

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, November 3, 2021

12:00 pm to 1:00 pm

Start: 12:08 pm

End: 1:05 pm

Facilitating Co-chair: N. O'Neal

Moment of Silence

Welcome and Introductions

Approval of Agenda: November 3, 2021

Motion: P. Scardino

Seconded: R. Watkins

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

Approval of the Minutes: October 6, 2021

Motion: R. Watkins

Seconded: C. Barnett

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

New/Old Business

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

Following up from last month's CLC meeting on next steps for the oral health survey, today's plan is for the committee to present specific recommendations, based on the survey that can be used as QI directives.

***Comment: P. Scardino** – In response to the feedback from the survey, emergency appointments should be number one. When in pain, it should be top priority, also not having to wait so long for appointments. This may be due to RW having only one provider.

***Response: N. O'Neal** – There's actually more than one RW provider, we have three.

***Comment: R. Watkins** - Priorities are good, but it only covers one topic of the survey, as we were planning to have three objectives. The data we have is great but there's more to the survey that hasn't been reviewed. One recommendation is to get more info and data from PLWH to move this forward.

***Response: N. O'Neal** – What info and what data?

***Comment: J. Mazo** – It's frustrating, not moving forward and still going in circles.

***Response: N. O'Neal** - We asked in last meeting for CLC members to come back with recommendations for next steps on oral health. That was the task.

***Comment: S. Harris** – The chairs is asking for recommendations, when you speak, can you focus on what is your recommendation?

***Comment: N. O'Neal** - This is our last meeting for the year, and we wanted to come up with a comprehensive work plan by January, but it doesn't seem to be happening.

***Comment: B. Gayheart** – In compliance with the task given, I spent at least five to six hours over the last few days, creating an entire document, going through every question, putting it in order, based only from the survey data we received. It's complete and ready to send to the facilitator.

***Comment: R. Watkins** -We have a total of 11 questions. If going in priority, most to least, then pick out three to go for directives, are we using all info?

***Response: N. O'Neal** - If looking for data and to make recommendations on that, we do.

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***Comment/Question: P. Scardino** – The understanding was just review and to prioritize “all”, correct?

***Comment: N. O'Neal** - We just need to come up with directives now, since we don't meet again until January. These are directives to the grantee to improve RW services

***Comment: S. Harris** – Directives are defined as instructions that are given to the RW grantee from the PC to improve service delivery or consumer access to services. The service category we're currently looking at is for oral health, and what this committee will give QI, based on the deep dive work being done to improve oral health from a consumer's perspective.

***Comment: Z. Levar** – Yes, directives are directions from PC for grantee on ways we can improve service categories. For example, with stigma, PC made it a directive, the grantee will do training, and it will be rolled out to providers.

***Comment: R. Watkins** – For the grievance process, 29 said yes, and 44 said no. This is a great opportunity to figure out about the grievance process.

***Response: N. O'Neal** – We're not tabling. We either do directives today, or we don't do them at all.

***Comment: B. Gayheart** – The document broke everything down, per question, percentages, how many actually answered, and what answers they gave. This was done to give a better overall view of the breakdown. If you look at everything, for instance number one, 50% replying “occasional” or “no”, we should try to figure out why not and address that. Also, when looking at findings, is there is a lack of information being submitted. Many people say they need help but that no one informs them of the help available, so there seems to be a major gap relating info to PLWH.

***Question: N. O'Neal** – Picking two or three things for the top QI directives, what would they be?

***Response: B. Gayheart** - *To have a standard to where providers, case managers, peer support staff, or other contacts can provide better information.* Professionals need to be better educated in order to inform, or to refer someone for help. Also, *reach out to providers and work with them on information coming from clients so they can better serve them.*

***Comment: B. Jones** - Think a lot of oral health issues stem from childhood but would like to score clients from 1-5. Social workers could *score new/first visits on dental hygiene, 5 for poor, or 1 for good.* Those with poor oral health would get a 5, *then target the 5's for training and give incentives.* *Also, see who has dental care, if they understand it, then meet and invite them to the clinics so they can become familiar with the space.*

***Comment: J. Mazo** – Thanks to CLC Chair, Naimah, and the three who've done work on the survey and directives. Oral health is a major component for PLWH, striving and surviving. Also, would like grantee to share their perspective and make sure we're in alignment for changing the mechanism of oral health in our region.

***Comment: S. Harris** – These are the directives we have from the discussion.

- 1. Provide better information to clients and inform providers of client needs – B. Gayheart*
- 2. Social workers should score clients on dental hygiene 5, for poor and 1 for good – B. Jones*
- 3. Come in to raise awareness with training on oral health – B. Jones*
- 4. Grantee share perspective on RW, making sure people are aware of grievance process – J. Mazo*
- 5. Dental school to educate on dental hygiene to ASO's and those receiving RW services – B. Jones*
- 6. Develop a form for clients on dental health and use this to track where problems exist - B. Jones*
- 7. Training to educate case managers on RW services and dental care providers – B. Gayheart*
- 8. To make an emergency appointment available if someone is in pain – P. Scardino*
- 9. At intake, have a standard checklist of questions on dental care, so we can educate –K. Dennis*

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- 10. *Work with other providers to come up with more options for going to the dentist and educate consumers on oral health and HIV treatment, including stigmas around dentistry, so they have info, firsthand. – C. Barnett***
- 11. *We need to make sure that people are aware of the importance of dental care in their HIV treatment. Education needs to be provided to clients. - C. Barnett***
- 12. *Recommend some type of classes or information to be discussed with clients in potential handouts. This could help with the fear of going to the dentist, and the negative feelings people have on dentistry. - C. Barnett***
- 13. *Ensure we have more options for treatment by working with other providers to provide more options for dental treatment. Clients should not have to wait for emergency treatment, if we are able to provide more options. – C. Barnett***

***Comment: Z. Levar** – Considering the directives from B. Jones, the acuity assessment picks up some of that information that was conveyed.

***Question: N. O'Neal** - Are there things we could ask the state that can be added to this current assessment?

***Comment: K. Dennis** - Agreed, if they answer all the questions, do they really know how important going to dentist affects their health. Also, dentists can tell a lot by looking at your oral health.

***Response: S. Harris** – Please be aware that final determination will be ODH about whether there can be changes to the acuity assessment this form.

***Response: Z. Levar** - We do have a little latitude to do minor changes.

***Question: J. Mazo** – Since it's been since 2017, what do you do?

N. O'Neal – As it stands, the facilitator will send everyone a list of the directives we discussed today. When you get them, pick the top three of your choice and we will go with that for the final directives.

Review and Revise Linkage to Care Checklist - **Tabled**

Parking Lot Items

Education Sessions at Support Groups to Educate on RW Services – **Tabled**

Capacity Building Training Ideas – **Tabled**

CLC Consumer-Focused Presentation at Full Planning Council- **Tabled**

Standing Business - **Tabled**

Agree on CLC Committee work activity (if any) to be reported at the November 17, 2021 Executive & Planning Council meetings- **Will report on today's discussion regarding oral health directives.**

Monitor Committee Work plan for compliance -**Tabled**

Announcements - **None**

Adjournment - Motion: K. Dennis Seconded: P. Scardino

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Attendance

	CLC Members	Jan	Feb	Mar	Apr	May	June PSRA	Aug	Sep	Oct	Nov
1	Naimah O'Neal, Co-chair	20	20	20	20	20	20	20	20	20	20
2	Tina Marbury	20	20	20	20	20	20	20	20	20	20
3	Stephanice Washington	20	0	0	0	0	0	0	0	0	0
4	Faith Ross	20	0	20	20	20	20	20	0	20	0
5	LeAnder Lovett	20	20	20	20	20	0	0	0	20	0
6	William Simpson	20	0	20	0	0	0	20	0	20	0
7	Tracy Johnson	0	0	0	0	0	0	0	0	0	0
	Total in Attendance	7	4	6	5	4	3	4	2	5	2

PC Members: K. Dennis, C. Barnett, C. Droster, B. Gayheart, J. Mazo, R. Watkins, B. Jones, P. Scardino

Attendees: B. Aguriano

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