



Illinois HIV Integrated Planning Council (IHIPC) Webinar
Thursday, April 30, 2020, 9:30 am – 11:30 pm –Minutes

9:30 am: Welcome; Introductions; Moment of Silence

The Co-chairs opened the meeting and after welcome and introductions, asked everyone on the webinar to join them in a moment of silence for all who have lost their lives to HIV and to the COVID-19 pandemic.

9:35 am: Meeting Process/Instructions

- » Attendance/Roll call
- » Call meeting to order; Review of: agenda, meeting objectives, IHIPC purpose; Announcements; Updates

After attendance of voting and at-large members was taken, members were instructed to either raise their hand or submit a note in the Q&A feature if they had not been recognized as present. Other IDPH staff and community stakeholders on the webinar were told they would be included in the attendance log even though their names had not been called.

The agenda items and objectives for the webinar, the purpose of the IHIPC, and the concurrence checklist were reviewed. The Co-chair announced that L. Mayhew had resigned his membership and that T. Howard from Region 4 had transitioned from an at-large member to a voting member and would replace L. Mayhew. It was also announced that the summer issue of the IHIPC newsletter was currently in the process of publications review and approval. A request for information and articles for the fall newsletter would be sent out soon.

9:45 am: Increase Access to Health Care/Improve Health Equity: Linkage of 2020 Care Workplan to Integrated Plan/Q&A/Discussion/Input

Jeffrey Maras, IDPH HIV Ryan White Part B/ADAP Administrator

J. Maras provided an overview of the FFY 2020 HIV Care Program, its funding –RWPART B, other federal funding, HOPWA funding, and State General Revenue funding, and how these services align with the priorities in the State’s Integrated Plan and GTZ-Illinois. He described the amounts of funding that support the Medical Assistance Program and the Premium Assistance Program and the funding distributed to the regional RW Care Consortia lead agents to provide core and supportive services to clients across the state. He described how 75% of the services funded were required to be core services, while 25% may be used for supportive services. He described various programmatic requirements of the funding (match, maintenance of effort, quality assurance) and provided an overview of new performance goals and measures that had been established for the top 5 services that are utilized in the State. He discussed areas where these measures were met in 2019 and areas where there was room for improvement. These metrics will be measured on an ongoing basis by Program staff. Some of the highlights and initiatives for 2020 include continuing the open formulary, continuing the hepatitis C treatment for dually-infected PLWH, PreP4Illinois infrastructure, increasing support for Marketplace insurance plans, and implementing a tiered case management system (non-medical and medical including Ryan White, Corrections, and Perinatal.

Note: The Ryan White Part B Program Brochure that lists the lead agents and their contact information and lists and defines the services provided by the RW Part B Consortia is included as an attachment to the minutes of this meeting.

Q: Can you please tell us how the COVID-19 funding the program is receiving from HRSA will be spent?

A: The Illinois RWPR Program received \$1,080,000. We have to submit our intentions for how the funding will be utilized by May 15. The funding will go to the regional lead agents for direct services in defined COVID-19 service categories such as rent assistance, food, and travel.

10:20 am: Increase Access to Health Care/Improve Health Equity: Recommended 2021-23 Priority Pops for Targeted Prevention Services/Q&A/Discussion/Vote

Curt Hicks, HIV Prevention Program Administrator

C. Hicks presented the recommended 2021-2023 priority populations for targeted prevention services as determined by the IHIPC Epi/Needs Assessment Committee. He first described the rationale for prioritization. Only about 5% of our funded services are risk-based services, so we need to ensure that we are serving

the highest risk populations with these targeted services. He then described the process (a weighted average of 90% incidence, 5% prevalence, and 5% late diagnoses of cases in Illinois outside of the city of Chicago) used by the Epi/NA Committee to determine these recommendations. He explained that Chicago is directly funded by CDC for prevention in the city of Chicago; that is why we exclude Chicago data from the analysis. Overall, there were very minor changes in the rankings of the priority populations based on method of transmission (MSM, HRH, PWID, and MSM/WID). All main populations and subpopulations (e.g., non-Hispanic MSM, Black MSM, etc.) maintained their relative rankings, although some percentage points changed a bit, although nothing significant.

Q: I question why the percentage for Black MSM hasn't increased more considering what we are seeing in Chicago.

A: That is likely because we are using Illinois data outside the city of Chicago and the percentage of cases among Black MSM relative to other MSM populations outside of Chicago is different.

Q: In running the State's Hub, the Center has been addressing questions about COVID response services. We have seen an amazing number of Spanish-speaking, undocumented services who need assistance.

A: The State will continue to monitor trends in the epidemic carefully and address changes, as needed.

Vote: After presentation and discussion, a motion was made by J.Nuss at 10:40 am to accept the recommended priority populations for target HIV prevention services for 2021-2023 as presented on behalf of the IHIPC Epi/NA Committee. L. Roeder seconded the motion at 10:41 am. With no other discussion proposed, voting members were asked to either submit their vote of Yes: in favor, No: opposed, or Abstain from voting in the Q&A box on WebEX or to raise their hand and ask to be unmuted and verbally express their votes.

10:45 AM: The motion carried with a vote of 28 in favor, 0 opposed, 0 abstentions, and 7 members either absent or who did not cast a vote.

11:10 am: Illinois HIV Prevention Training and Technical Assistance Capacity Building Assistance (CBA) Plan/Q&A/Discussion/Input

Mazdak Mazarei, San Francisco Community Health Center, Director of Capacity Building and Organizational Learning

Audra Tobin Severson, San Francisco Community Health Center – Chicago Office, Senior Capacity Building Specialist

Audra Tobin Severson and Mazdak Mazarei presented on behalf of the San Francisco Community Health Center (SFCHC) on the Capacity Building Assistance Plan for the IL Dept. of Public Health Prevention and Surveillance Programs. San Francisco Community Health Center is the entity assigned by CDC to states in the Midwest Region to help assess grantees' training and technical assistance needs, develop a proactive annual plan for each grantee, and identify training providers that can meet these training and TA needs throughout the year. The three primary providers of training and TA will be the San Francisco Community Health Center (that will focus on clinical testing and prevention for positives), Washington University in St. Louis (that will focus on non-clinical HIV testing and prevention for negatives), and AIDS United (that will focus on integrated HIV activities and structural interventions). Audra presented the top 16 training and technical assistance activities that were included in the plan submitted to CDC for approval. She noted that these are proactive TA requests that they will start planning for as soon as CDC approves the plan. She mentioned that IDPH and funded Community-based organizations can still reactively submit requests for additional TA and training to them at any time through IDPH. Mazdak Mazarei said that SFCHC is looking forward to working with and providing training and technical assistance to IDPH and its providers over the coming year.

There were no additional questions or comments from attendees.

11:20 am: Public Comment Period/Parking lot

The Co-chairs noted that no formal requests for public comment had been received. There was nothing on the parking lot. With that, the floor was opened to anyone with questions or comments.

Q: Since some clients will /have received COVID-19 stimulus checks from the federal government, will they be required to report that as income to IDPH?

A: The stimulus money is not taxed or counted as income; therefore, it does not impact anyone's Marketplace enrollment or services eligibility. On the other hand, additional unemployment insurance money that clients receive is taxable income and does need to be reported to the Department.

C. Jeffrey Maras reminded everyone of a Policy Clarification Notice that his Program had sent out to inform clients to remain in their current medical benefits home until further notice so their services are not interrupted during the COVID pandemic.

11:30 am: Adjourn

With no other business and no further questions or comments, the Co-chairs formally adjourned the meeting.