

# Cuyahoga Regional HIV / AIDS Health Services Planning Council

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

Naimah O'Neal – Co-Chair



## Community Liaison Committee (CLC) Minutes

Wednesday, October 6, 2021

12:00 pm to 1:00 pm

**Start:** 12:04 pm

**End:** 1:04pm

**Facilitating Co-chair:** N. O'Neal

### Moment of Silence

### Welcome and Introductions

**Addendum:** Motion: To grant QI member J. Citerman-Kraeger permission to remain on the call.

Motion: R. Watkins

Seconded: N. O'Neal

**Vote:** In Favor: All

Opposed: 0

Abstained: 0

### Approval of Agenda: October 6, 2021

Motion: C. Barnett

Seconded: R. Watkins

**Vote:** In Favor: All

Opposed: 0

Abstained: 0

### Approval of the Minutes: September 1, 2021

Motion: K. Dennis

Seconded: R. Watkins

**Vote:** In Favor: 11

Opposed: 0

Abstained: 3 - C. Barnett, F. Ross, J. Mazo

### New/Old Business

#### Recommendations from Oral Health Consumer Feedback – N. O'Neal

This survey was based on what PLWH were asking about related to oral health. We have the results from the oral health survey and we now want to hear from the committee on what to do going forward. As the QI committee wants our recommendation, do we continue to pursue the survey, maybe revising it again, or should we look at coming up with oral health directives?

*\*Comment:* J. Mazo – Now with results, we should really look at it and come up with directives.

*\*Response:* N. O'Neal – Agreed, we should look at directives, though not sure which ones, but we do need to provide next steps based on the survey. We also need to see if the survey still should go one step further to make sure people are getting the most out of their services with the least barriers.

*\*Comment:* R. Watkins – From the several questions asked, the “other” questions stood out and had large percentages. The concern is to break those “other” responses into categories to see what they represent and get clearer data on how that looks.

*\*Response:* S. Harris – Everyone got the expanded responses that were sent out yesterday and the “other” comments were not all specific and they varied.

*\*Comment:* N. O'Neal – We can talk about treatment plans and do a directive around that, and we can bring back any ideas at next meeting.

*\*Comment:* B. Gayheart – Perhaps it would be good to get an overall scale that highlights the greatest concern, or just an overall graph for the entire survey, rather than broken down by questions.

*\*Response:* S. Harris – That's a good point and it's up to the committee to collectively look at responses and determine where the greatest need exists.

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*\*Comment:* R. Watkins – For instance No. 6, asking if there is anything that would make you dental experience better, maybe that can be priority one. We could break down each question, prioritize it, and see which is more important than the other.

*\*Response:* S. Harris – Thinking about clients, we must consider cost implications like emergency appointments and whether additional staff or hours would have to be considered for that? How soon this can be implemented may also be impacted by whether the Grantee will need to issue a new solicitation (Request for Applications) from providers.

*\*Comment:* P. Scardino – Having dental pain now, and was advised by case manager to apply for a card to get care at a Cleveland facility. It's still up in the air on what will be done, but not being able to wait just using personal insurance.

*\*Response:* N. O'Neal – RW is a secondary provider. Your primary insurance should be used first and afterwards, RW can kick in to assist, but they don't pay it all.

*\*Comment:* R. Watkins – This is an excellent suggestion on a directive, showing how applying for a card slows down the process for getting assistance. QI could jump on this, as an emergency service needed.

N. O'Neal – At the next meeting, we will review the survey again so we can start doing the work. However, some things will have to be done outside this meeting. Looking at the agenda, we want to get ideas on what items will be the main priorities and then work with the top three. We will then address this in the November 3<sup>rd</sup> meeting, so that in January, we will be able to have at least two directives for QI committee.

### Strategies to Strengthen PLWH Involvement on Outlying Counties – S. Harris

This is ongoing, and we are doing better, thanks to the tremendous efforts being made by PC members in Lorain (*especially, Billy and Faith*) and Ashtabula counties.

### Review Linkage to Care Checklist – N. O'Neal

The Linkage to Care Checklist is an excellent form that, with a few changes, could be revised and implemented for case managers to use across our TGA. It could be beneficial for everyone who serves PLWH to use this type of form with the same questions. However, it should perhaps be more generic, so that it can be used by everyone.

*\*Comment:* R. Watkins – Thanks for receiving this in the CLC committee. This form provides a good way to make sure everyone is on the same page, making things easier, and not re-inventing the wheel.

*\*Comment:* B. Jones – It's great for a standardized tool, it just asks a lot, which may be overwhelming. The information is valuable. Maybe there are parts that could be done in increments.

*\*Response:* N. O'Neal – Agreed, some questions don't need to be answered like, if you belong to any programs or groups. It can just provide what people need at the moment, thinking back on what you may have said when first being told you were positive.

*\*Comment:* L. Lovett – Thinking same as previous comment, it was mind-blowing, a circuit overload. Maybe break it down and make it more condensed. The first and most important thing is getting clients what they need at that moment.

*\*Comment:* R. Watkins – Making a recommendation, the sheet has been tested and proved with PLWH, designed with the idea that if you don't have the questions to ask in front on you, you won't necessarily know what to ask. We have to get rid of stigma and present it as it exists.

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*\*Question:* S. Harris – How is this designed to be implemented, do the case managers ask?

*\*Response:* R. Watkins – It's not cookie cutter, it's up to clients.

*\*Question/Comment:* N. O'Neal – We ask to be okay with us making changes to the form. Also remember, RW case managers have to do certain reports and form for what the grantee asks.

*\*Response:* R. Watkins – No problem with changes.

*\*Comment:* Z. Levar – Remember to consider acuity assessment. It may be overlap in this form and the acuity form, we don't want to create undue burden.

*\*Comment:* L. Lovett – In the beginning of getting help, some may want that.

*\*Question:* C. Barnett – It is a lot of info, how can it be best utilized so as not to overload?

*\*Response:* R. Watkins – When a client first comes, you see where they are, it's not cookie cutter so that will differ for each person. Then, you ask if they'd be willing to do an assessment and see how to best help them. Then give options for verbal or a written form to complete. Many prefer having it read to the then go through the questions. It covers a lot but it's really used a gauge.

*\*Question:* C. Barnett - What is the follow up for those who decline to take it?

*\*Response:* R. Watkins – They don't have to, it has happened.

*\*Comment:* J. Mazo – In making that same recommendation, add program director, if already a tool used for this.

*\*Response:* Z. Levar – Yes, there is an acuity assessment, a psycho-social assessment that addresses some of these needs. This may not require a directive for Part A and we can definitely share that. It's an assessment done in accordance with the state. It may also be done with EIS (early Intervention Services) workers. Maybe five ten questions could be done with them, but we will provide the total assessment for review.

**N. O'Neal** – For now, we will table everything and these two options will be the only two items on the agenda.

### **Parking Lot Items - Tabled**

Education Sessions at Support Groups to Educate on RW Services

Capacity Building Training Ideas

CLC Consumer-Focused Presentation at Full Planning Council

### **Standing Business - Tabled**

Agree on CLC Committee work activity (if any) to be reported at the October 20, 2021 Executive & Planning Council meetings

Monitor Committee Work plan for compliance

### **Announcements**

B. Jones - The Marilyn Kaminsky Award nominations have begun. A link with details will be sent out soon.

**Adjournment** - Motion: L. Lovett      Seconded: C. Barnett



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## **Attendance**

	<b>CLC 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	<b>Naimah O’Neal, Co-chair</b>	20	20	20	20	20	20	20	20	20	
2	Tina Marbury	20	20	20	20	20	20	20	20	20	
3	Stephanice Washington	20	0	0	0	0	0	0	0	0	
4	Faith Ross	20	0	20	20	20	20	20	0	20	
5	LeAnder Lovett	20	20	20	20	20	0	0	0	20	
6	William Simpson	20	0	20	0	0	0	20	0	20	
7	Tracy Johnson	0	0	0	0	0	0	0	0	0	
	<b>Total in Attendance</b>	<b>7</b>	<b>4</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>2</b>	<b>5</b>	

**PC Members: K. Dennis, C. Barnett, J. Citerman-Kraeger, C. Droster, B. Gayheart, J. Mazo, R.**

**Watkins, B. Jones, P. Scardino**

Attendees: Thomas M., C. Freeman

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