

Cuyahoga Regional HIV Health Services Planning Council

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

Kimberlin Dennis, Terry Allan, Brian Kimball Co-Chairs



Combined Executive and Full Planning Council Minutes

Wednesday, August 18, 2021

5:30 pm to 7:00 pm

Start: 5:35 pm

End: 7:11 pm

Co-chair: B. Kimball

Moment of Silence

Welcome and Introductions

Approval of Agenda: August 18, 2021

Amendment: Z. Levar – Motion to remove the Reallocation Final Vote, in Section VI, on the agenda.

Motion: C. Barnett Seconded: K. Dennis

In Favor: All Opposed: 0 Abstained: 0

Approval of the Minutes: May 19, 2021

Motion: C. Barnett Seconded: N. O'Neal

In Favor: 20 Opposed: 0 Abstained: 1- R. Watkins

Flu & Covid-19 Update

Terry Allan, Commissioner, Cuyahoga County Board of Health (CCBH)

COVID cases are increasing in Cuyahoga County. We were seeing less than 30 cases, now it's increased to 86 to 88 counties considered high transmission. We also know the viral load transmission is 1,000 times higher when coughing. We are also seeing high hospitalizations in the south and in other low vaccinated areas. 52% for the county is totally vaccinated. There are breakthrough COVID cases, but the cases are milder, and people are less likely to be hospitalized or die. It is shown that vaccinated people can spread the virus to the unvaccinated. However, it looks like it shouldn't be as bad as last winter.

On August 13, the U.S. Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC) advised that an additional, or third dose, of messenger RNA (mRNA) Covid-19 vaccine could be given to people who are immunocompromised (have weakened immune systems) and have already received two doses of either Moderna or Pfizer vaccine.

The FDA has updated emergency use authorizations for the Pfizer and Moderna vaccines only. At this time, an additional dose is not recommended for those who received the single-dose Johnson & Johnson vaccine. Further evaluation and guidance specific to that vaccine is pending.

According to the CDC's Advisory Committee on Immunization Practices (ACIP), the purpose of the additional dose is to strengthen the immune response when a person's reaction to the initial two-dose vaccine is likely to be insufficient. The additional dose is recommended to be given at least 28 days following the completion of the primary two-dose series.

It is estimated that less than 3 percent of Ohioans will qualify for an additional dose under the CDC guidelines.

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The following conditions qualify someone for an additional dose:

- Active treatment with high-dose corticosteroids (20 milligrams or more of prednisone daily or an equivalent) including:
 - alkylating agents
 - antimetabolites
 - cancer chemotherapeutic agents classified as severely immunosuppressive
 - transplant-related immunosuppressive drugs
 - tumor-necrosis (TNF) blockers
 - other biologic agents that are immunosuppressive or immunomodulatory
- Advanced or untreated HIV infection
- Moderate or severe immunodeficiency such as DiGeorge or Wiskott-Aldrich syndrome
- Received a CAR-T-cell or hematopoietic stem cell transplant and are within two years of transplant or taking immunosuppression therapy
- Received a solid-organ transplant and are presently taking immunosuppressive therapy
- Undergoing cancer treatment – solid tumors and hematologic malignancies

Anyone requesting an additional dose of vaccine will be advised of the qualifying conditions and will self-attest to their own eligibility.

Those seeking an additional dose should contact their primary care provider to discuss their situation and potentially schedule an appointment.

The CDC continues to recommend extra precautions for immunocompromised people along with the additional dose of vaccine. These include:

- Wearing a mask
- Maintaining six feet of social distance from those who live outside of their household
- Avoiding crowds and poorly ventilated indoor spaces

Brian Kimball, Interim Director, City of Cleveland

The numbers continue to increase in Cuyahoga County and in the City of Cleveland. We recommend individuals to be vaccinated and those inside offices and buildings to wear masks.

Dr. Barbara Gripshover, M.D., Immunology Medical Director, University Hospitals

We have been telling patients if people have immune failures to get the shot. The whole reasoning around boosters is confusing but the third shot is right now for severely immune-compromised people. As for needing later shots, we're seeing that antibodies are going down, so they want to have a booster available beforehand. People with well-controlled HIV can wait until their turn comes up to get a booster.

**Question:* C. Barnett – What is the rate of vaccinated people getting Covid?

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**Response:* Dr. Gripshover – We don't have the best data. Most people sick and/or hospitalized have been those that are unvaccinated. You should wear masks to help everyone. Also, encourage friends and family to get vaccinated and keep people healthy.

**Question:* B. Glass – Would you recommend if someone got the J&J shot to get another one?

**Response:* T. Allan – Right now that's not advised nor has any advice been issued around this.

**Comment:* Dr. Gripshover – That's correct. The third dose is not for J&J but we're hoping to get more information specific to J&J. We also don't know about mixing shots, so that data is coming.

**Comment:* T. Allan – Masks are very helpful in weighing safety. We also didn't see much flu due to masks.

**Question:* N. O'Neal – If you go to Florida or a hotspot, do you need to come home and quarantine?

**Response:* Dr. Gripshover – Try to be careful and not be around too many people. Vaccination and a mask is a good combo.

**Comment:* T. Allan – Some choose to wear N95-type masks, but it's their choice. However, airlines are being strict on prevention which is good for travelers.

**Comment:* T. Marbury – For unvaccinated, what does it mean for a third booster?

**Response:* T. Allan – The way the world's been going if you get the first shot, then a second, you would have to wait eight months for a booster, if it's needed. But you would need to get the first shot and then a second to qualify for the booster.

Grantee Report – August 2021 – Planning Council

1. Grantee Report
 - a. ODH State Integrated Plan – due December 2022; ODH held initial planning meeting July 8th
 - b. Clinical Quality Management committee continues to meet with the efforts focusing on disparities in viral suppression. – Grantee conducted Quarter 2 follow up calls with each funded agency in July, steady progress in all projects
 - c. ODH Sponsored Needs Assessment - ODH presented at May Quality Committee to gather feedback on project as well as CLC committee in June; ODH still conducting key informant interviews and plans to meet in the Fall to set up next phase of needs assessment
 - d. Grantee recently sent out TGA newsletter on July 2nd, providing updates on HIV services provided by CCBH
 - e. Recent trainings held by Grantee with help of AETC/Gilead:
 - a. HIV 101 and a PrEP 101 – February 23rd
 - b. Mental Health within COVID times - March 2nd
 - c. Oral Health training(MCM focus) - April 27th
 - d. Rapid Start of ART training - May 6th
 - e. Oral Health Training(Dental Providers) – July 2nd
 - f. **(PC Directive)** Trauma Expressions and Strategies – August 2nd
 - g. Upcoming – Addictaholic Deconstructed – September 2nd

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- f. Part A Medical Case Manager Network Meeting - goal of meeting quarterly with MCMs to provide CM specific training and barriers that clients are facing currently; kickoff meeting occurred April 27th, next meeting scheduled for Sept. 2nd
- g. CCBH continues to work monthly with sub-recipients in regards to data completeness and productivity.
- h. Prevention Committee – The Prevention Committee has become integrated into PC, with the next meeting occurring September 1st from 4-5:30
- i. **Full Part A award received 4/5/2021** – all 14 provider contracts have been fully executed, working with a couple agencies that have not caught up on invoices from March-June, which accounts for underutilization
- j. **Full Ending the Epidemic award received 3/2/2021** - The following projects are expected to continue:
 - a. Social media campaigns for U=U/stigma reduction
 - b. Community Health Worker Certification program
 - c. Data 2 Care program
 - d. Intensive MCM program
 - e. Medical Transportation for non-VLS clients program
 - f. Rapid Start of ART program
- k. Ending the Epidemic Plan update:
Listening session for Stigma Reduction campaign, August 18th at 4 pm, link to be provided to PC and EHE
Advisory group soon

FY2021 Part A Grant:

Allocations split - 80.22% Core - 19.78%

Expenses are at 20.73% for 4 months (Underutilized)

Administrative Update & Fiscal Report

The Integrated Plan guidance, a five-year plan that covers 2022-26, was released in late June. The plan will focus on the other 76 counties that were not included in an EHE (Ending the HIV Epidemic) plan.

The RW newsletter which is sent out twice a year will start expanding info on HIV services.

Upcoming trainings: Thursday, September 2nd, “Addictaholic Deconstructed”, a training on addiction.

A virtual Zoom session to collect feedback for a Stop-the-Stigma campaign will occur today at 4p.m. We hope many of you can participate.

Our providers are finishing up June invoices, and we will be mostly caught up.

We are currently at 20.73% for expenditures and as of the June report, we should be at 33.33%. Our current, YTD Core vs. support services split is close to 75.34% Core expenditures vs. 24.66% support expenditures. This is much closer to our 75/25 split, but the remaining outstanding invoices will straighten this out.

**Question:* C. Barnett – Why the late invoices?

**Response:* Z. Levar – Because contract were finalized in May for most of our large providers, we try to be patient at the beginning the year and enforce more timely invoice submissions later in the grant year.

Medicaid Update – C. Nicholls - We’re continuing to stay current on applications and remaining under the public health emergency rules, with keeping Medicaid applications open unless someone moves or

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relocates, they request to close their case, or they pass away. Meantime, if anyone you know has received a Medicaid renewal packet, please ask them to complete it soon as possible. At some point the emergency rules will end and they will pick up where we left off and we want to make sure individuals don't fall under the cracks and lose benefits after the emergency rules stop. The Virgil Brown Center at 1641 Payne Avenue is open to take care of business and we are still accessible at the contact center via drop boxes and pickup.

Ryan White Part B Update – K. Ruiz

IV. Sexually Transmitted Infection (STI)

1. *2021 CDC STI Treatment Guidelines have been published.* - ODH sent out a HAN (Health Alert Notification) regarding changes.
2. *ODH recently sent a HAN out regarding concerning increases we are seeing with congenital syphilis, including two stillbirths this year.*
3. *Questions for the STI and viral hepatitis prevention team? Email sti_prev@odh.ohio.gov!*

II. Quality Management (QM)

- a. *The next Quality Innovations in the Continuum of HIV care Request for Proposal (RFP) will be available around October.* An email announcement will go out once posted.
 - a. The grants will be for an April 1, 2022 start and are for innovative strategies aimed at improving outcomes along the HIV continuum of care for Ohioans living with HIV/AIDS who are:
 1. 18-24 years of age
 2. Black/African American MSM
 3. Transgender-Identified
 4. Black/African American and Latino Women and/or
 5. have a mental health or substance use diagnosis.
 - b. *Next Viral Load Suppression (VLS) Collaborative meeting is Wed., Sept. 1, at 10:00am.*
 1. Caracole, Inc. will give a presentation related to engagement with those involved in sex work and how this engagement intersects with HIV prevention and VLS.

III. OHDAP Updates:

- a. *Pharmacy Benefit Manager (PBM) contract expires June 30, 2022.* A competitive solicitation will be released early fall.
- b. *OHDAP is now fully staffed (new Coordinators and assignments)*
 - i. Brittany Gicie is responsible for clients the last 4 digits of the ss# ending in 5 & 6
 - ii. Matt Slanoc is responsible for clients with last 4 digits of the ss# ending in 3 & 4
- c. *Formulary changes:*
 - i. The Medical Advisory Committee recommended excluding Aduhelm (new FDA approved medication for dementia). We are in the process of adding it as an exclusion to the formulary.

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- ii. Long Acting Injectables are still not approved on the formulary they are still under advisement with the Medical Advisory Committee. Discussion will continue at the next meeting on October 28, 2021.

IV. Program

- a. *Ryan White Part B Case Management* - Solicitation will be competitive in 2021 (April 1, 2022 start). Changes we are planning include new way of managing caseload sizes, adding coordinators for clients who need assistance with submitting their application and/or co-payments for services. If you would like to see additional services added, please let us know.
- b. *CARES Act Money*
 - i. Reminder that we have until March 31, 2022 to spend the funding.
 - ii. Emergency Financial Assistance and Covid Cares Guidelines
- c. *Trainings:*
 - i. STI 101 Meeting September 22
 - ii. Sexual Health 101 October 22

**Question:* T. Allan – Will there be any extensions for the CARES Act money?

**Response:* K. Ruiz – Nothing different from the extension to 2022.

HOPWA Update – J. Citerman-Kraeger

We finally got the contracts ready. They went to the grantees, will go to Brian, and then to City Hall.

**Question:* B. Glass – Any emergency HOPWA funding for individuals in dangerous situations?

**Response:* J. Citerman-Kraeger– No, there's no such thing as emergency funding for that type of situation. There are funds for hotels if people are homeless, but they are very specific about that.

**Question:* T. Allan – Anything in the Medicaid area to help?

**Response:* C. Nicholls – There would have to have to be children involved to receive assistance.

Planning Council Operations – S. Harris

Monthly Report from HRSA Project Officer

A call is scheduled for next week with HRSA to discuss details for the upcoming virtual visit the week of Sept. 13-17, 2021. Meetings have been requested with the PC Executive committee on Monday, September 13, 2021 from 12:50– 2:50pm, and a meeting with the PC HIV positive members from 3:00-4:30pm. After receiving guidance from HRSA, we will send an e-mail to confirm your participation.

Also, reminder to please submit PC mandatory confirmation forms, as HRSA wants to see the signatures for the 1). *"Conflict of Interest"* and the 2). *Member Confidentiality Form*. Those that have ***not*** submitted their forms were sent an urgent request on August 16, 2021. I will send another request tonight. Those members that still need to submit their forms include:

M. Deighan, D. Houston, T. Johnson, L. Lovett, T. Marbury, J. Mazo, F. Ross, W. Simpson, S. Washington.

Bylaws Update of HIV Prevention/Care Integration Update

The next Prevention meeting will be September 1, 2021 at 4:00 pm, pending the Covid situation.

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Committee Reports

Community Liaison Committee – N. O’Neal – We are still discussing the oral health survey and have received more responses than in the past. We will look at next steps. Billy provided helpful feedback from Lorain groups on getting more RW info in that area. We really applaud Billy and Faith leading efforts to inform and address the needs of PLWHA in their community.

Strategy & Finance – C. Barnett – The focus was on the reallocation process, ways to improve, things to implement, and also better ways to get members involved in PSRA and to understand the process.

Membership, Retention & Marketing – B. Glass – We want to thank everyone for participating in interviews and for getting our new appointees and re-apps done and applaud everyone for helping MRM in that process. We have two more interviews to schedule which will bring us to 31 members of PC (if all are confirmed by the County Executive) and we’ll also have fewer vacancies than we have had since I began supporting the PC. We will present the slate of candidates to the Executive Committee for vote at the September 15th meeting. The Sept. 15 meeting will be our 1st post COVID meeting.

Quality Improvement – R. Watkins – Today, La’Keisha James gave a presentation on the Quality Manager portion of the Part A Grant Guidance and all is going well with the existing grant and meeting deliverables. The CLC Oral Health survey gave great feedback info to move forward on next steps. To date, over 50 responses were received. The questions with “other” responses will be recapped after the CLC meeting in September. The Integrated Plan as relates to Cuyahoga County for 2022-2026 is awaiting info from state on next steps. We were also informed the next in-person meeting is scheduled for September 18, 2021.

Public Comments

***Comment:** J. Patterson – Would like to open discussion on reasons for returning to in-person.

***Response:** S. Harris – The challenge in our TGA is complying with Ohio’s Open meeting Act which requires in-person in order to be counted present and vote on official business. Other areas are different. The reason we operated virtually for last year and up until June was because the governor issued an “Emergency Order” in response to Covid. The virtual meetings have allowed more people to participate and in the last HRSA project officer meeting, they encouraged virtual meetings to encourage more consumer participation.

***Question:** R. Watkins – How can we change that? Everything is going virtually, and in-person is not good for the council.

***Response:** P. Conti – P. Conti – Terry will be a better resource to see how we get this changed. I can post in the chat a web address where HRSA published the various state laws on open meeting requirements. See info in chat: <https://targethiv.org/planning-chatt/state-laws-remote-meetings>.

***Question:** C. Barnett – What criteria can the governor use to impose another emergency since we’re all in red now?

***Response:** T. Allan – We had an issue early on where we were using EMS to help vaccinate, looking at the current situation, we can now inquire about meetings at the state level.

***Comment:** N. O’Neal – Agreed.

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***Question:** C. Barnett - Can we vote?

***Response:** S. Harris – We'll take a poll asking members if they would be more comfortable having virtual meetings?

***Comment:** T. Allan – We will also reach out to Senator Antonio and Lance Hines on council virtual meeting concerns.

***Comment:** S. Harris - Regarding food, we've had food in in-person traditionally, but should we also be in caution for that?

***Response:** C. Barnett - Maybe boxed lunches to go?

***Question:** R. Watkins – What about gas cards?

***Response:** S. Harris – They are scheduled for distribution.

Announcements - none

Adjournment

Motion: C. Barnett **Seconded:** T. Marbury

Attendance

	Planning Council Members	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	Brian Kimball – Co-Chair	20	20	20	20	20	20	20			
4	Clifford Barnett	20	20	20	20	20	20	20			
5	Jeannie Citerman-Kraeger	20	20	20	20	20	20	20			
6	Michael Deighan	20	20	20	20	20	20	0			
7	Clinton Droster	20	0	20	20	20	20	20			
8	Billy Gayheart	20	20	20	20	20	20	20			
9	Brenda Glass	20	20	20	20	20	20	20			
10	Barbara Gripshover, MD	20	20	20	20	20	20	20			
11	Deairius Houston	20	20	0	0	0	0	0			
12	Tracy Johnson	0	0	0	0	0	0	0			
13	LeAnder Lovett	20	20	0	0	0	20	20			
14	Tina Marbury	20	20	20	20	0	20	20			
15	Jeffrey Mazo	0	20	20	0	0	0	0			
16	Jason McMinn	20	20	20	20	20	20	20			
17	Christy Nicholls	20	20	20	20	20	20	20			
18	Naimah O'Neal	20	20	20	20	20	20	20			
19	Julie Patterson	20	20	20	20	20	20	20			
20	Chris Ritter	0	0	0	0	0	0	0			

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21	Marlene Robinson-Statler	20	20	20	0	20	20	0			
22	Faith Ross	20	20	20	20	20	20	20			
23	Karla Ruiz						20	20			
24	William Simpson	0	0	0	0	0	0	20			
25	Robert Watkins	20	20	20	20	0	20	20			
26	Stephanice Washington	0	0	0	0	0	20	20			
27	Leshia Yarbrough- Franklin	20	20	20	20	20	20	20			
	Total in Attendance	22	22	21	18	17	21	21			

PC Attendees: K. Hill, L. Boyer, R. Austermiller, M. Jackson-Rollins, K. Rodas, S. Sullivan, E. Tighe, J. Stevenson

Staff: M. Halko, Z. Levar, L. James, D. LeGallee, P. Conti, S. Harris, T. Mallory