

Cuyahoga Regional HIV Health Services Planning Council

Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina Counties

Kimberlin Dennis and Terry Allan Co-Chairs



Dr. B. Gripshover – We have been lucky at University Hospitals, there have only been two people hospitalized, though very worrisome. It is very important to get the flu shot.

As for Covid, there are many vaccines becoming available and Dr. Fauci has expressed that the first studies for the vaccines may be available to review by November. For right now, we have the flu vaccine and it is safe, effective, and available. That reduces efforts involved with having both viruses at the same time.

Grantee Report - October 2020 – Planning Council

1. Grantee Report
 - a. ODH State Integrated Plan no update.
 - b. Clinical Quality Management committee continues to meet with the efforts focusing on disparities in viral suppression. Grantee CQM members met with providers regarding ongoing 2020 projects. The third sessions of meeting have started with the providers. The November meeting will be the annual project and lessons learned meeting for the group.
 - c. Grantee team finalized the closeout report for the FY2019 grant year. The remaining balance for the FY2019 grant year is \$101,950.89. All funds are allowable for carryover as we are below the 5% of the Formula award were requested for the Official FY2019 carryover into FY2020. The funds were received in the FY2020.
 - d. S&F is looking at data for upcoming reallocations in November 2020.
 - e. ODH sponsored needs assessment update. The surveys have been released for completion requesting all parties to distribute widely if possible. The survey closed at the end of June. CCBH will present once data has been received.
 - f. Grantee completed version five of the newsletter and it was sent out on June 1st. Feedback welcome.
 - g. The AETC is presenting at Planning Council in October.
 - h. Data to Care - The 3rd cycle is currently being worked on by the medical providers. CCBH received legal feedback from John Hopkins University. The Not-In-Care (NIC) process uses a combined approach integrating data from CCBH and medical providers. This project is a funded Ending the HIV Epidemic initiative.
 - i. CCBH continues to work with sub-recipients in regards to data completeness and productivity.
 - j. CCBH fully migrated to CAREWare 6. The system has many differences when running reports. This has caused CCBH staff to spend many hours creating new reports as well as determining what data is now being pulled.

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- k. Ryan White Part A received COVID-19 funding. CCBH and CDPH conducted joint listening sessions with providers. CCBH completed a large order of masks for clients as well as distributed funding to all providers based on Part A eligible clients served. Providers working on invoices and monthly reporting requirements.
- l. The Ending the Epidemic award was received in the amount of \$750,000. The following projects have been moving forward social media campaigns for U=U/stigma reduction for HIV positive clients. Community Health Worker Certification program in coordination with Cleveland State University, Data 2 Care program support, Intensive MCM program support, Medical Transportation program support and Rapid Art program support.
- m. Ending the Epidemic Plan update: Community Solutions is working through the planning process with the Cuyahoga County EtHE plan. There have been preparation meetings. An EtHE advisory committee meeting was conducted. Community Solutions completed a community engagement meeting virtually. The plan was granted an extension now due end of the year. The situational analysis has been completed and presented to the local advisory committee. The advisory group is meeting weekly to meet the target completion date for the plan. Stay tuned for open input into the plan.
- n. Prevention funded CTR sites have been invited to PC as PC prepares to review its bylaws to integrate prevention and care planning efforts.
- o. The FY2020 grant. The allocations split is 79.19% core 20.81% Support the expenses are at 38.07% for six months which is underutilized. Six months should be 50.00% there are a few providers behind schedule. I would anticipate a major reallocation on November.

Administrative Update – M. Rodrigo

Congratulations and thanks was extended to the newly appointed PC members who attended the County confirmation meeting this month. They all did a wonderful job expressing their reasons for wanting to become council members and the contributions they plan to bring to the committee. We are very proud and thankful for all our new members. They did a stellar job! The following are a few comments from some of the members:

**Comment:* B. Gayheart – “The meeting went very, very well. My Internet caused problems for me to stay on, but it was very productive a much anticipated move to finally get this approved.”

**Comment:* W. Simpson – “The meeting went very well. I’m hoping to be more involved, and though I’m in school right now, but I’ll try my best to do what I can.”

**Comment:* J. Patterson – “The folks who interviewed us were so gracious, and it was really amazing to hear the stories. It was a great experience, really memorable.”

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**Comment:* K. Dennis – “It was awesome hearing all the stories, and the faithful commitment that everyone was passionate about in being part of the Planning Council, I won’t forget it.”

FY 2020 Utilization Update – M. Rodrigo

We have upcoming annual meetings for providers in November. We received the \$101,954 part of the grant. Data to Care is ongoing, a list will be distributed and follow ups will be done with the providers. The majority of the End the Epidemic (EtHE) contract is in place, and we are putting budgets together and projects in place. A plan is still being written for EtHE; Community Solutions is moving through that process and working through strategies. The Social Media Project is underway, which will have both Prevention and Care dollars and focus on Prep and U=U. The Prevention Project is also starting up. Prevention group members were invited to PC today to get a feel for what we do. Those in attendance, we thank you for your efforts. Another review of the Expenditure Summary will be done to provide information on what the report means and how it fits together for the Planning Council. The report reflects data from the start of the grant year, March 1st, to the present.

Medicaid Updates – C. Nicholls

Recent flyer information was sent out a couple weeks ago announcing the three Cuyahoga Jobs and Family Services (CJFS) Community Forums in October. The purpose of these sessions is to provide CJFS updates, along with information on how to help customer’s access CJFS services. This information will be re-submitted, following the meeting today. Next, if people would like to change plans, Medicaid Open Enrollment is November 1st through December 15, 2020. Currently, there has been an increase in Medicaid numbers since Covid and currently one- third of the county is now on Medicaid. We are working hard to prepare for open enrollment, as the Department of Health and Human Services has declared that the pandemic will continue until January 2021. For now, this means the County will not be terminating anyone’s Medicaid benefits unless a person makes a request, moves out of state, or passes away.

Part B Update – S. DiCocco

Ryan White Part B and OHDAP Updates

- RW Case Management continuation solicitation is posted. Applications are due on November 30th.
- Early Intervention Services continuation solicitation is also posted. Applications are due on November 30th.
- The guidance for the Ryan White Part B and ADAP Non-Compete Continuation grant was released. That application is due to HRSA on November 20th.
- Ending the HIV Epidemic Plans are due to HRSA and CDC on December 31st. The three jurisdictions have invested a lot of work to drafting the plans and the drafts will be shared during the Combined Community Planning Group on Wednesday, November 18th.
- Emails have been sent to Part B Case Manager Supervisors with a list of client who are eligible for Medicare, Medicaid, and ACA.

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- Emails will also be sent soon Part B Case Manager Supervisors with a list of clients who are currently enrolled in ACA plans but may want to change or need to renew their plans.
- The OHDAP client survey is still open until November 2, 2020. Currently 343 people have taken the survey.
- The OHDAP team and Case Management Coordinators are working on action steps for the data received from the recent Part B Case Manager survey related to OHDAP and pharmacy dispenses.
- Rukobia is now approved on the OHDAP formulary effective 10-1-20.
- OHDAP Coordinators are in the process of getting cell phones to ensure continued and efficient communication while working remotely.
- The Ryan White Part B program will be working with HIV Surveillance as well as both Ryan White Part A programs for completing the HRSA Unmet Need Framework which is due with Part A and Part B applications in 2021.

**Question:* R. Watkins – Regarding unmet needs and looking at data, what appears to be the most unmet need?

**Response:* S. DiCocco – Medical care, although there are no current analysis as of yet. It's a data analysis based on surveillance data, looking at who we can verify in medical care. From that we look at people who we do not know are in care and then try to develop strategies to bring them into care. We now see the need for looking closely at populations who are not receiving that care. This will be statewide endeavor for everybody, looking at three priority populations, specifically. You can select your populations and we will pull the data for medical needs.

**Comment:* R. Watkins – There is a concern for populations like trans genders, where the information is not always available for us to see how to fill gaps in those priority populations.

**Comment:* S. Harris – For unmet needs, this is a grant requirement and we usually look at this as part of the Priority Setting and Resource Allocation (PSRA) process, and make projections on the percentage to return to care, it is usually 10% to 13%.

**Question:* B. Jones – Can we somehow find out how many people are offered Pre-exposure prophylaxis (PrEP) or Post-exposure Prophylaxis (PEP) in emergency rooms? PEP is also something people need to know about. Maybe the public, at large needs to be informed as to this being available in emergency rooms.

**Response:* S. DiCocco – Regarding PEP, data from a current survey run will be broken up by TGA and will provide more data after the needs assessment report.

**Comment:* J. McMinn – Emergency rooms usually provide PEP after a sexual assault and if someone doesn't have insurance, an assessment is done to get it from a medical company or maybe Medicaid.

**Comment:* Dr. Gripshover - Some people do know, but many don't know where to go, and it also depends on what information the provider gives that day.

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HOPWA Update – L. Clayton

The HOPWA numbers are currently still being validated. There is a short-term housing program, Emerald Development & Economic Network (EDEN) is the provider. Only a small amount of funding was initially allocated for this project, but that changed quickly, so extra dollars have been allotted to continue the project, with a few parameters attached. We are also looking at shelter diversion projects, working to get those individuals into hotels for up to 60 days. Although some individuals are demanding to stay, this is only meant to be a bridge. The hope is that these individuals will engage with case managers to find solutions for permanent housing. If you know of People Living with HIV/Aids (PLWH/A) in shelter living, they should contact case managers for assistance. The Workforce Development Program is partnering with Ohio Means Jobs/Cleveland-Cuyahoga and looking for PLWH/A who want to be gainfully employed and would like to help them develop this program after the administrative and other start up details are complete. We will provide further updates as they become available.

**Question:* R. Watkins – Regarding the short-term program, is there a target population, and is anything in place for permanent housing for them?

**Response:* L. Clayton – It is for PLWH/A facing eviction and who may end up in a shelter. The purpose is to divert that possibility and to see that they are linked to a housing case manager to make sure they are progressing towards permanent housing.

**Question:* B. Jones – Is there anything pushing on harm reduction models?

**Response:* L. Clayton – We have not gotten that far, just wrapping focus around housing issues right now.

Strategy & Finance Co-chair, C. Barnett, extended thanks to LaRaun for providing the Planning Council committee with the most thorough housing report received in a long time.

Planning Council Operations

Monthly Progress Report from HRSA Project Officer

None.

AETC Overview – Jane Russell and David Andrist

Jane Russell and David Andrist from the AIDS Education and Training Center (AETC) provided a slide presentation on their program, its mission, and services. The presentation was made available and sent out to members. Listed below is a brief overview of their services.

- A national program of leading HIV experts, provides locally based, tailored education and technical assistance to healthcare teams and systems to integrate comprehensive care for those living with or affected by HIV.
- They serve, HIV care providers; Physicians, Physician assistants, Nurses, Advanced Practice Nurses, Pharmacists, Dentists/Dental Professionals. Health professional students; other multidisciplinary HIV care team members.

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- Programs may address a single topic or may be a longer workshop, done entirely by MATEC or in collaboration with other entities. *Examples of programming:* PEP, HIV treatment review and update PrEP; *Examples of workshops:* Mental Health First Aid; *Technical Assistance:* Arrangement for space, speakers, etc. *Examples of Projects:* Practice Transformation; Midwest Fellowship for Primary Care Champions; Clinical Scholars; HIPEP an HIV Interprofessional Program, done in connection with colleges; Midwest Integration of the National HIV Curriculum to help integrate information into schools, colleges of nursing, etc.
- The National Clinician Consultation Center; to help people who experience a lot of resistance.
- Health Professionals Training – long-term funded programs, designed to work with professionals who are in training. The Ohio Department of Health has allowed AETC to put a lot into consumer education and they have recently hired personnel for community education and virtual programs.

**Question:* B. Jones – Do you utilize PLWH/A in these training programs?

**Response:* D. Andrist – The HIV curriculum is online. With HIPEP, it's done with the University of Cincinnati.

**Question:* R. Watkins – Mental Health is usually overlooked, how can you get in touch with a person there and brainstorm?

**Response:* D. Andrist – This is done through Mental Health First Aid program and we partner with group that does this.

For more information on AETC, please contact Jane Russell at jane.russell@osumcu.edu or David Andrist at david.andrist@osumc.edu.

Committee Reports

Community Liaison Committee (CLC) –N. O'Neal

Congratulations and much appreciation to the new Community Liaison Committee (CLC) Co-chair, Ronald Rolling. As for updates, the committee met two weeks ago and was able to finalize a housing survey. It will now go to L. Clayton and await an answer on the final updates before pushing it out. There will not be a second community forum, due to Covid, but we will do a virtual one for safety reasons. This will be done in Lorain County, and possibly Cleveland, but the focus is on Lorain. Also, QI Co-chair, R. Watkins will be conducting a Peer Led Model presentation next month.

Strategy & Finance (S&F) – C. Barnett

We went over training, completed part of the annual plan, and a Utilization Update was conducted by the Grantee. We were going to have exercise on PSRA today, but that will be tabled for next meeting, although we also have a huge reallocation to do in November. With that, we are asking for all members to please be in attendance. The Grantee's office and PC

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Facilitator, Sharron Harris, will be giving another training on reallocation and carryover is all about.

Membership, Retention & Marketing (MRM) – K. Dennis, S. Harris

- There was an October training on Understanding Fiscal Reports
- The AETC training was today, thanks to Jane Russell and David Andrist.
- There will be training in November on reallocation and carryover to help people understand what that means.
- On Nov. 4th, there will be the Annual Part A Orientation and Refresher training for new and existing members on understanding the origins of Part A services and the roles and responsibilities of Planning Councils.
- We are working on updating the PC Bylaws to integrate HIV Care & Prevention. The goal is to have the Revised Bylaws updated and finished by February so Planning Council can approve and operationalize them by March 1, 2021. We also established a Bylaws work group and we will need to conduct work group meetings. The current group members are: N. O’Neal, C. Barnett, F. Ross, J. Patterson, and J. Citerman-Kraeger.
- In addition, the Bylaws confirmation forms will have to be signed by all members and up to date before the HRSA site visit next year.
- January starts the Reallocation process for the next grant year & PSRA Workplan.
- As for our Wellness check in update, we extend thanks to Clifford for requesting updated phone rosters so we can continue to stay in touch and check up on each other.

Quality Improvement (QI) – J. McMinn

The committee took a deep dive into Oral Health, not to cut services but to look into ways the Quality Improvement committee can offer suggestions for improvement.

Public Comments

Go Vote - and continue wearing masks.

Announcements

None.

Adjournment

Motion: C. Barnett

Seconded: K. Dennis

Attendance:



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	Planning Council	Jan	Feb	Mar	Apr	May	June PSRA	Aug	Sep	Oct	Nov
1	Kimberlin Dennis – Co-Chair	20	20			20	20	20	20	20	
2	Terry Allan – Co-Chair	20	20			20	20	20	20	20	
3	Merle Gordon – Co-Chair	20	20			20	20	20	0	0	
4	Clifford Barnett	20	20			20	20	20	20	20	
5	Michael Deighan	20	20			0	20	0	0	0	
6	Clinton Droster	20	20			20	20	20	20	20	
7	Brenda Glass	20	20			20	20	20	0	0	
8	Barbara Gripshover, MD	20	20			20	20	20	20	20	
9	Tina Marbury	20	20			20	20	20	20	20	
10	Jason McMinn	20	20			20	20	0	20	20	
11	Christy Nicholls	20	20			20	20	20	20	20	
12	Naimah O'Neal	20	20			20	20	20	20	20	
13	Chris Ritter	20	20			0	0	0	20	20	
14	Marlene Robinson-Statler	0	20			0	20	20	20	20	
15	Ronald Rolling	20	20			0	0	0	0	20	
16	Robert Watkins	20	20			20	20	20	20	20	
17	Leshia Yarbrough- Franklin	20	20			0	20	20	20	20	
1	Nicole Carter					0	0	0	0	0	
2	Jeannie Citerman-Kraeger					20	20	20	20	20	
3	Billy Gayheart					20	20	20	20	20	
4	Deairius Houston					0	0	0	0	20	
5	Tracy Johnson					0	0	0	0	0	
6	LeAnder Lovett					0	0	0	0	0	
7	Jeffrey Mazo					20	0	0	0	0	
8	Earl McCray					0	0	0	0	0	
9	Julie Patterson					20	20	0	20	20	
10	Faith Ross					20	20	20	20	0	
11	William Simpson					0	0	0	0	20	
12	Stephanice Washington					20	0	0	0	0	
	Total in Attendance	16	17			18	19	16	17	19	

PC Attendees: L. Clayton, B. Jones, M. Jackson-Rollins, S. Mason, E. Tye, D. Andrist, J. Russell, R. Lewis, R. Auster Miller, S. DiCocco, U. Carter

Staff: M. Rodrigo, S. Harris, T. O'Donnell, G. Agosto, M. Halko, T. Mallory