

# **Cuyahoga Regional HIV Health Services Planning Council**

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

**Kimberlin Dennis, Terry Allan, Brian Kimball Co-Chairs**



## **Full Planning Council Minutes Wednesday, September 15, 2021 5:30 pm to 7:00 pm**

**Start:** 5:40 pm

**End:** 7:04 pm

**Co-chair: T. Allan**

### **Moment of Silence**

### **Welcome and Introductions**

T. Allan –We are still working on getting a response from the state related to Ohio’s Opening meeting law to allow virtual meetings to conduct PC business. We will keep everyone updated on that progress.

### **Approval of Agenda: September 15, 2021**

#### **Amendment:**

Motion: R. Watkins

Seconded: J. Patterson

In Favor: 13

Opposed: 0

Abstained: 1- B. Glass

### **Approval of the Minutes: August 18, 2021**

#### **Amendment:**

Motion: C. Droster

Seconded: N. O’Neal

In Favor: 13

Opposed: 0

Abstained: 1-B. Glass

### **Flu & Covid-19 Update**

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

The Delta variants are becoming more contagious. We are now, more than ever, encouraging people to mask up and get vaccinated. As these new viruses are now circulating, the concern is exposing kids and everybody else. Currently, at least 58% are fully vaccinated, but we are seeing a lot more cases in younger people who are still are not vaccinated. We know masks work and data shows that most hospitalizations and deaths are those that are unvaccinated. We are now in a more critical time and are asking all cities, villages, and townships to require masks indoors until transmission levels drop. We are also focusing again on suburbs like Warrensville and Bedford, making it a priority to get those first and second doses administered.

#### **Brian Kimball, Interim Director, City of Cleveland**

We are all dealing with the same thing. We reported 934 new cases in Cleveland that occurred through September 11, 2021. The numbers are increasing per each 100,000 residents. The cases are also younger, with most hospitals cases being those around 19 years of age. About 39% of residents have been vaccinated and we are working to lower those uptakes in areas like Central, Hough, Fairfax, and Miles. We know the CDC will be approving the release of a booster. We will be planning how to administer it, but we are still awaiting that guidance. The President announced a roll-out of booster for Sept. 20<sup>th</sup> but there is no guidance yet. Also, we are still operating two clinics, J. Glenn Smith (Eastside) and Thomas McCafferty (Westside), five days a week, from 11 am-6 pm to vaccinate people.

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

The hospital numbers are going up and half are younger, Covid patients. We have had at least seven deaths from Covid, ranging from ages 42-45 and none were vaccinated. The vaccine is very effective in

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preventing severe illness, so we encourage everyone to get the word out to others. We will also send out another link on that answers myths and mistrusts about the vaccines.

*\*Comment: N. O'Neal – People have crazy ideas about this, are they looking at sites like Twitter for info?*

*\*Response: T. Allan – We can do more to combat misinformation. We're asking all to be ambassadors for educating the truth about the vaccines.*

*\*Comment: T. Marbury – People are becoming so divided on this. We're now seeing grandparents and parents say no to their family visits.*

### **Grantee Report – September 2021 – Planning Council**

1. Grantee Report
  - a. ODH State Integrated Plan – due December 2022; ODH held initial planning meeting July 8<sup>th</sup>
  - 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 2<sup>nd</sup>, 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 23<sup>rd</sup>
    - b. Mental Health within COVID times - March 2<sup>nd</sup>
    - c. Oral Health training(MCM focus) - April 27<sup>th</sup>
    - d. Rapid Start of ART training - May 6<sup>th</sup>
    - e. Oral Health Training(Dental Providers) – July 2<sup>nd</sup>
    - f. **(PC Directive)** Trauma Expressions and Strategies – August 2<sup>nd</sup>
    - g. Upcoming – Addictaholic Deconstructed – September 2<sup>nd</sup>
  - 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 27<sup>th</sup>, next meeting scheduled for Sept. 2<sup>nd</sup>
  - g. CCBH continues to work monthly with sub-recipients in regards to data completeness and productivity to ensure data up to date for RSR submission at end of year
  - h. Prevention Committee – The Prevention Committee has become integrated into PC, with the next meeting occurring September 1<sup>st</sup> from 4-5:30
  - i. **Full Part A award received 4/5/2021** – reallocation process set to begin mid-September for PC vote in November
  - 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 held August 18<sup>th</sup>, BWA thanks all for participation and making for a productive listening session
  - l. HRSA site visit scheduled for Sept 13-17<sup>th</sup> – grantee office currently in preparation process for the visit
  - m. Part A grant application due on October 6<sup>th</sup> – grantee office working to compile application for FY2022-FY2024

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FY2021 Part A Grant:

Current Expenditure split - 77.54% Core - 22.46% Support  
Expenses are at 36.23% for 5 months (41.67% target)

### Administrative Update

Two Clinical Quality follow-up meetings were held in July and August, and as a result of the site visit, we will be restructuring. Addictoholic Training held Sept 2<sup>nd</sup>, presented by Summa Health in Akron, equally good feedback. We also had a Part A network meeting following that training, looking at the direction for the next case manager network meeting. The Part A award in currently place and we will be starting the reallocation process. The HRSA virtual site visit is this week and we send appreciation to the Exec and PC members who took part in those meetings on Monday. They said they were both productive. We are working on the Part A application, which is due in a few weeks and to be submitted by Oct 6<sup>th</sup>.

*\*Question: R. Watkins – The next grant application for 2022-24, what was that?*

*\*Response: Z. Levar - Every summer we would submit this grant application. HRSA has now changed it to every three years, to help us focus on more programming.*

*\*Question: J. Patterson – Are they still giving the annual grant?*

*\*Response: Z. Levar - Yes, one part based on service needs and the other part on our grant area.*

### Fiscal Report

Our current expenses through July are on target. We are now within 5% of the mark we want and expect to be close to the 41% mark, with just one sub-recipient having issues. Request for information has gone out to providers to prepare for the reallocation process to begin.

*\*Question: What is the correlation to strike a balance between early intervention and psycho-social?*

*\*Response: Z. Levar – When one of our EIS providers (Early Intervention Services for at-risk or newly diagnosed clients) submits their invoices we'll be closer to our number. Another item we will be working on is staffing time vs. service unit billing time.*

### Medicaid Update – C. Nicholls – tabled

### Ryan White Part B Update – K. Ruiz

We are currently working on two programs, the ADAP (AIDS Drug Assistance Program) and our PBM (Pharmacy Benefit Management) program, which makes referrals to pharmacy benefit managers. Both will be released in a few weeks. We are also working on the RW solicitation grant, reviewing multiple categories.

### HOPWA (Housing Opportunities for PLWHA) Update – J. Citerman-Kraeger

HOPWA is a federally-funded program under HUD (Housing and Urban Development). With the current HOPWA program, all of the five contracts that we sent out for this year are in process. The fifth contract, for our new partner, had a very lengthy review period with legal department. This new partner will be joining our current partners: The AIDS Task Force of Cleveland, EDEN (Emerald Development and Economic Network, Inc.), Nueva Luz, and Ohio Means Jobs Cleveland Cuyahoga County. The new partner, Joseph's Home, will be providing intensive housing case management with medical case management. They are a very interesting partner that works at length and intensively with MetroHealth and University Hospitals.

*\*Question: R. Watkins – How many beds will they have?*

*\*Response: J. Citerman-Kraeger – Joseph's Home will have six to eight beds available.*

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*\*Question: R. Watkins –What will be the criteria?*

*\*Response: J. Citerman-Kraeger -They get referrals from Metro or UH to go to Joseph's home, but because of the work they do with intensive case management, it's different from our other agencies.*

*\*Comment: L. Yarbrough-Franklin - Joseph's home is usually for people coming out of the hospital, who are homeless, and don't have anywhere to go after discharge. They go there for rehab and outreach care.*

### **Planning Council Operations – S. Harris**

#### Monthly Report from HRSA Project Officer

No monthly call, due to site visit.

#### Review and Approve Revised Bylaws

Listed below, for final review and voting approval, are the revised bylaws that now incorporate the new Prevention Committee with the Ryan White (RW) Planning Council.

**Article I (One)** provides the official name, describes the TGA jurisdiction, and the mileage it covers.

**Article II (Two)** explains why the Ryan White Program exists and the law that governs how it operates. We've also added the Prevention authority, which is overseen by the CDC (Center for Disease Control) Office of Infectious Diseases.

**Article III (Three)** outlines the Mission Statement and Planning Council (PC) responsibilities on how to plan for HIV services and the allocations of services in the TGA. The responsibility of Prevention is to serve as a sounding board and provide input on high-risk populations for HIV infection.

**Article IV (Four)** covers Membership. The total membership allowed for the Cleveland RW Planning Council is 35, based on what our PC has determined. Those totals must include: Persons Living with HIV/AIDS – 50% or 17.5, Prevention Committee Members – 20% or 7 members, and other Planning Council Members – 30% or 10.5 members, (*can be affiliated with a Part A provider or a volunteer, not HIV+*). The Open Nomination Process for membership is managed by the MRM (Membership, Retention & Marketing) Committee, according to RW regulations and Prevention Guidance. For Membership Reflectiveness (what the PC body should reflect), there must be a minimum of 33% members who are non-affiliated consumers of Part A Services, and 13 must be representatives of federally-mandated categories, prevention-funded providers, and individuals from the priority populations. The article also talks about terms of service, which for our PC is: an initial 3-year term, followed by another 3-year term, then taking leave for one year before re-applying to serve again. As HRSA has recently inquired about our term limits, we will again be asking for exemptions for those hard to fill slots that are difficult to replace and greatly impact our planning council structure.

**Article V (Five)** covers the Meeting Process, Open meetings, Meeting Frequency, Quorums, Order of Business, Special meetings, and Executive Session. A quorum = 50% committee attendance, plus one. At least half determines +one would be needed to represent a quorum for a meeting.

**Article VI (Six)** outlines the standing committees, their responsibilities and how they are formed. We currently have five subcommittees: Community Liaison (CLC), Strategy & Finance (S&F), Membership, Retention and Marketing (MRM), Quality Improvement (QI), plus the new HIV Prevention Committee. It also establishes special meetings, ad-hoc (temporary, specific-purpose) meetings, when or if needed, and outlines their duties and membership composition.

**Article VII (Seven)** addresses the Conflict-of-Interest Policy.

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**Article VII (Eight)** explains the Official Communication & Representation role of the PC Executive Co-Chairs (Terry, Kimberlin, and Brian) as the official representatives of the PC.

**Article IX (Nine)** covers Expense Reimbursement which, allowed under Part A, must be a direct result of in-person participation in a Planning Council meetings, for a reasonable request, and done on a reimbursement basis.

**Article X (Ten)** Amendments - MRM maintains the Bylaws process for review and revisions.

**Article XI (Eleven)** is the Grievance Procedure. This outlines procedures for addressing grievances with respect to Part A funding, when funding is done in a way a person feels they have been injured, not a grievance related to client services from an HIV service provider. Every provider has its own grievance process.

**Article XII (Twelve)** is Maximizing Part A Funds, and it describes the procedure to maximize the use of Part A funds. This provision allows the Grantee to reallocate funding in December, January, and February without approval from the Planning Council, but must report its action immediately upon the next meeting of the Planning Council.

### **Bylaws Appendices**

- **Appendix A: Code of Conduct**
- **Appendix B: Confidentiality Pledge**
- **Appendix C: Conflict of Interest Policy & Pledge**
  - **Acknowledgement of Receipt of Ohio Ethic Law**
- **Appendix D: Open Nominations Process**
- **Appendix E: Grievance Policy & Form**
- **Appendix F: Attendance Policy**

### **MOTION: To Approve the Revised Bylaws Integrating Prevention and Care as Written.**

Motion: N. O'Neal      Seconded: L. Yarbrough-Franklin

In Favor: 13

Opposed: 0

Abstained: 1- B. Glass

### Vote to Recommend New Applicants for PC Appointment

These are the members up for new appointments and/or re-appointments. There are currently six re-applicants and eight new candidates.

### **MOTION: To Approve the Slate of New and Re-Applicants for Planning Council Appointment.**

Motion: N. O'Neal      Seconded: R. Watkins

In Favor: 12

Opposed: 1- C. Droster

Abstained: 1- B. Glass

### Vote to Approve Prevention Committee Non-Member Applicants

This vote is for the approval of the new Prevention Committee, non-Planning Council member applicants that request to serve solely on the Prevention Committee.

### **MOTION: To Approve Prevention Committee, Non-Planning Council Member Applicants, to serve as Prevention members only.**

Motion: Dr. B. Gripshover      Seconded: L. Yarbrough-Franklin

In Favor: 13

Opposed: 0

Abstained: 1- B. Glass

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## Announce Subcommittee Co-chair Selections

To date, no responses have been received and we are awaiting more applicants. We will send the invitation out again and will hopefully have updates to reports at the next meeting.

## **Committee Reports**

### **Community Liaison Committee – N. O’Neal**

We met on September 1<sup>st</sup> and we were working on the survey for oral health. We had 58 that responded and it was very well received. We will now have conversations to advise QI (Quality Improvement committee) on next steps. We are also working on other surveys.

### **Strategy & Finance – C. Droster**

Next month, we plan to start looking at expenditures and the history of reallocations, as we prepare for the reallocation process in November. We also want to improve the reallocation and PSRA (Priority Setting & Resources Allocation) process, and get the full PC committee better involved. Looking at the criteria for the TGA (target grant area), we would be the first. We also want to work on getting more data to the CLC and QI committees and look at how to get data for PSRA.

### **Membership, Retention & Marketing – B. Glass**

The MRM updates for re-appointees, new appointments, and Prevention applicants, were reviewed and approved by committee vote.

### **Quality Improvement –R. Watkins**

We had our meeting this evening and discussed the CLC consumer survey feedback. The next steps will be to do a summary which CLC will report on at the October meeting. We also discussed the needs assessment project, how it fits in with the statewide plan, and how they are different but work toward the same goal. We will provide that when it comes out.

## **Public Comments**

T. Marbury – Women We Think 4 a Change is sponsoring an upcoming virtual Zoom webinar, HIV Criminalization: The Law is Real, September 22, 2021 from 11 am-1 pm. If interested, there is a link to register.

## **Announcements - none**

## **Adjournment**

**Motion:** T. Marbury

**Seconded:** F. Ross

## **Attendance**

	<b>Planning Council Members</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>June PSRA</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>
1	Kimberlin Dennis – Co-Chair	20	20	20	20	20	20	20	20		
2	Terry Allan – Co-Chair	20	20	20	20	20	20	20	20		
3	Brian Kimball – Co-Chair	20	20	20	20	20	20	20	20		



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4	Clifford Barnett	20	20	20	20	20	20	20	0		
5	Jeannie Citerman-Kraeger	20	20	20	20	20	20	20	20		
6	Michael Deighan	20	20	20	20	20	20	0	0		
7	Clinton Droster	20	0	20	20	20	20	20	20		
8	Billy Gayheart	20	20	20	20	20	20	20	20		
9	Brenda Glass	20	20	20	20	20	20	20	20		
10	Barbara Gripshover, MD	20	20	20	20	20	20	20	20		
11	Deairius Houston	20	20	0	0	0	0	0	20		
12	Tracy Johnson	0	0	0	0	0	0	0	0		
13	LeAnder Lovett	20	20	0	0	0	20	20	20		
14	Tina Marbury	20	20	20	20	0	20	20	20		
15	Jeffrey Mazo	0	20	20	0	0	0	0	0		
16	Jason McMinn	20	20	20	20	20	20	20	0		
17	Christy Nicholls	20	20	20	20	20	20	20	0		
18	Naimah O'Neal	20	20	20	20	20	20	20	20		
19	Julie Patterson	20	20	20	20	20	20	20	20		
20	Chris Ritter	0	0	0	0	0	0	0	0		
21	Marlene Robinson-Statler	20	20	20	0	20	20	0	20		
22	Faith Ross	20	20	20	20	20	20	20	20		
23	Karla Ruiz						20	20	20		
24	William Simpson	0	0	0	0	0	0	20	20		
25	Robert Watkins	20	20	20	20	0	20	20	20		
26	Stephanice Washington	0	0	0	0	0	20	20	0		
27	Leshia Yarbrough- Franklin	20	20	20	20	20	20	20	20		
	<b>Total in Attendance</b>	<b>22</b>	<b>22</b>	<b>21</b>	<b>18</b>	<b>17</b>	<b>21</b>	<b>21</b>	<b>19</b>		

**PC Attendees:** B. Jones, D. Smith, J. Toombs, J. Stevenson

**Guests:** Biffy (Ashtabula), S. Mason, M. Jackson-Rollins, A. Hall, NORA rep, E. Tye

**Staff:** S. Harris, M. Halko, T. Mallory, Z. Levar, L. James