Illinois HIV Planning Group (ILHPG) Workshop –August 25, 2017, 8:45 am – 1:00 pm

Minutes

Memorial Center for Learning and Innovation, 2A Curtis Theater Classroom

228 West Miller St., Springfield, IL 62702

Note: Boxed lunches will be available at the workshop meeting for ILHPG members and Community Stakeholders who confirmed their in-person attendance by August 14th.

8:45 am: Welcome; introduce co-chairs, leadership, and facilitator, acknowledge moment of silence (5 minutes)

The Co-chairs introduced themselves, the facilitator and IT/AV administrator, and the other presenters for today's meeting. The Community C-chair then led the group in recognizing a moment of silence for people living with and fighting to end HIV.

8:50 am: Meeting process; Attendance; Announcements; Updates (10 minutes)

- Meeting process, meeting survey, online discussion board instructions
- Roll call attendance of voting members, announcement of non-voting members and others, including those participating remotely
- Review of agenda and meeting objectives; Announcements

The Co-chairs reviewed the agenda and objectives for today's meeting and the primary purpose of the ILHPG. The facilitator informed everyone that the meeting was being recorded, provided technical instructions to remote participants, and informed the group about completing meeting surveys and the availability of a Discussion board after the meeting. The leadership of the ILHPG was introduced and then the microphone was passed around the room and people attending the meeting in-person introduced themselves. Then remote participants were announced and given the opportunity to introduce themselves.

9:00 am: HIV Section and HIV Program Important Updates - (40 minutes)

Eduardo Alvarado, IDPH HV Section Chief

Curt Hicks, Jeffery Maras, Cheryl Ward, IDPH HIV Program Administrators

– Questions & Answers, Discussion, Input – (10 minutes)

: Goal 4(Achieve a More Coordinated National response to the HIV Epidemic)

Eduardo provided an update from the HIV Section. He stated that all of the Section's efforts align with the HIV Care Continuum and the strategy to end the epidemic. We will continue to support perinatal HIV prevention because one case is too many. We are expanding HIV and HCV testing efforts through our Direct Testing Grants and have provided HCV treatment to 132 HIV positive clients so far. We are participating in the CMS- Medicaid Affinity Group and looking at analyzing claims and health outcomes data to ensure PLWH are receiving standard and quality HIV care. We hope to have initial results in the next 6 months. We are looking at inventorying opportunities to embed the state's Getting to Zero framework and things such as the intersection of domestic violence, incarceration, women of color, PrEP utilization and HIV in future RFPs.

Andrea Danner presented on Illinois' PrEP Demonstration Project. Nineteen LHDs will be funded in SFY18 to build the capacity of STD clinics to provide PrEP services. We conducted a readiness and interest assessment of our LHD STD clinics. We found that sites are in different stages of readiness for implementation. Some are able to only provide client education and only make referrals for PrEP. These sites need to build their client and provider networks. Some sites are able to provide client education, HIV/ST testing, labs, and case management on site but still need to be able to make outside referrals for PrEP. Some sites are ready and interested in implementing a full PrEP clinic site with mid-level prescribers and practitioners on site. We will be adding up to $20,000 to each site through the local health protection grants. The objectives and activities are broad and flexible so we don't constrain agencies too much in this capacity-building year. Jamie Burns will do on-site capacity building. Gilead will also provide some technical assistance to LHDs. Andrea and Lesli Choat will oversee the project and will host monthly calls with the LHDs. LHDs will be asked to present on their experiences and PreP clinic models. Andrea also reminded people that we will be promoting the PrEP4Illinois website and our PrEP Program through this project.

Discussion:

Lexie spoke about a situation she was aware of where clients had stopped or taken breaks from their PrEP before their 3 month return appointment. She felt this was a problem with lack of client education about PrEP maintenance. Many agencies are in various stages of readiness to conduct case management of PrEP clients.

Eduardo commented that somewhere along the way providers did not educate the clients adequately.

Marissa commented that several agencies have projects in place that involve a case management component and wrap around services for PrEP that can combat pill fatigue. She named the SHIFT study and the injectable PrEP study at UIC.

Jeffery Erdman commented that many of the 19 funded sites are RIG grantees and the lead agents have been assigning them scopes on Personalized Cognitive Counseling (PCC) which can be used to provide case management to PrEP clients.

Marcy asked for a listing of the 19 sites. Andrea said that she would provide it to Janet to send out to everyone. Marcy also asked if there was a mechanism for paying for office visits and other labs with these grant funds. Andrea said that the 19 sites can use their grant funds for those costs.

Paula Clark stated that Region 5 now has 23 providers willing to prescribe PrEP. This too a lot of provider education and media campaign on the part of the LHD. The first PrEP clinic is now scheduled for November. The health department appreciates the opportunity to be part of this demonstration project.

Steven asked if we knew when LHDs would be able to offer rectal gonorrhea and chlamydia testing. Eduardo said that the STD Section asked the HIV Section for funding to support that. The lab first had to do a validation study which has been finalized and the lab is getting ready to move forward with this.

Candi Crause asked if extra-genital testing will be self-collected or provider-collected. Eduardo said that we won't be restrictive on how agencies collect these.

HIV Liaison Updates:

Youth Liaison (Nicole): In her role at Center on Halsted, Nicole advocates on behalf of youth and maintains active engagement with youth in the community.. Center on Halsted just received a 2 year grant from ViiV Healthcare for youth services.

CAHISC Liaison (Cynthia): CAHISC completed its priorty setting for Part A and MAI services in July and will complete the resource allocation at its August 30th meeting. CAHISC has been conducting some community engagement meetings and CDPH has been conducting meetings with its providers to conduct root cause analysis needs assessments.

Corrections Liaison (Michael): We continue to find positives in both HIV and HCV testing in the correctional setting. About 4,000 opt out tests have been conducted upon detainees' release. Dr. Meeks is the new Medical Director for IDOC. We are in the process of planning new Summits of Hope where we have not had them before. The next one will be in Quincy on August 29th. We are talking about planning Summits of Health focusing on mental health issues. We will also be planning one or more Summit of Hope for women only. We also plan to continue the First Steps Program with the Department of Juvenile Justice.

HIV Section Program Updates:

Surveillance (Cheryl): Jamie Gates has joined the Surveillance Unit. Christine Hoffman has retired and will be training Jamie. We have expanded our Epidemiology Unit which will enable us to do more sophisticated analyses such as cluster analysis. We currently have Dr. Ma, Livia Navon, and Patricia Murphy, the Evaluation Administrator on staff. In addition, Zi Wang, our former intern, still volunteers his time as he is working on his PhD. In the future we will be doing more analysis in terms of social determinants, viral suppression, molecular surveillance, and outbreak response.

Prevention (Curt): Stacey Grundy and Samantha Debosik have joined the C&T Program. Stacey will coordinate Positive follow-up, Partner Services, and the Direct HIV/HCV Testing Grants. Samantha will oversee the Routine Testing Grants.

HCV was added to the HIV Direct Testing Grants this year. HIV scopes are based on the priority populations. HCV scopes will target PWID by the HCV epi. We felt this was a necessary component to add since 1 in 5 injectors test HCV positive. The Quality of Life applications have been scored. African American AIDS Response Act has been funded this year. The grant period for the RFA will be October 2017 – June 2018.

Care, MAP, PAP (Jeff): The HCV demonstration project provided 132 HIV clients with HCV with HCV treatment drugs. New HCV drugs will soon be added to the formulary. We are exploring moving to an open formulary with some class and drug exclusions. We are approaching full staffing in ADAP. ADAP actually has dedicated hotline staff now. The Ryan White application is in a 5 year renewal period. Our next complete application won't be due until 2021. We are approaching the open enrollment period (November 1-December 15th). September through November we will be rolling out the process and sending letters to clients about Marketplace plans.

10:00 am: ILHPG Liaison and RIG Lead Agent Reports – (40 minutes)

Goal 4(Achieve a More Coordinated National response to the HIV Epidemic)

The ILHPG Liaisons and RIG Lead Agents were asked to provide an oral report.

Region 1 (Mike): It has been a challenge dealing with delays in executing grants and contracts. Region 1 currently has 5 funded providers. September 15th is the next RIG meeting at Open Door. It will be a combined meeting with Region 7. Andrea Merick is the new Executive Director at The Project Quad Cities. Debbie Starnes, our Region 1 RIG rep, retired and is no longer on the ILHPG. Region 1 is working on expanding PrEP in the area. Valerie Johansen is providing Region 1 some TA on PrEP. Three new positives have been identified this year.

Region 2 (Jeffery): Region 2 has had the same challenges with delays in executing provider agreements. Region 2 has 5 funded providers. LaSalle CHD is no longer a provider. Our next RIG meeting will be in Peoria in September. Region 2 has done a good job at expanding PrEP. Almost all the Planned Parenthood agencies offer PrEP. Positive Health Solutions has a PrEP clinic. McLean CHD is planning a PrEP clinic and planning on billing third part insurers for services. Region 2 has identified only 1 new positive this year.

Region 3 (Mike): Region3 has 6 funded providers. Macon CHD is a returning provider and Logan CHD is a new provider. No new positives have been identified this year. The region has conducted 183 tests, 86% of which have been of the priority populations. Central Counties and Springfield Clinic are both providing PrEP.

Region 4 (Jeffery): Region4 has 7 funded providers. Writers, Planners, and Trainers has been added to do outreach to the African American community. Six new positives have been identified this year. Madison CHD opened a PrEP clinic in 2016 and has served 12 clients so far. Southern IL Healthcare Foundation has several sites that are offering PrEP. Macoupin CHD and ESHD are interested.

Region 5 (Mike): Region 5 has 3 funded providers. Three new positives have been identified and they have identified 10 active partners. The next RIG meeting is in September. There is a new director at Jackson CHD. Jackson CHD has had great success building its PrEP program.

Region 6 (Joe): CUPD has a PrEP clinic. We have added an Mpowerment Program (Brother to Brother). Coles CHD has been working on developing a blended model PrEP Program. Douglas CHD is now providing syringe exchange. The VA in Danville is piloting a program to provide clean syringes to clients with HCV risk.

(Candi): 85% of the PLWH in the region are seen by one provider. The case management staff meet with the Medical Group staff regularly to provide real time surveillance of clients in their care.

Region 7 (Jeffery): Region 7 has 10 funded providers and has identified 18 new positives this year. Region 7 is expanding PrEP clinic in the area. Open Door, DuPage CHD, Will CHD, and Regional Care Associates are starting to provide PrEP services.

(Valerie): Region 7 has collaborative meetings with care and prevention. Will CHD is working closely with its FQHC to be able to expand its efforts. There is a new needle exchange program in Lake County. Lake County sheriff has a pilot site in which people can receive direct access to substance abuse treatment.

Region 8 (Silas): There are 16 funded providers in Region 8. Half of the site visits have been completed. Region 8 has identified 3 new positives this year which is very low for the region. We have had a few setbacks with staff changes at SSHARC and Oak Park and Evanston HDs that has impacted provision of Surveillance Based Services (SBS). We are looking to expand PrEP and nPEP in the region at Access Community Health. We will be providing naloxone training for our providers.

(Marissa): Marissa stated that she will be leaving her current position at Howard Brown and as the Region 8 RIG rep. She has taken another position at Howard Brown. Serette King will be supervising her replacement.

The Co-chair noted that even though it was good to receive oral reports from everyone, we had gone longer than the scheduled time on the agenda. She suggested that we break for 15 minutes to allow people to go to the restroom and pick up a lunchbox, then we resume the meeting at 11:15, extending the meeting until 1:30 pm, if needed. This will call for a motion and a vote. She asked if there was a motion?

11:00 am: Jeffery Erdman made and Silas Hyzer seconded a motion to break for 15 minutes, resume the meeting at 11:15, and extend the meeting until 1:30 pm, if needed. A hand and electronic vote of voting members participating in the meeting was taken. The motion passed with 16 in favor, 2 opposed, 0 abstentions, and 1 member absent.

11:00 am: Break (15 minutes)

11:15 am: 2017 Legislation/HIV-Related Policy Update – (20 minutes)

Dan Frey, Director of Government Relations, AIDS Foundation of Chicago

– Questions & Answers, Discussion, Input – (10 minutes)

Goal 4(Achieve a More Coordinated National response to the HIV Epidemic)

Dan began his presentation with an overview of important HIV or HIV-related legislation.

The Governor signed the Third Trimester HIV Testing legislation into law. This will help ensure that pregnant women receive comprehensive HIV testing and that no child is born HIV positive in Illinois.

The Vital Records Modernization legislation is awaiting the Governor's signature. This will allow transgender persons to change their birth certificate gender assignment to reflect their gender identity.

The Medicaid Abortion Coverage & Federal Trigger Removal legislation has been passed by both Houses, but they are still trying to convince the Governor to sign it before sending it to him. This bill affirms that Illinois will not go back to abortions being illegal and will allow Illinois to use state funds to provide women with pregnancy-related care, including abortions.

The Network Adequacy and Transparency Act is awaiting the Governor's signature. It established standards for insurance companies operating in Illinois, requires continuity of care at in-network rates for people undergoing treatment for serious illness should their doctor, hospital, or pharmacy be dropped from the network.

Dan then spoke about the state's recent budget impasse, the Governor's Turnaround Agenda, and various revenue and other issues that led to the impasse and finally resulted in the resolution of the impasse. Dan presented the FY18 HIV appropriations that include HIV-related state GRF as well as federal appropriations to IDPH and other state agencies. The HIV lump sum GRF allocation for FY18 is $25,415,000.

Dan also said that AFC is working to incorporate viral load suppression outcomes into the Medicaid Managed Care RFPs and increase the number of HIV drugs included on the formularies.
Discussion:

Mike asked if AFC would be working to seek in making improvements to the HIV criminalization law. Dan said that this is something AFC has worked on and may plan to reintroduce into legislature next session. The Illinois law is not as bad as in some states.

Eduardo commented that NASTAD is working on development of a national framework. Decriminalization of HIV is a priority at the national level.

Marissa said that funding is available from NASTAD to enable states to conduct needs assessment looking at their criminalization laws. .

11: 32 am: Illinois AIDS/HIV & STD Hotline Update – (15 mins)

Jill Dispenza, Director, HIV/AIDS/STD Hotline and HIV Testing & Prevention, Center on Halsted

: NHAS Goal 1 (Reduce New HIV Infections), Goal 2 (Improve Access to HIV Care and Health Outcomes for PLWH), Goal 3(Reduce HIV-Related Health Disparities); Goal 4(Achieve a More Coordinated National response to the HIV Epidemic); Steps of the HIV Care Continuum: All

Jill provided an overview of the mission, history, and programs provided by the Center on Halstead. These include programming targeted for seniors, youth, and transgender persons, and focus on behavioral health, anti-violence, and cyber center services. The Center on Halsted has provided HIV testing since 2008. In FY17, it conducted over 4,000 tests, identifying 48 new positives, which is well over the 1.0% sero-positivity target. Jill said that it takes multiple encounters with a client before they are able to get that client to test.

The Center on Halsted has overseen the AIDS/HIV & STD Hotline since 1995. Hotline staff members are well-trained to provide HIV and STD education, risk assessment and counseling, and can even provide HIV testing. The hotline serves the entire state of Illinois but its greatest call volume is in Cook and the Collar Counties. There are multilingual staff members (English and Spanish) at the hotline. In addition, some are fluent in other languages. Agencies in need of Spanish interpretation for HIV testers can use the Hotline staff. The Hotline staff can also be used to educate students at schools. The Hotline has a searchable provider referral database that is continually kept updated. It is very detailed so this can be a challenge. In FY17, there were over 3,400 calls directly related to HIV. The highest number of calls comes from those in the 24-34 age group. The Hotline want to add texting services because it serves a younger demographic. The Hotline staff members can link callers to testing resources and can also do tests for people in the area who want to come to the Center. When the Hotline receives calls from PLWH they link them to care.

12:00 pm: Results of 2016 Ryan White Client Satisfaction Survey (Core Services and Prevention) - (20 minutes)

Jennifer Koechle, IDPH HIV RW Part B Data Specialist

– Questions & Answers, Discussion, Input - (10 minutes)

: NHAS Goal 1 (Reduce New HIV Infections), Goal 2 (Improve Access to HIV Care and Health Outcomes for PLWH), Goal 3(Reduce HIV-Related Health Disparities); Goal 4(Achieve a More Coordinated National response to the HIV Epidemic); Steps of the HIV Care Continuum: All

Jenny provided a summary of the FY17 RW Part B Statewide Client Satisfaction Survey results. Each region has received a summary of the results for their specific region. The survey was administered in 2017 so the results reference satisfaction with FY16 services. All clients who received a RW service in the previous year, including those who received only ADAP, were invited to participate. Due to staffing, the survey was made available only electronically. 547 clients responded to the survey, which is significantly less than in previous years. The state is looking into various measures to increase participation. 64.5% of the respondents were ages 45-64. This trend is consistent with previous years. We did see a slight increase in the number of respondents ages 25-44. 63.3% of the respondents were White and 30.3% were Black, which has been a consistent trend.74.1% of the respondents reported MSM as their current risk factor. 76.9% of respondents own or rent a home or apartment. The remaining either rent a room, live in a shelter, a substance abuse treatment facility, and HIV care facility, with friends or family, or other. Region 8 had the highest survey response rate (48.8%) with Region6 the lowest (2.4%).

Jenny said that the survey focused on Core CARE services – medical case management, outpatient/ambulatory care, medication assistance/ADAP, and oral health/dental services. The other services are surveyed in alternating years. In terms of case management, seeing that case management helped a client stay in care (92.6%) fell below the expected satisfaction rate of 95%. 88% of the clients surveyed saw a physician for HIV care every 6 months or sooner. All measures of satisfaction with outpatient care were very high. In terms of ADAP, experiences with pharmacy staff (90.2%) fell below the 95% expectation for satisfaction. The Department has completed a training for front line staff at CVS. CVS follows up with providers on missing scripts and the Department continues to notify providers that prescriptions are required. Three of the four measures of satisfaction with dental services were below the expected rate. Satisfaction with food assistance services, housing services, utility assistance, and legal services were lower than the expected rate of 95%.

In terms of Prevention, the proportion of clients who had no knowledge of PrEP has decreased, while the proportion of clients who have some or extensive knowledge has increased. As more people are learning about PrEP, we are seeing fewer clients interested in learning more about it. The state would like to explore the information provided by case managers to ensure there is consistent information provided to clients and to ensure case managers are collecting sexual health information at intake and re-assessments.

Questions:

There were comments about the lower satisfaction rates with a lot of the services. Curt said that when you see a lot of decrease in the number of respondents, you sometimes see the satisfaction rates decrease as well due to survey bias. Surveys tend to capture more people dissatisfied.

Jenny was asked if the Program breaks down the results for new vs long-term clients. She said they do not at this time.

The suggestion was made to add sub-question(s) or follow-up questions after each of the case management questions that are more specific. Clients may not know how a case management encounter relates to them staying in care. Maybe ask "Do you feel better about your HIV health after a case management visit?"

The suggestion was made to ass the survey as a Pop-up after people complete an ADAP application so they can complete it at that time.

Jeff reiterated that each region receives a copy of its region-specific results. Those can potentially be linked back to case managers that the lead agents can follow up with.

Lakethia asked what the response rate was. It was calculated to be about 4%. She said that paper copies would be easier for clients to complete. Jeff said that the Program does not have the capacity or infrastructure to manage paper surveys.

12:20 pm: 2018 Prevention Services Regional Gap Analysis and Funding/Service Distribution - (30 minutes)

Curt Hicks, IDPH HIV Prevention Administrator

– Questions & Answers, Discussion, Input - (15 minutes)

: *NHAS Goal 1 (Reduce New HIV Infections), Goal 2 (Improve Access to HIV Care and Health Outcomes for PLWH), Goal 3(Reduce HIV-Related Health Disparities); Goal 4(Achieve a More Coordinated National response to the HIV Epidemic); Steps of the HIV Care Continuum: All*

Curt provided an overview of FY18 regional grant funding, the formula (1/3 prevalence, 2/3 incidence) used to determine regional allocation, and the gap analysis used to determine regional allocation of service scopes. The lead agent portion of the regional awards will increase from 13.5 to 15% as PS18-1802 will require the lead agents to coordinate more projects. The Program awards are calculated directly from the Epi proportion. Curt explained the many constants and a few changes in the regional gap analysis. He then reviewed the funding allocation and shifts in funding among the service categories.

Discussion:

Joe Trotter asked what was more a priority – getting people tested or having a 1% sero-positivity rate.

Curt said that the immediate solution is to increase routine testing so that our RIG funds can be targeted to the highest risk populations, which is a requirement of the grant.

Steven said that the push for a 1% seropositivity rate is a challenge. He said that he feels uncomfortable not offering an HIV test to an IDU for whom he doesn't have HIV testing scopes that he is providing an HCV test to.

Curt said that PWID are a priority population and an agency can be paid for HIV tests to over-scoped priority pops. Curt also said that Jackson CHD might want to set up routine testing for IDU in the region so the low seropositivity rate for these clients is not included in the seropositivity rates for the targeted testing scopes. Curt also said that the Direct HCV/HIV testing grants can be used for testing PWID without affecting the seropositivity results of the RIG grants. .

Candi asked if routine testing would be a part of the RIG grants.

Curt said not for new site setup. Established routine testing sites will be transitioned to the RIG grants and the RIGs will provide support for positive follow-up and Partner Services. We will still have a project to help start up new sites and provide capacity building for them.

Jenny E. asked if routine testing sites would be expected to attend RIG meetings. Curt said yes and that that should complement and not interfere with the targeted testing strategy of other providers.

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12:55 pm: Public Comment Period/Parking Lot/Announcements- (10 minutes)

The Co-chairs reminded everyone to turn in their meeting surveys and for voting members to turn in their travel vouchers with their receipts to her before leaving.

1:00 pm: Adjourn

The meeting was formally adjourned.

: *Planning Group presentations/ discussions are designed to be centered on Planning Group functions/processes and the goals/ indicators of the National HIV/AIDS Strategy (NHAS) and/or the steps of the HIV Care Continuum. This symbol, followed by its description, indicates the focus of the presentation in relation to NHAS or the HIV Care Continuum.*