Illinois HIV Planning Group (ILHPG)/Ryan White Advisory Group Integrated Meeting

May 19, 2016, 10:00 am-12:30 pm Minutes

- Welcome; introduce co-chairs, facilitator and presenters; and acknowledge moment of silence (5 minutes)-*The meeting formally began at 12:10 pm. Everyone was welcomed. The Co-chairs, webinar facilitator, and presenters were introduced. It was announced that Katie Wolf would be presenting in lieu of Maggie Hourd-Bryant. Then a moment of silence was acknowledged for PLWH, past and present, and all those working in the field.*
- Review agenda –*The agenda for today's webinar was reviewed with attendees.*
- Webinar process; Attendance; Announcements; Updates (10 minutes)
  - Webinar meeting, online meeting survey, and online discussion board instructions – An active discussion board will remain open until May 26. Meeting evaluation surveys will be received through May 26 as well.
  - Attendance will be taken by roll call, tracking of members logged in and sign-in sheets from host sites –*Voting members were tracked by webinar logins. Their names were announced. Roll call was taken of other voting members and their presence announces either as they raised their hand to be unmuted or they sent a message via the Chat pane.*
  - Review meeting objectives – *The Co-chair reminded the group of the purpose of the Integrated Planning Group and the importance of community input into the integrated planning process and the integrated plan itself. The objectives for the day's webinar were reviewed.*
  - Announcements –
    - *Scott Fletcher announced that due to a change in Microsoft policy, there have been some changes in the names of the links to access meeting documents. Users will need to "refresh" that webpage in order to access the new links. Attendees were informed where all meeting materials were located on the ilhpg.org website for viewing and download. In addition to the presentation slides, Region 4 Epi highlights and Regions 1-8 RW Part B Service Utilization Reports are posted on the site.*
    - *The recording of this webinar will be made available today. Past recorded meetings are still on the website. If you have missed any please go view the recordings.*
    - *Save the Date: We received approval for the 2016 Conference. We are accepting abstracts and applications for poster sessions. We are planning an Integrated Group face to face meeting for the morning of the pre-conference date. The agenda for the meeting is still a draft.*
    - *The Co-chair noted the slide that named 70 people (other than the regular ILHPG and RW Advisory Group members and IDPH staff who routinely participate in meetings) and their agency affiliations who have participated in ILHPG and Integrated Planning Group meetings by webinar since the first of the year. This demonstrates that the webinars have significantly enhanced community engagement.*
      - Introduce Integrated Planning Steering Committee leadership
      - Brief update from Integrated Planning Steering Committee

- » *The Draft Integrated Plan and a few of its Draft Appendices – The FY16 Resource Inventory and the 2017-2021 Activities Chart, which is like the operational plan to the Integrated Plan will be posted on the website by the end of the day. The documents can be located at http://www.ilhpg.org/integratedplandocs*
- » *A Discussion board will be made available for public comment on the draft plan. Comments will be accepted through June 15th. Am email notice with links to the Draft documents and the Discussion board will be sent out after this meeting. Please take the opportunity to review the draft and provide input by June 15th. If you get a message saying the link is broken you can sign into OneDrive account and then you will be able to access that link. The documents are there but there is an issue with a Microsoft update. Please contact Janet or Scott if you have any difficulties.*
- » *The Co-chair reviewed the timeline of integrated planning activities from now through September. The ILHPG will be working on finalizing prevention appendices to the plan between now and July. These will be posted to the site as soon as finalized. At the August 18th Integrated Planning Group Meeting, the final plan will be presented and a concurrence vote taken. We will be working with everyone until then to make sure everyone is comfortable with the concurrence voting process. If IDPH and/or the planning group feel there is a need for another conference call or webinar between now and that time, one will be scheduled.*

– Concurrence checklist –*The essential elements of concurrence and the Concurrence checklist were reviewed with attendees.*

- Region 4 Care and Prevention Panel Presentation(45 minutes)

  Tina Markovich, St. Clair County Health Department, Region 4 HIV Care Project Director
  Jeffery Erdman, Illinois Public Health Association, Region 4 Prevention Lead Agent
  Katie Wolf, City of St. Louis Health Department/St. Louis Planning Council

  - *Jeffery presented on the demographics and socio-economic status of Region 4, with a special focus on East St. Louis. About 18% of the population in Region 4 lives below the federal poverty line, but that percentage increase to 45% in East St. Louis. Region 4 has the third-highest incidence and prevalence of HIV in Illinois, following Cook County and the collar counties. In Region 4, there is a racial disparity in the epidemic and there is a disproportionately high number of young black MSM becoming newly HIV-infected.*
    Some prevention challenges:
    - *State budget impasse -94% of the funding allocated to the prevention grant is GRF, therefore, agencies are not being reimbursed at this time.-All Region 4 prevention providers have limited services delivered on the grant, laid staff off, or reduced staff hours. The budget impasse has significantly impacted prevention services provided, especially behavior interventions.*
    - *Despite testing numbers being down overall, Region 4 has identified 11 new positives since July 1, 2015, with a 1.8 percent seropositivity rate.*
  - *Jeffery spoke about some collaborative solutions the region has implemented to address regional concerns:*
    - *Southern IL Healthcare Foundation (SIHF) has increased its HIV testing to cover the gaps.*
    - *IDPH HIV Section has moved some federal dollars (CAPUS, Category A and B) into the grant so these can be reimbursed.*
    - *We have told providers to focus our priority on services being funded with federal dollars.*
    - *New peer staff; trainings on VIBES; the region has been working with other funding streams to better target and serve young black MSM.*

- *Prevention has worked closely with the regional care advisory group and the St. Louis Planning Council to allocate resources across the region to cover the disparities and gaps.*

- *Tina noted that 54% of the region's prevalence are not accessing services through RW. Some may not need services because they are receiving them elsewhere, but some may need outreach and LTC. Tina spoke about regional efforts to meet the NHAS goals:*
  - *Clients meet with the LTC case manager within 24 hours of referral.*
  - *Initial medical appointment is typically within 1-2 business days.*
  - *In addition to regular medical case management, Region 4 has LTC, Perinatal, and youth specialty case managers.*
  - *Region 4 has conducted a successful Quality Management Project to identify better ways to solicit risk information from clients for inclusion in the care plan.*
  - *Prevention and Care have a collaborative advisory group and coordinate with Part A (St. Louis) and Part C entities in the region (Wash U and SIHF).*
  - *There will be a mandatory Partner services training for medical case managers in FY2016.*
  - *Region 4 has hosted a Viral Load Suppression series for clients, sponsored by Gilead. Through this, Region 4 is trying to reduce the unmet needs of those with detectable viral load.*
  - *Region 4 has used peers to outreach to service and medical providers at points of entry sites.*
- *Tina presented a client scenario and provided an example of how Region 4 would use its system of care and prevention and coordinates with other available services to address the client's needs.*
- *Tina provided the following recommendations for consideration for the Integrated Plan:*
  - *Use data and information obtained from local and regional needs assessments.*
  - *Increase resources for medical provider outreach in the regions.*
  - *Secure funding for regional DIS coordination.*
  - *Without regions having to generate requests, provide regional epi breakdown, unmet need analysis, and continuum of care to each region on an annual basis.*
  - *Enhance partnership with STD Section to collaboratively address HIV and STI co-infections and target high risk populations.*
  - *Address stigma.*
  - *Determine a clear plan for measuring the NHAS goals.*
- *Katie spoke about activities conducted by St. Louis annually to conduct needs assessments and allocate funds and resources according to the epi distribution and needs. She stated that the St. Louis Planning Council ensures there is coordination of services on both sides of the river. Part A funds are used in Illinois to assist with providing supportive services to clients. For its Integrated Plan, the St. Louis Planning Council is identifying disparities along each step of the HIV Care Continuum and matching those with appropriate strategies, services, activities, and interventions.*
  - Input, Questions & answers, Take-away (10 minutes)
    - *Question: Were all the new 45 HIV+ cases linked to Care? –*
      Response: These were Surveillance cases so some were from Prevention funded sites but the majority were identified by private providers and other sites finding positives. The positives from our funded sites were all linked to Care. If any of the surveillance case

are not linked into care, they will show up as SBS cases. This demonstrates the importance of why there needs to be a DIS worker/care coordinator for each region.

- *Question: Can other regions apply for Gilead VLS series? How does that work so others can access this?*
  Response: Contact Jean Willis at Gilead. Tina will send her contact information to Janet and she will put that in the minutes.
- *Comment: VIBES is one of the best interventions seen.*

- HIV Care, Treatment, and Housing Overview, Service Delivery/Mapping (20 minutes)

  Bryan Walsh, IDPH HIV Ryan White Part B Program Data Coordinator

  - *Bryan provided a statewide overview of HIV care, treatment, corrections, and housing services provided by the RW Part B Program in FY2015. Regional reports have been posted on the webinar webpage. He also presented federal guidelines and limitations for use of RW funds. Each region conducts an annual needs assessment to determine what services are needed and the corresponding level of funds to allocate. The dot density maps for care services, premium assistance, and medication assistance are similar to the HIV prevalence distribution, primarily located in Cook and the collar counties but pockets in the regions. Results of RY Part B Program treatment cascades:*
    - *Of those clients receiving Medication or Premium Assistance – 88% are virally suppressed.*
    - *Of those clients enrolled in RW care services, 87% are virally suppressed.*
    - *Of those clients enrolled in all services, 86% are virally suppressed.*
  - *Bryan noted that the HIV Section does not currently identify any fiscal gaps/challenges for Care Core or Supportive services. There have been the following gaps and challenges for care service delivery and Bryan explained what the HIV Section has done to address these:*
    - *Lack of Medicaid providers, especially dental in some regions*
    - *Medical transportation*
    - *Serving individuals in county jails and step-down facilities of IDOC*
  - Input, Questions & answers, Take-away (10 minutes)
    - Question: What do you think the reasons are that more IDU are receiving care services than medication assistance?
      Response: The RW Program noticed that as well. We plan to do a special data analysis to look into that. We do know it is often a challenge for IDU to stay engaged in the MAP.

- HIV Counseling, Testing, and Referral and Risk Reduction Activities Overview, Service Delivery/Mapping (20 minutes)

  Curt Hicks, IDPH HIV Prevention Administrator

  - *Curt provided a thorough overview of the federal prevention grant requirements and restrictions and an overview showing the breakdown of HIV testing, risk reduction, surveillance-based services, and Partner Services activities provided in FY2015.*
    The service plan for regional grants is based in resource and gap analysis. A minimum of 75% of the Category A funding is to be used for "core" rather than "recommended" prevention activities. We also cannot use federal funds to purchase medications for PrEP and nPEP, but we can assess for the need into our risk reduction activities and counseling.
    For the jurisdiction as a whole, FY2015 was a devastating year for prevention services due to the state budget impasse. Statewide, we found 6.6% of the positives in Illinois through our funded providers, which is half of what we diagnosed in 2014. Regions 1, 4, and 6 really exceeded testing in comparison to their incidence. Curt reported that a much higher percentage of risk reduction sessions are

going to HIV positive clients rather than high risk negatives. Risk reduction sessions for high risk HIV negatives were down 60% in FY2015. Our risk reduction activities data shows that we underserved Hispanics and MSM of color in comparison to the epidemic, but overserved white IDU and white HRH. The majority of the interventions we delivered are either effective but not recognized by CDC or demonstrate no evidence of effectiveness. That needs to be reversed. Travel restrictions imposed due to the budget impasse have reduced the ability of staff to get trained to deliver effective interventions.

Prevention Recommendations:

- *Increase RRA for positives in Region 2.*
- *Increase Effective RRA interventions for positives and negatives.*
- *Improve locating information for SBS cases referred for services.*
- *For located SBS clients who agree to service:*
  - *Refer and engage more in case management*
  - *Engage more in HIV medical care*
  - *Provide risk reduction counseling more consistently*
- *Interview more PWHIV annually to elicit notifiable partners.*
- *Locate and offer testing to more previously undx partners of positives.*

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

- FY2016 Illinois HIV care/prevention resource assessment (15 minutes)

Janet Nuss, IDPH HIV Planning Coordinator

- *Janet presented an overview of the current Draft 2016 HIV Resources Inventory which will be part of the Integrated Plan. This assessment identifies public and private dollars that are used in the state for HIV prevention, care, treatment. Janet reminded everyone that this is still a draft. We don't yet have some FY2016 funding amounts. These are in red font throughout the inventory. We also still don't have a 2016 state budget appropriation. The planned state general revenue amounts are listed in the inventory but these amounts are subject to appropriation. The inventory identifies the sources of funding, the agencies funded, the dollar amounts, a description of the services delivered, and what HIV care continuum steps are impacted by the services. The total amount of each award is listed first and where available, subgrantees are listed below. These are part of the total award. We still are awaiting clarification from CDPH about its Part A award amount for 2016.*
- *Janet asked everyone to review the resource inventory in depth and to let her know of needed corrections/additions. Please include any private funding of more than $5,000 for the purposes of HIV care, prevention, treatment, etc.*

– Input, Questions, Take-away (5 minutes)

- Public Comment Period/Parking Lot (10 minutes) – *There were no requests for public comment and no items on the parking lot.*
- Adjourn –*The meeting was adjourned at 12: 45 pm.*