



Illinois HIV Planning Group (ILHPG)

June 17, 2016, 10:00 am-12:30 pm Meeting Minutes

- Welcome; introduce co-chairs, facilitator and presenters; and acknowledge moment of silence (5 minutes)
The Co-chair reminded members of the purpose of the ILHPG and the work it does as the central coordinating body for HIV prevention, in conjunction with IDPH and community stakeholders. This work is essential to development of the Integrated Plan and achieving the goals of the National HIV/AIDS Strategy. ILHPG Co-chairs, meeting facilitator, and presenters were introduced. On behalf of IDPH, the ILHPG, and the HIV community, the Co-chair led the group in a moment of silence for the victims and families of the Orlando Pulse nightclub shooting this past weekend.
- Review formally adopted agenda
The agenda for today's meeting, formally approved by voting members of the group in advance of the meeting, was reviewed.
- Webinar process; Attendance/Roll call; Announcements (15 minutes)
 - Webinar meeting, online meeting survey, and online discussion board instructions – *Participants were provided webinar instructions and informed of where and how to locate all meeting documents and resources.*
 - Announce logged in members and take roll call of other voting members to verify quorum –*Roll call was taken and announced. Quorum was verified.*
 - ILHPG Leadership-Leadership was introduced and acknowledged.
 - Voting protocol-*The process that will be used for the vote that is scheduled to occur today was reviewed.*
 - Announcements
 - » Member updates-*Our two newest members have completed orientation and have been assigned a committee.*
 - » 2016 Cumulative voting and non-voting member meeting attendance log –*The updated attendance rosters will be sent out with minutes from today's meeting. Members were instructed to monitor their meeting and committee attendance.*
 - » Reminder: Upcoming July 15, 2016 ILHPG webinar meeting – *This mtg. will focus on presenting recommendations from the Funding Allocation Workgroup and the planned regional gap analysis for 2017 prevention funding. There is no vote scheduled to occur at the July meeting.*
 - » Posted Reports/Updates:
 - Committee, Liaison and Regional Lead Agent, RIG Rep, and IDPH HIV Section reports –*These are posted on the website. Participants were encouraged to review these reports to keep updated on ILHPG committee, HIV Section program, Liaison agency, and regional RIG/LA activities/issues.*
 - » Review meeting objectives and Concurrence checklist
- Present overview of Prioritized HIV Prevention Interventions and Services and High Impact Prevention (45 minutes)
Jeffery Erdman, ILHPG Interventions and Services Committee Co-chair
Jeffery provided a comprehensive overview of high impact prevention (HIP) and its importance in prevention planning as well as a thorough description of all current HIV prevention strategies and interventions that could be funded by IDPH. Jeffery pointed out and emphasized evidence-based

interventions that have been approved by CDC as both cost-effective and behaviorally effective. He also pointed out several interventions, such as Healthy Relationships and Many Men, Many Voices, that could be used as an alternative to group prevention support for targeted populations, an unvetted intervention.

– Input, Questions, Take-away (10 minutes)

Q: Steven asked what GRF funding is available to support syringe exchange. I thought there was none.

A: Andrea said that the state has purchased several thousand dollars of harm reduction supplies for project sites. Curt said that Illinois General Revenue funds may be used to support syringe exchange. We are restricted from using federal funds to purchase syringes, but we have recently submitted a determination of need, requesting a waiver to allow us to fund harm reduction and syringe exchange services such as counseling (with the exception of purchasing syringes). Andrea said that even with a waiver, as of July 1st, we will need appropriation authority to spend our federal funds.

Q: Cynthia asked if we had data on how many interventions that are CDC supported are conducted in Illinois.

A: Curt said that was included in his presentation at the May 19th Integrated meeting on 2015 Prevention Services Delivered.

Q: Jill asked if surveillance based services were triggered when positives were identified only via a confirmatory report or if a preliminary report could suffice.

A: Curt said that a client can be linked to care via a preliminary positive report, but we cannot initiate DIS work until a surveillance record is generated by IDPH and that does not happen until there is a confirmatory report.

• *Brief break (5 minutes)-There was a 5 minute break in the meeting.*

• *HIV Section Update and Discussion with ILHPG (20 minutes)*

Eduardo Alvarado, Chief, HIV/AIDS Section, IDPH

Eduardo provided a Section update.

NASTAD did a review of the Section and provided recommendations back to IDPH. Even though there is a menu of interventions and services approved by CDC, there still may be merit for some middle ground to allow some we still feel are needed to target certain populations. We want to ensure that all services are linked to the Continuum of Care model and the NHAS goals. We also want to build a framework for integrated care and prevention, especially in light of the disproportionate funding we receive for prevention services. IDPH and other agencies need to try to leverage other sources of funding, if able, and not solely rely on funding from one source. The Section remains committed to providing stakeholders with TA to pursue other funding opportunities.

Eduardo mentioned staffing changes in the Section. There has been reluctance on the part of administration to prioritize our vacant positions for hiring. We have created an internal Data Workgroup to facilitate data related projects. Bryan Walsh is the lead. We hope to post an Epidemiologist position.

Eduardo gave an update of some Section programs. We are continuing to emphasize PrEP, PEP and nPEP. We have provided guidance to counselors to assist in counseling clients and linking them to resources for PrEP. We have created a listing of statewide providers willing to prescribe PrEP. We have a PrEP website to link clients to insurers and patient assistance programs for PrEP. As a demonstration project, ADAP has enhanced its formulary to provide HCV treatment drugs to clients dually diagnosed with HIV and HCV. Fifteen clients have so far been enrolled. Eduardo talked about DASA's decision to discontinue as of September 30th, funding its substance abuse centers to provide HIV testing

Eduardo provided an update on the state budget, including the proposed stop-gap budget that the Governor has not yet acted upon. Once we have an approved FY16 budget, our priority would be to pay our partner agencies the GRF funds we owe them for services provided. Our current authority to spend federal funds expires June 30th. That will need to be extended to enable us to continue to pay agencies for services provided with federal funds.

– Questions, Discussion (10 minutes)

Q: Valerie asked is IDPH will be working with Chicago to assist them to get Part A providers on Provide®.

A: Eduardo stated that IDPH has been working with CDPH to get them on Provide® and will continue to do so.

Q: Steven said “Thank you for your open and empathetic expression of the challenges we providers face under this crisis.” Q: Steven said that he understands why drug companies are not willing to supply PrEP meds for free, but asked if there had been an attempt to have the companies fund the recruitment of qualifying clients and the prevention work necessary to help them enroll or obtain insurance that covers the meds.

A: Eduardo said that conversations about that are happening at the NASTAD level to try to leverage other resources for PrEP. Jeffrey Maras said that PrEP does have a patient assistance program for those uninsured and those insured who need assistance. This application is on the IDPH website; PrEP4Illinois.

These were not addressed on the webinar but were posted on the Meeting Discussion Board:

Q: Valerie stated that in regard to PrEP, she encouraged providers to reach out to their Gilead reps in their area to assist them directly with this need. They are very helpful and full of resources to expand/support PrEP activities.

Q: Jill asked if the Direct GRF HIV Testing RFA would be coming out soon.

A: This was not addressed on the webinar, but Janet contacted Jill and let her know the RFA had been posted on eGrAMS.

Q: Valerie asked id Eduardo could expand on his explanation on the pending appropriations for QOL?

A: Eduardo replied that the amount earmarked for Quality of Life changes every year due to the amount of red Ribbon lottery tickets sold. We don’t know the amount until we are told the official amount that has been appropriated. Good news is that the Quality of Life Board met on June 30th and approved the selected grantees for SFY 2017. An announcement of the selected grantees will be forthcoming.

Q: Valerie asked what the outlook was for GRF appropriations.

A: Eduardo replied that unfortunately, we don’t know any more than the general public at this time. We are all anticipating that a stopgap budget to fund social services will be approved, but we don’t know. We will certainly inform everyone as soon as we official confirmation of anything related to the budget and appropriations.

• **Present, discuss, vet, and vote on 2017 HIV Prevention Interventions and Services Guidance (30 minutes)**

Jeffery Erdman, ILHPG Interventions and Services Committee Co-chair

Jeffery provided a thorough explanation of the key proposed changes to the Interventions and Services Guidance for 2017. These include incorporating biomedical components into the behavioral risk reduction interventions; incorporating medication adherence interventions for positives into biomedical risk reduction interventions; incorporating new guidance into HIV testing protocols re: removing our current counseling protocol from HIV testing; preparing for the CDC rollout of prioritized linkage-retention-reengagement in care (LTC) interventions under the Biomedical Risk Reduction Interventions; and various language changes to the guidance.

Voting members had been sent and were asked to review the updated guidance with changes highlighted in advance of the meeting in preparation for today’s expected vote.

With no questions proffered, the Co-chair stated that she was entertaining a motion to accept the recommendations presented by the Jeffery on behalf of the Interventions and Services Committee for changes to the Interventions and Services Guidance fir 2017. With no discussion, a vote was taken and the following announced:

Motion carried with 18 members in favor, 0 opposed, and 6 “no vote cast/received by member” (Note: after the meeting, the Co-chair found a voice mail message left for her by Serette King, one of the voting members, with a yes vote. He said he had been unable to raise his hand on the webinar or send an electronic vote. The vote count reflects his vote added.)

• Public Comment Period/Parking Lot (10 minutes)-none received

• Adjourn The meeting was formally adjourned at 12:35 pm.