



Illinois HIV Integrated Planning Council (IHIPC) Meeting Minutes-DRAFT

June 28, 2018, 11:00 am – 4:30 pm

11:00 am: Welcome; Introductions, Moment of silence

Co-Chair Janet Nuss welcomed all members/guests to the first in-person meeting of the IHIPC. In-person meeting guests were made aware that lunch was available. She introduced herself, Co-Chair Jeffrey Maras, the website/ webinar coordinator Scott Fletcher, and the meeting presenters. Following this, Jeffrey led the group in a moment of silence for all people living with HIV past and present and for all those working to end the epidemic in Illinois.

11:05 am: Meeting process and instructions; Roll call; Announcements; Working Lunch and Team Building Activity

- Roll call attendance of voting members, announcement of non-voting members/others, including remote participants
 - » *Janet announced that some members and guests were joining the meeting via webinar. She reviewed webinar participation instructions. Remote participant will be added to the roster/ meeting attendance list and had the opportunity to participate in meeting discussion by phone.*
 - » *Janet mentioned that all meeting documents are available on the website: ihipc.org – The recorded webinar of the meeting will be posted a later time. Previously recorded meetings and materials are also available on the website.*
 - » *Meeting surveys were available at the meeting and online for remote participants. The survey was to be filled out as combined evaluation for both meetings. Participants were asked to submit surveys following the June 29th meeting.*
 - » *All members and guests were asked to introduce themselves to the group by name and agency.*
- Review of agenda, Concurrence checklist, Meeting objectives; Announcements
 - » *Janet reviewed the objectives of the meeting and the related agenda topics/ discussions. Printed copies of the agenda were available at the meeting. She reviewed the goals of the IHIPC, including the integration of the National HIV/ AIDS Strategy (NHAS) goals into the IHIPC's purpose and work. Janet reminded guests that all objectives/ presentations of the meeting were relevant to the NHAS goals and/ or Continuum of Care as indicated on by the “talk bubbles” on the agenda.*
 - » *The IHIPC Concurrence Checklist was reviewed and made available in meeting packet. Janet encourage members to review the Elements of Concurrence, which are relevant to ensuring the planning group is informed of and provides input into updates to the Integrated Plan, to ensure that all elements are being met through IHIPC meetings/ objectives.*
 - » *Janet announced that thus far in 2018, 50 new stakeholders have participated in live or recorded webinar meetings/ trainings of the IHIPC.*
 - » *Because this is the first in-person meeting of the IHIPC, participants were provided an opportunity to participate in a team-building activity. Members had several moments to pair up and talk about themselves personally and professionally. Members of each pair then introduced one another to the planning group.*
 - » *Announcements: • Membership updates: Silas Hyzer has now joined the IDPH staff and is no longer a voting member; Don Hunt has moved from at-large member to voting member; Reggie Paterson- Illinois State Board of Education (ISBE) Liaison- will be retiring on July 31st. Janet will work with remaining ISBE*

staff to appoint a new member to this role. • The HIP & HIV Prevention Interventions Services Training that was scheduled for June has been postponed and should be recorded in July. Members will be notified when this is available. • The transition of IHIPC business from the ihipc.org site to the IDPH website has also been postponed. Members were instructed to continue to use the ihipc.org site as a resource until further notice. • The IHIPC summer newsletter was recently released and is available for viewing on the website. Members can submit articles/recommendations for the Fall Newsletter until August 17th. • Marleigh Andrews-Conrad, former ILHPG intern, has accepted the position of HIV Community Planning Specialist and will be joining Janet as the IDPH HIV Community Planning Unit on July 2, 2018.

12:10 am: Community Services Assessment: Regional Lead Agent Brief Reports to the IHIPC/Discussion Care and Prevention Lead Agents

Region 1- The Prevention report was provided by Mike Maginn. He reported that there are currently five prevention providers in the region. Through the last grant cycle/ year, these providers conducted 913 tests (82% of which were attributed to individuals belonging to priority populations) with 11 positives found (sero-positivity rate of 1.2%). 100% of new positives were linked to Care and partner services. The region has a total of three PrEP sites. Special concerns in the region include rising rate of synthetic cannabis use and rising rates of syphilis. The Care report was provided by Charaine Boyd. She reported that region has been collaborating with Crusader Clinic to provide care and other activities to clients, including a National HIV Testing Day event. The region is also experiencing changes of staffing in case management.

Region 2- The Prevention report was provided by Jeffrey Erdman. He reported that there are currently five prevention providers in the region. Through the last grant cycle/ year, these prevention providers completed 800 tests with 6 new positives found (almost a 1% sero-positivity rate). Some providers are taking on new roles in the region, including FCAN who has added testing to their services and Central IL Friends who is now performing surveillance based services. PrEP initiatives are occurring in the region with four sites/ agencies participating. A new syringe exchange site has also been recently established in Peoria. The Care report was provided by Lisa Roeder. She stated that Region 2 is in the process of hiring two new case management positions- one for HIV+ clients and one for PrEP clients. Positive Health Solution's clinic has been working to perform in more gender affirming ways for clients by adding hormone therapy to their services. They have also been assessing effectiveness and satisfaction through a clinic-based survey for clients. Lisa also reported that psychiatric services/ counseling will soon available to clients at the clinic.

Region 3- The Prevention report was provided by Mike Maginn. There are currently six prevention providers in the region. Mike reported that this was a new regional grant for IPHA, so a majority of the grant year was focused on working to build capacity and setting up agencies in Provide™. Despite this, 4 positives were identified during the grant cycle (almost a 1% sero-positivity rate), all of which were linked to partner services. Mike also reported the region as completing 2% of all testing with transgender individuals. At this time, there is one PrEP clinic in the region, and regional providers have worked together to ensure that PrEP and testing services have been locally advertised on buses and other advertisements. The Care report was provided by Marcy Ashby. She reported that the region currently has 18 subcontractors and three locations for case management. The region has seen an increase in new and re-engaging clients, so recruiting a new case manager is a priority at this time. Marcy reported success with the region's implemented semi-annual client retreat. This holistic, 1-day event serves to replace regional support groups and seem to be well liked and attended by clients. The next retreat will be in October. The region is also working with a SIU Medical Student on a client survey about barriers to Care; 100 surveys have been returned thus far. The region also continues to have quarterly meetings for all funded and non-funded agencies/ individuals.

Region 4- The Prevention report was provided by Jeffrey Erdman. He reported that there are currently eight prevention providers in the region. Through the last grant cycle/ year, these prevention providers completed 1,600 tests, with 11 new positives found (almost a 1% sero-positivity rate). There are currently 4 PrEP sites/ agencies in the region (which does not include St Louis/ Missouri providers). Jeffrey also reported that 3 agencies are working on establishing third party billing for HIV testing. Jeffrey said there is a strong presence of peers in the region physically and on social media- especially representing young MSM of color. The Care report was provided by Tina Markovich. She reported that the region is funded by Ryan White Parts A, B, and C and continues to partner with St Louis providers for services. The region has 7 case management locations with 19 case managers. Work is currently being done to streamline communication between case managers for training/ procedural purposes using a

website format. The region recently redeveloped a Consumer Advisory Committee through Part C funding that seems to be going well. The region is looking to hire a new Peer Navigator in the near future.

Region 5- The Prevention report was provided by Mike Maginn. In this grant year/ cycle, the region was able to identify 4 new positives, 3 of which were linked to Care as the other moved out to state. Mike reported that 4% of all testing was completed with transgender individuals. The region is now focusing on social media strategies with young MSM of color and are looking to increase syringe exchange programs in the region for PWID. The Care report was provided by Steven St. Julian. Steven reported that although recently limited to a 4-day work schedule, Jackson County will resume business hours on Fridays starting in July. The region has been successful in its HCV Birth Cohort study with a 20% positivity rate for newly diagnosed HCV+ individuals. Steven also reported that the Jackson County PrEP clinic seems to be very popular and busy. Steven expressed that the region has noticed the following issues/ barriers to care in the region: incarcerated individuals are not always equipped with appropriate medication upon release; Medicaid/ managed care clients are having difficulties finding providers within their networks including dental providers; there seems to be an inability to recruit dental providers through state contracts (using Memorandums of Understanding instead); and a decrease from 5 to 4 infectious disease doctors in the region has caused long appointment wait times for clients. Despite this, the region reports a 90% viral suppression rate among clients. Steven said the region will be holding a Christmas inspired World AIDS Day run/ fundraiser in December.

Region 6- The Prevention report was provided by Candi Crause. Candi stated that the region has been working to add new agencies identified through Narcan trainings. Champaign/ Urbana Public Health District has been successful in implementing Prep with 100 current participants. They are working to add nPEP services through the clinic. The Care report was also provided by Candi. She reported that the region has hired a new case manager who is an RN and Spanish-speaking. Similar to Region 5, Region 6 has also had difficulties connecting clients to dental services.

Region 7- The Prevention report was provided by Jeffery Erdman. . He reported that there are currently ten prevention providers in the region. Through the last grant cycle/ year, these prevention providers completed 2,500 tests with 50 new positives found (a 2% sero-positivity rate). Testing has also increased among transgender individuals. There are currently multiple PrEP sites/ agencies in the region, and PrEP advertising through billboards has been established throughout the region. Jeffery reported that Lake County Health Department now offers syringe exchange and meningitis vaccinations. The Care report was provided by Bashirat Osunmakinde. She stated that the region is collaborating with prevention providers to try to recruit more participants for planning activities that are separate from the IHIPC. The region has had changes in services including the addition of medical nutrition therapy and IDPH HOPWA as well as the loss of a food bank provider (looking to establish a new one). Currently, the region is working on buildouts in Provide™ for use of data visualization and training of case managers. The region is also working to establish non-medical case managers for clients who are self-sufficient but might need additional services due to low income.

Region 8- The Prevention report was provided by Jenny Epstein. She reported that there are currently 15 providers in the region. Through the last grant cycle/ year, these prevention providers found 8 positives (5 newly diagnosed) which were all linked to care. The region and its providers have been and will continue to participate in Getting to Zero initiative. The main goal of the region at this time is to find effective and affordable phlebotomy trainings for providers and to connect clients to PrEP. The Care report was presented by Bashirat Osunmakinde. Similar to Region 7, buildouts in Provide™ are being established for the region's case managers. The region has been working with Prevention on issues about lack of providers in suburban Cook County. Recruitment strategies included outreach to providers with pamphlets/ educational information about HIV and the Ryan White Program. Some provider agreements were successfully made through this outreach.

12:55 pm: IHIPC Appointed Liaison and HIV Section Updates
IDPH HIV Program Administrators
IHIPC Appointed Liaisons

Eduardo Alvarado, IDPH HV Section Chief- Eduardo reported that the Getting to Zero (GTZ) Kick Off was held on June 20th in Chicago. The event was attended by the Governor and other supporting political officials. He continued by inviting all meeting participants to continue to follow and participate in GTZ events. Eduardo continued by expressing to the IHIPC how important the group is in helping the Department build a pathway forward in HIV Prevention and Care. He stated the HIV

section is working to honestly assess all programs for efficiency and will continually work to simplify services and to bring funding opportunities that bundle resources through several health department grants. The Department is looking to find ways to improve grants through restructuring of fee-for-service and base awards for better service and capacity building for providers. He looks forward to the opportunity to listen, share and learn from all people involved in the community and thanked everyone for expressing their thoughts on successes and ongoing challenges in the field. Eduardo announced that the House Bill 2800, a bill requiring opt-out third trimester HIV testing in pregnant women, has passed and will tremendously help prevent perinatal HIV infections in Illinois. He closed by sharing the Section's overarching goals for FY2019, which include partnering with CDPH to continue to align Prevention and Care efforts, to continue to leverage resources as best as possible, and to work to simplify data entry in Provide™. Eduardo also mentioned that an HIV IT Request for Proposal has also been made available. This 10 year agreement is now open through August 23.

Andrea Danner, IDPH HIV Assistant Section Chief began by reporting on the PrEP project. The project is in the process of completing its first year, and Andrea reported that there has been success in site progress. Andrea explained that Year 2 of the process will shift to becoming performance-based. Some sites will be level-funded and some will see increases in funding based on performance. The Department will continue to examine successes and barriers at each site and will provide technical assistance as needed. Andrea continued by reiterating the Department's support of the GTZ initiative. She encouraged all participants to consider dedicating their time and talents to the initiative as able in order to make it successful. Andrea also echoed Eduardo's comments in assuring the Department's commitment to streamlining grantee processes for services that can ultimately reach clients as quickly as possible.

Curt Hicks- IDPH HIV Prevention Administrator- Curt announced that the Prevention Unit is welcoming a large variety of new staff to its team who will be working with grantees in routine testing (Jenna Woker), Quality of Life (QOL) Social Marketing/ Media strategies (Jeanita Moore), RIG management & Surveillance Based Services (SBS) (Silas Hyzer), and data coordination (Heather Ladage). In regards to grant announcements, the Third Party Billing grant has now been executed. RIG and HCV funding opportunities are now closed, and grantees will be announced soon. QOL grantees have been renewed for one year and have the opportunity to extend with an optional 1 year renewal. The Perinatal Hotline contact has been executed and will be in place for 10 years. Viral non-suppression and molecular cluster information for new SBS referrals are now in Provide™ and can be used for prioritizing. Extra-genital testing for gonorrhea/chlamydia will be built into Provide™ soon.

Jeffrey Maras- IDPH HIV Care Administrator- Jeffrey reported that the Care program is closing out its 2017 federal fiscal year, so the unit working diligently to finish reporting requirements for this. The unit is also preparing for a HSR A site audit (occurs once every 4 years) from August 14-16. The unit has been working to prepare and collect documents for this visit as well. HSR A has chosen St Clair County Health Department as the grantee site for the audit, so they will also participate in the site visit.

Dennis Tiburzi, IDPH HIV Training Administrator- Dennis reports that the training unit has been working with Andrea on the PrEP project as well as working on completing needs assessments for training purposes. The unit is also working on posting a training calendar in conjunction with CMS in the near future. The unit will also be developing a training on HIV navigation. This training will work to cover all HIV strategies and processes across HIV prevention and care perspectives.

Wendy Bradley, St Louis HIV Planning Council Liaison- Wendy reported that there are five Illinois counties that are a part of the St. Louis TGA. These counties recently received their FY18 Part A and MAI awards totaling \$6.29 million dollars. The Planning Council has completed its service prioritization for 2019- these results will be released in July. The Council is also preparing for HSR A site visit July 10-13. For FY19, the Part A Grant Guidance has been released, and the application is due September 21st. The Council is planning to merge Prevention and Care bodies starting October 1. The first round of applications for this new St Louis Regional HIV Coalition is due on June 30th. The Council is also conducting a round of needs assessment activities through surveys focused on individuals lost to care, newly diagnosed individuals, prevention activities, and provider capacity. Client surveys are electronic and are currently ongoing.

Cynthia Tucker, Chicago Area HIV Integrated Services Council (CAHISC) Liaison- The last CAHISC meeting held on June 27th included a presentation and update on the HIV Services portfolio. Recently, funding opportunities have been released in conjunction with the creation of health homes for clients, drug user health, housing, social marketing and community development. This is a restructuring of funding and a change from past opportunities, so the Council looks forward to seeing how they develop. The funding amounts for each category are yet to be announced. Trainings related to service categories are now available: topics include undoing racism, health equity, cultural humility and responsiveness, and trauma-informed care. All applicants for funding must demonstrate how these topics will be integrated into funded services. A membership survey was also released at the meeting.

Lesli Choat, IDPH HIV Section Liaison- Lesli announced that 2017 STD data is in the process of being finalized and will be available for viewing on the IDPH website shortly. Lesli reported that the data shows increases in chlamydia (4.6%), gonorrhea (12.5%) and early syphilis (0.8%) from 2016. Lesli recognized that the data for new syphilis cases does not seem to match field reporting of increasing infection rates. This may be due to staging issues as late cases are not included in the data set. In regard to congenital syphilis, rates remain level, but infections are still occurring, so the Section will continue to work to try to eliminate them. A new STD grant called Prevention and Control for Health Departments (PeACHD) is being prepared for submission and will be in effect from 2019-2023. High priority populations for this grant pregnant women, youth, and MSM. The aims are as follows: to eliminate congenital syphilis, to prevent antibiotic resistant gonorrhea, to reduce syphilis infections, reduce STD related reproductive problems, to launch responses to STD outbreaks, and to reduce STD related health disparities. In regards to STD section initiatives, extra genital testing has been recommended for all client with defined need, not just MSM, since February 2018. The Section is partnering with local health departments as well as the CDC to initiate new practices that effectively track strains of antibiotic resistant gonorrhea. There is also an upcoming STD New Counselors Training scheduled for August 28-31 at the Sangamon County Department of Public Health.

James Reed, IDPH Center for Minority Health Services Liaison- James gave an overview of the mission and purpose of the Center, which focuses on the reduction of health disparities for Illinois racial and ethnic minority populations. The Center currently administers grants with federal, state, and private funding with HIV objectives. The Center's role in Ryan White is to administer the Minority AIDS Initiative grant. It is currently working to provided contracts to recipients for FY18. The Center also receives GRF funding for programs like Wellness of Wheels- Increasing Access to Health Care (this grant will be live in EGrAMS shortly), Wellness of Wheel- Mobile Administration, and a Hepatitis B program for minority populations. The Center continually seeks funding from outside sources (private funders) for more grant opportunities.

Stephanie Frank, Department of Human Services (DHS), Division of Substance Use Prevention and Recovery (SUPR- formerly Division of Alcohol and Substance Abuse-DASA) Liaison- Stephanie announced DASA's new name, SUPR, which was established as a way to be more considerate and thoughtful about the individuals that they serve. SUPR is focusing on establishing recovery oriented systems of care in partnership with currently standing community opioid collations to promote community involvement and sustainability. A Notice of Funding Opportunity for these systems is now open through DHS through the end of July. SUPR continues to maintain and refer individuals to their helpline- which has fielded 4000 calls since its invitation in December 2017. Information about the hotline and referrals can be found at helplineil.org. SUPR is also continually training and distributing naloxone to law enforcement and bystanders, with 26,000 individuals being trained in 2017.

Reggie Patterson, ISBE Liaison- Reggie reported that the currently standing 5-year CDC funded HIV/ STD and teen pregnancy prevention grant is coming to a close as of July 31st. Ten Illinois school districts were funded by the grant that supported the initiation of comprehensive sexual health education curriculums for middle and high schools; the establishment community referral policies to community health centers; and the creation of safe, supportive spaces for all students (including LGBT students) to discuss sexual health needs. Reggie thanked the members of the IHIPC, particularly Mildred Williamson, Jeffrey Erdman, and Joan Stevens-Thome, for their continuous input and assistance with grant activities. A continuation of this grant directly funds school districts; the Peoria School District successfully applied and will receive funding. Another grant, Improving Student Health and Academic Achievement, has been established to continue sexual education curriculum development for statewide distribution as well as to maintain a web page that identifies resource and support services for all school districts in health education.

There was no HIV Surveillance unit report at the meeting.

There was no Corrections liaison report at the meeting.

1:40 pm: Community Services Assessment: FFY2017 HIV Prevention and HIV Care Service Delivery Assessment and Mapping

Jeffrey Maras, IDPH Ryan White Part B Program Administrator

Curt Hicks, IDPH HIV Prevention Program Administrator

– Questions & Answers, Discussion, Input - (10 minutes)

Jeffrey Maras presented on the Ryan White Part B (RWPB) 2017 fiscal year and portfolio. He began by framing the presentation around the following RW Federal Guidelines and Limitations: to allocate funding according to a 75/25 split between Core and Supportive services, respectfully; to follow universal monitoring standards and OMB universal guidance as released by HRSA; to be a payer of last resort/ safety net for client needs; to act upon HRSA policy clarification notices as released, and to make services available to clients based on federal poverty level (FPL) limitations. Jeff stated that 17 core medical and supportive services are supported in the state. Most have a 500% FPL limitation of client income for services, excluding medical case management (no income limits) as well as housing and emergency financial assistance (80% of the median county income). Jeff said not all services are available in each region as needs are evaluated through annual regional needs assessments /gap analyses.

Jeff then displayed a graph showing the Program's financial resources for FY16 and FY17. Overall, the program received a slight increase in general revenue funding from one year to another; other sources of funding stayed relatively consistent. In regards to FY18, the Department has received a partial award (38%) from HRSA. Jeff is hopeful that the full award will be granted soon.

Jeff continued by presenting FY17 dot density maps of medication assistance (12,260 clients served), premium assistance (3129 client served) and Care services (5,305 client served) provided throughout the state by county. Jeff reiterated that the maps indicate that these service maps are reflective of the state's current epidemiologic prevalence data. Other information presented by Jeff on the overall demographic make-up of RW clients, such as gender, race, & transmission risk, also proportionately match the state's prevalence data. Next, Jeff presented Core (excluding medication and premium assistance) and Supportive services by number of clients served in FY17. Jeff presented information about clients served in housing and emergency financial services in FY16 and 17. He reported that the Illinois is one of only several states to have an Integrated HOPWA and Ryan White Housing strategy that satisfies both federal programs/ funding streams. This strategy helps ensure that client can receive assistance from either program if needed.

Information about medication/premium assistance by client insurance type was presented. Jeff said that some clients aren't eligible for insurance or may transition from one benefit home to another throughout the year. It is also important to understand that medication assistance for clients receiving Medicaid acts as a safety net in case of denial of medication or missed open enrollment periods. Jeff reminded participants that premium assistance can pay for dental insurance. This policy was set in place to fill previously described dental provider gaps. Jeff also reported on Corrections case management enrollment, peer education participation, and Summit of Hope participation, all of which increased from FY16 to FY17.

After a thorough review of services provided, FY16 and FY17 Continuum of Care data was compared was made during the presentations. Continuum categories included medication and premium assistance only (overall increases in 2017- viral suppression at 89%), Care services only (fairly consistent with FY2016- viral suppression at 88%), medication assistance/ premium assistance/ care service combined (overall increases in 2017- viral suppression at 88%), Corrections clients (some decreases in 2017- viral suppression at 81%), and client receiving housing services (overall increases in 2017- viral suppression at 91%).

Jeff concluded his presentation by reporting on the PrEP4Illinois initiative, which launched in November 2016. Although this isn't a RW activity, the Care team assists in providing this service to HIV- clients. In this program, the state works with Gilead's Advancing Access Program to determine client eligibility for payment for PrEP. Thus far, the program has had 128 enrollments with 9 re-enrollments after the first 12 month eligibility period. Demographic information on participants (gender, race, transmission risk, re-enrollment decisions) was also included in the slide presentation. Jeffrey encouraged all participants to visit the PrEP4illinois.com site and to add any missing PrEP providers onto the website's provider list (can be done by anyone on the website).

*Note- Please see the slide presentation for specific numbers/ information about all performed services described above.

Questions/ Discussion on the Care Presentation:

Q: Sara noted that there has been a significant rise in premium amounts for Marketplace plans and that some clients cannot afford to pay the remainder premiums past the \$750 premium assistance cap. Has there been any Department thought/ consideration about increasing the cap?

A: Jeff recognized that the Care program is aware of increasing premium amounts in regards to Marketplace/ Affordable Care Act plans. The Program has discussed this with HRSA and will continue to strategize about budgeting/planning. At this time, the Program was granted permission to rest the cap. Jeff noted that for 2018, the

Program was very restrictive about allowing clients to choose silver level plans only. The decision was based on an in-depth cost analysis. It is difficult to determine how premium costs may change for next year, but the Program has asked for guidance on this. At this time, it remains much more effective to keep clients insured, and the Program will continue to strategize to assist clients.

C: Sara commented that it is commendable that the Program has considered this. She noted that premiums for clients who do not qualify for Marketplace those are also rising. She stated that open communication about this issue is important to continue to best serve clients.

C: Jeff responded by stating that ADAP is required to do a cost assessment before approved plans for premium assistance can be released to public. At this point in time, the cost to ADAP to assist insured clients v. uninsured clients is reaching a cap. At some point, some premium assistance may no longer be cost-effective for the program. The Program will continue to monitor this and release information to the public as able.

Q: Steven asked: How does someone with no disclosed risk qualify for PrEP?

A: Jeff said that at this time, there are no restrictions related to risk for PrEP. Sometimes, individuals don't know what their risk is, or there could be disclosure issues where the client is not comfortable responding about risk on the assessment (all data is self-reported). The statewide taskforce that helped to plan for and initiate PrEP4Illinois felt that these reasons justified including a "Don't know" option about risk on the application.

Q: Steven responded by asking: what are the insurance and prescribing guidelines for clients with no or unidentified risk, and do those guidelines match PrEP4Illinois guidelines?

A: Jeff noted that there were no specific prescribing guidelines regarding risk that he knew of. At this stage in PrEP4Illinois's purposes, the guideline is about comfortability of disclosure.

Q: Steven asked: - If there is no income limit to medical case management, why do clients seeking only medical case management still have to report income (with documented proof) ?

A: Jeff answered by saying that medical case management has no income eligibility cap, but income information is needed as a HRSA requirement. Another benefit of all clients reporting income is that it allows the program to be proactive if the client's income changes and other services are needed. This makes the transition in these cases more efficient. HRSA does not favor waivers of that requirement for clients who only select medical case management.

F: Steven responded by stating that it seems that some clients have been lost to case management because of what could be described as a burdensome reporting of income.

Q: Mark asked: In regards to PrEP eligibility for 12 months, is this a continuous eligibility, or is it based on 12 months' worth of prescriptions filled by the client?

A: Jeff stated that PrEP eligibility is a 12 rolling months regardless of if client is filling prescription or not.

Curt Hicks presented an overview of IDPH monitored HIV Prevention Activities for FY17. Curt explained the funding types/ guidelines for the Department's Prevention grant from CDC. This grant consists of two categories: Category A & B. Category A has a 75/25 split in funding activities: a minimum 75% of funding must be spent on required components and activities like HIV testing, Prevention for Positives, Condom distribution, Planning, Evaluation, Capacity Building, Technical Assistance, etc; and a maximum of 25% of funding can be used for recommended activities such as evidence-based interventions for high-risk negative individuals, social marketing/ media, PrEP, and nPEP. Category B funding is allocated to routine testing and third party billing capacity building.

Curt presented information on six prevention funding grants: African American Aids Response Act, Category B, Direct, Perinatal, QOL, and RIG. Information presented in charts and graphs included the number of tests per grant in FY17, tests delivered to prioritized vs. non-prioritized clients per grant, and total number of positives found by each grant (new and previously diagnosed). It is important to note that of 195,684 collective tests, 93% were completed with routine testers from the general population (includes Category B and Perinatal). 7% of HIV testing was risk-based. In total, 434 positives were identified with about 1/3 being newly diagnosed. Curt recognized that prevention providers are still recovering from lack of a state budget in 2015 and 2016. Although diagnosed new positives doubled from 2016 to 2017, we were still approximately 50 diagnoses short of the 2014 rate- a successfully funded year. Overall, IDPH funded sites performed 1.5% of all tests in Illinois and identified 13% of all new positives. Of all new positives found among IDPH grants, 68% were engaged in care, and 85 notifiable partners were named.

In regards to regional testing information, Curt presented the proportion of tests performed per region (1-8) compared to regional incidence. Overall, Regions 1, 4, and 6 surpassed their incidence share. County maps that compared number of tests delivered vs. HIV incidence were reviewed and showed that more testing was generally appropriated to higher incidence areas. Information about positives found by IDPH funded sites v. non-IDPH sites was also presented by region. In regards to testing of prioritized populations by risk and race, the proportion of tests performed for each category generally matched HIV incidence. The biggest gap/ underservice in testing was identified among MSM of color. New strategies to overcome these gaps have been written into new funding guideline so that this population can be better served in the future.

Curt then reported on risk reduction activities (RRA) for positives and negatives. He reiterated the need for risk reduction activities as a compliment to biomedical interventions as clients can be susceptible to a variety of co-infections and health conditions that may decrease quality of life. In FY17, over 3,000 RRA sessions were reported for positive clients. When comparing regional incidence to proportions of RRA session for positives, some regions (3 & 7) exceeded their incidence share, while others (4, 6, and 8) fell below their incidence share. Maps comparing RRA sessions for positives by county v. HIV incidence showed that only 20 counties had at least one session performed. These session were performed, however, in counties with highest incidence. Over 4,500 RRA sessions for negatives were performed in FY17. When comparing regional incidence to proportions of RRA session for negatives, Region 3 exceeded their incidence share (through harm reduction activities), while others (1 & 7) fell below their incidence share. Like RRA for positives, maps comparing RRA sessions for negatives by county v. HIV incidence showed that only 22 counties had at least one session performed. Sessions were again performed, however, in counties with highest incidence. Similar to testing, RRA sessions for both negatives and positives showed gaps among MSM of color as a prioritized population when compared to HIV incidence.

Curt included breakdowns of distribution of sexual risk reduction materials as well as injection harm reduction materials in the presentation. Specific information/ counts regarding PrEP & NPEP activities, SBS, and partner services were also included in the slide set (please see presentation for details). Curt concluded his presentation by reporting on updates/ progress on 2017 recommendations identified in last year's presentation. He also provided 2018 recommendations for the coming grant cycle which included the following: Increase HIV testing volumes in Regions 2, 5, 6, 7; Increase testing for Black, Latino & Other MSM; Increase RRA for positives in Regions 1, 4, 6, 8; Increase RRA to PLWH for Black, Latino & Other MSM; Increase RRA for positives in Regions 1, 4, 7; Increase the % of SBS Cases located.; Increase the number of Notifiable Partners elicited from SBS & Testing Clients; and Reach and Test greater numbers of named partners.

Questions/ Discussion on the Prevention Presentation:

Q: Tina asked about the SBS services referred and enrolled into Ryan White Case Management. The presentation shows only one client being referred and enrolled. Why was this?

A: Curt responded by explaining that at time, a provider must choose between “referred to Case Management” or “referred directly to Medical Care”.

Q: Tina asked: Will there be an option to choose both going forward? For example, there are co-locations where clients are getting both at the prevention site.

A: Curt explained that the choice “referred directly to Medical Care” could be more popular because SBS providers want to satisfy a quick linkage. For now, multiple choices are not available. Other reports could be run to see if clients are going to the medical care provider then to case management.

Q: Steven asked: Are routine tests included on all slides? Is routine testing included in increased testing goals?

A: Curt stated that all tests were included except perinatal. Curt clarified that the 1% sero-positivity goal is for risk-based testing only. The routine testing standard is 0.1%. All tests, regardless of if they are risk-based or routine, count towards a site's testing numbers.

Q: Jeffery asked: In regards to SBS, it was stated that 80% of located cases were already found to be in care. It was under our impression that clients should be run through Care databases first. How is the number this high?

A: Curt confirmed that EHARS and ADAP checks are run first before assigning SBS services to providers. Some providers report in formats that delay entry of viral load and other data, which may cause late data entry into this systems. He also mentioned that SBS case work takes some time, so there is potential that clients might be being linked mid-process. Additionally the number of assigned cases closely matched the number that was closed in 2017. This was not the case previously. As the SBS process speeds up, we may see less clients that are already found to be in care.

C- Jeffery commented: It is good to remember that when providers find that clients are in care, consider taking an opportunity to try behavioral interventions or partner services with the client.

C: Jeffery commented: Thank you for recognizing providers for incredible work that they have done, sometimes without payment. With that said, agencies are concerned that grants start late, possibly up to 6 months into the year. Some agencies cannot start work without a contract. This might be part of the reason that not all grant money is spent. Please consider a quicker process so that providers can have more time to complete scopes.

A: Curt recognized that this has been a challenge. Without appropriation of GRF dollars, IDPH is not able to begin contracts. The contract procedure has been changed by new laws, particularly GATA. These changes (some of which are not expected/ prepared for) make it difficult to start contracts on time. Curt understands that this is difficult for providers and the Prevention Program will continue to try to work to overcome this.

Q: Nicole asked: Is there a reason that the Direct Grant was able to identify more partners than positives?

A: Curt responded by saying that identified positives may have solicited more than one partner. This speaks to good trust built in these sessions with the prevention provider. It is difficult to say if this is a trend or if there are several outliers with many partners.

Q: Jill asked: Even if we are able and willing to test without contract, how do we efficiently go back and enter information into Provide™? Is there a better way to enter/import these? Backlog creates difficulties in continuing to allot time to testing in later months.

A: Curt responded by saying that a platform like this is a great suggestion.

3:00 -3:15 pm: Break

3:15-3:50 pm: Getting to Zero Illinois: Update & Results of Needs Assessment Activities

Sara Semelka, AFC, GTZ Coordinator

– Questions & Answers, Discussion, Input

Sara Semelka presented on the results of the GTZ community engagement/ needs assessment activities. She reported that over 500 participants, including many with people living with HIV, participated in the activities. She reminded everyone that this is a statewide effort, not Chicago only, and all people are encouraged to join in other upcoming activities including committee work. She also mentioned that there may be other GTZ events downstate in the near future (possibly October) so that all people have an opportunity to participate in-person. Sara stated that the data and information presented was only a summary of the full report. The full report is available upon request.

Sara began with a review of the engagement questions for the needs assessments, which were incorporated into town halls, focus groups, and survey. Themes of these questions included identifying barriers to service for both HIV- and HIV+ individuals, identifying effective (and not effective) strategies for getting to zero, and identifying ways to increase access to PrEP (please see slide set for specific questions). In total, there were 9 town halls (one in each region) with 320 participants, 8 focus groups for specific populations, and online/ paper surveys.

After doing a rapid review of responses at town halls, a list of identified barriers for each theme was identified. Emphasized barriers for getting to zero included education of youth and adults, stigma/ shame, and access to HIV services and PrEP. Emphasized barriers for staying HIV- included lack of supportive systems (from family, community, and health care system) as well as a lack of PrEP services; and barriers for staying in HIV Care included lack of ways to cope with trauma and mental issues, criminalization laws, & employment discrimination. In regards to current effective practices, participants identified the following initiatives/ strategies are working in efforts to get to zero: PrEP navigation, Care navigation, insurance navigation, social marketing, PrEP4Illinois, STD testing, ADAP, and case management.

Focus Groups of specific populations were also held and included the following special populations: transgender women, cisgender women, Spanish speakers, young men of color, long term survivors, re-entry populations, and individuals with housing challenges. Information on the demographics of each focus group was reviewed. Themes that seemed to carry throughout all focus groups were stigma, love/ worth/ self-esteem, education for providers and the general public, racism, competing life priorities, access to HIV prevention and care, access to health insurance, access to supportive services, support groups, and adherence (please see slides to see which themes were most prominent in each specific population group).

The survey was made available for 24 weeks and concluded with a total of 239 viable responses. Questions related to demographics were closed questions (yes/ no), and content questions about getting to zero were open ended. Demographic information about respondents was made available in the presentation. The results were analyzed by the following Action Item for GTZ to Zero: HIV, people/ persons, PrEP, education, health/ healthcare/ healthcare provider, testing, communities, medication, treatment, accessibility/ access, and risk. Results of most identified action results were reviewed by the participant's regional affiliation, HIV status, and role in HIV (consumer, policy, or provider). Please see slides for most identified action by demographic category. PrEP-specific questions were also asked in the survey. Follow up surveys may be done at a later time to follow up on action items through quantitative analysis.

Sara again thanked everyone for their participation thus far and encouraged them to continue to give input into the GTZ process. Her contact information was made available at the end of the slide set for those who were interested.

Questions/ Comments:

C: Eduardo thanked Sara for her presentation and reiterated that the GTZ plan does not belong to any one agency or entity but to everyone. He too encouraged participants to get involved so that expertise from all people can be included in the GTZ efforts.

3:50 -4:00 pm: Community Services Assessment: 2018 Illinois HIV Care/Prevention Resource Inventory Update Janet Nuss, IDPH HIV Community Planning Administrator

Janet briefly reviewed the 2018 Illinois HIV Care/ Prevention Resource Inventory Update. She reminded participants that the submission of the Integrated Plan for 2017-2021 included a resource inventory of all Illinois HIV grants and contracts (including IDPH, Chicago, private, and directly funded federal grants and contracts). In interim years, annual updates of the inventory include only IDPH grants and subgrantees. An updated inventory as of May 2018 is now available online at ihipc.org. Each award is reported by type of award (award name), the funder, funded amount, fiscal year, and categorization of Prevention or Care and activities. Janet noted the following disclaimers: the Care award is only a partial award at this time, and the RIG grant is recorded as an 18 month cycle (12 month grant with 6 month amendment). Janet encouraged everyone to review the online document for details.

There were no questions at this time.

4:00-4:10 pm: Committee Breakout Meetings Facilitated by Committee co-chairs

Because of time constraints, committees met for 10 minutes, which the committee Co-Chairs agreed was adequate time.

Committee Reports/Opportunity to Solicit Input from Full IHIPC/Community on Upcoming Activities Committee Co-chairs

Because of time restraints, committee Co-Chairs agreed at these updates were not necessary at this meeting.

4:10 -4:30 pm: Recap of Today's Presentations; How Information Presented Impacts the IHIPC; Next HIV Planning Steps; Facilitated Discussion Janet recapped the meeting's presentations and asked the group to comment on what they thought about the presentations and their linkage to the work that the planning group does and its mission/objectives.

C: Jeffery thanked Curt for his presentation and its identification of gaps in Prevention. Presentations like this help regions visualize gaps in services and specific priority populations. This will help us set goals that effectively serve population.

C: Janet followed up by stating that even though the Care and Prevention presentations were presented by IDPH, the Primary Prevention and LTC, RRC, ART, & VS Committees reviewed and made recommendations into the content of the presentations beforehand.

Q: Jill asked if Sara could send out the GTZ data/ slides to people who are not on Basecamp. Jill commented that the information is very comprehensive and can be used to act creatively and innovatively when we think of new ways to get to zero.

C: Nicole thanked the regional lead agents for their reports on grantees, testing sites, and new PrEP initiative. She will be taking this information back to the HIV/STD hotline for downstate callers.

C: Candi thanked Curt for his presentation and suggested that a similar in-depth presentation be done for Care so that information can be overlaid with regional epi and compared.

C: Eduardo thanked Candi for her comment. He reiterated that PrEP and Prevention are only half of the battle to getting to zero. The other half is making sure that people in Care continue to receive quality Services as needed.

After comments, Janet asked everyone to participate in a re-cap activity. At the December meeting, there was presentation/ discussion about future IHIPC needs assessments. The group commented that the proposed needs assessment questions seemed to mirror previous ones and suggested we collect new information from the community to help guide solutions to the barriers/gaps. An ad-hoc Integrated Planning Needs Assessment Committee was formed to review the recommendations and plan next steps. Because GTZ needs assessments were on-going at the time, the committee recommended that IHIPC needs assessments be postponed until GTZ results were released. Now that the GTZ needs assessments results are available, the Integrated Planning Needs Assessment Committee will be reconvening to review the results and plan for future needs assessments. Janet presented a list of several influencing factors of HIV that are potential areas to further explore in the needs assessments and/or in IHIPC action planning. Each participant was asked to choose the one factor they most recommend be addressed by the group and specify why. The factors were: access to affordable prevention/ healthcare services, education of youth and general public, racism, stigma and homophobia, homelessness/ unstable housing, substance use/ abuse, acceptance and understanding of cultural diversity, HIV criminalization laws, poverty, incarceration, and unemployment. Participants submitted their choices at the end of the meeting. Results of the activity will be compiled and given to the Needs Assessment Committee for their review.

4:35 pm: Adjourn -With no other questions or comments, the meeting adjourned at 4:35pm (public comment period was not entertained as it was scheduled for Day 2 of the meeting.)