



**Illinois Department of Public Health
Illinois HIV Planning Group Meeting-Final Draft_11.17.15**

Date: December 4, 2015 **Hotel:** President Abraham Lincoln DoubleTree Hotel **Address:** 701 E. Adams St., Springfield, IL, 62701 **Phone Number:** (217) 544-8800

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 8:10 am. The delayed start was due to not having enough members present for consensus. 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>8:20 am: The HD Co-chair entertained a motion to adopt the final agenda. The motion was made, seconded, and approved by consensus.</p>			
<p><i>The HD Co-chair reviewed the meeting materials with the members which included the committee listing and schedule, an updated ILHPG member attendance log, and a contact list that included information of new members. She pointed out that the Concurrence Checklist was also in the meeting packet for members to reference and review as needed. She reminded the group that they should turn in their meeting surveys and travel vouchers to Vanessa, the ILHPG Intern, or herself by the end of the meeting. She also reviewed the materials associated with the meeting's presentation. There were no questions about the meeting material at this time.</i></p>			
<p><i>The HD Co-chair reminded guests to complete and hand in a Participant Profile form. She also 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 informed the group that Lisa Stief has taken a new job at an agency in St. Louis and has resigned from the ILHPG. Region 4 will now be looking for a new RIG Rep.</i></p>			
<p><i>The HD Co-chair welcomed new RIG reps Tracey Vogelsang (Region 2) and Fred Joiner (Region 3) to the meeting. She also informed the group that Tina Markovich's term as ILHPG Care Liaison had expired and that Marcy Ashby (Region 3) would take that role beginning in January 2016.</i></p>			
<p><i>The HD Co-chair announced the names and agencies of new members that were selected through the application/ interview process. The following individuals are new members: Ayanna Armstrong, Chicago House; Terry Beard, Central Illinois Care Connect; Francisco Cabas, Biolytical Laboratories; Jill Dispenza, Center on Halsted; Peter McLoyd, The CORE Center; Kim Rice, University of Illinois, McKinley Health Center; and Carmella Williams, Human Resources Development Institute. The HD Co-chair informed the group that the new members have not been told about next year's webinar-only schedule as she wanted to let the current members know first. She said that she would inform them of this change in their upcoming new member orientation conference calls. The HD Co-chair expressed some concern about how it may be challenging for new members to understand ILHPG functions and processes without face to face meetings. She hopes that the group will be able to accommodate new members and help them become comfortable despite changing meeting format.</i></p>			
Agency Liaison Reports (3 minutes per report)	8:15-8:35 am	Agency Liaisons	Receive report on current agency activities from Liaisons: CAHISC, CMHS, DASA, Housing, IDOC, ISBE, and STD
<p><i>CAHISC: Although Cynthia was not at the meeting, one member reported that AFC was planning a focus group for young MSM, HRH and transgender individuals. There is a \$50 incentive to participate.</i></p>			
<p><i>CMHS: Liaison not present.</i></p>			
<p><i>DASA: Liaison not present.</i></p>			

Housing: Liaison not present.

IDOC: Michael Gaines provided a Corrections Report and distributed it to the group. He said that the next Summit of Hope will be in February. Due to lack of a budget, they are tentatively scheduling other Summits of Hope at new and old facilities. He said that they are also working on a survey of county jails to see which facilities are interested in testing and education. Michael reported going to a World AIDS Day Event at a correctional facility in Lincoln. The facility's peer navigators put on a play and provided education to other inmates. It was very well attended. He said that they were working on the finalized Release Tracking Form. Michael noted that opt out testing numbers for HIV and Hepatitis C numbers might be skewed because there is no opt out poster for Hep C in the facilities, and he also reported that juvenile facilities have had high rates of test kit use.

ISBE: Liaison not present.

STD: Lesli Choat was not present at the meeting but provided an STD Updates document to the HD Co-chair. This document was distributed to members at the meeting.

Regional Implementation Group Lead Agent and Representative Reports (3 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 1: Mike Maginn and Debbie Starnes reported that there are 5 RIG providers in their region. They also said that their RIG meeting is planned for mid- December and that the Regional Care and Prevention Lead Agent meeting will take place in January. Scopes are now in PROVIDE ® and they will report their number of new positives to the group at the next meeting. Six new positives have been pending since July.

Region 2: Jeffery Erdman reported that providers can now enter data into PROVIDE®. In the first quarter, Region 2 had no new positives since July. He reported that some agencies are not fully staffed and are concerned about how they will function past January or February without a budget. Their RIG meeting is scheduled for mid-December. Jeffery also reminded the group that Families' and Children's AIDS Network (FCAN) is a new provider in the region. Tracey Vogelsang, the new RIG rep, is a case manager at HIHAC. She reported that she looks forward to using her new position to bridge gaps between prevention and care.

Region 3: Because Joan Stevens-Thome, Lead Agent, was not present and because Fred Joiner, RIG rep, is new to the group, there was no Region 3 report.

Region 4: Jeffery Erdman reported that the region had 4 new positives in the first quarter and 5 new positives in this quarter. He also said the Southern Illinois Health Care Foundation has reported 8 new positives. The RIG meeting will be on December 17th, and they will be focusing on identifying clusters and validating that positives are linked to care. Data entry into PROVIDE ® is now possible. The region has no new providers. Jeffery said that Lisa Stief was the region's RIG rep and that the region is looking to fill the position.

Region 5: Mike Maginn and Steven St. Julian reported for this region. They said that they had several World AIDS Day Events and that the next RIG meeting will be December 17th. They reported that they are finding more Hepatitis C and STDs in their region and are having trouble because of lack of services from the state lab. There have been 2 new positives. Providers in this region can now enter data into PROVIDE ® .

Region 6: Joe Trotter and Candi Crause reported that the region has four subcontractors. Coles and Edgar Counties are new providers. The new billing system seems to be working well for them but they are still in need of training. Edgar County has started a syringe exchange program. They have no clients yet but are prepared to serve clients when they get them. Coles County is working on starting a syringe exchange but is receiving pushback from the County Board. Douglas County is not a subcontractor but they have a syringe exchange program as well. Coles County and Danville are working on expanding PrEP. There have been three new positives in the region which have all been linked to care. The region's Prevention and Care meeting will take place in January.

Region 7: Jeffery Erdman and Valerie Johansen reported that the region has 10 providers. They lost McHenry County as a provider but gained FCAN. The region had 4 new positives in the first quarter. Their RIG meeting will be in December. There is one PrEP provider in the region. Providers can make referrals to the PrEP provider during high risk testing. There are two syringe exchange programs in the region. Lake County still has no syringe exchange program due to push back from the Sheriff's office. Mental health workers in Lake County have been able to provide Narcan trainings to police.

Region 8: Ayla Karamustafa and Serette King reported for region 8. Despite lack of funding, they have started site visits for their providers. Four of the seventeen agencies have had their site visits. Ayla said that as of now, she and Syllas Hizer are co-lead agents. Syllas has been and will continue to take on more responsibilities. The region is very close to having PROVIDE® access. Syllas has been working on compiling PrEP providers, and they are working with AFC to have an Integrated Meeting. Serette said that they had several World AIDS Events. The RIG meeting will be December 14th. He also reported that Howard Brown is trying to build up their phlebotomy program as well as provide phlebotomy trainings.

Discussion and Public Comment Period	9:00-9:15 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.

Overview of Youth Seminar and Youth Survey Results	9:15-9:45 am	Marleigh Voigtmann, ILHPG Intern	Gain knowledge about the results of the ILHPG HIV/STD Risk Youth Survey piloted at the UIS Coming-Out Day event and the HIV/STD Conference.
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Q&A and discussion/input	9:45-10:00 am	Full ILHPG	
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Marleigh Voigtmann, ILHPG Intern, provided an overview of the ILHPG Youth Survey as well as a summary of the survey results from the youth seminar. She described the process for development of the survey, implementation of the survey at the pilot and the youth seminar, and recommendations for future development and implementation of the survey.

- Suggestion: Consider disseminating youth surveys to various student organizations and freshmen/ 1st year counselors or groups rather than just targeting LGBT organizations or health centers. Try coordinating with fraternities or other conference/ events happening on campus.

- *Suggestion: Add an “other” box to the gender question to cater to students who do not identify as male, female, or transgender.*
- *Comment: Focus groups seem like a great way to get raw, unbiased input from youth. Some questions on the survey seem to lead participants to socially acceptable answers.*
- *Question: In the pilot, was the survey intended to reach high risk populations? Janet Nuss responded to this question by saying yes and no. The venue provided by the Gay-Straight Alliance was meant to reach high risk individuals but for the most part, the respondents did not identify as high risk. The primary focus of the pilot, however, was to find potential errors in the survey and fix them before the survey was rolled out at the youth seminar. A commenter responded by saying college students are usually not a high risk target for some agencies.*

BREAK	10-10:15 am	Full ILHPG	
Overview of 2016 ILHPG Strategic Plan (Committee Objectives) and Engagement Plan	10:15-11:15 am	Janet Nuss, IDPH ILHPG Co-chairs	Be informed on 2016 ILHPG Strategic Plan (Committee Objectives) and the 2016 Engagement Plan.
Q&A and discussion/input	11:15-11:30 am	Full ILHPG	

Janet Nuss, HD Co-chair, provided an overview of the 2016 calendar, schedule, and objectives. Before beginning her presentation, she informed the group of some decisions that were made at the Executive Committee meeting in November. There was concern for about effective use of webinar time and length of the webinars. It was decided that Agency Liaison Reports, RIG Reports, HIV Section reports, and committee break out groups would need to be eliminated from webinar meeting agendas. Committees will continue to meet monthly by phone. It was also decided that ILHPG meetings will now be conducted on a monthly basis and be 2-2.5 hours long. It was felt that too much would be lost in half day webinars due to losing the attention of participants. The group will prioritize agenda content related to committee objectives and will still have public comment periods in observance of OMA. Janet also informed the group of a change in the RIG reps. Because all of the lead agents are at the meetings, the Executive Committee decided it was no longer necessary to also have a RIG rep appointed by the lead agent for each region. The Exec Committee feels that this focuses too much of our planning group meetings on the RIG grants, which is a small portion of our federal grant. This does not allow us to focus enough on other grants and programs funded by the federal grant. We need to look at the grant in its entirety. The HIV Section administrators agree with this. The Exec Committee is suggesting that the RIG rep position be changed to a regional provider rep position in which individuals representing any HIV-related grant will be eligible applicants. Current RIG reps will be allowed to finish their current terms and then be replaced by regional provider reps.

- *Steven St Julian provided comment about the change in grant reps. He expressed concerns about new regional provider reps only representing their agency instead of the whole region. Valerie Johansen, Co-chair elect, replied by saying that the RIG reps are narrowed just to RIG grants. Not all members are aware of the other grants and how they are functioning. She also said that the new regional provider rep would be tasked with becoming knowledgeable about all regional agencies.*
- *Steven continued by saying that he had reservations about giving this task to other grant representatives. He said that this is not necessary as people representing other grants are able to join the group though the application and selection process. He stated that the RIG rep was created to make sure every region was represented and it should not be replaced as it is still working to ensure representation. Janet responded by saying that the group will continue to have equitable representation by region, but that representation will not be overly focused on the RIGs. The change to the regional provider rep is to ensure that all HIV grants and programs are represented and taken into consideration in our HIV planning.*
- *Steven expressed his concerns about getting away from the RIG reps. He continued by saying he thinks that the group is getting away from several of its intended purposes, especially community input. He said that the group no longer has an advising role and that the Department makes all of the decisions now. The only responsibility the group still has is the vote of concurrence. Steven ended by saying that by taking the RIG rep away, the voice of the communities will be taken away also. Janet responded by saying that the group has always informed the HIV planning process and has had numerous opportunities to provide input, all of which is taken into consideration by the Department. The Department makes decisions on funding allocations and programs, but always solicits guidance and input from the planning group, even more so than is required in the CDC Planning Group Guidance. Janet reminded the group that things like the MSM of Color Workgroup and the Funding Allocation Workgroup have been created as ways to solicit and provide community input. The input may not be directly from community members, but ILHPG members are their representatives.*
- *Chris Wade, Co-chair of the Membership Committee, ended the conversation by saying that the committee would consider Steven’s comments when making changes to the ILHPG policy manual. They will also, however, remember that this is an opportunity for the group to include more grant representatives in order to know what is going on with other grants and agencies.*
- *Steven later apologized for his comment about lack of community input.*

After this discussion, Janet continued with her presentation.

- *Question: Will the money saved by eliminating face-to-face meetings go toward prevention? Curt Hicks, IDPH HIV Prevention Administrator, said he was not sure at this time. It would be discussed at upcoming IDPH meetings*
- *Question: When does the Funding Allocation Workgroup need to conclude and present their suggestions to the group? Curt and Janet responded and agreed that this should be done by June at the latest.*

Possible Plans for Youth Focus Groups and Surveys in 2016	11:30-11:45 am	Janet Nuss, ILHPG Coordinator	Provide input and discuss plans for Youth focus groups and surveys to possibly be conducted in 2016.
Q&A and discussion/input	11:45 am-12 pm	Full ILHPG	

Janet Nuss, HD Co-chair, provided an overview of the tentative plans for youth focus groups and youth surveys in 2016.

- *Suggestion: The youth survey may be helpful to administer to students, but it would be more helpful to target the survey towards MSM. Heterosexual individuals and students are not high priorities like MSM.*
- *Comment/ Question: Youth don't see HIV as a killer anymore but more like a barrier to sex. College may be too late to target youth; should we try targeting high school students?*
- *Comment: There are little/ shrinking resources available for youth. Efforts should focus on the hardest hit. Spending time on other populations is distracting.*
- *Suggestion: Consider using funding to reach the most at-risk populations on GEO sites (i.e Grinder, Tinder).*
- *Janet responded to all of these suggestions and comment by saying that recommended use of this survey will be addressed more by the Evaluation Committee. If anyone has ideas or current surveys that they use at their agencies, they should bring those to the attention of the Evaluation Committee.*
- *Michael Gaines, IDOC Liaison, said that juvenile justice facilities are another place to administer focus groups and surveys. Inmates are usually in and out of the community and can be at greater risk of HIV due to survival sex or lack of precautions. Facilities are willing and want to provide inmates with this type of engagement.*
- *Comment/ Question: We must consider survey fatigue. A lot of clients/ at-risk individuals have other priorities and problems in their lives. Are we trying to collect more information instead of looking at what we already have?*
- *Joe Trotter, Lead Agent Region 6, commented by saying that the planning group should stay focused on HIV and not get distracted by other barriers like domestic violence or racism. He thinks that the group has lost touch with young MSM and that the group makes assumptions about their needs but doesn't truly know them. He said that planning group surveys and focus group activities should focus only on MSM, especially young MSM. Janet agreed that MSM need to be a priority population for needs assessment by reminded the group that we have developed and conducted many needs assessment activities geared at soliciting input from MSM, especially MSM of color and young MSM. We conducted an MSM of color town hall and from that created an MSM of Color workgroup that provided many sound recommendations back to this group. We have had several MSM, including young MSM and MSM of color focus groups. The youth seminar and youth survey were and will continue to be tools to reach youth, and the group has tried to recruit people most at-risk and their providers to become members of the planning group. We still need to collect information about what is driving the epidemic in youth, female HRH, especially black females, and transgender individuals.*
- *Comment: We know what youth need but we don't have it. We have to send them out to other providers where they may face judgement or discrimination. There is a need for mobile units that can provide immediate, financial free, and stigma free testing and services.*
- *Janet closed by saying that the needs assessments were done and tools like the youth survey have been developed and are available to all. It is now the job of the regional agencies to carry them out. She expressed her pride in what the group has done to address these at-risk populations.*

The meeting was adjourned for lunch. Janet stated that we will resume the working lunch portion of the meeting at the table at 12:30 pm.

Working Lunch (in Ballroom 4)	12-12:50 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 (4 mins) HIV Prevention Administrator Update (4 mins) HIV Direct Services Unit/ADAP Update (4 mins) HIV Training Unit Update (4 mins)	12-30-12:35 pm 12:35-12:50 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 Prevention Administrator Update: Jeffery Maras reported that the program is exploring retention specialist positions that will align with their case management. This position will be added as a new scope in the RW RFA. He said that HOPWA funding has come through for this year and will hopefully go live on December 15th. Jeff reported that the Marketplace is currently open for enrollment and provided the group with a document that lists acceptable plans. The acceptable plans went through a strict vetting process which included ensuring that each plan covered the ADAP formulary and to demonstrate to HRSA that the plans are cost effective, which was calculated by ensuring that premium and out of pocket costs are smaller than \$750 per month. No platinum or gold plans will be accepted for PAP because they were not deemed cost effective. Additionally, some clients that are 55 and older may enroll in a bronze plan if no silver plans are available for them. Clients who are 55 and older can still enroll for a silver plan and make payments on the difference. Jeff reported that there is limited time to make a payment on plans after enrollment. Because of this, the program has made emergency payments available through POOL.

HIV Prevention Administrator Update: Curt Hicks reported that the program is continuing work on their PrEP prescriber list. Currently, Regions 1, 2, 5, and 8 do not have PrEP providers. He reminded the group that capacity building dollars can be used for PrEP Clinics. Funding for high risk negatives can also be used for PrEP testing and counseling. MATEC and the Department are continuing to provide PrEP trainings for providers and counselors. Curt reported that the first draft of the nPEP Counselor's Guide was completed by Kim Cleveland. She would like members and community representatives to review it and give input through conference calls. OASIS curriculums for Black and Latino MSM have been completed. So far, the feedback has been very positive and the program is open for referrals. Curt informed the group of the NASTAD meeting, which took place in October. He also said that the CAPUS site visit went very well and that they liked the community health workers and said PROVIDE® was great. The Quality of Life submission deadline is January 15th. He also mentioned that the Department had multiple tests kits that were available and due to expire in January and March. He said that the functioning of the lab and the elimination of Western Blot tests will be discussed at a meeting next week.

HIV Section and Policy Legislative Updates: Tal Holmes, Chief of the IDPH Infectious Disease Division, addressed the group by thanking them for providing input during times of change and for

<i>being the eyes, ears, and hands of HIV prevention. He too reported that the NASTAD meeting had taken place in October. The lead agents were invited to this internal program review so that challenges can be addressed together going forward. Tal gave a special thanks to Janet Nuss, Jeffrey Maras, and Andrea Danner (HIV Assistant Section Chief) for their great work. He also welcomed Eduardo Alvarado, new HIV Section Chief, to the group and section. Andrea thanked Tal for taking on many responsibilities in the HIV section while the HIV Section Chief position was vacant.</i>			
Overview of the Roles of the Community Co-chair Elect, Parliamentarian, and Secretary; Nominations; and Vote on Selection of New ILHPG Community Co-chair Elect. Announcement of Newly Elected Community Co-chair Elect, Secretary, and Parliamentarian	12:50-1:20 p.m.	ILHPG Co-chairs; Membership Committee Co-chairs	After a review of the roles of the ILHPG Community Co-chair Elect, Parliamentarian, and Secretary, the floor will accept nominations. Nominations will then close. Nominees who accept the nomination will address the group. Members will then vote on selection of a new Community Co-chair Elect for 2015.
Member Recognition	1:20-1:40 pm		There will also be recognition of members vacating current membership and leadership positions.
<p><i>Janet Nuss, HD Co-chair, announced that the Community Co-chair Elect, Parliamentarian, and Secretary positions were open for 2016. Chris Wade, Parliamentarian, and Vanessa Smith, Secretary, have both fulfilled their two year terms and Valerie Johansen will take the role of Community Co-chair, which was held by Tobi-Velicia Johnson in 2015. These roles are to be filled through a nomination process. Each position was described and included in the meeting packet.</i></p> <p><i><u>Community Co-Chair Nominations:</u> Tremayne Coleman was nominated for Community Co-chair Elect at the last meeting. Being absent and unable to address the group, his nomination was not valid. Vanessa nominated Alexandra (Lexi) Arjona. She accepted the nomination. Mike Maginn nominated Candi Crause. She declined.</i></p> <p><i><u>Parliamentarian Nominations:</u> Vanessa nominated LeeVon Harris. He declined. Janet nominated Scott Fletcher. He accepted.</i></p> <p><i><u>Secretary Nominations:</u> Lytti Dudczyk was nominated for Secretary at the last meeting. She accepted.</i></p> <p><i>Lexi addressed the group by saying that although she has reservations about the meeting format being only webinar-based next year, she humbly accepts.</i></p> <p><i>1:00 pm: A motion was made to elect Lexi Arjona as the 2016 Community Co-Chair Elect. The motion carried with a vote of 16 in favor, none opposed, no abstentions. Four members were absent from voting.</i></p> <p><i>Scott addressed the group by saying that he humbly accepts the position and thinks that his role as both the Website Administrator and the Parliamentarian will helpful during our meeting transitions.</i></p> <p><i>1:05 pm: A motion was made to elect Scott Fletcher as the 2016 Parliamentarian. The motion carried with a vote of 14 in favor, none opposed, and no abstentions. Six members were absent from voting.</i></p> <p><i>Lytti addressed the group by saying that she has had several ILHPG leadership positions and is humbled that she has the group's confidence. She looks forward to the new position.</i></p> <p><i>1:15 pm: A motion was made to elect Lytti Dudczyk as the 2016 Secretary. The motion carried with a vote of 16 in favor, none opposed, and no abstentions. Four members were absent from voting.</i></p> <p><i>Several members were recognized for their membership and/ or their executive roles. Each recognized member was given a plaque to commemorate their service. The Executive committee awards are as follows: Tobi- Velicia Johnson, 2015 Community Co-chair Recognition Award; Chris Wade, 2013-2105 Parliamentarian Recognition Award; and Vanessa Smith, 2013- 2015 Secretary Recognition Award. The following members were recognized for completing their 5 year terms: Bridgette Jones, Joan Stevens-Thome, Sherry Leo, and Vanessa Smith. We are thankful for their faithful years of service to the ILHPG; they will be missed by the group.</i></p>			
Announcements; New business, Parking Lot; Wrap-up; Meeting Evaluations; Travel vouchers;	1:40 pm	ILHPG Co-Chairs; Full ILHPG	New business, announcements
<u>Parking Lot Items:</u>			
<i>The HD Co-chair reminded members to complete all their necessary forms and hand them in before they left for the day.</i>			
Adjournment	1:40 pm	Full ILHPG	
<i>With no further business or announcements, the meeting was formally adjourned.</i>			