Illinois HIV Planning Group (ILHPG)/Ryan White Advisory Group Integrated HIV Planning Meeting Agenda

Date: October 25, 2016 **Hotel:** Crowne Plaza Hotel **Address:** 3000 S. Dirksen Parkway, Springfield, IL 62702 **Phone Number:** (217) 529-7777

9:30 am – 12:00 pm Integrated Planning Group Meeting, Plaza F, First Level			
Agenda Item	**Time**	**Presenter**	**Purpose and Objectives**
Call to order	9:30 am	Integrated Steering Committee Co-Chairs	The meeting will be called to order.
The meeting was called to order at 9:30am.			
Welcome, Introductions, Moment of Silence; Review Meeting Agenda and Objectives; Integrated Steering Committee Update; Review principles of respectful engagement	9:30-9:45 am	Integrated Steering Committee Co-Chairs	• Moment of silence acknowledged for people with HIV • Define clear goals for meeting and guidelines for meeting process • Review agenda and meeting materials • Introduce steering committee members and review goals of committee
Janet and Jeffrey, Co-chairs of the Integrated Steering Committee, welcomed all members and guests. Janet began by reminding everyone to sign in if they hadn't already She introduced Scott, the webinar facilitator and introduced herself and Jeffrey as the facilitators for the meeting. She explained that because this was the only face-to-face meeting of the year for the group, she hoped that the majority of the meeting would be a less-formal presentations and more team-building and open discussion to allow members to get to know each other and to discuss the upcoming steps in moving towards a fully integrated group. She then led the group in recognizing a moment of silence for all people past and present living with HIV and for those who are continuously working to address or end the epidemic. *Janet reminded the group that Public Comment Cards and Participant Profile Cards were available at the sign-in table. There is time on the agenda for Public Comment but no requests have been turned in. She asked everyone to complete the survey in their packet and turn it in at the end of the meeting. Jeff reminded all participants that feedback is very important and is taken into consideration by the Integrated Steering Committee. Jeff explained the primary goal of this Integrated Planning Group and its role in completion of the Integrated Plan and the fulfillment of the goals of the National HIV/AIDS Strategy in Illinois. Janet then conducted announcements about HIV/STD conference logistics and activities and reminded all attendees that previously recorded webinars and documents are available online. Janet also announced that after this meeting, the group will have reached over 100 new community stakeholders in webinar meetings in 2016.* *Janet continued by recognizing the 2015-2016 Integrated Steering Committee members. In addition to Jeff and Janet, the co-chairs, they are: Valerie Johansen, Marcy Ashby, Steven St. Julian, Chris Wade, Susan Rehrig, Joe Trotter, and Tobi-Velicia Johnson. The group recently disbanded so that other group members would have an opportunity to take a leadership role in the integrated planning process. Janet and Jeffrey explained that the functioning of the Integrated Group would not have been possible without their work and thanked them for their commitment. Each member of the committee received a recognition plaque. Additionally, Scott was recognized for his help and leadership in the technical planning and conducting of the webinars and maintaining websites for the Integrated Group, the ILHPG, and the RW Advisory Group. Janet thanked him for this commitment and presented him with a plaque.*			
Ice Breaker-Team Building Activity	9:45-11 am	Integrated Steering Committee Co-Chairs	• Introduce new members; build relationships and cohesion among existing members
Janet explained the ice breaker activity to attendees. Jeff will walk around the room with the microphone. Attendees were instructed to introduce themselves with their name, agency, agency position and position on any HIV planning committee, and a personal or a professional goal they would like to share with the group. As individuals introduced themselves, their name was added to a "Scrabble-like" spreadsheet that interconnected the person's name with the words "Planning Group" or with the names of other members. After the meeting, copies of the spreadsheet will be made available to attendees so they can see the extent of involvement and intersection of community stakeholders into the Illinois HIV planning process. Janet thanked everyone for participating and sharing.			
Interactive Discussion: 2015/2016 Integrated Meetings/Integrated Planning Process; Plans for 2017	11-11:45 am	Integrated Steering Committee Co-Chairs	• Discuss and evaluate the 2015-2016 integrated planning process • Discuss and receive input on the future of integrated planning
Janet began by reviewing a "Crosswalk" of HIV Prevention Planning Groups and Ryan White Part B Advisory Groups from CDC and HRSA. She noted that through this crosswalk, it is evident that these groups have similar responsibilities. They are both advisory in nature and participate in HIV planning and needs assessment functions. She continued by saying that the commonalities among the ILHPG and the RWPB Advisory Group demonstrated over the last two years as we implemented and are coming to the completion of the pilot hybrid Integrated Group reinforce to us that we are now prepared to transition to a fully Integrated Group. There has been vetting and discussion of this with ILHPG and RW Advisory Group committees. Janet informed the group that 2017 will be a planning year for moving to full integration. In 2017, the ILHPG and the hybrid Integrated Group will both continue to meet as it did this year. Meetings of the Integrated Group in 2017 will be held quarterly with two of the meetings being face to face (tentatively). The other two meetings will be held by webinar. Janet explained that the ILHPG tentatively have two of its meetings face-to-face and in conjunction with the Integrated Meetings, with the others by webinar. She explained that all meetings will be important next year as there will be a lot of vetting during the transition to the fully Integrated Group.			

Jeffrey informed Ryan White Part B members that their Case Manager, Client Representative, and Lead Agent Subcommittees will not disband and will continue for programmatic purposes. All RWPB Advisory Group meetings will continue through webinar in 2017 because the webinar format has been effective for their purpose. *A new Steering Committee is needed to guide the Integrated group in this process. Responsibilities of that committee will include creating and recommending new bylaws and procedures, helping to determine the number, structure and functions of new committees, and making recommendations for member selection process. Janet asked anyone who is interested in joining the new Steering Committee to sign-up after the meeting Emails will also be sent out to ILHPG and RWQ Advisory Group members.* *Janet drew the participant's attention to the "Model One" proposal in their meeting packet. She reminded them that this was developed and presented at the time that the Hybrid Integrated Group Model was selected for implementation in 2015. It includes a baseline for the function and structure of the group, committee structure and responsibilities, and composition of membership. She ensured members that this was only a baseline to use as a starting point for the Integrated Steering Committee and not written in stone. She encouraged everyone to review the proposal and to ask question/make recommendations. After its formation, the new Integrated Steering Committee will review this model in depth and make recommended changes. She continued by reviewing a draft timeline for 2017. This included, but was not limited to, the formation of the steering committee, determining the structure and composition of the group, proposing and voting on new bylaws and procedures, creating a membership recruitment plan, and the selection of members. Janet explained that deciding on the composition of membership and the selection of new members may be a lengthy and complex process if there are many more applications than available positions on the group.* *Janet then asked for question/discussion:* *<u>Comment:</u> Remember that it is not necessary to totally "recreate the wheel" when there are members of CAHISC who are able to share how their group is structured and functions. There may be differences but they can be used as a resource in planning for the fully Integrated Group.* *<u>Comment:</u> We should be sure that moving forward that this Integrated Group addresses the intersections of HIV like health inequities, racism, stigma, trauma, sexual racism, domestic violence, criminalization laws, and issues specific to LGBT, youth, MSM, women, Transgender populations, and incarcerated populations, etc. We need to be inclusive of all populations and ask them to be present in our planning efforts, especially those in the downstate area. As agencies, I think we should continue to explore ways that we can work as policy advocates for our communities. I hope that we can also continue to expand data collection so that we can see how these determinants impact people at-risk and those already living with HIV. Thank you to Cheryl for always informing the group of important findings in the current data.* *<u>Response:</u> Since the Integrated Plan was completed in 2016, we focused heavily on analyzing and delving deep into the state's HIV epidemic. Since the epi does not routinely change much from year to year (unless there are specific outbreaks or causal factors), we are not planning to be a presentation-heavy/ data-heavy year. We are hoping to have more open discussion on issues such as those at our meetings. Additionally, we know that CDC and HRSA plan to release new NHAS indicators on PrEP, Transgender Populations, and stigma soon. We will have discussion sessions on these topics and will work to ways to measure those accordingly. We will also continue to try to incorporate current issues affecting the HIV community into our discussions.* *<u>Comment:</u> I think that there are still concerns with classism, marginalization, and social inequity within communities affected by HIV. The issues and challenges that clients have are multifaceted and include lack of access to care, profiling, criminalization, etc. Sometimes, it costs people their lives. I am excited for integration, but I have struggled with the webinar format because it lacks a personal human component.* *<u>Question/ Comment:</u> I applaud the move towards integration. How can we ensure that people living with HIV are engaged in this group, especially those who are not in care or the HIV work force?* *<u>Response:</u> Although "Model One' is just a draft, it does include recommendations for membership of four HIV+ individuals and four HIV – or HIV+ self-identified as representing priority risk populations. PLWH will continue to be engaged through the RWPB Advisory Group. In the future, there will also be opportunities to engage PLWH though engagement meetings, client satisfaction and other surveys, and/or town hall meetings.* *<u>Response:</u> We are in a place where we need to think outside of the box for engagement for all populations, especially since we have a geographically large jurisdiction. There is value in both the face-to-face and webinar meetings in regards to engagement. We have to think about how we can make engagement meaningful even if it is not a typical approach. We will remain committed to meaningful engagement as the voice of the community drives our processes.* *<u>Comment:</u> In the suggested membership of the committees, there is little integration of care and prevention representatives within the committees. I would suggest that we cross-populate those committees with representatives of both Prevention and Care so that we do not unintentionally create silos and because many providers work in roles that address both Prevention and Care.* *<u>Response:</u> The model was created several years ago only as a starting place so it likely does not reflect exactly what we need in integration at this time. The steering committee can adjust the model accordingly to ensure committee-level integration.* *<u>Comment:</u> I feel that working in HIV used to be about helping the client, but now the focus is on funding, numbers, and policy. Although funding is important, we need to steer away from politics and bring the focus back on the clients.* *<u>Response:</u> We want and think our planning group is focused on the needs of client, as we hope HIV program services are, but at the same time, we have to keep in mind that we our federal funders have established guidance for the planning groups and grant requirements for the state for things such as the NHAS indicators, seropositivity targets, funding distribution, etc. that have rationales and which we are required to meet.*			
Community Input/Public Comment Period	11:45-11:50 am	Open to all	Opportunity for public comment/community input about issues relevant to HIV care and prevention planning.
There was no request for Public Comment at this time.			
Adjournment	11:50 am	Full Integrated Planning Group	
The meeting was adjourned at 11:50 am.			
Lunch: Buffet in Ballroom for Pre-conference session attendees. Otherwise, lunch is on your own.	12-1 pm		