Illinois HIV Planning Group (ILHPG)

July 15, 2016, 10:00 am-12:30 pm Meeting Minutes

- Welcome; introduce co-chairs, facilitator and presenters; and acknowledge moment of silence (5 minutes)
  The Co-chair reminded members of the purpose of the ILHPG and the work it does as the central coordinating body for HIV prevention, in conjunction with IDPH and community stakeholders. This work is essential to development of the Integrated Plan and achieving the goals of the National HIV/AIDS Strategy. ILHPG Co-chairs, meeting facilitator, and presenters were introduced. The Co-chair led the group in a moment of silence.
- Review formally adopted agenda
  The agenda for the meeting, formally approved by voting members of the group in advance of the meeting, was reviewed.
- Webinar process; Attendance/Roll call; Announcements (15 minutes)
  - Webinar meeting, online meeting survey, and online discussion board instructions – *Participants were provided webinar instructions and informed of where and how to locate all meeting documents and resources.*
  - Announce logged in members and take roll call of other voting members to verify quorum –*Roll call was taken and announced*. *Quorum was verified.*
  - ILHPG Leadership- *Leadership was introduced and acknowledged.*
  - Voting protocol- *The voting protocol was made available to participants but was not reviewed as there was not a vote scheduled for this meeting*
  - Announcements
    - Member updates – *The Co-chair announced that Ayanna Armstrong and Carmella Williams are no longer ILHPG members.*
    - 2016 Cumulative voting and non-voting member meeting attendance log – *The Co-chair announced that see will send members updated versions of the meeting and committee attendance logs next week. She asked that members review them and contact her if there are any mistakes. She also reminded members that they are still able to watch some recorded webinars for attendance credit and can review them to prepare for the upcoming concurrence vote.*
    - Reminder: Upcoming August 18th Integrated webinar meeting August 19th ILHPG webinar meeting – *The Co-chair reminded participants of the August Integrated Planning Group and ILHPG meetings. At the Integrated meeting, the final draft of the Integrated Plan will be presented and reviewed. The Integrated Plan is due to CDC and HRSA by September 30th. We plan to have the final draft of the Plan posted on the website and sent to OHP leadership and IDPH Communications for review and approval by the end of July.*

» Posted Reports/Updates: Committee, Liaison and Regional Lead Agent, RIG Rep, and IDPH HIV Section reports –*These are posted on the website. Participants were encouraged to review these reports to keep updated on ILHPG committee, HIV Section program, Liaison agency, and regional RIG/LA activities/issues.*

» Review meeting objectives and Concurrence checklist

- Questions and reminder about upcoming concurrence process- *The Co-chair suggested that members thoroughly review the concurrence checklist before the next meeting and ask if there are any questions. She explained that the purpose of the checklist is to guide members in determining if the plan is driven by the NHAS and High Impact Prevention, fulfills the requirements of the HIV Prevention Funding Opportunity Announcement and Ryan White HIV/AIDS Program legislation and guidance, demonstrates a collaborative and coordinated response to HIV prevention, care, and treatment, and if the Integrated Planning Group provided input into the development of the Plan.*

At this time, a letter from the CDC regarding the 2015 concurrence vote was reviewed by the Co-chair. She explained that the CDC provided input on last year's concurrence with reservation vote and determined that funding allocation is ultimately the responsibility of IDPH. The CDC was pleased to hear that IDPH would still consider input and funding allocation recommendations of the ILHPG (i.e. the Funding Allocation workgroup).

» Other Reminders:

- *The cover letter and application for the 2017 new ILHPG member applications are posted online. The Co-chair asked that participants disseminate the application to anyone who might be interested. Applications are due September 16th.*
- *Marleigh is currently accepting articles/ information for the fall newsletter. Submissions are due by August 15th.*

- Present and discuss Regional Funding Allocation Workgroup recommendations (40 minutes)

Steven St. Julian, Funding Allocation Workgroup Co-chair

Steven provided a comprehensive overview of the Funding Allocation Workgroup's development of recommendations for regional prevention funding allocation. He explained that the workgroup was formed after the 2015 concurrence with reservation vote. The purpose of the workgroup was to make recommendations about the funding allocation formula that would ensure that all regions had appropriate funding to perform basic HIV prevention services and that the funding allowed regions to provide basic core prevention services and still follow High Impact Prevention.

The workgroup's first recommendations were made in relation to the regional distribution factor. In the FY16 funding formula, distribution of funds was determined by the average incidence of the immediate past five years. The group found, however, that case reporting issues lead to incomplete incidence data for the most recent year. Because of this, the group recommended that the incidence of past 2 through 6 years should be used to create the founding formula to ensure that data is complete. Additionally, the group recommended that instead of only being based on incidence, the funding allocation formula should include 1/3 prevalence data and 2/3 incidence data to account for Prevention for Positives, which is estimated to be approximate 1/3 of prevention interventions.

The workgroup's second recommendation was made in relation to the impact of the order of deduction of the Lead Agent base award within the formula. In the FY 16 funding formula, lead agent awards were deducted after the calculation of regional awards. Steven demonstrated that this caused the proportion of the lead agent awards within the total regional awards to vary among regions. The group was concerned that this caused problems in under and over-funding. Because of this, they recommended that

the lead agent base awards be deducted prior to the calculation of regional awards. Steven demonstrated that this would ensure that for the epi-based portion of the award (all but the lead agent base amount), 7.1% of all regional awards would be allocated for lead agent awards and 92.9% of all regional awards would be allocated towards direct services.

Steven informed participants that some discussions were had about direct service base awards in the initial stages of the Funding Allocation Workgroup but were later determined to be unnecessary since changing the epi factor and deducting the lead agent base award amounts prior to regional allocation as described above greatly corrected the direct service grant amounts.The workgroup also had discussions about determining if the current lead agent base award of $44,000 per region was appropriate. The lead agents were asked for their input, and they responded by recommending that the lead agent base award should remain as is in all regions except for Region 5 to allow for more direct service funding. No recommendations about adjustments to the Lead Agent base award were therefore made by the workgroup.

– Input, Questions, Follow-up (15 minutes)

Comment: Scott, Tobi, and Valerie all thanked Steven for his work on the workgroup and for his presentation.

Comment: Mike explained that the lead agents did not feel prepared to make a recommendation to the workgroup in regards to their base award due to the unknown state of funding at the time that the recommendation was requested as the Stop Gap budget had not been announced. The lead agents did not feel that a recommendation without knowledge about the state of the budget was appropriate at that time.

Comment/ Question: Jill thanked Steven for a great presentation. She asked if there was a determined amount of funding that allows the lead agents to perform their roles in the best way.

Answer: Steven said that because he was unsure of what their job truly entails and because there are no measurable criteria at this time to base the lead agent award off of, he was not prepared to answer the questions. He hopes that IDPH and the lead agents can work together to determine these criteria as the workgroup has completed its tasks.

Answer: Curt mentioned that he would be addressing Jill's question in his presentation.

Comment: Candi thought that base awards should be higher in areas with greater HIV incidence and prevalence due to larger workloads.

- *Brief break (5 minutes)*
- Present and discuss HIV Prevention Services Regional Gap Analysis (40 minutes)

Curt Hicks, IDPH HIV Prevention Administrator

Curt began his presentation by explaining some of the successes and challenges of the RIG grant in previous years. He stated that the new FY16/FY17 appropriation was predicted to be approximately 4 million dollars, which is approximately $300,000 less than the FY15 amount. He reminded the group that a new grant cycle would begin at the beginning of the 2017 calendar year.

Curt then explained the new funding formula. As recommended by the Funding Allocation Workgroup, the calculation of the lead agent portion of the award (13.5%) will occur before the calculation of the regional awards. Of the 13.5% of funds for lead agents, 5% will be allocated as base awards for uniform lead agent tasks, and 8.5% will be distributed to lead agents based on a sliding scale that takes into consideration the differing sizes and workloads of the regions. This makes the new lead agent base award $25,000. The 86.5% of funding allotted for direct services will be distributed among the regions based 1/3 prevalence and 2/3 incidence as recommended by the Funding Allocation Workgroup. Curt noted that despite receiving a 40% decrease in GRF funding, the planned reduction to the lead agents is only 7.5%. Because of this reduction in funding and the revised allocation formula, five regions will receive less funding. Some regions, however, will receive additional funding because of the changes to the allocation formula.

Curt continued by explaining that there will also be a new blended reimbursement model. The new model will be as follows: 60% for Regional Service Plan Service Units, 20% for Capacity Building, and 20% for Supplemental Services. There will also be supplemental service bonuses for Positive follow-up and increased SBS pay for Care engagement in 30 days. Rules regarding reimbursements for risk reduction activities will also change. Only the following activities will be reimbursable: CDC-supported Effective Behavioral & Biomedical intervention; STI screening and viral hepatitis screening; vaccinations for HAV, HBV, and HPV; harm reduction activities (contacts and counseling); and comprehensive risk counseling and services. Curt informed participants that IDPH is looking to discontinue risk reduction counseling as a stand-alone activity and group prevention support as fundable activities due to lack of evidence for effectiveness and cost-effectiveness. We hope to be able to support some implementation and evaluation of some of the locally grown EBIs such as Oasis, VIBES, and GPPS for young gay and bisexual men. He stated that now that funding is available for capacity building, agencies should consider sending more employees to trainings for approved CDC interventions.

Curt said that the overall presentation for prevention for 2017 will be presented next month. In this presentation, he focused on explaining the gap analysis in which funding for regional scopes are based. Services classes, regional epi, and prioritized populations were taken into consideration for the analysis. In light of the new CDC model, the FY 2017 service class allocation as follows: 50% HIV testing, 10% risk reduction for positives, 20% surveillance based services, and 20% risk reduction for negatives. RIG dollars are allocated to fill in regional gaps in prioritized populations that are not covered by other IDPH grants captured in Provide®. Data used for the gap analysis is based on delivered service units in the past 5 years to combat large annual shifts in scopes fulfilled by other grants. The gap analysis determines which priority populations have been over- and under-served by other grants, and then RIG scopes are formulated based on the gaps and underserved populations.

Curt finished his presentation by recognizing that FY 16 has been a very difficult year. HIV infrastructure has been damaged across the state, and there has been an overall 40% decrease in state general revenue fund appropriation for SFY 16-17. He is asking the lead agents to communicate information about changes in scopes to their sub-grantees. He assured everyone that IDPH is not holding grantees responsible for any activities with non-guaranteed reimbursements. IDPH will have more meetings with lead agents to try to combat as many problems as possible while still keeping HIP in mind.

– Input, Questions, Follow-up (15 minutes)

Comment: Joan said that it was her understanding that there was going to be an assessment or review of RRC before a decision was made to eliminate it. She believed that was in last year's Guidance.

Answer: Curt said that an assessment of RRC was the recommendation of the Interventions and Services Committee, but the committee did not agree on an acceptable way to do an evaluation. Although an evaluation may still be a possibility, it is not likely that the interventions will be proven to be cost-effective. Because of this, agencies have been encouraged to attend trainings for CDC-effective interventions that incorporate RRC, like CLEAR, Many Men Many Voices, CRCS, and others. IDPH has encouraged providers to start going to effective intervention trainings for several years, and it was time for a decision about this to be made. At this time and with extra funding for capacity building, IDPH hopes that attending training will be more feasible. Curt also mentioned that IDPH hopes to still do evaluations for VIBES and OASIS.

Question: Joe asked if there was an idea of when the Training Unit would begin to bring trainings back to the state again. Will it happen over the next 6 months prior to 2017?

Answer: Karen responded by saying that the Training and Prevention units will be working to bring trainings to the state. They will also be working with CDPH to offer some of the necessary training.

Answer: Curt mentioned that CDPH has been working with the CDC to bring trainings to their jurisdiction.

Question: Linda asked when the elimination of RRC takes effect.
Answer: Curt responded by saying that it will begin on calendar year 2017 (Jan1). This will align with the new regional grant awards.
Question: Jill asked if Provide® will be able to track this more complicated reimbursement, especially for positives linked to care and other services based on timelines.
Answer: Curt responded by saying yes, Provide® already tracks them. IDPH will work with GTI to build in the reimbursements in the next 6 months. As mentioned in the presentation, providers will receive a larger reimbursement for linkages within 30 days as opposed to before or after 90 days. This is in alignment with the new NHAS standards. Curt recognizes that this will be difficult but ensured that agencies will still receive some sort of reimbursement for any linkages.
Comment: Mike commented about his concern with the new reimbursement system. He said that as a lead agent, adapting to Provide® and fee-for-service has been very challenging this year. He worries that the proposed reduction in the lead agent base award will cause most of the lead agent's time to be spent in Provide® and working on billing; there may be little time left for capacity building and technical assistance for sub-grantees. He also worries that the additional funding categories will make processes more complicated for both providers and the lead agents. This is even more complicated due to a mixture of GRF and Federal dollars used for funding.
Answer: Curt thanked Mike for his comment and said that there will be more conversations between the lead agents and IDPH about these concerns in the future. Curt mentioned that with a 40% deduction in GRF funding, everyone is losing some dollars. This could change in 2017 with a new appropriation, but this is up to legislators. The HIV section will work to use resources appropriately. Curt understands that using Provide® and billing have been difficult this year. He has asked the IT unit to work on simplifying these processes. He mentioned that everyone experienced a learning curve in regards to learning how to effectively use Provide® in the last year, especially because the system was not initially designed for the difficulties with spending and shifting funding streams that happened in FY16. Despite this, the Section was able to move salvage dollars from other grants to try to cover costs. Curt ensures that the HIV Section will continue to work to make Provide® easier to use.
Question: Steven asked if Personal Cognitive Counseling trainings will be scheduled.
Answer: Curt responded by saying that the Prevention Unit will work with the Training unit to get as many people trained as possible within the next 6 month. The unit can also provide trainings in the early months of 2017 for those who don't make it to training before then.
Answer: Karen said that in the past, the PCC trainings were not well attended. She asked Steven to contact her for more information.
Question: Steven said that last year, grants were written in a way that made some funds non-transferable. He asked if FY 17 grants will be written with looser provisions or safety nets so that funds can be more easily transferred if needed.
Answer: Curt responded by saying that the HIV section hopes that the new allocation proportions of 60% capacity building, 20% supplemental services, and 20% capacity building should help in preventing this issue. He also said that new language has been added to grants that states that grantees can request revisions about two months before the end of the grant to use unspent dollars on a variety of things such as non-prioritized scopes and supplies. He reminded the group that supplemental dollars can be spent on a variety of activities, including unexpected increases in already fulfilled scopes.

- Parking Lot/Public Comment Period (15 minutes) - *At this time, no requests for public comment had been received and nothing was placed on the parking lot. .*
- Adjourn- *The meeting formally adjourned at 12:30pm.*