CUYAHOGA COUNTY

BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

5550 Venture Drive Parma, Ohio 44130
216-201-2000 www.ccbh.net

Ryan White Part A – Program Updates

Melissa Rodrigo

Deputy Director

mrodrigo@ccbh.net

Ryan White Part A
Cleveland TGA

Program Requirements Updates

- New at CCBH
- FY2021 Funding Status
- Data – What's new FY2021
- Eligibility
- Contracts
- Communication
- Reporting
- Exceptions
- Planning Council
- Grievances
- Expectations
- Ongoing Program Initiatives

Ryan White Part A
Cleveland TGA

New at CCBH

- We have expanded
- EHE plan was completed in CY2020
- Trying to leverage all funding
- Integrating Prevention Planning into PC

Ryan White Part A
Cleveland TGA

Greater Cleveland TGA Prevention and Care (Part A) Organizational Chart

***Cuyahoga County Executive Armond Budish**

Cuyahoga County Board of Health (5 board)

Key:
*The Cuyahoga County Executive designates the Cuyahoga County Board of Health as the Greater Cleveland TGA Part A Grantee
Green – Vacant posting soon
Red– In EHE Prevention Grant – Not final
Part A staff are designated as Admin or CQM
Prevention staff split roughly 70%-Prev 30%-STI

Health Commissioner

Legal Counsel P. Conti

P&W Director P&W

Part A Project Director/ Deputy Director, Dept. of Prevention/Wellness M. Rodrigo

Planning Council Care & Prevention Support S Harris

Considerations:
Part A – Admin 10% Max CQM 5% Max – $4.9 NOA HRSA
EHE Part A – Admin 10% NOA $1,000,000–
HIV Prevention – CTR status if unproductive reduce Small % STI large HIV time and effort is reversed NOA ODH - $1.7 will reduce by 200k ED work to transition to EHE Prevention
EHE- Prevention – program manager and education huge (PrEP and Testing) providers and ED coordination, SSP support and data analysis EPI and Cluster work – potential NOA ODH $1.1
EHE – request PM implement EHE plan shared cost

Part A Prog. Supervisor Z Levar

Part A Prog. Manager -Admin V. Panakkal

Part A Prog. Manager CQM - Vacant

Part A Grant Coor -Admin Vacant

Part A Prog. Data Analyst CQM- .5 ESI

Part A- Admin Support A. Mallory .75 Part A .25 Prevention

EHE Prog. Manager- Care Admim G. Agosto

EHE-Prev Prog.Manager

EHE Prevention - Data Analyst

EHE – Prevention D2C DIS

HIV Prevention/STI Supervisor B. Eaton

Prev- Prog Man M. Kolenz

DIS- R. McDade

DIS- T. Simpson

DIS- M. Hammonds

DIS- L. White

DIS- C. Williams

DIS- L. Akpo-Esambe

CCBH

Ryan White Part A
Cleveland TGA
Service Summary By Provider - FY2021- Services Funded

	AIDS Healthcare Foundation	AIDS Taskforce of Greater Cleveland	Circle Health Services	Cleveland Clinic Foundation	Dept. of Senior and Adult Services (DSAS)	Family Planning Services of Lorain County	Far West Center	May Dugan	MercyHealth	MetroHealth Medical Center	Neighborhood Family Practice	Nueva Luz URC	Signature Health	University Hospitals of Clevelan
Core Services														
Early Intervention Services (EIS)			X	X		X				X			X	X
HIPCSA														
Home and Community-Based Health Services					X									
Home Health Care					X									
Medical Case Management		X	X	X					X	X	X	X	X	X
Medical Nutrition Therapy										X			X	X
Mental Health Services							X	X		X			X	X
Oral Health Care			X							X				X
Outpatient Ambulatory Health Services (OAHS)	X		X	X					X	X	X		X	X
Support Services														
Emergency Financial Assistance			X	X						X	X		X	X
Food Bank / Home Delivered Meals		X										X		
Medical Transportation		X		X		X		X	X	X	X	X	X	X
Non-medical Case Management Services		X								X		X		
Other Professional Services												X		
Psychosocial Support Services									X	X			X	X

CCBH

FY2021 DATA Requirements

- Enter service monthly - match invoices
- Clean data - Monthly
- Use CAREWare Manual
- Ryan White Services Report (RSR)-CY due in February annually upload by due date
- Program lead should check – time and efforts vs. billing
- MCM clients should have VLS data entered in CAREWare

Ryan White Part A
Cleveland TGA

Fiscal Summary

- Awaiting the FY2021 Part A Award
- Upon receipt review complete allocations based on request and past expenditures
- Complete Contracts April Board
- Report Budget concerns over and under expenditures
- Invoice late submittal must obtain approval from grantee
- Contract changes = budget changes within 2 weeks
- Administrative costs cannot exceed 10% of total invoice
- Cannot pay FTE percentages higher than on the approved budget on invoices submitted
- No FTE should be more than 100% allocated

Ryan White Part A
Cleveland TGA

Eligibility

- Sub-Recipient has policies in line with the TGA policies
- Train new staff
- Do not fax eligibility for clients being referred to other services use CAREWare
- 3 Business days upload – all documents
- Use CAREWare manual
- Request TA
- Policy on file with our office

Ryan White Part A
Cleveland TGA

Contracts

- Program and Fiscal staff should review
- Insurance certificate holder Budgets should match Exhibit B exactly name CCBH
- Invoices due by 4:00pm on contract date
- Acknowledgement of Disclaimer of federal funding- must be on documents
- Request 20% on the last invoice approval

  must be obtained before invoice submitted

Ryan White Part A
Cleveland TGA

Communication

- Designate a Primary Contact for your agency – information from CCBH will be provided to this person and expectation of getting requests from the designee
- This team member is responsible for all requirements of the program being accomplished
- Expectation Communicate Internally
- Best interest, avoid misunderstandings and improve efficiency

Ryan White Part A
Cleveland TGA

Reports/Submissions

Deadlines:

- Ensure Submission of Semi-Annual reports (2) September and March
- Invoices submitted by 4:00pm on contract date
- Quality Improvement Projects – required participation
- Monthly Data cleaning deadlines with invoice submission
- Ryan White Services Report
  (Annual usually Feb) data cleaned monthly before invoice

Ryan White Part A
Cleveland TGA

Exception Requests

- Form is on the website
- Please submit to Zach Levar
- Follow-up if you have not received a response within a few days
- Example: dental work that is not on approved established reimbursement lists

Ryan White Part A
Cleveland TGA

Planning Council FY2021 Directive

Trainings:

Clinical Bias

Effects of Trauma (not trauma informed care)

Fighting stigma, effect of stigma on PLWA

Peer Led Interventions –research and presentation – PC contractor to complete

Ryan White Part A
Cleveland TGA

Core 75% V Support 25%

- Early Intervention Services
- Home Health
- Home and Community
- Medical Case Management
- Medical Nutrition Therapy
- Mental Health
- Oral Health
- Outpatient Ambulatory Health Services
- Emergency Financial Assistance
- Foodbank/Home Delivered
- Medical Transportation
- Non-Medical Case Management
- Other Professional Services (legal)
- Psychosocial Support

Ryan White Part A
Cleveland TGA

Grievances

- Grievance section includes the language:

  The Sub-Recipient shall provide the Board with written notification of any concerns or complaints. Where a conflict cannot be resolved, the Sub-Recipient may initiate a grievance process which shall consist of mediation and, if necessary, binding arbitration.
- Review language in SOC and contract
- Ensure clients know the payer of service to grieve appropriately – must be explained during eligibility and sign off process

Ryan White Part A
Cleveland TGA

Grievances Continued

- Documentation of agency's grievance policy and procedure. As well as copy in client chart.
  – Reviewed in program binder and client file.
- Maintain file of individuals refused services with reasons for refusal specified; include in file any complaints from clients, with documentation of complaint review and decision reached.
  - Reviewed in program binder.

Ryan White Part A
Cleveland TGA

Expectations

Required activities:

- Staffing vacancies report within 3 days of notification
- Upload Eligibility within 3 business days of completion
- New staff require job descriptions, credentials and resumes sent to Grantee – Ensure staff meet requirements within Local Standard of Care
- Jump drive will be passed along to staff that need it
- Medical Transportation, eligibility and grievance policies are on file at our office
- New staff training before seeing clients
- Standard of Care review by all staff
- Statewide Integrated planning efforts as subject matter experts
- Participation in the Clinical Quality Management program
- Data is cleaned monthly
- EIIHA/Prevention meeting as required
- Training and Technical Assistance
- Needs Assessment activities
- Budget Meetings
- Staff attend required meeting – attendance tracked

Ryan White Part A
Cleveland TGA

Visit Our Program

http://www.ccbh.net/ryan-white/

Ryan White Part A
Cleveland TGA

CUYAHOGA COUNTY

BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

5550 Venture Drive Parma, Ohio 44130
216-201-2000 www.ccbh.net

Cleveland TGA Epidemiology Overview

Vino Panakkal

Program Manager

vsundaram@ccbh.net

Ryan White Part A
Cleveland TGA

2019 Cleveland TGA
Epidemiology Summary

Incidence/New Cases

- 184 new cases in the TGA in 2019
- Males made up 85% of new cases in the grant area; more specifically, 53% of new cases were African-American males.
- Highest number of new cases was in the 25-29yrs of age group.
- 54% of new cases were in the Men that have Sex with Men (MSM) exposure category.

Ryan White Part A
Cleveland TGA

2019 Epidemiology
Western Counties: Lorain and Medina

Incidence/New Cases

- In 2019, there were 17 new cases. 88% were male; both Black and White males separately were at 35%.
- 4 new cases identified as Hispanic/Latino
- 41% of cases were in the age 25-29yo age group.
- 65% of cases were in the MSM exposure category.

Ryan White Part A
Cleveland TGA

2019 Epidemiology
Eastern Counties: Lake, Geauga, Ashtabula

Incidence/New Cases

- In 2019, there were 9 new cases in the three counties. 67% were male. Black males, white females, and white males each made up 33% of the cases.
- 33% of cases were in the age 25-29yo age group.
- 33% of cases were in the heterosexual exposure category.

Ryan White Part A
Cleveland TGA

2019 Cuyahoga County Epidemiology

Incidence/New Cases

- 158 new cases in the county in 2019
- Males made up 86% of new cases in the county, specifically African-American males made up 56% of new cases
- Highest number of new cases in county was in the 20-24 and 25-29yrs age group, each with 23%
- 51% of new cases were below the age of 30.
- 56% of new cases were in the MSM exposure category

Ryan White Part A
Cleveland TGA

Recommended Data-Driven Priority Populations Based on 2019 Epidemiology

Cuyahoga County

- African-American
- Men who have sex with men (MSM)
- Under Age 30

Eastern and Western Counties

- White Males
- 25-29yo Age Group
- MSM
- White females in Eastern counties

Ryan White Part A
Cleveland TGA

CUYAHOGA COUNTY

BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

5550 Venture Drive Parma, Ohio 44130
216-201-2000 www.ccbh.net

State Joint HIV Needs Assessment Update

Vino Panakkal

Program Manager

vsundaram@ccbh.net

Ryan White Part A
Cleveland TGA

Project Recap

- Year 1: Focus Groups
- Year 2: PLWH survey
- Year 3 – ODH will decide

Ryan White Part A
Cleveland TGA

CUYAHOGA COUNTY

BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

5550 Venture Drive Parma, Ohio 44130
216-201-2000 www.ccbh.net

Standards of Care (SOC) Update

Vino Panakkal

Program Manager

vsundaram@ccbh.net

Ryan White Part A
Cleveland TGA

What are the Cleveland TGA Standards of Care

- Each service category has standards and guidelines that all activities under that category must adhere to.
- The SOCs also provide the framework for the yearly monitoring that the Part A office conducts.
- Every few years the Part A office updates the SOCs based on feedback from the Part A-funded agencies and the community

Ryan White Part A
Cleveland TGA

Ryan White Part A

Medical Case Management

Cleveland TGA Service Standard of Care

SERVICE CATEGORY DEFINITION

Medical Case Management:
Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV Care Continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g. face-to-face, phone contact, and any other forms of communication). Key activities include:

- Initial and updated psychosocial assessment of service needs, along with acuity scale
- Development of a comprehensive, individualized care plan, with updates
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client specific advocacy and/or review of utilization of services

In addition to providing the medically oriented services above, Medical Case Management may also provide benefit counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g. Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplace/Exchanges).

Individuals providing medical case management must be a licensed social worker and are expected to have specialized training in medical case management models.

Medical Case Management includes all provisions listed above and requires a patient whose acuity level requires the case manager also manage their medical care, schedule and monitor medical appointments, lab work, medication treatment adherence, other indicated services including dietician, mental health and substance abuse screenings/treatment and other supports.

CLIENT INTAKE AND ELIGIBILITY

All agencies are required to have a client intake and eligibility policy on file. It is the responsibility of the agency to determine and document client eligibility status, as outlined in the Ryan White Part A—Cleveland TGA Eligibility Policy.

Eligible clients must:

- Live in the Cleveland TGA (Cuyahoga, Ashtabula, Lake, Lorain, Geauga, or Medina County)
- Have an HIV/AIDS diagnosis
- Have a household income that is at or below 500% of the federal poverty level
- Be uninsured or underinsured

Services will be provided to all Ryan White Part A qualified clients without discrimination on the basis of: HIV infection, race, creed, age, sex, gender identity or expression, marital or parental status, sexual orientation, religion, physical or mental handicap, immigrant status, or any other basis prohibited by law.

Ryan White Part A
Cleveland TGA

Medical Case Management

Cleveland TGA Service Standard of Care

PERSONNEL QUALIFICATIONS

An individual providing medical case management services must be a licensed social worker and follow the National Association of Social Work (NASW) Standards for Case Management, available for review at: www.socialworkers.org/practice/naswstandards

Each medical case management agency must have and implement a written plan for supervision of all medical case management staff consistent with licensure status. Medical case managers must be evaluated at least annually by their supervisor according to written agency policy on performance appraisals.

CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

The overall treatment goal of medical case management is to provide care planning and coordination services needed for people living with HIV/AIDS, ensuring access to core and support services that will enable medical adherence and stability for each individual client.

As part of this service category, all medical case managers are required to administer a standardized psychosocial assessment and complete an accompanying acuity scale every six months, for every client on their caseload.

Clinical Quality Improvement outcome goals for medical case management are:

- 100% of all client files include documentation of a completed comprehensive care plan.
- 80% of clients receiving medical case management services are actively engaged in medical care as documented by a medical visit in each six (6) month period in a two year measure and in the second half of a single year measure.
- 80% of clients receiving medical case management services are prescribed Antiretroviral Therapy (ART) in the measurement year.
- 80% of clients receiving medical case management services are virally suppressed as documented by a viral load of less than 200 copies/mL at last test.
- 100% of clients receiving medical case management services receive a psychosocial assessment and have an acuity scale completed every 6 months in the measurement year.

Ryan White Part A
Cleveland TGA

Medical Case Management

Cleveland TGA Service Standard of Care

SERVICE STANDARDS

	Standard	Measure	Goal
1	Services are provided by trained professionals.	Documentation of current Ohio licensures reviewed.	100%
2	Medical case management clients have a completed comprehensive individual care plan.	Documentation of completed comprehensive individual care plan is included in the file of all clients receiving services in the measurement year.	100%
3	New medical case management clients receive an initial psychosocial assessment of service needs.	Documentation of initial assessment of service needs is included in the file of all clients entering service in the measurement year.	100%
4	Medical case management clients receive coordinated referrals and information for services required to implement the care plan.	Documentation of referrals and service coordination are noted in the file for clients receiving services in the measurement year.	100%
5	Medical case management clients have their individual care plans updated two or more times, at least three months apart.	Documentation that the individual care plan is updated at least two times, three months apart, for clients receiving services for a span longer than six months in the measurement year.	80%
6	Medical case management clients are continuously monitored to assess the efficacy of their individual care plan.	Documentation of continuous monitoring to assess the efficacy of the care plan is evident in the client chart.	80%
7	Medical case management clients are linked to medical care.	Documentation that the client had at least one medical visit, viral load, or CD4 test within the measurement year as documented by the medical case manager.	80%
8	Medical case management clients are retained in medical care	Documentation that the client had at least one medical visit in each six month period of a 24 month measurement period with a minimum of 60 days between visits as documented by the medical case manager.	80%
9	Medical case management clients have no gaps in medical care.	Documentation that the client had a medical visit in the first and second halves of a 12 month measurement period as documented by the medical case manager.	80%
10	Medical case management clients are on Antiretroviral Therapy (ART).	Documentation that client was prescribed ART in the 12 month measurement year as documented by the medical case manager.	80%
11	Medical case management clients are virally suppressed.	Documentation that the client has a viral load <200 copies/mL at last test as documented by the medical case manager.	80%

*All standards derived from the HRSA/HAB National Monitoring Standards and/or the HRSA/HAB HIV Performance Measures

Medical Case Management

Cleveland TGA Service Standard of Care

SERVICE STANDARDS (CONT'D)

	Standard	Measure	Goal
12	Medical case management clients have a completed acuity scale based on most recent psychosocial assessment.	Documentation of completed acuity scale is included in the file of all clients receiving services in the measurement year.	100%
13	Medical case management clients receive an updated psychosocial assessment of service needs every six months.	Documentation of updated psychosocial assessment of service needs is included in the file of all clients entering service in the measurement year.	100%
14	Medical Case Management clients have been educated on viral suppression and transmission (i.e. U=U)	Documentation that client had discussion with healthcare professional about viral suppression and transmission (i.e. U=U)	80%

*All standards derived from the HRSA/HAB National Monitoring Standards and/or the HRSA/HAB HIV Performance Measures

Ryan White Part A Cleveland TGA

Medical Case Management

Cleveland TGA Service Standard of Care

CLIENTS RIGHTS AND RESPONSIBILITIES

Agencies providing services are required to have a statement of consumer rights and responsibilities posted and/or accessible to the client. Each agency will take all necessary actions to ensure that services are provided in accordance with the consumer rights and responsibilities statement and that each consumer understands fully his or her rights and responsibilities.

CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY

Agencies providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of consumers Personal Health Information (PHI). Agencies must have a client release of information policy in place and review the release regulations with the client before services are received. A signed copy of the release of information form must be included in the clients record. Information on all clients receiving Ryan White Part A funded services must be entered in the HRSA sponsored, Cleveland Part A managed, CAREWare Database.

CULTURAL AND LINGUISTIC COMPETENCY

Agencies must provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. (Pulled from the National Standards on Culturally and Linguistically Appropriate Services).

CLIENT GRIEVANCE PROCESS

Each agency must have a written grievance procedure policy in place which provides for the objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the grievance procedure policy form must be included in the clients record.

CASE CLOSURE PROTOCOL

Each agency providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each clients file. If a client chooses to receive services from another provider the agency must honor the request from the client.

Ryan White Part A
Cleveland TGA

Where to find the standards of care?

http://www.ccbh.net/ryan-white/

CUYAHOGA COUNTY

BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

5550 Venture Drive Parma, Ohio 44130
216-201-2000 www.ccbh.net

Data to Care (D2C) Update

Vino Panakkal

Program Manager

vsundaram@ccbh.net

Ryan White Part A
Cleveland TGA

Data to Care Update

- Project Recap
- EHE Expansion
- August 2020 NIC List – Preliminary Findings

  -324 individuals on the list; 120 were investigated

  -Five individuals were linked to care

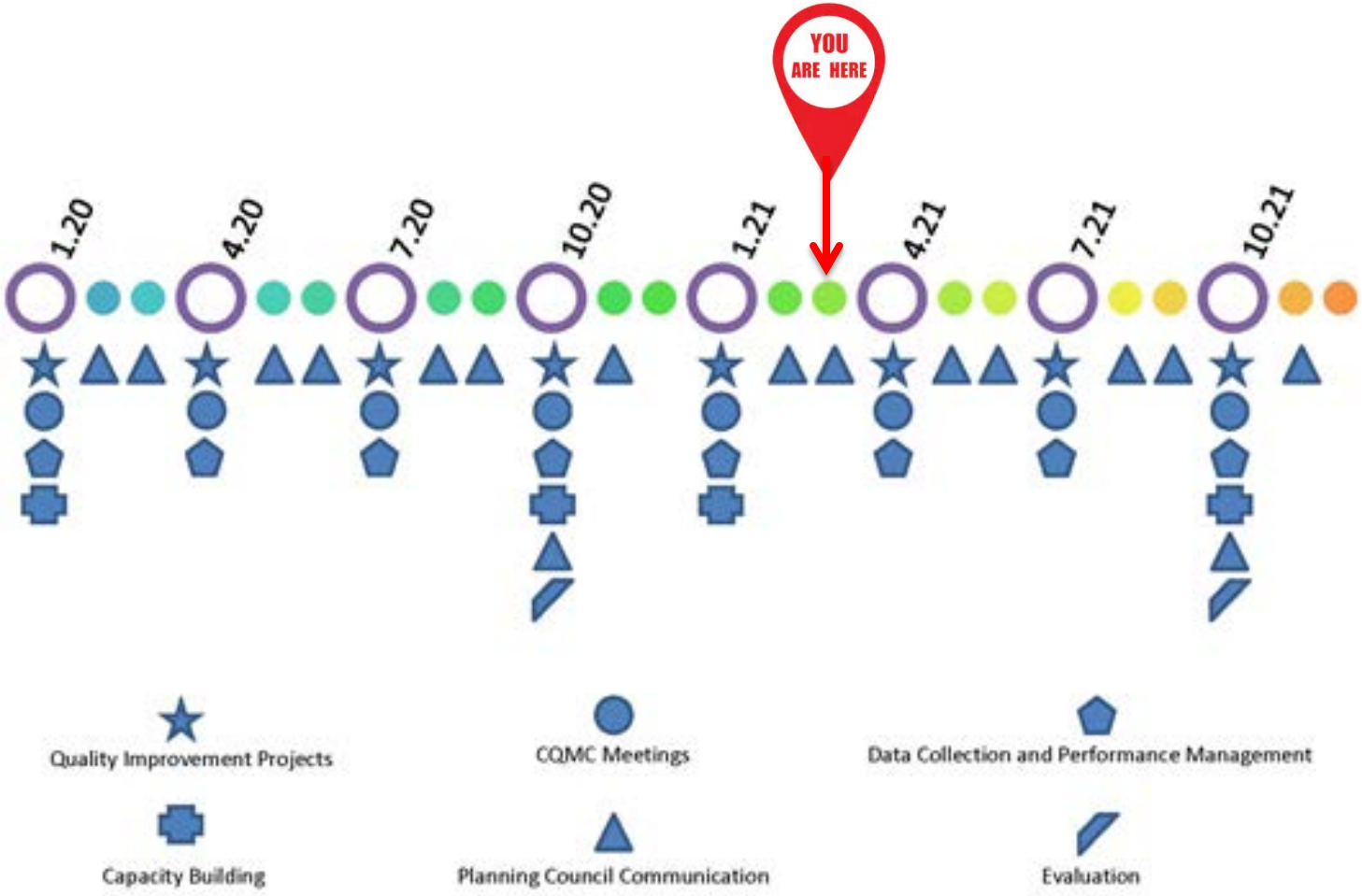
Ryan White Part A
Cleveland TGA

Ryan White Part A Clinical Quality Management Committee Update

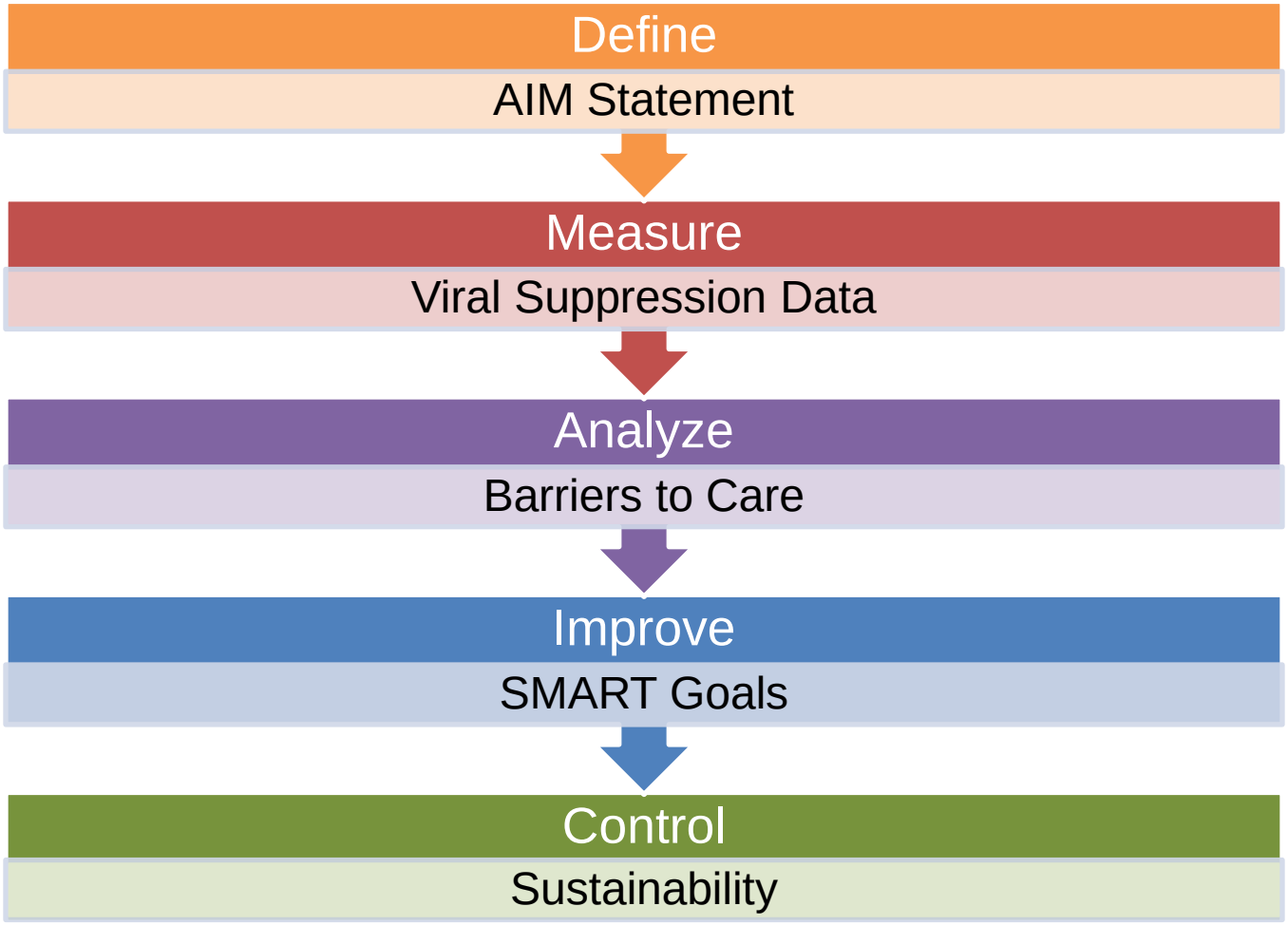
Zach Levar – zlevar@ccbh.net

Ryan White Part A
Cleveland TGA

CQMC Timeline



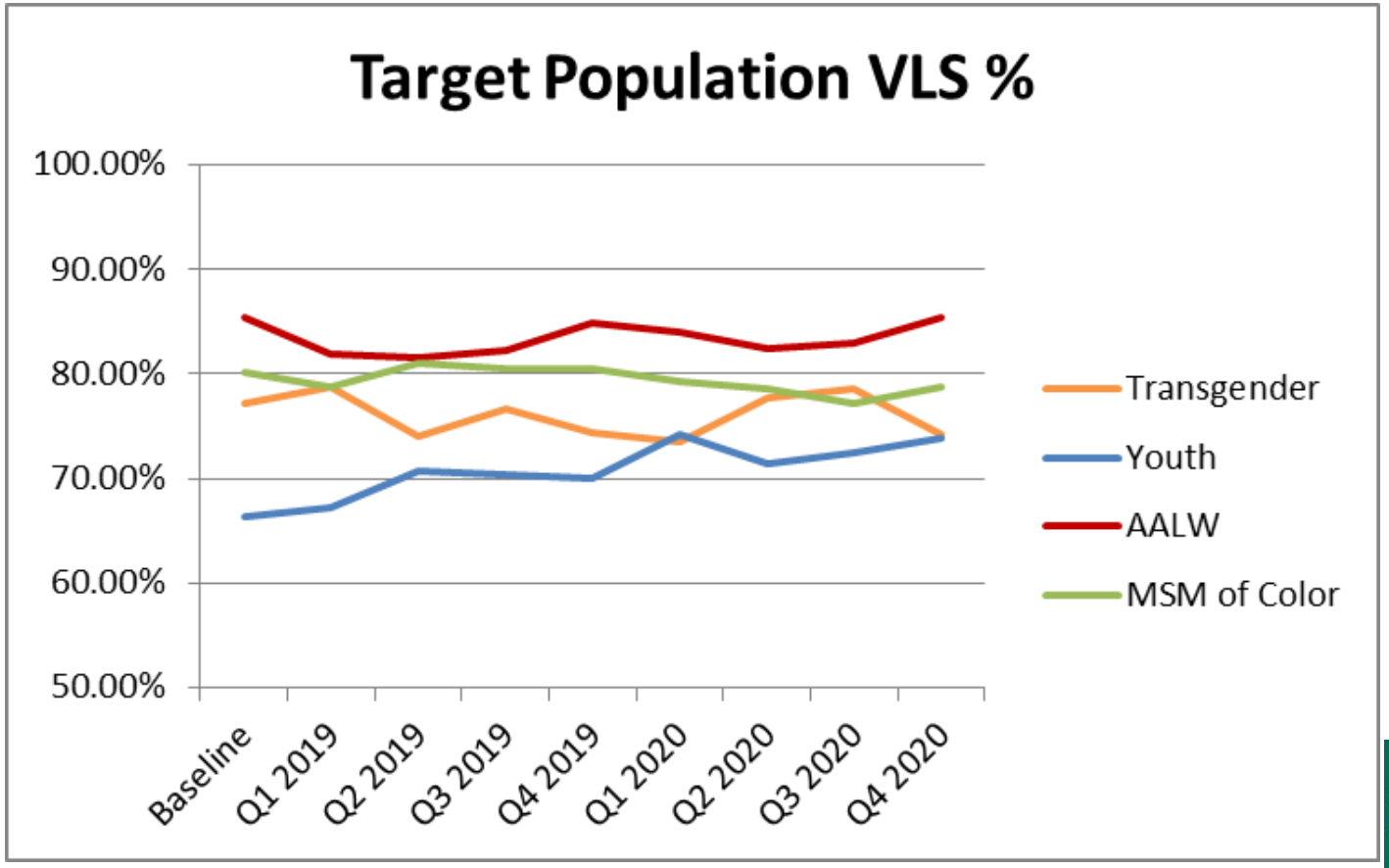
DMAIC Process



CCBH

RYAN WHITE 2020 CQMC EFFORTS

Target Population Overlay



CCBH

Providers' 2020 Target Populations

Part A Clients

- CCF(MCM clients only)
- Far West Center
- DSAS
- Signature Health
- May Dugan Center
- Family Planning of Lorain

MSM of Color

- AIDS Taskforce
- Circle Health Services
- Nueva Luz URC

Youth

- MetroHealth (13-29)
- University Hospitals

Non-VLS Clients

- Mercy Health
- AIDS Healthcare Foundation

CCBH

2020 QI Project Topics

Education

- Create internal HIV education materials
- Train non-medical staff to assess medication adherence
- Educational handouts for clients to take to medical appointments

Enhanced Barrier Analysis

- Utilize barrier questionnaire tool to assess needs
- Analysis of barriers to care for non-VLS

Care Coordination

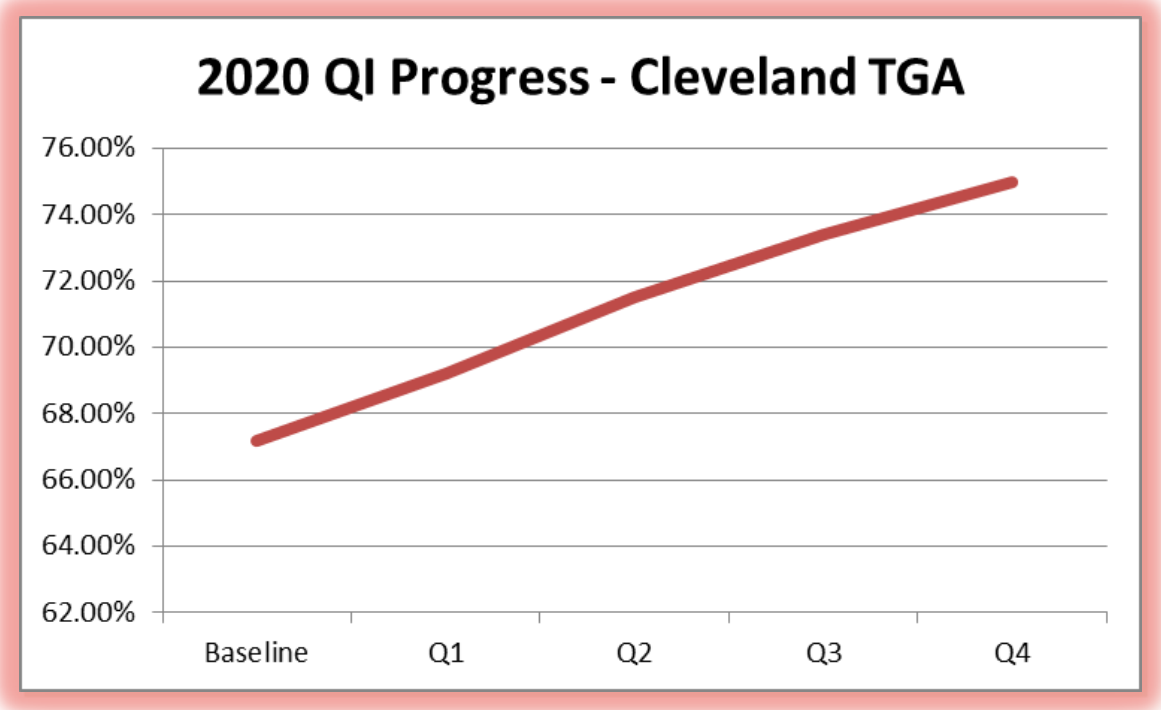
- Create Access database for MCM
- Streamline care through case conferencing team approach
- Ensure proper transition for newly diagnosed into care

Enhanced Outreach

- Create Non-VLS Youth Workgroup
- Incorporate text message reminders into EIS care
- Utilize phone call tree for appointment reminders
- Develop needs assessment to direct support group efforts

CCBH

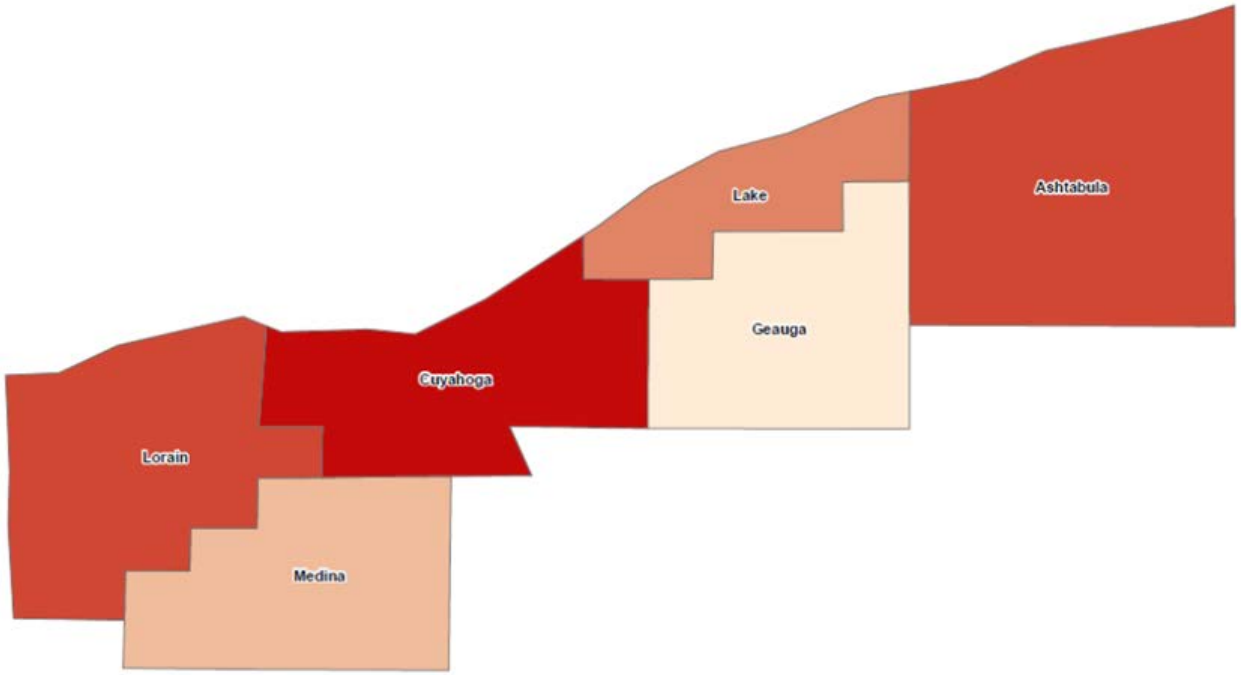
CY2020 QI Overall Progress



Baseline	Quarter 1	Quarter 2	Quarter 3	Quarter 4
367/546	385/556	399/558	408/556	429/572
67.2%	**69.2%**	**71.5%**	**73.4%**	**75%**

CCBH

Cleveland TGA Data



Care Continuum Changes

- The Care Continuum will now report all Part A **eligible** clients
  - Due to eligible scope requirement, which provides data on client labs that are not restricted to Part A funding
- Programmatic changes within CAREWare 6 that limit capability to pull Care Continuum the way it has been in the past
  - Strongly recommended by CAREWare consultant to begin pulling Continuum numbers from Performance Measures rather than Financial Reports as there is no time table for bugs to be fixed

CCBH

What does this mean?

Linked to Care

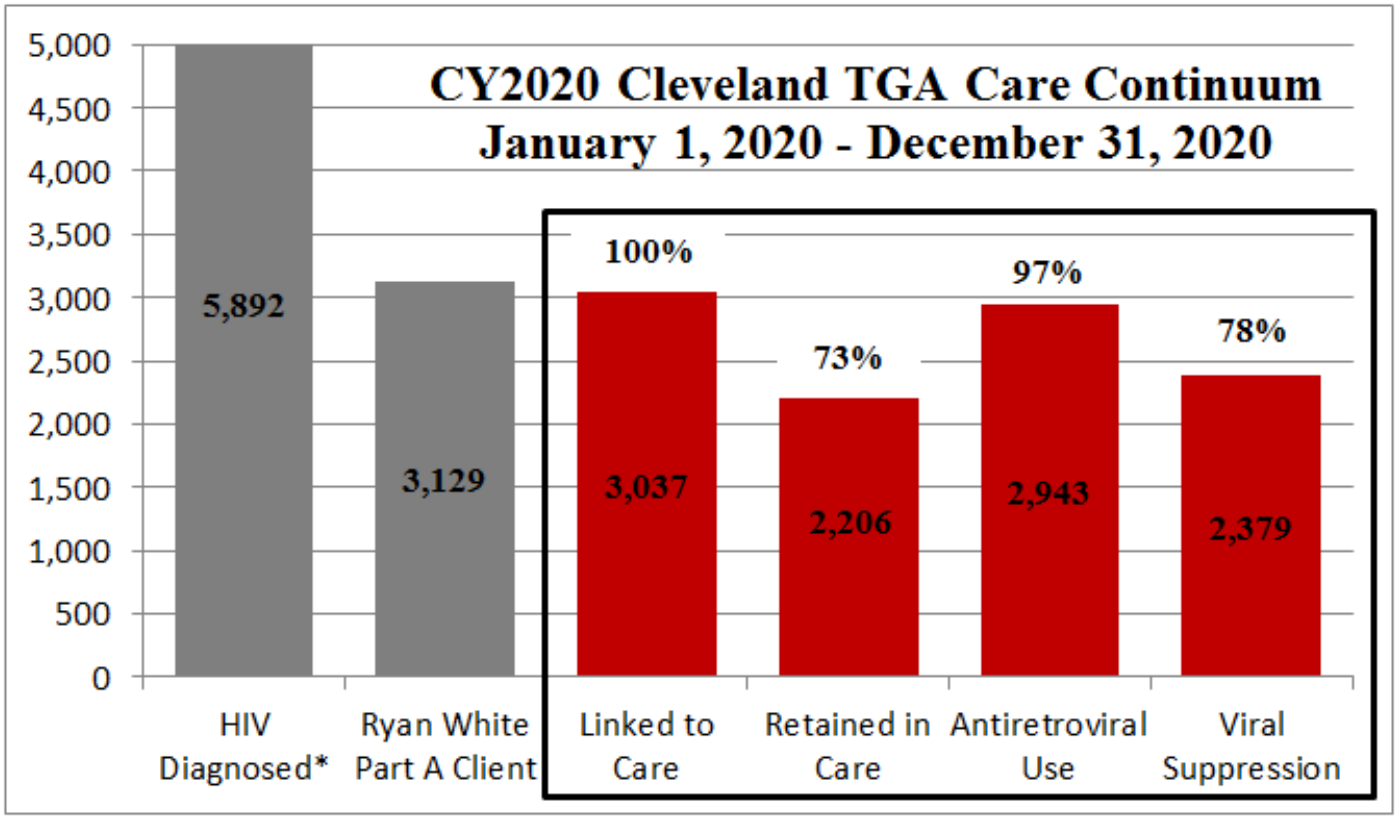
- With addition of clients that received labs under other funding sources; hundreds more clients meet this definition
- Linked to Care serves as denominator for VLS/ART/Retained in Care definition(meaning some percentages may have been negatively impacted by change)

TGA/Provider Capabilities

- Using performance measures(PMs), providers can pull agency level continuum numbers at any time
- By using PMs, the TGA and providers will be able to see exactly which clients are not meeting a measure
  - Not a possibility under previous method
  - Focus can be better directed towards clients not meeting these measures

Instructions to be included in 2021 CAREWare manual on website/jumpdrive

CCBH



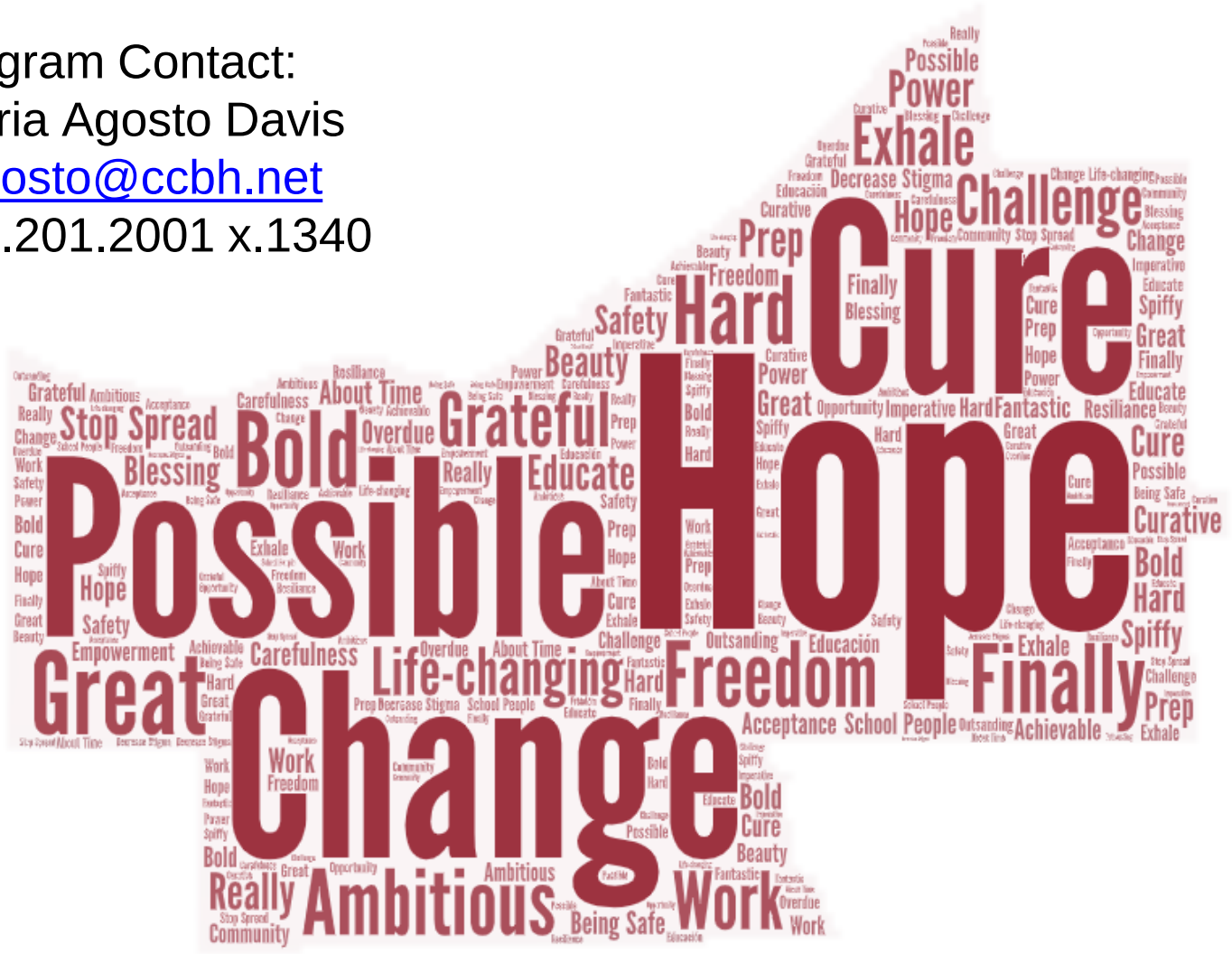
Missing Labs
2019: 4%
2020: 7.4%

- **HIV-Diagnosed:** Diagnosed HIV prevalence in the jurisdiction as reported by the Ohio Department of Health. *Please note: The most recent available prevalence data from the Ohio Department of Health is as of December 31, 2019.
- **Ryan White Part A Clients:** Number of diagnosed individuals who received a Ryan White Part A funded service in the measurement year.
- **Linked to Care:** Number of Ryan White Part A eligible clients that had at least one medical visit, viral load test, or CD4 test in the measurement year.
- **Retained in Care:** Number of Ryan White Part A eligible clients who had two or more medical visits, viral load or CD4 tests performed at least three months apart during the measurement year.
- **Antiretroviral Use:** Number of Ryan White Part A eligible clients receiving medical care who have a documented antiretroviral therapy prescription on record in the measurement year.
- **Viral Suppression:** Number of Ryan White Part A eligible clients receiving medical care whose most recent HIV viral load within the measurement year was less than 200 copies/mL.

CCBH

Ending the HIV Epidemic

Program Contact:
Gloria Agosto Davis
gagosto@ccbh.net
216.201.2001 x.1340



CCBH

Ending the Epidemic Video Link

https://www.dropbox.com/s/so5d96521x2n08k/EHE%20Video%20Sequence%20v2.mp4?dl=0

Ending the HIV Epidemic

A PLAN FOR AMERICA

GOAL:

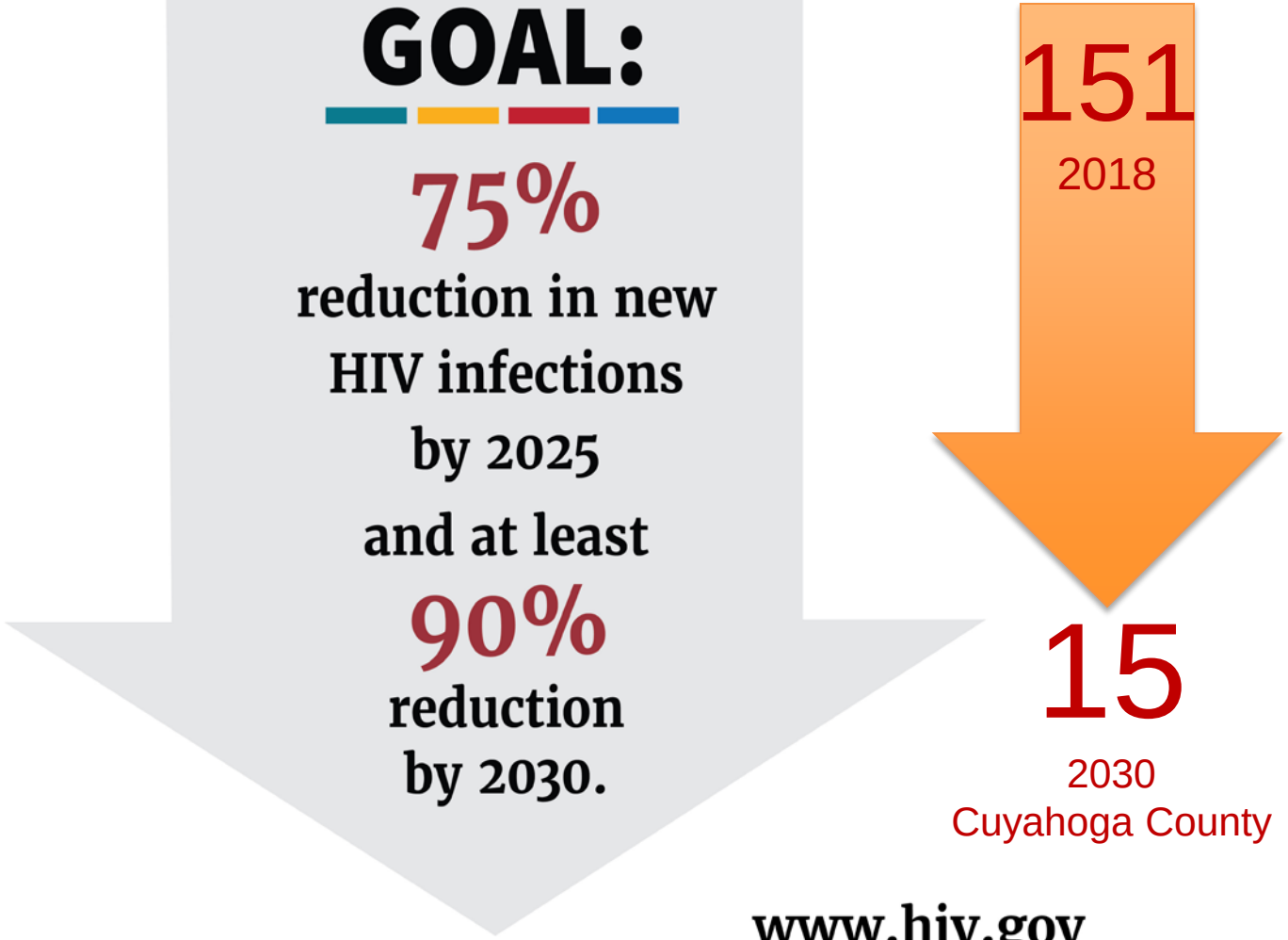
75%

reduction in new HIV infections by 2025

and at least

90%

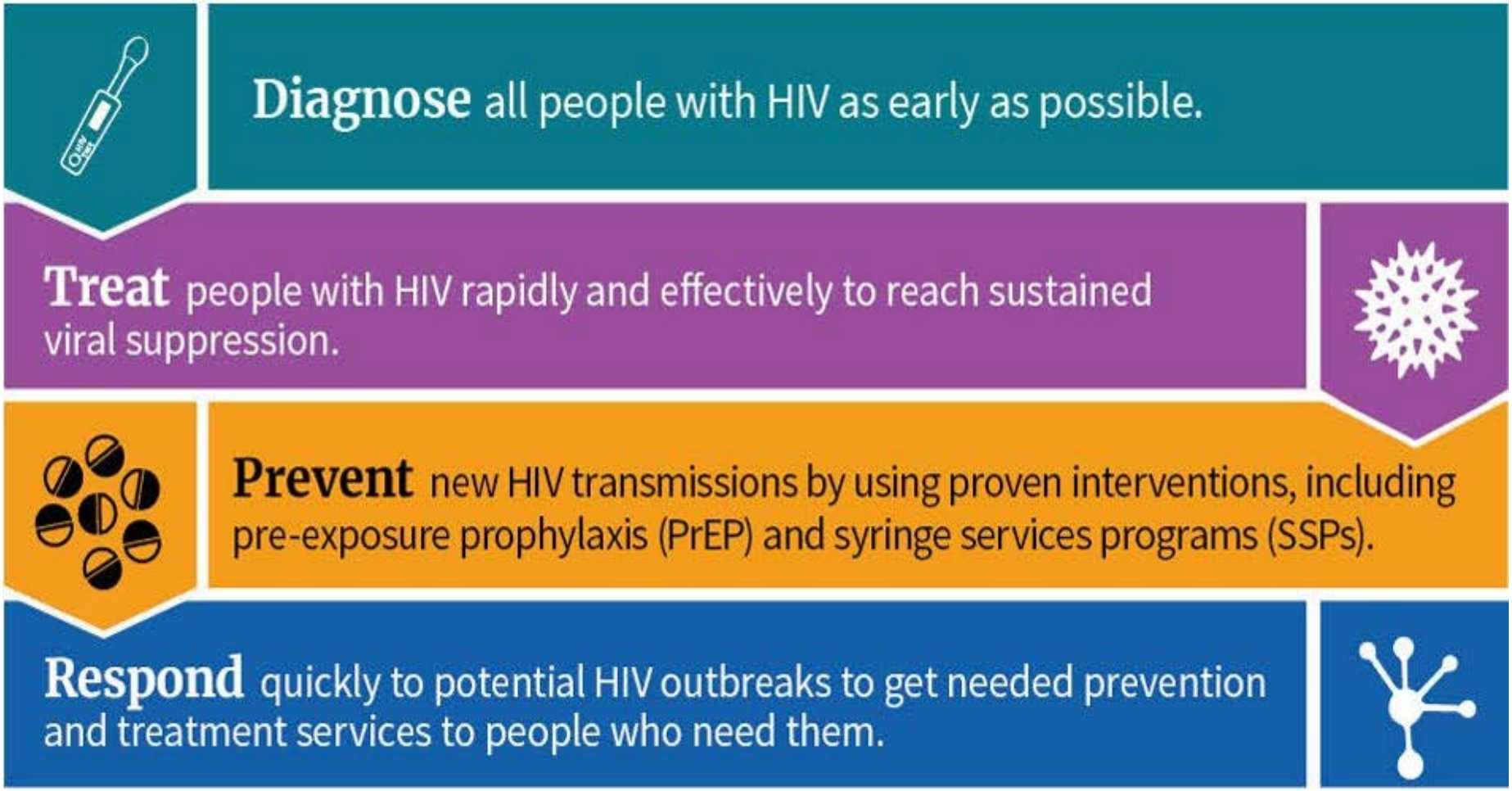
reduction by 2030.



www.hiv.gov

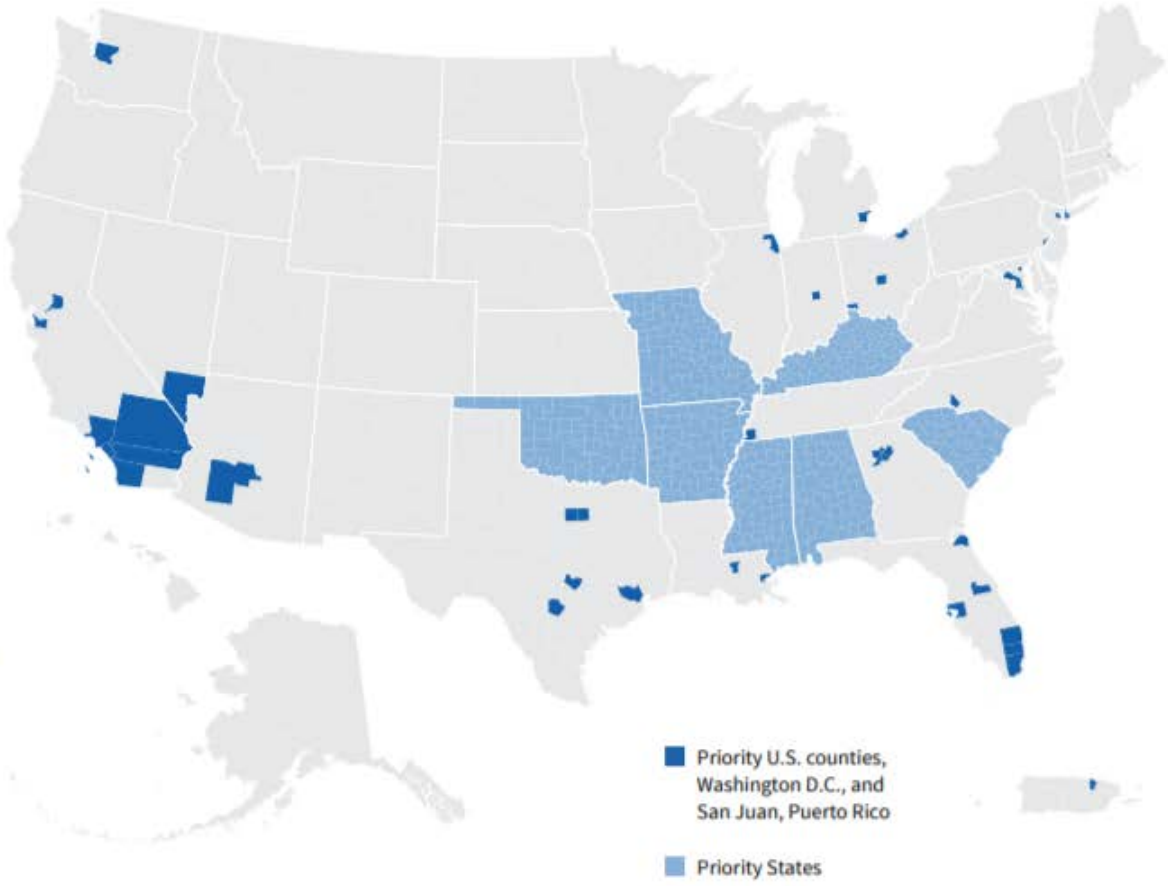
Federal Key Strategies

The Ending the HIV Epidemic initiative focuses on four key strategies that, implemented together, can end the HIV epidemic in the U.S.: **Diagnose, Treat, Prevent, and Respond.**



The Initiative focuses resources on areas where HIV transmission occurs most frequently.

Geographical Selection:
To achieve maximum impact, the Ending the HIV Epidemic initiative focuses its Phase I efforts in 48 counties, Washington, DC, and San Juan, Puerto Rico, where >50% of HIV diagnoses occurred in 2016 and 2017, and an additional seven states with a substantial number of HIV diagnoses in rural areas.



Two key components of EHE are America's HIV Epidemic Analysis Dashboard (AHEAD) and the Ready, Set, PrEP program.

Ending the HIV Epidemic

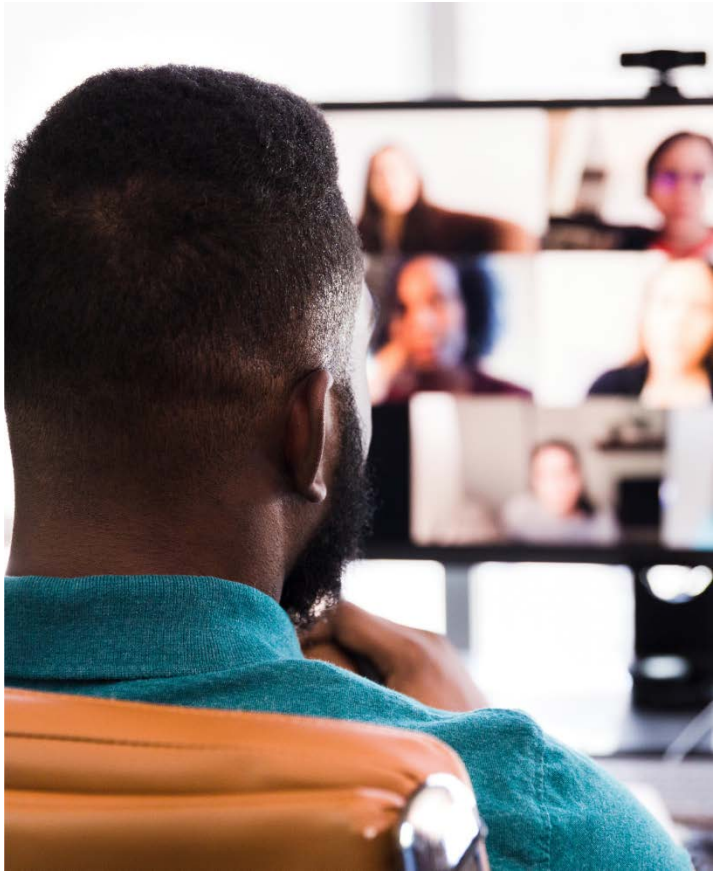
AHEAD
America's HIV Epidemic Analysis Dashboard

READY SET PrEP

CCBH

Cuyahoga County EHE Planning

- Advisory Committee
  - Members represented professional expertise across sectors of HIV care as well as individuals who represented impacted populations and lived experience
- Stakeholder engagement of high-risk and impacted populations
  - Virtual Focus Group = 50 participants
  - Follow Up Survey = 29 responses
- Community Feedback on Strategies
  - 2 Virtual Forums = 100 participants
  - Follow Up Survey = 40 responses



Cuyahoga County: Overarching EHE Strategies

- Reduce Systemic Racism
- LGBT Inclusivity & Care
- Priority Populations
- Social Impact Media
- Health Education
- Workforce Development
- Modernization of HIV Laws
- Data & Research Infrastructure

CCBH


EHE Projects
Data 2 Care & Rx 2 Care Expansion
Intensive Medical Case Management
Medical Transportation
Rapid Start of ART
Community Health Worker
Social Media Campaign

Data 2 Care

- Collaboration with Ohio Department of Health
- Not in Care List per organization
- Expansion to Rx 2 Care
  - Pilot partnership with pharmacy to reach out to clients who have not filled and/or picked up medications
- EHE Funded partners: AIDS Healthcare Foundation, Cleveland Clinic, MetroHealth & University Hospitals

Intensive Medical Case Management

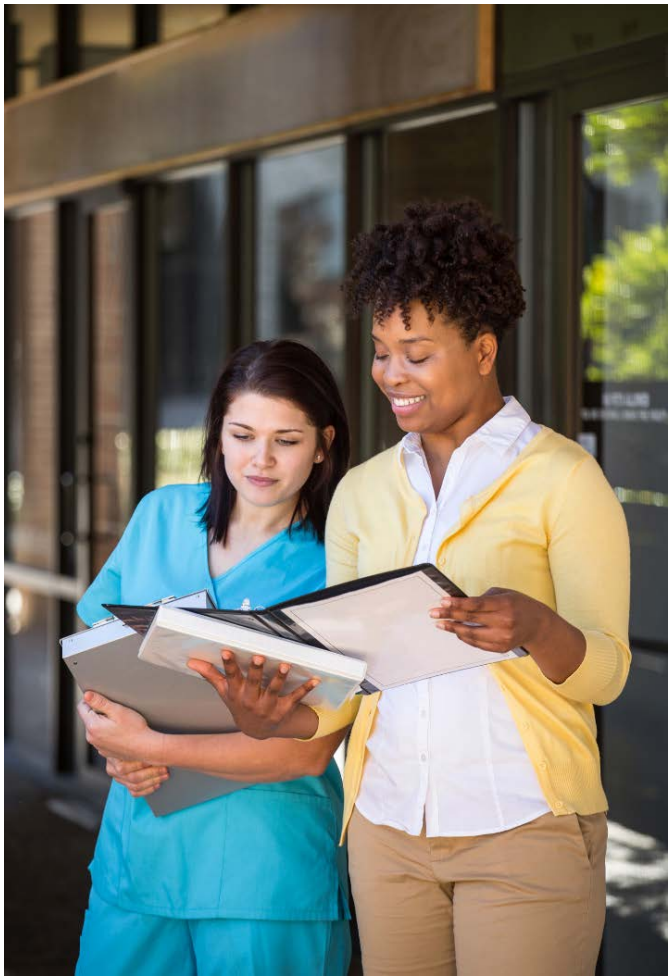
- Extension of RW MCM
- Smaller caseload to address more time intensive needs such as behavioral & mental health.
- Does not need to qualify for RW-A
- EHE Funded Partners: MetroHealth, Signature Health & University Hospitals

Medical Transportation

- Transportation Assistance for non-virally suppressed clients
- Includes non-traditional options like ride-share (ex. Lyft) or gas cards
- Enhances other projects like D2C & Rapid ART
- EHE Funded Partners: AIDS Healthcare Foundation & University Hospitals

Rapid Start of ART

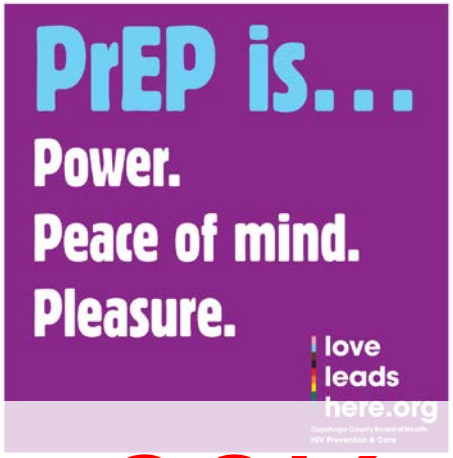
- Same day meds (or within the week) for newly diagnosed or re-engaged in care clients
- Follow up outreach (frequency varies) but starts soon after treatment and continues for a period of time (ex. 6 mts.)
- Collaboration with ED, satellite clinics & community testing sites to “fast track” patients
- EHE Funded Partners: Cleveland Clinic, MetroHealth & University Hospitals



Community Health Worker

- Workforce Development training offering free CHW credential
- Pilot to place credentialed CHWs in Peer Navigators roles
- 15 candidates in Cohort 1
  Cohort 2 TBD
- EHE Funded Partners:
  Cleveland State University &
  A Vision of Change (training).
  MetroHealth &
  University Hospitals (pilot)

Love Leads Here!
Social Media Campaigns



90K
Website Visits!

Looking Ahead

- EHE Narrative Report Due: March 15th
- Standards of Care (SOC) Review meetings with all EHE partners: End of March
- Questions/Comments

Other Upcoming Due Dates

- CARES Act CDR Report – March 15th
  - Submit through EHB
- Part A Bi-Annual Report – March 31st
  - Submit to Zach Levar
- Showcase of Services Meeting – March 26th
  - Submit Slides to Toni Mallory by March 19th
- Agency flashdrives will be mailed next week to Point of Contact, please provide any updated mailing addresses to Zach Levar if different from last year

CUYAHOGA COUNTY

BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

5550 Venture Drive Parma, Ohio 44130
216-201-2000 www.ccbh.net



CCBH