Illinois HIV Integrated Planning Council (IHIPC) Webinar Minutes
Thursday, April 18, 2019, 9:30 am – 12:30 pm

9:30 am: Welcome; Introductions; Moment of Silence

The Co-chairs, J. Nuss and M. Benner, welcomed all participants to the meeting. Webinar instructions were reviewed, and the IHIPC leadership and the webinar facilitator were introduced. The moment of silence was led by S. Zamor in memory of B. Bogner, and in honor of all people living with HIV past and present as well as for those working to end HIV in Illinois.

9:35 am: Meeting Process/Instructions

» Take attendance of voting members; Roll call of those not logged on; Brief introduction of new members

M. Andrews-Conrad conducted roll call by recognizing voting and at-large members logged into the meeting. Members who were not logged in were announced and given opportunity to make their presence known. Although other participants were not announced, it was noted that their attendance was being tracked and recorded.

» Review of agenda, Meeting objectives, IHIPC purpose, Announcements, Updates

The meeting agenda, meeting objectives, and the purpose of the IHIPC were reviewed. The following announcement and updates were also made:

- Meeting documents are available at the registration link: https://www.regonline.com/April182019ihipcmeeting .
- Meeting surveys can be submitted through April 25.
- Minutes from the February meeting have been approved and published on the IHIPC website: http://dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/hpg .
- So far in 2019, 16 new community/agency representatives participated in IHIPC webinars/ meetings/ trainings.
- All new members have successfully completed the Open Meetings Act Training.
- The Spring issue of the IHIPC newsletter will be released soon. Articles for the Summer issue can be submitted until May 15.
- IHIPC voting and at-large members will be contacted about their intent to attend the June in-person meeting at the end of April.
- IHIPC voting and at-large members were made aware of two upcoming trainings (release and due dates TBD): High Impact Prevention Training (required of all new members) and HIV Care Interventions: Models and Best Practices Training (required of all members).
- The first Regional Community Engagement Meeting will be held in Region 6 on June 20. IHIPC members from Region 6 will be invited to participate.

9:50 am: Introduction: Root Cause Analyses of Disparities in PrEP Utilization/Linkage to Care/Viral Suppression

Mike Maginn and James Charles, IHIPC Epi/NA Committee
Janet Nuss, HIV Integrated Planning Program Administrator/IHIPC Co-chair

J. Nuss provided the background of the Root Cause Analyses project, which has been taken on by the Epi/NA committee. This project was implemented to address disparities in PrEP utilization, viral suppression, and linkage to care among disproportionally impacted populations. The project has completed the following action steps:

- Identify priority issues (completed through needs assessment activities at June/ October 2018 IHIPC meetings);
- Identify and explore factors that influence or control disparities (completed by Community Planning Program and the Epi/ NA Committee's Health Disparities Work Group by compiling information from scientific literature into White Papers);
- Acknowledge the impact of systematic policies and practices on these issues and explore root causes (first draft completed by Community Planning Program and Health Disparities Work Group by creating "fishbone" diagrams);

The following "fishbone" diagrams were briefly reviewed: Causes of Low Utilization of PrEP among People of Color; Causes of Lower Rates of Viral Suppression among People of Color; and Causes of Lower Rates of Linkage to Care Among Youth.

J. Nuss then described the upcoming action steps for the project:

- Work with the IHIPC and community stakeholders to inform decisions and develop plans to address root causes of the issues (small group discussions on these topics will occur that the June 2019 meeting); and
- Develop/ deepen community relationships and collaborations to address inequities by implementing agreed upon recommendations.

It was reiterated that the "fishbone" diagram and related White Papers were available to review at the registration link. All participants and IHIPC committees were encouraged to review them and be ready to give input on recommendations to address the root causes at the June meeting. M. Maginn stated that the Work Group looks forward to this input as they continue with the project while keeping action steps relevant to Getting to Zero (GTZ). The Work Group members were recognized and thanked for their work.

Q&A, Discussion/ Input

Q: This is great work! How will this be fully implemented? Will concrete recommendations be written into our future Integrated Plan and perhaps future HIV grant requirements?

A: That is our hope. In the White Papers, there are already some basic strategies that have been identified for the Planning Group to implement. HIV programs at IDPH will also be engaged in some strategies. Moving forward, strategies can be identified at several levels, including state, regional, local, provider, etc. The IHIPC is able and willing to take on feasible strategies. We hope that this will help us with the Integrated Plan and the improvement of programs.

Q: It is evident that a lot of work was but into this project, so thanks for diving in. When moving forward, it is important to consider that not everything has a clinical solution (i.e. PrEP, viral suppression). We also need to consider how we can better message ideas so that people are not left behind in our efforts (ex. people who are not able to become virally suppressed). Lastly, are strategies for the identified system level root causes feasible? Are IDPH and other agencies ready to take these on?

A: These are important things to consider. We want to focus on tangible recommendations, which means that we have to be aware of our limitations moving forward. We will focus our efforts on working towards achievable goals.

Q: How many individuals participated in this work from the southern region?

A: There were no volunteers on the Work Group from Southern Illinois, but there were volunteers from Central and Northern Illinois. This is a good reason to have an open dialogue about the diagrams with everyone at the June meeting. If anyone from the southern regions would like to be on the group, please feel free to reach out to M. Maginn or J. Nuss.

C: These are all great points that have been brought up. All of these themes, opportunities, and infrastructure assessments are pillars of the GTZ plan.

A: The final GTZ Plan recommendations will be considered as well in June. The Work Group is looking for input from everyone to move this process forward.

C: I think it is imperative that we have input from all regions of the state, especially since we are talking about communities of color.

C: We will achieve the goal to end disparities if implemented with community involvement.

10:15 am: 2019 HIV Care Grants, Funding, Services: Linkage to Integrated Plan /Q&A, Discussion/Input

Jeff Maras, ADAP and RW Part B Program Administrator

J. Maras provided a comprehensive overview of the FY19 Ryan White Part B (RWPB) and HOPWA grants and budgets, demonstrating how the services, activities, and their allocated funding aligned with HRSA requirements, Illinois' Integrated Plan priorities, and plans to meet the NHAS goals and raise the bars along the HIV Care Continuum. He discussed ongoing quality assurance, needs assessment, community engagement/outreach, and regional planning activities required of the regional care lead agencies. He reviewed several ongoing initiatives for 2019, including continuing to support an Open Formulary with exclusions and the Hepatitis C treatment for dually infected PLWH, supporting the PrEP4 Illinois website application, and monitoring the programmatic impact of the 2019 increase in Marketplace insurance.

Note: the originally released presentation slides included funding estimates for FY19. One day before the meeting, the RWPB program was informed of the actual award. These updates were included in the presentation slides during the webinar, and a new version of the handout has been posted at the registration link.

Q&A, Discussion/ Input

Q: Could you talk about the ADAP program in Illinois? There are some myths that ADAP has a waitlist. How many clients does the program currently serve?

A: A detailed presentation about Care service delivery will be presented at the June meeting, but there are roughly 13,500 clients in the RWPB program statewide. Historical trends show 2-3% increases in enrollment every year. As PLWH have better access to health insurance through the Affordable Care Act and RWPB's Premium Assistance Program, they have become more active in healthcare.

Q: How does the aging population affect the distribution of assistance from ADAP?

A: The aging population is a large part of the RW portfolio. There are also quite a few people who are on salvage medications, which is another cost-related factor to consider.

Q: How many people have received HCV treatment, and how many have been enrolled in PrEP4Illinois?

A: There have been about 400 who have received HCV treatment and 210 that have enrolled in PrEP4illinois. Please note that funding for PrEP is not supported by ADAP or any RWPB dollars; the RWPB team only coordinates the enrollment process. For HCV, there is a 55% cure rate among clients so far, but this may be skewed as HCV data are not housed in the RW system. The program is working on initiatives to better track this.

Q: What can you tell us about the viral suppression initiatives in the regions?

A: Apart from the quality standards that each region must reach, the Care regions have been tasked with quality improvement initiatives that focus on viral suppression. Lead agents have been looking at viral suppression from various levels and lenses. For example, linkages between mental health and lower viral suppression rates have been noted among clients who identified a mental health need but did not engage in a related service (counseling, substance use recovery, etc.). Because of this, the program is looking into how mental health indicator scales could be implemented to better serve clients.

Q: Funding for medical case management (MCM) is one of the larger allocations in the budget. When looking at the continuum of care, retention in care is a big challenge. Assuming that retention is one of their roles, what can MCM do to increase retention rates?

A: It is important to differentiate between the statewide and ADAP continua of care. The RWPB program has about an 88% retention in care rate, and a 91% viral suppression rate for those in case management. When looking at cost analyses, MCM is financially beneficial to the client at all stages in the care continuum. When reviewing the statewide continuum, we must start asking these questions: What happens to those who are not in case management or RW? How do we address this?

C: Thank you for mentioning that our ADAP program does not have a waitlist as some states do. We are fortunate that we are allocated state dollars to support these efforts. We will continue to always evaluate how to best allocate state dollars and to find a balance between Care and Prevention efforts.

Q: Has PrEP usage increase in communities of color through PrEP4Illinois?

A: Although the most updated data will be presented in June, there has been a disparity among people of color in accessing PrEP through the program in the past. Now that the program has been established as a payer of PrEP, we need to focus on outreach that educates potential PrEP users and their HIV+ partners. Building client capacity to know about PrEP and to ask for it from a healthcare provider is the next step in making sure communities of color are accessing it. Holding trainings for clients and their partners may be helpful for these purposes. We must also remember to listen to communities to help them move forward. Upcoming engagement meetings and focus groups will help us to craft a narrative and plan that will help us to move forward to reduce disparities.

A: This serves as a reminder for everyone to go back and read the root cause analyses materials so that we can continue to strategize to end disparities. (See notes in presentation above for more details).

Q: For those that have received HCV treatment, how many are people who inject drugs?

A: That data is available and can be presented at the June meeting.

Q: Can you describe the role of Minority AIDs Initiative (MAI) at the federal level and in Illinois What is the state of the Illinois MAI program?

A: The MAI program conducted by the Center for Minority Health Services (CMHS) at IDPH is going strong and recently received an increase in funding for FY19. It is important to note that MAI programs differ greatly depending on if they are associated with a RW Part A v. Part B program. For RWPB, the MAI programs are very narrowly focused, meaning there are very specific guideline for allowable services. The guidelines for the Part B0associated MAI programs are that they should work in partnership with the RWPB ADAP program to ensure that minority populations (defined by HRSA) are engaged and have long term retention in ADAP. Some dollars can also be used for educational outreach, but it is very narrowly defined. Three months ago, HRSA did an onsite technical assistance visit for the MAI program.

CMHS is working to improve the program based on recommendations from that activity, especially to make sure services are allowable. CMHS has worked very diligently to make sure the program runs to its full potential.

Q: Are the African American AIDS Response Act (AAARA) and Quality of Life (QOL) grants being funded this year?

A: Both are being funded and are set on a multiyear grant cycle. They will be reviewed non-competitively in years 2 and 3 based on adequate performance from grantees. Because the grant is mid-cycle, there will be no competitive application for these grants this for FY20.

C: AFC has asked the legislature for a total of $2 million in additional funding in FY20, $1 million of which will go to minority initiatives.

10:55 – 11:00 am: Short break

11:00 am: HIV Housing Updates/Q&A, Discussion/Input

Cynthia Tucker, AIDS Foundation of Chicago, Improving HIV Health Outcomes through Supportive Employment and Housing Services SPNS Grant
Jeffery Maras, IDPH HIV Housing Program

C. Tucker provided a review of the Safe and Sound Return Partnership, an AFC Special Project of National Significance (SPNS) initiative that aims to improve HIV health outcomes for justice-involved individuals through supportive employment and housing services. The project aims to implement interventions at individual, provider, and system levels to be most effective. The goals and objectives of the project are to: connect individuals to health care, employment, and housing services; increase capacity of providers for a better system; and convene a multi-sector coalition that includes Department of Labor and AIDS housing providers to help support project collaborations. Partnerships that are vital to the success of the program include those with peer community re-engagement specialists, Corrections case management agencies, and partnerships with housing and employment taskforces. C. Tucker reviewed demographic information of participants, stating that the recidivism rate for the project was almost half as small as the statewide rate (27% v 51.6%, respectively). Specifically, C. Tucker discussed initiatives for justice-involved women, including a Summit of Health specifically for women. The evaluation plan for the project was also reviewed.

J. Maras then provided review of housing services within the RWPB program. The RWPB program has two funding resources for housing: Housing Opportunity for People Living with HIV/AIDS (HOPWA- a HUD program), and housing allocations that are incorporated into each Regional Consortia grant. Illinois is the first state in the nation to blend HOPWA and RW housing dollars into an integrated model, meaning that services under both funding streams operate under the same procedures. In order to demonstrate the scope of housing services for PLWH in Illinois, the current number of clients served, the geographic distribution of housing services, the Illinois HIV Housing Continuum of Care, and considerations for integration of service delivery under HOPWA and RWPB funding sources were shared.

Q&A, Discussion/ Input

Q: Where was the Women's Summit held? What part of the state?

A: One summit specifically for women has been held so far. It was on held on the Southside of Chicago.

Q: Can the Summits for women be brought to the southern region?

A: Yes, Summits of Hope are held all around the state. Summits specifically for women are being worked on for other areas. Locations for Summits are determined in partnership with the Illinois Department of Corrections (IDOC) as they can better determine where people are returning to, and ultimately where Summits could reach the largest groups of recently returned citizens. IDOC recently hired a new Summit of Hope Coordinator, so planning has been moving slower than usual as that person becomes trained. There are plans, however, to bring more Summits to East St. Louis and Carbondale.

Q: On the Statewide Housing Resources chart, are the awards for the Department of Health and Human Services and the Illinois Housing Development Authority specifically for HIV housing or housing for all people?

A: The awards represent each program's entire budget. Some programs have some special initiatives for PLWH, but they can be used to serve all people.

Q: Based on the dot density map of housing services, why does there seem to be less activity in the southern parts of the state? Is there a funding issue, or is there less need among clients?

A: The lead agents identify housing needs in each area. In Regions 4 and 5, they have met the needs they identified in their region. It may be that there are just less people in those areas so there are less services. Needs are being met, however.

Q: How many clients are represented by each dot on the dot density map?

A: Each dot represents a unique individual.

11:40 am: Importance of Peer Support Services/Innovative Models/Challenges/ Q&A, Discussion/Input

Marcy Ashby and James Charles, Central IL HIV Care Connect Living Positively Retreats/Peer Support Group
Susan Rehrig, Project Director, Region 4 HIV Care Connect
Roman Buenrostro, AIDS Foundation of Chicago HRSA SPNS Grant Peer Support Project

This discussion about successes and challenges in peer support services was led by several Care Lead Agencies.

S. Rehrig began by identifying challenges that might occur when establishing or sustaining a support group. These included conflict between support group members; the development of cliques in a support group; Alpha members (meaning one member dominates the conversation); case manager/ case management agency "bashing"; selecting the type of group (i.e. establishing groups for unique populations while also being conscious of resources); selecting the place, date, and time for a group; and making decisions about sustaining a group when participation is low.

M. Ashby explained that SIU School of Medicine had been experiencing challenges with traditional support groups as S. Rehrig had mentioned. In 2016, her team decided to instead host Living Positively Client Retreats in lieu of support groups. These one-day retreats have been conducted since 2017 as a way for clients to be able to meet and learn about holistic approaches to living well with HIV. The planning process for retreats are peer-led and designed to ensure that schedules for the retreats are flexible, entertaining, and valuable to clients. Overall, J. Charles reported that the retreats have been going well. He especially enjoys that HIV-negative partners/ guests are invited to accompany clients at retreats as well. Each retreat undergoes an evaluation process.

R. Buenrostro reported on the Salud y Orgullo Mexicano program, which was a SPNS peer navigation project conducted by AFC. The program was established to provide peer support to clients of Mexican descent through five individual sessions with the goal of retaining clients in care, increasing support, and decreasing stigma. The program was modeled on ARTAS, but incorporated materials and messaging that were culturally specific to Mexican clients. Peers worked in the program to provide peer education, support, and navigation services. Overall, R. Buenrostro reported that the project was successful. Of those enrolled the program, about 82% are still connected to care. One challenge that occurred in the project was that attendance decreased at each scheduled visit, with only 75% of participants completing all five sessions. The presentation concluded with recommendations for sustainability in hiring people living with HIV as peers and program managers.

Q&A, Discussion/ Input

Q: In regard to decreasing attendance in the Salud y Orgullo Mexicano program, have you looked at trying to reorganizing and prioritize materials to help clients get through all of the content?

A: Overall participants reported that volume of sessions was just too much. We have collected recommendations to reorganize and make sure that the most important components are moved forward into earlier sessions.

Q: Has anyone had experience with virtual support groups?

A: J. Charles reported that he was working to develop ideas around this, such as invitation-only Facebook groups. Other than that, there is a social network tool called "My HIV Team" that connects people living with HIV to one another worldwide. It serves as a good place for PLWH to support each other and learn about staying healthy, especially for newly diagnosed individuals.

C: A sincere thank you to Marcy and James for highlighting how critical and effective client engagement is. I especially appreciate the importance of bringing negative partners in the mix.

Q: The Peer intervention is fabulous! Is this adaptation of ARTAS supported by CDC and HRSA for statewide dissemination and can the curriculum be shared with the IHIPC?

A: HRSA was aware this was inspired by ARTAS, but not directly modeled. It is available in both English and Spanish. R. Buenrostro would be happy to share the curriculum and other materials. Please note that it was written specifically for men of Mexican descent and includes cultural references specific to them.

12:20 pm: Public Comment Period/RECAP (Review, Evaluation, Challenges, Actions, Preview) Discussion

With no public comment requests, the floor was opened for announcements and discussion. M. Maginn announced that the 2019 IPHA Annual Conference will be held September 11-12 in Springfield. Anyone interested in attending or presenting should visit the IPHA website for more information.

12:30 pm: Adjourn – The meeting adjourned at 12:30pm.

2019 Illinois HIV Integrated Planning Council (IHIPC) Vote Log _ April 18, 2019 Meeting_March 4, 2019

Member Name	Member Type	Date: Feb. 25, 2019 Time: 12:30 pm				
		Motion 1: A motion was made by Janet Nuss on 2/22/2019 at 2:52 pm and seconded by M. Benner at 3:28 pm to adopt the agenda for the April 18, 2019 IHIPC meeting as approved by the Steering Committee. The motion was sent to the full IHIPC at 9:41 am on Feb. 25, 2019. Members were given until 10:00 am, March 4, 2019 to submit their votes.				**Y: In favor;** **N: Opposed;** **A: Abstain;** **X: Absent or No vote cast/received** **TS: temporarily suspended**
IHIPC Voting Members						
Benner, M.	Voting	Y				
Bradley, W.	Voting	Y				
Charles, J.	Voting	Y				
Choat, L.	Voting	Y				
Crause, C.	Voting	Y				
DeLaFuente, J.	Voting	X				
Dispenza, J.	Voting	Y				
Erdman, J.	Voting	Y				
Filicette, J.	Voting	Y				
Fletcher, S.	Voting	*TS*				
Frank, S.	Voting	Y				
Gaines, M.	Voting	Y				
Gassett, D.	Voting	Y				
Guzman, L.	Voting	Y				
Hendry, C.	Voting	Y				
Holmes, N.	Voting	X				
Hoots, C.	Voting	Y				
Hunt, D.	Voting	Y				
Johnson, R.	Voting	Y				
Jones, S.	Voting	Y				
Laskowski, C.	Voting	Y				
Lewis, K.	Voting	Y				
Maginn, M.	Voting	Y				
Meyer, L.	Voting	Y				
Nuss, J.	Voting	Y				
Olayanju, B.	Voting	Y				
Paesani, T.	Voting	Y				
Rehrig, S.	Voting	Y				
Roeder, L.	Voting	Y				
Stevens-Thome, J.	Voting	Y				
St. Julian, S.	Voting	X				
Tucker, C.	Voting	Y				
Williams, M.	Voting	X				
Williamson, M.	Voting	Y				
Zamor, S.	Voting	Y				

Type of Vote: Hand Count, voice, electronic		**electronic**				
Results: Carried/Defeated		**carried**				
Results: Vote Count		**30 in favor , 0 opposed, 0 abstentions, 4 members absent or "no vote cast/received"**				