



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

**Date: August 28, 2015 Hotel: Radisson Hotel and Conference Center Address: Rockford, IL Phone Number: 866-460-7456**

**Meeting: Friday, August 28, 2015 8:00 a.m. - 2:00p.m. Meeting Room: Ballroom 4, Radisson Hotel and Conference Center**

**Working Lunch: Friday, August 28, 2015, 12-1:00 p.m. Location: Ballroom 4, Radisson Hotel and Conference 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 – 8:15 am	ILHPG Comm. Co-Chair	- Moment of silence acknowledged for PLWH -Adhere to parliamentary procedure -Define clear goals/guidelines for meeting process (goals/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
<p><i>The meeting was called to order at 8 am. The Co-chairs welcomed everyone in attendance, announced that the meeting was being web streamed and recorded, then asked everyone to introduce themselves, passing the microphone around the room.</i></p> <p><b>8:10 am: The Co-chairs asked if there were any recommended additions to the agenda. Receiving none, they entertained a motion to accept the draft agenda. After the motion was made and seconded, it was approved by consensus.</b></p> <p><i>The HD Co-chair reviewed the meeting materials with the members and instructed all members to turn in their meeting evaluations, intents to attend the December meeting, and their travel vouchers to Vanessa or her before the end of the day. She informed them that she would be sending email correspondence to members about attendance at the October meeting and the state conference. Since the conference sponsors handle lodging for the conference that is handled differently than ILHPG Meetings.</i></p> <p><i>The HD Co-chair reminded guests to complete and hand in a Participant Profile form and reminded members and guests that should they request to provide public comment on any topic not on the agenda that was relevant to HIV planning, they needed to complete and submit a Public Comment Request card to one of the co-chairs or the parliamentarian before that time slot on the agenda.</i></p> <p><i>The HD Co-chair had sent an email to membership letting everyone know that Rory James had resigned from membership. He has accepted a position at the University of Indiana and will be working on his doctorate degree. We will miss him but we wish him well.</i></p> <p><i>The HD Co-chair had sent updated committee objectives to all membership for review. Since there will be no committee breakout meetings at this mtg, these are for information only.</i></p>			
Agency Liaison Reports (2-3 minutes per report)	8:15-8:30 am	Agency Liaisons	Receive report on current agency activities from Liaisons: CAHISC, CMHS, DASA, Housing, IDOC, ISBE, and STD
<p><i>CAHISC: Cynthia said that CAHISC just finished priority resource allocation for Part A and MAI. Three scenarios have been proposed – one for flat-funding, 5% increase in funds, and 5% decrease in funds. There was a majority vote on these.</i></p> <p><i>We are struggling to hire mental health providers. There is a definite need for services. CAHISC sponsored a transgender forum in Chicago last week. Dr. Robert Garafola, Dr. Margo Bell, Lisa Cohen, and a young transgender woman were on the panel. Over 90 people attended included several from IDPH.</i></p> <p><i>CMHS: Veronica said that she is trying to fill positions but state agencies may be under a hiring freeze soon. The RFA for services for HIV at risk special populations has gone out. Screening for HIV in the refugee population will be part of the RFA for the upcoming year.</i></p> <p><i>There will be an NAACP workshop in Springfield. We will be identifying speakers and sending youth ambassadors.</i></p>			

*The Youth Ambassador summer program ended in July. As part of their project, they developed a PSA that they scripted and recorded. They also planned and participated in an interactive anti-stigma walk. Over 70 people registered but because of heavy rain, only 30 people attended.*

*Last week a few refugee families were quarantined, fearing possible Ebola. We will be talking to the Office of Preparedness and Response to prepare for this should the situation happen again. We will be promoting free flu clinics this year at CVS and Walgreens.*

*Housing: Deborah stated that there will be a Housing Care Continuum meeting this week in Chicago. They will be discussing how housing impacts the continuum of care and the NHAS goals and objectives. They will be looking at the indicators r/t housing, establishing teams to look at data collection sets that can be used to measure the indicators.*

*Corrections: Michael Gaines provided a full report which is included in the materials in the meeting packets. He mentioned that the Opt Out reports previously provided from IDOC may not have been completely accurate because they may have included new and old positives. They also do not include information from Logan female Correctional Center.*

*ISBE: Reginald Patterson provided an update on the 5 year grant working with 11 priority school districts in Illinois. By the end of 2018, a curriculum for Exemplary Sexual Health Education (ESHE) will be developed and shared with other school districts in Illinois. The curricula/materials developed for Sexual Health Services and Safe and Supportive Environment areas will not be shared outside of the priority districts.*

*ISBE will be part of the Youth Seminar at the HIV/STD Conference.*

<b>Regional Implementation Group Lead Agent and Representative Reports (2 minutes per report)</b>	8:30-8:55 am	RIG Lead Agents and Reps	Receive report on important regional activities and issues related to HIV prevention
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*Region 1: Mike Maginn and Debby Starnes reported that there will be a RIG meeting on July 28<sup>th</sup>. The Region 1 RW Part B Coordinator position is still vacant. The region is keeping an eye on hepatitis C cases in the region. There have been about 40 new cases over the last few months. The peer navigator position in Region 1 remains vacant.*

*Region 2: Jeffery Erdman reported that a new provider, Families' and Children's AIDS Network (FCAN), has been added in the region. FCAN will provide Clear and Prevention for Positives –GPS. The next RIG meeting is September 15<sup>th</sup>. Agencies continued to provide services without a budget. The region is still looking to identify a RIG rep – a staff member from McLean CHD is a possibility.*

*Region 3: Joan Stevens-Thome and Ed Howard reported they are concentrating IDU outreach efforts in Logan, Montgomery, and Macon counties. Ed suggested we explore issues of communication within the African American communities. He feels molestation among family members is a direct link to HIV and survival sex and worries about the belief among young females that sex is used to repay men for being nice to them and about their practice of dressing inappropriately for young females. Ed suggested that the HIV program collaborate more with sexual assault associations. There will be a RIG meeting September 10<sup>th</sup>. The region is scheduling site visits to provide technical assistance to new providers. The region has identified 5 new positives over the last few months, all under 30 years of age.*

*Region 4: One of the prevention agencies in the area has laid off about 40% of its staff. The agency has not turned clients away but hours of operation have been reduced. The next RIG meeting is September 17<sup>th</sup>. This region has the same 6 providers. They are pretty far along in terms of their ability to deliver the CDC-supported DEBIs. There will be Positive Opinion Leader (POL) training in September. There is good collaboration between prevention and care in this region.*

*Region 5: Steven St. Julian and Mike Maginn reported that the region is reeling from the drastic HIV prevention programmatic budget cuts in the region. Because of the strict adherence to funding distribution to the regions based on the epi, the region has only about \$50,000 this year to serve 19 counties. The region has spent years building relationships and prevention services in the region and is worried about the impact of the funding cuts to the region.*

*Region 6: Joe Trotter and Candi Crause reported that Coles and Edgar CHD have been added as new providers in the region. Syringe exchange training was done last week for Edgar and Douglas Counties. There was a RIG meeting in July. CUPHD has started a PrEP clinic. The costs were much smaller than anticipated. Almost all clients served had Medicaid or Marketplace insurance that could be utilized for drug payment. Gilead's patient assistance program has also been utilized to provide co-pay assistance.*

*Region 7: Valerie Johansen and Jeffery Erdman reported that McHenry CHD is no longer a funded provider. The region has added FCAN and Open Door Clinic, however. Lake County is sponsoring an upcoming AIDS Walk.*

*Region 8: Ayla Karamustafa and Serette King reported that agencies have continued to provide services without approved budgets. They are continuing to provide meningitis vaccinations and the case count in the region from MSM is now up to 5 cases. The region has 17, possibly 18 funded agencies. FCAN and Men and Women in Prison Ministries (MWPM) have been added. The lead agency is interviewing to hire a new Prevention coordinator.*

<b>Discussion and Public Comment Period</b>	8:55 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.
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*Having received no requests for Public Comment, the Co-chairs moved on with the next agenda item.*

<b>Principles of Respectful Engagement and Opens Meeting Act Requirements</b>	8:55-9:15 am	Chris Wade, ILHPG Parliamentarian	Describe ILHPG rules for respectful meeting engagement and requirements of the Open Meetings Act applicable to ILHPG
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<b>Q&amp;A, discussion and input</b>	9:15-9:20 am	Full ILHPG	
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*The parliamentarian provided a presentation on the principles of respectful meeting conduct and engagement as well as an overview of the Open Meetings Act requirements and proper parliamentary procedure that must be followed.*

*Having received no questions or requests for discussion, the Co-chairs moved on with the next agenda item.*

<b>Overview of the current Jurisdictional Plan and the</b>	9:20-9:40 am	Janet Nuss and Tobi-Velicia	Demonstrate knowledge of the current HIV Jurisdictional Prevention Plan and the
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Process for Updates		Johnson, ILHPG Co-chairs	processes followed by the ILHPG and IDPH to update the plan.
Q&A, discussion and input	9:40 am	Full ILHPG	
<i>The HD Co-chair provided an overview of the current Jurisdictional Plan, the elements of the plan that need to be reviewed and updated annually, the role of the ILHPG and all the input that has been provided by the ILHPG into the development and update of the plan, and detailed the process that is followed each year to update the plan. It was noted that the following presentations in the meeting, prior to the concurrence vote, will describe any changes to the elements of the plan this planning body is required to review – the prioritized populations, the risk group definitions, and the list of approved Interventions and Services. Having received no questions or requests for discussion, the Co-chairs moved on with the next agenda item.</i>			
<b>BREAK</b>	<b>9:40-10 am</b>	<b>Full ILHPG</b>	
Overview of Changes to the Jurisdictional Plan for 2016: Interventions and Services Guidance	10-10:20 am	Joan Stevens-Thome, I&S Committee Co-chair	Describe and provide rationale for recommended changes to approved prevention strategies and interventions for 2016.
Q&A and discussion/input	10:20-10:30 am	Full ILHPG	
<i>Joan Stevens-Thome, the Co-chair of the Interventions and Services Committee, provided an overview of changes that have been made to the Interventions and Services Guidance for 2015/2016. She described the in-depth work that was done by the committee to incorporate the approved interventions and services and the appropriate target populations and guidance for each into the IDPH guidance for sub-grantees, which includes things such as eligibility requirements and procedures/protocol that providers must follow for specific services.</i>			
<ul style="list-style-type: none"> <li><i>Question: Why are HIV navigation services no longer included in the list of prevention interventions? Curt responded that that service is funded in every region through the RW Care grant. Prevention and care will be collaboratively looking at Linkage, Retention, and Re-engagement in Care (LRRC) programs, including peer navigation services, next year, and determining if they are more appropriate for prevention and/or for care funding.</i></li> <li><i>Question: Can we consider inclusion of structural interventions such as advocacy for changes in laws and policies, anti-stigma campaigns, etc. as a means of advocacy for effecting changes in policies that will impact the prevention continuum? The HD Co-chair responded that at the state level, we are funding an anti-stigma campaign and working on policy changes. She noted that we have to be cautious and know what we can do as a group in terms of advocacy and where we have to draw the line so it is not interpreted as lobbying for specific legislation. She has asked Maxx Boykin from AFC to provide Advocacy 101 training at the Integrated Planning meeting in October, so members are more informed about the distinction. That should help. She noted that there are things members can do as individuals but not as representatives of the planning group, which is government funded.</i></li> <li><i>Question: Can we consider providing negative HIV test results to clients for their use as a negotiating tool with their partners? Curt stated that there could be discussion about that, but there would need to be an attached cover letter with a disclaimer that the accuracy of the test results is not perfect due to the window period after infection in which a test reads positive.</i></li> </ul>			
Overview of Changes to the Jurisdictional Plan for 2016: Prioritized Populations/Risk group definitions	10:30-10:50 am	Valerie Johansen and Mike Maginn, Epi/NA Committee Co-chairs	Describe and provide rationale for recommended changes to approved prioritized populations and risk group definitions for 2016.
Q&A and discussion/input	10:50-11 am	Full ILHPG	
<i>Valerie Johansen, the Co-chair of the Epi/NA Committee, presented an overview of any changes to the jurisdictional plan. She explained that the committee is not recommending any changes in the prioritized risk groups or risk group definitions for 2016 since this is the last year of the FOA. The Epi/NA Committee plans in in-depth analysis of the epi in 2016 in preparation and use for development of the 2017-2021 Integrated HIV Prevention and Care Plan. She also explained that the committee has begun to compile estimates of the prevalence of MSM, IDU, MSM/IDU, and HRH in Illinois, so it can better evaluate how well we are reaching the populations with our prevention efforts. The committee has only begun its work on this and plans to continue this in 2016.</i>			
<ul style="list-style-type: none"> <li><i>The HD Co-chair added that the state's HIV Epi Profile is near completion and hopefully, a lot of the analysis already compiled for that purpose can be utilized, and not have to be duplicated, by the committee for jurisdictional planning purposes.</i></li> <li><i>Action Item: Jeffery Erdman noted a discrepancy in the calculations on one of the MSM risk group estimate tables. Curt Hicks, who had prepared the slides, said he will recheck all the calculations and provide Janet with the updated presentation, if needed.</i></li> <li><i>There was a suggestion that we consider changing the risk group definitions to reference the behavior and not the person, such as CDC has begun doing.</i></li> </ul>			
Presentation/demonstration of linkages between the Jurisdictional Plan and the 2016 IDPH Prevention application, priorities, gap analysis, budget	11-11:45 pm	Curt Hicks, IDPH HIV Prevention Administrator	Provide overview of state's 2016 Prevention application/budget. Input into the priorities and plan set forth in the application has been solicited from ILHPG members throughout 2015. Members have been provided with a draft of the application and budget for review prior to the meeting.
Q&A and discussion/input	11:45-12:15 pm	Full ILHPG	
<i>Curt Hicks provided a thorough presentation summarizing the state's 2016 Prevention Application to CDC, its budget, and how funding has been allocated to align with the core requirements of the grant, the NHAS, and the High Impact Prevention approach to planning, as guided by the grant guidance. The full draft application and budget summary had been emailed to the ILHPG for members' review one week prior to the meeting.</i>			
<ul style="list-style-type: none"> <li><i>Steven St. Julian provided comment about the regional funding allocation and the impact to his region. He suggested that IDPH consider going to a different funding formula instead of</i></li> </ul>			

throwing a bone (one time funding supplements) to agencies. He recommended the planning group have a role in determining the funding allocation and that we look at a funding allocation formula for the state that is fair to all regions, looking at things such as CAHISC looks at when determining its Part A funding allocations –priority ranking, unspent funds by agencies, service utilization data, challenges and barriers noted by providers, how service categories impact the Cascade, etc.

- Curt Hicks commented that the state has been talking about relooking at and determining a baseline amount of funding needed for the regions before consideration of the region’s epi.
- It was recommended that the ILHPG would ask the Evaluation Committee to review the CAHISC considerations for its funding allocation and draft recommendations to IDPH for a better funding formula to be utilized.

**12:15pm: Before the concurrence vote, a motion was made and seconded that the ILHPG will ask the Epi/NA Committee or adhoc committee to review the CAHISC considerations for its prevention regional funding allocation and draft recommendations to IDPH for a better funding formula to be utilized in 2016. The motion carried with a vote of 19 in favor, none opposed, and 2 abstentions. 2 members were absent from voting. (Clarification: It was announced at the meeting that there were 3 abstention votes, but one absent vote was miscalculated as a vote of abstention).**

- There was the following discussion: The HD Co-chair clarified that if this motion was to go forth, it would likely be more a role for the Epi/NA Committee with input or jointly with the Evaluations Committee or possibly an adhoc committee. She also asked to clarify of the committee assignment was to look at a funding allocation formula to be developed in 2016 and not 2015, since this was not an assignment that could be done in the short-term. The response was “Yes” to both. The HD Co-chair also made an important point of clarification. She pointed out to the group that the ILHPG is guided by the HPG Guidance from CDC, not the guidance to Part A councils, like CAHISC, which is guided by the Health Resources and Services Administration (HRSA) and the RW Care Act and make allocations for care services. Part A councils are statutorily mandated to make decisions on service and funding allocation. HPG Guidance does not require that of HPG prevention planning bodies.
- There was also discussion about forming a Provide working group to answer and work on a lot of the questions and issues lead agents and users have with Provide. Curt said that Jeremy had formed a working group but had been occupied lately with training Alvey, running data reports for the grant, and setting up grants management in Provide. Now with Jeremy leaving, we are not sure when that will resume.
- There was also discussion about moving away from EBIs. When will we be able to focus on Treatment as Prevention and Biomedical Interventions? Curt stated that treatment as prevention is a lot of what we do know in terms of prevention for positives. Right now, PrEP education and referrals for biomedical preventions can be incorporated into any intervention and risk reduction counseling activity.

The meeting was adjourned for lunch. Janet stated that we will resume the working lunch portion of the meeting at the table at 12:45 pm.

Working Lunch (in Ballroom 4)	12:15–1:15 pm	Full ILHPG	
ILHPG Co-Chair Updates: ILHPG Business: <ul style="list-style-type: none"> <li>• Member reminders: complete mtg surveys, travel vouchers, next mtg intent forms</li> </ul> HIV Section and Policy/Legislative Updates (5 mins) HIV Prevention Administrator Update (5 mins) HIV Direct Services Unit/ADAP Update (5 mins) HIV Training Unit Update (5 mins)	12:45-12:55 pm      12:55-1:15 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.

The HD Co-chair reminded members to complete all their necessary forms and hand them in before they left for the day.

HIV Section and Policy/Legislative Update: A. Danner reported that Senate Bill 20142 had been signed releasing federal funds for spending. We are working on setting up appropriations to be able to pay bills. We have no news on when a state budget will be passed. We sympathize with all agencies impacted by the lack of a budget. Jeremy has announced that he has taken another job. August 31<sup>st</sup> will be his last day. We don’t know when we will be able to replace him because a hiring freeze was just enacted. Once we are able, refilling his position will be a priority. There is no news on the Section Chief position.

HIV Prevention Administrator Update: J. Maras reported that Medications Assistance Program (MAP) and Premium Assistance Program (PAP) vendors sustained us through the time when we were not able to spend federal funds. State GRF remains frozen until a budget is passed. RW Part B is partnering with MATEC to build a library of educational enhancements, some targeting consumers, to be released within the next 2 weeks. Prevention staff will be able to attend trainings if seats are available. If these are required trainings for Care staff, they will be prioritized.

HIV Direct Services Unit/ADAP Update: C. Hicks reported that LaRhonda has left and taken a job at Aging. In light of Jeremy’s departure, we will be providing training to lead agents and grant monitors to enable them to assist grantees with questions about Provide data entry. They will be the initial point of contact for assistance.

We are concerned about the issue of unspent dollars, especially GRF. These dollars are needed for the Part B Program to meet its Match requirement. Before fee for services, QOL grantees left 6% of funds unspent. After fee for service -23%. RIG has left 18% of its funds unspent last FY. We were not able to get approval for amendments to allow RIGS to use unspent funds to purchase supplies. We are discussing allowing unmet scopes to be released in the last quarter of the grant year to allow agencies to provide more underscoped and unscoped services.

HIV Training Unit Update: Karen Pendergrass reported that we had had to cancel some trainings since we did not have a state budget in place. Now that federal funds have been released, we can proceed with planned trainings. There will be a Sister to Sister training of trainers in November and a PCC training, which is a priority, after the first of the year.

<p><i>The HIV-STD Conference is October 28-29<sup>th</sup>. There will be numerous plenary and concurrent sessions as well as a Youth seminar. We are now accepting Red Ribbon nominations and poster/exhibitor applications. We will be providing about 30 scholarships for HIV and STD providers and for consumers at high risk of HIV. (More info will be forthcoming.)</i></p>			
<p>Overview of Concurrence Process, Remaining Discussion, and Vote on Concurrence</p>	<p>1:15-1:45 pm</p>	<p>Janet Nuss and Tobi-Velicia Johnson, ILHPG Coordinators</p>	<p>After review of concurrence process and based on presentation of the 2016 Prevention application and changes to the Jurisdictional Plan, the ILHPG will vote on whether it concurs that the application describes how programmatic activities/resources will be allocated to the priorities identified in the Plan and to the populations/ areas in the jurisdiction most disproportionately affected by HIV.</p>
<p><i>The Community Co-chair provided a presentation on what is involved in the concurrence process, what elements should and should not be considered in its determination, and the significance of non-concurrence. The concurrence checklist was included in the meeting packet and members were asked to reference that during the presentation and note that the HD has addressed elements required for concurrence with the ILHPG.</i></p> <p><i>After the presentation, the group was asked if there was any discussion before the concurrence vote was taken. There was the following discussion:</i></p> <p><i>Steven St. Julian said that he is more placated that IDPH will be addressing the funding reduction in his region, but there is no assurance that corrective measures will be put in place. He recommended that the group vote concurrence with reservation because the IDPH plan for 2016 does not reflect funding of a basic level of prevention services to every region in the state.</i></p> <p><i>The HD Co-chair first pointed out again that regional funding allocation should not be a point of consideration by the planning group for concurrence. She also questioned if a vote could be taken on a specific reservation. The ballots have blank spaces where if a member voted concurrence with reservation, he/she could write in what that reservation was. The Parliamentarian said that this was allowable and that members could vote on the reservation proposed by the member.</i></p> <p><b><i>1:40 pm: With no further discussion presented, the ballots were handed out to voting members and tallied by the Parliamentarian, Community Co-chair, and Secretary. The results were 6 in favor of concurrence, 13 in favor of concurrence with reservation, and 2 in favor of non-concurrence. The concurrence with reservation vote carried.</i></b></p> <p><i>Janet noted that she will work with the Community Co-chair to draft the letter of concurrence with reservation and send the signed letter, along with updates to the Jurisdictional Prevention Plan, to CDC by September 1<sup>st</sup>, when the Prevention grant is due. She will be sending these out to membership as well and posting them on the ILHPG website.</i></p> <p><i>As a follow up, Joe Trotter and Chris Wade asked the HD Co-chair what the specific process would be for review of the funding allocation formula. The HD Co-chair said this would not be a short-term task. At this time, she suggested it would first be discussed within the Section, the Executive Committee and the Epi/NA Committee. It would likely involve forming an adhoc committee or task force to look at the current funding allocation formula and develop recommendations for other models. The Evaluations Committee would likely also be involved in the process. If this is something that will be utilized in the 2016 lead agent RFA, the formula would need to be in place before that RFA is released. The HD Co-chair said she saw this as approximately a 6 or more month process.</i></p>			
<p>Announcements; New business, Parking Lot; Wrap-up; Meeting Evaluations; Travel vouchers;</p> <p><u>Parking Lot Item:</u> If Time is Available: Discuss and Vote on Approval of ILHPG Social Media Procedure</p>	<p>1:45-2:00 pm</p>	<p>ILHPG Co-Chairs; Full ILHPG</p>	<p>New business, announcements</p> <p>The draft "Social Media Procedure" to be included in the ILHPG Bylaws and Procedure Manual, if approved, will be sent out electronically at least one week prior to the meeting to members for their review. If time is available, there will be discussion and possibly vote on the draft procedure.</p>
<p><i>The draft Social Media Procedure had been sent out to members before the call for review. Scott Thorn, the website administrator, drafted the procedure with input from the Membership Committee to be in alignment with the IDPH Use of Social Media Directive that had been released last year. The draft procedure has been reviewed and approved by the Membership and Executive Committees. There was discussion about Section 2. g, h, and i. The HD Co-chair noted that these items were included as examples of what are acceptable and unacceptable uses of social media, reinforcing that advocacy in the form of education and awareness is Ok but advocacy to attempt to influence in support specific legislation is interpreted as lobbying and is not OK.</i></p> <p><b><i>1:50 pm: With no further discussion, a motion was made and seconded to accept and include the Social Media Procedure in our ILHPG Bylaws and Procedures. The motion carried by consensus with all in favor, no opposed, and no abstentions.</i></b></p> <p><i>Carolyn Hartfield was not at the meeting in the morning when agency liaison reports were provided, so asked if there was time for her to provide an update from DASA. Carolyn said that she is working with agencies now that federal funding has been released for spending. East St. Louis and Cairo have laid off the majority of their prevention staff. They are not providing HIV counseling and testing through DASA until a budget is passed. Delta Center in Cairo has closed. Another agency absorbed the services but they do not have a DASA license yet. In addition, the C&amp;T staff at the site is out on medical leave. Carolyn stated that she thinks DASA will continue to use part of its SAMHSA block grant for HIV testing next year. She also reported that DHS is no longer planning on merging DASA and Mental Health.</i></p>			
<p>Adjournment</p>	<p>2:00 pm</p>	<p>Full ILHPG</p>	
<p><i>With no further business or announcements, the meeting was formally adjourned.</i></p>			