GETTING TO ZERO ILLINOIS

DRAFT PLAN

2019-2023

Dec. 3, 2018

Public comment and feedback will be open until Friday, Jan. 18, 2019

GTZillinois.hiv

DEDICATION

This draft plan and the Getting to Zero Illinois project are dedicated to and in memory of the more than 500,000 United States residents who have lived with and died from HIV- and AIDS-related complications[i]

ACKNOWLEDGEMENTS

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Thank you to those who helped organize and facilitate our town hall meetings and focus groups in the winter and spring of 2018

The Project of the Quad Cities
Winnebago County Health Department
Illinois Public Health Association
Phoenix Center
SIU School of Medicine
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Ruth M. Rothstein CORE Center
St. Clair County Health Dept.
Madison County Health Dept.
Bethany's Place
SIHF Healthcare
Jackson County Health Dept.
Community Action Place
HIV Care Connect
Chicago Department of Public Health
Champaign-Urbana Public Health District

Lake County Health Department
Open Door Clinic
The Pediatric AIDS Chicago Prevention Initiative
AIDS Foundation of Chicago
Affinity Community Services
Illinois Dept. of Public Health
CALOR
Chicago Black Gay Men's Caucus
Midwest AIDS Training and Education Center Cook County Health and Hospitals System

Getting to Zero Partner Organizations as of Dec. 3, 2018
Would you like to become a partner? Email us at info@gtzillinois.hiv

AIDS Foundation of Chicago
Illinois Department of Public Health
Chicago Department of Public Health
Alexian Brothers Housing and Health Alliance
Access Community Health Network
Broadway Youth Center
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CALOR
Center on Halsted
Champaign-Urbana Public Health District
Chicago Black Gay Men's Caucus
Chicago Women's Project
Chicago Center for HIV Elimination
Christina Community Health Center
Cook County Department of Public Health
Cook County Health and Hospital System
Coalition for Justice & Respect
Equality Illinois
Evaluation Center
Friends of Central Illinois
Greater Community AIDS Project of East Central Illinois
Haymarket Center
Heartland Alliance Health
Hektoen Institute of Medicine
Illinois HIV Care Connect
Howard Brown Health
Illinois Public Health Association
Lake County Health Department and Community Health Center
Legal Council for Health Justice
Midwest AIDS Training and Education Center
McLean County Health Department
Northwestern Institute for Sexual and Gender Minority Health and Wellbeing
Open Door Health Center of Illinois
Pediatric AIDS Chicago Prevention Initiative
Planned Parenthood of Illinois
Positive Health Solutions
Positive Women's Network
Projects Advancing Sexual Diversity
PrideFlags.com - Alan Spaeth and Steve Ryan
Public Health Institute of Metropolitan Chicago
Ruth M. Rothstein CORE Center
Sinai Health System
Third Coast Center for AIDS Research in Chicago
University of Chicago Medicine

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INTRODUCTION

To achieve our goal of ending the HIV epidemic in Illinois by 2030, we must transition our system to one that more effectively serves the entire population of people living with HIV and all who are vulnerable to contracting HIV. We must use strategies that lead to the most effective outcomes possible – specifically HIV treatment and PrEP.

In *Getting to Zero (GTZ): A Framework to Eliminate HIV in Illinois*, we lay out an ambitious plan to end the HIV epidemic in Illinois over the next decade. The Getting to Zero Illinois (GTZ-IL) framework calls on partners to focus on two primary goals:

- Increase by 20 percentage points the number of people living with HIV who are virally suppressed. HIV treatment helps people living with HIV stay healthy. Moreover, when individuals are consistently virally suppressed, they cannot transmit HIV sexually to their partners (Undetectable = Untransmittable).
- Increase by 20 percentage points the number of people vulnerable to HIV who use pre-exposure prophylaxis (PrEP). When used consistently and correctly, PrEP significantly reduces the chances an HIV-negative person will become infected with HIV sexually.

At this moment, thanks to the Affordable Care Act, nearly everyone in Illinois living with or vulnerable to HIV has access to comprehensive, more affordable health insurance that can meet their health care needs. The power of PrEP – a prevention pill and program that is up to 99% effective at preventing HIV infection when used consistently and correctly – creates the opportunity for convergence of the HIV prevention and care systems. As importantly, HIV treatment improves the health of individuals who are living with HIV and almost completely protects partners from HIV. People living with HIV on successful antiretroviral treatment – meaning their viral load is undetectable for at least six months – cannot transmit HIV sexually to their HIV-negative partners.

The time is now to use these tools to end the HIV epidemic in our state.

We welcome your input on the GTZ-IL Draft Plan. Public comment, in all methods, will be open until **Friday, Jan. 18, 2019**. You can provide thoughts and feedback on the GTZ-IL goals, strategies, and actions in the following ways:

- Email us directly at: info@GTZIllinois.hiv
- After reviewing the Draft Plan, take our survey at http://www.GTZillinois.hiv/draft
- Walk through the Draft Plan with its co-creators during a webinar and give us feedback in real time. Find registration information on our website at http://www.gtzillinois.hiv/draft

WHAT DO WE MEAN BY "GETTING TO ZERO"?

Getting to Zero means Illinois will achieve:

- Zero people living with HIV who are not engaged in care and
- Zero HIV transmissions.

BACKGROUND

In July 2016, a small group of HIV stakeholders met to explore what it would take to radically change the course of the epidemic in Illinois. We were inspired by similar plans in New York, Washington state and other jurisdictions that aimed to end the HIV epidemic. Furthermore, the National HIV/AIDS Strategy (NHAS), first released by the Obama administration in 2010 and updated in 2015, served as a roadmap for improving HIV outcomes nationally and in Illinois. In the summer of 2017, we released the GTZ-IL Framework to the public. The Framework provides the foundation for our state's GTZ-IL Plan.

If successful, GTZ-IL will lead to fewer than 100 new HIV cases a year in the state. In epidemiological terms, this is "functional zero," the point where the HIV epidemic can no longer be self-sustaining. The GTZ-IL team established this milestone in consultation with partners from the University of Chicago. Their modeling demonstrates that increasing PrEP use and viral suppression rates by 20 percentage points each can lead to functional zero. We will continue to work with modeling experts at the University of Chicago and Northwestern University to guide our work.

Over time, Illinois also hopes to align with global 90-90-90 targets, a framework established by UNAIDS under which 90% of people with HIV will know their status, 90% of all people diagnosed with HIV will receive sustained HIV therapy, and 90% of people receiving therapy will be virally suppressed.[ii]

To be clear, achieving the GTZ-IL goals will not be easy, nor does it mean that our work is done after we reach these goals. Constant vigilance will be needed to help people living with HIV and AIDS remain in care, stay healthy and achieve continued viral suppression — and to link people who are vulnerable to HIV to PrEP so they can stay HIV-negative.

HOW WE DEVELOPED THE DRAFT PLAN

With the GTZ-IL Framework complete, we began a process to create a full GTZ-IL Draft Plan. To ensure the Draft Plan was community-driven, we dedicated the first quarter of 2018 to engaging communities to gather feedback. These efforts included nine town hall meetings across the state, eight focus groups with key populations, and an online and paper survey that garnered more than 400 responses. Next, we established subcommittees to review data and write the

Draft Plan – Health Care Access; Housing; Social Determinants of Health; Communications; and Research, Evaluation and Data (RED).

On June 20, 2018, we came together to officially kick off the Draft Plan development process with more than 100 participants. At this meeting, committees met to begin their work and continued to meet at least monthly through October 2018 to create recommendations. Draft recommendations were presented at a large community meeting in Springfield to gather additional feedback, with a focus on individuals who live outside the Chicagoland area. In November, we met in person to synthesize committee recommendations and feedback into this Draft Plan. Our Draft Plan was released for public comment and feedback on Dec. 3, 2018, in honor of World AIDS Day.

GUIDING PRINCIPLES OF THE GETTING TO ZERO ILLINOIS PLAN

Throughout the process of developing the GTZ-IL Draft Plan, we embraced the following guiding principles. They reinforce our commitment to tackling injustices that threaten our success and remind us that we cannot end the epidemic if we do not make progress for all populations who are affected.

Eliminating Stigma: Stigma, in all forms, stands in the way of achieving health equity and the outcomes necessary to end the HIV epidemic. We will fight against suggestions and beliefs that individual choices – like the choice to have sex or use drugs or the choice to take medication to prevent HIV infection – somehow create disgrace or shame because of others' viewpoints. We will unapologetically embrace philosophies, practices and policies that help us eliminate stigma, like Undetectable = Untransmittable (U=U), which tells us that people living with HIV who are virally suppressed cannot transmit HIV to their sexual partners. We will advocate for Illinois to reform or repeal existing laws that criminalize HIV exposure. We will fight stigma associated with HIV, homophobia, transphobia and other forms of oppression.

Undoing Racist Systems: Through our work to end the epidemic, we will actively reframe and dismantle systems that perpetuate white privilege. We will seek to eliminate structural and institutional policies and practices that compromise the well-being of communities of color, including both individuals who receive services and our HIV workforce. We must end the HIV epidemic for every population in Illinois, and especially those most impacted by HIV: young Black gay, bisexual, and other men who have sex with men (MSM); Latino/Latinx gay, bisexual and other MSM; cisgender Black heterosexual women; and transgender women of color. We will implement strategies that share leadership and decision-making with communities most impacted by the epidemic.

Trauma Prevention and Trauma-informed Care: GTZ-IL will ground its work in principles that honor the importance of safety and empowerment. Research demonstrates that people living with or vulnerable to HIV experience multiple, cascading traumatic events in their lives that prevent them from being as healthy as possible and achieving their full human potential.

Examples of trauma include, but are not limited to, childhood sex abuse, rape, intimate partner violence, gun violence and witnessing or being a victim of a crime.

Cultural Humility: According to Tervalon and Murray-Garcia, "Cultural humility incorporates a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances … and to developing mutually beneficial and non-paternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations."[iii] GTZ-IL begins with a cultural humility framework for improving access to and the outcome of the care we provide.

Outcomes-driven: GTZ-IL identifies two bold goals – reaching functional zero new HIV cases and zero people living with HIV who are not on treatment. To reach these goals, we will hold ourselves accountable for achieving our priority outcomes: increasing viral suppression and PrEP use by 20 percentage points by 2030. These outcomes will be the standard by which we measure our progress and success.

CURRENT STATE OF THE HIV EPIDEMIC IN CHICAGO AND ILLINOIS

People living with HIV: In 2017, it is estimated that 39,842 people were living with HIV in Illinois, 23,835 of whom lived in the City of Chicago. Of these individuals, fewer than two-thirds were engaged in care during the previous 12 months (IL: 66%; Chicago: 63%), and fewer than half were virally suppressed (IL: 50%; Chicago: 48%). Among people living with HIV in 2017, a majority were male (IL: 80%; Chicago: 80%), Black (IL: 46%; Chicago: 50%), and over 40 (IL: 67%; Chicago: 69%).

New HIV Diagnoses: In 2017, it is estimated that 1,375 people were diagnosed with HIV in Illinois, 752 of whom lived in the City of Chicago. Of these individuals, more than 80% of newly diagnosed people were linked to HIV-related medical care with 30 days of diagnosis (IL: 80%; Chicago: 82%). Among newly diagnosed persons, the majority were male (IL: 84%; Chicago: 82%), Black (IL: 51%; Chicago: 55%), and between the ages of 20-39 (IL: 64%; Chicago: 65%).

Disparities: Despite significant progress in reducing new HIV cases, dramatic and damaging health disparities remain. Gay, bisexual, and other MSM comprised a majority of people living with HIV in 2017 (IL: 54%; Chicago: 68%) and newly diagnosed people (IL: 60%; Chicago: 77%). Non-Hispanic Black men comprise a majority of new diagnoses in this population (IL: 51%; Chicago: 46%). Among heterosexual women, non-Hispanic Black women account for more than 73% of HIV cases and new infections. Among certain groups like gay, bisexual, and other MSM, new diagnoses continue to increase, as do coinfections with other sexually transmitted infections. A majority of primary and secondary syphilis cases diagnosed in 2017 were among men (IL: 93%; Chicago: 93%). Among these men, a majority reported being gay, bisexual and other MSM (IL: 81%; Chicago: 95%). Of these men, nearly half were co-infected with HIV (IL: 51%; Chicago: 56%).

THE DRAFT PLAN

While the goal of GTZ-IL is fewer than 100 new HIV cases by 2030, this Draft Plan covers the five-year period from 2019-2023. In 2023, we will evaluate the success of our efforts and make strategic decisions about additional strategies needed to achieve our goals for the remaining period.

The draft GTZ-IL Draft Plan is organized into six domains:

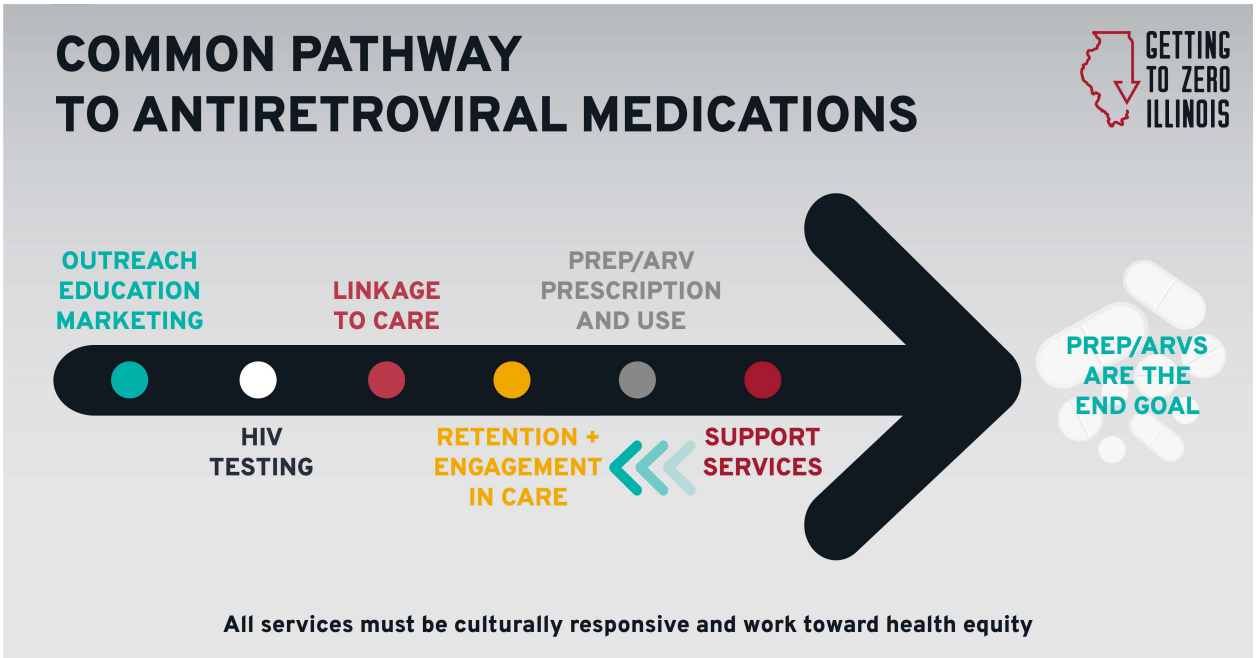
1. Increase Access to **Health Care**
2. Improve Health **Equity**
3. Care for **Linked, Co-Occurring Conditions**
4. Increase **Efficiency** through Governmental Coordination
5. Build the Future **Workforce**
6. Measuring Our Progress through **Surveillance** and other Data

For each domain, we developed goals and strategies and provided a few examples of steps we can take to advance an issue. Together, these create a Draft Plan that will help us achieve our outcomes and accelerate progress toward ending the epidemic. Note that goals are written in the present tense, demonstrating how a future, successful outcome will look. Strategies are ways to achieve goals and may include multiple action steps. ***This Draft Plan does not include all possible action items as they are still under development.***

We recognize the goals, strategies, and action items are not exhaustive. Our stakeholders' needs are dynamic, and we welcome feedback to complete the Plan. We invite you to carefully review this document with a critical eye so you can provide feedback that we can incorporate into the final version of GTZ-IL.

I. INCREASE ACCESS TO HEALTH CARE

Illinois must increase access to both HIV care and treatment for people living with HIV and PrEP for persons vulnerable to HIV. We must ensure medical and supportive services are readily available. We must enhance coordination among service providers to increase the likelihood people have every opportunity to benefit from services. This category is aligned with the stages of the Antiretroviral (ARV) Pathway.



- **Goal 1 – Outreach, Education, and Marketing:** People living with or vulnerable to HIV know that help is free, available and can bring value to their lives. People feel motivated to seek help when they need it.
    - **Strategy 1 –** Increase investments in community-informed statewide marketing campaigns to share knowledge and raise awareness of HIV and STI services, including PrEP, HIV care and treatment, STI screening and post-exposure prophylaxis (PEP).
        - **Example Action Step –** Develop and launch statewide, community-driven marketing and media campaigns that reflect communities impacted by HIV and focus both on those who receive and provide services, in partnership with the Chicago Department of Public Health (CDPH), Illinois Department of Public Health (IDPH) and other funders.
        - **Example Action Step –** Researching successful campaigns in other jurisdictions, and applying lessons learned.
    - **Strategy 2 –** Partner with community influencers to reach, educate, and recruit people into HIV services that can benefit them.
        - **Example Action Step –** Creating and supporting a paid community advisory board of statewide representatives from prioritized communities, including those living with or vulnerable to HIV, that is focused on marketing strategies.
        - **Example Action Step –** Working with the Chicago Eligible Metropolitan Area HIV Integrated Services Council (CAHISC) and the State of Illinois HIV Integrated Planning Council (IHIPC) to prioritize the goals and strategies outlined in the GTZ-IL Plan.
    - **Strategy 3 –** Communicate that Illinois law allows youth over age 12 to access sexual health services, including PrEP, without a parent's consent.

        - **Example Action Step –** IDPH will promote and educate service leaders on existing Illinois laws that allow treatment for individuals above the age of 12. Providers and all staff should know how to legally engage individuals above the age of 12 and be informed about the ability to waive use of parent's insurance to reduce stigma and promote confidentiality.
        - **Example Action Step –** Because some health care providers and institutions do not recognize minors' ability to seek PrEP, we must change Illinois law to more explicitly allow youth 12 and up to access PrEP without parental consent.
- **Goal 2 – HIV Screening:** People living with or vulnerable to HIV know their HIV status.
    - **Strategy 4 –** Expand *health-care-based*, routine HIV, STI and viral hepatitis screening to reach individuals who are living with or vulnerable to HIV.
        - **Example Action Step-** Support healthcare settings to integrate HIV screening into the normal clinical flow (versus dedicated tester models) and modify Electronic Medical Records systems to prompt testing.
        - **Example Action Step-** Promote institutional policy change and provide intensive training to health care providers to promote implementation of routine screening programs, including methods/best practices for implementing routine screening and linkage to care strategies for people who screen positive or who screen negative and can benefit from PrEP.
    - **Strategy 5 –** Expand *community-based* HIV screening, including social network strategies where appropriate, to reach individuals who are living with HIV and unaware of their status, living with HIV and not in care, and vulnerable to HIV who can benefit from PrEP.
        - **Example Action Step –** Maintain and enhance testing efforts using strategies that yield high numbers of people who can benefit from linkage to care or PrEP, in partnership with CDPH and IDPH. Ensure testing activities are well coordinated to reduce duplication of effort.
        - **Example Action Step –** Increase funding and training for HIV service providers to conduct social network strategies with partners who have been exposed to HIV.
    - **Strategy 6 –** Expand the number of health care providers and community-based organizations that provide partner services.
        - **Example Action Step –** Train agencies to confidentially elicit partners at the time of diagnosis or linkage to care and provide names to the health department to provide partner services or reach out to the partners directly and deliver partner services.
        - **Example Action Step –** Assign disease intervention specialists to provide on-site partner services assistance to providers and patients on a full-time or on-call basis at agencies diagnosing a high numbers of HIV and STIs.

- **Goal 3 – Linkage to Care:** Once an individual's HIV status is known (positive or negative), people find health care to receive services that support use of ARV medications for HIV treatment or PrEP, as well as other services necessary to achieve health and wellness.
    - **Strategy 7 –** Regardless of HIV status or where a person receives services, ensure people screened for HIV are provided linkage to high-quality care services through well-resourced and trained staff.
        - **Example Action Step –** Provide consistent, statewide or regional training to all existing HIV service navigators to ensure consistent knowledge and skills for linkage within integrated care continuums.
        - **Example Action Step –** Because it may take multiple, intensive touches to link someone to care, assess the need for additional navigators and advocate for increased funding if additional navigators are needed.
    - **Strategy 8 –** Develop and disseminate best practices for linkage to care, including those developed by rapid HIV medication start programs.
        - **Example Action Step –** Research national best practices for PrEP or HIV treatment linkage and disseminate those best practices widely.
        - **Example Action Step –** Require agencies conducting HIV testing in the field to partner with health care providers who have the ability for walk-in and same-day appointments.
- **Goal 4 – Engagement in Care:** After connecting to health care, people receive needed support to stay connected and to use ARV medications consistently and correctly.
    - **Strategy 9 –** Improve health and insurance literacy for people living with or vulnerable to HIV.
        - **Example Action Step –** Improve health literacy among staff at agencies providing HIV care and services by developing trainings and service delivery support for providers and staff. Trainings should incorporate health literacy and its impact on all populations affected by HIV, especially communities of color, transgender and gender-nonconforming people and individuals over 50.
        - **Example Action Step –** All materials should be made available in Spanish and translated into other languages as needed.
    - **Strategy 10 –** Re-evaluate the U.S. Department of Health and Human Services (HHS)' definitions of "standards of care" with an emphasis on improving customer care and patient- and population-level outcomes. Promote local adaptation of standards so they can be tailored to meet the diverse needs of individuals living with HIV.
        - **Example Action Step –** CAHISC and CDPH are currently updating "standards of care" definitions, so encourage CAHISC to align GTZ-IL recommendations with the updated standards. Encourage IHIPC and IDPH to adopt the updated standards so there is cohesiveness statewide.
        - **Example Action Step –** Educate and train providers to better accommodate the needs of individuals living with HIV, including but not limited to the ideal frequency of patient-provider appointments.

- **Strategy 11 –** Create programs that support HIV services outside of health care visits, including but not limited to peer-led services.
  - **Example Action Step –** Develop a workforce of peers who are already living with HIV or taking PrEP to be recruited, hired and trained.
  - **Example Action Step –** Expand or develop peer-led support groups.
- **Strategy 12 –** Promote re-engagement in care by actively working to identify and engage persons living with HIV/AIDS who are lost to care.
  - **Example Action Step –** Compile and disseminate a library of evidence-based strategies for identifying individuals who have dropped out or been lost to care (e.g., follow-up calls when patients miss appointments), and best practices to encourage re-engagement in care.
  - **Example Action Step –** Dedicate funding for community health workers and/or peers to actively case-find in their communities to identify patients who have been lost to care, and initiate the process of re-engagement (e.g., this could be orchestrated by a designated agency per region).
- **Strategy 13 –** Implement evidence-based "rapid start" programs to quickly begin HIV medications for PrEP or HIV treatment. Programs should be non-coercive and recognize that rapid start is not appropriate for all people.
  - **Example Action Step –** Survey Illinois providers to determine which are currently conducting or considering rapid start programs.
  - **Example Action Step –** Consult with other jurisdictions that have implemented rapid start programs, establish learning collaboratives to help providers initiate programs and identify funding and resources needed to implement rapid start programs.
- **Strategy 14 –** Improve access to PEP so individuals can access medications to prevent them from becoming HIV-positive within 72 hours of exposure.
  - **Example Action Step –** Survey emergency departments to determine how widely PEP is available and, if needed, institute training programs and a 24-hour hotline to increase provider awareness and prescribing of PEP.
  - **Example Action Step –** Identify state or federal funding for PrEP4Illinois to provide medication starter packs (regardless of the individual's income) for PEP and implement a PEP access program.
- **Strategy 15 –** Create new and/or identify existing evidence-based best practices for PrEP initiation and retention. Disseminate these practices and align governmental public health funding to promote uptake.
  - **Example Action Step –** Implement PrEP case-management models with consistent job descriptions across organizations, centralized training and continuous, uninterrupted funding.
  - **Example Action Step –** Educate people who use PrEP on where to call for help (e.g., PrEP4Illinois.com) and what to do if they cannot get a medical appointment or a medication filled.
- **Strategy 16 –** Advocate for wider use of on-demand PrEP in the U.S.

        - **Example Action Step –** Encourage CDC to update PrEP guidelines to include on-demand PrEP, which has been shown to be effective, and to explore reducing the frequency of required laboratory work since medication complications are extremely rare
        - **Example Action Step –** In lieu of updates to federal standards, create local standards informed by clinical and community PrEP experts that better reflect local epidemiological trends and preferred clinical practices.
    - **Strategy 17 –** Support national efforts to keep Truvada affordable and accessible for PrEP.
        - **Example Action Step –** Support implementation of United States Preventive Services Task Force recommendations that PrEP be available with no cost-sharing. Identify federal, state or local funds for labs and medical visits for PrEP care and advocate with pharmaceutical companies to maintain assistance programs for people who are uninsured.
        - **Example Action Step –** Work with local pharmacies to assist individuals using PrEP in accessing prescription assistance programs.
- **Goal 5 – HIV Medication Use:** People living with or vulnerable to HIV successfully use medications to achieve viral suppression, improve their quality of life and prevent transmission.
    - **Strategy 18 –** Increase partnerships between pharmacies, health care providers and community-based organizations, including faith-based organizations, to improve access and adherence to HIV medications.
        - **Example Action Step –** Establish and implement communication systems (digital where possible) to alert providers and provider teams to missed medication pick-ups from the pharmacy.
        - **Example Action Step –** Accommodate walk-ins for medication refills and promote interventions that reduce missed appointments.
    - **Strategy 19 –** Implement policy and practice changes within Illinois Medicaid, Medicaid managed-care organizations (MCOs) and other payers to proactively identify people living with HIV who are not using HIV medications or experience interruptions.
        - **Example Action Step –** Implement a viral load quality measure in Medicaid so Medicaid managed-care plans are held accountable for increasing viral suppression rates of their members living with HIV.
        - **Example Action Step –** Advocate for the state to overhaul the Medicaid redetermination process to dramatically reduce the number of people whose Medicaid is terminated through no fault of their own.
    - **Strategy 20 –** Implement policy and practice changes within Illinois State Ryan White Part B and ADAP and Chicago Eligible Metropolitan Area Ryan White Part A programs to proactively identify causes of and solutions to medication interruptions.

        - **Example Action Step –** Research solutions identified in other states to simplify and streamline the ADAP/Part B six-month recertification process, and implement in Illinois as appropriate.
        - **Example Action Step –** Advocate for federal government to move to an annual recertification requirement using locally available data on eligibility lapses and impact on adherence.

II. IMPROVE HEALTH EQUITY

We must understand the root causes of health disparities associated with race, ethnicity, sexual and gender identity, age, residency status and lived experiences. With this information, we can remove structural and institutional barriers to reaching zero.

- **Goal 6 –** Gay, bisexual, same-gender-loving and other cisgender MSM receive equitable care, with a focus on Black and Latino/Latinx men.
    - **Strategy 21 –** Enforce "standards of equity" in institutional policy and care to ensure organizations practice cultural humility.
        - **Example Action Step –** Develop "standards of equity" that detail health care institution policies that acknowledge, respond to, and alleviate oppressive dynamics.
        - **Example Action Step –** Produce annual report on institutions that have successfully implemented standards of equity.
    - **Strategy 22 –** Disseminate data and research detailing a broad understanding of same-gender-loving Black and Latino/Latinx men's health.
        - **Example Action Step –** Host an online data repository detailing a broad understanding of same-gender-loving Black and Latino/Latinx men's health.
        - **Example Action Step –** Engage academic and other partners in sharing reports and data sets on local research studies of gay, bisexual, same-gender-loving and other cisgender MSM.
    - **Strategy 23 –** Develop and disseminate a compendium of evidence-based best practices and behavioral interventions that improve the long-term health outcomes of same-gender-loving Black and Latino/Latinx men.
        - **Example Action Step –** Convene a standing workgroup to develop, evaluate/reevaluate and update institutional practices (for effectiveness), interventions (for effectiveness) and marketing and outreach materials (to ensure intelligibility). This group should be composed of 50% unaffiliated community members and 50% public health professionals, with compensation for unaffiliated community members.
        - **Example Action Step –** Host online toolbox to disseminate the workgroup's recommendations.
- **Goal 7 –** Black cisgender women receive equitable care.
    - **Strategy 24 –** Reduce barriers for women attending medical and supportive-service appointments.

        - **Example Action Step –** Provide childcare during appointments.
        - **Example Action Step –** Provide transportation (including taxi and ride-sharing) to make it easier for women who have children to attend appointments.
    - **Strategy 25 –** Expand availability of sexual/reproductive health care within the Ryan White HIV/AIDS Program to promote reproductive justice and bodily autonomy for women.
        - **Example Action Step –** Provide non-stigmatizing, accurate information and care for women living with HIV considering pregnancy, while pregnant and during and after labor.
        - **Example Action Step –** Provide access to high-quality and affordable prenatal care and assisted reproductive technologies, including gender-affirming reproductive care for people of transgender experience who want to become parents.
    - **Strategy 26 –** Address violence being experienced by women at the individual, community and institutional level.
        - **Example Action Step –** Train HIV providers and the HIV workforce to not perpetrate trauma in health care and social service settings.
        - **Example Action Step –** Increase screening and response for intimate-partner violence in HIV care and service delivery settings.
- **Goal 8 –** People of transgender experience receive equitable care.
    - **Strategy 27 –** Reduce transphobia in health care settings and in the community more broadly.
        - **Example Action Step –** Provide trainings to health care workers (not just clinicians, but individuals in all patient-engagement roles) on providing culturally-affirming care and services to people of transgender experience.
        - **Example Action Step –** Utilize affirming images of individuals of transgender experience in visual campaigns and marketing materials throughout health care and community setting.
    - **Strategy 28 –** Advocate for public and private health insurance, including Illinois State Medicaid, to cover gender-affirming, medically-necessary services, such as hormones and gender reassignment surgery for trans-identified individuals.
        - **Example Action Step –** Advocate for Illinois Medicaid to cover transgender services based on policies created by other states, such as New York, as examples.
        - **Example Action Step –** Identify current gaps in private insurance coverage of gender-affirming, medically-necessary services, and advocate for changes.
    - **Strategy 29 –** Ensure health care providers and public health departments collect and report standardized and culturally-affirming data about gender identity and sex assigned at birth.

        - Example Action Step – Provide trainings to all individuals in patient-engagement roles, including health care providers, on the importance of collecting and reporting accurate data.
        - Example Action Step – Standardize assessment of sex assigned at birth and gender identity across all systems in Illinois. This will ensure equitable and culturally-affirming assessment regardless of venue.
- Goal 9 – People who use drugs receive equitable care.
    - Strategy 30 – Ensure statewide availability of harm reduction programs, including syringe exchange and overdose prevention.
        - Example Action Step – Assess availability of syringe exchange programs and initiate or expand where needed.
        - Example Action Step – Increase continuing education and training for care providers surrounding the harm reduction model of care.
    - Strategy 31 – Provide naltrexone and other medication-assisted treatment (MAT) to people living with HIV and substance use disorders, including those being released from jail or prison.
        - Example Action Step – Assess the extent to which provision of MAT is already occurring before prisoners are released.
        - Example Action Step – If needed, change policies to ensure medications are distributed before release.
- Goal 10 – People who are justice-involved receive equitable care.
    - Strategy 32 – Increase non-violent policing practices, reduce criminalization of behavioral health conditions and implement policies that better incorporate individuals back into society after time served.
        - Example Action Step – Ensure violent arrests for each officer are tracked and offending police officers are held accountable.
        - Example Action Step – Analyze the number of arrests and currently incarcerated people (in jail or prison) in Illinois related to non-violent offenses or mental health issues. Advocate for fair punishment and increased mental health services.
    - Strategy 33 – Maintain and expand, as needed, resources for programs that provide health care and supportive services for people living with HIV in Illinois Department of Corrections (IDOC) facilities and upon release.
        - Example Action Step – Assess programs for unmet needs.
        - Example Action Step – Determine additional funding or other resources that may be needed to address gaps.
    - Strategy 34 – Expand availability of behavioral health care services for people being released from jail or prison.
        - Example Action Step – Standardize the behavioral health screening assessment process during release planning.
        - Example Action Step – Ensure corrections staff make appointments for individuals before release and make follow up a part of the post-release plan.

- Strategy 35 – Establish a permanent funding source to implement intensive linkage-to-care for people living with HIV who are leaving jail or prison, with a focus on Cook County Jail.
  - Example Action Step – Advocate with the Cook County Health and Hospitals System (CCHHS), the Cook County Board of Commissioners and the Cook County Sheriff's Office for funding for a full-time, permanent discharge planner.
  - Example Action Step – Develop a strategy to follow up intensively with all people living with HIV who leave the jail to make sure they successfully link to care, starting immediately after they leave.
- Strategy 36 – Establish opt-out HIV/STI screening at intake for all men in Cook County Jail.
  - Example Action Step – Advocate with CCHHS to hire a sufficient number of phlebotomists at Cook County Jail to draw blood for all detainees who choose to be tested for HIV and STIs.
  - Example Action Step – Engage Cook County Board of Commissioners members as needed to promote HIV and STI screening.
- Strategy 37 – Lead policy change so Cook County Jail and IDOC allow access to condoms.
  - Example Action Step – Research condom access practices implemented in other jails and prisons.
  - Example Action Step – Pilot a condom demonstration project in Cook County Jail and/or one IDOC site. Analyze results and identify improvements needed to expand project to other facilities.

- Goal 11 – Adolescents/youth receive equitable care.
  - Strategy 38 – Ensure all public schools across Illinois provide comprehensive, evidence-based sexual health education and services, including appropriate discussion of all sexual and gender identities and behaviors.
    - Example Action Step – Facilitate health departments' and local organizations' connections to and engagement with local schools to teach sexual health topics, such as PrEP and condoms, in an accurate and destigmatizing manner, offering supplemental presentations when appropriate.
    - Example Action Step – Advocate for the Illinois State Board of Education to require educators delivering sexual education curriculum to attend a train-the-trainer training.
  - Strategy 39 – Encourage health care provider teams, including nurses, clinicians, health educators and medical assistants, to incorporate dedicated one-on-one time with adolescents, without parents or guardians present, to obtain a more accurate sexual health assessment.
    - Example Action Step – Conduct trainings on the American Academy of Pediatrics or other developmentally-appropriate psychosocial assessment guide.

        - **Example Action Step –** Educate provider teams on state statutes that allow people 12 years old and older to access HIV and STI screening and treatment and PrEP without parental consent or notification.
    - **Strategy 40 –** Advocate for public education reform to ensure all schools provide quality education and support services that promote student success.
        - **Example Action Step –** Conduct needs assessment of students and faculty in Illinois and identify the most pressing supportive service needs for each school.
        - **Example Action Step –** Identify organizations working in Illinois to change school funding to more equitable models and partner on advocacy as appropriate.
    - **Strategy 41 –** Advocate for continued access to comprehensive reproductive health care, including Title X funding for youth.
        - **Example Action Step –** With partners such as Planned Parenthood, conduct a complete assessment of barriers to comprehensive reproductive health care experienced by youth throughout the state.
        - **Example Action Step –** Develop and implement a strategy to address identified barriers through systems transformation advocacy.
- **Goal 12 –** Immigrants and migrants receive equitable care.
    - **Strategy 42 –** Advocate for human-centered national immigration reform to reduce stigma and barriers associated with immigrant or migrant status.
        - **Example Action Step –** Identify local, state and national organizations working on the intersectional issues related to immigration reform, HIV and LGBTQ health, and partner to advocate for immigration reform.
    - **Strategy 43 –** Reduce the chilling effect of current immigration practices so undocumented and non-citizen individuals will have access to all public benefit services, including HIV, STI and viral hepatitis services.
        - **Example Action Step –** Circulate and encourage participation in advocacy opportunities and updates from Protecting Immigrant Families-Illinois and other organizations on proposed federal changes to the public charge policy.
        - **Example Action Step –** Train providers on their legal protection and rights in offering medical and social services to undocumented populations.
    - **Strategy 44 –** Support state and local policy change to create comprehensive health insurance coverage for people who are undocumented or otherwise ineligible to ensure access to essential medical care and support services, including Illinois Medicaid.
        - **Example Action Step –** Pilot extending Medicaid benefits for undocumented pregnant women to two years postpartum.
        - **Example Action Step –** Pilot providing Deferred Action for Childhood Arrivals recipients' access to Medicaid.

    - Strategy 45 – Ensure health care and supportive services are available in a patient's preferred language, and use professional, trained translators when needed.
        - Example Action Step – Assess current allocation of Ryan White Parts A, B and C funding in Illinois to determine if adequate amounts are available for language services; allocate additional funding if needed.
        - Example Action Step – Conduct satisfaction surveys to determine where additional funding is needed for linguistic/translation services, such as PrEP clinics and social services organizations.
- Goal 13 – Ensure people who are engaged in sex work, which is a form of labor, have access to resources to stay healthy without fear of violence, stigma or harassment.
    - Strategy 46 – Support efforts to decriminalize sex work.
        - Example Action Step – Build relationships with and support grassroots organizing efforts by organizations that are by and for sex workers.
        - Example Action Step – Hold meetings with Illinois and Chicago governmental officials to encourage legislation to decriminalize sex work in Illinois.
- Goal 14 – Aging and long-term survivor populations receive equitable care.
    - Strategy 47 – Normalize HIV prevention and treatment activities within senior living facilities and provide LGBTQ cultural humility training to employees and residents.
        - Example Action Step – Train clinicians and caregivers within senior living facilities on HIV counseling and testing procedures, and train residents and staff on LGBTQ cultural humility.
        - Example Action Step – Freely provide condoms and literature on safer sex practices in senior living facilities.
    - Strategy 48 – Address loneliness and isolation among people who are aging or long-term survivors.
        - Example Action Step – Encourage and help establish dedicated support groups specifically for this population.
        - Example Action Step – Provide transportation to and from support group gatherings.
    - Strategy 49 – Provide training and education to HIV providers and the HIV workforce on the health care and supportive services needs of older adults living with or vulnerable to HIV, including those managing multiple chronic health conditions.
        - Example Action Step – Assess the education and training needs of health care providers and the HIV workforce to determine training needs.
        - Example Action Step – Research training curricula created in other jurisdictions, modify if needed after consulting with experts and people living with HIV who are aging, and implement in Illinois.

- Goal 15 – Reduce Structural and Institutional Barriers: Structural and institutional barriers that negatively impact people living with or vulnerable to HIV are limited or eliminated wherever possible.
    - Strategy 50 – Improve and increase funding for equitable housing options, especially for those living with or vulnerable to HIV, and make it easier to locate and apply for housing.
        - Example Action Step – Centralize and streamline access to housing through the housing system's existing referral program (Coordinated Entry System), and make it more effective in connecting people living with HIV experiencing homelessness with referrals to appropriate providers.
        - Example Action Step – Support widespread changes in zoning laws in municipalities across the state to allow for construction and development of innovative housing models, including cargo containers and tiny home communities.
        - Example Action Step – Advocate to increase local, state and federal funding for housing and supportive services for people living with or vulnerable to HIV.
    - Strategy 51 – Improve equitable employment options and accessibility for those living with or vulnerable to HIV.
        - Example Action Step – Include self-empowerment and meaningful employment topics into client services, implement "Bridge to Self-Sufficiency" processes as a part of client services and build partnerships with the workforce development sector.
        - Example Action Step – Work with state and local advocates to pass inclusive family and paid sick leave policies that provide legal protection for people living with HIV caring for chosen family and extended family, and support survivors of intimate partner violence and sexual assault.
    - Strategy 52 – Improve equitable transportation options and the ability to access services for people living with or vulnerable to HIV.
        - Example Action Step – Through governmental public health funding for HIV services, ensure health care sites are located in geographic areas experiencing disproportionate HIV incidence and prevalence.
        - Example Action Step – Assess Ryan White program funding available for transportation, ensure it is being used as effectively as possible, and advocate for improvements in Medicaid's non-emergency transportation services as needed.
    - Strategy 53 – Improve equitable food and nutrition options and accessibility for people living with or vulnerable to HIV.
        - Example Action Step – The state of Illinois should enable food security for all its residents by adopting a "right to food" and "food as medicine" framework and enacting related policies.
        - Example Action Step – Expand food pantry services for those living with or vulnerable to HIV to non-traditional settings

III. CARE FOR LINKED, CO-OCCURRING CONDITIONS

People living with or vulnerable to HIV face other health conditions, including the need for comprehensive behavioral health care (mental health and substance use treatment) and screening and treatment for STIs and viral hepatitis. Appropriate and integrated care for these conditions helps individuals access and fully utilize HIV services.

- Goal 16 – Behavioral Health Care: Behavioral health care is readily available to people living with or vulnerable to HIV, decreasing stigma and removing barriers to care associated with mental health and substance use disorders.
    - Strategy 54 – Among all types of HIV service providers, increase compassion and understanding of the unique and diverse behavioral health care needs of people living with or vulnerable to HIV.
        - Example Action Step – Implement mental health first aid training for all HIV service providers.
        - Example Action Step – Promote continuing education and training around a person-centered model of care, recognizing HIV status as well as mental health status may be intersectional in treating the whole person and cannot be treated in a fragmented fashion.
    - Strategy 55 – Make behavioral health screening a routine part of HIV health care for people living with or vulnerable to HIV to promote sexual, physical and mental health and wellness.
        - Example Action Step – Adapt or create screening tools that that health care providers and members of the HIV workforce can use to assess behavioral health needs.
        - Example Action Step – Modify electronic medical records and other systems to ensure providers and members of the HIV workforce consistently assess behavioral health needs.
    - Strategy 56 – Expand availability of and access to behavioral health care services for people living with or vulnerable to HIV, including culturally appropriate interventions and treatment.
        - Example Action Step – Create a robust referral network linking each health care setting and social service to a behavioral health resource in the community. In the absence of a viable community option, generate a tele-mental health network to link individuals to sustainable care.
        - Example Action Step – When available and desired, link those living with or vulnerable to HIV with behavioral health providers of the same demographic or lived experience.
- Goal 17 – People living with or vulnerable to HIV experience fewer negative consequences of sexually transmitted infections (STIs), including viral hepatitis.
    - Strategy 57 – Increase regular and extragenital STI screening and treatment and Expedited Partner Therapy (EPT) for partners when appropriate among people living with or vulnerable to HIV, with a focus on gay, bisexual, same-gender-loving and other cisgender men who have sex with men.

        - **Example Action Step –** Educate providers about the need to expand extragenital screening for the above populations and transgender women.
        - **Example Action Step –** Implement and train providers to adopt treatment protocols for people who have recurring episodes of STIs.
    - **Strategy 58 –** Expand the capacity of STI services across the state, including screening, treatment, vaccination and PrEP referral and prescription in conjunction with HIV services.
        - **Example action step –** Advocate for additional state and federal funding to expand capacity across the state.
        - **Example Action Step –** Evaluate the practices of sites that are not able to provide STI screening, treatment and vaccination services to all patients and identify barriers to providing full-spectrum services and care.
    - **Strategy 59 –** Eliminate Hepatitis C (HCV) among people living with HIV who receive Ryan White services by improving screening and treatment and advocating for funding to expand the capacity of viral hepatitis services across the state.
        - **Example Action Step –** Assess barriers to HCV screening and treatment within the Ryan White program and improve data collection to determine a baseline number of people co-infected with HIV and HCV.
        - **Example Action Step –** Engage Medicaid managed-care plans and Marketplace plans to reduce HCV treatment barriers, such as F-score requirements and excessive prior authorizations.
    - **Strategy 60 –** Improve health care sector data reporting on HIV, STI and viral hepatitis.
        - **Example Action Step –** Enforce Illinois state statute that requires health care providers to report HIV, STI and viral hepatitis cases in a complete and timely manner.
        - **Example Action Step –** Establish digital bridges to improve clinical care and public health reporting.
    - **Strategy 61 –** Increase public health sector capacity to collect, analyze and use HIV, STI and viral hepatitis data to inform service development, delivery and evaluation.
        - **Example Action Step –** Provide dedicated resources (funds and capacity building) to local health departments and expand to community-based organizations so they can improve and support local surveillance/prevention activities and disease intervention specialist work.

IV. INCREASE EFFICIENCY THROUGH GOVERNMENTAL COORDINATION

State and city government public health partners play a key role in organizing, funding, monitoring and evaluating programs and services for individuals living with or vulnerable to HIV.

When these institutions coordinate activities, we achieve efficiencies, expand the reach of necessary services and strengthen the entire HIV service delivery system.

- Goal 18 – IDPH and CDPH must improve service coordination.
    - Strategy 62 – Increase collaboration between CDPH and IDPH HIV, STI and viral hepatitis programs.
        - Example Action Step – Identify areas where collaboration is possible, such as the duplication of effort when reports with the same data must be submitted multiple times in different formats.
        - Example Action Step – Convene meetings among representatives of the various systems and stakeholders to develop areas of collaboration, based on need, impact and available resources.
    - Strategy 63 – Ensure GTZ-IL strategies are fully integrated into CDPH and IDPH community planning processes to increase the likelihood that strategies are funded and implemented.
        - Example Action Step – CAHISC and IHIPC should hold joint, dedicated sessions to educate members about GTZ-IL recommendations, and GTZ-IL should be included in new member orientations.
        - Example Action Step – Appoint CAHISC and IHIPC leaders to the GTZ-IL implementation leadership team,and ensure GTZ-IL implementation leaders are members of the planning bodies.
    - Strategy 64 – Integrate CDPH and IDPH surveillance and programmatic data capacity and infrastructure to better coordinate services across city, county and state jurisdictional boundaries
        - Example Action Step – Research and report what other jurisdictions have done to facilitate external data sharing.
        - Example Action Step – Educate stakeholders, such as HIV service providers, on the data sharing that already takes place between IDPH and CDPH.
- Goal 19 – State agencies will increase collaboration and coordination to increase long-term investments in services that are aligned with GTZ-IL.
    - Strategy 65 – Integrate GTZ-IL goals, strategies and action steps into the priorities of state programs outside IDPH that specifically support people living with or vulnerable to HIV, such as Illinois Medicaid.
        - Example Action Step – Meet with leaders of programs outside of IDPH that support people living with HIV, such as the Department of Rehabilitation Services, to collaborate and develop implementation strategies that align with GTZ-IL.
        - Example Action Step – Enact and monitor any implementation strategies that come from such meetings and collaborations.
    - Strategy 66 – Identify opportunities to integrate GTZ-IL goals, strategies and action steps within state programs that are not HIV-specific that could benefit people living with or vulnerable to HIV, such as Department of Aging.

        - Example Action Step – Create a list of existing programs that could benefit people living with HIV, such as school health centers, shelters, domestic violence centers and behavioral health facilities; gather information on each, including funding source, eligibility criteria and services provided; and create information sheets for HIV-funded service providers on this issue.
        - Example Action Step – Develop state agency action plans that support the goals of GTZ-IL and align funding requirements and indicators.

V. BUILD THE FUTURE WORKFORCE

The HIV health care and public health workforce is the backbone of our HIV service delivery system, providing needed services to individuals living with or vulnerable to HIV. As scientific and practical knowledge changes, our workforce must learn new approaches and adapt to the evolving needs of people living with or vulnerable to HIV.

- Goal 20 – Academic institutions that train health care professionals provide appropriate education and training on HIV, STIs and viral hepatitis.
    - Strategy 67 – Link HIV, STI and viral hepatitis providers, including health department programs, academic institutions, students, and residents in allied health professions (at all practice levels, including nurses and physician assistants) to create opportunities for mentorship and hands-on experience.
        - Example Action Step – Assess which clinics are currently working with academic partners, what academic partners are open to partnerships, which health professions are accepted, how often they allow students into their settings, and develop strategies to create additional partnerships.
        - Example Action Step – Assess elements that make successful partnerships and share best practices.
    - Strategy 68 – Partner with state professional societies to institute continuing education requirements for LGBTQ cultural awareness and affirmation; LGBTQ-affirming health care; anti-HIV stigma and anti-racism practices; and HIV, STI, and viral hepatitis standards of care and best practices.
        - Example Action Step – Determine which professional societies do not currently require continuing education in these areas and identify and partner with members who will champion additional continuing education on key topics.
        - Example Action Step – Identify existing or develop continuing education programs that provide information on cultural humility, LGBTQ, HIV and other topics; partner with professional societies to implement requirements.
    - Strategy 69 – Allied health professional training programs, including nursing, medical and pharmacy, should incorporate and/or expand training on HIV/STIs,

including rotations through STI clinics for infectious disease residents and fellows.

- Example Action Step – Assess curriculums of allied health professional schools to determine the current amount and level of training provided on STIs currently and use this information to determine and implement strategies for expanding education.
- Example Action Step – Identify champions in infectious disease training programs and partner with them to develop and implement STI clinic rotations.

- Goal 21 – Increase opportunities for ongoing, practical training that builds knowledge about HIV, STI and viral hepatitis care, including science-based education such as PrEP and U=U, for all members of the HIV workforce.
  - Strategy 70 – Encourage/facilitate opportunities for Ryan White, STI, PrEP and viral hepatitis clinics to partner with HIV/AIDS Education and Training Centers)(AETCs, such as MATEC) to offer preceptorship experiences to novice providers.
    - Example Action Step – Assess which clinics are currently working with AETCs and how often they allow novice providers in their settings.
    - Example Action Step – Build buy-in from clinics across the state with the assistance of CDPH and IDPH.
  - Strategy 71 – For members of the HIV workforce that are not health care providers, develop a training curriculum that emphasizes the latest HIV science and includes elements such as the life experiences of people living with or vulnerable to HIV, payment options for medications, a philosophy of good customer service, strength-based care and addressing implicit bias and other oppressive dynamics that interrupt quality services.
    - Example Action Step – Research training programs that have been developed in other jurisdictions to identify one that is appropriate for Illinois.
    - Example Action Step – Tailor this curriculum to different sectors of the workforce and determine how to implement it (including offering CEUs).
- Goal 22 – If they choose, people living with or vulnerable to HIV should be able to receive services from providers who are of the same race, ethnicity, gender, sexual orientation, gender identity and lived experience.
  - Strategy 72 – Increase the number of peers who work for a living wage at all levels of organizations in the health care, public health and community-based HIV sectors, including Black and Latino/Latinx gay, bisexual, same-gender-loving, and other cisgender men who have sex with men; cisgender Black women; people of transgender experience; and older adults.
    - Example Action Step – Prepare members of priority populations with experience working in their community with institutional work along the organizational leadership spectrum, from peers to testers to managers to executive directors. These positions should be salaried and not grant-dependent.

        - Example Action Step – Train members of priority populations to become ambassadors to policy-makers.
    - Strategy 73 – Advocate for state certification of community health workers to establish a health care reimbursement mechanism for these services to create sustainable employment for communities living with or vulnerable to HIV.
        - Example Action Step – Partner with state community health worker advocates to inform and implement current strategies to achieve certification.
        - Example Action Step – Allow communities most impacted by the epidemic to take trainings, such as HIV testing, without cost and without being affiliated with an agency.

VI. MEASURING OUR PROGRESS THROUGH SURVEILLANCE AND OTHER DATA

GTZ-IL's success relies on our ability to define, measure and evaluate key goals and strategies. Where available, outcomes data will be essential to measuring progress. When competing data systems exist, they should communicate and offer seamless integration to avoid duplication of efforts. Meaningful and timely data at state, city and community levels will be essential to tracking GTZ-IL's progress and ensuring the goals of PrEP and viral suppression investments are met.

- Goal 23 – Improve and expand data systems to enhance services and care.
    - Strategy 74 – Improve data systems and Electronic Case Reporting (ECR).
        - Example Action Step – Identify people living with HIV who have moved out of the state and individual jurisdictions within the state, or are deceased, and remove them from current reporting. Use electronic databases, comparison with cross jurisdictional and national data and other means to identify people who have moved.
        - Example Action Step – Increase resources for HIV surveillance to improve the accuracy and timeliness of surveillance data, which will provide better and more accurate information on linkage to care, retention and viral suppression rates.
    - Strategy 75 – Expand timely access to surveillance data maintained by CDPH and IDPH to allow providers to more easily determine if individuals are in care or out of care.
        - Example Action Step – Collaborate with other states to determine how they created and implemented the data-to-care pilots, and meet with interested providers in Illinois to explore similar projects.
        - Example Action Step – Present to IHIPC and CAHISC on the New York state model to garner support for a local project.

- **Goal 24 –** Monitor and share publicly GTZ-IL plan implementation progress.
    - **Strategy 76 –** Develop a system to allow for monitoring and dissemination of indicators to assess progress of GTZ-IL's goals.
        - **Example Action Step –** Collaborate with GTZ-IL leadership, committee co-chairs, and community members to identify platform options and associated costs (e.g. dashboard, routine data reports) and indicators to monitor progress.
        - **Example Action Step –** Secure funding for and develop user-friendly platforms, such as a dashboard.
    - **Strategy 77 –** Develop computational models to project annual HIV incidence in Illinois until 2030, including a combination of ARV and PrEP scale-up strategies in addition to other structural interventions.
        - **Example Action Step –** Build upon existing simple and complex mathematical models that are testing health department interventions and scale up.
        - **Example Action Step –** Incorporate social and structural factors in the models, particularly to harmonize approaches used by the housing and other non-clinical committees and interventions.
    - **Strategy 78 –** Create a resource guide containing a comprehensive list of evaluation and monitoring measures that will be available to all agencies collecting data to ensure we are using the same language, when possible, to allow for future data integration.
        - **Example Action Step –** Assess resources available to achieve a large-scale harmonization project.
        - **Example Action Step –** Assess data collection activities occurring within Chicago and across Illinois.

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