

Program Description:

The Illinois HIV Planning Group (ILHPG) and Illinois Department of Public Health (IDPH) Engagement Plan identifies strategies for increasing coordination in HIV care, treatment, and prevention programs across the state, jurisdiction, and localities to strengthen and enhance the relationships among governments and communities and ultimately, to achieve the three primary goals of the National HIV/AIDS Strategy, along with the objectives and associated indicator measures that have been identified for each:

1. Reduce new HIV infections.
2. Increase access to care and improve health outcomes for people living with HIV.
3. Reduce HIV-related health disparities.

The plan recommends bringing people with HIV, community stakeholders, and service providers together for collaboration and coordination in program planning, delivery, evaluation, and assessment; and to identify and address gaps, deficiencies, and barriers to accessing HIV care, treatment, and prevention services.

Program Goals:

The overarching goal of the engagement plan is to:

Achieve a more coordinated response to HIV by engaging key community stakeholders and leaders and increasing collaboration and coordination among HIV programs.

This goal aligns with one of the goals of the Illinois HIV/AIDS Strategy.

Five additional, more specific goals have been developed and include:

Goal 1: Increase community stakeholders' awareness and understanding of HIV care, treatment, housing, and prevention programs.

Goal 2: Identify opportunities for collaboration and coordination across all HIV programs - statewide and local.

Goal 3: Increase access and linkage to HIV services, including housing opportunities where available and as needed.

Goal 4: Mitigate the impact of stigma and discrimination on HIV care, treatment, and prevention.

Goal 5: Increase stakeholder knowledge of the risk/race/ethnicity populations which comprise the largest proportions of recent HIV infections, recent late HIV diagnoses, and recent diagnosed cases unengaged in HIV treatment.

Key Stakeholders:

Key stakeholders will include:

- Networks of HIV positive people and their sex and/or needle sharing partners
- Networks of and organizations serving men who have sex with men, including gay and bisexually active men, LGBT service, social and faith organization representatives, Gay bar managers, LGBT youth support organizations, and others
- Networks of and organizations serving highest risk heterosexual subpopulations including HIV sero-discordant couples, STD Clinic providers, outreach projects serving sex workers, and other likely high risk heterosexuals in impoverished, high HIV incidence communities, projects serving transgender MTF who have sex with males
- Networks of and organizations serving injection drug users including current and recovering injection drug users, harm reduction staff, methadone clinic staff, recovery house members, and others
- Networks of marginalized groups (substance users, sex workers, current/former incarcerated/detained persons, and advocates).
- Networks of groups with language and cultural barriers including immigrants from high HIV incidence countries
- HIV positive pregnant women or mothers and providers working to prevention perinatal HIV transmission
- HIV prevention, care, and treatment *planners*, including governmental and non-governmental agencies and planning/advisory groups
- HIV prevention, care, and treatment *providers*, including mental health program leaders
- STD/hepatitis prevention, disease intervention, and clinical program leaders
- Community and youth leaders; women's health/reproductive health/transgender health advocates and program leaders
- Legislators and decision makers
- Governmental and non-governmental program leaders implementing health care reform, including patient-centered medical homes
- Affordable and specialized housing advocates, policy makers, and program leaders

Engagement and Retention Strategies:

Specific, measurable, achievable, realistic, and time-measured objectives and key strategies/activities needed to accomplish the objectives have been developed to engage new and previous partners, maintain current partner relationships, and retain those partners in the HIV prevention, care, and treatment coordination and collaboration processes. The IDPH Illinois HIV Planning Group (ILHPG) Coordinator will set up and maintain two-way communication with all identified key stakeholders and participants in engagement activities as well as maintain a record of documents, reports, and notes developed throughout all engagement activities. This documentation record will not only provide key stakeholders with easy access to information for program coordination and decision-making but will uphold the continuity of the process should staff roles change. The record will also enhance retention of new and previous partners through the sharing of information and the transparency of the engagement process.

Guiding Principles for Engagement will be based on the following factors:

- Mutual respect and understanding
- Engagement and participation will be beneficial and of interest to all
- Communication will be open and involve balanced and objective information-sharing and discussion as well as solicitation of feedback that will promote understanding of the issues, coordination across programs, and informed decision-making

The following implementation plan identifies the activities that have been prioritized to occur in 2016. Progress will be monitored regularly by IDPH's ILHPG Coordinator utilizing the evaluation indicators identified for each activity. A feedback loop has been established to ensure stakeholders who participate in the engagement plan activities are provided with follow up information, reports and documents.

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Overall Program Goal: Achieve a more coordinated response to HIV by engaging key community stakeholders and increase collaboration and coordination among HIV programs.

Goal 1: Increase community stakeholders’ awareness and understanding of HIV care, treatment, housing, and prevention programs

Goal 2: Identify opportunities for collaboration and coordination across all HIV programs - statewide and local

Goal 3: Increase access and linkage to HIV services, including housing opportunities where available and as needed

Goal 4: Mitigate the impact of stigma and discrimination on HIV care, treatment and prevention

Goal 5: Increase stakeholder knowledge of the risk/race/ethnicity populations which comprise the largest proportions of recent HIV infections, recent late HIV diagnoses, and recent diagnosed cases unengaged in HIV treatment

Objective 1: Enhance ability of membership to effectively participate in the HIV planning process

2017 Key Strategies and Activities (S/A)	Target Group	Lead Role	Timeline				Evaluation Indicator(s)
			Q1	Q2	Q3	Q4	
S/A1. By, January 1, 2017, post “Understanding Basic HIV Epidemiology/Using Data for Prevention Planning” webinar training on the www.ilhpg.org website to enhance members’ and other interested stakeholders’ understanding of the basic concepts of HIV epidemiology and basic analyses of HIV data and uses of data for prevention planning, including epidemiological, service delivery, and social determinant data. <u>New voting members and non-voting liaisons who have not already taken the training are required to take this training prior to the February ILHPG meeting.</u> Other members are encouraged to complete the training as needed.	ILHPG membership; community stakeholders	ILHPG Epi/NA Committee	x				Training conducted; training attendance log
Objective 2: Identify any research or activities needed in 2017 to assist in assessing the priority populations for prevention in Illinois and exploring the epidemic, social determinant factors, needs, gaps, and barriers in prevention, care, and treatment services.							
S/A2. At the November 2016 strategic planning meeting, provide input and make formal recommendations and requests to the HIV Section on 2017 epidemiological, service delivery, and needs assessment data collection/analyses needed to monitor and evaluate progress on goals and objectives of the 2017-2021 Integrated HIV Care/Prevention Plan.	ILHPG; HIV Section	ILHPG Epi/NA Committee					Recommendations made for guiding priority setting and monitoring progress on integrated plan

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Objective 3: Review and update current jurisdictional HIV prevention, care, and treatment resources							
S/A3. By March 2017, provide input to the HIV Section on items to include in the updated resource inventory assessment of resources available to meet the needs of HIV Prevention, Care, and Treatment needs in Illinois. The inventory should include agency, services delivered, target populations, funding amount, and HIV Care Continuum steps impacted. <u>HIV Section staff will provide this updated resource listing to the Integrated Planning Group at the May 2017 meeting.</u>	ILHPG and RW Advisory Group; HIV planners; care and prevention lead agents; community stakeholders	HIV Section; ILHPG Epi/NA Committee	x	x			Updated resource inventory/assessment
Objective 4: Review/analyze jurisdictional HIV service delivery data and make recommendations to IDPH for the 2017-2021 Integrated HIV Care/Prevention Plan.							
S/A4. By January 2017, provide input to the HIV Section in the review/analyses of CY 2016 Department funded HIV prevention service delivery data in the jurisdiction, focusing on analyses of sero-positivity rates and identification of relevant health disparities/inequities. <u>Data requests should be submitted to the Epi/Needs Assessment Committee and Prevention Unit by January 31, 2017. The draft and final presentation should be vetted within the Epi/NA Committee for review/input/edit by its April 2017 conference call.</u> If possible, the presentation should include geo-mapping of jurisdictional incidence and priority population data compared to CTR and HERR funded service data. <u>HIV Section Evaluation and/or Prevention staff will provide this presentation at the May 2017 Integrated Planning Meeting.</u>	ILHPG and RW Advisory Group; HIV planners; care and prevention lead agents; community stakeholders	ILHPG Epi/NA Committee; HIV Section Prevention and Evaluation Units	x	x			2016 HIV service delivery presentation completed
S/A5. By January 2017, provide input to the HIV Section in the review/analyses of FFY2016 Department funded HIV care, treatment, and housing service delivery data in the state, focusing on analyses of health outcomes and identification of any HIV-related health disparities and inequities. <u>Data requests should be submitted to the Direct Service Unit by January 31, 2017. The presentation should be vetted within the Epi/NA Committee for review/input/edit by its April 2017 conference call.</u> If possible, the presentation should include geo-mapping of	ILHPG and RW Advisory Group; HIV planners; care and prevention lead agents; community stakeholders	ILHPG Epi/NA Committee; HIV Section Direct Services Unit	x	x			2016 HIV service delivery presentation completed

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<p>jurisdictional prevalence data compared to funded care services data. <u>HIV Section Ryan White Program staff will provide this presentation at the May 2017 Integrated Planning Meeting.</u></p>						
<p>Objective 5: Review and analyze current Illinois HIV epidemiologic profile data and make recommendations to the Department’s HIV Section for 2017 updates to the HIV jurisdictional plan, as needed.</p>						
<p>S/A6. By January 2017, provide input and collaborate with the HIV & STD Sections to provide the ILHPG an overview, focusing on key highlights, of the current HIV epidemiologic profile in Illinois (incidence, prevalence, late diagnoses) cross-tabulated by race/ethnicity, risk, age, and gender. The analyses and discussion should focus on strategizing and making recommendations re: 1). areas and populations hardest hit by HIV/AIDS in Illinois and prioritized for services, and 2). identification of any HIV-related health disparities and inequities, focusing on the jurisdiction outside the city of Chicago. <u>Data requests should be submitted to the Surveillance Unit by no later than December 31, 2016.</u> The presentation should be vetted within the Epi/NA Committee for review/input/edit at the February 2017 conference call of that committee. <u>HIV & STD Section staff will provide the presentation(s) at the Feb 2017 Integrated Planning Meeting.</u></p>	<p>ILHPG and RW Advisory Group; HIV planners; care and prevention lead agents</p>	<p>ILHPG Epi/NA Committee; HIV Section Surveillance Unit</p>	<p>x</p>			<p>HIV Epi profile presentation completed</p>
<p>Objective 6: Update, review and analyze current factors associated with high HIV transmission risk and make recommendations to the HIV Section to help ensure targeting of the highest risk populations.</p>						
<p>S/A 7. Based on the jurisdiction’s epi analyses of 1) areas/populations hardest hit by HIV/AIDS in Illinois and prioritized for services, and 2) identification of any HIV-related health disparities and inequities, work with the IDPH HIV Prevention Administrator to identify relevant recommendations on populations to prioritize for prevention services in for 2018. <u>The HIV Section Prevention Administrator will provide the presentation to the full ILHPG for further input at the May 2017 ILHPG Mtg.</u></p>	<p>ILHPG and RW Advisory Group; HIV and STD planners; care and prevention lead agents; community stakeholders</p>	<p>ILHPG Epi/NA Committee; HIV and STD Section</p>	<p>x</p>	<p>x</p>		<p>Recommendations on social determinant and risk factor for “vetting” submitted, analyses conducted; presentation completed</p>

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<p>S/A 8. Provide input on changes to the risk group definitions by collaborating with the HIV and STD Section Prevention Administrators to review any new literature studies and collect, review, and analyze data on social determinant factors that may place populations at a higher risk for acquiring HIV. Until March 31, 2017, requests for issues the committee should consider for “vetting” will be solicited from ILHPG voting and non-voting members and community members. All reviews and analyses of these factors should be vetted within the Epi/NA Committee for recommendations by the April 2017 conference call of that committee. <u>The HIV Section Prevention Administrator will provide the presentation, along with committee recommendations, at the May 2017 ILHPG meeting.</u></p>	<p>ILHPG and RW Advisory Group; HIV and STD planners; care and prevention lead agents; community stakeholders</p>	<p>ILHPG Epi/NA Committee; HIV and STD Section</p>	<p>x</p>	<p>x</p>		<p>Recommendations on social determinant and risk factor for “vetting” submitted; analyses conducted; presentation completed</p>
<p>S/A 9. Provide input on changes to the risk group definitions by collaborating with the HIV Prevention and Care Units to assess the occurrence of intimate partner violence in prevention client assessments and care recertification assessments conducted in FFY2016. Compiled data will be reviewed to assess the frequency of IPV and to assess whether the occurrence of IPV may place populations at a higher risk for acquiring HIV. All reviews and analyses of these factors should first be vetted within the Epi/NA Committee for recommendations by the May 2017 conference call of that committee. <u>The HIV Section Prevention Administrator will provide the presentation, along with committee recommendations, at the May 2017 ILHPG meeting.</u></p>	<p>ILHPG and RW Advisory Group; HIV and STD planners; care and prevention lead agents; community stakeholders</p>	<p>ILHPG Epi/NA Committee; HIV Section Prevention and Care Units</p>	<p>x</p>	<p>x</p>		<p>Recommendations on social determinant and risk factor for “vetting” submitted; analyses conducted; presentation completed</p>
<p>Objective 7: Review and/or conduct gap analyses processes, as needed, to ensure an evidence-based process is used to determine the highest priority populations and gaps in their prevention, care, and treatment needs.</p>						
<p>S/A10. By June 2017, provide input to the HIV Section in development of a state and regional prevention gap analyses, based on updated epidemiologic and service delivery data. The gap analyses should identify populations hardest hit and most at risk for HIV infection, prevention needs, gaps to be addressed, rationale for selection, and strategies to address the gaps. <u>HIV Section staff will present</u></p>	<p>ILHPG and RW Advisory Group; HIV planners; care and prevention lead agents and providers;</p>	<p>ILHPG Epi/NA Committee; HIV Section</p>		<p>x</p>	<p>x</p>	<p>Analyses conducted; presentation completed</p>

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<u>on the gap analyses process and inform the ILHPG of results at the Aug 2017 ILHPG meeting</u>	community stakeholders							
<p>Objective 8: By October 2017, provide input and assist the HIV Section in the review and assessment of aggregate client level data from Provide®, eHARS, and other data sources for indicators of care (CD4 counts, viral loads, linkage to and retention in care, antiretroviral therapy, etc.) to determine if we are improving the bars along the HIV Care Continuum in Illinois and achieving the 2020 NHAS goals. HIV Section staff will present results of assessments at the August 2017 and December 2017 Integrated Planning Group meetings.</p>								
<p>S/A11. By June 2017, provide input and assist the HIV Section in the review and assessment of state and regional HIV incidence, prevalence, and Continuum of Care data, broken down by race/ethnicity, gender, age, and transmission risk, to identify any health-related disparities. <u>HIV Section staff will provide this presentation at the August 2017 Integrated Planning Meeting.</u></p>	<p>ILHPG and RW Advisory Group; HIV planners; care/prevention lead agents and providers; community stakeholders</p>	<p>ILHPG Epi/NA Committee; HIV Section</p>		x	x			<p>Analyses conducted; presentation completed</p>
<p>S/A12. By June 2017, provide input and assist the HIV Section in the review and assessment of the following NHAS Illinois indicators: percentage of people who know their serostatus; number of new HIV diagnoses; percentage of newly diagnosed persons linked to medical care; percentage of HIV-diagnosed persons retained in medical care; percentage of HIV-diagnosed persons virally suppressed; percentage of people in HIV medical care who are homeless; mortality rate of HIV-diagnosed persons; the disparity rates of new HIV infections among gay and bisexual young men, young black gay and bisexual men, and young black females; percentage of HIV-diagnosed youth who are virally suppressed; percentage of HIV-diagnosed PWID who are virally suppressed; and percentage of young gay and bisexual men who engage in behaviors that place them at high-risk for HIV infection. <u>HIV Section staff will provide this presentation at the August 2017 Integrated Planning Meeting.</u></p>	<p>ILHPG and RW Advisory Group; HIV planners; care and prevention lead agents and providers; community stakeholders</p>	<p>ILHPG Epi/NA Committee; HIV Section</p>		x	x			<p>Analyses conducted; presentation completed</p>
<p>Objective 9: Demonstrate the relationship between the priority populations and funded interventions and the approved prevention strategies/interventions in the 2017-2021 Integrated HIV Care/Prevention Plan.</p>								
<p>S/A13. Between June and August 2017, provide input to the HIV Section in its review, analyses, and assessment of the linkage between the 2017 priority populations and</p>	<p>ILHPG and RW Advisory Group; HIV planners;</p>	<p>ILHPG Epi/NA Committee; HIV Section</p>		x	x			<p>Presentation completed</p>

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HIV prevention resources and the priorities and strategies set forth in the 2017-2021 Integrated HIV Care/Prevention Plan. <u>The HIV Section Prevention Administrator will provide this presentation at the August 2017 ILHPG webinar.</u>	care and prevention lead agents and providers	Prevention Unit					
Objective 10: Develop an integrated planning process that is based on CDC and HRSA integrated HIV planning guidance and accomplishment of Illinois Integrated HIV Prevention and Care Plan: 2017-2012 goals and objectives.							
S/A14. Ongoing, throughout 2017, provide input and support to the Integrated Planning Steering Committee, as needed, in development of plans for forming an Integrated Planning Group to be implemented in 2018. These plans may include determination of the structure and composition of a committee that will assume the current functions of the Epi/Needs Assessment Committee.	ILHPG, Integrated Planning Steering Committee	ILHPG Epi/NA Committee; HIV Section	x	x	x	x	Input and support provided as needed
Objective 11: Develop, monitor and evaluate the annual engagement planning processes to ensure it is based on accomplishment of CDC HIV planning goals and objectives.							
S/A15. By November 2016, assist the HIV Section in the identification of key stakeholders for which to engagement in 2017 ILHPG and Integrated Planning meetings. This list will be compiled at the November 2016 ILHPG Executive Committee strategic planning meeting for 2017.	ILHPG; Community stakeholders	ILHPG Evaluation Committee	x				Stakeholders identified
S/A16. Ongoing, throughout 2017, assist the HIV Section in identifying ways to enhance engagement of the community, including but not limited to local health department HIV/STD staff, HIV prevention, care/treatment and support service (e.g., substance abuse, mental health, faith-based, corrections, housing) providers and community-based organizations (CBO), RW Part A-F providers, Chicago EMA and St. Louis TGA and CDC direct-funded Prevention providers, Centers for Minority Health Services grantees, Quality of Life and African-American AIDS Response Act grantees, community health centers, re-entry populations, and sero-positive community leaders, including those in hard to reach areas, in ILHPG and Integrated Planning meetings.	Key community stakeholders	ILHPG Evaluation Committee	x	x	x	x	Stakeholders engaged; completed ILHPG meeting rosters and participant profiles

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S/A17. By November 2016, in conjunction with other ILHPG Committees and the IDPH ILHPG Coordinator, develop draft ILHPG and Integrated Planning Group objectives for the 2017 HIV Engagement Plan.	ILHPG; HIV Section	ILHPG Evaluation and Executive Committees; HIV Section					Draft objectives for 2017 Engagement Plan completed
S/A18. By January 2017, disseminate the draft 2017 HIV Engagement Plan to the ILHPG members and to IDPH Centers for Minority Health Services, HIV and STD Section prevention, care, and treatment programs for review, comment and additional input. The final 2017 HIV Engagement Plan, incorporating additional input received, will be sent electronically to ILHPG membership and posted on the ILHPG website by February 28, 2017.	ILHPG members; IDPH HIV and STD Programs	ILHPG Evaluation Committee	x				Final 2017 Engagement Plan completed and disseminated
S/A 19. Ongoing, throughout 2017, assist the IDPH ILHPG Coordinator in monitoring implementation of the 2017 HIV Engagement plan and determining the extent to which community stakeholders have been engaged in HIV planning activities.	ILHPG; HIV Section	ILHPG Evaluation Committee; ILHPG Coordinator	x	x	x	x	2017 ILHPG Work plan/Timeline monitored and updated as needed
S/A 20. Ongoing, throughout 2017, distribute a participant profile and meeting evaluation form at all ILHPG face-to-face meetings, engagement meetings, and webinar/trainings; assist in compiling the results and provide a summary of results to the ILHPG Executive Committee.	ILHPG Evaluation Committee; ILHPG Executive Committee; ILHPG Coordinator	ILHPG Coordinator	x	x	x	x	Results of ILHPG Participant Profile and meeting evaluations compiled
S/A 21. Ongoing, throughout 2017, work with the ILHPG Community Planning Intern to identify youth-serving providers from a variety of regions that engage youth and encourage and offer them the opportunity to administer the Illinois HIV Planning Group Youth Survey, asking that completed surveys be returned to the ILHPG Evaluation Committee for compilation and analysis by July 31, 2017.	ILHPG Evaluation Committee; ILHPG Coordinator; Community Planning Intern	Community Planning Intern	x	x	x	x	Completed surveys analyzed

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S/A 22. Assist the Evaluation Administrator, ILHPG Coordinator, and Community Planning Intern, as able with observation, note taking, and evaluation, as able, with any youth focus groups conducted in 2017. The IDPH ILHPG Coordinator will provide a summary of results at the December 2017 Integrated Planning Group webinar.	ILHPG Evaluation Committee; ILHPG Coordinator; Community Planning Intern	Community Planning Intern	x	x	x	x	Evaluation of youth focus groups completed and summary presented
S/A 23. Work with the IDPH ILHPG Coordinator to provide a summary of youth survey responses to date and any tangible recommendations gleaned from the responses by the December 2017 Integrated Planning Group meeting.	ILHPG Evaluation Committee; ILHPG Coordinator; Community Planning Intern	ILHPG Coordinator	x	x	x	x	Recommendations gleaned from youth focus groups presented
Objective 12: Develop an integrated planning process that is based on CDC and HRSA integrated HIV planning guidance and accomplishment of Illinois Integrated HIV Prevention and Care Plan: 2017-2012 goals and objectives.							
S/A 24. Ongoing, throughout 2017, provide input and support to the Integrated Planning Steering Committee, as needed, in development of plans for forming an Integrated Planning Group to be implemented in 2018. These plans may include determination of the structure and composition of a committee that may assume the current functions of the Evaluation Committee as well as ensuring stakeholder engagement in planning, evaluation of the planning process, and monitoring implementation of the Integrated Plan.	ILHPG, Integrated Planning Steering Committee	ILHPG Evaluation Committee; HIV Section	x	x	x	x	Input and support provided as needed
Objective 13: Ensure ILHPG face-to-face meetings, webinar trainings/meetings, engagement meetings, and committee conference calls/meetings foster the HIV planning process and encourage inclusion and parity.							
S/A 25. Ongoing, throughout 2017, develop ILHPG meeting agendas and arrange for meeting presentations from committees, the Department's subject matter experts, and other sources, to support the development and update of the jurisdictional HIV prevention plan, collaborative HIV planning, the HIV engagement plan, and the	ILHPG; key stakeholders	ILHPG Executive Committee; ILHPG Coordinator	x	x	x	x	Meeting agendas and minutes

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concurrency process.							
S/A 26. Ongoing, throughout 2017, develop meeting agendas and arrange for technical assistance opportunities that promote capacity building of members needed to fulfill their HIV prevention planning roles on the ILHPG.	ILHPG	ILHPG Executive Committee; ILHPG Coordinator	x	x	x	x	ILHPG meeting agendas
S/A 27. Ongoing, throughout 2017, in collaboration with the committee co-chairs, track attendance at ILHPG meetings, webinar trainings, and committee conference calls, and implement appropriate member follow-up in accordance with the ILHPG bylaws and policies.	ILHPG	ILHPG Executive Committee; ILHPG Coordinator	x	x	x	x	ILHPG meeting attendance rosters
Objective 14: Ongoing, throughout 2017, in scheduling and determining agendas of all 2017 ILHPG meetings, engage HIV prevention, care, and treatment and support service providers so they might share best practices, communicate gaps, and provide guidance on existing referral/linkage agreements and prevention with positives initiatives.							
S/A 28. Ongoing, throughout 2017, the IDPH ILHPG Coordinator will maintain communication with HIV prevention/care lead agents and invite them and/or regional service providers to attend or present at ILHPG meetings. The presentations may include updates on regional engagement meetings and related activities.	HIV prevention and care lead agents and regional community stakeholders	ILHPG Executive Committee; ILHPG Coordinator and Co-chair	x	x	x	x	ILHPG meeting invite lists; agendas; and presentations
S/A 29. Ongoing, throughout 2017, the IDPH ILHPG Coordinator will establish communications with regional HIV prevention and care service providers and stakeholders, including Part A-F grantees, CDC-direct-funded prevention grantees, HIV care, treatment, and prevention service providers, and community health centers and ensure they are invited to participate in ILHPG meetings.	ILHPG; care and prevention lead agents; community stakeholders	ILHPG Coordinator and Co-chair	x	x	x	x	ILHPG meeting invite lists
S/A 30. Ongoing, throughout 2017, the IDPH ILHPG Coordinator will establish communications with local health department HIV and STD program coordinators, general revenue directly-funded grantees, Quality of Life and African-American Response Act grantees, and Centers for Minority Health Services HIV prevention grantees and ensure they are invited to attend the meetings when held in their area.	ILHPG; community stakeholders	ILHPG Coordinator and Co-chair	x	x	x	x	ILHPG meeting invite lists; agendas; and presentations

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S/A 31. Ongoing, throughout 2017, the IDPH ILHPG Coordinator will establish communications with local HIV support services (e.g., mental health, substance abuse, housing, faith-based) providers and ensure they are invited to participate in ILHPG meetings.	HIV support service providers; Community stakeholders	ILHPG Coordinator	x	x	x	x	ILHPG meeting invite lists; attendance rosters
S/A 32. Ongoing, throughout 2017, the IDPH ILHPG Coordinator will provide all meeting participants with meeting information, materials, and minutes from the meetings to keep the stakeholders engaged.	Community stakeholders	ILHPG Coordinator	x	x	x	x	ILHPG meeting materials
S/A 33. Ongoing, throughout 2017, key stakeholders will be provided a schedule of ILHPG meetings throughout the calendar year and information re: the ILHPG website and encouraged to participate in meetings when possible and keep abreast of materials posted on the website.	Community stakeholders	ILHPG Coordinator; website administrator	x	x	x	x	ILHPG meeting materials posted on ILHPG website
Objective 15: Ongoing, throughout 2017, members of the Executive Committee and other ILHPG members, as available, will participate in meetings of the Integrated Planning Group, Chicago and St. Louis Planning Councils, identifying opportunities for collaboration/coordination in prevention planning.							
S/A 34. Ongoing, throughout 2017, the IDPH ILHPG Coordinator will consult monthly with the HIV/AIDS Section administrators to determine if there are any opportunities for collaboration/coordination with the ILHPG.	HIV Section administrators	ILHPG Coordinator	x	x	x	x	ILHPG Executive Committee minutes
S/A 35. Ongoing, throughout 2017, IDPH liaisons and other assigned liaisons will participate in meetings of the Chicago and St. Louis Planning Councils to determine if there are any opportunities for collaboration/coordination with the ILHPG.	Chicago and St. Louis Planning Councils	IDPH designated liaisons	x	x	x	x	ILHPG meeting minutes
S/A 36. Ongoing, throughout 2017, members of the Executive Committee and the Integrated Planning Steering Committee will participate in strategic planning meetings to plan for enhancing integration of HIV care and prevention planning and formation of a fully integrated care and prevention advisory group.	HIV Section; HIV community stakeholders	ILHPG Executive Committee; Integrated Planning Steering Committee	x	x	x	x	Strategic Planning Meetings completed
Objective 16: Ensure that the HIV prevention planning process supports awareness, education, and advocacy on issues pertaining to HIV legislation and policy, in particular anti-stigma and anti-discrimination.							

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S/A 37. Ongoing, throughout 2017, in planning ILHPG meeting agendas, the Executive Committee will schedule an annual update on HIV-related policies/legislation, including those that pertain to anti-stigma and anti-discrimination of PLWHA.	ILHPG	ILHPG Executive Committee	x	x	x	x	ILHPG meeting agendas and minutes
S/A 38. Ongoing, throughout 2017, the Department ILHPG Coordinator will coordinate monthly with the HIV/AIDS Section administrators to determine if there are any policy initiatives in which the ILHPG could provide support.	HIV Section administrators; ILHPG	ILHPG Coordinator	x	x	x	x	ILHPG meeting minutes
S/A 39. Ongoing, throughout 2017, in planning ILHPG meeting agendas, the Executive Committee will schedule an annual update on HIV and the Affordable Care Act (ACA) and Medicaid expansion in Illinois.	ILHPG	ILHPG Executive Committee	x	x	x	x	ILHPG meeting agendas
Objective 17: Ensure that the HIV prevention planning process facilitates linkage to care.							
S/A 40. Ongoing, throughout 2017, engage HIV prevention, care, treatment, and support service providers in planning agendas of all 2017 ILHPG meetings, and ask that they share best practices, share resource lists and guidance documents, communicate gaps and barriers, and discuss existing referral/linkage agreements and opportunities for collaboration and coordination that facilitates linkage to care.	HIV service providers; ILHPG	ILHPG Executive Committee	x	x	x	x	ILHPG meeting invite lists and agendas
Objective 18: Demonstrate the relationship between the 2017-2021 Integrated HIV Care and Prevention Plan and the Department's Interim Progress Report/Application for 2018 federal prevention funding.							
S/A 41. Between January and August 2017, work with the IDPH ILHPG Coordinator and HIV Section Prevention Administrator to review and inform the ILHPG of updates needed to the jurisdictional HIV prevention plan, demonstrating to the HPG that the programmatic activities and resources identified in the Department's Interim Progress Report/Application for 2018 federal prevention funding are being allocated to the most disproportionately affected populations and geographical areas that bear the greatest HIV disease burden, as identified in the 2017-2021 Integrated HIV Care and Prevention Plan. Presentations on the 2017-2021	ILHPG	ILHPG Executive Committee; ILHPG Coordinator; HIV Section Prevention Unit	x	x	x		Presentation completed

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Integrated HIV Care and Prevention Plan will be provided at multiple meetings throughout 2017, but a final presentation will be provided by the HIV Section Prevention Program administrator in a presentation <u>at the August 2017 Integrated Planning Group meeting</u> , in preparation for the concurrence process.							
S/A 42. By September 2017, in collaboration with the ILHPG and Integrated Planning Group Co-chairs, submit updates to the 2017-2021 Integrated HIV Care and Prevention Plan to CDC and to HRSA.	ILHPG; CDC	ILHPG Executive Committee; ILHPG Coordinator	x	x	x		Plan updates submitted to CDC and HRSA
Objective 19: Ensure the concurrence process is conducted.							
S/A 43. Ongoing throughout 2017, at meetings of the Integrated Planning Group and ILHPG, the Co-Chairs will review the Concurrence checklist with membership, to ensure that when the concurrence process occurs, members are informed and educated to be able to assess concurrence with development and updates to the Jurisdictional Plan.	ILHPG and Integrated Planning Group	Integrated Planning Group Co-chairs	x	x	x	x	ILHPG meeting agendas and minutes
S/A 44. By September 2017, under the direction of the Integrated Planning Group Co-chairs, assist with facilitating the annual concurrence discussion and concurrence vote process by the full Integrated Planning Group. Upon vote by the Integrated Planning Group, the Co-Chairs shall draft, sign, and submit a letter of concurrence, concurrence with reservations, or non-concurrence to CDC.	ILHPG	ILHPG Co-chairs			x		Concurrence process completed and letter to CDC drafted and submitted within deadline
Objective 20: Develop an integrated planning process that is based on CDC and HRSA integrated HIV planning guidance and accomplishment of Illinois Integrated HIV Prevention and Care Plan: 2017-2012 goals and objectives.							
S/A 45. Ongoing, throughout 2017, provide input and support to the Integrated Planning Steering Committee, as needed, in development of plans for forming an Integrated Planning Group to be implemented in 2018. These plans may include determination of the structure and composition of a leadership or steering committee that will assume the current functions of the Executive Committee.	Integrated Planning Steering Committee	ILHPG Executive Committee; HIV Section	x	x	x	x	Input and support provided as needed
Objective 21: Assist in the development of client and provider surveys to identify HIV prevention, care, and treatment needs.							

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S/A 46. By December 2016, review results from the just completed Ryan White client satisfaction survey and provide input to the HIV Section Direct Services Unit liaison on revisions or additions to survey questions to better ascertain gaps in awareness, knowledge, access, and utilization of HIV prevention services.	RW clients; HIV Section DSU	ILHPG I&S Committee	x				Client satisfaction survey developed with input from committee
S/A 47. By December 2016, consult with the IDPH Training Unit to determine if there is a need to conduct further training needs assessment of HIV care and prevention service providers. Provide input into development of the survey tool, as requested.	Care and Prevention Service Providers	ILHPG I&S Committee; HIV Section Training Unit	x				Survey tool completed; assessment evaluated
Objective 22: Provide input and recommendations to the HIV Section about HIV prevention strategies, interventions, and considerations to include in the 2017-2021 Integrated HIV Care and Prevention Plan.							
S/A 48. Between January and May 2017, with guidance and assistance from the IDPH ILHPG Coordinator, IDPH Prevention and Training Units' staff, review and assess (1) current CDC guidance on High Impact Prevention (HIP), (2) new CDC guidance on prioritized evidence-based interventions, (3) addition of biomedical components to CDC-approved EBIs, (4) current approved prevention strategies/interventions for grantees, (5) information on current best practices by agencies that have implemented recommended interventions, and (6) cultural behaviors and beliefs that may perpetuate stigma and facilitate HIV risk behaviors. Utilizing this assessment as well as service provider survey results, service delivery gap analysis data, and committee/planning group discussion, provide input to the HIV Section on recommendations for prevention strategies and interventions 2018 update of the Illinois Integrated HIV Prevention and Care Plan: 2017-2021. These recommendations should focus on strategies, interventions, and approaches that incorporate high-impact prevention approaches; provide linkage to and support retention in care for PLWHA; support PrEP and treatment as prevention; and are "scalable", meaning that interventions or combinations of interventions can reach a significant portion of those in need, in a cost-efficient manner, and demonstrate population-level impact. <u>The Interventions and Services</u>	HIV Section; ILHPG	ILHPG I&S Committee; IDPH Prevention and Training staff	x	x			Updated recommendations presented to ILHPG

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<p><u>Committee Co-chair(s) and IDPH Prevention Administrator will finalize recommendations within the committee, solicit feedback from the full planning group, then present final recommendations to the full group at the May 2017 ILHPG Meeting.</u></p>							
<p>S/A 49. By April 2017, develop and provide training on High Impact Prevention (HIP), its importance in making decisions on prioritizing effective and targeted interventions and strategies, and an overview of the current list of and guidance for approved prevention strategies and interventions in the jurisdiction and any planned updates. The training or webinar will be recorded and available for viewing. New voting and non- voting liaison members will be required to take the training prior to the May ILHPG meeting. Other members are encouraged to take the training as needed.</p>	<p>Community stakeholders, ILHPG</p>	<p>I & S Committee; ILHPG Coordinator</p>	<p>x</p>	<p>x</p>			<p>Webinar conducted</p>
<p>S/A 50. By May 2017, provide recommendations to IDPH Prevention Unit on possible ways to operationalizing and expanding access to and delivery of effective biomedical risk reduction interventions, including linkage to treatment, medication adherence counseling, PrEP, and nPEP in every Illinois prevention region. The recommendations should address: 1) engaging and training more medical providers to expand prescriber networks for PrEP and nPEP access; 2) developing in each region rapid access to medical and pharmaceutical services so nPEP medications can be initiated within 72 hours of exposure; 3) building the capacity of HIV care providers to retain clients in care and support medication adherence; 4) training and engaging Comprehensive Risk Counseling Service providers to help both HIV-negative and HIV-positive clients navigate insurance and patient assistance programs needed to access payment for needed biomedical prevention services from health care providers and to achieve sustained adherence to biomedical prevention medication regimens over time; 5) creating guidance and technical assistance to build the capacity of medical clinics to offer access to effective biomedical prevention services including prescriptions and medical follow-up/monitoring for HIVpositive and HIV</p>	<p>HIV Section; ILHPG</p>	<p>ILHPG I&S Committee</p>	<p>x</p>	<p>x</p>			<p>Updated recommendations presented to ILHPG</p>

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negative clients; and 6) recommending means to achieving a scalable, cost-effective array of biomedical services targeted to highest incidence populations and geographic areas. <u>This will be part of the 2018 Interventions and Services recommendations presented by the Committee Co-chair(s) to the full group at the May 2017 ILHPG Meeting.</u>							
Objective 23: Develop an integrated planning process that is based on CDC and HRSA integrated HIV planning guidance and accomplishment of Illinois Integrated HIV Prevention and Care Plan: 2017-2021 goals and objectives.							
S/A 51. Ongoing, throughout 2017, provide input and support to the Integrated Planning Steering Committee, as needed, in development of plans for forming an Integrated Planning Group to be implemented in 2018. These plans may include determination of the structure and composition of a committee that will assume the current functions of the Interventions and Services Committee.	Integrated Planning Steering Committee	ILHPG I&S Committee; HIV Section	x	x	x	x	Input and support provided as needed
Objective 24: Ensure ILHPG and Integrated Planning Group membership is representative of the diversity of community characteristics, PLWHA and populations most at risk for HIV infection, and includes key professional expertise and representatives from community, governmental and non-governmental agencies.							
S/A 52. By February 2017, in collaboration with the IDPH ILHPG Coordinator, conduct annual survey of current voting and non-voting ILHPG members, collecting data on demographics, risk representation and professional expertise and skills. Use responses to maintain an updated spreadsheet of current members. <u>A summary of the results will be presented at the February 2017 ILHPG meeting.</u>	ILHPG	ILHPG Membership Committee; ILHPG Coordinator	x				ILHPG meeting minutes and presentations
S/A 53. By May 2017, in collaboration with the IDPH ILHPG Coordinator, assist the Integrated Planning Steering Committee, as requested, in developing recommendations for desired composition and representation of the Integrated Planning Group, ensuring that membership adequately represents the current HIV epidemic in Illinois. <u>Proposed plans for 2018 membership will be presented to the full Integrated Planning Group at the May 2017 meeting.</u>	Integrated Planning Steering Committee	ILHPG Membership Committee; ILHPG Coordinator	x	x			Integrated Planning Group proposed plans
Objective 25: Plan and implement an open recruitment and selection process (outreach, applications, and selection) for new membership.							
S/A 54. By May 2017, work in conjunction with the IDPH ILHPG Coordinator, to assist the Integrated Planning Steering Committee, as requested, in developing a scoring	Integrated Planning Steering	ILHPG Membership Committee,	x	x			Scoring matrix updated

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matrix to be used to score applications for membership on the Integrated Planning Group, ensuring the criteria are in alignment with defined HIV planning group needs.	Committee	ILHPG Coordinator					
S/A 55. After Proposed plans for 2018 Integrated Planning Group membership are presented at the May 2017 meeting, assist the Integrated Planning Steering Committee, as requested, to announce the opening of new membership recruitment and to inform and solicit applications from individuals meeting membership needs. Applications are to be submitted to the ILHPG Coordinator by Sept. 30, 2017.	Integrated Planning Steering Committee; potential new members to the Fully Integrated Planning Group	ILHPG Membership Committee, ILHPG Coordinator		x	x		Open recruitment announced; Integrated Group meeting minutes
S/A 56. By September 30, 2017, in conjunction with the IDPH ILHPG Coordinator, assist the Integrated Planning Steering Committee, as requested, to develop teams to review and score redacted applications for new membership for 2018. <u>The Integrated Planning Steering Committee will present a listing of the teams' recommendations for new member selection to the full Integrated Planning Group at its December 2017 meeting.</u>	Integrated Planning Steering Committee; potential new members to the Fully Integrated Planning Group	ILHPG Membership Committee; Interview Teams			x	x	Recommendations presented to Integrated Group; Integrated Group meeting minutes
Objective 26: Develop, update and implement new member orientation.							
S/A 57. By December 2016, in conjunction with the IDPH ILHPG Coordinator, as needed, assist with planning, organizing, and conducting orientation for new 2017 ILHPG membership.	New ILHPG members	ILHPG Membership Committee; ILHPG Coordinator	x				New member orientation attendance roster and manual
Objective 27: Support training and technical assistance of ILHPG membership.							
S/A 58. By January 1, 2017, collaborate with the ILHPG Parliamentarian to develop "Robert's Rules of Order/ILHPG Meeting Process" training for ILHPG members. <u>New voting members and non-voting liaison members on the ILHPG who have not already taken the training are required to take it prior to the February 2017 ILHPG meeting.</u> Other members are encouraged to complete the training as needed. The training will be recorded and available to everyone on www.ilhpg.org .	ILHPG members	ILHPG Membership Committee; ILHPG Parliamentarian	x				Training conducted
S/A 59. By January 1, 2017, collaborate with the ILHPG	ILHPG	ILHPG	x				ILHPG meeting

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Coordinator to develop “ILHPG Conflict of Interest Procedure” training for ILHPG members to inform and educate all current and new members on the procedure and the Disclosure of Interest/Code of Ethics Statements that all members are required to complete and sign annually. <u>New voting members and non-voting liaison members on the ILHPG who have not already taken the training are required to take it prior to the February 2017 ILHPG meeting.</u> Other members are encouraged to complete the training as needed. The training will be recorded and available to everyone on www.ilhpg.org .		Membership Committee; ILHPG Coordinator					attendance log and training log
S/A 60. By February 2017, collaborate with the ILHPG Coordinator to ensure all current and new members have reviewed the ILHPG Conflict of Interest Procedure and have completed and signed 2017 Disclosure of Interest/Code of Ethics statements on file.	ILHPG membership	ILHPG Membership Committee; ILHPG Coordinator	x				Signed disclosure statements collected
Objective 28: Coordinate the update and development of applicable ILHPG procedures and bylaws.							
S/A 61. By May 2017, in collaboration with the IDPH ILHPG Coordinator, assist the Integrated Planning Steering Committee, as requested, in the development of draft bylaws and procedures for the Integrated Planning Group. The Integrated Planning Steering Committee will vet the recommended bylaws and procedures with the Membership Committee before presenting to the Integrated Planning Group for vote at its May 2017 Meeting.	ILHPG Membership Committee	Integrated Planning Steering Committee ; ILHPG Coordinator	x	x			Forms and procedure updated
Objective 29: Maintain updated ILHPG documents, webinars, and trainings on ILHPG website.							
S/A 62. Ongoing, throughout 2017, collaborate with the IDPH ILHPG Coordinator to obtain and post the annual ILHPG and Integrated Planning Group meeting schedule and all meeting notices and agendas of the full ILHPG on the ILHPG website prior to the meetings.	ILHPG Membership Committee; ILHPG	ILHPG Coordinator; ILHPG Website Administrator	x	x	x	x	ILHPG Meeting notices and agendas posted on ILHPG website
S/A 63. Ongoing, throughout 2017, collaborate with the IDPH ILHPG Coordinator to obtain ILHPG and Integrated Planning Group meeting/training notices and materials, minutes, meeting evaluations, and updated HIV Planning documents for posting on the ILHPG website.	ILHPG Membership Committee; ILHPG	ILHPG Coordinator; ILHPG Website Administrator	x	x	x	x	ILHPG meeting minutes and documents posted on ILHPG website

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Objective 30: Assess the current ILHPG website and any updates needed to comply with the CDC HPG Guidance.							
S/A 64. By December 2017, work with the ILHPG website administrator to modify the current ILHPG website or develop a newly formed website for the Integrated Planning Group ensuring the website engages, educates, and informs community stakeholders about HIV planning in Illinois and educates, informs, and links users to HIV prevention, care, and treatment services in Illinois. All usage of the ILHPG website and social networking methodologies must abide by the ILHPG's procedure regarding the use of Social Media.	ILHPG Membership Committee	IDPH ILHPG Coordinator; ILHPG Website Administrator	x	x			Modifications/development of website completed
Objective 31: Assess how usage of the ILHPG website could be enhanced to inform, educate, and link users to information about HIV prevention, care, and treatment resources and issues.							
S/A 65. By December 2017, work with the ILHPG website administrator to modify the current ILHPG website or develop a newly formed website for the Integrated Planning Group ensuring the website engages, educates, and informs community stakeholders about HIV planning in Illinois and educates, informs, and links users to HIV prevention, care, and treatment services in Illinois. All usage of the ILHPG website and social networking methodologies must abide by the ILHPG's procedure regarding the use of Social Media.	ILHPG Membership Committee	IDPH ILHPG Coordinator; ILHPG Website Administrator	x	x			Modifications/development of website completed
Objective 32: Develop an integrated planning process that is based on CDC and HRSA integrated HIV planning guidance and accomplishment of Illinois Integrated HIV Prevention and Care Plan: 2017-2021 goals and objectives.							
S/A 66. Ongoing, throughout 2017, provide input and support to the Integrated Planning Steering Committee, as needed, in development of plans for forming an Integrated Planning Group to be implemented in 2018. These plans may include determination of the structure and composition of a committee that will assume the current functions of the Membership Committee.	Integrated Planning Steering Committee	ILHPG Membership Committee; ILHPG Coordinator	x	x	x	x	Input and support provided as needed
Objective 33: Reduce recidivism through providing community expos of services to support parolees and probationers with both supply and encourage those re-entering back into society with the tools they need to become crime free responsible members of society.							
S/A 67. Work with the Illinois Department of Corrections and other state and local community agencies to provide HIV testing and care/treatment referral, Hep C educational materials and testing and care/treatment referral, mandatory drug screening, and other health services (blood pressure	Parolees and probationers	IDPH, Illinois Department of Corrections (IDOC)	x	x	x	x	Attendance logs; testing records

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and flu shots) as well as referrals for services such as dental care, housing, mental health counseling, vocational training, mock interviews for return to work, job placement and many other social services. Through these efforts, the goal is to reach 4,000 parolees and probationers and provide testing for HIV and Hepatitis C to 2000 parolees and probationers. Create a partnership with Illinois Department of Juvenile Justice to create re-entry project focus on Juvenile offenders.							
S/A 68. Facilitate two statewide meetings to increase the number of organizations that are aware of reentry services and/or enhance the reentry services provided by community-based organizations and local health departments.	Care and prevention providers	IDPH, Illinois Department of Corrections (IDOC)	x	x	x	x	Attendance logs; meeting evaluation results
S/A 69. Facilitate two (2) Statewide Reentry Conferences in order to increase the capacity of organizations to address the relationship between mass incarceration, HIV, public health and social justice.	Care and prevention providers, community stakeholders	IDPH, Illinois Department of Corrections (IDOC)	x	x	x	x	Attendance logs; conference conducted; evaluation results
S/A 70. Provide four trainings to a total of 50 participants to increase and enhance IDOC discharge planning staff and community-based provider's knowledge of HIV treatment and reentry services.	Care and prevention providers	IDPH, Illinois Department of Corrections (IDOC)	x	x	x	x	Attendance logs; training conducted; evaluation results
S/A 71. Pilot one new (1) reentry and HIV/reentry training with one of the following audiences: probation, parole and juvenile.	Care and prevention providers, community stakeholders	IDPH, Illinois Department of Corrections (IDOC)	x	x	x	x	Attendance logs; training conducted; evaluation results
S/A 72. Provide two trainings to a total of 30 participants in Re-entry Cultural Competency to raise awareness and build capacity to meet the HIV services and other needs of the population.	Care and prevention providers, community stakeholders	IDPH, Illinois Department of Corrections (IDOC)	x	x	x	x	Attendance logs; training conducted; evaluation results
Objective 34: Engage service providers in HIV care, prevention, and treatment grant programs.							
S/A 73. Host a minimum of two grant seekers conference calls for potential Quality of Life (QOL), and African American AIDS Response Act (AAARA) grant applicants seeking funding with IDPH's HIV/AIDS Section. During the teleconference, the HIV program staff will review the overall background and purpose of the Notice of Funding	Community stakeholders	IDPH		x		x	Attendance logs

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<p>Opportunity (NOFO), agency eligibility criteria, provider responsibilities, equipment requirements, High-Impact Prevention (HIP) Intervention strategies, performance standards for all intervention, prioritized risk groups and definitions, training for staff competency to administer the grant, and provides guidance on the successful submission, scoring, and evaluation of proposals. The conference calls also provide an opportunity for applicants to ask questions about the grants prior to entering the application process.</p>							
<p>Objective 35: Maintain the State of Illinois HIV/STD Hotline.</p>							
<p>S/A 74. Maintain the State of Illinois AIDS/HIV& STD Hotline. The hotline is facilitated by trained professionals who have undergone comprehensive instructional training. Callers receive the most up-to-date, medically-accurate information on HIV and sexually transmitted diseases (STDs), state-wide referrals for health care (free or low cost or anonymous HIV testing and linkage to care), and social services related to HIV/AIDS and STDs.</p>	<p>Community members and stakeholders</p>	<p>IDPH, Center on Halsted</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>Quarterly reports</p>
<p>Objective 36: Evaluate the implementation of the two interventions of the “Protecting our Patients” POP Anti-Stigma campaign targeting medical and healthcare providers to decrease HIV stigma, homophobia, and transphobia towards LGBTQ and minority populations.</p>							
<p>S/A 75. Continue to implement and evaluate two separate interventions 1) Routine Testing and 2) Creating Affirming Healthcare Environments as part of the “Protecting our Patient Campaign” (POP) targeting health care providers to reduce HIV stigma. This will be accomplished through funding provided by the Category B and Routine Testing Integrated Project for 2017. All training and promotional materials, training videos and curriculum have been developed and market tested. Training curriculum includes the use of stereography’s and discussion groups to build provider awareness of how to reduce provider bias and Stigma’s hindering healthy patient outcomes and feelings toward accessing healthcare services. Activities will be to complete formal evaluation and share results of the evaluation of POP with various stakeholder groups and at the ALL Sites Meeting in June, 2017 and assure all marketing and training materials are available on the POP campaign website. Other activities planned include exploring other funding and stakeholder opportunities to</p>	<p>Medical and health care providers</p>	<p>IDPH, Public Health Institute of Metropolitan Chicago (PHIMC); Midwest AIDS Training and Education Center (MATEC)</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>Successful evaluation of the Protecting our Patients or POP anti-stigma, homophobia and transphobia campaign</p>

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disseminate the POP campaign into other settings through the use of a broader public awareness strategy being formulated.							
Objective 37: Continue to fund through the Category B and Routine Testing 2017 Grant, a minimum of 12 local health departments and 9 Community-based organizations to implement three outcome goals assuring sites can successfully bill and reimburse 3 rd party payers sources (i.e. Medicaid, Medicare, Medicaid Managed Care and private insurance companies) for HIV Routine testing services.							
S/A 76. Support a minimum of 4 LHD and 9 CBO with no prior history of billing for HIV services for Medicaid/Medicare or private insurance to initiate billing specifically for Routine HIV testing by 12/31/2017.	Targeted Local Health Departments (LHDs) and Community-based organizations	IPHA, Public Health Institute of Metropolitan Chicago (PHIMC), and CDP, a medical revenue cycle generating billing system	x	x	x	x	Successfully billing of Medicaid/Medicare/ and or private insurance for HIV routine testing
S/A 77. Certify and credential Medicaid Billing through HFS for a minimum of 4 LHD and 9 CBO not currently certified or credentialed to enroll and become certified through Medicaid/Medicare to bill for HIV routine testing services by 12/31/2017.	Targeted Local Health Departments (LHDs) and Community-based organizations	IPHA, PHIMC, and CDP	x	x	x	x	Generation of revenue from the implementation of the EMR's
S/A 78. Target a minimum of 4 LHDs and 9 CBO to implement electronic medical records that currently lack such systems or to integrate a system compatible to allow for 3 rd party billing and reimbursement by 12/31/2017.	Targeted Local Health Departments (LHDs) and Community-based organizations	IPHA, PHIMC, and CDP	x	x	x	x	Knowledgeable on billing and coding for successful 3 rd party reimbursement for HIV routine screening and testing.
S/A 79. Provide fee-for-service reimbursement for each site above the minimum requirement of the grant that implements one of the 1-3 project goals with additional sites.	Targeted Local Health Departments (LHDs) and Community-based organizations	IPHA, PHIMC, and CDP	x	x	x	x	See above
Objective 38: Ensure that HIV providers are culturally competent to provide HIV care and prevention services.							
S/A 80. Provide Cultural Competency training to enhance	Community	IDPH HIV			x	x	Attendance logs;

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provider skills to work effectively with Black and Latino MSM and Transgender persons who have Sex with Men (BLMTSM) and LGBT communities. MATEC will provide training addressing each topic through a mutual agreement to community stakeholders and IDPH HIV/AIDS Section staff by December 31, 2017.	stakeholders; IDPH HIV/AIDS staff	Training Unit					successful completion of training; evaluation reports
Objective 39: Develop curricula and educate and train prescribers, case managers, and counselors about PrEP and nPEP needs, attitudes, awareness, and access.							
S/A 81. By December 31, 2017 conduct PrEP/nPEP trainings for case managers, HIV prevention grantees, clinicians and medical providers, one each in northern, central, and southern Illinois. The IDPH HIV Training Unit will collaborate with MATEC to provide the education.	Clinicians, health care facilities, HIV prevention grantees, case managers, and medical providers	IDPH Training Unit, MATEC		x	x	x	Attendance logs; training surveys
S/A 82. In 2017, maintain the PrEP4Illinois website (launched in 2016), informing consumers about PrEP, who would benefit from PrEP, how PrEP prevents HIV infection, the importance of PrEP adherence, a listing of PrEP providers in Illinois, and links to apply for the PrEP patient assistance program through Gilead®.	Consumers, clinical providers	IDPH Training, Care, and Prevention Units	x	x	x	x	Website launched; educational and informational materials and links posted on website
Objective 40: Promote routine, first and third trimester HIV screening for all pregnant women, according to current CDC recommendations.							
S/A 83. By December 31, 2017, work with IDPH Governmental Affairs on revising the language of the Perinatal Prevention Act (410 ILCS 335/) to state that health care providers in Illinois are to test women in the third trimester of pregnancy.	Hospitals and medical providers caring for pregnant women	IDPH	x	x	x	x	Revisions in Perinatal HIV Prevention Act
Objective 41: Ensure that HIV positive pregnant women receive the necessary interventions and treatment for the prevention of perinatal transmission.							
S/A 84. Ongoing, throughout 2017, monitor hospitals to ensure women with undocumented HIV status are tested prior to delivery.	Hospitals and medical providers caring for pregnant women	IDPH, Pediatric AIDS Chicago Prevention Initiative (PACPI)	x	x	x	x	Monthly hospital reports
S/A 85. Ongoing, throughout 2017, monitor both	Hospitals and	IDPH, Pediatric	x	x	x	x	Monthly hospital reports

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preliminary and confirmed HIV testing reports.	medical providers caring for pregnant women	AIDS Chicago Prevention Initiative (PACPI)					
S/A 86. Ongoing, throughout 2017, provide up-to-date treatment recommendations for HIV positive pregnant women and their HIV exposed infants through the 24/7 Illinois Perinatal HIV Hotline.	Hospitals and medical providers caring for pregnant women	IDPH, PACPI, 24/7 Illinois Perinatal HIV Hotline	x	x	x	x	Treatment recommendations posted on websites (PACPI and Hotline)
S/A 87. In collaboration with the IDPH STD Section, pursue the possibility of having congenital syphilis educational information added to the HIV perinatal website.	Hospitals and medical providers caring for pregnant women	IDPH, PACPI, 24/7 Illinois Perinatal HIV Hotline	x	x	x	x	Treatment recommendations posted on websites (PACPI and Hotline)
S/A 88. Ongoing, throughout 2017, link all newly diagnosed HIV positive women and their infants to an ongoing network of specialty care during and after pregnancy, including enhanced case management services.	Hospitals and medical providers caring for pregnant women	PACPI, 24/7 Illinois Perinatal HIV Hotline	x	x	x	x	Quarterly reports; Pediatric HIV Exposure Reporting Surveillance (PHERS) data.
S/A 89. By December 31, 2017, conduct 2 or more trainings for Ryan White and Healthy Start case managers throughout the state that will outline basic perinatal HIV case management, specifically, how to effectively serve pregnant women living with HIV and link them to care.	Ryan White and Healthy Start case managers	IDPH; MATEC, IDHS, PACPI	x	x	x	x	Case manager attendance; evaluations
Objective 42: Conduct sentinel event case review and community action to address local systems issues that lead to missed perinatal HIV and syphilis prevention opportunities by utilizing the Fetal Infant Mortality Review –HIV (FIMR-HIV) Prevention Methodology.							
S/A 90. Ongoing, throughout 2017, conduct quarterly Case Review Team (CRT) meetings, which will also include a maternal interview, when available. One CRT meeting will possibly be held outside of Chicago in the East St. Louis, IL area.	Maternal child health (MCH) professionals	IDPH	x	x	x	x	Formulation of recommendations based upon case reviews
S/A 91. Ongoing, throughout 2017, include congenital syphilis cases to be reviewed at the CRT meetings.	Maternal child health (MCH) professionals	IDPH	x	x	x	x	Formulation of recommendations based upon case reviews
S/A 92. By December 2017, conduct at least one Community Action Team (CAT) meeting/presentation.	Maternal child health (MCH) professionals	IDPH	x	x	x	x	Systems change based on CRT findings and recommendations.

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Objective 43: Foster “Cross Part” (Ryan White) communication, collaboration, and service delivery to ensure reduction in service delivery duplication, maximization of resources/talents within each Ryan White Part; and ensure coordination of efforts for those individuals that receive Cross Part supportive services.							
S/A 93. IDPH HIV/AIDS Section and Ryan White Part B identified staff will work to identify key members from all Ryan White Parts (A, B, C, D, and F) to participate in a working group that will meet with some frequency (i.e., quarterly) to enhance cross Parts’ collaboration, communication, and integration where identified by the working group.	Ryan White All Parts (A, B, C, D, F) across Illinois	IDPH, Other identified Ryan White Part Program Staff	x	x	x	x	Attendance logs; minutes from meetings; outcome reports of agreed upon quality improvement activities
S/A 94. Identify a common goal, possibly a quality improvement activity/task that is agreed upon by the Cross Parts working group to build linkages and maximization of resource utilization	Ryan White All Parts (A, B, C, D, F) across Illinois	IDPH, Other identified Ryan White Part Program Staff	x	x	x	x	Attendance logs; meeting minutes; outcome reports of agreed upon quality improvement activities
Objective 44: Solicit input from HIV advocates and consumers to guide update of Illinois’ Supportive Housing Plan.							
S/A 95. Throughout 2017, solicit input from HIV community stakeholders, advocates and consumers to expand populations covered and to identify unmet needs and goals for supportive housing to include in the update of the Illinois Supportive Housing Plan. They will also have conference call-in and videoconferencing capabilities available from Springfield, via the Illinois Department of Human Services. Meeting will be quarterly.	HIV community stakeholders, advocates and consumers	HIV Section Housing Coordinator	x	x	x	x	Meeting minutes and rosters; Completed Supportive Housing Plan Update
Objective 45: Engage and solicit participation of HIV service providers and the HIV community in recruitments efforts for the Medical Monitoring Project (MMP).							
S/A 96. Throughout the MMP data collection cycle, engage and solicit participation of HIV service providers and the HIV community across the state to assist with locating and recruiting sampled individuals who are identified through the Surveillance-Based Services (SBS) program as having received HIV case management. All requests for patient contact by HIV case managers or peer navigators and disposition status of those contacts will be documented in the patient Contact Attempt Tracking (CAT) database.	HIV community stakeholders, advocates and consumers	IDPH Medical Monitoring Project Coordinator	x	x	x	x	Patient Contact Attempt Tracking (CAT) database
Objective 46: Ensure that STD clinics are able to adequately provide HIV/STD care and prevention services.							

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S/A 97. Provide Cultural Competency training to enhance provider skills to work effectively with Black and Latino MSM and Transgender persons who have Sex with Men (BLMTSM). The IDPH STD program collaborates with HIV training unit to provide cultural competency training as a part of the STD new counselor training which is required for STD workers. Updates on evaluation of the Cultural Competency Training on MSM & TSM of Color will be provided.	HIV and STD care and prevention providers	HIV and STD staff	x		x		Attendance logs; successful completion of training; evaluation reports
S/A 98. Provide an hour long webinar for local health department staff during STD Awareness Month entitled “Advocacy and Allyship” to outline developing cultural competency.	HIV and STD care and prevention providers	STD Staff		x			Attendance logs; distributed CEUs
S/A 99. Conduct three PrEP trainings for several STD clinics that have high incidence of early syphilis. The IDPH HIV Training Unit and STD program will collaborate with MATEC to provide the education.	HIV and STD care and prevention providers	HIV and STD staff		x	x	x	Attendance logs; successful completion of training; evaluation reports
Objective 47: Promote PrEP and PEP among Center for Minority Health Services (CMHS) grantees through community engagement, outreach, and education.							
S/A 100. Ensure IDPH CMHS program grantees participating in Wellness on Wheels Mobile Administration, Communities of Color Special At-Risk Populations HIV Prevention, Wellness on Wheels Increasing Access to Health Care, and Minority AIDS Initiative AIDS Drug Assistance Program (ADAP) are provided PrEP and PEP literature and materials, educated and trained on the PrEP4Illinois website. Ensure IDPH CMHS sponsored mobile units are adequately stocked with PrEP and PEP literature for distribution to the public.	CMHS grantees	CMHS	x	x	x	x	Grantee program reports
Objective 48: Educate and train CMHS grantees on the PROVIDE Enterprise database.							
S/A 101. Provide adequate training on the use of the PROVIDE Enterprise database for data collection and use, contract management, and contract reporting. Ensure providers conduct timely and accurate reporting of data into PROVIDE Enterprise on a monthly basis.	CMHS grantees, IDPH	IDPH HIV Training Unit	x	x	x	x	Attendance logs; training surveys