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Meeting Minutes

Approved on March 17, 2026

March 5–6, 2026

Time: 9:00 a.m. – 5:00 p.m. (Day 1) | 9:00 a.m. – 12:00 p.m. (Day 2)

Location: *First Presbyterian Church, 321 S. 7th Street, Springfield, IL 62701*

Meeting Links

[Jill McCamant-20260305 1512-1](#)

[Jill McCamant-20260306 1456-1](#)

*For reference, please refer to the attached slides or listen to the recording of the meetings.

Attendees: Jill McCamant, Charlie Peterson, Tawana Howard, Freddie Shufford, Shanett Jones, Bryan Gooding, Feliece Carabello, Phillip Partridge, Dana Williams, Creola Hampton, Wendy Bradley, Michael Gaines, Heather Daugherty, James Kowalsky, Tiffini Saunders, Mersaydes Young-Parliamentarian **Excused:** Jason Clanton, Daniel Dufner, Will Nicholson, Carrie Vine, Zahara Bassett, Carmen Earsery **Absent:** Talisha Burge

Call to Order: 9:11am

Roll Call/Introductions: Quorum Noted

Acceptance of Agenda: Motion-Bryan G., 2nd -Tiffani S. Motion passed.

JSI Presentation and Q & A: See PowerPoint Handout

Parliamentarian Presentation: See PowerPoint Handout

IDPH Presentation: See PowerPoint Handout

Action: Presentation and discussion of name change to IHIPG (Illinois HIV Integrated Planning Group) from IHIPC (Illinois HIV Integrated Planning Council). Motion-Mike G., 2nd Feliece C. Motion Passed

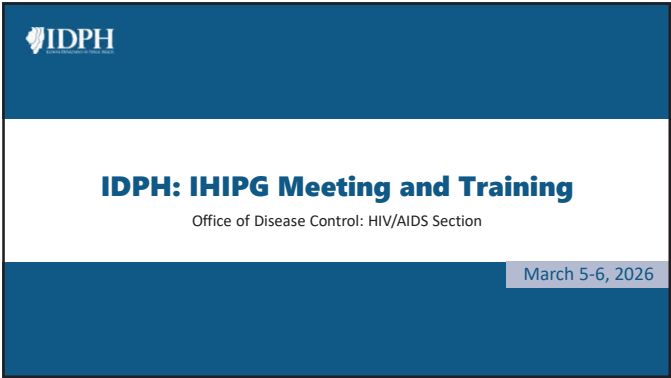
Breakout Sessions: Two group sessions were conducted reviewing Goals: 1. Diagnose all people with HIV early as possible and 2. Rapid and effective treatment. Discussion focus questions were utilized to engage and document outcomes. (See handouts).

Activities Recessed

Activities Reconvened: 9:05am w/quorum

Breakout Sessions: Two group sessions were conducted reviewing Goals: 3. Prevent new HIV infections and 4. Respond quickly to potential HIV clusters and/or outbreaks. Discussion focus questions were utilized to engage and document outcomes. (See handouts).

Adjournment: Motion-Wendy B., 2nd Feliece C. Motion Passed.



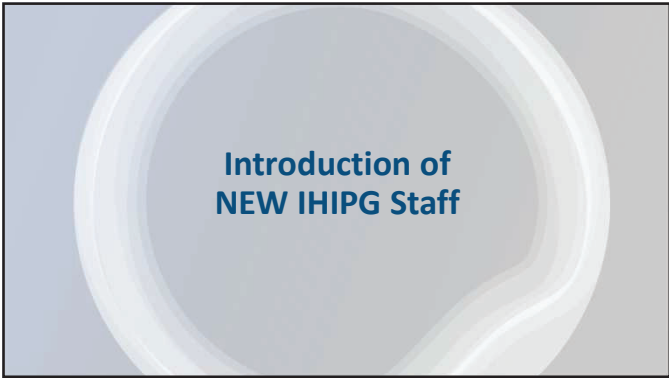
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Jill McCamant joins us from the Illinois Department of Public Health, Violence and Injury Prevention Section, where she served as the Suicide Prevention Coordinator. Jill brings extensive experience managing state and federal funds, including grants from the Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Administration (SAMHSA), and state General Revenue Funds (GRF). She has also provided leadership and coordination support to the Illinois Suicide Prevention Alliance Advisory Board.

In her new role, Jill will oversee the implementation of the Integrated HIV Prevention and Care Plan for the 2027–2031 project year and lead the rollout of the Illinois HIV Integrated Planning Council Advisory Council. Her deep background in grants management, public health initiatives, and stakeholder collaboration will be instrumental in advancing these important efforts.

A portrait of Jill McCamant, a woman with brown hair pulled back, wearing glasses and a gray blazer over a dark top. She is smiling slightly and looking towards the camera.

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Jilnita DeLoach-Johnson is a Public Health Program Specialist in the HIV/AIDS Section for IDPH. A long-time addictions counselor, Jilnita, has worked extensively with substance use disorder populations, the unhoused community, sex workers, and people experiencing mental health issues. With extensive experience in case management, training and development, crisis intervention, and trauma-informed care, Jilnita has over 35 years of social service experience in the Springfield community.

A portrait of Jilnita DeLoach-Johnson, a Black woman with short, curly gray hair, wearing a black top with white polka dots. She is smiling and looking towards the camera.

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Mersaydes Young is a strategic and results-driven leader known for her ability to motivate, direct, and execute with precision while keeping the larger vision in clear focus. She believes in keeping the main thing the main thing and approaches every responsibility with clarity, discipline, and determination. Never one to mince words, she brings a bold yet thoughtful presence to every room, balancing a strong personality with a genuine commitment to service and excellence. No challenge is too large, and no detail too small for her attention.

Her passion for parliamentary procedure was cultivated during her tenure as Chief of Staff to a Cook County Commissioner. With a front-row seat to government in action, she developed a deep appreciation for structure, order, and strategic process. Determined to master the mechanics of effective governance, she immersed herself in **Robert's Rules of Order**, recognizing that proper parliamentary procedure is the foundation of productive meetings, sound decision-making, and organizational integrity.

With a keen eye for governance, policy alignment, and meeting management, Mersaydes Young continues to champion parliamentary excellence as a critical tool for strong leadership and effective organizational success.



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Rules of the Day

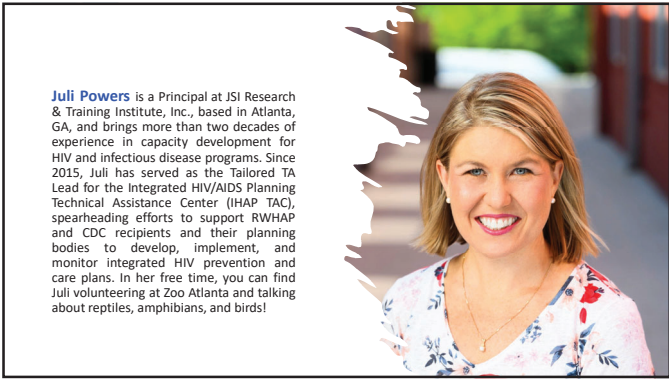
1. This meeting will be conducted in compliance with the Illinois Open Meetings Act, and all business will proceed through properly stated motions, respectful debate, and recorded votes.
2. The Chair must recognize members before speaking.
3. Speakers shall address comments to the Chair, not to other 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. Amendment receives 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.



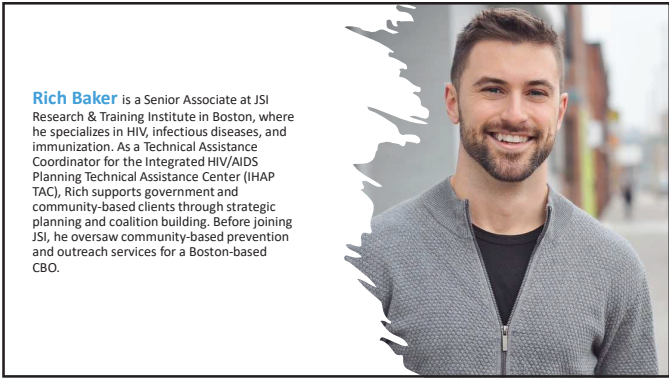
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Group

1. Share your First/Last Name

2. What do you bring to the meeting today

3. One hope you have for the time together

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Agenda – DAY 1

Time	Agenda Item	Facilitator
9:00 – 9:05 a.m.	Welcome and Moment of Silence	Andrea Perez
9:05 – 9:15 a.m.	Introductions, Acceptance of Agenda, & Introductions	Jill McCamant, Mersaydes Young, Rich Baker, & Juli Powers
9:15 – 11:30 a.m.	JSI Presentation and Q & A	Rich Baker & Juli Powers
11:30 – 11:45 a.m.	Break	—
11:45 – 12:45 p.m.	Parliamentarian Presentation	Mersaydes Young
12:45 – 1:15 p.m.	Break to grab lunch and any personal time	—
1:15 – 2:00 p.m.	IDPH Presentation	Jill McCamant
2:00 – 3:00 p.m.	Breakout Sessions	Cheryl Ward & Kimberly Cleveland – Goal 1
3:00 – 3:15 p.m.	Break	—
3:15 – 4:30 p.m.	Continued Breakout Sessions	Cheryl Ward & Kimberly Cleveland – Goal 2
4:30 – 5:00 p.m.	Wrap-Up and Closing Remarks	Jill McCamant

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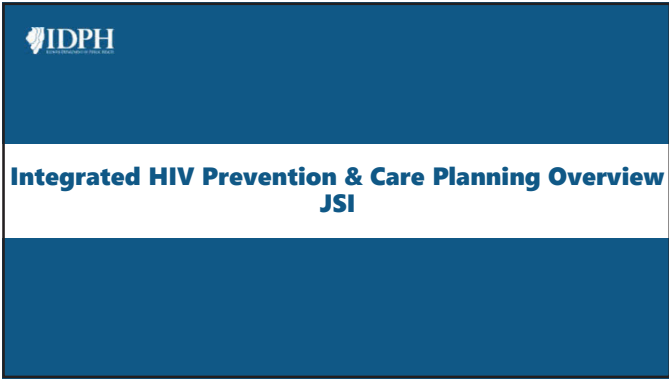
Agenda – DAY 2

Time	Agenda Item	Facilitator
9:00 – 10:00 a.m.	Breakout Sessions	Marleigh Andrews-Conrad & Cheryl Ward – Goal 3
10:00 – 10:15 a.m.	Break	—
10:15 – 11:15 a.m.	Breakout Sessions	Marleigh Andrews-Conrad & Cheryl Ward – Goal 4
11:15 – 11:50 a.m.	Final Breakout Session	Jill McCamant – Representation Exercise
12:00 p.m.	Boxed Lunch and Adjourn	—

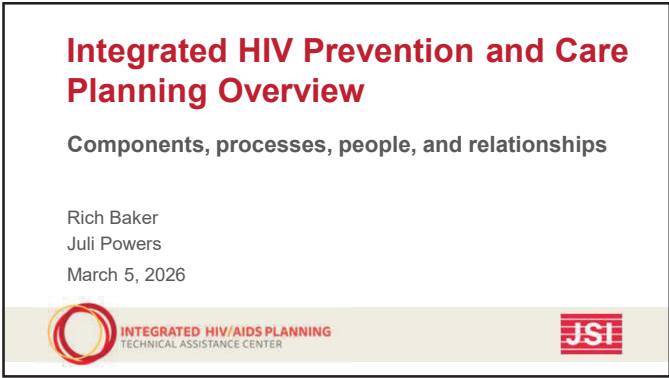
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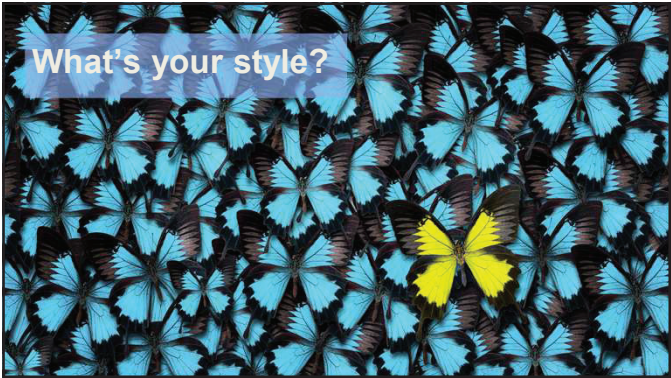
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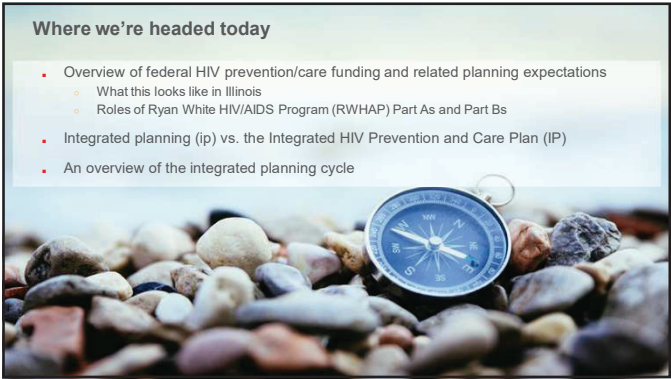
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Learning objectives

At the end of our session, you will be able to:

- Describe the federal HIV prevention and care infrastructure that supports integrated planning
- Identify key differences between RWHAP Part A/B planning body roles
- Explain the purpose and stages of integrated planning
- Identify at least two opportunities to support integrated planning as an IHIPC member

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What does integrated HIV prevention and care planning mean to you?



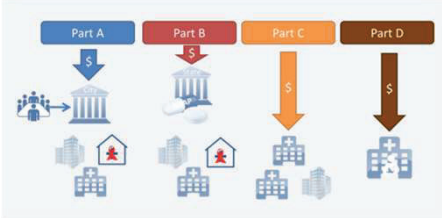
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Federal HIV prevention and care funding and service landscape



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Ryan White HIV/AIDS Program (RWHAP) recipient structure



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RWHAP Part B

- The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) provides grants to states and territories to deliver HIV medical and support services.
 - Aim to make services better, easier to access, and more organized
 - Includes the AIDS Drug Assistance Program (ADAP) for HIV medications
- Each state or territory decides which services to offer based on their jurisdiction's needs assessment and available funding.
- Recipient: 
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
PROTECTING HEALTH. TRANSFORMING LIVES.

<https://ryanwhite.hrsa.gov/about/parts-and-initiatives/part-b-grants-states-territories>

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RWHAP Part A

- HRSA HAB provides funding for medical and support services to cities and counties most affected by HIV.
 - Eligible Metropolitan Area (EMA) or Transitional Grant Area (TGA) designation based on reported AIDS cases in last five (5) years
 - Approximately 72% of all people with diagnosed HIV in the United States live in EMAs and TGAs
- Recipients: 
Chicago, IL EMA 
St. Louis, MO TGA

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Ryan White Program 2030

- A collaborative approach to build on existing successes and resources to reach people with HIV who are out of care and end the HIV epidemic
- Builds on RWHAP and innovative strategies from the Ending the HIV Epidemic in the U.S. (EHE) initiative
- Offers a renewed focus on reaching people with HIV who are out of care



Key integrated planning activities to support RWP 2030

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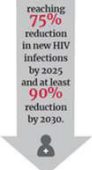
HIV Prevention and Surveillance

- The Centers for Disease Control and Prevention (CDC) Division of HIV Prevention (DHP) provides funding to 59 state, territory, and local health departments for HIV prevention and surveillance.
 - Includes funding to 31 HDs for Ending the HIV Epidemic (EHE) that oversee the 57 EHE jurisdictions
- Recipient: 

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Ending the HIV Epidemic (EHE)

GOAL:



reaching 75% reduction in new HIV infections by 2025 and at least 90% reduction by 2030.



Diagnose
all people with HIV as early as possible



Treat
people with HIV rapidly and effectively to reach sustained viral suppression



Prevent
new HIV transmissions by using proven interventions (including PrEP)



Respond
quickly to potential HIV outbreaks

- Funding administered by HRSA and CDC to 57 jurisdictions
- Recipients:** Chicago Department of Public Health (Cook County), Missouri Department of Health and Senior Services (Missouri)

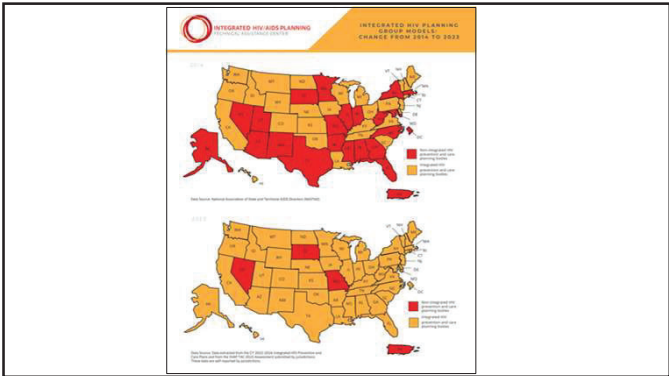
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HIV planning requirements

“All CDC DHP and HRSA HAB funded jurisdictions are required to have a planning process that includes the development of a system-wide plan for the delivery of HIV prevention and care services and the establishment of an HIV planning group, planning council, or advisory group, also known as a planning body.”

Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2027-2031, February 2025

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Illinois HIV Planning Groups



IHIPC Statewide HIV Planning Group	 RWHP Part B CDC Prevention
CHIPAC Cook, DeKalb, DuPage, Grundy, Kane, Kendall, Lake, McHenry, Will Counties	 RWHP Part A CDC Prevention
Metro St. Louis HIV Health Services Planning Council Clinton, Madison, Monroe, St. Clair Counties	 RWHP Part A

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**What are key
differences between a
RWHPA Part A
Planning Council and
RWHPA Part B
Planning Body?**



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Serves in an **advisory** capacity, and reports to the recipient

☐ RWHAP Part A Planning Council



☐ RWHAP Part B Planning Body



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Serves as an **independent decision-making body** that reports to the CEO and works in partnership with the recipient

☐ RWHAP Part A Planning Council



☐ RWHAP Part B Planning Body



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With the recipient, **conducts** needs assessment and integrated planning activities

☐ RWHAP Part A Planning Council



☐ RWHAP Part B Planning Body



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Advises recipient, bringing diverse perspectives to Needs Assessment, supporting planning, and setting priorities

▣ RWHAP Part A Planning Council



▣ RWHAP Part B Planning Body



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Establishes HIV-related service priorities and allocates RWHAP funds, while assessing administrative efficiency of fund allocation

▣ RWHAP Part A Planning Council



▣ RWHAP Part B Planning Body



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Makes **recommendations** for resource allocation

▣ RWHAP Part A Planning Council



▣ RWHAP Part B Planning Body



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Planning body responsibilities

RWHAP Part A planning council

- An independent decision-making body that reports to the CEO and works in partnership with the recipient
- With the recipient, conducts needs assessment and integrated planning activities
- Sets HIV-related service priorities and allocates RWHAP Part A funds
- Assesses the efficiency of the administrative mechanism in rapidly allocating funds

RWHAP Part B planning body

- Serves in advisory capacity and reports to recipient
- Works with the recipient, brings diverse experience and input into needs assessments, Integrated HIV Prevention and Care Plan development, and priority setting
- Makes recommendations for resource allocation

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Integrated planning 101



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ip vs. IP

integrated planning (ip)
vs.
Integrated HIV Prevention
and Care Plan (IP)

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Integrated Plan Background

CY 2017-2021

CY 2022 - 2026

CY 2027 - 2031

First joint guidance released



Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022- 2026



YOU ARE HERE

Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2027- 2031



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Successful integrated planning

- Fosters new approaches to advance HIV prevention, care, and treatment
- Leverages existing resources
- Promotes collaboration and coordination
- Supports open, transparent communication
- Engages community members and partners throughout the process

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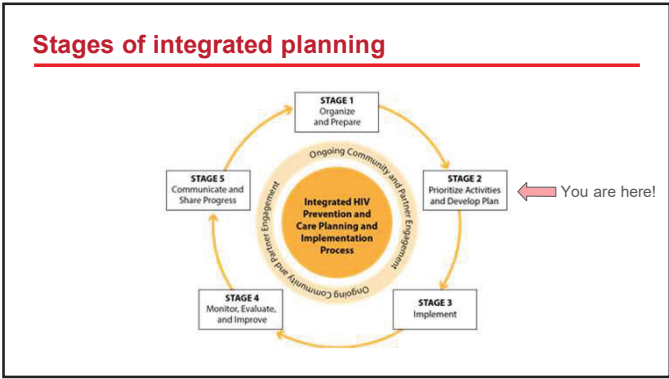
Considerations for integrated planning

- Jurisdictional needs, feasibility, and the context for planning
 - Planning infrastructure (e.g., staff, planning body structures)
 - Existing relationships to facilitate community and other stakeholder engagement
 - Current gaps
- Key factors to drive approach
 - Other jurisdictional HIV planning initiatives (e.g., EHE)
 - Extent to which the jurisdiction is taking a syndemic or whole-person approach

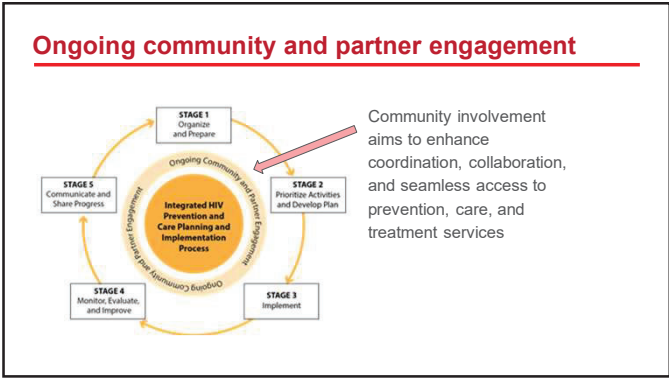
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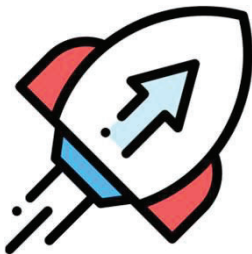
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Community and partner engagement

- HRSA and CDC require that HIV planning processes involve **community participation**
- Include people with **personal and professional experience, expertise, or skills** in HIV such as people with HIV, people who would benefit from prevention services, HIV service providers, and others affected by HIV
- Engaging the community **throughout** the planning process strengthens their involvement and incorporation of their input in plan-related activities
- Meet community partners where they are most comfortable

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Stage 1:
Organize and prepare



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Stage 1: Organize and prepare

- Provide **orientation and training** to prepare health department staff, planning body/council members, and others involved in the planning process to understand their role and responsibilities

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Stage 1: Organize and prepare (cont.)

- **Prioritize representation** – Develop a committed and diverse planning group, including committees or working groups and identify key communities or partners who have not yet been engaged

★ **In Action!** In the prior planning cycle, planning body structures for Integrated Plan development varied across jurisdictions, including:

- Using **existing planning body subcommittees or workgroups**
- Establishing a **new planning body**
- Building on **existing groups to support a syndemic approach**
- Establishing **steering committees** separate from planning bodies

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Stage 1: Organize and prepare (cont.)

- Establish strategies to facilitate **ongoing and clear communications** across stakeholders
 - Establish an agreed-upon, documented structure and process to guide collaborative work
 - Create a common or shared language



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Stage 1: Organize and prepare (cont.)

- Review existing data and collect new data
- Conduct a **needs assessment**
 - Collect and analyze information about the number, characteristics, and needs of people with HIV in and out of care and who would benefit from prevention
 - Identify current resources available to meet identified needs
 - Determine gaps in HIV prevention and care services

Sample Methods:


Epi data reports


Client & provider survey


Focus groups, forums, or town halls


Key informant interviews


Secondary data reports (ACS, BRFSS)

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Source: <https://ahead.hiv.gov/>

[illegible][illegible][illegible]

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Stage 2: Prioritize activities and develop the plan

Prioritize activities

Identify successes, challenges, and areas for improvement from prior plans and existing programs

Use the Needs Assessment and Epi Profile to review strengths and gaps of the HIV service infrastructure

Document best practices and successful strategies used in previous plans (innovative interventions, meaningful partnerships, successful community engagement strategies, and effective data collection and analysis methods)

Reference federal guidance to verify information needed for each section

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Stage 2: Deeper dive into Integrated Plan development (cont.)

Identify key priorities in alignment with jurisdictional needs

Align with the four Ending the HIV Epidemic strategies/pillars

Diagnose

Prevent

Treat

Respond

Draft SMART objectives and corresponding strategies that ensure a comprehensive, coordinated approach for all HIV prevention and care funding

Identify key measures, including baseline measures to track progress

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Stage 2: Prioritize activities and develop the plan (cont.)

Continue to engage key partners and community members

Consult a range of partners, taking note of diverse communities within a jurisdiction

Solicit feedback in a variety of venues and formats to accommodate the needs and preferences of community members

- Consider community involvement burden
- Geographic (rural vs. urban)
- Gather feedback remotely (e.g. virtual town hall, online comment submission)
- Establish satellite locations for meetings



Leveraging technology can be cost effective and increase participation. Be mindful of accessibility and electronic literacy. Ensure methods are mobile-friendly.

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Stage 2: Prioritize activities and develop the plan (cont.)

- Obtain feedback from planning body/planning council **throughout plan development**
 - Present key information to the planning body/planning council, usually in an open meeting to which the public is invited
 - Provide copies or summaries of plan components and draft plan to community partners and offer structured opportunities for feedback
 - Seek public comment formally at public hearings or through other venues such as community meetings, advisory committees, and provider forums
 - Incorporate feedback: Review and revise the draft plan as needed
 - The IP must be reviewed by the full planning body/planning council resulting in a letter of concurrence, concurrence with reservation(s), or no concurrence

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Stage 2: Prioritize activities and develop the plan (cont.)

- Disseminate the final plan to all key community partners and establish mechanisms for **sharing plan updates and progress** toward goals and objectives

★ In Action!

- Wisconsin created a 17-page summary, outlining the Plan goals, objectives, and activities
- Arizona created a public, condensed version of their 2022-2026 HIV/STI/Hep C Integrated Plan, highlighting the goals, objectives, and strategies

PLAN AT-A-GLANCE

DIAGNOSE

GOAL #1: Improve and expand testing for HIV, STIs, and Hep C

GOAL #2: Diagnose stigma for people living with or experiencing risk for HIV, STIs, and Hep C

PREVENT

GOAL #3: Reduce new transmissions of HIV, STIs, and Hep C

GOAL #4: Improve prevention efforts among priority populations

TREAT

GOAL #5: Identify and effectively link all persons diagnosed with HIV, STIs, or Hep C to care

GOAL #6: Keep all people with HIV in care, and cure all people diagnosed with STIs and Hep C

RESPOND

GOAL #7: Build capacity for COVID cluster detection and response

GOAL #8: Strengthen statewide HIV, STI, and Hep C prevention and care systems

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Timeline of key planning activities

Engage Community

Develop needs assessment strategy in partnership with community

Gather Data

Conduct Needs Assessment, gather epidemiological data, identify contributing data sets

Present Findings

Share trends and solicit community feedback

Draft Situational Analysis

Synthesize data, trends, and anecdotal information from Needs Assessment and community engagement activities

Develop Objectives

In partnership with community, develop SMART objectives and organize within the 4 EHE strategies

Develop Work Plan

Develop implementation and monitoring plan, assigning outcome measures and implementing partners

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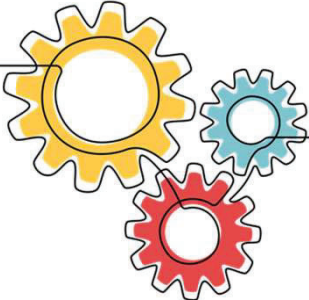
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- What strategies would you find most helpful to learn about IP progress? To provide feedback on goals and objectives?
- What information/resources do you need to support your advisory role in planning?

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Stage 3:
Implement the plan



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Stage 3: Implement Integrated Plan

- Establish collaborative process
 - Develop and document a structure and process that outlines the **shared expectations** for collaboration between planning body(ies), recipients, and subrecipients including roles and responsibilities
 - Include **communication protocols** to support implementation, and mechanisms to share progress and challenges
 - For activities that require collaboration across programs or initiatives, describe:
 - **Roles and responsibilities** of each involved partner
 - **Decision making process** and who will serve as the final decision maker
 - **Policies and procedures** to implement decisions

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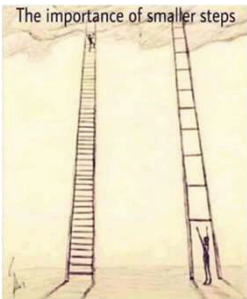
Stage 3: Implement Integrated Plan (cont.)

- Make a **work plan** based on the Integrated Plan
 - Include detailed tasks, timelines, measurable outcomes and data sources for monitoring progress
- Track and communicate progress – establish and maintain processes for reporting and reporting regular updates to planning bodies/councils on IP activities and tasks

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Stage 3: Implement Integrated Plan (cont.)

- Tackle small steps first
 - Develop a list that includes small but achievable steps
 - Generates momentum
 - Helps move jurisdiction closer to goals and objectives
 - Can help structure updates to community members and partners



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Set yourself up for successful implementation

- Plan for how you will **ensure continuity** in the event of staff turnover
 - Specify roles and responsibilities for Integrated Plan activities
 - Provide training to new staff on the integrated planning cycle
- Be flexible and **embrace the plan as a living document**
 - Establish and maintain plans for ongoing community engagement
 - Update the plan, as needed, to address evolving needs and make improvements

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Stage 4:
Monitor, evaluate, and improve plan



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Stage 4: Monitor, evaluate, and improve plan

- Implement **monitoring plan**, which should include:
 - Baseline data, measures, data sources, and data collection processes
 - Ensure that you can access or collect data to monitor progress
 - Identify clear roles and responsibilities for data collection and reporting
 - Describe plans to coordinate among stakeholders and funding streams

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Stage 4: Monitor, evaluate, and improve plan (cont.)

- Track progress** - monitor and assess implementation of goals, SMART objectives, and projected activities
 - Develop a data management plan, which includes a routine schedule for data updates to inform future monitoring and improvement activities
 - Assign roles and responsibilities for data collection, management, and reporting
 - Develop reporting mechanisms to receive routine updates from subrecipients in a format that aligns with IP objectives and can be combined with other data
 - Conduct ongoing assessments to determine what is working well and where changes may be needed
 - Assess both progress and the implementation process
 - Refine roles, responsibilities, and structures as needed

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Stage 4: Monitor, evaluate and improve plan (cont.)

- Use health outcome data and real-time data dashboards to monitor jurisdictional progress in HIV prevention, care, and service delivery
 - Identify HIV care continuum, health outcome, and prevention data and sources
 - Use data management plan to review surveillance, program, and care data
 - Consider quality improvement approaches to make improvements
- Share progress with and incorporate feedback from community partners
- Update Integrated Plan, as necessary, based on data and community partner feedback

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- How would you like to receive information about the implementation and progress of the plan?
- What information would you like prioritized?

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**Stage 5:
Communicate and share progress**



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Stage 5: Communicate and share progress

- Share updates and progress
 - Provide updates on plan activities and progress with key community partners, planning groups, and other stakeholders
 - Synthesize data and present information in the most appropriate format based on audience needs
 - Include successes, challenges, modifications, and lessons learned
 - Create a progress report or activity dashboard that is updated and shared regularly according to an established schedule
 - Use easy-to-understand dashboards and data visualization tools
 - Highlight updates to the Integrated Plan in response to community feedback and evaluation results

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Stage 5: Communicate and share progress (cont.)

- Develop accessible materials for broad audiences
 - Distill the Integrated Plan and its activities into a succinct visual or snapshot to promote or communicate progress

"We're trying to increase the understanding of the role that the Plan has and what will come after it. We're trying to describe that this is our blueprint. This is our path to ending HIV."

-RWHAP Part B Recipient

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Who is engaged in HIV planning in Illinois?



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Who is missing from the planning table?

The planning process should include key partners and broad-based communities that include but are not limited to:

- People with HIV
- Funded-service providers
- Community partners who work with or engage RWHAP and prevention clients
- Community members from disproportionately affected communities



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Integrated planning and you!



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IHIPC mission

"Together, with the Health Department and community, work to achieve our mission to reduce the number of new HIV infections; to increase access to HIV care and improve health outcomes for people living with HIV; to reduce HIV-related health inequities and disparities; and to serve as a role model and central advisory body for HIV prevention and care planning activities throughout the State of Illinois."

IHIPC Bylaws

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IHIPC roles

- Participate in HIV planning and public advisory processes
- Participate in development of a Statewide Coordinated Statement of Need
- Inform the development of the jurisdiction's Integrated HIV Prevention and Care Plan
- Partner with the health department to develop and monitor the HIV planning and stakeholder engagement process
- Review and assess the jurisdiction's Integrated HIV Prevention and Care Plan to inform and guide the concurrence process

IHIPC Bylaws

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IHIPC's role in the 2027-2031 IP

- Provide advisory and feedback for IDPH on the goals of the 2027-2031 Integrated HIV Prevention & Care Plan
 - Identify facilitators and barriers to engaging people in HIV prevention and care services
- Support the development of key strategies to implement goals



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Share your feedback

Scan the code to share your thoughts about today's session.

Want to learn more or connect with us? Email us at ihaptac@jsi.org

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INTEGRATED HIV/AIDS PLANNING
TECHNICAL ASSISTANCE CENTER

Thank you!



This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U69HA30144, Ryan White HIV/AIDS Program Integrated HIV Planning Implementation. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

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COFFEE BREAK

Break
11:30-11:45 a.m.

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Vote to Change
IHIPC to IHIPG



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PRACTICAL
PARLIAMENTARY
PROCEDURE OVERVIEW

Mersaydes Young
Parliamentarian

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MEETINGS ARE FOR DECISION
MAKING.

- Set direction
- Make policy recommendations
- Provide monitoring and advisory feedback
- Take official action

Discussion is important — but only as a step toward a decision.

Mersaydes Young
Parliamentarian

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HOW PARLIAMENTARY PROCEDURE IMPACTS DECISION MAKING.

- Provide structure to meetings to avoid disorder, disorder can lead to:
 - Confusion about what was decided
 - Reopening old debates
 - Legal risk under the OMA
 - Frustration and disengagement
- To give everyone a chance to be heard; minority voices but majority rules
- Keep things moving and transparent for efficient decision making

Mersaydes Young
Parliamentarian

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5 PARLIAMENTARY PRINCIPLES

- Discuss one subject at a time
- Every motion and idea is entitled to the same free and full discussion
- All members are treated fair
- The rule of the majority MUST be carried out and the rights of the minority MUST be respected.
- The wishes of all members should come together to form a cooperative, united front.

Mersaydes Young
Parliamentarian

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IF YOU WANT SOMETHING DONE YOU MUST PUT IT IN MOTION.

MOVE IT OR LOSE IT! IF IT IS ON THE AGENDA.

Mersaydes Young
Parliamentarian

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THE BASICS OF MAKING A MOTION

Member seeks recognition

Member states:
"I move that..."

Another member seconds
"Second."

Chair restates the motion
Discussion

Vote

Chair announces result

Meredith Young
Parliamentarian

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COMMON MOTION MISTAKES & SOLUTIONS

Having a full discussion before the motion is made
Solution: Chair must require a formal motion before general discussion is had

No action should be taken without a motion and a second
Solution: Chair can state "Is there a second?", if not, Chair moves on.

The Chair is not a part of the debate unless they step down from the role of Chair
Solution: The Chair should have a proxy ready to step in as Chair if it is an action item that they want to have discussion on.

Speaking longer than the allotted time
Solution: Chair must enforce time limits

Chair calling on the same speaker multiple times
Solution: Chair should allow each person to speak twice to the same motion, and a member must wait to speak twice until others had the opportunity to speak.

Directing comments to another member and not the Chair
Solution: Chair reminds members to direct all comments to them and members may call a Point or Order example: "Point of Order, the current speaker is not directing their comment to the Chair"

Not adhering to the debate time limits
Solution: Recommend each motion and debate has a ten-minute time limit, and each person has 2-3 minutes to speak on a subject

Repeating prior arguments
Solution: Use the motion to reconsider, if new information has been presented, the above action is not effective.

Meredith Young
Parliamentarian

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WHEN PERSONAL INTERFERES WITH PARLIAMENTARY

- Voting means there is division

- Voting means there are winners and losers

- If you win it means you are right and if you vote on the non prevailing side, you are wrong.

THE PARLIAMENTARY VIEWPOINT

- The body has exercised its authority, indecision is damaging, DECISIONS ≠ DIVISION

- Voting means the organization can move forward, disagreement is healthy

- The decision is legitimate

Meredith Young
Parliamentarian

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Guide for Healthy Discussion (10 minutes)

Recognition by the Chair

- No cross-talk
- No interrupting
- Speak only after recognition

Debate Structure

- Speak to the motion
- Avoid repeating prior arguments
- Stay within time limits

Amendments

Members can:
"I move to amend the motion by..."

Example:
Original motion: Approve \$10,000
Amendment: Change to \$8,500
Vote on amendment first → then vote on amended motion.

Calling the Question (Closing Debate)

"I move the previous question."
Requires second and 2/3 vote.
Prevents endless debate.

Menaydes Young
State of Alaska Parliamentarian

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LET'S PUT WHAT WE LEARNED INTO ACTION!

SAMPLE AGENDA ITEM

1. DEVELOP RULES OF THE DAY

Menaydes Young
Parliamentarian

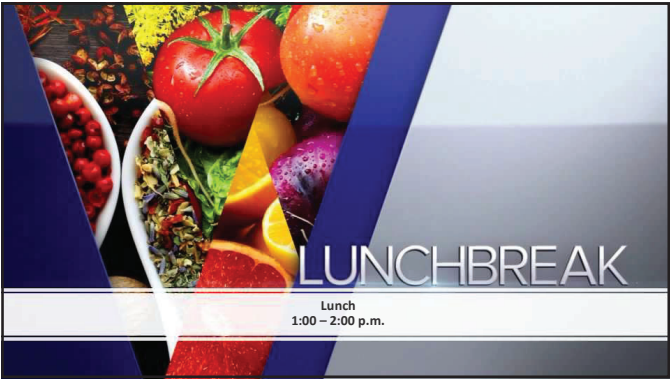
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Questions and Answers

Menaydes Young
Parliamentarian



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Illinois HIV Integrated Planning Group (IHIPG) Historical Overview

- The Illinois HIV Integrated Planning Group (IPG) is a statewide advisory body convened by IDPH
- Brings together individuals with lived experiences, providers, public health professionals, and community partners
- Charged with guiding **integrated HIV prevention and care planning** across Illinois
- Aligns Illinois' response with **CDC and HRSA requirements**
- Supports progress toward **Ending the HIV Epidemic (EHE)** goals

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History of the Illinois HIV Integrated Planning Group - continued

- Formed to meet federal recommendations for **integrated HIV prevention and care planning**
- Built on earlier HIV planning bodies (Ryan White councils & prevention planning groups)
- **Designed to:**
 - Reduce duplication between prevention and care systems
 - Promote shared data use and coordinated strategies
 - Center the voices of people with lived HIV experience
- **Evolved over time to reflect:**
 - Changes in the HIV epidemic
 - Advances in treatment and prevention (PrEP, U=U)
 - Shifts in federal funding priorities

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Dates of Illinois Integrated HIV Plans

- **First Integrated Plan: 2017 – 2021**
- **Second Integrated Plan: 2022 – 2026**
- **Upcoming Planning Cycle: 2027 – 2031**
- **Each plan:**
 - Uses epidemiologic and service data
 - Includes community input and stakeholder engagement
 - Establishes statewide goals, strategies, and measurable objectives

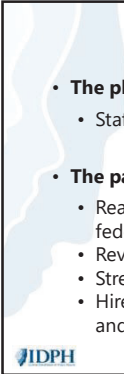
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History of Committee-Group / IHIPG Membership

- **Membership includes:**
 - People living with HIV
 - Prevention and care providers
 - Public health professionals
 - Community-based organizations
 - Planning and data experts
- **Reflects Illinois' diverse communities:**
 - Geographic (urban, suburban, rural)
 - Racial and ethnic diversity
 - Priority populations disproportionately impacted by HIV
- **Membership has shifted over time due to:**
 - Term limits
 - Agency representation changes
 - COVID-19 and workforce transitions

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Reason for the Planning Pause

- **The planning process experienced a pause due to:**
 - Staffing and capacity challenges in the state structure
- **The pause allowed time to:**
 - Reassess planning structures and engagement approaches with federal and state partners
 - Review data trends and implementation challenges
 - Strengthen alignment with EHE initiatives
 - Hire qualified staff to assist with Community Planning structures and needs

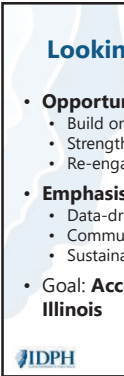
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What Was Accomplished During the First Two Plans

- **Established a statewide framework for integrated HIV planning**
- **Improved collaboration across:**
 - Prevention
 - Ryan White HIV care
 - Surveillance and evaluation teams
- **Advanced progress in:**
 - Viral suppression
 - Linkage to care
 - Awareness and use of PrEP
- Laid groundwork for alignment with **Ending the HIV Epidemic (EHE)** strategies

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Looking Ahead to 2027–2031 Planning Activities

- **Opportunity to:**
 - Build on lessons learned
 - Strengthen equity-centered approaches
 - Re-engage stakeholders with renewed focus and infrastructure
- **Emphasis on:**
 - Data-driven decision making
 - Community leadership
 - Sustainable implementation
- Goal: **Accelerate progress toward ending the HIV epidemic in Illinois**

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Roadmap of Expectations – March – June 2026

- **Focus Area**
 - Review of the Integrated Plan (IP) with an emphasis on shared understanding and meaningful feedback
- **Community Engagement**
 - Bi-monthly discussion circles to:
 - Gather community perspectives
 - Ensure voices are heard and reflected
 - Strengthen collective ownership of the plan
- **Decision & Submission Milestones**
 - Concurrence vote scheduled for early **June**
 - Final submission of the Integrated Plan in **late June 2026**

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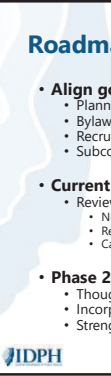


Meeting Roadmap March – June 2026

Meeting Dates through June 2026

- March 17 @ 9-11 am
- April 3 @ 9-11 am
- April 15 @ 9-11 am
- May 5 @ 9-11 am
- May 19 @ 11-1 pm
- June 4 @ 11-1 pm

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Roadmap of Expectations – July – December 2026

- **Align goals, activities, and purpose across:**
 - Planning processes
 - Bylaws and procedures
 - Recruitment practices
 - Subcommittee structures
- **Current Planning Group**
 - Review of current membership:
 - Number of active members
 - Representation and participation
 - Capacity to support future work
- **Phase 2: Refresh & Revise**
 - Thoughtful refresh of the current planning body
 - Incorporate community feedback and lived experience
 - Strengthen structures to support inclusive, effective collaboration

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Questions?

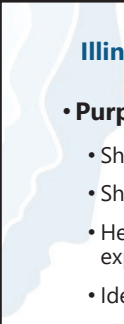
CONTACT US:
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 @illinoisdph
 @IDPH.Illinois
 @il-department-of-public-health
 @IDPH
 "This is Public Health" podcast
 dph.illinois.gov

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At A Glance
High-Level Overview of the
Illinois HIV Integrated Plan

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Illinois HIV Integrated Planning Overview

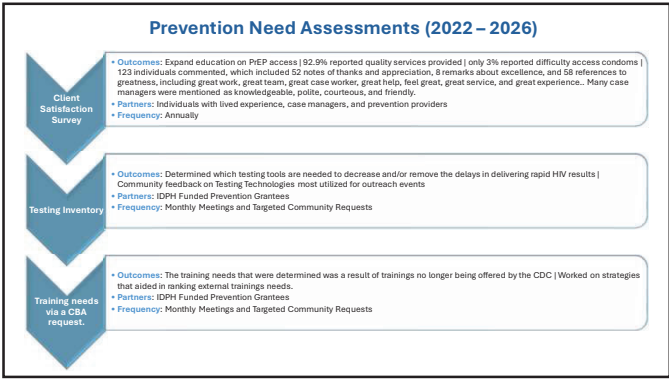
• Purpose of Today's Discussion

- Share accomplished need assessments
- Share understanding of each goal
- Hear community perspectives and lived experience
- Identify strengths, gaps, and opportunities

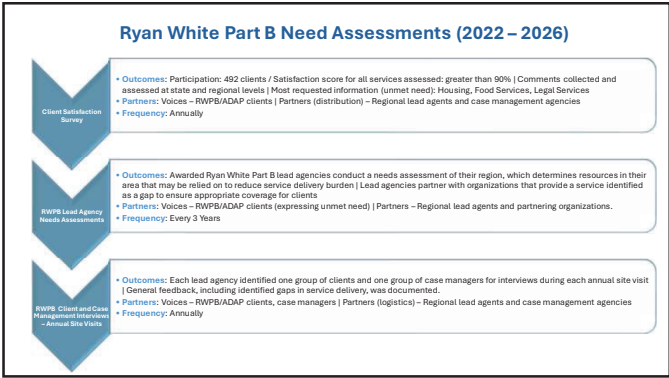
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Ryan White Part B Need Assessments (2022 – 2026)

HIV Care Connect Social Media Campaigns

- **Outcomes:** HIV Care Connect Grantee selects topic of significance for annual campaign (most recent topic – Rapid Start for ART) | Quizzes regarding the topic are distributed on online platforms | Quiz results are analyzed, messaging for campaign is based on results
- **Partners:** Voices – HIV community members (via social media platforms) | Partners (distribution, logistics) HIV Care Connect Grantee, additional social media accounts sharing quizzes and messaging
- **Frequency:** Multiple times throughout the year, but annually

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Surveillance Need Assessments (2022 – 2026)

Epidemiological Needs Assessment

- **Outcomes:** Data source: eHARS | Focus: Burden and distribution of HIV | Outcome: Understand which populations are most affected and to what extent
- **Partners:** The surveillance program relies on information reported to the HIV Registry to perform this assessment
- **Frequency:** Daily

Geographic Needs Assessment

- **Outcomes:** Data source: eHARS | Focus: Identify high-burden areas | Outcome: Concentrate resources where transmission is highest
- **Partners:** The surveillance program relies on information reported to the HIV Registry to perform this assessment
- **Frequency:** Monthly

Service Needs Assessment

- **Outcomes:** Data source: eHARS and Medical Monitoring Project | Focus: Gaps in HIV services (e.g., linkage to care, ART coverage, viral suppression rates) | Outcome: Determine where services are insufficient or inaccessible.
- **Partners:** The surveillance program relies on information reported to the HIV Registry and collected by the Medical Monitoring Project to perform this assessment.
- **Frequency:** Weekly

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Surveillance Need Assessments (2022 – 2026)

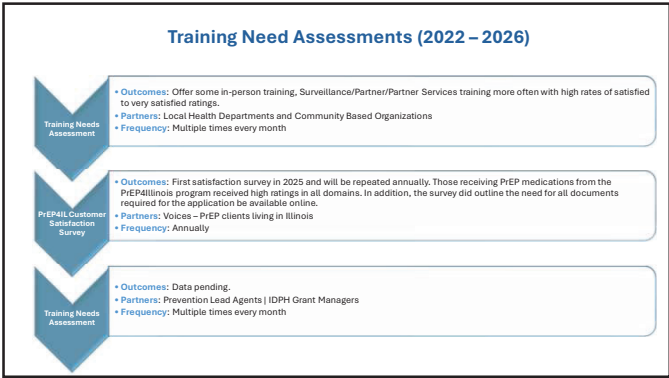
Gap Analysis

- **Outcomes:** Data source: eHARS and Medical Monitoring Project | Focus: Difference between current status and desired targets (i.e., progress toward achieving NHAS goals) | Outcome: Guide strategic planning and funding allocation.
- **Partners:** The surveillance program relies on information reported to the HIV Registry and collected by the Medical Monitoring Project to perform this assessment.
- **Frequency:** Monthly

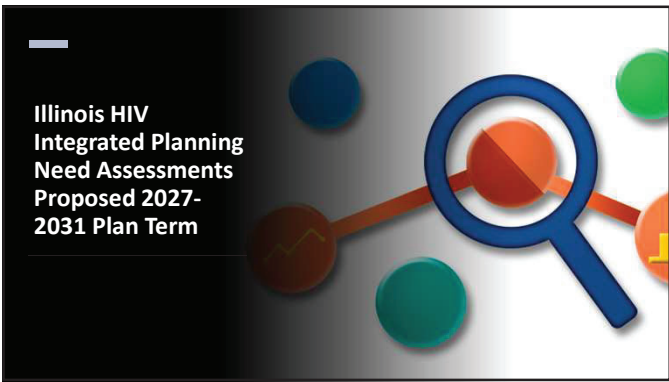
Differentiating Recent Infection from Case Detection among Foreign-Born Populations

- **Outcomes:** Source: eHARS, laboratory data, provider reports, SBS investigations | Focus: Distinguish new infection (incident case) from new diagnosis | Outcome: Provide a more accurate estimate of new HIV diagnoses among foreign-born Hispanics/Latinos.
- **Partners:** The surveillance program relies on information reported to the HIV Registry to perform this assessment. Program will work with CDC and other state health departments to identify the best methodology for classifying infection status (new infection vs. new diagnosis) among persons whose birth country is not the U.S.
- **Frequency:** Monthly

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Integrated Plan Narrative Update

- **Section 1: In Progress (about completed)**
 - Executive Summary
 - Introduction of Community Planning
- **Section 2: In Progress**
 - Statewide Coordinated Statement of Need (SCSN)
 - Jurisdictional Planning Process
- **Section 3: In Progress**
 - Epidemiological Snapshot of HIV in Illinois
 - Unmet Need
 - HIV Care Continuum
 - Retention in Care and Viral Suppression



April 28, 2026

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Integrated Plan Narrative Update

- **Section 4: In Progress**
 - Anticipated Challenges/Barriers
 - Social and Structural Challenges/Barriers
 - Assessing Needs and Gaps
 - Integrated Goals/Objectives/Strategies
- **Section 5: In Progress**
 - Diagnose/Treat/Prevent/Respond activities for 2027-2031
 - Monitoring/Evaluation of the National HIV Strategies in the IL Plan
- **Section 6: In Progress**
 - Monitoring/Evaluation of Goals/Objectives/Strategies
 - Use of client-level data to Improve Health Outcomes
 - Concurrence: Planning Group/EMA/TGA



April 28, 2026

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Illinois HIV Integrated Planning Overview

Goal 1

Diagnose all people with HIV as early as possible

- **Why This Goal Matters**
 - Early diagnosis supports better health outcomes
 - Reduces the risk of HIV transmission
 - Connects people to care and support sooner



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Illinois HIV Integrated Planning Overview

Goal 2

Treat people with HIV rapidly and effectively to reach and sustain viral suppression

• Why This Goal Matters

- Rapid treatment improves individual health
- Sustained viral suppression prevents transmission
- Ongoing support strengthens long-term care engagement



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Illinois HIV Integrated Planning Overview

Goal 3

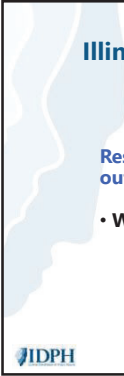
Prevent new HIV infections

• Why This Goal Matters

- Prevention supports community health and well-being
- Education, access, and equity are key components
- Community-driven strategies are most effective



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Illinois HIV Integrated Planning Overview

Goal 4

Respond quickly to potential HIV clusters and/or outbreaks

• Why This Goal Matters

- Early response helps prevent further transmission
- Coordination strengthens effectiveness
- Trust and communication are essential



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Questions?

CONTACT US:

- @IDPH
- @illinoisdph
- @IDPH.Illinois
- @il-department-of-public-health
- @IDPH
- "This is Public Health" podcast
- dph.illinois.gov

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Breakout Sessions – GOAL 1

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Illinois HIV Integrated Planning Overview

GOAL 1

Diagnose all people with HIV as early as possible

• **Discussion Focus**

- What is working well in early HIV testing and diagnosis?
- What barriers exist in our communities?
- What opportunities could improve early diagnosis?



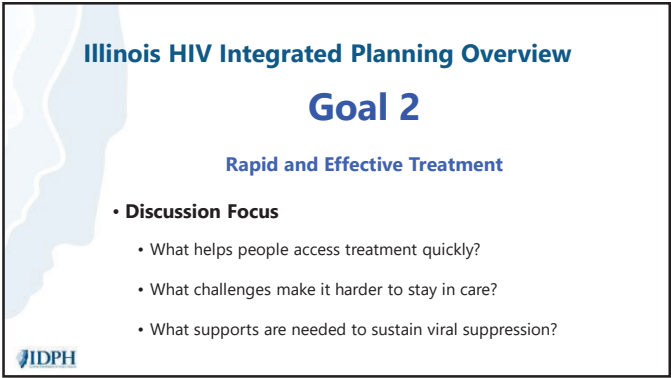
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Agenda – DAY 2		
Time	Agenda Item	Facilitator
9:00 – 10:00 a.m.	Breakout Sessions	Marleigh Andrews-Conrad & Cheryl Ward – Goal 3
10:00 – 10:15 a.m.	Break	—
10:15 – 11:15 a.m.	Breakout Sessions	Marleigh Andrews-Conrad & Cheryl Ward – Goal 4
11:15 – 11:50 a.m.	Final Breakout Session	Jill McCamant – Representation Exercise
12:00 p.m.	Boxed Lunch and Adjourn	—

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Illinois HIV Integrated Planning Overview	
Goal 3	
Prevent New HIV Infections	
• Discussion Focus	
• What prevention strategies are working well?	
• What are gaps in access or awareness?	
• How can prevention efforts better reflect community needs?	

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The logo for the Illinois Department of Public Health (IDPH), featuring a stylized blue outline of the state of Illinois.

Illinois HIV Integrated Planning Overview

Goal 4

Respond quickly to potential HIV clusters and/or outbreaks

• **Discussion Focus**

- How can response efforts be faster and more coordinated?
- What supports timely data sharing and action?
- How can community partners be engaged in response efforts?

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2027-2031 ILLINOIS HIV INTEGRATED PLAN WORKPLAN						
Color Chart						
Program						
Purple	Surveillance					
Orange	Prevention					
Green	Ryan White					
Yellow	Training/PEP					
Salmon	IHPC - Community Planning					
Pink	Multiple HIV Section Programs					
		Responsible Parties	Performance Measure(s)	Key Partners	July 2027-June 2028 Update	July 2029-June 2030 Update
GOAL 1: DIAGNOSE ALL PEOPLE WITH HIV AS EARLY AS POSSIBLE.						
Objective 1.1 By 2031, increase grant-funded HIV testing among priority populations by 10%.						
Strategy 1.1.1	Align scopes of service for testing within grant agreements with the values determined by the priority setting formula.	IDPH HIV Prevention grantmaking staff; HIV Prevention grantee organizations	Number of HIV tests conducted by HIV prevention grantee organizations to priority populations. (QOL)	Prevention Grantees from RIG and Quality of Life (QOL)		
Strategy 1.1.2	Increase capacity of HIV Prevention grantee testing staff through additional training opportunities.	IDPH HIV Prevention grantmaking and training staff; HIV Prevention grantee organizations	Number of grantee staff members who attend and successfully complete Risk Based HIV Testing Training and the Risk Based HIV Testing Refresher Training.	Prevention Grantees from RIG and Quality of Life (QOL)		
Objective 1.2 By 2031, increase the number of routine HIV tests conducted by 10%.						
Strategy 1.2.1.	Develop and launch an HIV Self Testing grant program by December 31, 2026.	IDPH HIV Prevention grantmaking staff	Number of HIV self test kits distributed by grantees statewide.	Potential grantees from this new funding source		
Strategy 1.2.2	Increase number of healthcare facilities administering HIV testing as a routine part of care.	IDPH HIV prevention grantmaking staff; hospitals, FQHCs, women's health services providers, sexual health clinics, local health departments, other healthcare providers and clinics.	Number of routine HIV tests conducted.	Prevention Grantees from RIG and Quality of Life (QOL)		
Objective 1.3 Strengthen resources and community engagement						
Strategy 1.3.1	Provide training on Social Determinants of Health to Local Health Departments and CBO's	IDPH Training team and program appropriate subject matter experts.	Number of trainings, participants' attendance, and evaluation outcomes to assess the benefit and future training needs of stakeholders.	IDPH HIV Grantees across all programs		
Strategy 1.3.2	Develop/publish a quarterly HPG newsletter to educate and promote professional development of HPG members, PLWH, and other HIV community stakeholders in integrated HIV planning.	HIV Integrated Community Planning Team.	• Publication of Integrated Planning Group Newsletter Quarterly newsletters	HIV Integrated Planning Program, Illinois HIV Integrated Planning Council (IHIPC)		
GOAL 2: TREAT PEOPLE WITH HIV RAPIDLY AND EFFECTIVELY TO REACH AND SUSTAIN VIRAL SUPPRESSION						
Objective 2.1 By 2031, increase the number of people engaged in care by 10%.						
Strategy 2.1.1	Increase the number of people newly diagnosed with HIV through IDPH-funded HIV testing who are linked to medical care within 30 days.	IDPH HIV Prevention Program staff, HIV prevention grantee organizations performing HIV testing, HIV prevention grantee organizations delivering surveillance based services, disease intervention specialists.	Number of newly diagnosed people with HIV linked to medical care within 30 days of diagnosis.	Prevention and Care Grantees		
Strategy 2.1.2	Increase the number and percentage of people living with HIV who are re-engaged in care.	Ryan White Part B staff, Ryan White Part B grantees, HIV prevention program staff, HIV Prevention Program grantees delivering surveillance based services.	Number of people living with HIV with a reported viral load value who had no values reported in the previous year.	Prevention and Care Grantees		
Strategy 2.1.3	Implement evidence-based risk reduction interventions for people living with HIV.	IDPH HIV Prevention Program staff, HIV prevention grantee organizations.	Number of funded interventions for people living with HIV.	Prevention Grantees from RIG and Quality of Life (QOL)		
Objective 2.2 Enhance access to comprehensive supportive services for PLWH.						
Strategy 2.2.1	Increase the diversity of contracted HIV support service providers	HIV Care Program (including HIV Corrections, HIV Housing and Minority AIDS Initiative Program)	Consolidated list of contractors	Care Grantees		
Strategy 2.2.2	Increase housing options, within funding levels, for PLWH with co-occurring conditions and/or difficulty meeting basic needs.	HIV Care Program (including HIV Corrections, HIV Housing and Minority AIDS Initiative Program)	Number of clients receiving Short Term Rent, Mortgage, and Utility Assistance (STRMU), EFA services and TBRA	Care Grantees		

Objective 2.3 Increase coordination among public and private providers and organizations providing clinical and supportive services to PLWH.						
Strategy 2.3.1	Participate in community engagement and HIV planning meetings with entities that foster the goals of coordination, facilitate interagency relationships, and solve regional coordination problems.	HIV Care Program (including HIV Corrections, HIV Housing and Minority AIDS Initiative Program)	Number of community engagement and HIV planning meetings with other entities attended by State HIV Care Program staff	Prevention and Care Grantees; local stakeholders within each grantee jurisdictions		
Strategy 2.3.2	Completion of annual needs assessment plans per Care Region Grantees.	HIV Care Program (including HIV Corrections, HIV Housing and Minority AIDS Initiative Program)	Using results of needs assessments conducted by regional care lead agents and statewide service utilization trends, determine regional service gaps and needed resources for grant-determined HIV core and supportive service	HIV Care Program; Regional care lead agencies		
GOAL 3: PREVENT NEW HIV INFECTIONS						
Objective 3.1 By 2031, increase access to PrEP by 15% for priority populations.						
Strategy 3.1.1	Increase capacity for delivering PrEP and nPrEP in each region through funding of local health department PrEP demonstration grants.	IDPH HIV Training and PrEP staff; local health departments	Number of clients enrolled in local health department PrEP programs.	Prevention and Care Grantees; Medical Providers; STI clinics statewide		
Strategy 3.1.2	Maintain access to the widest network of pharmacies that dispense PrEP medications, which include pharmacies that that treat using the IDPH Standing Order protocol.	IDPH Medical Director and support staff; HIV PrEP Program staff; HIV Pharmacy Benefit Manager for PrEP	Increase the number of Pharmacy's that utilize the IDPH Standing Order for PrEP.	IL statewide pharmacies; IL Pharmacy Association; Prevention and Care Grantees; IDPH Pharmacy Benefit Manager that supports PrEP dispensing		
Objective 3.2 By 2031, increase collective viral suppression rate of RWPB clients to 90%.						
Strategy 3.2.1	Viral Suppression rate of clients enrolled in the Ryan White Part B Program	IDPH HIV RWPB	Partner with contracted Pharmacy Benefits Manager to engage unvirally suppressed clients and their prescribers in Medical Therapy Management activities.	HIV Care Program (including HIV Corrections, HIV Housing and Minority AIDS Initiative Program); Pharmacy Benefits Manager		
Strategy 3.2.2	Regularly monitor viral suppression rates of people living with HIV.	IDPH HIV Surveillance staff; IDPH RWPB program staff; healthcare providers and labs throughout the state.	Community Viral Suppression rate.	Statewide Medical Providers that report testing results to IDPH Surveillance; Prevention Grantees; Care data system that collects viral loads on all clients		
Objective 3.3 By 2031, decrease the number of perinatally exposed infants reported in the State.						
Strategy 3.3.1	Enhance perinatal HIV prevention training for RW case managers and Women's Health family case managers.	IDPH HIV RWPB; training; surveillance and prevention staff; Ryan White Part F entity (MATEC); IDPH HIV Perinatal Hotline Contractor.	Number of perinatally exposed infants reported to IDPH HIV Surveillance.	Care Grantees; Perinatal case managers; Medical Providers; MACA contractor that operates the Perinatal Helpline 24/7 statewide		
Strategy 3.3.2	In accordance with state statute that requires HIV testing for all expectant mothers by the 3rd trimester, identify potential/suspect HIV perinatal exposures and link them to medical care and perinatal case management.	IDPH HIV Surveillance staff	Annually link case reports for persons assigned female at birth with diagnosed HIV infection to Vital Records birth certificate data to identify all perinatally exposed infants and infants with HIV infection not reported to surveillance, and enter results in eHARS.	State Lawmakers; medical providers; MACA Helpline contracted staff; Prevention and Care Grantees with emphasis on Perinatal HIV Case Managers throughout the Care Regions		

GOAL 4: RESPOND QUICKLY TO POTENTIAL HIV CLUSTERS AND/OR OUTBREAKS						
Objective 4.1 Maintain and update as needed, a Cluster Detection and Response (CDR) Plan through 2031.						
Strategy 4.1.1	Create a structured process to regularly review and revise the CDR plan based on data, performance metrics, and lessons learned.	IDPH HIV Prevention, Care and Surveillance staff	Schedule quarterly cluster review meetings to assess detection thresholds, response timeliness, and outcomes. Conduct annual comprehensive plan reviews aligned with guidance from the Centers for Disease Control and Prevention. Perform after-action reviews following each cluster response and formally incorporate improvements into the written plan.	Prevention and Care Grantees		
Strategy 4.1.2	Maintain active collaboration among surveillance, prevention, care, and community partners to ensure the plan reflects real-world conditions.	IDPH HIV Prevention, Care and Surveillance staff.	Maintain a version control log Convene a multidisciplinary CDR working group (surveillance, partner services, PrEP, Ryan White providers, communications). Review and update roles, escalation pathways, and contact lists at least annually. Engage community-based organizations to provide input on response approaches, especially for disproportionately impacted populations. Update protocols to reflect changes in molecular surveillance practices, ART and PrEP guidelines, and local policy or data-sharing agreements.	Prevention and Care Grantees; Data System Developer; Groupware Technology		
Objective 4.2 Annually report on Illinois' progress in achieving HIV Engagement Plan and Integrated Plan goals and objectives.						
Strategy 4.2.1	Develop, implement, and monitor the annual HIV engagement plan to identify and enhance the engagement of key community stakeholders, HIV care and prevention providers, and other programs, in statewide HIV planning.	IDPH HIV Integrated Community Planning Team	Updated HIV Engagement Plan Integrated Planning Group meeting attendance rosters	Prevention and Care Grantees and their subgrantees; HIV Integrated Planning Group; EMA and TGA Planning Groups		
Strategy 4.2.2	Review comprehensive report on a regular basis and use the information to report to HRSA and CDC on progress towards achieving Integrated Plan goals and objectives.	IDPH HIV Prevention, Care and Surveillance staff.	Annual progress report/update on implementation of Integrated Plan	Prevention and Care Grantees and their subgrantees; HIV Integrated Planning Group; EMA and TGA Planning Groups		
Objective 4.3 Plan, conduct, and evaluate HIV need assessment activities statewide.						
Strategy 4.3.1	Plan, facilitate, and evaluate a series of 5-6 statewide focus groups, to be conducted with high- risk populations, to identify HIV prevention/care needs, gaps, barriers, challenges, and strategies.	IDPH HIV Prevention, Care, PrEP, Training, Community Planning, and Surveillance staff.	Develop Standardized Qualitative Focus Group Guidance that will be utilized with each identified populations to ensure comparative analysis. Work with the IDPH's HIV Section's Epidemiologist to analyze and report findings gathered across all focus groups.	Prevention and Care Grantees; Individuals with Lived Experience with each priority population identified		
Strategy 4.3.2	Disseminate annual RWPB/ADAP Client Satisfaction Survey, and share results with grantees and community partners	IDPH HIV Prevention, Care, PrEP, Training, Community Planning, and Surveillance staff.	Number of surveys completed; Rates of satisfaction per service identified in survey	Prevention and Care Grantees; Individuals with Lived Experience		



Rules of the Day

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 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.

Illinois HIV Integrated Planning Overview

GOAL 1

Diagnose all people with HIV as early as possible

- **Discussion Focus**

- What is working well in early HIV testing and diagnosis?
- What barriers exist in our communities?
- What opportunities could improve early diagnosis?

Illinois HIV Integrated Planning Overview

Goal 2

Rapid and Effective Treatment

- **Discussion Focus**

- What helps people access treatment quickly?
- What challenges make it harder to stay in care?
- What supports are needed to sustain viral suppression?

Illinois HIV Integrated Planning Overview

Goal 3

Prevent New HIV Infections

- **Discussion Focus**

- What prevention strategies are working well?
- What are gaps in access or awareness?
- How can prevention efforts better reflect community needs?

Illinois HIV Integrated Planning Overview

Goal 4

Respond quickly to potential HIV clusters and/or outbreaks

- **Discussion Focus**

- How can response efforts be faster and more coordinated?
- What supports timely data sharing and action?
- How can community partners be engaged in response efforts?