



**Illinois Department of Public Health
Joint ILHPG/RW Advisory Group Meeting Minutes**

Date: June 11, 2015

Hotel: Thelma Keller Convention Center

Address: 1202 N. Keller Dr., Effingham, IL

Phone Number: 217-540-5555

Meeting: Thursday afternoon, June 11, 2015, 12:30-5 pm, Meeting Room: Convention Center Room C, Thelma Keller Convention Center

Agenda Item	Time	Presenters	Purpose and Objectives
Call to order	12:30 pm	Integrated Steering Committee Co-Chairs	The meeting will be called to order.
<i>The meeting was called to order at 12:30 pm.</i>			
<ul style="list-style-type: none"> • Welcome and Moment of Silence; • Introduce members and guests; • Review Meeting Agenda and Objectives; • Integrated Steering Committee Remarks; • Review Integrated HIV Planning Process and Importance of Care-Prevention Collaboration; • Review meeting flow and basic principles of respectful engagement 	12:30-1 pm	Integrated Steering Committee Co-Chairs	<ul style="list-style-type: none"> • Moment of silence acknowledged for people with HIV • Define clear goals for meeting and guidelines for meeting process • Review agenda and meeting materials • Introduce steering committee members and review goals of committee
<p><i>Janet led the group in a moment of silence for people who have passed from HIV, people currently living with and fighting HIV, and everyone who provides services and planning for HIV.</i></p> <p><i>Janet passed the microphone around the room and all participants introduced themselves and their agency/position, if applicable.</i></p> <p><i>The meeting agenda, materials in the packet, and objectives for today's meeting sessions were reviewed.</i></p> <p><i>Janet and Valerie Johansen, one of the members from the Integrated Planning Steering Committee, provided an update on the work of that committee. The evaluations from the last meeting have been thoroughly reviewed and as a result, the Committee recommended changes to the format of the meeting, the length and detail of the presentations, and added small group discussion sessions after each of the presentations so feedback could be obtained from participants regarding successes, gaps, barriers, and inequities in care and prevention services and recommended strategies to possibly address these. The Committee will continue to review evaluations of these meetings and make any necessary changes in order to make these meetings productive, conducive to integrated planning and beneficial to all.</i></p> <p><i>Janet let the group know that we still have not received formal guidance from CDC or HRSA regarding the Integrated Plan, which is due in September 2016, but we have been told to expect it any time. Once we receive that guidance, the Committee will review it, determine if we are proceeding in a manner that will give us the information we need to draft the plan, and outline a plan for any activities we still need to accomplish. We hope to be able to present that to the full group at the August face-to-face meeting.</i></p> <p><i>Janet reminded everyone to be courteous and respectful of everyone's opinion and to lower voices during the breakout discussions so we do not disturb neighboring tables. She also asked people to mute their cell phones and to step outside if they needed to take or make a call.</i></p>			

<p>Regional provider panel discussion: <i>Region 5 HIV Prevention, HIV Care, HIV DIS, HIV Peer Navigator, HIV Client Rep</i></p> <p>Questions and discussion on presentation</p>	<p>1:- 2: 00 p m</p>	<ul style="list-style-type: none"> • Paula Clark, Jackson County HD, HIV Care Lead Agent; • Mike Maginn, IPHA, HIV Prevention Lead Agent; • Lori Brummer, DIS worker; • Steven St. Julian, Peer Navigator; • Tony Wyatt, Client Rep; • Scott Fletcher, SBHEO, Harm Reduction Provider 	<p>This presentation and discussion will enhance knowledge, understanding, and engagement of members/stakeholders in HIV care and prevention service delivery and planning and related issues, by fostering collaborative discussions with regional prevention and care representatives; looking at the regional scene and Cascade, discussing successes, accomplishments, challenges, and opportunities in advancing the Gardner Cascade and achieving the goals of the NHAS: reducing incidence, increasing linkage to and retention in care, reducing health disparities, improving health outcomes, and viral suppression.</p>
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Janet introduced the Region 5 panel.

- *Mike Maginn (Prevention lead agent) – The data referenced in his part of the presentation was mostly collected through Provide. In some cases, we may reference surveillance data that includes all reported cases. One of challenges in region 5 is because it is so rural. With 19 counties and only 3 service providers, it can be challenging to provide prevention and care activities. Outreach in the community is difficult. Then there is the challenge of trying to clients into care with the long travel required to the facilities.*
- *Paula – Region 5 is the size of Delaware. Some case managers have to drive 3.5 hours each way just to see a client.*
 - *Funding is getting cut all the time (Prevention is getting ready to be cut in half).*
 - *We do not have public transportation.*
 - *We have some mass transit – but do not cross county lines.*
 - *We recently started advertising on social media sites.*
 - *Steven found that on Grinder there are 28,000 MSM in our area checking their phones 5-7- times a day.*
 - *We found that jails would be able to have their clients covered by Medicaid if they have to take the prisoner outside the jail facility for services. THEN the service is able to be billed to Medicaid.*
 - *There are 10 people in office that do all the work for the office. Sometimes reporting gets muddy because we each do all – so how to document and put in provide.*
- *Lori - sometimes Disease Investigation Services work is “Investigative” as far as finding people who have fallen out of care, tracking down newly diagnosed – or their partners.*
- *Steven – attributes success as being a unit with each other, but is also cross trained.*
 - *Rainbow Café is an LGBTQ center and has been a great program to help*
 - *Spending a lot of extra time explaining Obamacare and how they qualify and what the availability. So that then they can get testing and care.*
 - *To go in prisons – attend every prison prerelease/reentry summit (within the prison walls) for those that will be paroled within 6 months. Depending on the buy in of the staff on board at the time – depends if the summit is put on.*
 - *Providing education on STI’s and HIV. Prevention of HIV and Hep C.*
 - *Go in at least twice a year to do hot topics.*
- *Scott – syringes. Cairo – 2 miles from Kentucky. 3 miles from Missouri. Syringe exchange is illegal in both of those states.*
 - *In cities you cannot understand what it is like to live in a rural area and try to get services. I drive 70 miles one way to work every day. 3500 miles on personal car in 1 month serving clients.*
 - *These services are vital to our region, because it can potentially spread the disease if the funding was cut.*
 - *Our agency gets to know the clients they serve. They are such a close knit group that they can call each other personally no matter when or where, and they know they can call each other personally to get the help when needed because they have such few staff in such a large area.*
 - *Questions:*
 - *There was a question about some of the client numbers on the graph slide. Paula said that the numbers Jeffrey Maras would present were more accurate because they are reflective of everyone who received a service in the grant year. Her numbers only show currently active clients.*
 - *Curtis – concerned about the lack of availability/ challenges with transportation and stated that funders should allow considerations to be made in cases like this.*

Interactive questions/discussion/input	2-2:30 pm	Full group	<p>After the presentation/discussion, participants are asked to brainstorm at their table and discuss:</p> <p>In your region:</p> <ul style="list-style-type: none"> • What are the barriers that exist with linkage of clients testing positive for HIV into Care? • What can be done to improve those linkages? • What are the barriers that exist with re-engagement of clients into Care? • What can be done from the Prevention side and the Care side to tackle these issues and how can they work together? • What are the barriers that exist with retaining clients in care and maintaining viral suppression? • How can Prevention and Care work together at the state and at the regional level to minimize the barriers and improve the health outcomes of clients?
<p><i>Janet instructed the participants to stay at their assigned tables. Each table had been assigned a facilitator/recorder and would be its own breakout group. There is a discussion guide in the packet that provides a set of questions for this session that each table is to discuss and take notes on. The maximum time for discussion of each question is noted on the guide. Janet will collect all recorder notes at the end of the meeting today. Janet said that we will not have a report back from the tables re: their responses, but that she would collect all responses and compile them into one document that will be shared with the group. These notes from all of today's sessions will be one of the resources used to help develop the Integrated HIV Prevention and Care Plan.</i></p>			
BREAK	2:30-2:45 pm	Full group	
<p><i>The meeting was adjourned for a 15 minute break.</i></p>			
Illinois HIV Care Service Delivery, Service Gaps/Barriers/Inequities, and Any Plans for Addressing These	2:45-3:15 pm	Jeffrey Maras, IDPH HIV ADAP/DSU Administrator	Participants will be informed, discuss, ask questions, and provide input on HIV care service delivery in Illinois, focusing on review of the funded services delivered in 2014, program requirements, available funds, gaps/barriers/inequities, and any plans for addressing these.
<p><i>Jeffrey Maras presented an overview of HIV care service delivery in the last RW fiscal year. The focus of his presentation was on core services and support services that were surveyed in the last Client Satisfaction Survey. Jeffrey presented statewide data. In addition, the data was broken out by regions. Jeffrey presented Region 5 specific data as well, since that is the region our panel presented on today; however, data for the other regions was made available in the handouts for table discussion and review. Jeffrey also spoke about program requirements and restrictions and gaps/challenges for service delivery and how the state was addressing them. Specifically, he mentioned:</i></p> <ol style="list-style-type: none"> <i>1. Deficit of Medicaid providers in some regions</i> <i>2. Access to stable transportation options for clients</i> <i>3. Limited Medicaid dental providers and lack of dental providers overall in some regions</i> <i>4. Availability of Ryan White assistance to HIV positives in county jails and step-down facilities</i> 			
Interactive questions/discussion/input	3:15-3:45 pm	Full group	<p>From this presentation/discussion, participants are asked to brainstorm at their table and discuss:</p> <ul style="list-style-type: none"> • Please identify any significant gaps, barriers, or inequities in HIV care services exist in your region. • Taking into consideration requirements set forth by federal funders and available funding, can you identify action items or recommend strategies/solutions the state can implement to improve existing HIV care services or to address any of the identified gaps and barriers? • Taking into consideration requirements set forth by federal and state funders and available funding, can you identify action items or recommend strategies/solutions your region can implement to improve HIV care services or to address any gaps and barriers?

<i>Janet again instructed the participants to stay at their assigned tables. Each table had been assigned a facilitator/recorder and would be its own breakout group. There is a discussion guide in the packet that provides a set of questions for this session that each table is to discuss and take notes on. The maximum time for discussion of each question is noted on the guide.</i>			
Illinois HIV Prevention Service Delivery, Service Gaps/Barriers/Inequities, and Any Plans for Addressing These	3:45-4:15 pm	Curt Hicks, IDPH HIV Prevention Administrator	Participants will be informed, discuss, ask questions, and provide input on HIV prevention service delivery in Illinois, focusing on review of the funded services delivered in 2014, program requirements, available funds, gaps/barriers/inequities, and plans for addressing these.
<i>Curt noted that he had handed out a description of the funding sources that will be referenced in the presentation and reminded everyone that a list of acronyms was included in the meeting packet. He then provided an overview of HIV prevention CTR and Risk Reduction Activities provided in CY 2014. The slides were broken out by type of service, region, source of funding (RIG, AAARA, QOL, MAI, etc.), and by the race/ethnicity and risk group affiliation of the clients who received services. The seropositivity results of funded testing services were also identified. In addition, Curt presented mapping of the state which demonstrated an equitable relationship between the services delivered and the incidence data. Curt also discussed some guidance, restrictions and requirements of our federal prevention funding.</i>			
Interactive questions/discussion/input	4:15 -4:45 pm	Full group	From this presentation/discussion, participants are asked to brainstorm at their table and discuss: <ul style="list-style-type: none"> • Please identify any significant gaps, barriers, or disparities in HIV and STD prevention services for PLWH in your region. • Please identify any significant gaps/barriers in HIV prevention services for people at high risk of HIV infection in Illinois. • Taking into consideration requirements set forth by federal funders and available funding, can you identify action items or recommend strategies/solutions the state can implement to improve existing prevention services or to address any of the identified gaps and barriers? • Taking into consideration requirements set forth by federal and state funders and available funding, can you identify action items or recommend strategies/solutions your region can implement to improve prevention services or to address any gaps/barriers?
<i>Janet again instructed the participants to stay at their assigned tables. Each table had been assigned a facilitator/recorder and would be its own breakout group. There is a discussion guide in the packet that provides a set of questions for this session that each table is to discuss and take notes on. The maximum time for discussion of each question is noted on the guide.</i>			
Results-Oriented Input/Responses: Based on today's meeting presentations and discussion of the issues, what recommendations can we make for advancing integrated planning or guiding the development of the Joint HIV Plan: 1. Where are we now 2. Where do we want to be? 3. How do we get there? What do we need to do to get there?	4:45-4:50pm	Full group	Members are encouraged to discuss any other issues relevant to today's discussion and presentation and provide recommendations and suggestions that may be useful in guiding the integrated planning process and development of the Joint Plan.
<i>The meeting as a whole was called back to order. Janet thanked everyone for their participation. She reiterated the importance of feedback from community stakeholders and reminded participants to expect minutes and notes from the meeting and breakout discussions very soon. She also reminded recorders to hand in their notes to her before leaving the meeting.</i>			
Adjournment	4:50 pm	Full group	
<i>With no further announcements or meeting business, the meeting was formally adjourned.</i>			