

Cuyahoga Regional HIV Health Services Planning Council

Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina Counties
Kimberlin Dennis, Terry Allan, Brian Kimball Co-Chairs



Prevention Committee Minutes

Wednesday, June 2, 2021

4:00 pm to 5:30 pm

Start: 4:03 pm

End: 5:21 pm

Facilitator: B. Eaton, S. Harris

Moment of Silence

Welcome and Introductions

Approval of Agenda: June 2, 2021

Motion: C. Barnett Seconded: K. Dennis

Vote: In Favor: All Opposed: 0 Abstained: 0

Approval of the Minutes: April 7, 2021

Addendum: Due to pending changes regarding the formulation of the committee's structure, the April 7th and June 2nd minutes will be updated and presented for approval at the September 1st meeting.

Planning Council Membership vs. Prevention Committee Membership

Membership Requirements – S. Harris

Listed are two options for joining and/or participating on the Prevention Committee:

Option 1:

1. Apply to serve on the Prevention Committee and join the Planning Council by completing an official Planning Council application.
2. Once completed, agree to go through the official Planning Council vetting process ending with a formal appointment by the Cuyahoga County Executive (*Chief Executive in the jurisdiction*) in accordance with Ryan White legislative requirements.
3. Agree to attend the required Prevention committee meetings and monthly Full Planning Council meetings.
4. You can also vote and attend all other subcommittee meetings.

Option 2:

1. Volunteer to participate on Prevention committee, formal appointment by the Chief Executive is not required.
2. Complete the Standing Committee Non-Member application.
3. Attend the Prevention Committee Quarterly meetings (attendance will be tracked) with the option to volunteer for other meetings.

Participation Responsibility- S. Harris

To fully integrate HIV Prevention and provide community input on prevention matters, we are seeking at least seven (7) members to represent HIV Prevention on the Integrated Planning Council.

Seven (7), or 20% of Prevention applicants, should go through the official PC process.

For Planning Council membership, a minimum 17 or 18, or 50%, should include people living with HIV/AIDS.

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The other 10 or 11, or 30% remaining, would be staff or volunteers who have gone through the vetting process and were appointed by the County.

Current Prevention Membership Update

Ryan White (Option #1) Applications Received- S. Harris

For application Option #1, (official Prevention and Planning Council membership), we've received seven (7) applications. Of those applicants, we just need to confirm if they are willing to go through the official PC process.

Non-PC Member (Option #2) Applications Received- S. Harris

Liz Habat – Only interested in Option #2

Akeem Rollins – Only Option #2

Chris Osborne – Only Option #2

Loretta Cornell – Option 2

Jeannie Citerman-Kraeger – Option #1, and add to Prevention

Akeem Rollins – Option #2

Interest in serving as Prevention Co-chairs received – S. Harris

C. Barnett – an appointed PC co-chair, is the only candidate expressing an interest in serving as a Prevention committee co-chair.

The role of chair is to assist with putting together the meeting agendas, facilitating the Prevention Committee meetings Quarterly, maintaining order, and ensuring that committee work is accomplished.

Co-chair appointment procedures- S. Harris

We are still looking for the core Prevention members to fill co-chair roles.

**Question:* J. Patterson – In order to be a co-chair, do they have to choose option 1 or be on PC?

**Response:* S. Harris – I would recommend yes, but completing a non-member application for the record and a commitment to attend regularly could be agreed to by the Committee.

HIV Prevention Work Plan Review & Meeting Schedule – M. Kolenz

This is a summary of snapshots where there is community input.

- The work plan started in 2020, Covid hit in March and we're still dealing with that. There have also been other funding streams in the community for Prevention and Care. EHE was called Ending the Epidemic and now ODH has called it EEH and under that care plan it started with two projects: D2C and Rapid ART.
- We are also continuing to work with Disease Intervention Specialists (DIS) and medical case managers to make sure clients are linked to providers within 30 days. If there are things the committee would like to see, let us know, and as updates are announced, we will try and figure what things are and how they work from there.
- The Integrated Plan goes through 2022 and we should be getting guidance in June for the steps in writing the next integrated plan. A lot of these plans will likely cross over into other plans. The next plan is due this December 2021.

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**Question:* S. Harris – Are there protocols for newly diagnosed and how people should be notified?

**Response:* M. Kolenz – Unfortunately, we can't control bedside manners. We oversee testing funding, but it's mostly just the luck of the draw. Many are just not the best in delivering news.

**Comment:* B. Jones – It was thought the blood bank was only to test then notify the health dept., not give you a diagnosis.

**Response:* M. Kolenz – We just have to educate as many providers as we can on PLHW.

**Comment:* B. Jones – As for community-based organizations, which we have yet to bring them to the table. Instead of out of care maybe we should say, not connected to a network. We have been a strong resource for getting people back into care and people need to be connected to a network. Also, for Prevention staff education, PLWH need to be involved in the process. Peer-led models are yet to be seen. Until we give them a way to lead in the community, they're not peer led.

**Comment:* B. Jones – how is the health department involved in molecular surveillance?

**Comment:* B. Eaton – As a health department we're responsible for cluster surveillance. Not sure on what's meant by molecular and normal cluster intervention.

**Response:* B. Jones – Everyone in care would have their viral load profiled. It gets real confusing with different zip codes and criminalization laws. The objective is to locate, diagnose, treat clusters sooner, and locate partners to see how it's transmitted and to be proactive.

**Comment:* S. Harris – Maybe a subject matter person can give us more perspective on this.

**Comment:* B. Jones – There are also legal ramifications that need to be addressed. We should also not leave it up to every jurisdiction; it should be across the board.

Next Steps

The next Prevention meeting will be held on Wednesday, September 1, 2021 from 4-5:30 p.m. The tentative date for the following meeting is set for December 8, 2021.

Announcements

M. Kolenz – Are there any agencies doing anything for HIV testing day, June 25th?

M. Jackson-Rollins – On June 26th at Ward 5, there will be outreach and testing at Cedar estates and Rainbow Terrace. At 79th & Superior, June 12th from 9-4 every Saturday in June. These are outside events. A calendar with those testing dates will be provided following the meeting.

B. Jones – There will be an Equitas presentation on June 24th PLWH will get perks. Also, a HIV is Not a Crime webinar will be held on June 7-10th.

J. Patterson – What's your Pleasure webinar play will be Tues, June 29th from 10-12. A flyer will follow.

Chris Osborne – We are also partnering with the Urban League for testing and outreach.

Stephanie Lassiter – We did a youth publication that we will be launching starting the week of June 20th.

Adjournment

Motion: B. Jones

Seconded: C. Barnett

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Prevention Committee Attendees: J. Citerman-Kraeger, C. Barnett, L. Habat, R. Austermler, J. Patterson, E. Tighe, B. Gayheart, L. Cornell, Prince J., Antoine R., A. Rollins, C. Osborne, M. Jackson-Rollins, S. Lassiter, L. Boyer, K. Dennis, B. Jones, S. Sullivan, A. Zaaed, T. Marbury

Staff: B. Eaton, M. Kolenz, Z. Levar, S. Harris, T. Mallory