

NEWS & VIEWS

JANUARY



VOLUME 9

ISSUE 01

MONICA WHO??? READ AND FIND OUT.



Name: Monica Dominguez-Bañuelos, MSW

Title: Medical Case Manager

What did you do before coming to Open Door? I worked for a non-profit organization serving migrant farmworkers statewide. My role was that of a navigator. I educated the Latino migrant farmworker community about the Affordable Care Act and helped with enrollment. I traveled a lot!! I covered 6 counties in the Northern Illinois region. Prior to this I was in graduate school at the University of Texas.

How long have you been with Open Door? Since

August 5, 2014...going on 4 months!

What types of things do you do or would like to do with Open Door? As a medical case manager my main goal is to meet my client's where they are at. I work closely with my clients to address social, emotional, and psychological issues that may be a barrier to achieving optimal health. So far I have been very moved by our client's resilience and find satisfaction in the work that I do. In my short time with ODC, I have learned so much about the HIV. I value education and as such I believe in being a life long learner. ODC has provided me with many opportunities to satisfy my desire to continue learning.

Describe your family (define family however you want)? I have been married to for 10 years. Both my husband and I are very close to our respective families. My parents have been married for

about 35 years and I have learned so much from them about the value of family. I am also very close to my siblings. I have 3 sisters and 1 brother and a 2 year-old niece!

What do you enjoy doing in your free time? I enjoy going out to eat and trying different places. I love to spend time with my family doing what we know best. Eat! J I enjoy getting together with my parents and preparing meals for the family. I like to stay very active and I do this by biking or working out. During the summer I participated in many fundraising bike rides.

Where is the farthest place from home you have ever been? We moved back to Illinois after living in San Antonio, Texas for about 9 years. During our time in Texas, we traveled by car into Mexico quite a bit. We visited family all over Mexico to include; Mexico City, Guanajuato, and Zacate-

cas. We hope to be able to make it out to South America next year!

What is your favorite food?

I enjoy eating and cooking. I have many dishes that I love but I would say my all time favorite is chiles rellenos..yum!

What one thing do you want to do that you haven't done yet: I would love to backpack through South America and make it to Machu Picchu.

Who is the most impactful person in your life or most impactful person on humanity (dead or alive)?

The most impactful person would have to be my mother. She married my dad when she was 16. She moved to the U.S. from a small town in Mexico at the age of 19. With her limited English and education she managed to raise 5 kids meanwhile working full-time.

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LET'S READ ALL ABOUT CHRISTINE AND WHO SHE REALLY IS.....



Name: Christine Mitchell

Title: Director of Resource and Development

What did you do before coming to Open Door?
Immediately prior to starting

at Open Door I was the Director of Development for the areas Girl Scout Council, but only for a short time. Prior to that I took a 4 year mid-life break where I traveled and went back to school to get my masters degree.

How long have you been with Open Door?
Since July 28, 2014

What types of things do you do or would like to do with Open Door? My title encompasses a wide variety of activities, but my very favorite part of my job is build-

ing relationships to help Open Door progress. However, I would really ALSO like it if everyone of our clients, patients and supporters would "Like" us on Facebook. I'd love to have 1,000 followers by the end of 2015 J

Describe your family (define family however you want)? I am blessed to be surrounded by both blood-related and chosen family who support me. They are also my very favorite partners in crime and they will typically go on whatever

crazy journey I start!

What do you enjoy doing in your free time? What free time? He he he! I am an avid movie goer, I love to cook and hostess events and parties.

Where is the farthest place from home you have ever been? Italy. If I could live there I would.

What is your favorite food? King crab legs. And shrimp. And lobster. Maybe I should just say seafood in general.

What one thing do you want to do that you have-

WHAT HAPPENED AT THE ANNUAL HOLIDAY PARTY

The Client Advisory Committee (CAC) once again hosted another wonderful Holiday party for the clients of Open Door.

This took place on December 13th 2014, in Geneva. The festivities started out with DJ, Tom playing Christmas music as people arrived. The room was all decorated for the holiday season and everyone seemed to be in the holiday mood, people talking to each other and hugs and good wishes were given to all.

There were appetizers served with some punch, hot chocolate, and coffee. Everyone sat down for dinner and let me tell you the food was plentiful. Not one person went home hungry, in fact some of the clients took leftovers home for the next day. The menu in-

cluded, turkey, ham, mashed potatoes and gravy, rice and so much more. If you did not attend you missed out on this



delicious Holiday dinner.

After everyone filled their tummies, there was an announcement made that one of the CAC members had to resign due to some unforeseen situations. The individual was Karen S, who has been

on the CAC when it first started about 11 years ago. Karen was an asset and she could tell you how much the CAC has

changed over the years. Karen had the dedication that it took to be a great CAC member. If you see her, please let her know that her hard work was appreciated.

After a few more announcements there was a

very special guest that came just for the kids. I am sure you can guess who that was, of course it was Santa who brought with him a bag of presents for the kids. The kids did not leave the holiday party with an empty stomach or arms.

Between all the activities going on, for example, raffle prizes were given out to all, and two lucky clients won a \$50.00 Visa gift card. People were dancing, talking, and socializing. We were happy to see familiar faces as well as new ones. The elves are busy getting ready for next year's Holiday Party. You never know while you are having a great time you might make a new friend or two.

HOW CAN AIDS ORGANIZATIONS DIVERSIFY FUNDING AND REACH MORE PEOPLE UNDER THE AFFORDABLE CARE ACT

From TheBodyPRO.com

Health care reform under the Patient Protection and Affordable Care Act (ACA) has created new opportunities for AIDS service organizations (ASOs) in the U.S. wishing to diversify funding and expand services, according to Carmel Shachar, the staff attorney at the Center for Health Law and Policy Innovation (CHLPI) of Harvard Law School.

Speaking at a National Center for Innovation in HIV Care (NCIHC) webinar entitled "The Affordable Care Act: Implications for AIDS Service Organizations and People Living With HIV/AIDS," Shachar stated that the ACA made it possible for ASOs to work alongside traditional health care providers and receive reimbursement through public and private insurance systems.

"Several developments in Medicaid represent great opportunities for ASOs to get involved and get paid for [delivering] services to Medicaid clients," Shachar said.

"Originally, in order to be certified as a Medicaid practitioner, you needed to be a traditional health care provider, such as a doctor or a hospital. Recently, however, CMS (the Centers for Medicare and Medicaid Services) changed its position and now only requires that preventive services are *recommended* by a physician, but they can be delivered by other providers. This really opens the door to have AIDS service organizations work with physicians to provide preventive services such as testing."

Under the ACA, preventive services (such as testing for HIV, hepatitis C and sexually transmitted infections [STIs]) are offered free of charge to most people with public or private health insurance, explained Robert Greenwald, the director of CHLPI.

"The rapidly increasing availability of preventive services represents another significant opportunity for AIDS service organizations,

who have more experience with HIV, hepatitis C and STI counseling and screening than [traditional health care providers] do," Greenwald said.

"The Affordable Care Act provides several new opportunities, through these initiatives, for integrating community-based providers and AIDS service providers, in particular, into health reforms."

Shachar encouraged ASOs to reach out to traditional health care providers and advocate for service integration.

"ASOs should absolutely be pushing for more integration with the Medicaid world," she said.

"We're seeing partial integration of non-medical providers, primarily around food and nutrition issues, in which food and nutrition advocacy organizations have successfully advocated for the inclusion of nutrition services in dual-eligible integration projects and other Medicaid programs, which represents

millions of dollars that could be flowing to these services."

While integrated models of care are being tested within the public system, Shachar admitted change had been slower within the private sector.

"Private insurers have been reluctant to embrace ASOs but that hurdle is not insurmountable," Shachar said.

"Insurers are worried about making themselves too attractive to consumers living with HIV. However, they need to understand that it's simply the reality that they are going to see more enrollees living with HIV on their plans regardless, and ASOs need to be more proactive about making the case to insurers and providers that they will ultimately benefit by incorporating greater care coordination for this population."

The NCIHC is currently holding a series of webinars for Ryan White-funded ASOs and community-based

Starts at 12:00pm
Please Arrive at 11:30pm

February 8, 2015

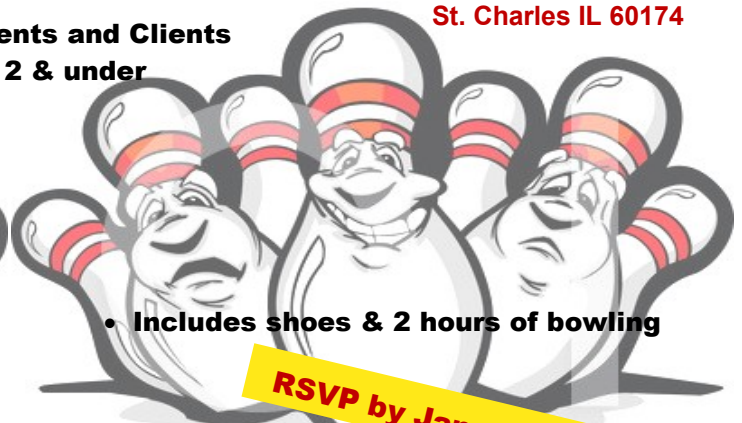
St. Charles Bowl,
2520 W Main St.
St. Charles IL 60174

- **FREE to Clients and Clients kids 12 & under**



- **Food & drink will be provided**

RSVP by January 25, 2015



- **Includes shoes & 2 hours of bowling**

RSVP by January 25, 2015

- **\$5.00 for family & friends**

MAINTAINING RECOVERY THROUGH THE HOLIDAYS AND BEYOND

By Open Door Staff

The holidays are almost over," is a phrase that runs through many people's minds as December wears on. By the time you read this article, the holidays technically will almost be over and you might be hoping this year will be a distant memory and have hopes of starting a fresh new year. However, the feelings and memories that you might be experiencing have a very good chance of lingering into your new year when your behaviors or thoughts haven't changed. For those in recovery, this could threaten your recovery plan and lead to relapse. There is no need to worry because, even if the holidays are almost over it's not too late to develop an effective holiday plan to prevent the blues that may threaten the remaining holidays or more importantly, your new year.

The commercials make us all believe that everyone is having or is supposed to have a wonderful, fun-filled and warm holiday. When in reality, the holidays might bring on feelings of loneliness, sadness, disappointment, anxiety or stress. These feelings might be rooted in financial stressors, unrealistic expectations of the holidays, inability to be with one's family and friends or general feelings of stress caused by too many commitments or things to do.

Whether you are in recovery or not, Hazelden Betty Ford Foundation suggests the following tips to address a chance at a holiday that doesn't leave you depleted, but ready to go into the New Year without the burden of the holidays hanging over your head.

Good self-care is vital. Remember to slow down. Take some quiet time each day and work on an attitude

of gratitude. Plan relaxation and meditation into your day, even for a few minutes, no matter how busy you are. Relax your standards and reduce overwhelming demands and responsibilities.

Don't overindulge. Go easy on the holiday sweets and follow a balanced diet. Monitor your intake of caffeine, nicotine and sugar. Exercise regularly to help maintain your energy level amid a busier schedule. Don't try to do too much. Get plenty of sleep. Fatigue is a stressor. Maintain some kind of schedule and plan ahead; don't wait until the last minute to purchase gifts or prepare to entertain.

Enhance your support system. Holidays are a good time to reach out more frequently to your therapist, sponsor, spiritual advisor, or support group. If you're in recovery, spend time with fellow recovering people. Let others help you realize your personal limits. Learn to say "no" in a way that is comfortable for you.

Find new ways to celebrate. Create some new symbols and rituals that will help redefine a joyful holiday season. You might host a holiday gathering for special recovering friends and/or attend celebrations of your Twelve Step group. Avoid isolation and spend time with people you like who are not substance users. Don't expose yourself to unnecessary temptations, such as gatherings where alcohol is the center of entertainment. If there are people who have a negative influence on you, avoid them.

Focus on your recovery

program. Holidays are also an important time to focus on your recovery program. For example, ask, "What am I working on in my program now?" Discuss this with your sponsor.

Release your resentments. Resentment has been described as allowing a person you dislike to live in your head, rent-free. Resentments that gain steam during the holidays can be disastrous for anyone, especially recovering people. The Big Book of "Alcoholics Anonymous" refers to resentment as the No. 1 offender, or the most common factor in failed sobriety.

Remember you are not alone in this endeavor. Open Door offers several opportunities that can enhance your ability to deal with the holiday blues and strengthen your recovery plan.

One way you can work on your recovery plan is to participate Open Doors, 12 sessions, Recovery Group. The Recovery Group starts on December 22nd in Aurora but you can join at any time. This is a confidential group Open Door offers to any person with a desire to make changes to maintain, reduce or stop their alcohol, nicotine and/or drug use (prescription drug use is included). It is also open to anyone who has already made the decision to stop using substances, but would like some continue support or to learn how these different substances may impact their health, HIV and/or HIV medications.

The unique thing about this confidential group is that it gives you the opportunity to draw for and possibly **WIN FREE PRIZES!** You win the ability to draw for a prize by doing certain things like attending group consistently or making it to your first scheduled Program Admission Ap-

pointment. Another great thing about this program is that you get to choose the prizes you want to draw for and win although Open Door maintains the right to decline any prize suggestions for example, the program will not provide cash prizes, gift cards or cigarettes. We will provide food, clothes, toys and other items. Over the 12 sessions, the price range of the prizes you will be able to draw for will increase from between \$1.00 to \$50.00. So, please join our Recovery Group to not only win prizes but your recovery and ultimately to win back your life.

This safe and nonjudgmental group will meet for 12 weeks in Aurora on Mondays from 10-12pm (but you can join anytime you would like). The decision to make healthy changes, especially in regards to substance use can be daunting. The program provides positive rewards for the healthy changes you want to make. Motivational Incentives will assist you in cultivating the support you need to keep you moving through the recovery process.

Other opportunities include individual counseling services and weekly support groups that provide an chance to increase your support as you start on this journey of not "just getting through the holidays," but providing you with a new sense of possibilities for creating newness and wholeness in your as you being your new year.

To inquire about these services, please call to schedule an appointment with Shannon or Diane at Aurora (630) 264-1819 ext. 316 or Elgin (847) 695-1093 ext. 227.

Tips for preventing the holiday blues, staying sober. (n.d.). Retrieved December 10, 2014, from <http://www.hazelden.org/web/public/preventingholidayblues.page>

HIV GENERICS IN THE U.S.: SOONER OR LATER?

From AIDS Community Research Initiative of America

Why do we continue to spend billions of dollars for brand-name drugs that are available in cheaper generic forms in the developing world - billions that end up as profits for pharmaceutical industry?

In a 2013 article in the *Annals of Internal Medicine*, Rochelle Walensky estimated that savings of close to one billion dollars a year could be achieved if all people with HIV in the U.S. took generic antiretrovirals (ARVs). Replacing Atripla with a generic three-pill alternative was projected to lead to an average lifetime savings of \$42,500 for each patient. (It should be noted, however that the money saved is somewhat offset by possible lower adherence to a three-drug regimen.)

Why do we continue to spend billions of dollars for brand-name drugs that are available in cheaper generic forms in the developing world - billions that end up as profits for pharmaceutical industry? A generic drug has the same active ingredients as the original, brand-name drug and is comparable to the branded drug in dosage, form, strength, and quality. The FDA requires that generic drugs be identical or fall within an acceptable range of their brand-name counterparts.

Generic drugs usually become available when the patent protections given to the original drug makers expire. In most countries, patents give branded drugs 20 years of protection. When generic products become available, market competition often leads to substantially lower prices for both the original branded drug and its generic versions.

A Conference on HIV Generics

To discuss the issue of generic ARVs and their place in HIV care, the Forum for HIV

Collaborative Research and its partners, HIVMA and ACRIA, recently held a one-day conference in Washington D.C., "Use of Generic Antiretrovirals for Treatment of HIV in the United States." In attendance were policy makers, government regulators, physicians, and scientists.

Trip Gulick, M.D., Chief of Infectious Diseases at Cornell, reported that, unlike in other countries, HIV treatment guidelines in the U.S. do not consider cost. Until recently, physicians prescribed and health insurers paid, without regard to cost. For-profit health insurance and drug companies lobbied for policies such as non-negotiable drug prices for Medicare and no universal payer in the Affordable Care Act. At the conference, considerable discussion followed on

the need for all of us to take drug prices into account, especially in light of the exaggerated costs of the new hepatitis C drugs and the increasing costs borne by patients. Participants expressed fear that if costs were not considered in HIV treatment guidelines, payers could impose requirements for the use of generics that would not be favorable to all patients.

Other Countries

France is an example of a country that does consider cost in its HIV treatment guidelines. The generic raltegravir is listed as an alternative for Isentress in the French guidelines. These guidelines recommend that Atripla be replaced by generic efavirenz and lamivudine, along with brand-name Viread. And they also suggest replac-

ing branded protease inhibitors with generic efavirenz or nevirapine in virally suppressed patients.

In the developing world the use of generic ARVs is key to reaching the goal of an AIDS-free generation. PEPFAR, the President's Emergency Plan For AIDS Relief, has helped save the lives of millions of people with HIV the world over. Under this program, the FDA approves generic ARVs for distribution in other countries, even if they are still under patent in the U.S. These drugs cannot, however, be re-imported or marketed in the U.S. The FDA's Office of Generic Drugs maintains the same standards for generic ARVs as it does for branded drugs in the U.S. PEPFAR generic drugs meet all of the FDA's manufacturing, quality,

safety, and efficacy requirements.

After approval, the FDA monitors the drugs by reviewing adverse event reports to ensure continued drug safety after products enter the market. The FDA also reviews any changes made to the approved drugs so that they continue to be safe, effective, and of acceptable quality. To date, 104 generic ARVs are approved for distribution in PEPFAR countries.

Savings

The widespread use of generic ARVs would benefit patients, insurance companies, and government programs like Medicaid. Doctors and patients would be more strongly motivated to use generics if the savings were reinvested in programs that benefit patients.

In addition, the HIV community would need to be assured that the quality of the generics was equal to brand-name drugs.

While the FDA is supposed to inspect generic manufacturers, budgetary constraints in the recent past have limited its ability to do so. The FDA has, however, made greater investments in such efforts recently, most notably in India where many generics and brand name drugs used in the U.S. are manufactured. The way drugs are priced in this country also needs to be more transparent. Current practices do not ensure that the savings from the use of generics get passed along to the consumer.

Generics and Adherence

Forum participants discussed whether increasing the number of pills people with HIV must take might lead to lower adherence. Dr. Gulick reviewed a meta-analysis of 19 studies that showed that multiple-pill regimens taken twice daily led to lower adherence than single-pill regimens. This was not, however, shown to be the case for once-daily regimens. Interestingly, a higher number of pills lowered the chance of maintaining viral suppression for both once- and twice-daily regimens, something that seems to contradict the first finding. Also confusing was the finding that adherence was better for once-daily regimens (regardless of the number of pills taken), but there was no difference in virologic failure between once-daily and twice-daily regimens. Obviously, more research needs to be done.

Also discussed at the conference was the added expense of supporting adherence in some patient populations. Even in populations with high numbers of virally suppressed patients, over 25% of people with HIV are still not controlling their virus.



HIV GENERICS IN THE U.S.: SOONER OR LATER? (CONT.)

For them, it takes more than just a pill to control HIV. The slogan "It's not just a pill" refers to the various adherence strategies that are needed to achieve maximum rates of viral suppression. Using the money saved by switching to generics may be one way to fund these efforts.

Hepatitis C

The recent unveiling of the \$1,000-a-day hepatitis C drug Sovaldi weighed heavily on the discussions at the conference. Drug pricing is largely deter-

mined by whatever the maker believes the market will bear, and appears not to be tied to actual drug development costs. This realization seems to have tempered physician enthusiasm for prescribing expensive drugs with no demonstrated clinical advantage. Recent refusals of oncologists to prescribe "me-too" chemotherapy drugs (new versions of older drugs) have led to some price reductions. Hepatitis C drug prescribing appears to be slower than predicted, although this may be

changing.

Conclusion

The ever-increasing costs of drugs may be brought under more control with the delivery of reliable, effective, and cheaper generics. Where the savings will go if this does occur needs to be addressed now. The support of the HIV community for generic drug use would certainly be strengthened if they were assured that the savings would be reinvested into programs seen as beneficial to the community.

RSVPs are appreciated: Here's How

The CAC has put into place three ways to make it easier for you to RSVP for Events:

**Call Aurora Clinic at 630-264-1819 Ext 375
OR Elgin Clinic at 847-695-1093 Ext. 375
(All you need to do is leave a message)**

OR

You can email your RSVP to deanbnewsletter@ymail.com

OR

Drop your RSVP in the Communication & Suggestion Box at either clinic

PLEASE HELP US BY RSVPing

ELGIN

**164 DIVISION STREET
SUITE # 607
ELGIN, IL 60120**

**PHONE (847) 695-1093
FAX (847) 695-0501**

AURORA

**157 S. LINCOLN AVE.
ROOM K
AURORA, IL 60505**

**PHONE (630) 264-1819
FAX (630) 229-0182**

www.opendoorclinic.org

**IF YOU ARE INTERESTED
IN RECEIVING OPEN
DOOR'S MONTHLY
NEWSLETTER VIA E-MAIL
OR HAVE ANY
SUGGESTIONS YOU
WOULD LIKE TO SEE IN
THE NEWSLETTER.
PLEASE EMAIL DEAN AT
deanbnewslet-
ter@yahoo.com**

J A N U A R Y E V E N T S

01 - New Years Day 2015 (Office Closed)
02 - HIV/AIDS Activity Education Group (A) 4p -6p
05 - Substance Use Group (A) 11a - 12p
06 - Positive MH (A) 4p - 5:30p
07 - Positive MH Group (E) 12p - 1:30p
09 - HIV/AIDS Activity Education Group (A) 4p - 6p
12 - Participation Dinner 6 pm

12 - Positive MH Group (E) 12p - 1:30p
16 - Newsletter Articles Due
16 - Positive MH Group (E) 12p - 1:30p
16- HIV/AIDS Activity Education Group (A) 4p - 6p
19 - Martin Luther King's Birthday (Office closed)
20 - Positive MH Group (A) 12p - 1p
26 - Newsletter to Clinics

26 - Substance Use Group (A) 11a - 12p
27 - Positive MH Group (A) 12p - 1p
28 - Christmas Day Eve
29 - Christmas Day (Clinics Closed)
30 - Positive MH Group (E) 12p - 1:30p
30 - HIV/AIDS Activity Education Group (A) 4p - 6p
30 - Bingo Night (E) 4p - 6pm
30 - Pain Management Group (A) 1p - 2p

(A) Aurora Clinic
157 S. Lincoln Ave Rm K
Aurora, IL 60505
(E) Elgin Clinic
164 Division St, Suite 607
Elgin, IL 60120
(G) First Congregational Church
321 Hamilton
Geneva IL 60134