

Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina Counties
Brenda Glass - Co-Chair

Membership, Retention and Marketing (MRM) Minutes Wednesday, September 1, 2021 2:30 am to 3:30 pm

Start: 2:38 pm End: 3:34 pm Co-chair: B. Glass

Moment of Silence Welcome and Introductions

Approval of Agenda: September 1, 2021Motion: C. Droster Seconded: N. O'Neal

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

Approval of the Minutes: August 4, 2021

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

Vote: In Favor: 7 Opposed: 0 Abstained: 1-J. McMinn

New/Old Business HRSA Site Visit Update - Z. Levar

We have a virtual site visit to review Part A program in Cuyahoga County. Two meetings will be held one with PC exec co-chairs and one for Part A recipients. They are set for September 13, 2021, the co-chairs from 12:50-2:50 pm and Part A recipients, 3:00-4:30 pm. The HRSA consultants will send a Zoom link for the meetings to requested participants. PC Facilitator, Sharron Harris, will send overview/descriptions and work plans notes for chairs to use for the meeting. The list has been submitted, but anyone interested can still send Zach names.

Open Nomination Work Plan Status update - S. Harris

We have interviewed the following new/re-applicants: Uleta, Jeannie, Bryan, Peter, James, and Joye, and they are now pending official County appointment. Two more applications remain to be scheduled for Karla and Michelle, before the September 15th meeting. That will cover nine of the 11 vacancies and bring us closest to the 35 number since our planning council was implemented.

Reflective Update (based on New Application- S. Harris

We now need to look at what we need for filling our mandatory membership slots. When recruiting, we should keep in mind PC reflectiveness, meaning our membership percentages must always reflect what is represented among the PLWH population in our six TGA counties. As for representation, we must make sure we have members that fill each of the mandatory membership categories. Our current reflectiveness & representation looks very good.



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Mandatory Membership Categories

The mandatory slots are:

- A. Health care providers, including federally Qualified Health Centers (FQHCs);
- B. Community-based organizations, serving affected populations and AIDS Service Organizations;
- C. Social service providers, including providers of housing and homeless services;
- D. Mental health & substance abuse providers, (considered two separate categories);
- E. Local public health agencies;
- F. Hospital planning agencies or health care planning agencies;
- G. Affected communities, including PLWH, members of a Federally recognized Indian Tribe, or represented in the population, individuals co-infected with hepatitis B or C, and historically underserved groups and subpopulations.
- H. Non-elected community leaders;
- I. State government (including State Medicaid, and agency administering program under Part B), (considered 2-separate categories);
- J. Grantees for Part C;
- K. Grantees for Part D;
- L. Grantees of Federal HIV programs, including but not limited to providers of HIV prevention services; and
- M. Representatives of individuals who formerly were Federal, State or local prisoners, were released from the custody of the penal system during the preceding 3-years and were HIV positive on date of their release.

To maintain compliance, we must keep representatives on the PC that represent each of the categories identified above.

In addition, HRSA has challenged us to enforce our term limits. They reviewed our Bylaws and our reflectiveness report to compare from the time members were appointed to determine whether we are compliant. We received push-back for one member serving since 1997 and well past our term limit. They want our bylaws enforced, regardless of member status. We have to make sure we can defend our member's work and importance. The language we have now is strong on maintaining people until they can be replaced, but we are still looking for stronger language and maybe exempt some mandatory categories from term limits.

*Comment: C. Droster – We don't go overboard and don't have waiting list. When people leave, it's hard to replace them.

*Comment: N. O'Neal – The work is hard and a lot don't want to stay once they see the work involved. Those that have been here a long time shouldn't be penalized. If we're not here, who will do the work? We don't need term limits. CLC works to get input from the community, hearing their voices and making people aware of what community is saying.



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*Comment: S. Harris – We will have to speak on the challenges faced with keeping a cohesive group. We may not be successful trying to eliminate term limits, because HRSA will forcefully encourage term limit, but we must approach the topic to the best of our ability and try to make them understand that having people willing to serve is better than have new people that don't genuinely have a commitment to do the work.

*Comment: C. Droster – We have data to back up the importance of Dr. Gripshover we could provide.

*Comment: S. Harris – This is challenging work, and having people reliable to do the work is crucial.

*Comment: K. Dennis – People have jobs and are busy. They think it's good at first, then they leave and the same people are left doing the work. If you get rid of those doing the work, who will you get to do the work? The importance is rolling up our sleeves and doing the work.

<u>Update on HIV Prevention & Care Integration- S. Harris</u>

Currently we have twelve regular, core members that have been active on the committee with application on file. We still need to get co-chairs, Clifford is the only one expressing an interest in servicing as co-chair. I have been asked to solicit expressions of interest and refer those interested to the PC Executive Co-chairs (Terry, Kimberlin and Brian) for a final decision. I will send out a formal request for written expressions of interest this week and will provide the responses, so an announcement of the co-chair selections can be made at the Sept. 15th PC meeting.

We will start adding the Prevention Committee schedule to our PC mailings for the October meeting. The bylaws are also being updated but will require further review and an in-person meeting to vote for approved. We will also revisit the approving of minutes and agendas for the past virtual meetings.

PC Training Plan Update

Acuity scale training to be postponed New PC Member Orientation training set for Wednesday, November 3, 2021

Possible training on HRSA Project Officer Responsibilities.

Parking Lot none Membership Update

Our Bylaws state that we can have a total of 35 members on the Planning Council. If there is a desire to increase that number, it must be reflected in the bylaws. Currently, there are 24 members on planning council and 11 vacancies.

Announcements

Reminder - HRSA September site visit set for week of Sept 13th through the 17th.



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N. O'Neal - Women We Think 4 A Change, upcoming event, Sept 22nd 11-1:00 pm a BYOBB (bring your own brown bag) discussions around criminalization and relationships between what providers say and what they really need to discuss.

B. Glass – We are in need of a co-chair for MRM. Members have to serve at least three months on PC.

S. Harris – An invite will be sent for those interested in serving as co-chairs on Prevention, CLC, and Membership.

Adjournment

Motion: N. O'Neal Seconded: K. Dennis

Attendance

	Attendance											
		Jan	Feb	Mar	Apr	May	June	Aug	Sep	Oct	Nov	
	MRM Members						PSRA					
	Brenda Glass, Co-											
1	chair	20	20	20	20	20	20	20	20			
-	Vacant, Co-chair											
2	Deairius Houston	20	20	0	0	0	0	0	0			
3	Kimberlin Dennis	10	10	10	10	10	10	10	10			
4	Clifford Barnett	10	10	10	10	10	10	0	0			
5	Naimah O'Neal	10	10	10	10	10	10	10	10			
	Total in Attendance	6	6	5	5	4	4	3	3			

PC Members: C. Droster, B. Gayheart, J. McMinn, R. Watkins, J. Toombs

Attendees: none

Staff: Z. Levar, S. Harris, T. Mallory