Illinois HIV Integrated Planning Group

IHIPG

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

April 3, 2026
Time: 9:00 a.m. – 11:am
Location: *Via Webex Meeting*
Approved April15, 2026
IHIPC Meeting-20260403 1340-1
* For Reference, please refer to the attached slides or listen to the recoding of the meeting.

Attendees: Jill McCamant, Bryan Gooding, Feliece Carabello, Zahara Bassett, Charlie Peterson, Dana Williams, Carrie Vine, Michael Gaines, James Kowalsky, Jason Clanton, Daniel Dufner, Creola Hampton, Will Nicholson, Gary Sellers, Chris Balthazar, Mersaydes Young-Parliamentarian **Excused:** Phillip Partridge, Heather Daugherty, Freddie Shufford **Not in attendance:** Tawana Howard, Shanett Jones, Tiffini Saunders, Talisha Burge, Wendy Bradley, Tazia Hampton, Erica Gafford

Call to Order: 9:03am

Roll Call: See above listing. Quorum Noted (15)

-Parliamentary Rules of the Day reviewed

Acceptance of Agenda: Motion-Bryan G., 2nd -Zahara B. Motion passed including 2 abstentions.

-*Recommendation*: Creola H. presented adding the topic of new members to next month's agenda. Purpose: to address bringing membership to 33, discuss representation demographics and a better reflection of those working and engaging in services.

Illinois Snapshot-Part 1 of SCCN: See attached PowerPoint

Ryan White Part B Care Overview-Part 2 of SCCN: See attached PowerPoint

Parking Lot: No items received during meeting.
Please send all parking lot items to DPH.HIVCommunityPlanning@Illinois.gov

Public Comments: Questions submitted:

- When will the Quality of Life RFP be released?
- What other HIV related RFPs will be released by IDPH this year?
- Will there be an RFP released for home HIV testing by IDPH this calendar year?
- When will the application for participation in IHIPG become available?

Adjournment: at 11:02am. Motion-Zahara B., 2nd Jamie K. Motion Passed.

Future FY 2026 meeting:

April 15: 9-11am

May 5: 9-11am

May 19: 11-1pm

***June 4: 1p-5pm*

***June 5: 8:30 – 2:30 pm*

August 20: 9:30 – 12pm

***October 15: 11-4 pm*

***October 16: 8:30 – 2:30 pm*

December 17: 9:30 – 12 pm

**In person meetings

IDPH
Illinois Department of Public Health

Illinois HIV Integrated Planning Group (IHIPG)

Illinois Department of Public Health (IDPH)

April 3, 2026

Agenda

I. Call the Meeting to Order
II. Welcome & Moment of Silence
III. Roll Call
IV. Review & approval of Agenda & March 17 Meeting Minutes
V. Illinois Snapshot – Part 1 of SCSN: Cheryl Ward
VI. Ryan White Part B Care Overview – Part 2 of SCSN: Marleigh Andrews-Conrad
VII. Parking Lot
VIII. Public Comments
IX. Motion to Adjourn

IDPH
Illinois Department of Public Health

Call the Meeting to Order

Reporting: Charlie Peterson

IDPH
Illinois Department of Public Health

Welcome & Moment of Silence

Reporting: Charlie Peterson

IDPH
Illinois Department of Public Health

Roll Call

Reporting: Jill McCamant

IDPH
Illinois Department of Public Health

Rules of the Day

Reporting: Jill McCamant

IDPH
Illinois Department of Public Health

1. This meeting will be conducted in compliance with the Illinois Open Meetings Act, and all business will proceed through properly stated motions, respectful debate, and recorded votes.
2. Members must be recognized by the Chair before speaking.
3. Speakers shall address comments to the Chair, not to other members.
4. Comments must relate directly to the pending motion or agenda item.
5. The Chair will enforce reasonable time limits to ensure efficient proceedings.
6. Each motion will receive ten minutes of debate time.
7. Each member will be allowed to speak twice to each motion for no more than three minutes.
8. No action will be taken without a motion and a recorded vote.
9. Final action will not be taken on items not listed on the posted agenda.
10. New business may be discussed but not acted upon unless properly posted.

11. Members wishing to add items to a future agenda must submit requests to the Chair or designated staff in advance of the posting deadline.
12. Discussion shall focus on the merits of the motion.
13. Members may propose amendments to modify a motion.
14. Amendments must receive a second and will be voted on before the main motion.
15. All votes will be conducted in open session.
16. Roll call votes will be used when required by law or board policy.
17. The Chair will clearly announce the result of each vote.
18. Members of the public must sign in.
19. Public Comments are limited to three minutes per speaker.
20. Public comment is for input only; the body may not deliberate on matters not listed on the agenda.
21. Responses may be deferred to a future meeting if necessary for compliance.
22. Personal attacks are not permitted.
23. Disruptive behavior may result in removal.
24. The Chair is responsible for maintaining order.

Review & Approval of Agenda & Meeting Minutes

Reporting: Charlie Peterson

IDPH
Illinois Department of Public Health

Revisiting the "WHY" for each of the Department Presentations

It is important to the Department that, as we continue through these presentations, each group member understands the purpose of each presentation and how it is designed to inform them about critical components of the Integrated Plan for 2027-2031.

March 5–6:

The JSI presentation was designed to orient and ground all group members in their roles and responsibilities within the state-level HIV Section. It also clarified how these responsibilities differ across the Ryan White Program Parts, particularly the Ryan White Part A/EMA and TGA. As a Part B planning group, our role does not include financial management. In contrast, Part A planning groups primarily focus on priority setting and fiscal allocations. IDPH's IHIPG serves as a critical community voice that advises the Department on HIV Services statewide, but not in fiscal allocations.

During the breakout sessions, we reviewed the work plan and gathered your feedback. This work plan is critical, as it will serve as the foundation for all activities within the 2027–2031 Integrated Plan. As you review the written narrative, you will see how the work plan is integrated throughout all sections.

March 17:

Marleigh Andrews-Conrad delivered two presentations: one on performance outcomes for the 2025 federal Ryan White award, and another on proposed activities for the 2026 federal plan beginning April 1, 2026. These presentations were intended to provide both historical context and current insight into how the federal program operates within the Integrated Plan.

Jeff Maras presented the updated work plan from the March 5-6 breakout sessions, which included all feedback from the group.

Additionally, Kimberly Cleveland presented on the 2025 federal/state prevention outcomes and outlined the 2026–2027 prevention activities. These efforts will help guide both the Department and this group in developing the 2027–2031 Integrated Plan.

Revisiting the "WHY" for each of the Department Presentations

Following each presentation, we encourage you to actively listen and ask any questions needed for clarification. As you review the Integrated Plan narrative, please note that after today's 2 presentations, the group will have been informed that approximately 80% of the roadmap has been developed and shared to date.

The HIV/AIDS Section has intentionally scheduled these sessions to keep the planning group informed of progress under the current Integrated Plan, as well as priorities and planned activities for the 2027–2031 Integrated Plan.

Our goal is to ensure all members feel informed and have a clear understanding of the work before voting on concurrence in June.

Illinois Snapshot Presentations

The next presentation will be delivered by Cheryl Ward.

Cheryl will provide an Illinois Snapshot of the HIV epidemic, highlighting efforts to expand and enhance services for individuals at risk for or living with HIV, with a focus on improving health access and outcomes for all populations.

The information presented will help inform the broader landscape of the Integrated Plan. Much of Cheryl's presentation will be reflected in the Statewide Coordinated Statement of Need (SCSN) section of the plan.

Illinois Snapshot – Part 1 of SCSN

Reporting: Cheryl Ward

IDPH
Illinois Department of Public Health

Part 2 of the SCSN
Illinois Treatment/Care Presentations

The next presentation, delivered by Marleigh Andrews-Conrad, will provide an overview of **Part 2 of the Statewide Coordinated Statement of Need (SCSN)**. This section outlines key challenges, strengths, and planned activities for treatment and care during the 2027–2031 period.

IDPH
Illinois Department of Public Health

Ryan White Part B Care Overview – Part 2 of SCSN

Reporting: Marleigh Andrews-Conrad

IDPH
Illinois Department of Public Health

Parking Lot

email: DPH.HIVCOMMUNITYPLANNING@illinois.gov

Reporting: Jill McCamant

IDPH
Illinois Department of Public Health

Public Comments

Reporting: Charlie Peterson

IDPH
Illinois Department of Public Health

Please Note:

All meeting presentations, if approved by the presenter, will be attached to the approved meeting minutes and posted to the IDPH webpage.

IDPH
Illinois Department of Public Health

Future Meeting Dates

Friday - April 15, 2026, 9-11 am

Wednesday - May 5, 2026, 9-11 am

Tuesday - May 19, 2026, 11-1 pm

Tuesday - June 4, 2026, 12-5 pm*

Thursday - June 5, 2026, 8:30 – 2:30 pm

Friday - August 20, 2026, 9:30 – 12 pm

Thursday - October 15, 2026, 11-4 pm

Friday - October 16, 2026, 8:30 – 2:30 pm

Thursday - December 17, 2026, 9:30 – 12 pm

**** Time changed***

IDPH
Illinois Department of Public Health

April 15th Teaser

As a preview, our next meeting on April 15 will include a presentation on Perinatal outcomes and our statewide partners' efforts.

Participants will also receive an update on the Correctional Roadmap for the coming year, which is a key component of the Integrated Plan.

In addition, the Department will provide a funding update.

We are also in the process of planning a training for the planning group in May.

Motion to Adjourn

Reporting: Jill McCamant

IDPH
Illinois Department of Public Health

Thank you

IDPH
Illinois Department of Public Health

IDPH
Illinois Department of Public Health

Questions?

Where to Find IDPH

Instagram
@illinoisdph

Facebook
@IDPH.Illinois

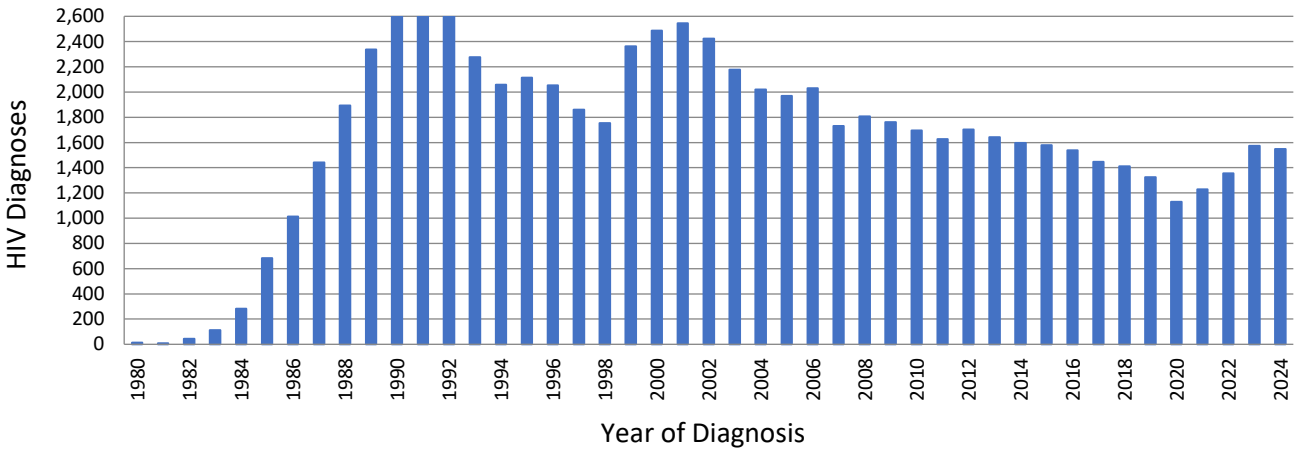
X (Twitter)
@IDPH

LinkedIn
@il-department-of-public-health

Website
dph.illinois.gov

EPIDEMIOLOGICAL SNAPSHOT OF HIV IN ILLINOIS

AIDS was first reported in Illinois in 1980. Since that time through the end of 2024, more than 73,800 people in the state have been diagnosed with HIV disease (HIV and/or AIDS).



*Local data for the years 2020 and 2021 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities.

6,835 · Total HIV Diagnoses from 2020-2024

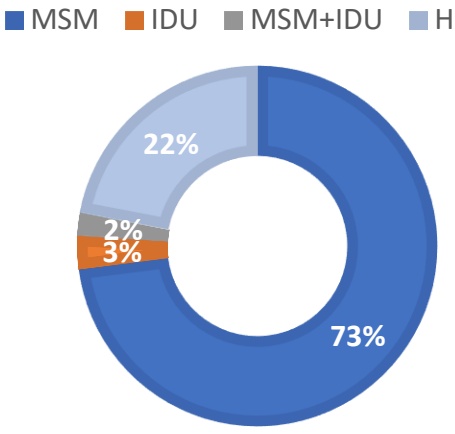
Diagnoses by Race/Ethnicity[1]

From 2020-2024, Blacks/African Americans **and** Hispanics/Latines accounted for **75% of HIV diagnoses** but comprised only 33% of the Illinois population.

Black/African American | Hispanic/Latine | White | Other[2]

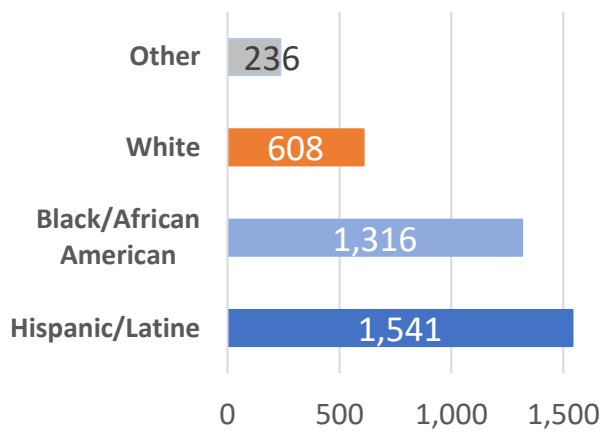
[1]Excludes 94 cases missing race/ethnicity.
[2]American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander and Multiple race.

Diagnoses by Transmission Category, 2020-2024[3]



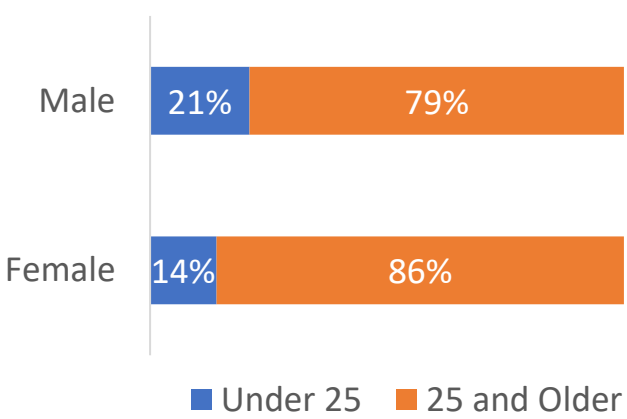
[3]Excludes 1,751 cases missing transmission category.

Diagnoses Among MSM by Race/Ethnicity, 2020-2024[4]



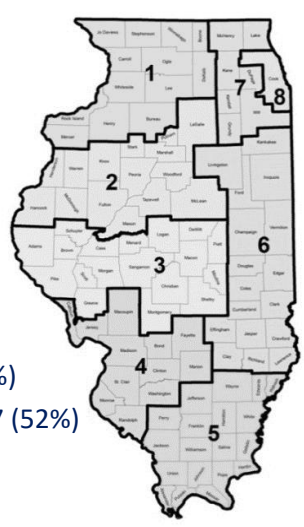
[4]Excludes 10 cases missing race/ethnicity.

HIV Diagnoses by Sex and Age at Diagnosis, 2020-2024

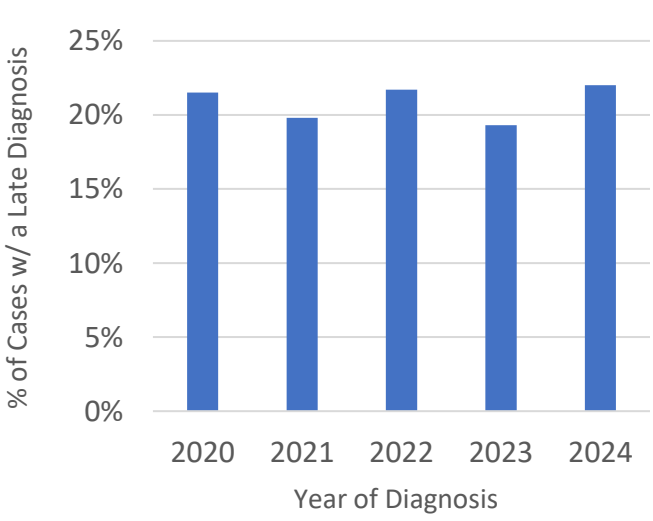


HIV Diagnoses by Community Planning Region, 2020-2024

R1 = 234 (3%)
R2 = 191 (3%)
R3 = 180 (3%)
R4 = 308 (5%)
R5 = 76 (1%)
R6 = 190 (3%)
R7 = 950 (14%)
R8 = 1,169 (17%)
Chicago = 3,537 (52%)



Late HIV Diagnosis, 2020-2024



Undiagnosed HIV Disease, 2022

AT THE END OF 2022, AN ESTIMATED

42,300

PEOPLE HAD HIV.[5]

7 IN 8

KNEW THEY HAD THE VIRUS

[5]Estimates generated using CDCs CD4-based model which estimates the distribution of delay from infection to diagnosis based on a well-characterized CD4 depletion model.

Source: Illinois Department of Public Health, HIV Surveillance Unit; eHARS data as of December 2025 unless otherwise noted.

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

HIV CARE AMONG PEOPLE WITH DIAGNOSED HIV IN ILLINOIS

39,908 · People with HIV in 2024

HIV Care Continuum, 2024

82% Linked to HIV care within 30 days

76% Received HIV care

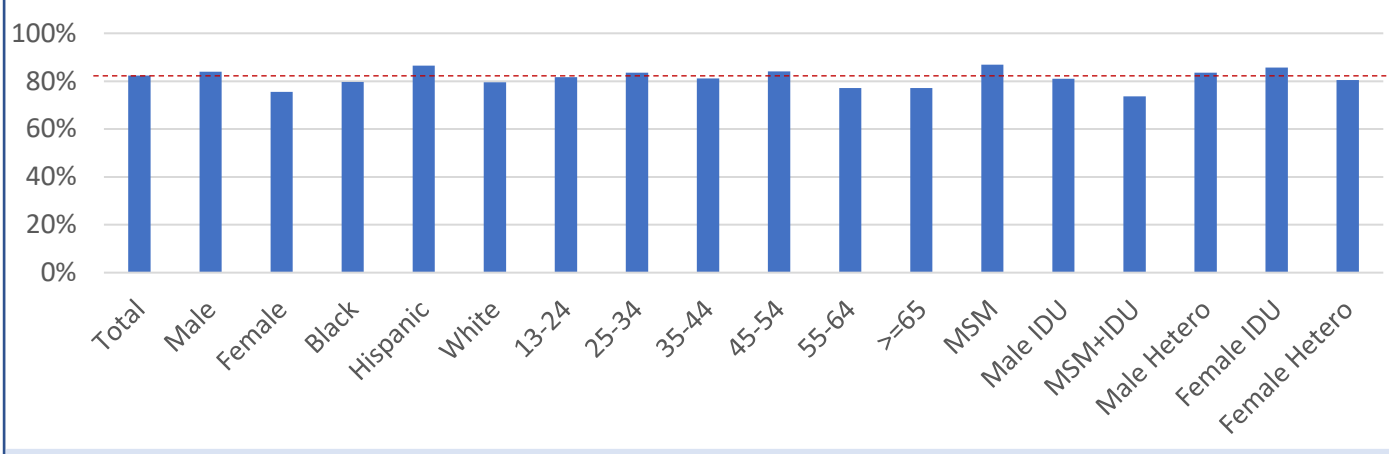
50% Retained in HIV care

65% Viral suppression among all PWH

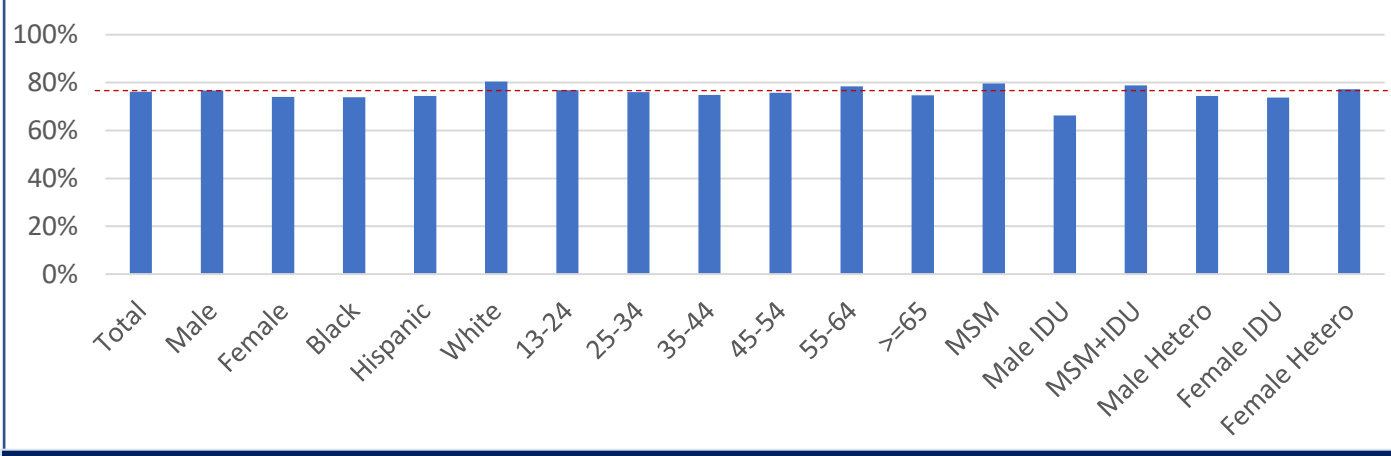
85% Viral suppression among persons with ≥1 care visit

- Linkage to HIV medical care measured by documentation of ≥1 CD4 or VL or genotype test ≤30 days after HIV diagnosis.
- Receipt of care measured by documentation of ≥1 CD4 or VL test during the calendar year.
- Retention in care measured by documentation of ≥2 CD4 or VL test at least 3 months (≤91 days) apart in the calendar year.
- VL test result of <200 copies/mL indicates HIV viral suppression. VL test results are from the most recent test during 2024.

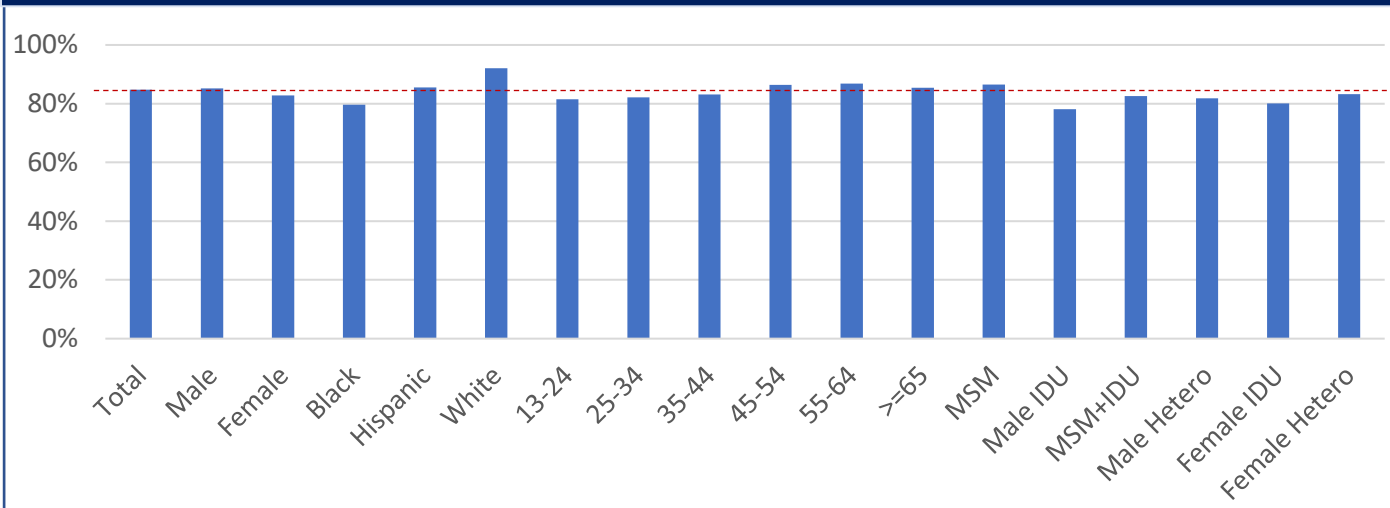
Linkage to HIV Care Among Persons Diagnosed with HIV Disease in 2024



Retention in HIV Care Among Persons with HIV in 2024



Viral Suppression Among Persons with HIV with >1 Care Visit, 2024



Top Unmet Needs for HIV Services Among People with Diagnosed HIV, Medical Monitoring Project, Illinois (including Chicago), 2018-2022

Among persons with diagnosed HIV who had a need for the service…

45% Did not receive **shelter** or **housing** services

39% Did not receive **domestic violence** services

33% Did not receive **HIV peer group support**

27% Did not receive **dental care**

26% Did not receive **drug or alcohol counseling** or **treatment**

24% Did not receive **mental health** services

22% Did not receive **meal or food** services

Source: Illinois Department of Public Health, HIV Surveillance Unit, Medical Monitoring Project, 2018-2022

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Illinois Ryan White Part B (RWPB) Statewide Coordinated Statement of Need

2027-2031 Illinois Integrated Plan

RWPB Client v. Overall Illinois Socio-Demographics

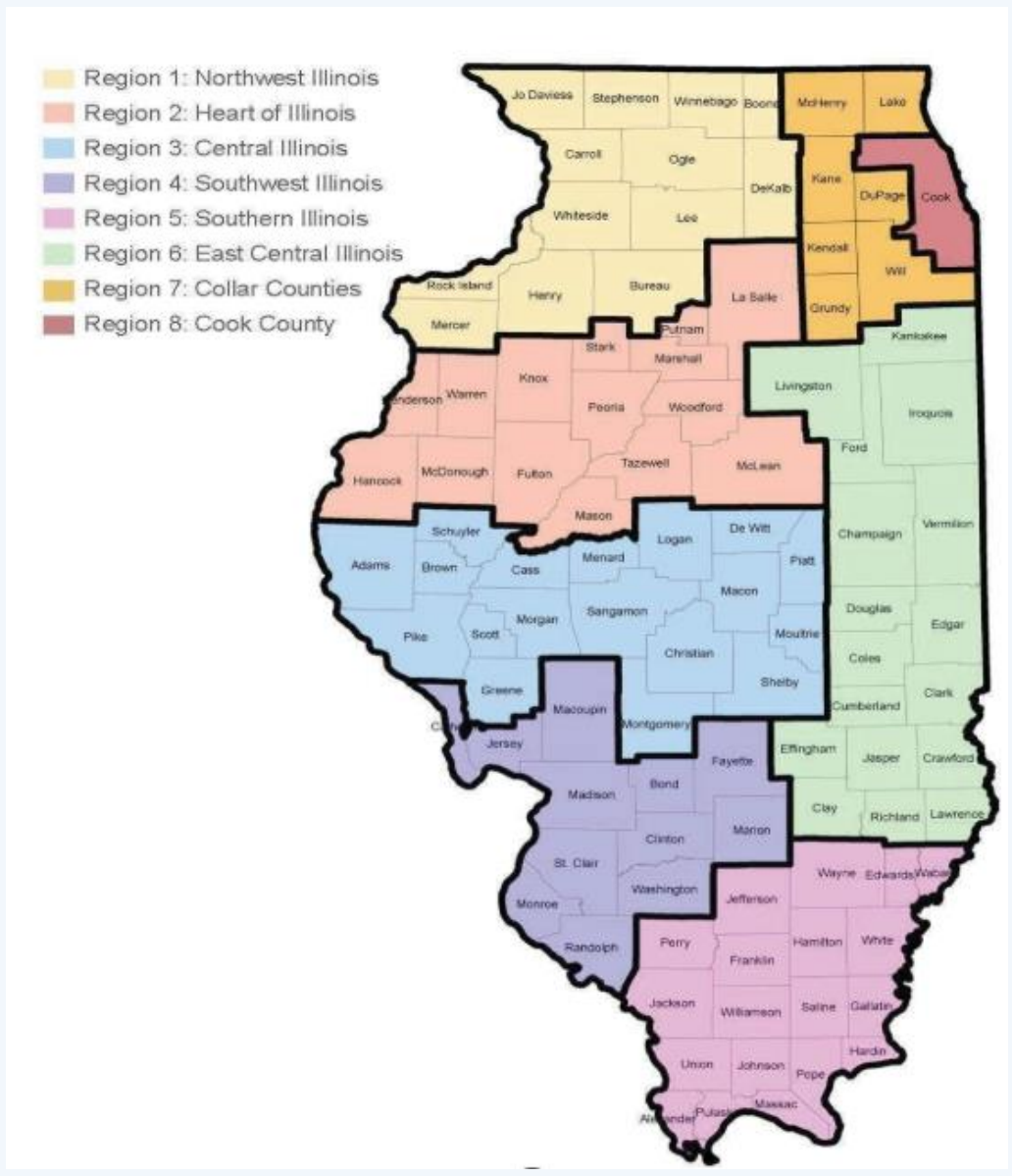
Race/ Ethnicity	RWPB Clients (2024)	Illinois (2024)
Black	**46%**	13%
Hispanic	**27%**	18%
White	23%	**58%**

	RWPB Clients (2025)	Illinois (2025)
Median Household Income	**~$15,300**	$78,000
Percent Below Poverty Level	**57.7%**	11.6%
Uninsured	**25%**	8%

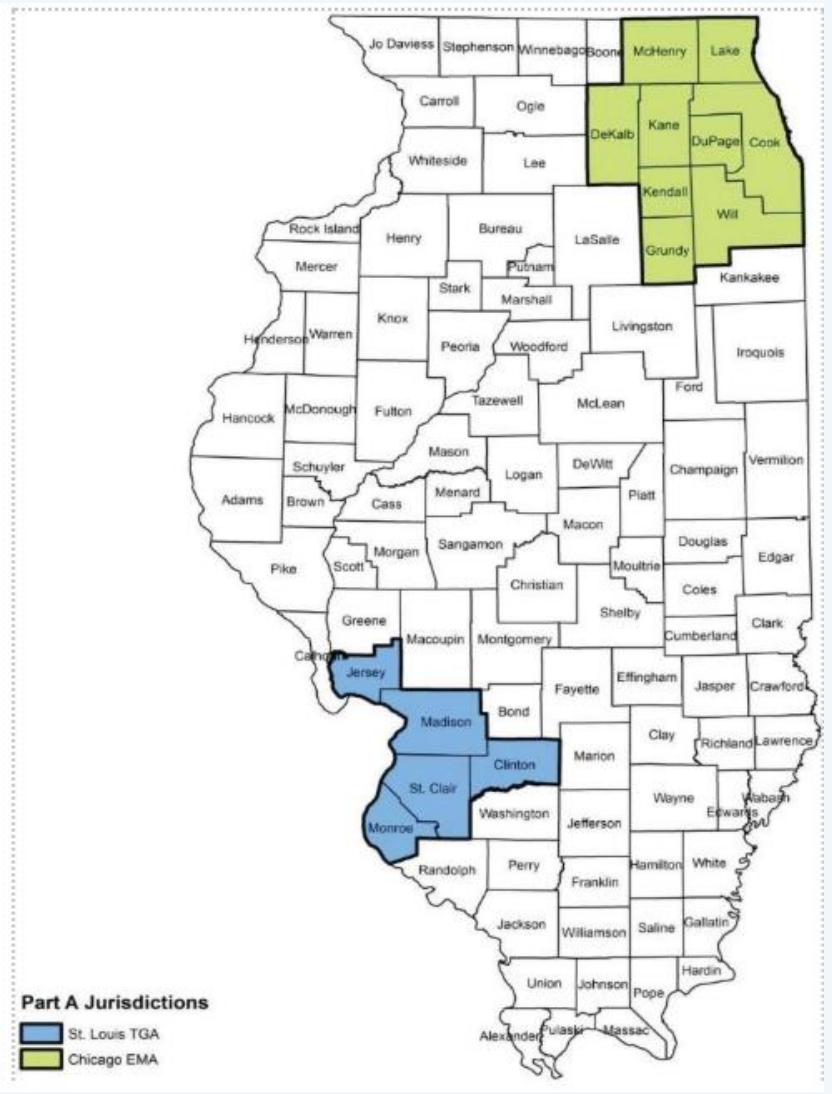
Additional needs, gaps, and barrier in Illinois

- Affordable housing shortages
- Transportation infrastructure
- Limited resources for non-English speakers
- Healthcare workforce shortages/capacity to provide welcoming services to HIV-affected populations

Ryan White Resources in Illinois – addressing needs of HIV+ people



RWPB Regional Consortia



RWPA Funded Areas

14 RWPC Clinics ~75% in Chicago

5 RWPD Clinics 80% in Chicago

1 RWPF Dental Program in Chicago

Illinois Ryan White Part B (RWPB) Statewide Coordinated Statement of Need

2027-2031 Illinois Integrated Plan

Components of successful service delivery planning

Regular data analysis, including care continuums and viral suppression

Assessment of internal and external resources

- Streamlining of various funding sources
- Payor of last resort policies/leveraging health coverage and social service programs

Adoption of Key Public Health Strategies/Effective Interventions

Needs Assessments/Community and Partner Engagement

Tools	Outcomes and Planning
Quality Initiatives for Non-Adherence to Antiretroviral Therapy	• For case managed clients: Monitoring of client viral suppression data by service type, level of case management, etc. • For ADAP-only clients: activities with pharmacy benefit manager to identify and council non-virally suppressed clients
Engagement with grantees	• Monthly comprehensive Project Directors meetings, quarterly 1v1 calls with regions, case management committee meetings, and interviews with clients and case managers at site visits allow for diverse feedback on program policy and implementation • Regions conduct needs assessments for cost saving/streamlining of services based on resources unique to their areas
Perinatal Case Reviews	• Review of outcomes in cases of perinatal clients with HIV and/or syphiliswith multi-disciplinary teams of providers • Identified most significant barriers for pregnant people, leading to innovation in best practice/policy changes
Client Satisfaction Surveys	• Most service satisfaction scores were greater than 95% • Qualitative component for client feedback shared with IDPH and respective regions for programmatic policy considerations