



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

**Date: August 27, 2015**

**Hotel: Radisson Hotel and Conference Center Address: Rockford, IL Phone Number 866-460-7456**

**Meeting: Thursday afternoon, August 27, 2015, 12-4:00 pm, Meeting Room: Ballrooms 4/5, Radisson Hotel and Conference Center**

Agenda Item	Time	Presenters	Purpose and Objectives
Call to order	12 pm	Integrated Steering Committee Co-Chairs	<i>The meeting will be called to order.</i>
<i>The Co-chair called the meeting to order.</i>			
<ul style="list-style-type: none"> <li>• Welcome and Moment of Silence;</li> <li>• Introduce members and guests;</li> <li>• Review Meeting Agenda and Objectives;</li> <li>• Integrated Steering Committee Update;</li> <li>• Review meeting flow and basic principles of respectful engagement</li> </ul>	12-12:15 pm	Integrated Steering Committee Co-Chairs	<ul style="list-style-type: none"> <li>• <i>Moment of silence acknowledged for people with HIV</i></li> <li>• <i>Define clear goals for meeting and guidelines for meeting process</i></li> <li>• <i>Review agenda and meeting materials</i></li> <li>• <i>Introduce steering committee members and review goals of committee</i></li> </ul>
<i>There was a moment of silence expressed for people living with HIV, people who have passed with HIV, and all the providers and planners working to fight HIV. The microphone was passed around the room and people introduced themselves.</i>			
<i>The Co-chair reviewed the materials in the meeting packet, the agenda, and the objectives for today's meeting with attendees. The Integrated Steering Committee has reviewed the evaluations from the June meeting surveys. The evaluations were very positive and the committee feels we are moving in the right direction in terms of modifications that were made to the agenda, the length of the presentations, and the addition of breakout discussions at the tables. We will continue to review the effectiveness of the meetings and may make further changes to ensure we are capturing the varied input we need for development of the Integrated Plan. The process will continue to be re-evaluated to ensure the meetings are beneficial to all and in terms of integrated planning.</i>			
<ul style="list-style-type: none"> <li>• Summary of Responses from Breakout Discussion Groups at the June 11<sup>th</sup> Integrated Meeting</li> </ul>	12:15-12:30 pm	Integrated Steering Committee Co-Chairs	<ul style="list-style-type: none"> <li>• <i>Members will be provided with a summary of input and suggestions received from this group that may be useful in development of the Joint Plan</i></li> </ul>
<i>The Co-chair provided a summary of the responses from the June Integrated Meeting breakout discussions. The compiled full responses had been sent out to everyone after the meeting. That was over a 20 page document. This is a smaller condensed version that summarizes the responses by categories and provides one or two examples of the responses received. The Co-chair said she would be compiling a similar report for today's breakout discussions. The Integrated Committee would be looking at these at its September meeting to determine if we are getting any new information or if we may need to modify the discussion questions used at future meetings. These responses will also be used to identify common themes we are hearing about when brainstorming about gaps and barriers. These themes will likely be the agenda topic of future Integrated Planning meetings and/or discussions.</i>			

<ul style="list-style-type: none"> <li>Regional provider panel discussion:</li> <li>Questions and discussion on presentation</li> </ul>	12:30-1:30 pm	<ul style="list-style-type: none"> <li>Todd Kisner, Winnebago CHD, HIV Care Lead Agent;</li> <li>Mike Maginn, IPHA, HIV Prevention Lead Agent;</li> <li>Cheryl Ward, IDPH HIV Surveillance Administrator;</li> <li>Stacia Runge, DeKalb CHD; Case manager/DIS worker;</li> <li>Peter Richards, The Project Quad Cities; Treatment Adherence Nurse;</li> <li>Matt Albano, Chicago Recovery Alliance;</li> <li>Shelton Kay, Crusader Community Health (Part C)</li> </ul>	<p><i>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.</i></p>
<p><i>The Region 1 panel presentation was facilitated by Michael Gaines in order to maintain the flow of the presentations and to keep presenters within their assigned time limits. Cheryl Ward began by providing a brief overview of the HIV epidemic in the region, highlighting trends and differences we find in Region 1 compared to statewide data. Mike Maginn and Todd Kisner presented about the work the region is doing in terms of HIV prevention and care, looking at client demographics, linkage to and retention in care data, and viral suppression rates cross tabulated by race/ethnicity, gender, risk, and age, to identify health inequities. Stacia Runge spoke about the work she does and challenges she experiences working as a case manager and a DIS worker at DeKalb CHD. Peter Richards spoke about the challenges of his work as a Treatment Adherence Nurse working with some populations that have multiple other issues such as substance abuse and mental health. Matt Albano spoke about his work providing harm reduction counseling and providing syringe exchange in the region. Shelton Kay spoke about the work of Crusader Community Health, one of two Part C funded clinics in the region.</i></p> <p><i>After questions and answers, attendees were asked to gather at their assigned tables and initiate discussion on the first set of discussion questions in their packet. Facilitators and note recorders have been assigned at each table. There is a 30 minute time period for discussion. Afterwards, there will be a 15 minute break for dessert and refreshments which are at the back of the room.</i></p>			
Interactive questions/discussion/input	1:30-2:00 pm	Full group	<p>After the presentation/discussion, participants are asked to brainstorm at their table and discuss: <b>In your region:</b></p> <ul style="list-style-type: none"> <li>Has your region experienced any of the same challenges faced by Region 1? If so, how has your region addressed these?</li> <li>What are some other challenges you are facing in your region and how have you or are you addressing them?</li> <li>What are the successes you have experienced in your region?</li> </ul>
BREAK	2-2:15 pm	Full group	
Results of FFY2014 Ryan White Client Satisfaction Survey, Gaps/Barriers/Inequities, and Any Plans for Addressing These	2:15 -2:45 pm	LaDaryl Hale, IDPH Ryan White Linkage to Care Coordinator	<p><i>Participants will be informed, discuss, ask questions, and provide input on responses to the FFY 2014 Illinois RW Client Satisfaction Survey in Illinois, focusing on identified strengths as well as gaps/barriers/inequities and plans for addressing these.</i></p>
<p><i>LaDaryl Hale provided a summary of the responses from the 2014 RW Client Satisfaction Survey. He reminded everyone that the questions had been divided into 2 groups based on service category, one was provided last year and the second set this year, so that in a 2 year period, we should have a pretty comprehensive set of responses. LaDaryl provided an overview of statewide survey results and results for Region 1. The Co-chair noted that a 2 page handout summarizing the survey results of each individual region is included in the meeting packet. In discussing the next set of questions, the Co-chair stated that people at the regional tables might want to review the survey results for their specific region. After 30 minutes for small group discussion, the meeting will resume.</i></p>			
Questions/discussion/input	2:45-3:15 pm	Full group	<p>From this presentation/discussion, participants are asked to brainstorm at their table and discuss: <b>In your region:</b></p> <ul style="list-style-type: none"> <li>Please identify any significant needs, gaps, barriers, or inequities in necessary HIV care and treatment services that exist in your region.</li> <li>Please identify any significant needs, gaps, barriers, or inequities in necessary HIV support services for PLWH that exist in your region.</li> <li>Please identify any significant needs, gaps, barriers, or inequities in necessary HIV prevention services for PLWH that exist in your region.</li> <li>Can you identify or recommend any <b>realistic and achievable</b> strategies/solutions the state or region can implement to improve existing HIV care services or to improve HIV services for PLWH or address any of the identified gaps and barriers?</li> </ul>

Review CDC and HRSA Integrated Planning Guidance and Determine Future Planning Needs	3:15-3:45 pm	Integrated Planning Steering Committee Co-chairs	<i>Participants will be informed, discuss, ask questions, and provide input on guidance for development of the Joint Plan and any deficiencies or weaknesses in our processes seen as needed for the development of the plan as described.</i>
<p><i>The Co-chair provided an overview of the guidance received from CDC and HRSA for the Integrated Plan which is due to them in September 2016. She then went over the required components of the plan. There was nothing unexpected in the guidance. We are still required to do needs assessments such as previously required with the Statewide Coordinated Statement of Need (SCSN), but now the needs assessment must incorporate prevention as well as care. We think we are far ahead in terms of documentation we have already compiled that can go into development of the plan because of all the needs assessment activities the ILHPG conducted during its recent 3 year cycle of engagement meetings and focus groups, both of which involved collaboration between care and prevention. We have hired a consultant to help develop the plan. She has been provided the guidance, the current SCSN and Jurisdictional Prevention Plan, and a lot of documentation already that can be incorporated into the plan. We should have a template for the plan developed in September. We plan to have her talk to the Integrated Steering Committee at a future meeting, and then to present an overview of the preliminary draft to this group at our December meeting, soliciting further input as needed.</i></p> <p><i>The Integrated Steering Committee will be having more discussion about future plans for integrated meetings and for any activities we may still need to conduct, such as town halls. We will also be looking at the next steps for integrated planning. Do these meetings work? Do they continue to be beneficial to all? What can we do to enhance their effectiveness? We will likely plan to continue this process at least through next year, taking us to submission of the Integrated Plan, then re-examine the integrated planning model as a whole.</i></p>			
Interactive questions/public comment/discussion/input	3:45-4:00 pm	Full group	<p><i>Results-Oriented Comments/Discussion/Input:</i></p> <p><i>Based on today's meeting presentations and discussion of the issues, what recommendations can we make for advancing integrated planning and for guiding the development of the Joint HIV Plan:</i></p> <ul style="list-style-type: none"> <li>• <i>Where are we now</i></li> <li>• <i>Where do we want to be?</i></li> <li>• <i>How and what do we need to do to get there?</i></li> </ul> <p><i>Provide an opportunity for public comment relevant to HIV care and prevention planning.</i></p>
Wrap Up and Adjournment	4:00 pm	Full group	
<i>With no further questions, the meeting was officially adjourned.</i>			