

Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina Counties Naimah O'Neal, Ronald Rolling - Co-Chairs

# Community Liaison Committee (CLC) Minutes Wednesday, November 4, 2020 12:00 pm to 1:00 pm

**Start:** 12:02 pm

End: 1:04 pm

Facilitating Co-chair: N. O'Neal

# Moment of Silence Welcome and Introductions

#### Approval of Agenda: November 4, 2020

Motion: C. Barnett	Seconded: R. Rolling	
In Favor: All	Opposed: 0	Abstained: 0

# Approval of Meeting Minutes for October 7, 2020

Motion: R. Ro	olling	Seconded: C. Barnett				
In Favor: 9	Opposed: 0	Abstained: 1 - T. Johnson				

#### New/Old Business

# Housing Survey – Goal & Implementation Plan

As there were no additional updates from the R. Clayton, CDPH on the housing survey, the committee agreed to move forward with the survey as approved by the Committee. The committee was asked for further suggestions and or ideas on how to implement or distribute the survey.

\*Comment: N. O'Neal - Joy at the Aids Task force will be contacted for her input. She may be helpful as the head of the social workers network in distributing the survey information, particularly to case managers that do housing.

\**Comment*: S. Harris – The Grantee has also offered to help with distribution to case managers at Ryan White funded provider agencies.

\*Comment: C. Barnett - Care Alliance has been contacted as a potential resource to share this information.

\*Comment: R. Watkins – Since Covid, a lot of people aren't able to get into buildings, so a call-in line might be a helpful solution.

\*Comment: B. Jones – Perhaps a non-profit person could assist with the process on how to create a survey monkey and an update on that timeline could be provided soon. It is also preferred the person have no access to the project or be included in the loop.

\*Comment: S. Harris - That is a good suggestion, but the data collected by the online surveys comes back to whoever creates the survey, so that might create a challenge for getting the



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data. Also, we still need to encourage using paper copies so we don't leave anyone out. Then it becomes a challenge to put all the data in one place.

\**Comment:* B. Jones – We will need to update the data regularly and possibly put it on a spreadsheet.

\*Question: N. O'Neal – Is this short-term or ongoing survey?

\**Response:* B. Jones - Initially, short term, but it could be a mechanism to continually collect input, especially not knowing what next year will be. If it could become part of the norm and we can make accessing housing situations for people in a more thorough way, it would be great. We can do a six-month run to get some foundation data and go from there.

\*Comment: S. Harris – It may be effective to use a six-week time frame for now, then ask next year for help from case managers to disseminate the survey as part of their role. This will require Grantee consultation as to whether this can be done.

\*Comment: C. Barnett – This seems to be ongoing already, so it should probably be something we follow up on continually.

\**Comment:* N. O'Neal - We can always come back later. We will start with six weeks then, look at the next steps.

The plan for disseminating the CLC Housing survey is that an electronic version will be sent out to all PC members, so everyone has a chance to help with the project and provide extra support. Upon completion, the surveys are to be returned via e-mail to PC support, Toni Mallory at: <u>amallory@ccbh.net</u>. Printed, hard copies of the survey are to be collected and can be scanned and returned to <u>amallory@ccbh.net</u> or returned by U.S. mail to Toni at CCBH, 5550 Venture Drive, Parma, OH, 44130.

# Peer Model Presentation – R. Watkins

A slide presentation on a Peer Led Model concept outlined so basic concepts of a peer model and provided information and strategies on how to implement the process. The presentation was also made available to members by e-mail and printed copies. The presenter emphasized that the main focus of the Peer Led Model concept is getting people to undetectable status. The following is a summary of the presentation.

# What Is a Peer Led Model?

Peer mentoring is a membership between a person who has lived through a specific experience (peer mentor) and a person who is new to that experience (peer mentee).

# How does Mentoring Work?

The peer mentor may challenge the mentee with new ideas and encourage the mentee to move beyond things that are most comfortable.



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# The Peer Led Model & Advocacy in Health Care

Peer mentoring has been shown to increase resistance to stress related anxiety, help clients make healthier life choices, and adhere to a more productive and healthier lifestyle.

# How Does Advocacy Work?

Peer mentoring has been implemented in programs to support survivors of traumatic brain injury, cancer patients, diabetics, and to reduce HIV transmission and increase adherence to treatment with HIV positive populations. While mental health services may be the most significant first step in helping people to get care, as planning council members, we regularly experience all these categories as we work to help people navigate through these processes.

The 22 Identified Care Categories for Newly	The 22 Identified Care Categories for Newly					
Diagnosed or Out of Care Individuals	Diagnosed or Out of Care Individuals (cont'd)					
Mental Health Services	Selecting Antiretroviral Treatment (ART) and					
Mental Health Counseling	Medication Adherence					
Assessed Specific Addictions	Other STI Screenings					
Drug Counseling Services	Employment Services					
Stable Housing	Food & Nutrition Assistance					
Transportation to and from Medical	Dental Care Services					
Appointments Services	Vision Care Services					
Personal ID	Financial Services					
Gov't Medical Insurance Coverage Services	Personal Insurance Services					
Marketplace Insurance Coverage Designated	Life Insurance Services					
(HMO)	Legal Help Services					
Choosing a Medical Care Facility						
Picking a Doctor						
Scheduling First Doctor's Appointments						

Matrix Linkage of Services Peer to Peer if Positive Test Result

Documented positive HIV result = Linkage to Care Coordinator = Assigned to HIV Peer Advocate This process assures that people go through all the steps to get the care they need.

# Matrix Linkage of Services if Negative Test Result

Documented negative HIV result = Linkage to Care Coordinator = Assigned to a PrEP Navigator There are currently open positions for PrEP Navigators to fill that void.

<u>Are You Ready to Lead?</u> You do not need a HS diploma or college. You do need: Passion to help others The ability to share personal experiences



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Dedication Patience in working with others Great communication skills and understanding The ability to build trust with others

<u>Linkage to Care Program Model – (created 2/22/2020) by:</u> Robert B. Watkins Peer Health Advocate (216) 408-6487 <u>Rbw8463@gmail.com</u>

#### Additional questions and comments:

\*Question: B. Jones – How will this be rolled out, will it go out to any ASO's, and who will be navigating?

\**Response:* R. Watkins – This will start as a grass roots level project, using this concept as a base model. There are people in place, but any name can be added if the potential peer models are People Living with HIV/Aids (PLWH/A).

\*Comment: N. O'Neal – They are now doing training to be navigators. We currently have had a hard time getting ASO's to do peer-training, so we need to have a formal structure and training. \*Comment: B. Jones – Based on the model for the Sankofa Project, this could be another framework, using the same principles as these and maybe this could be collaborated, using the current list of people to get this underway.

\**Comment:* R. Watkins – The most important criteria is not book knowledge, but experience and everyone living with HIV/Aids has more than enough experience to be a model. That is the nutshell of how to pull it forward.

\*Comment: N. O'Neal – Agreed, but we still need to be on the same page with a set core of information that's being shared with everyone.

\*Question: C. Barnett – This is a good program, but what are the peers going to focus on or where does the focus lie?

\**Response:* R. Watkins – The linkage to care list in the presentation gives us structure on how to piece this all together. Starting at the top and going down can help fulfill all these things. For example, what was discovered with mental health assessments, the first step, was that dealing with addictions, connecting that with mental health care, and linking people to a doctor to get them coherent, all resulted in helping them get on the path to care.

\*Question: B. Jones – These people will also have to be trained on ethics and confidentiality, what about that?

\**Response:* C. Barnett – Perhaps with the new Community Health Worker program that may be tied in and can be collaborated with them. It would be a fine-tuning situation.



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\*Comment: S. Harris – There still seems to be a need for a host organization, or the backbone to it all, which could also address things like screenings. If there is an agency in place to do screenings, administer Prep, and so forth, etc. this would be the type of organization that can manage these things so the peer mentor could just focus on helping navigate for the person. \*Comment: R. Watkins – We have an organization who would like to take control of the project, but they are not involved because the model is not in place. They will also have a vetting process for those who want to become peers.

\*Comment: - B. Jones – It is also time that PLWH/A get some type of stipen to do this, because voluntary efforts have been done for too long.

\*Comment: N. O'Neal – The finances are supposed to come from the agency that hires the peers/people to do this and Part A doesn't have the funds for this.

\*Comment: -Grantee – The first step was for agencies to bid and apply for these programs and demonstrate they can meet the program requirements, so peers could have this base line structure. The money is for paying for the program and for paying the people to serve as peers. However, funding is two-fold; the agency must have clients in order to carry out the program.

\*Question: B. Jones – Will we present this at full Planning Council in November, and do we still have the Bryan Jones Peer Led Model Power Point presentation?

\*Response: S. Harris – Yes, it is still available. However, the remaining November PC agendas are full and the reallocations must also be done for November. We will look at probably adding this to the January or February PC meetings. We will work on a schedule and give an update later.

Members should be reminded that federal funding for peer models requires a competitive process. The current EtHE funding was competitively awarded and the Grantee has provided monthly updates on the progress of all the funded initiatives.

<u>Review & Update Consumer Mini-Outreach Survey</u> Tabled.

# Parking Lot Items

Late Spring 2020 Lorain County Community Forum Tabled.

# **Standing Business**

Agree on CLC Committee work activity (if any) to be reported at Executive & Planning Council meetings.

The committee will report at full planning council.



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#### **Announcements**

- 1. **B. Jones** Be on the lookout for a flyer regarding an upcoming focus group.
- 2. **M. Rodrigo** A reminder of the virtual Ending the HIV Epidemic (EtHE) focus groups set for Thursday, November 12 from 6-7 pm and Friday, November 13 from 1-2 pm.
- N. O'Neal There will be an upcoming webinar on the Ohio Modernization Movement. CEU's are also involved. Also, a World Aids Day event is set for November 30, 2020. Further details on both events will be sent following the meeting.
- 4. **J. Mazo** A virtual Aging Summit will be taking place November 16-18, 2020. Link details will be sent to all.
- 5. **B. Jones** The International Conference on Stigma, "Who Can You Tell" will take place at Howard University, November 16-20. 2020. You can register through Google online. Registration is free, but they ask that you pay what you can.

		Jan	Feb	Mar	Apr	May	June	Aug	Sep	Oct	Nov
	CLC Members						PSRA				
1	Naimah O'Neal, Co-chair	20	20	20			20	20	20	20	20
2	Ronald Rolling, Co-chair	v	а	С			а	n	t	-	20
3	Tina Marbury	20	20	20			20	20	0	20	0
4	Stephanice Washington	20	0	0			0	0	0	0	0
5	Faith Ross	20	20	20			20	20	20	20	20
6	LeAnder Lovett	0	0	0			0	20	0	0	0
7	William Simpson	0	0	0			0	0	0	0	20
	Total in Attendance	4	3	3			3	4	2	3	4

Adjournment: Motion: R. Rolling Seconded: C. Barnett

**PC Members**: K. Dennis, C. Barnett, R. Watkins, B. Gayheart, D. Houston, T. Johnson Attendees: B. Jones

Staff: S. Harris, T. Mallory, G. Agosto, M. Rodrigo