conditions, history of and current trauma and abuse, low health literacy, and lack of support services.

Presenters:
Fanucci, S.
Bertani, S.
Peterson, C.

Contact:
Sarah Fanucci
cmdirector@ewadvocates.org

Title:
From Ryan White to the ACA: Lessons in Growth for one ASO

Abstract:
Our agency has been an AIDS Service Organization for thirty years. Like so many other HIV community service organizations, born of compassion, friends helping friends die with dignity, the red ribbon has been our banner, our mission, our whole identity for three decades. Then in 2013, with the combination of opportunity the Affordable Care Act harbored in and the uncertainty of either a long or prosperous future with Ryan White, we shifted focus. Or more accurately, we opened our arms to embrace a wider more divergent population. This decision was made, in all honesty, in part for preservation, but also, and very importantly, because we had the expectation that these new lives we could serve could benefit from the knowledge, skills, expertise, history, culture, conviction we honed in our work with HIV. A few months shy of one year into this new world, and the lessons learned are plenty. Not a few of them are somewhat painful. Growth can hurt. We have added multiple new offices, stretched state-wide, added staff and layers to our organizational chart.
In this conversation, we will share our experience with this rapid growth – physically in terms of locations, geographically, organizationally, ideologically – and open a discussion on challenges to staff utilization, supervision and maintaining (or re-inventing) agency culture.

**Presenters:**
Fanucci, S.
Bertani, S.
Spencer, B.

**Contact:**
Sarah Fanucci
Sarah@ewadvocates.org

**Title:**
The Viral Load Project: A Collaboration of Care and Prevention

**Abstract:**
In recognition of the very sensible assertion that treatment is prevention, our Medical Case Management and Prevention Teams collaborated intensively on a project to address the final few steps of the Treatment Cascade. The Viral Load Project is a systematic honing in on those in our service area who have not achieved an undetectable viral load (VL). A focused step by step process begins with pulling reports of pertinent data (date and value of most recent VL, most recent doctor visit, case management status, pertinent co-occurring morbidities, the presence of a known sero-discordant partner, known transmission risks, etc.) and proceeds to interviews with the assigned case manager, culminating with the development of an intensively focused service plan. This service plan can include anything from a simple lab data request to the inclusion of peer support, Health Education/Risk Reduction conversations, consumer involved team meetings with all pertinent providers, the procurement of housing or basic needs or intensive outreach efforts by prevention. By viewing client needs through the prism of viral suppression, a new structure of case management delivery was inevitably created in which a specific medical outcome dictated the focus and intensity of the services delivered.

In this workshop, we will articulate the specifics of this project, down to providing copies of the forms we use, Excel templates for running the reports, a flow chart showing step by step the process from identifying a client of interest to signing off on a satisfied outcome. We will also discuss the strengths and challenges of working across disciplines. Finally, we will offer some insights into how this more medical model of service delivery affected the traditional social work model of care and delivery used in our agency and we will argue that both can exist quite harmoniously together.
Presenters:
Fanucci, S.
Bertani, S.
Spencer, B.

Contact:
Sarah Fanucci
Sarah@ewadvocates.org

Title:
The Virtual Office: Creating a New Model of Medical Case Management Service Delivery

Abstract:
Two years after launching our first virtual office, our agency has learned many important lessons on how and where to incorporate the use of technology in an effort to maximize resources while improving patient access and engagement. Experiencing firsthand the urgency of meeting increasing needs in a climate of ever dwindling resources, we set out to create a new model of case management service delivery that could cost-effectively improve the reach of medical case management while preserving HIV expertise even in the most rural of service areas, while staying true to the fundamental integrity of time-tested effective methods of social work inspired care and service. Our Virtual Model relies on computer-based video conferencing, a fully remote-controlled office, paperless files, and even in-home web access to maximize service delivery to constituents in areas of ever dwindling resources. However, through trial and error, intentional experimentation, and a series of regularly employed consumer and provider satisfaction surveys, we have also learned that maintaining certain core components of a traditional office – such as the opportunity of in person interaction with both clients and collaborative providers, a comprehensive knowledge of area resources, deliberate relationship-building with natural collaborators – are also key to the success of this model. In this workshop, we will articulate the how’s and what’s of our Virtual Model, offering the audience a real template they can take away and recreate in their own part of the world. We will also offer insight into which aspects of a traditional office appear critical to maintain in order to preserve consumer investment in the model, and therefore engagement in services. We will also discuss the effects of this model on agency culture, share lessons learned on adapting to service provision in areas remote from one’s actual physical location, and address the challenges we’ve faced and attempts to overcome.

Presenter:
Feinberg, J.

Contact:
Jim Feinberg
jfeinber@chpnet.org
Title:

Abstract:
Intimate partner violence in same sex relationships is not a new problem, just a newly recognized issue. Same sex partner violence is the third largest leading health problem facing the gay and lesbian community behind HIV/AIDS and substance abuse. Violence against gays and lesbians does not only come from outside the community, it is also directed inward. It is known that same sex relationships are as much at risk for violence as heterosexual relationships. What is new is that abused gays and lesbians all over the United States are starting to come forward seeking help as victims of partner violence and sometimes as batterers. As these battered men and women emerge from their “inner closets”, they face a gay community and a larger society that is unprepared to help them.

The intent of this discussion is to explore the issues of partner violence in same sex relationships and HIV and to determine the implications for social work practice. During this discussion, we will explore the multiple forms of violence experienced by gay men and lesbian women, how partner violence is a barrier in accessing medical care, open closet doors, generate awareness about the phenomena of same sex partner violence and HIV, how HIV/AIDS is used as a weapon of control, how the current state of economy is playing a part in partner violence, debunk myths and stereotypes of same sex partner violence and HIV, and compare and contrast same sex partner violence to that of heterosexual partner violence.

The roles of internalized/externalized homophobia, heterosexism, HIV/AIDS status, and oppression, will be discussed. The presenter will define what partner violence is, how it affects a gay man or lesbian woman, what to do when someone presents in your setting that identifies partner violence issues, the role of a social worker working with this population.

The presenter will discuss resources or (lack thereof) and the barriers to seeking partner violence services and medical care. This presentation will be interactive in style, using a teach back method by using a case example and show a short video clip comparing/contrasting same sex intimate partner violence with heterosexual partner violence.

Presenters:
Fladmo, S.
Anderson, C.

Contact:
Kayelyn Harris
kharris@clienttrack.com

Title:
Increasing Efficiency Through Technology and Collaboration

Abstract:
This session will examine the systems and processes in place within HIV/AIDS organizations and how to make changes that will better serve their clients. The presenters will also discuss the
technological tools HIV/AIDS organizations can use to improve their service delivery and increase their day-to-day efficiency. Both presenters have many years of experience with HIV/AIDS organizations and are industry experts on the technology that makes service delivery to HIV/AIDS clients possible.

**Presenters:**
Fogel, M.

**Contact:**
Molly Fogel
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**Title:**
Clinical Supervision of Paraprofessional Workers – The New Era of Social Service

**Abstract:**
This presentation will be geared to Clinical Supervisors who are tasked with supervising individuals with non-clinical training and varying educational backgrounds. Paraprofessionals make up an essential and growing part of the new era of managed care and cost effective services, particularly as AIDS-exceptionalism phases out. Examples of such staff are HIV testers, case managers, substance use counselors, and receptionists, among others. Attention will be given to the specific demands of these workers and the special considerations involved when working with the HIV/AIDS population, including confidentiality, boundaries, ethics, and professionalism.

For clinical supervisors, it can be challenging to describe components of clinical work to individuals and groups without the training. In this presentation, we will offer ways to break down different learning styles, limits of confidentiality, concepts of motivational interviewing, and assessment skills.

**Presenter:**
Ford, L.

**Contact:**
Lynnette Ford
lynnettef@gmhc.org

**Title:**
The HIV Cascade: Gay Men’s Health Crisis Innovative Approach to Increasing Linkage to and Retention in Care
Abstract:
Despite increases in HIV testing and advancements in HIV treatments, New York City remains at the epicenter of the HIV/AIDS epidemic. In 2011, the New York City Department of Mental Health (NYCDOHMH) reported that of the 131,766 individuals living with HIV/AIDS, in NYC, 54% are engaged in care and 38% are virally suppressed. In an effort to ensure adequate linkage to and retention in care, Gay Men’s Health Crisis (GMHC) and Mount Sinai Medical Center (MSMC) worked together to develop an innovative linkage and retention in care program.

In 2012, GMHC’s HIV testing program began implemented connection to care pilot program, p with MSMC, to provide immediate access to comprehensive medical care and supportive services with the goal of directly impacting the treatment cascade. The Linkage to and Retention in Care project, utilized a dedicated and trained linkage navigation specialist who was responsible for linking clients to care, with a social worker and Physician at Mount Sinai. Since 2012, GMHC’s HIV testing program has a 100% linkage to care rate, 93% retention in care rate, with 90% of the clients retained in care being virally suppressed. Moreover, in 2013, GMHC’s HIV testing program was recognized by the NYS Department of Health as having the highest linkage to care rate of all HIV testing programs, in NYS.

Participants will receive concrete and replicable strategies to increase linkage to and retention in care, through utilizing a client vignette and questions that provoke participants to think of applying strategies in their practice.

Presenters:
Forrest, C.
Harcus, J.
Crate, M.

Contact:
Ca-Lien Forrest
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Title:
Innovations in Interdisciplinary Care

Abstract:
St. Paul’s Hospital in Vancouver is home to the John Reudy Immunodeficiency Clinic, the largest HIV primary care and consultation clinic in British Columbia, Canada. Recent provincial “Seek and Treat” policy and funding initiatives spearheaded by Dr. Julio Montaner have influenced social work and peer navigation practices. The “Seek and Treat” model has proven effective and in turn has highlighted the increased care and support often required for newly diagnosed and psychosocially complex clients. In the last two years, HIV positive peer navigators have joined the team to provide innovative peer support to our clients. The implementation of peer navigation staff is the first of its kind across Canada and has been shown to improve client education, engagement, self management and adherence. Further, the interdisciplinary team at the Immunodeficiency Clinic aims to provide care based on low barrier service delivery. Specifically, social workers and peer navigators work along side one another to achieve client goals including peer support, education, system navigation and practical assistance.
within the context of a primary care clinic. Changes in HIV testing, treatment and disease management have influenced the evolution of how to best support HIV positive individuals. It is evident that peer navigation in conjunction with social work is necessary in providing meaningful client-centered care.

Our panel will include two social workers and a peer navigator. We will provide a brief description of our primary care clinic and how care and medications are implemented within our provincial mandate. We will further explore practice benefits and challenges working within our low barrier interdisciplinary model.

**Presenters:**
Franza, K.
Borne, D.

**Contact:**
Kate Franza
kate@apiwellness.org

**Title:**
Best Practices for Supervising a Team Who Experiences Vicarious Trauma: Two Case Study Examples

**Abstract:**
Providers that work with clients who have experienced trauma often experience vicarious trauma and secondary trauma. Trauma challenges providers’ core beliefs and can cause a disruption in the provider’s professional and personal life. This can affect client care, staff moral, and inter-team dynamics. Intense caseloads, interdisciplinary team issues, limited resources and complicated clients and systems can be incredibly stressful; coping with trauma on top of work your workload, only creates more challenges. Our programs make every effort to hire staff with direct or lived experience with our target populations, which can increase the effects of secondary trauma.

API Wellness Center in collaboration with the San Francisco Department of Public Health operates two demonstration projects through the Health Resources and Services Administration’s (HRSA) Special Projects of National Significance (SPNS) initiative. Both programs target populations with extraordinary rates of trauma: HIV positive transgender women of color, and HIV positive dually diagnosed homeless people. Both programs utilize a multi-disciplinary team and staff experience vicarious and secondary trauma during typical encounters with clients.

This conversation will focus on the supervision challenges related to vicarious trauma and secondary trauma A high level of insight about trauma and self-awareness from management is required in order to reduce team member conflict and support staff. Responsible trauma informed supervision creates a relationship in which the staff feels safe in expressing fears, concerns, and inadequacies (Welfel, 1998). Trauma informed supervision and management results in a healthy organizational culture, workload, group support, self-care, education, and work environment can reduce the impact of vicarious and secondary trauma.
Pediatric to Adult HIV Transition: A Guideline for Retention in Health Care

**Abstract:**
HIV positive young adults have had difficulty remaining in medical care once transitioned from pediatric practices. In many cases, these individuals have been unable to remain linked to supportive services such as case management and may not follow up with their medical care, absent any acute medical concerns. The Children’s Hospital of Philadelphia Department of Special Immunology developed a guideline to improve the process for pediatric patients transitioning to adult medical care. Remaining linked to care is essential to the long term survival of this population. The multi-disciplinary team implements these transition guidelines by initiating a discussion regarding the need for transition, with patients at the age of 18. The goal is to create a comfortable process with successful transition by age 24.

The process utilizes a checklist of skills needed for successful transition and individualized care plans. Patients are given several opportunities to meet with an adult provider in the pediatric setting. Here they learn of the nuances of adult care and have their questions answered. Integral to this process is the pediatric/adult practice partnerships, including a point person at each practice and pediatric staff attending initial adult care appointments with patients. These partnerships are also designed for the pediatric staff to have a better understanding of the services provided at these individual adult practices to assist in linking the transitioning patient to the more appropriate facility. This plan aims to minimize the fear of abandonment associated with having to leave the only medical provider these patients have ever known.
Title:
Bearing Witness

Abstract:
“My most courageous self, the best man that I’ll ever be, lived more than two decades ago during the first years of a horrific plague…I miss the man I was forced to become.”


The world of AIDS found me in 1983. I was a gay social worker and my friends were dying. Life and work soon took on the shape of a mobius strip. In those early years gay men and women joined as a community and did the work that needed to be done. Their dedication sustained me. Back then there was no playbook to consult. Putting one foot in front of the other, we developed new models of care. Boundaries were lines on a map. There are many people whose stories live inside me. At times my memories overwhelm me. Grief comes in waves.

The intent of this workshop is to provide myself and my conference participants with an opportunity to share our stories. While our friends, family members, lovers and clients may have died, we have a responsibility to celebrate and acknowledge their strength and resiliency so that their stories, as well as ours, live on.

Presenter:
Glum, S.

Contact:
Shelly Glum
shelly.glum@saskatoonhealthregion.ca

Title:
Responding to the HIV Crisis in Saskatoon: Bridging the Gap Between Diagnosis and Treatment

Abstract:
Within the Canadian province of Saskatchewan, there has been a steady increase of new cases of HIV since 2003. The national HIV rate has remained stable since 2003 with a slight decline in recent years, however Saskatchewan’s upward trend has remained over twice the national rate since 2008. Saskatchewan’s largest urban centre, Saskatoon, serves the highest proportion of HIV cases in the province. In 2010, the Saskatoon Health Region and the Provincial Government developed a coinciding three year HIV strategy to help prevent the transmission of HIV in Saskatchewan and to improve the quality of life for people living with HIV.

The epidemiology of HIV within Saskatchewan is unique compared to the rest of Canada with risk exposure being primarily associated with injection drug use. Additionally, there is a disproportionate representation of people of Aboriginal descent being infected with HIV and a large increase of HIV + women who are of child bearing age. Overall HIV in Saskatchewan has
had the greatest impact on those who are vulnerable to a range of health, social and economic disparities. This distinctive epidemiology brings unique challenges in assisting people living with HIV to link, engage and retain into care.

This workshop will briefly review the HIV crisis in the province of Saskatchewan and its regional and provincial HIV strategy. Through the lens of Saskatoon, Saskatchewan’s largest urban setting, this workshop will discuss its HIV care structure and primarily focus on the unique psychosocial roles created to assist people in addressing multiple issues and barriers, and accessing their HIV care team and supports. Additionally, there will be a dialogue around the successes and challenges associated with the response to the HIV crisis and bridging the gap between diagnosis and treatment for people living with HIV.

**Presenter:**
Grant-Jackman, D.

**Contact:**
Dawn Grant-Jackman (Mrs)
dawn.jackman@barbados.gov.bb

**Title:**
The Social Workers’ contribution to the National HIV/AIDS Programme in Barbados

**Abstract:**
This presentation will highlight the contribution of the Social Workers in the HIV/AIDS Programme in the Island of Barbados.

The Social Work Department was introduced to the Barbados National HIV Programme in 2003. The social workers play a vital role in the prevention, care and support of persons living with HIV (PLHIV). The Demographics, national statistics, law, policies and the structure of the HIV/AIDS Programme will be highlighted in the presentation.

In highlighting these areas, participants will have a greater understanding of the services offered to PLHIV and they will have a greater appreciation for the contribution made by this unique group of professionals in the Programme.

The presentation will show the dual role played by the nine (9) Social Workers. The Social Workers are employed at the under-graduate level and are employed to perform HIV Testing and Counselling (HTC) as well as to provide psychological support to PLHIV. The team is led by an individual who is not only a Social Worker but also an Attorney-at-Law. The supervisor therefore has the responsibility to ensure that human rights of the PLHIV are protected when they are accessing care and services.

The Social Workers provide comprehensive psychological services to the clients they serve both within the primary care setting and the community. These Social Work services will therefore be highlighted in detail and the Social Workers contribution to the multi-disciplinary team will be outlined.

The health facility and services offered in the programme have been classified as a “best practice” and therefore many countries in the Caribbean look to Barbados as a guide as to how to carry out their work in their respective jurisdictions. This is due to the excellent work done in the areas of prevention, treatment, care and support of PLHIV.
The presenter will therefore welcome the opportunity to share the successes and failures of the Social Workers during their ten (10) year existence in the programme. Further, the presenter will welcome input from the participants attending the session to identify ways in which the Social Work Department can improve their services in the HIV/AIDS Programme in Barbados.

Presenter:
Haley, J.

Contact:
Jennifer Haley
jhaley@southwestcare.org

Title:
HIV Case Management: Narrative Approaches to Enhance Client-Centered Care

“The person is not the problem the problem is the problem” – Michael White, 1990

Abstract:
Often Case Managers receive limited formal training on how to implement client-centered approaches and for many the excitement of a one-day workshop offered once a year can subside. Using new skills (i.e. Motivational Interviewing, Brief Solution-Focused interventions, and Strengths-Based assessment) can be challenging without on-going reflection and feedback. Additionally, with high caseloads and increasing paperwork, adding another thing to do may seem daunting. Textbook questions cannot be easily applied to practice when we are looking over notes in our office, but often brief descriptions and example questions are a primary resource from trainings. The proposed workshop aims to build a Narrative perspective to approaching the work we do and provide a framework to enhance the utilization and successful implementation of client-centered practices.

This interactive workshop provides an overview of Narrative theory and takes a participatory approach to identifying how social constructivism and post-modern perspectives can inform our work. The theoretical section will cover core approaches of Narrative practices with the aim to provide Case Managers with an experiential understanding of client-centered care, going beyond rhetoric. It will also emphasize tools to increase on-going reflection and feedback. The applications to Case Management section will describe HIV Case Management from a Human Resources and Services Administration (HRSA) perspective, and also address ethical issues and limitations of Narrative approaches. The aim is to locate meaning in processes of reflection; to provide learning opportunities on how to use Narrative approaches to enhance client-centered care by aligning ourselves in solidarity with the people we work with. Although targeted at Case Managers also of interest for all direct service providers.

Format:
1. Introductions, SCC, workshop purpose/learning objectives and agenda. (10 minutes)
   (30 min)

3. Applications to Case Management: The line between case management and therapy; understanding limitations, adjusting approaches, utilizing Narrative concepts; lecture, small group work, individual exercises.
   (20 min)

Presentation:
Hanson, H.
White, R.
McChesney, E.

Contact:
Holly Hanson
holly.hansen@idph.iowa.gov

Title:
Bridging the Gap between Social Work and Public Health: Iowa’s interdisciplinary approach in a New Era of HIV work

Abstract:
We are at a critical juncture in addressing HIV. Significant changes to the health care environment, combined with recent studies that demonstrate the utility of treatment as prevention, have significantly altered the way in which state and local programs deliver prevention, care, and treatment services. Some of these developments include:

- New scientific evidence demonstrating that HIV antiretroviral treatment (ART) not only provides tremendous clinical benefit to an HIV-infected person, but it can also significantly reduce the risk of HIV transmission to partners;
- The passage of the Affordable Care Act (ACA), which will significantly increase access to preventive health and health care services for thousands of Iowans, including people with HIV; and
- The release of the National HIV/AIDS Strategy (NHAS) with the goals of reducing incidence, increasing access to care, and reducing health disparities.

At this juncture rests the disciplines of Public Health and Social Work. Historically, a distinct divide has existed between the philosophies of population-based strategies and individual-based interventions. The necessity to reinforce individual based interventions at the organizational and societal level needs to occur to reach success. Similarly, it is unlikely that organizational and societal campaigns will be effective unless reinforced by behavior change strategies at the individual level.

In Iowa, Social and Public Health professionals have partnered to develop effective, efficient programming based on Iowa’s HIV Care Continuum, or Cascade. See what strategies Iowa has
used to bridge this gap and to continue to develop a strong working relationship between the two disciplines.

**Presenters:**
Heinrich, A.
Evanoff, M.

**Contact:**
Amanda Heinrich
amheinrich1@hotmail.com

**Title:**
Social Determinants to Health

**Abstract:**
The poster we construct will demonstrate a visual map of social determinants to health, specifically injection drug use and its spread of HIV and HCV. Using the sociological theories of labeling theory and symbolic interaction we will create a representation and explanation of society’s view of injection drug use and how this affects HIV and HCV transmission. In addition, we would explain how these theories are barriers to accessing health care for those who use injection drugs. The focus of our poster presentation will be how the Boulder County AIDS Project (BCAP) in conjunction with other state-wide agencies is working to remove these barriers through reducing stigma, providing access to safe/clean injection equipment and guiding those who are uninsured or under insured (some that have never had health insurance in their lives) through acquiring health care coverage through the Affordable Care Act.

The Boulder County AIDS Project began providing syringe access in early May, and through work with Boulder County Public Health and the Harm Reduction Action Center of Denver has expanded services and provided representation of some strategies that have proved incredibly effective in the fight against HIV and HCV transmission. Some of these include: paraphernalia exemption cards, free, rapid HIV and HCV testing, active referrals to Suboxone treatment, hepatitis A and B vaccination vouchers, safer injection and vein care classes, and over dose prevention and Naloxone training classes.

**Presenter:**
Holtby, M. E.

**Contact**
Michael E. Holtby
holtby@denverpsychotherapy.com
Title: Compassion Without Fatigue

Abstract: This presentation is about how, on the brink of burnout, I was confronted by the initial tsunami of death that characterized the first ten years of the AIDS epidemic. It was a prescription for vicarious trauma as a social worker with two HIV groups that met weekly, and 60% of my private practice caseload being PWAs or their partners. Ironically, what happened for me was not trauma but resilience and growth. I learned how to live from those facing the dying process. And now, after 42 years as a social worker, I can share how to have compassion without fatigue, how to cope with the risk of vicarious trauma and experience a long and rewarding career.

Presenter: Humble, M.

Contact: Michael N. Humble
mnh51973@gmail.com

Title: Coming Out Twice: My Experience as an Openly Gay HIV Positive Professor in an MSW Program

Abstract: This is a story about a client I met in 1993. One year earlier at the age of eighteen, this gay male had come out and was asked to leave his family’s home. His father uttered one single sentence, “just be safe.” Now this was the era of an HIV/AIDS diagnosis which came with a lifetime expectancy of eight to ten years. When he went for his semi-annual six month HIV/AIDS test he believed, was convinced, that this test would be positive due to some unsafe practices.

This was also an age of anonymous HIV/AIDS testing so medical insurances could not deny coverage. The client asked his roommate to go to the public health clinic with his random number to get the results. Later that day, he called his friend who stated, “I tried to go in but was too scared.” At that very moment, the client knew the results. That client was me.

Fast forward almost two decades, one year in Americorps National AIDS Fund, and a BSW, MSW and PhD in Social Work and I now find myself a social work educator longtime person with HIV. I feel I have learned to use my life experiences to enhance the learning that goes on in the classroom so students will be prepared to work with people who are dealing with chronic and/or life-threatening illnesses.
Presenters:
Jacobs, A.
Two Ravens, PJ

Contact:
Amy Jacobs
akjacobs@med.umich.edu

Title:
Beyond the Familiar: The Possibility of Healthy Consensual Non-Monogamy, and Its Role in Treatment and Preventative Care.

Abstract:
While most social workers have received training in couple’s dynamics, few have received instruction on assisting clients who are in other forms of romantic relationship structures. In the world of HIV prevention and treatment, it may be particularly important to assess for different relationship types, and be able to advocate for prevention and treatment methods that are inclusive of alternative relationship and familial configurations.

Presenters of “Beyond the Familiar” will begin by providing an overview of Consensual Non-Monogamy (CNM) and the terminology used to describe non-monogamous relationship structures, ideas and concepts. What is “Polyamory?” What do people in open-relationships do? Isn’t this really just cheating?!?

Next, it is important that we promote inclusive and comprehensive assessments so we are best able to assist our clients of not only all sexual orientations and gender identities, but also those in different relationship structures. What should you be including in your assessments to make sure you capture the entire picture client’s relationships? Then, once identified, how do you provide the support and skills they will need to practice happy and healthy relationships? Negotiation strategies, empowerment, and tackling jealousy are just a few topics to be discussed.

What about prevention? Could encouraging CNM relationships in certain segments of the HIV positive population help reduce transmission? Can polyamory be a viable option on the “buffet” for risk-reduction? Special interest will be paid to the role of HIV status within non-monogamous relationships, both in sero-same and sero-discordant variations.

Information on current polyamory advocacy will also be provided. Are rights for multipartner relationships the next “marriage debate,” and why might the gay marriage movement choose to distance itself from the idea of CNM? Will more people in CNM relationships be “coming out of the closet?”

Finally, participants will have the opportunity to ask questions, as well as explore and discuss their personal beliefs and the possible ethical considerations of non-monogamy. Personal experiences with polyamorous situations and practice-related applications will be. CNM and polyamory resources will be provided.

Content primarily geared towards intermediate level practitioners, but is open to all levels of familiarity with concepts of consensual non-monogamy.
Presenters:
Johnson, D.
Rowan, D.

Contact:
Darrin Johnson
djohn210@uncc.edu

Title:
Creating “Statusboiz/Statusgurlz”: Lessons learned in designing a new online HIV prevention intervention

Abstract:
The poster will include:
1. A description of our new Online Safe Space HIV prevention intervention (and associated research study) for young Black MSM and transgender women, called Statusboiz/Statusgurlz;
2. Steps we undertook to ensure the design was culturally informed by active, iterative participation from members of the focus community;
3. A list of lessons we learned (some the hard way) about what is effective and not as effective in design and construction of an online HIV prevention program

Statusboiz/Statusgurlz is a new HIV prevention intervention that provides an online safe space for young Black gay/bisexual men and transgender women. The poster will explain our intervention design and the steps we took to engage members of the community of focus in the design. The poster will present a summary of lessons we learned during the design phase. Some of these are: choose a web developer that has cultural competence with the “target” community; don’t underestimate the time needed for alpha and beta testing of the website; though an intervention is online, it is likely necessary to hold community-based engagement and recruitment events; identify and utilize connections of peer leaders; watch for saturation when utilizing focus groups for feedback on design, plan for use of a mobile application, and tend toward less written content since many users will view the website on their mobile device.
Title:
Reaching the Queens

Abstract:
This workshop will cover:
1. What is the houseball community (ball culture) and what is its history;
2. Why are members of this sub set of young Black/Latino gay/bisexual men and transgender women at risk for poverty, discrimination, and health disparities (including HIV);
3. How we worked for 6 years to engage members of the house all community in the Charlotte, NC region;
4. Lessons learned in organizing and holding a series of HIV prevention balls;
5. How to go well beyond hosting a ball in the securing trust of house ball affiliates; and
6. An interactive discussion that solicits from the attendees their tips for engaging and experiences with houseball affiliates in other regions.

The houseball community (or ball culture) became known to the larger community in 1990 with the release of “Paris is Burning”, a documentary filmed in New York City. The group is characterized by affiliation in social structures called “houses”, participation in elaborate fashion and dance (vogue) competitions called “balls”, and organization into gender categories to include femme queens, butch queens, and butch queens in drag. The somewhat underground group has intersecting vulnerabilities and unique strengths and resiliencies. Composed primarily of young Black and Latino MSM and transgender women, the group bears a disproportionate burden of HIV incidence and prevalence.

The presenters will discuss their work to engage the houseball community in the Charlotte, NC region over the duration of 6 years, through implementation of CDC-funded interventions. They will discuss practical suggestions on how to successfully plan a ball and engage in other ways with the community.

Darrin Johnson (Father Hypnotic Blahnik) was the program coordinator of a d-Up! Intervention called “Prevention is Sexy” and is currently the project director of Statusboiz/Statusgurlz. Dr. Diana Rowan is the principal investigator of Statusboiz/Statugurlz, a new online HIV prevention program and associated study funded by the CDC’s Minority AIDS Research Initiative (MARI). Aaliyah Marie Revlon (Legendary Mother of the House of Unbothered) is a member of the Statusgurlz street team and has recently assisted in multiple ways with design and implementation of the new intervention. Including her perspectives, as a member of the ballroom community, is a major strength of our presentation and will provide the attendees with a unique opportunity to learn more about the sub-culture from the inside.

Presenters:
Johnson, D.
Rowan, D.
Revlon, A.
**Contact:**
Darrin Johnson
djohn210@uncc.edu

**Title:**
FUBU for Real: Who knows best?

**Abstract:**
When working with specific cultural subgroups, the community-driven participatory approach to intervention development becomes even more important. Although culturally tailored approaches to HIV prevention and care are better than generic ones, we suggest that their use isn’t enough. For projects to be effective, they should not only be tailored “for” specific communities, but also “by” members of the groups. However, employing a FUBU (For Us, By Us) approach is often not the “easiest” method, but we suggest it is often the most effective in practicing with difficult to reach groups because members of a group know best what will be helpful.

The first presenter is the project director and the second presenter is the principal investigator of a 4-year study funded by the CDC’s Minority AIDS Research Initiative (MARI). The new online intervention is an HIV presentation intervention specifically for young Black gay/bisexual men and young Black transgender women. The third presenter is a member of the at-risk community, who will share about her real-life role in contributing to the design of our HIV prevention intervention.

The presentation will cover:
1. why use of a “FUBU” approach to intervention design has been an effective practice for us;
2. examples of how in-depth involvement of the “target” population in our intervention design yielded important changes; and
3. how we specifically recruited and utilized expertise of members of the at-risk communities.

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**Presenter:**
Kamya, H.

**Contact:**
Hugo Kamya
hugo.kamya@simmons.edu

**Title:**
Child-headed households in the African context: What does the future promise?
Abstract:
Over the last few decades HIV/AIDS has ravaged Africa. Recent reports indicate that there are over 30 million people living with HIV/AIDS in sub-Saharan Africa, 3.5 million newly infected individuals, and 2.5 million dead from the disease. Of these 30 million, more than 4 million are suffering from an advanced stage of AIDS and are in need of antiretroviral treatment. Yet, less than 10% are receiving the needed medication. In addition, the epidemic has produced an overwhelming number of orphans. While major successes are being reported, the statistics are overwhelming. One overwhelming statistic is the number of child headed households that have emerged. While they provide one face of HIV they also present challenges in this new era of HIV/AIDS. This presentation will examine this phenomenon in the African context and address, practice, research and policy implications. More importantly, the presentations will discuss implications for the future.

Presenters:
Kennedy, J.
Raville, L.

Contact:
Lisa Raville
Lisa.harm.reduction@gmail.com

Title:
Let's Talk about Life: Naloxone, HIV, and opiate users

Abstract:
Nationally, overdoses are the number one cause of accidental deaths. Colorado overdoses have tripled in the last 10 years. Join Lisa Raville, the Executive Director of Colorado’s largest syringe access program and Dr. Jane Kennedy, an Addictions Psychiatrist, to chat about Colorado’s only provider of Naloxone to opiate users and their friends, family members, and service providers. Explore the risk of your HIV positive patients to learn more about overdoses, particularly opiate overdoses and the opioid antagonist, Naloxone, that save lives daily. Learn about national healthcare provider advocacy efforts, participate in a robust conversation to learn how to encourage folks to prevent to, and respond to, an opiate overdose.

Presenters:
Kramer, S.
Driskell, J.

Contact:
Scott A. Kramer
scott@scottakramer.com

Title:
How to Survive a Plague: A Documentary and Discussion
Abstract:
“Faced with their own mortality an improbable group of young people, many of them HIV-positive young men, broke the mold as radical warriors taking on Washington and the medical establishment. How to Survive a Plague is the story of two coalitions—ACT UP and TAG (Treatment Action Group)—whose activism and innovation turned AIDS from a death sentence into a manageable condition. Despite having no scientific training, these self-made activists infiltrated the pharmaceutical industry and helped identify promising new drugs, moving them from experimental trials to patients in record time. With unfettered access to a treasure trove of never-before-seen archival footage from the 1980s and ‘90s, filmmaker David France puts the viewer smack in the middle of the controversial actions, the heated meetings, the heartbreaking failures, and the exultant breakthroughs of heroes in the making.” – From www.surviveaplague.com

As the theme of this year’s conference is New Practice Approaches for a New Era in HIV/AIDS Care, we wanted to take a look at the past and see how others reacted in the face of a new era. Let’s see what we can take from that time and apply to today. Please join us for this special screening and discussion.

Presenter:
Kumar, V.

Contact:
Vunnava Shakinkumar
shakinkumar@gmail.com

Title:
Defined Approach to HIV/AIDS Education for Tribal and Uneducated Populations

Abstract
I and my team have been working in educating the Tribal Community people in the thick forest region of Eturungaram, Warangal District in the state of Andhra Pradesh, India. The Geographical location of these Tribal villages is very much prone to easily getting infected with Communicable diseases. The Transport facilities to these villages and thandas are very weak as the villages are located in deep interior forests and also due to rainfall, the roads get damaged regularly.

Although there are some counseling centers run by Government and Non-Government agencies in some areas, there is an high percentage of absence due to following reason:-

- Tribals belong to poor financial background and cannot afford to visit the counseling centers through money paid transport.

- Tribals have to work daily to earn their bread and butter, so they cannot spare time for attending these counseling centers.
• Tribals believe that attending a counseling session is just a waste of time and energy.

Government agencies and Private Organizations have implemented various awareness concepts and techniques by using IEC-Information and Education Campaign Tools (pamphlets, brochures, leaflets and booklets) for creating awareness among tribals. Despite the efforts of Health Work Force, the tribals are not able to understand the awareness concepts, as the tribals belong to uneducated sector.

• The main reason for the outreach failure by various organizations has found out to be that the tribals need a simplified and well defined counseling concept to make them understand easily and instantly.

Though there has been many innovated ways of educating the uneducated populations on HIV/AIDS, there is still no sign of inheritance of knowledge on HIV/AIDS by this tribal community. Books, brochures, leaflets and other literature is been distributed to them and they are simply being ignored after the counseling sessions.

In this regard, I and my team have surveyed and researched the reasons for these outcomes and we have the following reasons for kind consideration: -

• The tribal community belongs to ancient tribe and is very traditional in nature.
• The tribals are being influenced by ancient beliefs and still follow the ancient family living methods.
• Safe and Protected sex practices are not followed as the tribals believe that it is against their tradition and beliefs.
• The tribals are inaccessible to the poverty eradication and income generation schemes, still making them live poor economical life.
• The tribal communities believe that HIV/AIDS is a curse by the god for their sins.

Books, pamphlets, brochures, posters and other literature are being used as paper weights and resale material rather than being used as Information Conveyers. The tribals feel that they need higher education to understand the HIV/AIDS awareness literature. Stigma, Discrimination and Shyness towards HIV/AIDS is very much active in these people’s minds and living.

The villages of this forest region are almost technologically advanced by having telephonic communications, mobile communication, internet access, primary health care centers and counseling centers, but it is utmost sad to describe that the tribals understanding approach towards has not changed despite many efforts from Government Agencies and Private Organizations. There is a tremendous increase of Sexually Transmitted Diseases (STD) due to their living approach.

We have designed an outreach technique to make them understand about HIV/AIDS instantly which shall enable them to follow the basic principles and rules for building a healthy community.
As part of our objective to eradicate HIV/AIDS, we have designed a simple questionnaire that needs to be answered by the person instantly without any counseling. By doing this, there are high chances of the person acquiring knowledge (Basic facts of HIV/AIDS) and will be free from HIV/AIDS.

HIV/AIDS is still considered as an anti-debate topic among the Rural Population and Uneducated Population in India. I request for any other recommendations for educating the ancient tribes and uneducated populations in India.

**Presenter:**
Larrabee, S.

**Contact:**
Susan F. Larrabee  
slarrabee@partners.org

**Title:**
Training HIV Medical Providers in Motivational Interviewing to improve adherence to ART in Patients and Prevent Burn-out in Providers; A Research Project

**Abstract:**
As HIV has become a chronic disease in the US, medical providers and the social workers who practice alongside them have moved from managing only HIV/AIDS to a host of other health care issues including, obesity, smoking related illness, drug addiction and other chronic diseases like diabetes and high blood pressure. It has become necessary to become experts in supporting behavior change in patients over the lifetime. *Evidenced based interventions must be taught to providers which support this goal and nurture their continued devotion to this complicated population.*

In February 2012 a multidisciplinary team, the MI Working Group, lead by the clinic social worker gathered to develop a research project which would approach this challenge. Brought to the table was the enormous number of studies and mega analyses showing the effectiveness of using Motivational Interviewing (MI) to promote long term behavior change in patients, including studies showing its effectiveness at addressing medication non-adherence, the primary concern of all medical providers in the HIV clinic. Over the next six months, a proposal was submitted to the IRB, micro funding was obtained and the MI Working Group began planning the intervention; a four hour MI training for all members of the HIV Treatment Team which serves 750 HIV+ people in a large inner-city academic hospital clinic. Surveys were written to measure pre-training skills, post-training skill development and a survey measuring skill use six months post-training. Surveys were coded and interpreted for MI consistency. Post intervention, MI strategy building was incorporated into weekly team meetings, reinforcing training material. The HIV social worker in the clinic offered on-site MI consultation to all providers including live demonstrations with clinic patients who consented. An MI booster session was well attended one year after the initial training.

Motivational Interviewing has become the cornerstone of a successful adherence program in the HIV clinic as well as an education program promoting life saving behavior change in
patients. It has further become a self-care and capacity building strategy for medical providers who previously struggled to maintain a sense of commitment to patients following years of unhealthy life choices. Social work leadership was integral to the success of this research project and the positive results it inspired.

**Presenter:**
Lee, M.

**Contact:**
Michael G. Lee
leex5298@umn.edu

**Title:**
Evaluating Change in Community-Based Settings: How Do New Technologies Blend With ASOs’ Grassroots Origins?

**Abstract:**
Founded by activists in the early 1980s, community-based nonprofit HIV/AIDS service organizations (ASOs) have provided a frontline response to domestic HIV for over thirty years. As the epidemic has changed, ASOs’ roles within the larger healthcare system have changed as well. While ASOs’ emphasis on compassionate, nonjudgmental care has influenced numerous aspects of American healthcare (Andriote, 2011; Jefferson, 2006), their technical functions may seem redundant, given the expansion and availability of comparable services in today’s marketplace. Given how ASOs have endured numerous transformations since their founding, this presentation will examine how their unique origins may influence the change process brought about by Affordable Care Act reforms and the National HIV/AIDS Strategy.

The presentation begins with an overview of how, despite their need to conform to existing funding bureaucracies (Dodd & Meezan, 2003; Gillett, 2011), ASOs’ continued uniqueness stems from three distinct conditions. First, by federal rule, formal service planning must include HIV/AIDS service consumers, which provides space within the public bureaucracy for voicing and acting upon the concerns of people living with HIV/AIDS. Second, disproportionate levels of HIV among gay/bisexual men and communities of color may facilitate closer ties between service users and providers, who may identify with the populations served by ASOs or may be living with HIV themselves (Dodd & Meezan, 2003). Third, ASOs may represent a professional destination for LGBTQ-identified workers, who may feel especially protective of programs serving populations that have historically been excluded by mainstream society (Dodd & Meezan, 2003).

Next, this presentation will address the potential pitfalls of evaluating organizational change in ASO settings if consideration is given only to their technological adaptations. A thorough analysis should also document the influence of the organization’s history and service values, as well as its identification with the communities disproportionately impacted by domestic HIV, on the perspectives and decisions of its numerous stakeholders (e.g., employees, governing board, volunteers, and service recipients). Following an in-depth discussion of these
conceptual issues, this presentation will conclude with a discussion of potential research opportunities and implications for organizational policy and practice.

**Presenter:**
Lee, M.

**Contact:**
Michael G. Lee
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**Title:**
What does history tell us about today’s ASOs? Lessons from gay and lesbian social services between Stonewall and AIDS

**Abstract:**
HIV/AIDS service organizations (ASOs) have undertaken substantial changes in response to Affordable Care Act (ACA) reforms and the National HIV/AIDS Strategy (NHAS). Still, many questions remain concerning the integration of ASOs (introduced as a grassroots response to governmental inaction) within a top-down reconfiguration of the U.S. healthcare system. A vital component for understanding ASOs’ circumstances today can be found in the history of gay and lesbian social movements of the 1970s, when inward-looking service providers and volunteers led the development of locally-informed, gay-affirming responses to the medical and psychosocial problems impacting their peers.

This study analyzed content from archival sources, including *The Advocate* newspaper and organizational documents from service providers of the early 1970s, to identify the health concerns addressed by these groundbreaking community organizations. The analysis yielded four major concerns: social adjustment to a gay or lesbian identity, chemical health, sexual health, and family supports. Findings also revealed a service context marked by funding instability, workplace turmoil, neighborhood hostility, and high levels of consumer needs. The newness of these communities, persisting stigma and legal sanctions against homosexuality, and organized backlash from opponents meant that gay and lesbian social services would be forced to operate under conditions later associated with ASOs in the 1980s (Gillett, 2011; Mechanic & Aiken, 1989; Shilts, 1987). At the same time, these organizations’ emphasis on nonjudgmental, peer-to-peer service delivery continues to echo in recommendations by the NHAS, while federal missives including the website *Healthy People 2020* call for an expansion of GLBT-identified community health centers. The history chronicled in this poster depicts an emerging community health movement that recognized service needs uniquely impacting gay and lesbian individuals, who in the face of numerous obstacles organized and sustained support for these fledgling efforts in ways that continue to influence health care policy today.
Abstract: Elected officials at all levels establish policies that effect social work practice as we enter the new era in HIV/AIDS Care. It is important that social workers have direct input into the process. This workshop will provide participants the information necessary to have a positive impact on the elected officials who create these laws and policies. The two primary focuses will be on the importance of political advocacy related to HIV/AIDS legislative agendas and ways of establishing working relationships with elected officials. A key element of political advocacy is educating elected officials about the facts, nuances and ramifications of the decisions they make in their official capacity. The best and most direct source of such information is the public who are most knowledgeable, which generally are the public health social worker and their consumers. However, professionals must be informed about how the process works and how we can most productively and effectively make our voice heard. Professional social work practice includes the role of advocate. Many times it appears that the profession has forgotten the art and science of advocacy at the macro level. Participants will learn how social workers can achieve indirect community services to change the social environment through the establishment of sound public policy decision. Four major components will be explored. They are: Network construction, triage targeting; advocate mobilization and legislative relationship. This workshop will educate and motivate social workers to effectively influence policy that affects HIV/AIDS social work.

Presenter:
Marlowe, D.

Contact:
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Title:
The Future of Social Work Advocacy and Activism in the New Era of HIV/AIDS Care

Abstract:
This workshop will be an in-depth presentation on the future role of social work advocacy and activism in this new era in HIV/AIDS care. A brief synopsis will be included of how the social work advocacy role has changed since the beginning of HIV/AIDS to the present.
There will also be a brief discussion on the most recent human rights violations against people with HIV/AIDS.

A key part of this presentation will be excerpts of a recent interview with Cleve Jones, AIDS activist and founder of the AIDS Memorial Quilt, on his thoughts on the future role of social workers in this field. This interview was conducted specifically for him to share his foresight on this and for the presenter to share this at this conference. It is essential to look at the history of activism related to this virus and then address how social work advocacy and activism will be shaped in the future. Because of social work’s primary role in the field of HIV/AIDS care, gaining an understanding of how our profession can continue to fight for the rights and policies that are needed and deserved is essential.

This presentation is geared towards an intermediate audience.

**Presenters:**
Maycumber, K.
Heinrich, A.

**Contact:**
Kelly Maycumber
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**Title:**
“Deductibles, Premiums, and Copays, Oh My! How to understand the ever evolving world of health insurance.”

**Abstract:**
What do social workers need to know regarding health insurance in order to best meet the needs of people living with for HIV/AIDS (PLWH)? This conversation on best practices will address several facets of health insurance for PLWH including, a) health insurance 101, b) understanding the importance of health insurance, b) costs associated with health insurance, d) basics of the Affordable Care Act related to PLWH, d) plan options, e) eligibility requirements, f) an insurance literacy tool, and g) general knowledge of AIDS Drug Assistance Programs including Health Insurance Assistance Programs. Participants will apply knowledge learned from this conversation to improve access and utilization of health insurance for PLWH.

**Presenter:**
McLees-Lane, M.

**Contact:**
Mary McLees-Lane
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**Title:**
Children, Teens, and Families Living with HIV
Abstract:

At 2013’s National Conference on Social Work and HIV/AIDS, it was surprising and amazing to see so many new social workers practicing in the field of HIV/AIDS. It also served as a reminder to me that while many social workers are knowledgeable about HIV/AIDS in adults, some might not be aware of how HIV impacts pregnant women, infants, children, youth and their families. While thankfully the number of children born HIV+ in the United States is decreasing, throughout the country there are still numerous HIV exposed babies born every year, as well as many HIV positive children and adolescents who need regular medical care and social work services specific to their disease and developmental stage.

This presentation will convey ever evolving social work practice approaches in working with pediatric and adolescent populations directly impacted by HIV disease. This workshop will discuss how children and teens are at risk of acquiring HIV, inform how to reduce the risk of mother to child transmission, define HIV exposed newborn and HIV infected child and youth, distinguish the type of specialized care needed by each of these populations, provide insight into psychosocial needs of HIV+ children, youth and their families, include medication challenges and adherence strategies for these clients, discuss legal issues for these families and mention trends among this population. A few NC specific references will be included; however the majority of this workshop will reflect a nationwide standard of care for this group of clients.

Presenters:
McLees-Lane, M.
Connor, L.

Contact:
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Title:
Positive Transitions: Empowering Young People Living With HIV

Abstract:

New practice approaches are needed for those social workers practicing in the field of Pediatric and Adolescent HIV/AIDS due to their HIV-infected clients becoming older and growing up. These young people living with a chronic illness need to be prepared to transition to both the Adult ID clinic as well as the adult world. There is an array of educational curriculums available to help adults who are HIV positive, but very few exist that are developmentally appropriate for the adolescent population.

We assisted in developing a curriculum that would help HIV positive young people prepare for life as adults. Sessions are structured to be very interactive, and subjects covered include dealing with disclosure and stigma, dating and relationships, managing a chronic illness and effective communication skills. The idea of living positively with HIV is a common theme that is woven into all of the sessions, and this program allows adolescents to develop a skill set that will optimize their physical and emotional health throughout their life. To date, three groups have been completed, with a fourth in process.
This poster will provide an overview of the curriculum development process, outline the concepts and curriculum. It will also contain visual samples and discuss the first four groups’ experience utilizing the curriculum, including lessons learned.

**Presenter:**
Meier, A.

**Contact:**
Alison Meier
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**Title:**
The Successes and Challenges of Implementing a Linkage to Care Intervention

**Abstract:**
The National HIV/AIDS Strategy (NAS) emphasizes the importance of improving systematic linkages to care for people living with HIV in order to improve individual health outcomes and decrease the number of new HIV infections. This requires strengthening initial linkages to care and providing systematic retention support to those with long-standing HIV infection.

In 2011, HRSA selected Wisconsin as one of seven demonstration sites to participate in a linkage to care Special Project of National Significance (SPNS) to improve access and retention in quality care; consistent with the goals of the NAS. As part of this initiative, Wisconsin created a new position within the state’s HIV care delivery system known as the Linkage to Care Specialist. The Linkage to Care Specialist works intensively with clients who are newly diagnosed, out of care, or being released from the Department of Corrections to address barriers to care and provide clients with the knowledge and skills necessary to maintain active engagement in HIV medical care after discharge from the Linkage to Care Program.

This workshop, intended for an intermediate audience, will describe the successes and challenges in developing and implementing the Linkage to Care Specialist position and how the addition of the position exposed gaps in the existing HIV service delivery system, specifically the structure of case management services. We will also discuss what changes are being made to the case management system as a result of lessons learned from the Linkage to Care initiative and how the state plans to continue Linkage to Care efforts after SPNS funding has ended. In addition, the responsibility of Linkage to Care Specialists and case managers in assisting clients with enrollment in private insurance and/or Medicaid via the Health Insurance Marketplace will be outlined as a key strategy in helping clients link and remain engaged in care.
Presenters:
Miller, K.
Roth, L.

Contact:
Kahn Miller
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Title:
Ladies Night: Safe Spaces as HIV Prevention for Marginalized, Oppressed, and Criminalized Communities

Abstract:
Women engaged in street-based sex work are a community at high risk for HIV transmission. Potential routes of infection, such as negotiating condom use with a date or sharing equipment for drug use, are common knowledge within social work, yet the issue of HIV vulnerability among this population is more than the sum of its parts. The focus cannot remain on behavior alone, but must broaden to include the context of gender hierarchy, criminalization, and the stigma experienced by those surviving in street economies that precipitates the distance between social workers and a community in desperate need of support services. For providers to effectively work within and simultaneously address this structural reality for women sex workers, facilitation of women-only safe spaces become a necessary tool in HIV prevention and care. Central to the creation of these spaces is the harm reduction modality of meeting people where they are – physically, mentally, emotionally – as the first step in building trust between women in the street-based sex trade and the social work field. Physical and emotional safe spaces foster peer education networks, proven to increase awareness of risk factors and reduce HIV rates among sex workers in programs worldwide. Regarding the emerging paradigm of treatment cascade modeling and test and treat interventions, safe spaces encourage retention in care and promote viral suppression. The safe spaces model can be applied to any marginalized community for which structural oppressions create barriers to HIV prevention and care. In this presentation we seek to convey the importance of harm reduction and intentionality in facilitating safe spaces; share our experiences, as members of Project SAFE, running a “Ladies Night” for women in Philadelphia’s street-based sex trade; and begin a conversation and skill-share around best practices, and new ones too.

Presenter:
Miller, P.

Contact:
Patricia Miller
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Title:
Sero-Discordant Couples: Co-Creating Relational Dialogues
Abstract:
The objective of this presentation is to bring forth a PhD. research study that was facilitated to gather together sero-discordant couples in Calgary, Alberta, Canada. The methodology was a participatory action research process. The primary themes that arose from the sero-discordant couples’ gatherings are those of loss, chronic disease management, changes in sexual relations, the trajectory of HIV’s impact on couples lives, as well as trust/intimacy issues, who to tell or not tell, and interpersonal communication issues.

The Dialogues:
Over two and a half years ten couples gathered in small clusters, pending availability and comfort, to be with other sero-discordant couples. Various gatherings formed with a multitude of diversity among the couples. The couples varied in age, gender, sexual orientation, class, and ethnicity. There were only a few restrictions regarding the couples that might want to be in the groups:

- a one-year relationship commitment;
- no significant interpersonal violence concerns;
- no active addictions during group process and;
- significant unmanaged mental health concerns.

Each gathering was open ended and participants were asked to share their experiences of living with HIV, when one partner is HIV positive and one is HIV negative.

The Narrative: Relational Dialogues
Multiple themes arose through generative dialogues within the gatherings and from individual meetings. I will highlight some of the main themes as identified by the couples themselves. Themes varied at each gathering, depending on how the sero-discordant couples choose to develop their collective dialogues. The longer-term outcome for the couple’s gatherings is now a peer support model in the larger HIV support community, through Calgary Cares, with funding that allows peer facilitators to lead the couple’s gatherings. Currently, all gatherings are now open to any couple that lives with HIV, whether sero-discordant or both members of the relationships being positive.

Presenter:
Miller, P.

Contact:
Patricia Miller
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Title:
Interpersonal Violence & Loss: A Case Study

Abstract:
The objective of this presentation is to bring forth a case study of a HIV positive woman’s life as she chose to die of AIDS versus treating her HIV. She died September, 2011 of a AIDS defining illness at the young age of 20. She left behind a HIV positive daughter, approximately 2 years of age at that time. This young person had been the victim of
interpersonal violence throughout much of her life, starting in early childhood. The bondage of her experience related to this suffering was initiated due to interpersonal violence in her family or origin; and concurrently in her adult relationships she continued to suffer with the impact of interpersonal violence until she choose to end her life by stopping her HIV treatment. The Southern Alberta Clinic in Alberta, Canada is committed to assessing interpersonal violence in the lives of all their HIV patients. A copy of the interpersonal violence screen will be given out for participants to reformat for their own practice.

The Dialogue

This vignette will look at the trajectory of care that was facilitated, as Social Workers were able to identify the severity of barriers that this young woman faced after her initial HIV diagnosis. The main themes that will be discussed are:

- the importance of an interpersonal violence screen;
- collaborative case management;
- the ethical considerations needed when a young adult chooses to stop HIV treatment and;
- self-care for caregivers after a loss of client.

This case study will be an opportunity to learn how assessment of interpersonal violence informed trauma-focused care and case management. Also, this discussion will highlight the hardships faced by HIV positive people as they are burdened with the suffering of trauma in their interpersonal relationships. Lastly, this case discussion is an opportunity to dialogue about how being involved with a client that chooses to die, can result in caregiver fatigue, and an emotional loss that needs to be healed.

Presenter:
Moore, G.

Contact:
Gail Moore
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Title
Singular Treatment is not Dual-Effective

Abstract:
In the world of HIV/AIDS risk reduction efforts are often directed by funding. High-risk groups are identified and directives are initiated to address the concerns of the most impacted populations. Factors may include gender, race, age, sexual orientation and/or substance use. Unfortunately those with Dual Diagnosis disorders or a combination of mental health and substance abuse issues may not be effectively integrated in those initiatives.

Financial strain, childcare, limited support and stigmas are a few of the difficulties faced by target populations and have been identified as causes for higher risk behaviors. Consumers dealing with these and Dual diagnosis may find risk reduction practices near impossible. The concerns that make these populations most “At Risk,” are the same that reduce the impact of traditional risk reduction initiatives. DEBIs often require numerous sessions, groups, certain levels of literacy, self-transport and other higher levels of self-sufficiency. According to a study
reported by the NIH (National Institute of Health) and SAMHSA (Substance Abuse and Mental Health Services Administration), “The impact of mental illness on overall health and productivity in the United States and throughout the world often is profoundly under recognized.” (Administration, 2010). An inconsistent treatment history and low support networks may reduce the opportunity for accountability as a form of treatment adherence. Consumers may be ill equipped to adapt risk reduction behaviors, sobriety and mental health treatment.

Additionally, the scarcity of programs geared toward holistic treatment of both mental health and substance abuse. Without comprehensive services that encompass identified risk factors, they are often more likely to engage in high-risk behaviors such as unprotected sex and/or needle sharing. Plans for these consumers must include consideration of their specific needs in addition to risk reduction efforts.


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**Presenter:**
Muhideen, A.

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**Title:**  
Tourism: An Innovation in Caring for People Living with HIV/AIDS

**Abstract:**  
Tourism: is basically a service industry geared towards promoting travel for the purpose of recreation, that is, the enjoyment of leisure. No matter who you are or where you from or what you might be going through health wise because Tourism is life.

HIV/AIDS is a serious disease that affects millions of Nigerians and the world at large. People who are infected with HIV need care and support from their friends, families, and the community, especially when they are ill.

Friends and family members sometimes worry that they might be infected when caring for a person with HIV by touching, hugging, coughing, or sharing eating utensils cannot pass on HIV.

It is possible for people who are infected with HIV to live long healthy lives. You can help those who are infected by:

- Showing love, respect and support.
- Knowing the facts about HIV/AIDS and talking openly about the disease.
- Helping to reduce stress and stressful situations and to provide balanced and nutritious meals.
- Organising a seminar/workshop/amusement and recreation for them to educate them and showing a cinema to re-orientate them to live without committing suicide.
- Package a tour for them by taking them to tourist attraction site, beach, vacation which will help them to feel among people.
• Encouraging them to take anti retroviral drug therapy and to get treatment if they are sick. Most infections are easily treated and cured, even if a person is HIV positive.

• There may be situations where you need to clean up body fluids or blood from someone infected with HIV. It is important to use rubber or plastic gloves or other barriers such as plastic bags or thick cloth to prevent direct contact. Make sure that you have these easily available at all times.

ADVICE TO PEOPLE LIVING WITH HIV/AIDS (PLWH/A)

AIDS is a disease that affects millions of Nigerians. A virus called HIV that slowly weakens a person’s ability to fight off other diseases causes it. If you are infected with HIV you can still live a normal healthy life for many years by observing the following:

• Eat nourishing foods, have enough rest and share information about their HIV status with their spouses and those they trust.

• Seek counseling about pregnancy because of mother to child transmission.

• Being positive about life because Tourism Is Life.

• Getting support from those around you by using Tourism innovations.

• They should avoid passing the infection to others by practicing safer sex and protect themselves from other STDs.

Presenter:
Mukamba, B.

Contact:
Benedict Mukamba
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Title:

Abstract:
In February 2013, Fundasaun Timor Hari’i (FTH) commissioned a Rapid Assessment and Response (RAR) among the Injecting Drug Users (IDU) in Dili and Bobonaro Districts, Timor-Leste. The RAR aimed at assessing; the nature and extent of injecting drug use, types of drugs used, demographic characteristics of users, and their engagement in high risk behaviours leading to HIV infection and Sexual Transmitted Infections (STIs). Both qualitative and quantitative methods were used such as: Key informant interviews, Focus Group Discussions, Structured drug users questionnaires, Social observation. The results indicated that 61% of drug users interviewed were aged 18-26 years old with over 45 % of all interviewee having begun using drugs before the age of 19. 43% of interviewee had used intravenously within the last three months. Most of the drugs were methamphetamine, heroin, MDMA (ecstasy), and Cannabis. There was inconsistent use of clean needles and syringes. 32.5 % had shared needles and in the last three months. Three quarters of those men interviewed had sex with male or female sex...
workers and 68% had sex with someone who was not their regular sex partner. 84% of those interviewed had never been tested for HIV although 36 % believed they were at risk.

Conclusively, Drug use population in Timor-Leste is still small and much hidden. Majority of the drug users are young people. The next step for FTH is to develop HIV prevention program for people who inject/use drugs based on Harm Reduction comprehensive approach.

 Presenter:  
Nabakiibi, A.

 Contributor:  
Augustine, K.

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 Title:  
Breaking the Silence on HIV/AIDS in Schools

 Abstract:  
Issues: Children in Uganda are adversely suffering from the HIV/AIDS pandemic, with a significant number of them either being orphaned or increasingly made vulnerable to HIV infection and exploitation. An HIV/AIDS Programme in Schools is imperative because:

- A majority of children’s time is spent in school
- Peers are effective in promoting behavior change
- Teachers impact large numbers of children in short amounts of time

Description: Children identified teachers to be trained as Reproductive Health Educators (RHEs). RHEs are responsible for integrating HIV/AIDS lessons into the school curriculum, guiding information about the diseases, facilitating HIV/AIDS assemblies, and conducting outreach activities in the school catchment areas.

Children have formed HIV/AIDS clubs (Treasure Life, Teenage Club) which meet at least twice a week to discuss issues and exchange opinions and ideas. Clubs from different schools gather to debate HIV/AIDS related issues. Members help create and disseminate HIV/AIDS messages at school-wide assemblies and around the school compound. The clubs organize marches for all schoolchildren (including neighboring schools), in which students carry signs advocating for HIV/AIDS awareness and prevention. Increasingly, students will be involved in community outreach activities.

Lessons learnt: The peer-to-peer approach is a strong tool for raising awareness in schools, because children recognize that they have similar experiences and face similar challenges. This approach encourages open discussions, altering adult/child interactions in Uganda. Children are empowered to schedule their activities and to independently priorities issues.
Recommendations

- Children should practice in all stages of project implementation.
- A rights-based approach is needed to empower children to make legitimate demands for information and services
- HIV/AIDS must be handled as an integrated issue in school curricula.

Presenter:
Nambalire, H.

Contact:
Hannah Nambalire
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Title:
Prevention of HIV/AIDS among Most at Risk Populations (MARPS) in Uganda

Abstract:
This presentation documents the experience of Wider Opportunities for Women and Youth Association (WOWOYA) a rural Community Based Organization in Uganda targeting Most At risk Populations (MARPs) to HIV/AIDS.
The project implemented aims at reducing HIV/AIDS transmission among the MARPs who include Commercial sex workers and their clients, particularly, truck drivers.
Strategies deployed include establishment of health service centers, psychosocial support, economic empowerment for safer income alternatives, HIV Counseling and Testing (HCT), peer education, dissemination of messages on socio-cultural factors escalating HIV/AIDS and safer sex.

Commercial sex work is illegal in Uganda but Policy on HIV/AIDS acknowledges the victims as at risk Populations. Such policies provide the framework guiding interventions.
WOWOYA brings on board local community members, government, other community organizations and beneficiaries. Their involvement has been fruitful in the area of community mobilization and awareness raising on HIV/AIDS in the communities. This practice is vital for the sustainability of the project. The active involvement of beneficiaries enhances their capacity to sustain work as change agents in their communities. Importantly, HIV/AIDS awareness issues require a collective effort.
Project challenges include limited resources and upsurge in demand for services. As a way forward, it is imperative to continue sustainable combination HIV prevention strategies to curb its surge.
**Presenter:**
Namugaya, G.

**Contact:**
Gloria Namugaya
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**Title:**
Domestic violence and HIV: Legal and practice implications for women in Uganda

**Abstract:**
Women in Uganda are increasingly facing domestic violence and abuse, yet the problem is often overlooked, excused, or denied. This is especially true when the abuse is psychological, rather than physical. Many factors can be attributed to rampant Domestic violence including social dynamics within a household.

This paper attempts to discuss domestic violence in Uganda where two out of three women are abused and affected by domestic violence by their partners with debilitating consequences, such as psychological and social impact on children who are growing up exposed to violence. Unfortunately, in the midst of all this, most of these women have no recourse to talk about these issues due to the strong cultural prohibitions partly because of overstretched family systems. The arguments of this paper are rooted in gender analysis framework regarding sexual and reproductive issues, particularly vulnerability and susceptibility to HIV and AIDS and other sexually transmissible infections (STIs). In many situations, these women contract HIV from their partners during violent sexual encounters. Most contract HIV. This presentation will present legal and practice implications in addressing these issues for women. How these issues are dealt with is a matter of legality and who can afford it in Uganda.

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**Presenter:**
Nicholas, N.

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Nick Nicholas
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**Title:**
I've Lost My Mind...There's an App for That!

**Abstract:**
Even with successful virologic suppression, some symptoms of HIV-associated neurocognitive impairment (HNI) may be present in up to half of PLWHA. Recognizing HNI is crucial for effective HIV case management, yet evaluating degree and discriminating among causes presents numerous diagnostic challenges. The session begins with a review of screening
tools for HNI currently used at healthcare facilities and community agencies and describes how they are integrated into their implementation of the HIV treatment cascade. The session then contrasts the institutionalized version of best practices with the experiences of the presenter, who not only is a PLWHA but also has been diagnosed with HIV-associated dementia. The objective is articulating *better* best practices for recognizing HNI.

The main portion of the session is a description of practical coping and rehabilitative strategies for managing HNI based in large part on the presenter's own search for effective tools, as well as tools found by others living with HNI. These tools range from low-tech means to establish needed structure for treatment adherence and activities of daily living to high-tech tools involving apps and cloud computing as a means to compensate for cognitive deficiencies caused by HNI.

**Presenter:**
Nota, F.

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**Title:**
Rethinking Non-Profits: Seeking Sustainability While Serving the Bottom of the Pyramid

**Abstract:**
The HIV/AIDS treatment cascade for United States show only 25% of people living with HIV/AIDS with suppressed viral load. Every step of the treatment cascade signifies unmet needs and potential gaps in resources to meet these challenges. Non-profit organizations serving this vulnerable population that live at the intersection of poverty, race, disability, mental illness and chronic illnesses are facing financial challenges in this era of budget cuts and sequestration. The needs of the vulnerable populations are increasing and getting complex, and the resources to meet these challenges are dwindling. Well-meaning non-profit organizations are facing the challenge of meeting growing needs on reduced bottom lines. This presentation challenges the current thinking paradigm of non-profits – proposing a more hybrid model – making profits to sustain non-profit missions. With a special focus on HIV/AIDS care providers, this presentation outlines evidence based strategies to leverage on available resources and opportunities in building sustainable and creative organizations that meet the growing needs of vulnerable populations with limited reliance on grants and philanthropy.
Presenter:
Ngugi, J. M.

Contact:
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Title:
Community strategy to strengthen the continuum of HIV and TB care in Kenya.

Abstract:
Issues: Prompt knowledge of HIV and TB status is essential for effective treatment and care. TB/HIV co-morbidity is at 60% in Kenya. Records in two health facilities in Kenya showed about 50% clients on ART/prophylaxis are lost to follow-up. The Kenya health sector community-based strategy and training of community health workers (CHWs) and extension doesn’t include HIV/TB care. Between 2009 and 2010 June, Liverpool Voluntary Counseling and Testing implemented an HIV and TB care follow-up programme on CHWs and CHEWs linked to health facility.

Intervention: Two health facilities offering HIV/TB care with existing community units of 50 CHWs serving 20 households each were identified. 98 CHWs were offered three-day trainings on HIV/AIDS/TB information, stigma and discrimination, basic counseling and TB screening skills, ART and prophylaxis treatment and adherence. Referrals and defaulter tracing processes and tools were provided.

Lessons learned: CHWs provided HIV and TB information and followed-up 1,673 households (population 8,837). CHEWs provided CHWs with support supervision and monitoring. HIV testing 4652 (53%) were referred by CHWs to facilitate for HIV testing with 39% (1823) uptake. 1.2% were HIV-positive and enrolled in care. Defaulter tracing: Facility records revealed that 330 HIV-positive clients were defaulters. 195 (59%) were traced by CHWs and resumed treatment. TB Screening: 487 (6% of the population) were referred for TB investigation following positive screening. 21 (4.3%) were diagnosed TB-positive. From TB clinic records, all 31 (100%) patients lost to follow up resumed care. An additional 71 TB positive cases were traced by CHWs and referred for treatment.

Next steps
CHWs and CHEWs are capable of providing the follow-up necessary for successful HIV and TB testing and treatment. The program will strengthen health facility-community linkages through structured supervision and reporting. The community strategy and training curriculum must include HIV and TB issues.
Presenters:
Oliver A.
Shipps, I.

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Murphy, L.
Leo.Murphy@hhs.gov

Title:
Information is Powerful Medicine- An Innovative Approach to Advancing Health Information Privacy and Civil Rights Enforcement

Abstract:
Fear of discrimination causes many Americans to avoid learning their HIV status, disclosing their status or maintaining ongoing care. This panel of federal privacy and civil rights experts will discuss how education and enforcement are working in synchronicity to alleviate the fear of discrimination and ongoing stigma and protect the rights of people living with HIV or AIDS. We will address:


2) The “Information is Powerful Medicine” federal campaign, which aims to increase awareness of Health Insurance Portability Act (HIPAA) rights (http://www.aids.gov/privacy/)

3. OCR/HHS’s HIPAA privacy enforcement work.

4. Our civil rights enforcement efforts.

Presenter:
Olmedo, J.

Contact:
Juan Olmedo
Juan0@villagecare.org
Title:
Harm Reduction is Social Work: Using Harm Reduction Tools to Treat Triply-Diagnosed HIV-Positive Clients In a Managed Care Setting – Individual session, intermediate

Abstract:
Working with HIV-positive clients with co-occurring mental illness and substance abuse presents a variety of clinical challenges, challenges made more intense to address in our current managed care environment. Difficulties with interpersonal relationships, treatment adherence, and inconsistent engagement with medical, psychiatric and psychosocial care are common and ongoing issues encountered. Clients with triple diagnoses may be more likely to engage in high risk behaviors which can expose them to further health risks such as co-infections as well as further emotional trauma. Clients can often be highly defended against providers that attempt to engage them in changes that they are not yet motivated to consider, and the clinical work can take time – first to establish trust and safety as well as to provide interventions for treatment.

The practice of harm reduction, which focuses on reducing the harms associated with maladaptive behaviors, including alcohol and drug use, arose in response to the needs of such individuals living with HIV. However, in practice, a harm reduction approach actually utilizes the values most commonly associated with social work: being client centered, encouraging self-determination, exploring the underlying clinical relationship and developing empathy and self-reflexive practices.

Village Care’s AIDS day treatment program (ADTP) model, started in 1988, offers clients a therapeutic environment to address the range of bio-psychosocial issues by using a multidisciplinary team approach in which clients’ medical and psychosocial needs can be treated. Integral to the success of the ADTP model is the use of a harm reduction approach. From initial engagement, to individual counseling to group modalities, practitioners use an integrated harm reduction approach that includes tools and concepts drawn from motivational interviewing (MI) and the transtheoretical model of change developed by Prochaska and DiClemente. This practice model allows for substance use and mental illness to be explored along a spectrum of life issues and maladaptive behaviors, often rooted in histories of trauma and abuse, including sexuality, stigma, negotiating boundaries, health management, treatment adherence, interpersonal relationships and navigating social, financial and legal systems.

Today’s presentation will use case studies, group notes, and discussion to explore the use of harm reduction as a tool for building relationships as well as pursuing treatment goals. In addition, presenter will also discuss how changes in the Medicaid coverage have impacted service provision and including adaptations in program structure as well as improved documentation of need and services provided.

Presenter
O’Neal, J.

Contact:
Johnnie O'Neal
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**Title:**
HIV-prevention with older HIV-negative MSMs: Dissertation Findings

**Abstract:**
The rate of new HIV/AIDS diagnoses is increasing in the older adult population, especially within the MSM community. The purpose of this dissertation was to increase social work practitioners and researcher’s knowledge as it relates to HIV-prevention for older adults (50+), more specifically MSM who are HIV-negative. Members of this marginalized population were young and middle aged adults during the onset of HIV/AIDS in the early 1980s. Understanding how these individuals have remained HIV-negative during the last three decades may offer insight which prevention initiatives (or safer sex messages) can utilize in order to be successful in future prevention programs.

**Design/Population:**
Semi-structured face-to-face, Skype, or phone interviews were conducted with 22 consenting MSMs who self-reported being HIV-negative and are US residents. Theoretical and maximum variation were used in the recruitment process to ensure a diverse sample.

**Questions:**
How have older HIV-negative MSMs’ experienced the first 30 years of the HIV/AIDS pandemic? What are older HIV-negative MSMs' experiences with HIV-prevention? What factors influenced (if any) older HIV-negative MSMs from contracting HIV?

**Findings (themes):**
Stigma, fear, relationship negotiation, isolation, relationship status, & insight into prevention.

**Workshop:**
This workshop will begin with a brief discussion of the study design followed by a detailed account of the finding. Ample amount of time will be provided for participants to discuss the findings with an activity focused on creating a prevention program for those 50 and older.

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**Presenter:**
Ouellette, S.

**Contact:**
Stephan Ouellette
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**Title:**
From HIV to LGBTQ and HIV: Building an Alliance for the Future

**Abstract:**
The lingering economic recession, potential future cuts to Medicaid and Medicare programs, and the uncertain impact of upcoming reforms under the Affordable Care Act (ACA) pose tremendous challenges to providers of HIV care across the country. In order to survive,
organizations increasingly are turning to alliances and partnerships with other constituencies who share values and interests to create new models of care which can be stronger and more vibrant than before.

In 2011, the UCSF AIDS Health Project now called the Alliance Health Project, a provider of comprehensive mental health services to the HIV community in San Francisco for 26 years, expanded its mission to also serve the mental health needs of the broader LGBTQ community. This occurred following the closure of a longtime community based -agency providing mental health services to the Queer community. Embracing the opportunity to meet the needs of this community, AHP welcomed into its existing programs nearly 200 LGBTQ identified clients with Serious Mental Illness most of whom were not living with HIV. This presentation will provide an overview of the process of expanding AHP’s mission as an HIV-focused agency, integrating non-HIV clients into existing programming, and its rebranding as an HIV and LGTBT centered mental health agency. Included will also be a discussion of some of the fiscal, clinical and cultural implications of this change.

**Learning Objectives**
1. Participants will learn about some of the potential implications to HIV care providers posed by the ACA.
2. Participants will learn specifically about AHP’s process of expanding its mission and rebranding as a provider of HIV and LGBTQ focused mental health services
3. Participants will have the opportunity to share their experiences around organizational change, mission expansion and planning for the future.

These learning objectives are geared to an intermediate and advanced audience with some experience and understanding of both practice and policy issues. Such an audience will be better prepared to discuss these issues and to learn from others in the group. I do not want to discourage, however, anyone with an interest in this topic from attending this presentation.

**Presenter:**
Perkins, E.

**Contact:**
Emory Perkins
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**Title:**
Factors Associated with HIV Status Among African American Women in Washington, DC

**Abstract:**
African American women living in Washington, DC have one of the highest HIV incidence rates in the United States. However, this population has been understudied, especially as it relates to factors associated with HIV status.

**Methods:**
This cross sectional study examined sociodemographic factors that were associated with having a negative or positive status among a sample of 115 African American women between the ages of
24 and 44 years. We assessed factors such as age, education, sexual orientation, household income, sources of income, number of children, and level of HIV prevention knowledge.

**Results:**
Among the overall sample, 53 women were HIV positive and 62 were HIV negative. Compared to their HIV negative counterparts, women who reported being HIV positive were less educated, had lower household income, and were receiving most of their income from SSI/SSDI. In addition, there were no differences in HIV knowledge between HIV positive and negative study participants.

**Conclusion:**
These findings may provide important directions for targeting specific subpopulations of African American for HIV prevention/intervention programs.

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**Presenter:**
Pompa, R.

**Contact:**
Robert Pompa
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**Title:**
New Practice Approaches for a New Era in HIV/AIDS Care: HIV/AIDS Stigma in the MSM Community

**Abstract:**
Stigma continues to impact HIV/AIDS in regards to all aspects of the National HIV Strategy: Prevent Test, Link, and Treat (and retention). This presentation focuses on how stigma is realized within the MSM community through thought, word, and deed.

- Stigma defined.
- Real life scenarios voiced by patients in clinic setting.
- Video segments that express PLWHA opinion’s on how stigma impacts their lives.
- Discusses stigma’s impact on access to prevention, testing, treatment, and retention in care.
- Opportunity for discussion on how to address and combat stigma in order to combat its impact on the implementation of the national strategy.

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**Presenter:**
Raker, A.

**Contact:**
Matthew Feldman
mfeldman3@health.nyc.gov
Title:
Evaluating programs for people living with HIV/AIDS: Challenges and lessons learned

Abstract:
This presentation would focus on the challenges of evaluating programs for people living with HIV/AIDS. An evaluation of a self-management intervention for HIV-positive individuals would be described to illustrate the program evaluation process. This example would also be used to discuss the challenges of program evaluation, and how the lessons learned can improve future evaluation activities. These topic areas would include:
1. Creating and maintaining an on-going collaboration between program and research/evaluation staff (and the negative consequences if this collaboration does not work or terminates prematurely)
2. Developing an evaluation plan based on the resources available (i.e., the importance of considering the program inputs in designing an evaluation that can be feasibly implemented)
3. Developing specific data collection and entry protocols
4. The multidimensional process of survey design (i.e., simultaneously considering survey length, the literacy/cognitive level of the participants, the content of the intervention, and reliability/validity issues in identifying measures)
5. Data management (i.e., the critical and often overlooked issue of entering, cleaning, and matching data)
6. Issues in analyzing program evaluation data (e.g., small sample sizes, missing data)

Each of these topics would be discussed in the context of the evaluation example described above, particularly in terms of how the challenge was first identified, how it was addressed (positively and negatively), and how the issue could be addressed more effectively in the future. These lessons learned will be valuable in helping others to effectively develop and implement successful evaluations for programs for people living with HIV/AIDS.

Presenter:
Rice, A.

Contact:
Alan Rice
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Title:
Caring for Ourselves: An Experiential Group Meeting

Abstract:
Come and join us as we informally think about the stresses, strains and rewards of AIDS social work practice. We will share strategies for coping and burnout and also ways we can take better care of ourselves as we continue to do this important work. The group will be facilitated
by a highly experienced AIDS social worker who will provide his own story and invite others to
do the same. Hope to see you there.

Presenter:
Rothman, Z.

Contact:
Zlatka Rothman
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Title:
The Social Worker’s Role in Non-Occupational Post-Exposure Prophylaxis (nPEP) at St.Luke’s
Roosevelt Hospital/Spencer Cox Center for Health

Abstract:

St. Luke’s Roosevelt Hospital is one of the few agencies in New York City with a major
focus on providing education, assessment and treatment for Non-Occupational Post-Exposure
Prophylaxis (nPEP), as an HIV prevention measure for New York City residents from diverse
socio-economic and ethnic backgrounds.

Non-Occupational Post-Exposure Prophylaxis (nPEP) is a biomedical intervention
offered to HIV negative individuals who have had a high likelihood, high risk exposure to HIV.
The 28-day, antiretroviral medication regimen prevents the HIV virus from multiplying and
spreading throughout the body.

The Spencer Cox nPEP program, initiated in 2010, has a staff of 15 social workers, who
provided service to 350 nPEP cases with total of 1,182 visits in 2012. Many of the referrals come
from the emergency room, local community organizations, the internet and the nPEP Hotline.

Social workers at the Spencer Cox Center for Health work closely with a multi-
disciplinary team including nurses, doctors, pharmacists and insurance specialists to provide
proper assessment and treatment for nPEP. Social workers educate patients on the importance of
adherence to treatment regimen to prevent nPEP failure and on the development of drug
resistance should infection occur.

Most importantly, social workers provide assessment and facilitate access to treatment by
assisting patients with payments and referrals. They also facilitate HIV rapid testing and risk
reduction counseling. Social workers link patients to important services such as substance abuse
and mental health treatment.

This poster will provide an overview of the critical role social workers play in
offering nPEP services to clients in need. Presented data will demonstrate disparities in nPEP
awareness and accessibility, and imply a need for public health efforts to expand education and
to facilitate access to nPEP in high-risk communities.
Presenter:  
Rountree, M.

Contact:  
Michelle Rountree  
mrountree@mail.utexas.edu

Title:  
What would a HIV/AIDS prevention intervention for African-American women who have experienced intimate partner violence look like?

Abstract:  
Given the prevalence and co-occurring nature of HIV and intimate partner violence (IPV) for African American women, and the limited number of culturally competent interventions addressing both, there is a need for an HIV and IPV risk reduction intervention for African American. This study explored the results from an HIV/AIDS prevention pilot intervention for African-American women who have experienced IPV with an emphasis upon identifying lessons learned. Because this was a feasibility study and not a randomized trial two waves of the recruitment were conducted over a period of three months. In a non-randomized trial, during the first wave 22 participants were recruited for the intervention group, and in the second wave, 25 participants were in the control group. Repeated measures were conducted to evaluate the mean differences of pre-post tests on the three domain measures (Capacity Building, Sexual Safety Planning, Life Skills) between the groups. Participants in the treatment group increased their HIV knowledge and decreased reports of alcohol and drug use, while increasing their sexual assertiveness skills. While overall findings indicate that there was no significant difference between the treatment and control group in regards to overall capacity building, sexual safety planning, and life skills. There is a need to find additional motivators—both internal and external—to keep participants engaged. Shortening sessions or length of commitment given the multiple demands on these women’s lives, and potentially delivering some of the curriculum in non-traditional ways such as the use of technology may be an option. Not addressing the social determinants of health that are also impacting African American women that have placed them at risk for the intersectionality of these two significant public health concerns inevitably contributed to the intervention falling short of success.

Presenters:  
Rountree, M.  
Granillo, T.  
Bagwell, M.

Contact:  
Michele A. Rountree  
mrountree@mail.utexas.edu
**Title:**
Promotion of Latina health: Intersectionality of IPV and risk for HIV/AIDS

**Abstract:**
Latina women in the United States are vulnerable to two intersecting public health concerns: intimate partner violence (IPV) and subsequent risk for HIV/AIDS infection. Examination of the cultural and contextual life factors of this understudied population is crucial to developing culturally relevant HIV interventions. Focus groups with Latinas (15 monolingual; 10 bilingual) who have experienced IPV were conducted. Monolingual and bilingual Latinas endorsed that they were concerned about HIV infection, naming partner infidelity and experiences of forced and coerced sex as primary reasons for their concern. However, monolingual participants had lower levels of HIV knowledge, spending much time discussing myths of HIV infection whereas bilingual participants spent more time discussing specific prevention techniques, including challenges related to the violence in their relationships. These findings suggest that HIV/AIDS prevention programs for Latinas need to pay close attention to the different historical, contextual, and cultural experiences of this at-risk group of women.

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**Presenters:**
Russell, R.
Bennett, R.

**Contact:**
Randall Russell
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**Title:**
Re-visioning HIV/AIDS Housing as “Accountable Care” in a Changing Environment

**Abstract:**
HIV service systems are changing rapidly as states prepare to implement the Affordable Care Act (ACA), as the Administration considers reauthorization of the Ryan White program, and as the Housing Opportunities for People with HIV/AIDS (HOPWA) program formula funding is updated to reflect living HIV cases. Medical and non-medical providers of HIV/AIDS services play a critical role in supporting Persons Living with HIV/AIDS (PLWHA) as ACA is implemented in 2014 and beyond. A successful transition will guarantee that PLWHA are able to engage in the new system of care with minimal interruptions in services. Geared towards a beginner audience, this presentation will analyze findings from a survey of HIV/AIDS housing and service providers created by the National AIDS Housing Coalition (NAHC) Treatment Access Expansion Project (TAEP) and Collaborative Solutions, Inc. (CSI). Respondents were prompted to discuss upcoming challenges, and to discuss new opportunities to fund, deliver and report outcomes of housing services as part of coordinated and accountable HIV care systems. Through these findings and additional research, capacity building needs of organizations in a changing environment have been identified. While there are challenges ahead such as reduction...
of federal funding and navigating systems change, HIV/AIDS housing providers do have opportunities such as funding alternatives, program redesign, and organizational strategies that will not only allow the organization to adapt to the changing system, but thrive.

**Presenter:**
Sellevaag, M.

**Contact:**
Melissa Sellevaag
msellevaag@metroteenaids.org

**Title:**
Little Fish, Big Sea: How to stay relevant in a changing system

**Abstract:**
As changes in the healthcare system continue to roll out, the HIV service system as we know it is changing forever. As these changes take place, often quickly, non-medical providers are struggling to figure out “what this means for us.” Will we be here in 10 years, 5 years or even 2 years? Will we be able to serve clients in the manner we have known and clients expect? Will medical providers continue to recognize the value our agencies bring to the table and provide funding for our services? How do social workers fit into the new service provision models? These are all questions we have grappled with for the past 18 months and continue to struggle with as full healthcare reform implementation begins.

While each district, EMA or state is impacted differently and changes to Ryan White funding vary across the country, uncertainty is common. What is our role, how can we advocate, how do we redefine what we offer and ensure that social workers remain a core member of the service team and clients receive the services they need? A model of collaboration and service delivery will be shared as one example. In this interactive session, participants will be able to engage in a collaborative sharing environment in which challenges, successes and strategies for continuing as an HIV/AIDS Social Worker are discussed. Collectively we will identify creative answers and participants will leave with an action plan for their local service area.

**Presenter:**
Sellevaag, M.

**Contact:**
Melissa Sellevaag
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**Title:**
Strategic Partnerships: How to play nice in the sandbox
Abstract:
In cities and communities around the country the HIV service world is often smaller than we think. There is service overlap among providers with multiple agencies funded to provide the same service. Clients frequently receive services from more than one agency within the HIV system and in other service systems. Yet agencies maintain the attitude that “they are unique” or provide the services better than anyone else in the community. This “attitude” can be detrimental to agency survival and client service provision as it prohibits collaboration and cooperation. Retaining resources is important for agency survival. How do we all play nicely in the sandbox and still manage to stay in business?

Strategic partnerships can be challenging to develop. How do you identify partners and get them on board with working together? Many times agencies are concerned that collaborating will result in losing clients or sharing the “secrets of their success.” Questions around responsibilities and accountability, who gets to “count” what service or encounter, and how do agencies communicate and share information can make the process feel overwhelming and impossible. In reality, strategic partnerships can enhance and strengthen even the strongest agency or service model. They can ensure communication and collaboration across the service and care continuum for clients. They prevent burnout on the part of clients and service providers. They facilitate opportunities for creative development of service delivery models and programs that can catch the eye of funders.

In this interactive workshop participants will learn the benefits of strategic partnerships for both their agencies and clients on the continuum of care. Participants will learn how to identify, develop and maintain strategic partnerships. Participants will use their own experiences and examples for learning and leave with a map for developing strategic partnerships.

Presenters:
Shukla, S.
Van Alst, D.
Fox, T.

Contact:
Shrivridhi Shukla
Shrivridhi.shukla@rutgers.edu

Title:
HIV Testing to Treatment: A Study of Choices

Abstract:
Purpose: This study explores the experience of making choices while being tested for HIV, initial diagnosis and connection with health care services as part of a Ryan White A program. In the context of HIV/AIDS, there is urgency for people to be tested and immediately connected with health care services if they test positive (National HIV/AIDS Strategy for the US, 2010). Ideally, the rapid connection to care will include opportunities for people to make meaningful, independent and sustainable health care decisions at every step.
Method: This study analyzed qualitative data from in-depth interviews with eleven infected people (predominantly male and white). Data were collected as part of a needs assessment for clients served by a Ryan White A Program. Transcriptions of the interviews were analyzed using the interpretative phenomenological approach (Reid, Flowers & Larkin, 2005) to the production of knowledge. Authors use verbatim quotes to ensure that respondent’s voices are authentically represented.

Results: Findings showed that the decision making process was impeded by a state of mind engulfed by shock, denial and fear of stigma. Analysis found that participants opted to seek treatment from the first health care provider they were offered without exploring other options. Respondents experienced a sense of helplessness that prevented them from carefully evaluating their options and making decisions for better management of their health and improved health outcomes.

Implications: This study has implications for the evolution of HIV/AIDS care, highlighting to social workers the importance of “timing” and “manner” in presenting patients with health care choices. Findings also underscore the need for social work interventions to ensure that health-seeking options for consumers are presented before them simply but thoroughly so that the choice making process is least affected by their feelings of shock and helplessness after discovering their HIV positive status.

Presenters:
Simpson, C.
Phillips, K.
Fagan, T.
Jacobs, T.
Stearns, M.
Hines, R.

Contact:
Karen Phillips
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Title:
Strengths-based Case Management for HIV Medical Care for Linkage and Retention among Rural Women of Color: Applications and Lessons Learned

Abstract:
Health Services Center, Inc. (HSC) is an HIV medical clinic located in rural North Central Alabama. HSC has provided medical care and case management services in a “one-stop” setting for over 20 years to an average patient population of 475 through Ryan White program funds. To better understand and address the many barriers to care experienced by this rural, low resource population, particularly among women of color, HSC is collaborating on a HRSA/Special Projects of National Significance demonstration project focused on linkage to and retention in medical care for women of color (H97HA15149). Through this 5-year project (currently in year 5), many lessons have been learned and strategies for success have been developed. HSC proposes a poster presentation on the utility of a strengths-based case
management intervention to assist women in overcoming barriers to HIV medical care and related supportive services so they may focus on their health and healthy outcomes.

HSC will:
- describe the original strengths-based case management intervention and its relevance to this population, including previous project successes
- describe the most frequently identified barriers to care in HSC’s local population of rural, underserved women and propose strategies to address barriers
- describe a successful community partnership that enhances timely referrals into medical care
- describe an instrument used to help anticipate case management intensity needs and equitable case load distribution
- describe “lessons learned” and sustainability strategies and how this knowledge can be applied to sustain an effective linkage/retention program

Presenters:
Sims, O.
Womack, B.

Contact:
Omar T. Sims
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Title:
Novel Advances in the New Direct Acting Antiviral Era to Prevent Advance Liver Disease among HIV/HCV Co-infected Populations

Abstract:
Persons living with human immunodeficiency virus (HIV) and hepatitis C virus (HCV) co-infection have greater risks of liver-associated morbidity and mortality than those with HIV mono-infection. Nearly 1.1 million persons in the United States are HIV-infected, 4 million are HCV-infected, and nearly one-third of those with HIV are co-infected with HCV. Although over 80% of persons with HIV are aware of their positive status, the majority are unaware of their HCV status, effectively managing their HIV while aging with advanced liver disease caused by HCV unknown to them. HIV/HCV co-infection accelerates liver damage, and those with co-infection are more likely to die of complications with liver disease caused by HCV than by HIV complications. Fortunately, if identified, those with co-infection can commence antiviral therapy and be cured of HCV, prevent further liver damage, and extend life while continuing antiretroviral therapy. The purpose of this paper is to inform and educate public health social workers and clinical social workers of the public health burden of HIV/HCV co-infection, thereby enhancing readiness for prevention and eradication of HCV-related liver disease among persons with co-infection. This paper covers epidemiology and natural history of HIV/HCV co-infection, public health testing strategies to detect undiagnosed cases, state-of-the-art care of
concomitant antiretroviral and antiviral therapy, and considerations for treatment uptake among those living with HIV/HCV co-infection.

Presenters:
Smith, S,
Lundgren, L.
De Jesús, D.
Stewart, E.
Chassler, D.
Marulanda, A.

Contact:
Serinah Smith
spatten@bu.edu

Title:
Looking Back and Moving Ahead: Exploring outcomes and next steps delivering culturally-informed evidenced-based treatment to Latinas at risk for HIV/AIDS.

Abstract:
Rates of HIV and co-occurring mental health and substance used disorders are increasing among Latino populations. In Massachusetts, Latina women are disproportionately infected with HIV: Latinas represent 9% of women living in Boston, Massachusetts, they account for 18% of Boston women living with HIV. Approximately 40% of HIV cases are attributable to injection drug use (IDU) with heterosexual contact. Late detection in disease, due in part to inequitable access to preventive health care and lack of culturally and linguistically competent providers, contributes to the disparate HIV burden within the Latina community.

Casa Esperanza, Inc. is the state’s first bilingual/bicultural substance abuse treatment program, and the only agency in Massachusetts with a continuum of care spanning residential, outpatient and supportive housing for individuals with co-occurring mental health and substance use disorders. Through funding from a 5-year SAMHSA/CSAT TCE/HIV grant, Casa Esperanza has provided preventative care and substance abuse treatment to Latinos diagnosed with or at-risk for HIV/AIDS.

Through the use of testing and medical services, mental health services, HIV case management, psycho-educational groups, in-reach and outreach, female clients have experienced statistically significant (p < 0.05) gains between baseline and 6-month follow-up in physical and mental health outcomes, medical care utilization and reductions HIV risk behaviors. Though these reductions were observed in areas such as depression and anxiety, illegal drug use including cocaine and heroin, obtaining a primary care physician and overall health status, Latina women continue to sustain risks in sexual behaviors and needle use.

Casa Esperanza has received additional funding through a SAMHSA TCE/HIV grant targeting minority women to specifically address the cultural complexities of at-risk Latinas. With the implementation of new EBPs including Latina Empowerment and peer
support, Casa expects to see reductions in behaviors that have remained problematic, while maintaining overall health improvements obtained during the past 5 years.

**Presenters:**
Soriano, A.
Soong, M.

**Contact:**
Annie Soriano
asoriano@friendshousenyc.org

**Title:**
If It Doesn’t Fit You Must Acquit

**Abstract:**
In this age of high unemployment rates, it has been surprisingly difficult to recruit and retain social workers who are a good cultural fit for our agency. This workshop will explore the framework of advertising, interviewing and mentoring our social workers in an agency that provides supportive housing to triply diagnosed homeless adults.

The congruence between the norms and values of an agency, supervisor and those of an individual person can produce positive and negative outcomes, which have a correlation with day to day productivity. Whatever our priority, work is rarely about just making money or doing good work - or it wouldn’t matter where we are employed. Our employment feeds many aspects of our lives; finding balance and good fit are often struggles for both employees and employers. We will discuss examples of our experience with situational fit, both positive and negative, and the lessons we have learned (and are still learning) about this dynamic as an agency. Such examples will be explored through the perspective of the direct care social worker, the supervisor, and the Executive Director of the agency.

Many social workers describe jobs as terrible experiences at least once in their career if not more often. Expectations of the profession are often skewed with what one may have learned or encountered as internships in grad school. It’s tough out there! To this end, we will also explore and discuss the pursuit of cultural fit from the social worker’s point of view in interviewing an agency and, following hiring, continued assessment.

**Presenter:**
Sparks, D.

**Contact:**
Darrell Sparks
dsparks@christianacare.org
Title: Outpatient Based Opiate Treatment (OBOT), a Social Work Perspective to a Team Approach

Abstract: In the age of Suboxone, (Bupenorphine), the ability to offer Outpatient Based Opiate Treatment has become a possibility in the HIV clinical setting. In many HIV Clinics there is a statistically significant subset of patients who are actively struggling with opiate addiction. Suboxone is a great treatment option for the patient who is highly motivated to address their addiction to opiates. The social worker plays a key role on a multi-disciplinary team. In the medical model, the clinician is the expert on the patient’s condition and it is the clinician who educates the treatment team on the nuances of the issue. When it comes to addiction, many times it is the social worker who is educating the treatment team. Social workers can provide unique insight into addiction issues and behaviors. The multi-disciplinary approach that the Christiana Care HIV Program has adopted allows the patient to have a variety of their needs met with a one stop shopping model of service delivery. This presentation will explore how social workers enhance the treatment experience for both the patient and the team.

Presenter: Tabor, M.

Contact: Makarios Tabor
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Title: “Visual Service Plans: Creating Better Outcomes with Diagram-Based Logic Models”

Abstract: Service plans are integral to client care; however, text-based formats are restrictive. Using a diagram-based logic model to visualize a service plan demonstrates the causal and chronological relationships among objectives and goals, thereby improving planning, implementation, monitoring, and evaluation. Our niche, as social workers in the field of HIV/AIDS, is to develop innovative methods to improve care while promoting values such as client-centered care, the empowerment model, and the strengths-model. Active participation of clients in creating service plans is crucial. During case management, frequent reference to the service plan is necessary to monitor and evaluate progress. While client input can be gathered with text-based service plans, developing such service plans is not an intuitive process, either for the provider or the client, nor are they simple to revise during the monitoring and evaluation phases. Importantly, text-based formats do not readily demonstrate the relationships among objectives and goals. Consequently, a better approach is needed to ensure that our treatment is actually serving as prevention.

Visual service plans are intuitive, and easy to create while obtaining client input. Visual service plans demonstrate causal and chronological relationships among objectives and goals. Visual service plans can be easily customized based on individual preference or cultural orientation. For example, the directional flow of objectives to goals can be from left-to-right,
top-to-bottom, etc.; objectives can change colors when they are completed to demonstrate progression towards goals; and pictures related to clients’ goals can be added to help visualize the goal. Furthermore, the process of adding, removing, or editing objectives on a visual service plan is simple, thereby promoting frequent reference to service plans for monitoring and evaluation.

The visual service plan is distinct among new practice approaches in this era of HIV/AIDS care by thoroughly reinventing a standard practice to improve client care.

**Presenter:**
Templer, A.

**Contact:**
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**Title:**
Leading in a Social World: An unexpected look at the social web through the lens of leadership

**Abstract:**
Our world today is made of socially connected systems that reject traditional communication methods. Leaders in the HIV/AIDS social work world must stop and consider how this changes the engagement of their constituents and stakeholders. This crosses the 2014 conference topics in meaningful ways, but is particularly pertinent to:

- Coalition building
- Lobbying efforts
- Advocacy
- Social determinants of health
- Reaching underserved populations
- Successful adherence programs
- New prevention/education programs
- Strategies for funding services

Leading In A Social World will challenge the Social Work and HIV/AIDS Conference audience to stop acting as marketers in their social networks and start acting like leaders. Specifically, leaders who build and leverage social capital. This is a leadership discipline (not a marketing one) that’s finally come of age.

There are two fundamental flaws in the marketing-centric thinking surrounding the social web. First, social systems reject marketing. So-called “social marketing” just doesn’t work. Second, it forces leaders into thinking tactically about the social web. Tactics are fleeting (especially in the rapidly changing world of the social web), they don’t transfer across industries and functions, and they don’t serve leaders very well who can’t be bothered with fleeting trends.

Leading in a Social World uncovers the principles of building social capital—the strategic context behind what drives the social web—with stories of people and enterprises who have built
(or have not built) social capital, and highlights of leadership studies that help us understand how to frame and develop leadership acumen for this new world.

The Social Work and HIV/AIDS Conference audience will come away from Leading in a Social World with a new framework within which to build a sustainable social web approach, one that’s relevant to any strategic context. They’ll transform their thinking about the way they need to lead, not confused about a certain technology or filled with anxiety for not using it.

**Presenter:**
Thomas, L.

**Contact:**
Lwanga Thomas
lwangathomas@ymail.com

**Title:**
Youth and Empowerment Programs in the Area of HIV/AIDS

**Abstract:**
The youth continue to present an important demographic all over the world; in Uganda the youth are ticking bomb. Many of them are disenfranchised and many lack opportunities as they face a dark future. In the case of HIV/AIDS the youth play a major role in messaging safer sex practices but they are often neglected. This presentation will discuss one program in Uganda that has engaged the youth in addressing HIV/AIDS. Implications that address the participation of youth will be offered as well as recommendations for policy activists as well as practitioners.

**Presenters:**
Tomaszewski, E. (session facilitator)
Corwin, M.A.
Diakite, M.K.
Yurow, L.S.

**Contact:**
Evelyn P. Tomaszewski
etomaszewski@naswdc.org

**Title:**
Improving outcomes to increase access to care, treatment, and resources in support of the NHAS care continuum: Social Work Matters!

**Abstract:**
The collaborative efforts of federal, state, and local agencies - via research, policy, funding, and programmatic decisions – has helped to move the U.S. National HIV/AIDS
Strategy forward. These efforts have taken the dialog to the next level – understanding the HIV Continuum of Care/HIV Care Continuum.

The care continuum is being used to identify issues and opportunities related to improving the delivery of services to people living with HIV. These very issues – health disparities, accessing care and treatment, staying on medications and other treatments, and reducing risk-taking behaviors and preventing HIV transmission – are the very work of social workers across diverse fields of practice.

With the mandate for affordable care in communities long affected by health disparities - social work matters! Social workers are a key player in the work that promotes the NHAS efforts to integrate primary and behavioral health care services into HIV prevention, care, and treatment services.

Come prepared to dialog, share expertise, and engage. For all levels of social work practice experience!

Presenter:
Turner, A.

Contact:
Ashley Turner
ae.turner10@gmail.com

Title:
Call for Action: An Overhaul of HIV/AIDS HealthCare in Brooklyn

Abstract:
This proposal is a call for action on the part of the Health Care system in Brooklyn. Brooklyn is at the center of the NYC HIV epidemic. Brooklyn currently leads the five boroughs in new infections, and HIV/AIDS related deaths. With a new mayor approaching office, those working to support the end of HIV/AIDS in New York City must call for action. With the closing of two major hospitals in Brooklyn this past year, those infected and affected by the HIV virus must demand quality, culturally competent care that is welcoming and community based, especially when working with our most vulnerable populations: Black and Latino/a women and LGBTQ populations.

In addition to providing quality medical care, we must demand psychosocial services such as medical case management, peer counselors, HIV testing/outreach staff who encourage the use of 4th generation testing at their site and through out New York City, social workers, patients navigators and culturally competent medical professionals who utilize life saving medications such as PEP and PrEP.

HIV is a global issue that touches every single person whether or not they are aware. By taking the steps to eradicate HIV in the epicenter of the North American epidemic, we can start to create and hopefully spread a model of hope to the rest of the globe.
**Presenter:**
Tusher, S.

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**Title:**
The AIDS Education and Training Centers: What Every HIV Social Worker Needs to Know

**Abstract:**
For over 20 years, the mission of the AIDS Education and Training Centers (AETC) has been to provide targeted, multi-disciplinary education and training for health care professionals, in an effort to improve the quality of life for those living with HIV/AIDS. Included in Part F of the Ryan White Care Act, the AETCs are a valuable resource in all 50 states plus several affiliated jurisdictions. While this system is well-known among HIV medical and nursing communities, many social workers don’t realize that there are a vast number of resources the AETCs have to offer them, as well. From clinician and trainer resources, guideline updates, and an extensive website, to direct training programs, group and individual clinical consultation, and capacity building, the AETC is a resource every social worker should be aware of.

This session will include a brief history of the AETC system, a look at the local/regional/national structure, an overview of special initiatives, contact information, and some tangible take aways. The session will conclude with a discussion around how the AETC system may become a useful resource for social workers engaged in HIV/AIDS care.

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**Presenter:**
Ukockis, G.

**Contact:**
Gail Ukockis
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**Title:**
Cultural Competence: Going beyond intellectual understanding to reflections on our "gut-level" reactions to diverse clients

**Abstract:**
This workshop fits the theme of New Practice Approaches because it is based on exploratory research to expand cultural competence training. Transformation means that we must view old ideas in new ways. Although the Social Work profession has stressed the cognitive/behavioral aspects of cultural competence, there is little in the literature about the "gut-level" (affective) aspects. Anyone working in the HIV/AIDS field obviously wants to be considered as culturally competent, but we must challenge ourselves to a higher level of competence through reflecting on our reactions to diverse clients on a visceral level.
This interactive workshop will explore the affective ("gut-level") reactions to diverse clients that may occur despite any cognitive/behavioral training in cultural competence done by social workers. For instance, body odor is seen as offensive in this society. Missing teeth may represent "low-class" to us, while southern/Appalachian accents may make us assume a slower intelligence. What are the triggers that make us react favorably or unfavorably to a client? This is related to the recent psychological research in disgust (e.g., reactions toward overweight persons.) The topic of affective cultural competence in social work is new, so participants will be asked to contribute their insights from the field to help the presenter develop her research direction.

3 objectives:
1. Explain the difference between the cognitive/behavioral aspects and the affective aspects of cultural competence.
2. Explicate the triggers that cause visceral reactions in social workers, such as accents.
3. Explore the next direction of research that could create a better awareness of cultural competence for HIV/AIDS professionals.

Presenters:
Waller, N.
Moynihan, L.
Alers-Rojas, F.
Cordova, D.
Bauermeister, J.
Delva, J.

Contact:
Nicole Waller
nwaller@umich.edu

Title:
A Community-based Approach to Developing an e-Health HIV and Substance Use Prevention Intervention App for Primary Care Settings

Abstract:
Urban adolescents in the U.S. experience disproportionate rates of substance use and sexual risk behaviors, which place them at increased risk for acquiring HIV (CDC, 2012; Cordova et al., 2011). Results from the YRBS and HIV Surveillance Reports underscore the need to develop efficacious interventions targeting sexual risk behaviors and substance use (CDC, 2012a, CDC, 2013). Policy shifts, including the Affordable Care Act, necessitate evolving preventative social work efforts for underserved populations, including urban youth. Primary care settings hold potential for these populations, especially combined with e-health methods. Although researchers argue that e-health interventions addressing HIV risk behaviors might be beneficial in primary care venues for behavior change, few exist. This study aimed to fill this gap
by adapting Storytelling For Empowerment, a best-practice intervention, into an e-health app to be delivered in this setting.

This study, guided by community engagement, empowerment, and ecodevelopment frameworks (Minkler & Wallerstein, 2010; Nelson & Arthur, 2003; Nelson, 2004), was formulated with a community primary care clinic and youth council. Focus groups were conducted with urban adolescents (range=13-15 years) living in Southeast Michigan. Guidelines established by Umana-Taylor and Bamaca (2005) on conducting culturally-responsive sessions were employed. Content analysis identified themes that participants identified as most relevant to include in an e-health primary care intervention.

Preliminary analysis indicate that the app should consist of different aspects aimed at engaging participants, including use of clay animation, interactive activities, psychoeducational and epidemiologic information, and implemented while waiting for appointments.

Primary care clinics offer an innovative context to deliver HIV prevention. Study findings indicate that engaging youth in e-health development has great utility to tailor interventions that meet the needs of the targeted community, and alleviate effects from unequal privilege and power (Harper et al., 2003). This might be an effective approach to ensure uptake of adapted interventions, including Storytelling For Empowerment.

Presenters:
Williams, C.
Noel, J.G.
Pennington, L.

Contact:
Catherine D. Williams
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Title:
Outreach, Pre-treatment and HIV Prevention: Enhancing Addiction Treatment for African American Women

Abstract:
In October 2007 a five-year HIV/TCE (Targeted Capacity Expansion) grant was awarded to Queen of Peace Center by the Center for Substance Abuse Treatment to implement outreach and pre-treatment activities, expanding their capacity to provide substance abuse treatment to African American women residing in the City of St. Louis. The Missouri Institute of Mental Health contracted to provide evaluation for the project. The Substance Abuse & Mental Health Services Administration views substance abuse treatment as a form of HIV prevention, as it reduces the incidence of sharing needles and trading sex for money or drugs. According to the Centers for Disease Control, African American women are disproportionately affected by HIV. The program aims were to identify African American substance abusing women at risk for HIV/AIDS and engage them in pre-treatment services, motivate and refer them to treatment, and retain them in treatment. Client outcome data were collected at intake into treatment, discharge, and 6-months after intake. The presentation will describe program goals and services provided,
as well as outreach and pre-treatment activities utilized to engage women in treatment services. Outcome data will also be reported. Favorable outcomes include retention in treatment, reduction of substance use, and improvements in depression and trauma symptoms. The successful collaboration between the agencies was another important outcome.

Presenter: Willinger, B.

Contact: Barbara I Willinger
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Title: Difficult Client/Problem Behaviors: The Convergence of HIV/Substance Use and Mental Health Issues

Abstract: Many of our HIV infected clients have long histories of substance use and other mental health issues. These co-occurring dysfunctions often result in verbally difficult interactions between client and provider—loud, disruptive, demanding, entitled. These behaviors can call out the best and worse in us.

This workshop will focus on identifying and reacting to clients’ potentially disruptive and escalating behaviors, and will present strategies how to manage these behaviors. Our own internal reactions will be highlighted as potential obstacles. We will also touch on more common client chronic behaviors, such as lack of follow-up to referrals. Come share your own experiences and best practices and learn from your colleagues.

Presenters: Willinger, B. Feinberg, J.

Contact: Barbara Willinger
westend73@aol.com

Title: A Discussion Group for the over 10’s-That is 10 or More Years in the Field of HIV

Abstract: Picture this: 1996, HAART was introduced and became available to assist people living with HIV/AIDS. The work with clients then shifted dramatically due to adherence to HAART.
Suddenly people were living, becoming healthier and saying to themselves and their treatment providers, “now what?” These advances in the treatment of HIV/AIDS resulted in and introduced a new set of challenges to clinicians; clients living with hope and certainty now needing to adjust to a chronic illness complicated by the development of medical and psychosocial symptoms related to aging. As clinicians we had to go from helping clients prepare for death and dying to teaching them to live. Despite this, sadly new infections occur daily, people still die, stigma continues to rear its ugly head and trauma is ever present.

This discussion group will explore what challenges exist for clinicians who have been in the field of HIV for more than 10 years. What keeps us engaged? How do we revitalize ourselves? What are our educational and clinical needs and are they being met?

For anyone in the “trenches” more than 10 years, this workshop will offer the opportunity to come together and share our struggles in a safe, supportive environment, share our best practices and discuss strategies for keeping the work alive, vital and meaningful.

**Presenters:**
Willis, D.
Wickline, K.
Pfeif, K.

**Contact:**
Kyla Pfeif
kyla.pfeif@coloradohealthnetwork.org

**Title:**
Cultivating the New Era of Social Workers in HIV/AIDS Care and Prevention: How to effectively utilize and foster social work interns

**Summary:**
What can providers implement to foster social work interns to meet the needs of people living with or at risk for HIV/AIDS? How can organizations improve or create a fruitful social work intern program? This presentation will address several facets of running a social work intern program including, a) recruitment, interviewing training of interns, b) clinical and task supervision, c) agency buy-in, limited resources and time, d) liability and confidentiality, e) navigating university relationships, paperwork and expectations, f) intern roles and opportunities, g) increase capacity, h) impact the future generation of social workers. Participants will be able to take essential tools and tips back for implementation of a social work internship program and contribute to the future of social work.

**Presenter:**
Yurow, L.

**Contact:**
Larry S. Yurow
LYurow@ChristianaCare.org
**Title:**
Tools for HIV Social Workers to Guide Risk Assessment and Crisis Plans with Suicidal Clients

**Abstract:**
The Interpersonal Theory of Suicide (Joiner\(^1\), 2005) has as its main tenant that people die by suicide because they have both the desire and capability to do so. Desire for suicide is formed by the interpersonal factors of perceived burdensomeness and failed belongingness. Both factors can be strongly present in persons living with HIV/AIDS. Clients may feel they are a burden to family, friends, society, and partners, and they may have a long history of failed attempts to “fit in” with others. Acquired capability is a third factor that allows people to become habituated to pain and fear, thus overcoming the self-preservation instinct and enact lethal self-injury. When these factors combine, the social worker is faced with a high risk situation that can be frightening and personally taxing. This workshop will give the social worker a powerful set of practical, life-saving tools. The theory will be applied to help guide risk assessment in a standardized manner, implement crisis plans, challenge misperceptions (including “the HIV death sentence”), and provide on-going care for the suicidal client. Also provided will be a brief, interactive discussion on coping with the secondary traumatic stress that occurs when a client completes suicide. The presenter will provide two brief case examples of client’s he has worked with that have completed suicide to augment this discussion.

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