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

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

- Welcome; introduce co-chairs, facilitator and presenters; and acknowledge moment of silence (5 minutes)-

  The meeting formally began at 10am. Janet Nuss, the Integrated Group Co-chair, welcomed everyone to the last Integrated Meeting of 2016. First, she informed participants that she and the Website Administrator were currently experiencing technical difficulties with the webinar interface and encouraged everyone to download the meeting slides if able so that they could follow along with the presentations accordingly while they work on the technical issues. .

  The Co-chair continued by introducing herself and Jeffrey Maras as the Integrated Group Co-chairs. She also introduced the meeting facilitator and the meeting presenters. She then led the group in a moment of silence for all people living with HIV past and present and for all people working to end the HIV epidemic.
- Review agenda-*The Co-chair reviewed the meeting agenda (see presentations below). It was announced that as of this time, there have been no requests for public comment submitted.*
- Webinar process; Attendance; Announcements; Updates (15 minutes)
  - Webinar meeting, online meeting survey, and online discussion board instructions –
    An active discussion board for this meeting will remain open until December 22. Meeting evaluation surveys will be received through December 22 as well. Both the discussion board and the evaluation are available at http://ilhpg.org/webinar
  - Attendance will be taken by tracking/announcing members logged in, taking roll call of voting members, and sign-in sheets from host sites –
    Because of technical issues during this webinar, all participants logged into the webinar were announced and recorded. The Co-chair reminded participants to identify if they were viewing the webinar with any other individuals so that all viewers would receive attendance credit. It was also noted that several of the new ILHPG members with terms beginning in 2017 were on the call and welcomed.
  - Review meeting objectives-
    The Co-chair reminded the group of the purpose of the Integrated Planning Group and the importance of community input into the HIV integrated planning process as directed by CDC and HRSA guidance. She noted that all our meeting objectives relate to the requirements for HIV planning groups, achievement of our NHAS Goals and indicators, and raising the bars along the HIV Prevention and Care Continuum. The objectives for today's meeting were reviewed.
  - Announcements –
    The Co-chair reminded participants that all meeting materials were available at http://ilhpg.org/webinar

- *Aside from regular meeting materials, this included a Region 6 Epi Highlights document to compliment the Panel Presentation and a tentative 2017 calendar for ILHPG and Integrated Planning Group meetings. Additionally, recordings of all 2016 meetings and their corresponding materials are also available at http://ilhpg.org/webinar*
- *The Co-chair reminded all participants that the ILHPG Winter Newsletter was recently released, and she encouraged everyone to read and disseminate it to other stakeholders. Articles for the first 2017 newsletter are now being collected.*
- *Lastly, the Co-chair announced that over 100 community/ agency representatives were engaged through webinar meetings in 2016 (excluding December meetings). She explained that although there have been some challenges with conducting meetings by webinar, it has been a good way to receive input from new and a variety of stakeholders for incorporation in the Integrated Plan.*

• Region 6 Care and Prevention Panel Presentation(45 minutes)

Joe Trotter, Champaign-Urbana Public Health District, Region 6 HIV Prevention Lead Agent
Gary Dunn, Champaign-Urbana Public Health District, Region 6 HIV Care Project Director

Joe and Gary led the Panel Presentation on Region 6. They explained that they wanted to use this opportunity to talk about how they have integrated HIV prevention and care services at the regional level. First, Joe introduced the traditional HIV care and prevention model, which includes Prevention finding new positives, Prevention handing off a new client to Care through linkage-to-care, and Care maintaining the client in medical care. Previously, when the Region conducted services under this model, there were separate Prevention and Care staff and the process seemed like a "one way street" from Prevention to Care. When planning for integration in 2013, the region looked at traditional model and strategized on how they could approach it in new ways while still maintaining requirements for Care and Prevention grants. Specific goals of integration for the Region included performing more prevention with positives, better access to indirect services for clients, reversal of declines in HIV testing and linkage-to-care rates, and cross-training of all staff.

In order to achieve goals, the Region implemented the following strategies: all staff were cross-trained in Prevention and Care skills so that all services are client centered and more readily accessible to clients; the Prevention-Care Alliance Regional Provider Meetings were developed and Prevention and Care staff meetings were combined; Offices were mixed so that staff members were not physically siloed; timesheets were changed so that staff members could record time worked on either the Prevention or Care grant; and job descriptions for the agency were changed to include a variety of Care and Prevention skills (current employees were trained on required skills). As a result, clients can now stay with one staff person throughout the Prevention and Care process. In 2015, other results of integration included increased testing, increased rates of linkage-to-care, and maintenance of RW caseloads despite reduction in staff.

– Questions & Answers, Discussion, Input (15 minutes)
  - *Comment: Janet thanked Joe and Gary for their presentation. She noted that this presentation was a good precursor to next year's plan to have more discussion-based presentations (which will be explained later in the meeting). She encouraged everyone to ask questions or discuss similar integration efforts in other regions.*
  - *Comment: Jill noted that she is currently working to implement similar cross-training strategies with her Hotline and Testing staff at Center on Halsted. They have noticed that it allows for longer working hours and that cross training makes staff better by engaging them in new skills-building while enhancing previously learned skills.*

- *Comment: Joe reminded participants that their regional integration began in 2013 and that it has been a lengthy process to get where the Region currently is in this process. It was labor intensive but done slowly which made implementation relatively easy.*
- *Comment: Gary mentioned that the first step they took was to talk to staff about integration. Staff was always involved in meetings and their input was taken into consideration during the process.*
- *Comment: Janet noted that she agreed that this process would take time in order to be successful, which is similar to the Integrated Planning process. Sometimes it may take "baby steps" to get things done and make sure everyone is comfortable. Janet complimented Region 6 on their integration, especially on the cross training of staff and programs.*
- *Comment: Joe said that phlebotomy was a difficult part of the transition for some staff members, but reinforcement of the priority of this skill was achieved by making it part of the job description. It took time to change messaging about phlebotomy to staff so that they would be more open to learning the skill and ultimately become more successful in the integration process.*
- *Comment: Joe said that they continue to talk about problems with the region and challenges associated with silos. They encourage all staff to step out of the requirements of their grant to be able to help clients with issues that are important to them. Being open to changing traditional ways of thinking in terms of grants and silos makes integration more successful.*
    - *Comment: Janet responded by saying that overall, having a change in mindset and cross training can make us all more marketable in the ever-changing landscape of HIV.*
- *Question: Candi asked participants to discuss how other regions are working towards integration.*
- *Question: Marleigh asked "How have clients responded to new changes related to integration?"*
    - *Answer: Gary responded by saying that they have achieved good regional results in regards to the RW Client Survey. He also said that clients have commented that they appreciate that they can access Prevention and Care services through one staff person. Not being "passed around" to other staff members was very well-received by clients.*
- *Question: Jill asked "How long did the phlebotomy training take and where were they trained?"*
    - *Answer: Gary responded by saying that he was not sure of a specific time frame in which the training was completed due to differing opinions about phlebotomy from staff. Some were eager to train, while others needed additional coaxing to complete it. The staff was trained on-site by nurses and staff practiced on each other before drawing blood from clients.*
- *Comment: Lesli said that she thought this was a great model, especially to help keep clients in HIV care.*

- Introduction of New Integrated Planning Steering Committee, Overview, Brief Presentation/Discussion of 2017 Plans - 15 mins.

  Jeffery Maras, IDPH Ryan White Part B Administrator, Integrated Planning Steering Committee Co-chair

  Janet Nuss, IDPH HIV Planning Coordinator, Integrated Planning Steering Committee Co-chair

  Janet began the presentation by talking about survey results from the 2015/2016 Integrated Planning Meetings. She briefly compared the cumulative survey results from each to assess satisfaction, especially in light of the change to the webinar meeting format. She noted that elements of the survey like clear goals and objectives, good leadership, inclusion of variety of stakeholder in meetings, organization of meetings, and content of the meetings received similar satisfaction results in 2015 and 2016. She also noted that overall, new questions added in 2016 about technicalities related to the webinar format had a positive response. Janet then noted that satisfaction with some elements of the survey had decreased from 2015 to 2016. This included collaboration and coordination across Care and Prevention, members bringing the voices of populations and communities to the meeting, and opportunities to express opinions

and to be involved in group discussion. Janet noted that she believes that many opportunities were given to members to provide input and to be involved in group discussion, but some may have felt hindered by the webinar process. She understands that this has continued to be an issue and will continue to work to address this at future meetings.

Janet continued with her presentation by reminding participants that the first Integrated Planning Steering Committee did a great job with assisting in the development of the hybrid Integrated group, but they were ready for other members to take on leadership roles in forming the fully Integrated Group. The new Integrated Steering Committee, as known as Integrated Steering Committee 2, was therefore formed. The members of the group were introduced at the meeting:

- *Janet Nuss, IDPH ILHPG Co-chair*
- *Jeffrey Maras, IDPH RW Part B Co-chair*
- *Marleigh Voigtmann, IDPH ILHPG Intern (will take a leadership role on this committee later in the year)*
- *Lyyti Dudczyk, ILHPG Leadership, Region 7*
- *Wendy Bradley, RW Quality Coordinator/ Case Manager, Region 4*
- *Charaine Boyd, RW HIV Care Project Director, Region 1*
- *Lesli Choat, STD Coordinator*
- *Jeffery Erdman, HIV Prevention Lead Agent, Regions 2,4, and 7*
- *Mike Benner, RW Community Representative, Region 6*
- *Scott Fletcher, ILHPG Community Representative, Region 5*
- *Lisa Roeder, RW Case Manager, Region 2*
- *Jennifer Epstein, Prevention/Care Coordinator, Region 8*
- *Cynthia Tucker, CAHISC Representative, Region 9*

Next, Janet gave an update on the Integrated Planning Steering Committee 2's progress thus far. They had their first meeting in November and have scheduled monthly meetings for 2017. At the first meeting, the objectives for the committee were discussed, which included reviewing and making recommendations for modification as needed to the proposed Model 1 (presented to the full group at the October meeting), reviewing and making recommendations for modification to the current ILHPG Bylaws and Procedures for use of the fully Integrated Group (to be tentatively presented in May 2017), and to conduct new membership recruitment and selection for the full group (to begin in Fall 2017). Janet then explained that the majority of the committee's work will be conducted in 2017. The committee will be relinquished of its duties after the new leadership of the fully Integrated Group is selected, which is expected to be in mid-2018.

Janet then reviewed the tentative 2017 ILHPG and Integrated Group calendar. She noted that ILHPG meetings are highlighted in red and Integrated Meetings in blue. As written on the schedule, she is hoping to have two face-to-face meetings of both the ILHPG and the Integrated Group in May and August. At this time, she is still working on plans to contract with a vendor for planning group activities. , so the dates and locations for the face-to-face meetings are still tentative. Webinar meetings will be held in February and December. Planned topics and activities for each meeting were discussed in detail during the webinar. Trainings for new ILHPG members will be held by recorded webinar in January, February, and August, but all community stakeholders are welcome to participate. In October, the Integrated Planning Steering Committee will have its Strategic Planning meeting to complete plans for 2018. As touched on before, Janet plans to make presentations for 2017 less data heavy and more discussion-based so that the group can discuss how to address disparities

and other pertinent issues in their planning efforts. She hopes that everyone will use this format as an opportunity to spark discussion, provide input, and actively participate in planning.

Janet concluded her presentation by thanking everyone for their work in this transitional process, especially the members of both Integrated Planning Steering Committees.

– Questions & Answers, Discussion, Input (10 minutes) – *The group was asked if there were any comments or questions at this time. Receiving none, we moved on to the next agenda item.*

- Overview of 2020 NHAS Indicators – Update on Illinois' Progress –15 mins

  Marleigh Voigtmann, IDPH HIV Community Planning Intern

  Marleigh began her presentation by reminding participants that the indicators that were to be discussed in the presentation come directly from the National HIV/AIDS Strategy, which is a national plan that promotes High Impact Prevention and the Integration of HIV prevention, care, and treatment. Indicators, which are to be achieved by 2020, are associated with three overarching goals that were set to prevent new infections, improve outcomes along the HIV Care Continuum, and reduce disparities among populations most impacted by HIV. Marleigh announced that in addition to the 10 original indicators discussed in the presentation, three new indicators are currently being developed in regards to PrEP, viral suppression among transgender women, and HIV stigma. More guidance on measurement and monitoring of these goals will be released by the White House in the future.

  Next, Marleigh reviewed each of the 10 standing indicators with information about Illinois's current progress on the goals, annual targets, and corresponding data sets (please see slide set to review each indicator and its accompanying Illinois data). When reviewing each indicator, she made note of how each indicator had been measured for use in Illinois and how it will be monitored in the future. At the end of the presentation, she emphasized that measurement and monitoring of the indicators is important to HIV Planning because they can reveal gaps and needs for improvement in HIV prevention, care, and treatment services. They also are essential to goal setting and prioritization in HIV planning efforts.

  – *Questions & Answers, Discussion, Input (10 minutes)*
    - *Question: Scott asked "How are the annual targets determined?"*
      - *Answer: Marleigh responded by saying it was a simple division of the gap between current Illinois data and the 2020 goal divided over the 5 year time line.*
    - *Comment: Randy noted that there is still a lot of work to do.*
    - *Comment: Lesli said that it is helpful to see where we are and where we need to go in regards to the indicators.*
    - *Question: Pam asked "Do regions need to report on their indicator progress?"*
      - *Answer: Janet responded by saying that it was not something that she had considered but could be discussed with IDPH Administrators. At this time, the Surveillance Unit has been asked to annually provide regional data reports which could be used to measure some indicators, but others require more complex analyses and cannot be broken down further than state level data. Jeffrey continued by saying that RW helps augment the data because their levels of client engagement, especially along the Continuum of Care, are relatively high compared to state data. Regions can always run RW Program specific data reports. Lab reporting is important in measuring the indicators. The Surveillance Unit has been working with*

CDC to ensure the laboratory data reports we receive are in a format that enables accuracy of reporting. This is to be remedied by the end of December.

- *Question: Joe asked "How will the PrEP Indicator be measured?"*
  - *Answer: Jeffrey stated that RW can support this measurement by pulling data from the PrEP4Illinois database. RW is currently having discussions with Medicaid about data matches and claims regarding PrEP. Other ideas for measurement included collaborations with pharmacies and requesting Illinois data from Gilead's PrEP Assistance Program. Marleigh noted that guidance on how to measure this indicator was not included in the most recent NHAS progress report. She and Janet will keep a close eye on this to ensure that group members and HIV Section Staff are aware of its release in the future.*

- Public Comment Period/Parking Lot (10 minutes)- *At this time, there was no request for public comment and no parking lot items.*
- Adjourn- *The meeting formally adjourned at 11:45am.*