



**Illinois Department of Public Health
Illinois HIV Planning Group Meeting Minutes**

Date: June 12, 2015

Hotel: Thelma Keller Convention Center **Address:** 1202 N. Keller Dr., Effingham, IL **Phone Number:** 217-540-5555

Complimentary hot breakfast at Country Inn & Suites for overnight guests (6 a.m. -9 a.m.)

Meeting: Friday, June 12, 2015 8:00 a.m. - 2: 00p.m. Meeting Room: Convention Center A, Thelma Keller Convention Center

Working Lunch: Friday, June 12, 2015, 12-1:00 p.m. Location: Convention Center Room A, Thelma Keller Convention Center

Agenda Item	Time	Presenters	Purpose and Objectives
Call to order; Welcome; Moment of silence; Introductions Revisions/new business to agenda Adoption of official agenda Review Meeting Packet materials Co-Chair’s announcements: - Participant profiles and Public Comment Cards - Member Updates - Updated 2015 Committee Objectives	8:08-8:25 am	ILHPG Comm. Co-Chair	Moment of silence acknowledged for PLWH -Adhere to parliamentary procedure -Define clear goals/guidelines for meeting process (goals and guiding principles of HIV prevention planning and principles of respectful engagement are listed on agenda) -Provide member updates and review mtg packet -Update on current issues, initiatives and activities of the HIV/AIDS Section; ILHPG Co-Chair Updates; ILHPG Business Items -Review completed/upcoming 2015 ILHPG committee objectives

The meeting was called to order late, at 08:08, because there were not enough voting members present to have a quorum to conduct business. After a moment of silence, everyone was welcomed to the meeting, the microphone was passed around the table and everyone introduced themselves. Janet thanked guests from the community who were in attendance.

08:13 am: The agenda for the meeting had been distributed to members before the meeting. There were no recommended changes or additions to the agenda. With no further discussion, a motion was made and seconded, and carried by a unanimous consensus vote to adopt the agenda as presented.

Janet reviewed the materials in the meeting packet. Tobi reminded the group that Public Comment Cards for anyone wanting time to address the group during the Public Comment session about any issue related to HIV planning that was not on the agenda were on the registration table. These must be completed and submitted to one of the co-chairs or the Parliamentarian before that session. Community guests were asked to please complete a Participant Profile form and hand that in to Vanessa before the end of the meeting. These forms help us track community stakeholders we have engaged and who are attending our meetings.

Janet noted that one of our members had to be hospitalized while in Effingham, so she and Chris needed to keep their phones on during the meeting to take a call from her about when she is to be discharged. Everyone else was reminded to keep cell phones and tablets off and to step out of the room if they needed to make a personal or work related call.

Janet noted that the most updated Committee objectives for 2015 were included in the packet. Committee co-chairs should use these to guide their committee breakout meetings later this morning. Janet also distributed laminated cheat sheets on Parliamentarian Procedures to the voting members of the group. These should be used to reinforce proper procedure for motions, voting, etc.

Agency Liaison Reports (<u>2-3 minutes per report</u>)	8:20-8:35 am	Agency Liaisons	Receive report on current agency activities from Liaisons: CAHISC, CMHS, DASA, Housing, IDOC, ISBE, and STD
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Cynthia Tucker (CAHISC): Debra J, the former CAHISC Coordinator has resigned. CDPH will be posting that position to fill. Until that time Nanette Benbow will be working more closely with CAHISC. CAHISC is in its resource allocation period and will be providing recommendations to CDPH on how funding should be allocated at its August meeting. CDPH has submitted applications for PS12-1509 (focusing on high impact prevention for African American MSM) and PS12-1505 (focusing on PrEP for AAMSM) grant opportunities.

Carolyn Hartfield (DASA): DASA has identified 15 positives this fiscal year. Carolyn will send Janet DASA’s HIV training calendar for the year. Some of those trainings may be open to other than

DASA staff. DASA will continue to use part of its block grant funding for HIV testing this year. DASA has submitted a request to SAMHSA to use part of its funds for HepC testing as well. Deborah Grant (IDPH-HIV Housing): Seven agencies completed their application for Illinois HOPWA grant funds. HUD is also making another \$29 million available across the country to support competitive HIV supportive housing. Deborah mentioned that only four comments had been received nationwide about housing related areas of the National HIV AIDS Strategy. The federal government is updating the plan and was soliciting feedback from the community. Janet had sent the link to submit comments out to members.

Lesli Choat (IDPH-STD Section): The STD will be getting the newly updated STD guidelines printed.

Action Item: Janet will be sending out a link or a PDF copy of the guidelines to members

The 2014 STD data report has been finalized. Lesli said she would send anyone interested a copy of the report. The Section is working now on analyzing 5 year trends. There has been a 25% increase in syphilis cases in the state. A Health Alert Network notice has been distributed to providers. The Section is currently writing for a one year extension of its Viral Hepatitis grant. Lesli mentioned that in a recent multi state report, the rise of hepatitis C cases, particularly among adolescents and young adults, was noted. It was also noted that there are twice as many hepatitis C cases in rural rather than urban areas. Addressing rural area drug addiction is key to reducing the spread of hepatitis C. On June 24th there will be a Hep C training in Chicago and on June 25th in Springfield. There are still a couple of places left, so let Lesli know if you are interested. The STD Section is piloting screening of the birth cohort for hepatitis C in several local health departments.

Question: Are there certain populations that we are seeing the large increase in syphilis cases? Lesli said that that hadn't been teased out yet but that many HIV cases are occurring in the same populations where we are seeing HIV co-infections – young MSM of color.

Janet noted that Veronica Hallway from CMHS, Michael Gaines from IDPH-Corrections, and Reginald Patterson from ISBE were not here to provide a report. She did not that Michael had sent her a written report and copies were included in the meeting packet.

Regional Implementation Group Lead Agent and Representative Reports (2 minutes per report)	8:35-9:00 am	RIG Lead Agents and Reps	Receive report on important regional activities and issues related to HIV prevention
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Region 8 Report (Serette King and Ayla Karamustafa): A quarterly meeting was held May 15th. The Prevention group is working with Bashirat O. from AFC to link clients to care and to enhance collaboration and communication between care and prevention. The region is focusing on conducting capacity building of its providers. Chicago Recovery Alliance will also be conducting training. Region 8 has found eight positives so far this CY and all have been linked to care. It was announced that Ayla had submitted her resignation and would be with PHIMC for another month or so. Everyone wished her well but expressed what a great asset she has been to the RIG.

Region 7 Report (Jeffery Erdman and Valerie Johansen): Catherine Adelakun and Bashirat O. attended the last quarterly meeting that was held at the new Open Door's clinic. There will be upcoming testing and health fair events at Open Door Clinic and Lake County Health Department. IPHA has submitted its application for the 2016 RIG grant. McHenry County Health Department has decided not to be a subgrantee any longer. They said it was not cost-effective for them. Renz Prevention may take on their surveillance based services SBS cases. Families and Children's AIDS Network (FCAN) has also expressed interest in receiving subgrants. Region 7 has received a large increase in funding for 2016, so it may be possible to add these subgrants. Region 7 RIG had a 2% seropositivity rate in 2014 and has had a 1 ½ % seropositivity rate the first quarter of 2015.

Region 6 Report (Candi Crause): Region 6 RIG is adding two new county health departments as prevention service providers – Coles and Edgar County Health Departments. CUPHD will be working with Dr Sheila Baker from the Eastern Illinois University Student Health Center to expand services in Coles County. CUPHD has started linking high risk clients with insurance coverage to PrEP. Co-pays are being covered by private sources. Following up testing will be done through RIG grant.

Region 5 Report – (Steven St. Julian and Mike Maginn): Region 5 just participated in a Drug Awareness conference. There was a Summit of Hope held in Effingham in May and 400 people attended. 350 people were tested and no positives were identified. Region 5 will have a RIG meeting on Thursday June 25th. Region 5 is down to 3 providers and just learned that its prevention funding for 2016 has been severely reduced.

Region 4 Report (Jeffery Erdman): Lisa Stieff is the new RIG rep for Region 4. The RIG has been having regional meetings with care for about a year now, working out some issues with Linkage to Care, Partner Services, and Retention in Care. Region 4 RIG had a 1.3% seropositivity rate for the first quarter of 2015. Region 4 has a lot of stable providers and a lot of prevention for positives sessions, such as Healthy Relationships, has been done in this region.

Region 3 Report (Joan Stevens-Thome and Ed Howard): What Region 3 has found is that gatekeepers are the key to accessing the IDU community. Ed said that young black MSM think that at some point in their lives they will become HIV positive, so they don't think it is a huge problem in terms of taking action to prevent HIV infection. When he attended the NAESM Conference in Atlanta last year, Ed saw that there is a problem with negative shaming in the black MSM community—the HIV negative partner in a serodiscordant relationship being shamed for being negative. Joan said that she was pleased to see the State Journal Register do an article on needle exchange. It was in the Sunday newspaper, but Joan has not received any positive or negative feedback on the article. Region 3 RIG collaborates with Fifth Street Renaissance and Phoenix Center to do syringe exchange. They have about 17 clients per day who access services. Joan said she was pleasantly surprised to find that there are doctors in Springfield who are willing to prescribe PrEP; three so far. She will be providing those names to AFC for its list. Region 3 RIG has lost Macon County Health Department as an SBS provider. That staff person resigned and the health department will not be refilling the position.

Region 2 Report –(Jeffery Erdman): Region 2 RIG lost the Peoria City-County Health Department as a testing provider. It is now only doing SBS. Peoria County Jail and Knox County have both expressed an interest in doing HIV testing. FCAN has also expressed an interest in doing some prevention work in this region. Region 2 has been working to refill the Region 2 RIG Rep position vacated by Randy McClallen. Jeff has been talking with a Region 2 case manager who may be interested in taking on the position. Region 2 had a 1 ½% seropositivity rate in the first quarter.

Region 1 Report – (Debby Starnes and Mike Maginn) - Winnebago County Health Department is moving its clinic to a new location. We are wondering how that will impact linkage to care since

<i>prevention will now be separated from care. Between January and May 2015, Region 1 saw a 7.7% seropositivity rate. Region 1 hopes to be adding Lake County Health Department and Open Door Clinic in DeKalb as prevention providers for 2016. There will be a RIG meeting next Monday and an upcoming Care and Prevention meeting July 28th.</i>			
Discussion and Public Comment Period	8:45 – 9:00 am	Any Community Member	Provide an opportunity for community members to provide comment or bring HIV issues relevant to HIV planning to the attention of the ILHPG.
<i>There were no requests received to make public comment to the group.</i>			
2015 HIV Training Unit Provider Survey Results	9-9:15 am	Jamie Burns, IDPH, Training Coordinator	Learn about results of 2015 HIV provider survey specific to TA and training needs and plans for addressing the needs
<i>Jamie Burns noted that 130 responses were received to the survey. Of those, 99 were from IDPH funded organizations and only 75 actually completed the survey. Those 75 included 30 care providers. The 75 responses were the only ones tabulated. Jamie provided an overview of the survey results which showed what people wanted and thought they needed training on. HIV treatment and medication, HIV epidemiology, and biomedical interventions were the 3 top rated trainings, in order of importance. Within biomedical interventions, people wanted training on PrEP and treatment as prevention. Jamie said that we have already done several PrEP trainings and will be continuing to provide more on an ongoing basis. Under HIV epidemiology, people want training on how to interpret data. People did not feel they needed training on group facilitation, yet 40% said they needed training in various elements of group facilitation, such as forming and planning, encouraging participation, handling participants, and managing the audiovisual. About half of respondents said they needed training on Provide ES.</i>			
<u>Questions/Answers:</u>			
<ol style="list-style-type: none"> <i>Jamie was asked if the survey asked people to specify any EBIs they wanted training on. Jamie said no. Jamie said that various trainings such as Fundamentals, Partner Services, etc. are offered throughout the year. IDPH has also been working with MATEC to provide other trainings.</i> <i>Jamie was asked why information and notices about IDPH trainings are sent so late and why they are not listed on the training calendar far out. Karen Pendergrass answered that we have been switching our IDPH websites and will be switching training registration software soon. Problems with the current system caused problems with our ability to enter trainings on ITRAIN. We are trying to fix that now.</i> <i>Joan Stevens-Thome and Valerie Johansen stated that Jamie's Risk Reduction Counseling training and MATEC's Medication Adherence trainings were excellent. Some members said they thought MATEC trainings were limited to Part A funded providers. It was answered that no, MATEC trainings, even those offered in Chicago, are not limited to Part A providers.</i> <i>Jamie Burns said we will be working on development of an online Epi 101 and a Treatment Adherence course that could be taken online using ITRAIN.</i> <i>Karen Pendergrass mentioned that Fundamentals and Partner Services will be combined into a 5 day training, all happening the same week.</i> 			
Q&A, discussion and input	9:15 -9:30 am	Full ILHPG	
Recommendations from Interventions and Services Committee on Group Prevention Support (GPS) and Risk Reduction Counseling services	9:30-9:45 am	Joan Stevens-Thome, Co-chair Interventions and Services Committee	Be informed on recommendations from the I&S Committee on GPS and RR Counseling services and need for some standardized criteria and related monitoring and evaluation of how the services are being implemented
Q&A, discussion and input	9:45-10:00 am	Full ILHPG	
<i>Joan said that Curt and the Interventions and Services Committee have been looking at Risk Reduction Counseling and Group Prevention Support as standalone services. When provided as part of an EBI, they have been evaluated for their effectiveness. But it isn't always practical to conduct them as part of an EBI. When they are conducted as standalone interventions, as part of the high impact prevention approach, we need to evaluate their effectiveness so we know we are spending our limited dollars wisely and so we know the sessions are resulting in behavior changes and therefore reduced risk for HIV infection. Since the RIG grants are 17% federally funded and 83% state funded, we have some wiggle room, but we want to make sure we are transitioning our providers to select EBIs that align with CDC's HIP approach. GPS, as is currently conducted, is not standardized and no training has been offered on this. Risk reduction counseling should follow the standard protocol, but we can't ensure that is happening, especially when sessions can range in length from 5-30 minutes. The I & S Committee has been exploring ways to evaluate these services. Curt Hicks has suggested using STD data of people participating in GPS sessions. Comparing their STD records before and after the intervention. This is not rigorous evaluation and there are certainly some loopholes, but it is a start on the road to evaluate these. IDPH would be the entity responsible for the evaluation and comparison of data but the providers would need to make sure they were including the names of GPS session participants in Provide. There was a lot of discussion and some concern on this suggestion. Curt and Joan said that this is not set in stone and the committee is still open to suggestions on how we can better evaluate GPS.</i>			
<i>Joan also said that the I&S Committee would like IDPH Prevention and Training Units to develop a packet of sample training materials, including topics, outline, content, pre- and post-tests, for GPS sessions of different topic areas. This would not be inclusive but would be provided to providers and serve as a guide as to what we expect to be in a session and a guide for them to use in development of their own session curricula. Karen said the Training Unit would work with Prevention on that. Janet said that this would not be an objective for this year, but likely to be completed in 2016.</i>			
<i>Joan asked Curt when to expect the final Interventions and Services guidance for 2016. He said it should be soon. We just need another meeting or two with the I&S Committee to finalize the guidance.</i>			
<u>Questions:</u>			
<ol style="list-style-type: none"> <i>Chris Wade said that surveys of participants in interventions are very important, but in Region 2, clients are not as willing any more to participate in face to face GPS sessions. Fear of disclosure and lack of transportation are two potential reasons. Can we consider virtual support groups?</i> 			

2. A member asked if we could enforce with grantees our recommendation on the use and evaluation of the results of pre-and post-tests administered. It was answered that post tests can be very subjective because respondents may feel pressured to respond in a way that is beneficial to the facilitator of the group.
3. Chris Wade asked if using STI data was a valid way to measure the effectiveness of an intervention. Curt said that CDC used STI infection rates to measure the validity of many of the proven effective interventions. Curt also stated that using STI infection rates would be less labor-intensive for providers, since IDPH would be doing the work. He also said that no personal data, only aggregate level data would be released by IDPH.
4. Chris Wade suggested that this approach be vetted more within the I&S Committee, IDPH and the ILHPG. Curt said that this was not planned to be implemented July 1st, that this is a project still in the planning stage, that we want to move towards implementing in the next 2 years. It was stressed that we need to ensure the proven effectiveness of the interventions we are funding.
5. Carolyn Hartfield asked if when we developed a method of evaluation that could be shared with DASA.
6. A member asked if IDPH was working on development of a group facilitation training? The answer was yes.
7. Ariq Cabbler commented that evaluation for GPS has been something this group has recommended to IDPH and discussed for 5 years. We need to move forward with this. It is critical to move our providers on to scientifically proven evidence based models of GPS.
8. Rev. Green questioned why CDC now only approves Project Start for HIV positive incarcerated clients. Curt responded that he was not sure why CDC made that decision but stated that CDC feels there are other approved interventions for high risk negatives that could either target other risk behaviors of clients or could be adapted for specific population groups.

BREAK	10-10:15 am	Full ILHPG	
Engaging Youth, Especially LGBT Youth in HIV Planning	10:15-10:40 am	Janet Nuss, IDPH ILHPG Coordinator	Describe issues impacting youth and strategize about ways to effectively engage and obtain input from this population in HIV planning.
Q&A and discussion/input	10:40-10:55 am	Full ILHPG	

Janet provided a presentation on LGBT youth engagement in HIV planning. Janet noted several sources from a literature review she had completed. She noted the many reasons engaging youth in HIV planning was beneficial to programs as well as to the decrease in HIV incidence among youth and the linkage and engagement in care among HIV positive youth. She also explored some of the reasons youth are difficult to engage as well as some alternate ways of engaging youth that might be more practical given those challenges. Janet provided several suggestions and noted that some are already in the works, in particular, plans for a Youth Seminar at the HIV Conference in which Janet will be using some of the ILHPG grant funds to give up to 20 scholarships for youth to attend. Janet said she has submitted an abstract for the conference and once plans are finalized, she plans to work with the regional care and prevention lead agents to identify a diverse group of LGBT or at high risk youth to attend. She also said she will be planning a series of focus groups, hopefully starting this Fall, to be held at colleges and universities across the state, hopefully with the help of their cultural and LGBT centers.

Questions:

1. Veronica Halloway said that the BASUAH youth program has kicked off its summer program. None kids will be working with community partners four days a week and Fridays will be reserved for enrichment/leadership development meetings. She said she would like to have Janet talk to the youth group at one of those meetings. Janet said she would be happy to do that. Veronica also said she has a current student intern in her office who would make a good youth representative on this group. She also said that BASUAH allows youth to develop their own messaging such as radio ads and flyers. That helps with the buy-in from other youth.
2. Jeffery Erdman encouraged that we also promote the building of LGBT support groups in middle and high schools.
3. Jeffrey Maras said that he agreed that the definition of youth engagement might not mean being a full voting member on this group. Maybe they could attend an engagement meeting and one planning meeting or something else, but they should always be encouraged to participate. Another member added that maybe they are only required to be here for a part of the day, not for the data-heavy presentations.
4. A member asked how we could use social media like SnapChat or instant messaging more to meaningfully engage youth.
5. Cynthia Tucker suggested we connect with existing young LGBT Coalitions such as those at AFC, University of Chicago, or Lake County.
6. Jamie Gates suggested we partner with Kaleidoscope and conduct a youth focus group there, later maybe one with transgenders.
7. Vanessa Smith suggested we meet the youth where they are and act more like Madame Secretary to attract them. ☺ Youth do not need to sit at this table for two days to impact HIV planning. That is not the best fit for them at this point in their lives.
8. Jeffery Erdman said he recommended we continue with our plans to conduct focus groups of youth throughout the state and add some of the other modalities we have discussed to engage youth more.
9. Chris Wade said he did not want to minimize the work Janet had done, but wondered if the group needed to vote on the recommendations she had made. Janet said unless the group felt it was needed, she did not feel it was necessary because she was moving forward with most of the recommendations. Engaging youth has become a focus area of Janet's for this year and she is committed to implementing as many of these recommendations as possible. The one that we will need to hold off on is the formation of any type of a formal youth advisory group. Janet said with funding reductions and no other community planning staffing, that was not a reasonable or practical activity to take on. The group was in agreement.

Update on MSM of Color Workgroup Recommendations: Next Steps	10:55-11:15 am	Evaluation Committee Co-chairs and ILHPG Coordinator	Learn what is happening at the state level and what the Evaluations Committee recommends as next steps re: the MSM of Color Workgroup recommendations
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			presented at the March ILHPG Meeting. There <u>may</u> be a vote by the planning group on formal recommendations.
<p>The Co-chairs of the Evaluations Committee had been asked to review the recommendations from the MSM of Color Workgroup presented at the last meeting and provide the ILHPG with a list of some tangible objectives we as a group could work on to address some of the recommendations. After the MSM of Color Workgroup's presentation, Janet compiled the recommendations by category into a Word document. She distributed that to programs within IDPH – ILHPG, Care, Prevention, CTR, STD, Housing, Corrections, and Minority Health – and asked them to add bullet points on things their programs already are doing or have plans to do in the near future to address any of the recommendations. Janet then sent those to the Evaluations Committee for their review. It was a pleasant surprise to everyone that more things were being done to address inequities and disparities among MSM of color than we realized. The Evaluations Committee reviewed the activities/objectives that Janet had identified for the ILHPG. The ones that the Evaluations Committee considered tangible were vetted and have been approved by the Evaluations Committee. These objectives were included in the meeting packet, as well as the lengthier document that identifies objectives and activities for the other IDPH programs mentioned above.</p> <p>11:13 am: A motion was made and seconded to accept the recommendations for the ILHPG to address disparities among MSM of color as actionable items. There was the following discussion:</p> <ul style="list-style-type: none"> • A member recommended that IDPH include a component in social media campaigns to encourage and promote staying HIV negative among MSM of color. • A member stated that whereas this was a great report on the part of the workgroup, a lot of people in the community as a whole and incarcerated do not identify themselves as MSM. How do we capture men who do not identify themselves as MSM but engage in sex with men while incarcerated? There was discussion that people do not need to identify as an MSM to benefit from the recommendations and the action items identified in this report. • A member suggested that training be provided to the corrections community about MSM, the role corrections can play, and privacy matters. Corrections and law enforcement community are coming into contact with MSM on a regular basis and this is needed. <p>After discussion, the question was called and the motion carried with a hand vote of 20 in favor, 0 opposed, and 1 abstention.</p>			
ILHPG Committee Breakout Meetings	11:15-11:45 am.	Full ILHPG	Committees will break out into their assigned groups and discuss progress on current objectives and plan for upcoming tasks and activities.
Reports from Committees and Workgroup Co-chairs	11:45-am-12:00 pm	ILHPG Committee Co-Chairs	Be informed on activities of committees and any needed assistance from full ILHPG
<p>After the members broke out into their assigned committees for work on tasks and objectives, the co-chairs provided the following reports:</p> <p>Epi/Needs Assessment: The committee had been feeling a bit lost on how to proceed for evaluating components of the risk group definitions and estimating the sizes of risk group populations Illinois, but during its breakout time, the literature reviews and data runs were divided among members. These will be vetted within the Epi/NA Committee and presented to the group at the August meeting.</p> <p>Evaluations: Committee members will be working on plans for the Youth Seminar at the conference and will be talking about developing a survey to distribute to participants or possibly having another focus group. Janet cautioned the committee that a survey was likely more reasonable. Since the conference has been shortened to a day and a half, there is little free time for a focus group. The Co-chairs said they would like more information about the Transgender Summit that CAHISC is planning in August.</p> <p>Action item: Cynthia Tucker said that she would provide us details about the Transgender Summit as soon as available.</p> <p>The Co-chairs said that Reginald Davis (ISBE liaison to ILHPG) and Amanda Altman (community member from IDOC) had expressed that they would like to be members on the Evaluations Committee.</p> <p>Action item: Janet said that she would present those requests to the Executive Committee for discussion at its next meeting.</p> <p>Interventions and Services: The committee will be exploring more how to evaluate GPS. We will need more discussion and input from IDPH on evaluation of interventions.</p> <p>Membership Committee: Scott Thorn is working on a draft of the ILHPG's social media procedure to ensure it is in alignment with requirements of the IDPH Use of Social Media Directive. We will plan to present this to the group at the August meeting. The group also wondered if there was a way we could have the remote participants call in and participate in the table discussions during the Integrated Meetings or have virtual breakout groups for the remote participants so they would have an opportunity to provide input. Janet said that having them call into the discussion at their respective table was more practical but that would rely on someone at the table taking the call on their cell phone. We would likely only have access to one land phone line, for which there is a charge. We do not have the AV staff or infrastructure to manage virtual breakout groups. Scott is already quite busy.</p> <p>The Committee will also be overseeing the recruitment drive for 2016 applicants.</p>			
Working Lunch (in Convention Center A)	12-1:00 pm	Full ILHPG	
ILHPG Co-Chair Updates: ILHPG Business: <ul style="list-style-type: none"> • Member reminders: complete mtg surveys, travel vouchers, next mtg intent forms HIV Section and Policy/Legislative Updates (5 mins) HIV Prevention Administrator Update (5 mins) HIV Direct Services Unit/ADAP Update (5 mins)	12:30-12:35 pm 12:40-1:00 pm	ILHPG Co-Chair(s); HIV/AIDS Section Administrators	Be updated on current issues, initiatives and activities of the HIV/AIDS Section; Policy Initiatives; ILHPG Co-Chair Updates; and ILHPG Business Items.

HIV Training Unit Update (5 mins)			
<p>The meeting was adjourned for lunch at 12 pm. Janet instructed the members on where to access the lunch buffet. Members were asked to bring their plates back to the table to eat. The meeting will resume at 12:30 pm.</p> <p>The meeting was called back to order at 12:30 pm. Janet reminded members to hand in their meeting surveys, travel vouchers, and intents to attend the next meeting forms before leaving.</p> <p>HIV Section Update – (Andrea Danner): The IDPH HIV Section will be applying for a no-cost extension of the last year of the CAPUS grant. If approved, this would allow us to continue to fund Kaleidoscope, expanded routine testing, DIS, and peer navigator training for another year.</p> <p>The Grant review teams have made determinations about which Quality of Life (QOL) grants will be approved. We now have to wait for the QOL board to meet. We are attempting to plan that meeting for June 17th. After the meeting, we should hopefully be able to announce the selected grantees the next day.</p> <p>We do not have an approved state budget for FY16 so cannot comment on what that looks like for HIV.</p> <p>HIV Prevention Update –(Curt Hicks): The administrative rules for QOL have been written and are close to approval. The rules allow for more flexibility if not enough small agencies apply for funding, allowing us to distribute the money to medium and large size agencies.</p> <p>The OASIS Curriculum is completed. Renz will be adapting the curriculum for Latino MSM and Community Wellness Project will do the same for transgender individuals of color.</p> <p>The Regional Implementation Group grants start July 1st. Grantees will have some flexibility with 25% of the program costs, allowing them to provide services to prioritized populations not in their scopes or over-scoped populations, phlebotomy, and capacity building activities.</p> <p>Between April 1st and May 1st of the grant year, lead agents will be able to submit a budget revision to use dollars it could lapse to purchase condoms, etc.</p> <p>Jeremy is planning on conducting Provide training and planning monthly webinars and some on-line learning modules. Adding Provide grant management and billing is ongoing. Cat C and Cat B routine testing have been set up. Some have contracts only in Provide but not billing yet. We hope to be able to implement this for the RIG grants by July 1st. Trainings will be soon.</p> <p>Curt gave kudos to the PrEP team for the PrEP trainings that had been conducted.</p> <p>Questions:</p> <p>1. Why did IDPH not apply for the CDC PrEP grant? Curt responded that IDPH was not eligible to apply; only the Chicago MSA in Illinois was eligible.</p> <p>HIV Care Update –(Jeffrey Maras): Illinois received its full RW Part B 2015 award this year.</p> <p>The Dispensing Pharmacy contract is scheduled to end June 30th. We are working on the final process for executing a new contract.</p> <p>Jeff announced that Kallie England was leaving the ADAP team.</p> <p>Questions:</p> <p>1. Jeff was asked if IDPH would be issuing any guidance on the use of medical cannabis for HIV? Will IDPH be providing recommendations on dosing, particular strains of cannabis, the role of the physician, etc?</p> <p>2. As far as ADAP is concerned, medical cannabis is not currently on the formulary and ADAP would never provide recommendations on dosing.</p> <p>Action Item: Jeff recommended that Janet follow up on those questions with the Medical Cannabis program representative.</p> <p>HIV Training Unit –(Karen Pendergrass): Save-the-Date cards for the HIV/STD conference are on the registration table. We are planning activities for National HIV Testing Day at the State Capital on June 26th and at a local Park on June 27th.</p> <p>We are soliciting names of physicians who are agreeable to prescribing PrEP. These names will be added to our master list.</p> <p>The HIV/STD Conference’s Red Ribbon Committee needs nominations. Please complete a nomination if you know a deserving colleague. Please let Karen know if you are not receiving conference-related emails.</p> <p>Comment:</p> <p>1. Jeff wanted to clarify that clients may need a referral from their primary provider to see a PrEP prescribing physician if that person is outside of his insurance plan’s network.</p>			
Overview of Gap Analysis of Current ILHPG Voting Membership and Plans for New Membership for 2016	1:00-1:15 pm	Janet Nuss, IDPH ILHPG Coordinator	Be informed on results of 2015 membership gap analysis which demonstrates areas for targeted recruitment of new members.
Q&A and discussion/input	1:15 pm	Full ILHPG	
<p>Janet referred members to the document in their meeting packets and reviewed the gap analysis she had done with the help of Cheryl Ward. The analysis compares the demographic and regional representation of the voting members we anticipate will be on the ILHPG at the end of this CY to the current HIV incidence data in the jurisdiction of Illinois, excluding the city of Chicago. Janet then calculated the number of members in each demographic category we would need to bring on to the group in order to stay within our established range for membership (21-35). Janet said that if we bring on a Region 2 RIG Rep before the end of the year we will have 21 voting members. Janet recommended we strive to add 10 new members to take us to 30-31 members, which is what we</p>			

<p>have a budget to support.</p> <p>Janet said that the priorities for new membership are also based on the matrix that we use to score new member applications and interviews. On that matrix, members receive a score in the race/risk representation category from 0-10 based on how well the applicants meet one or more un-represented and/or under-represented demographics. We have prioritized new member recruitment into the following 3 tiers:</p> <p>First Tier (highest priority-most points): 1. transgender individual of “other” race/ethnicity, 2. Young transgender individual</p> <p>Second Tier (higher priority-second highest points): 1. MSM of “other” race/ethnicity, 2. Young MSM, young IDU or MSM/IDU, 3. NH white MSM, 4. NH white IDU or MSM/IDU, 5. NH black transgender individual; Hispanic transgender individual</p> <p>Third Tier (high priority – third most points): 1. NH white transgender individual, 2. Young HRH</p> <p>Janet also noted that at this time we have no gaps in membership by region. Each region has a minimum of 2 members.</p> <p>There were no questions from the group on the gap analysis. Janet referenced the new member application and cover letter of explanation in the packet. There have been a few changes made that have been vetted and approved by the Membership Committee. This is the application applicants must complete and submit to Janet by September 15th. Janet announced that at this time, recruitment for new member selection for 2016 is formally underway. The application and cover letter are posted on the website. Members were encouraged to make a couple of copies to keep with them and to hand out to potential applicants they thought would be good members.</p>			
<p>Present/Discuss/Vote on draft changes/updates to ILHPG Bylaws and Procedures:</p> <ul style="list-style-type: none"> • Membership Recruitment and Selection • RIG Rep/LA Reporting Procedure • Meals Provided at ILHPG Meetings • Vetting of Populations for Prioritization 	1:15-1:35 pm	Chris Wade and Bridgette Jones, ILHPG Membership Committee Co-chairs	Be informed on proposed updates to the ILHPG Bylaws, Policies, and Procedures. The draft updates have been developed by the ILHPG Coordinator and the Membership Committee, vetted with the Executive Committee, and sent out to membership for review and questions 2 weeks prior to this meeting.
<p>The proposed changes and new additions to the ILHPG Bylaws and Procedures Manual had been disseminated to the group about 2 weeks prior to the meeting. Chris reviewed the following documents and we entertained motions:</p> <ol style="list-style-type: none"> 1. A motion was made and seconded to accept the “Meals Provided at ILHPG Meetings” section in the Member Meeting.....Procedure. 1:15 pm: Receiving no questions and there being no discussion, the vote was called and the motion carried by a hand vote with 17 in favor, 0 abstentions, and 0 opposed. 2. A motion was made and seconded to accept the new language added to the “Member Recruitment and Selection” procedure. Question: Does the possibility of a waiver apply to RIG reps? Janet said that that is not specifically mentioned, so it would apply to all voting members, including RIG Reps. She did caution that the lead agent would need to demonstrate due diligence in attempting to select a RIG rep from an agency not already represented on the ILHPG before asking for a waiver. Question: What is the process for requesting a waiver? Janet said that that request should come to her and she would run that by the Membership Committee. Action Item: Janet recommended that the Membership Committee work the above to the procedure if approved. 1:21 pm: With no further questions and discussion, the vote was called and the motion carried with a hand vote of 16 in favor, 0 opposed, and 3 abstentions 3. A motion was made and seconded to accept the RIG Rep/Lead Agent Brief Report at Meetings” procedure. 1:23 pm: Receiving no questions and there being no discussion, the vote was called and the motion carried by a hand vote of 19 in favor, 0 opposed, and 0 abstentions. 4. A motion was made and seconded to accept the “Vetting of Populations for Prioritization” procedure. This procedure is already in place. 1:25 pm: Receiving no questions and there being no discussion, the vote was called and the motion carried with a hand vote of 18 in favor, 0 opposed, and 0 abstentions. <p>Action Item: Janet also informed members that she would be changing the naming of the procedures from policy to procedure. Directives and policies are not program level terms and should be reserved for agency and state issued documents. Janet said that a current procedure in the document enables her to make grammar and naming changes such as these without a vote from membership. Janet said that she would make all approved and appropriate changes to the master Bylaws and Procedures document, have Scott place the document on the ILHPG website, and send a link to the document out to members.</p>			
Announcements; New business, Parking Lot; Wrap-up; Meeting Evaluations; Travel vouchers;	1:30-1:35 pm	ILHPG Co-Chairs; Full ILHPG	New business, announcements
<p>Janet noted that the last document in the packet is the updated state and federal FY2015 HIV Grant Resources document. This is part of our resources assessment process. Members were reminded to hand in all their required forms. The Co-chairs asked if there were any announcements. Chris announced that Scott Fletcher had made a video promoting the Red Ribbon Lottery Ticket and it was on UTube. He recommended people check it out.</p>			
Adjournment	1:35 pm	Full ILHPG	
The meeting was formally adjourned.			