

Cuyahoga Regional HIV Health Services Planning Council

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

Brenda Glass - Co-Chair



Membership, Retention and Marketing (MRM) Minutes

Wednesday, November 3, 2021

2:30 am to 3:30 pm

Start: 2:36 pm

End: 4:45 pm

Co-chair: B. Glass

Moment of Silence

Welcome and Introductions

Approval of Agenda: November 3, 2021

Motion: K. Dennis Seconded: P. Scardino

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

Approval of the Minutes: October 6, 2021

Motion: R. Watkins Seconded: K. Dennis

Vote: In Favor: 8 Opposed: 0 Abstained: 1- P. Scardino

New/Old Business

Annual Planning Council New Member and Refresher Training – S. Harris

This is an overview of PC role and Planning Council. We do this every year, so while there are some new members on the call, we will do a follow-up training for the remaining one who could not attend. The ground rules for training are: to focus on the best care for PLWH, ask questions, wait to speak, treat others with respect, identify problems, challenges and suggest solutions, and last, recognize that discussions may be limited.

New Member/Refresher Training Overview

- The original mission of the Ryan White Program, under the Ryan White Law, is to provide emergency health care services and treatment to address unmet needs for Persons Living with HIV/Aids (PLWH).
- Ryan White Origin – Ryan White was a 14-year-old young man, who was a hemophiliac and contracted HIV from a blood transfusion. This unknown and deadly disease created an element of fear around the world, causing those affected to be stigmatized, alienated by friends and family, as well as restricted them from receiving access to critically needed medical care and treatment. Through his public battle he challenged misconceptions about HIV/AIDS and along with his mother led a campaign to educate the public and increase awareness. Following his death, Ryan White law was passed by Congress to provide essential medical related care to person living with HIV/AIDS.
- Ryan White treatment was initially provided under the Emergency Treatment Extension Act. It was amended several times, and last amended in 2009, however, Congress has authorized funding each year since 2009, so the program continues and is administered by the Health Resources Services Administration (HRSA), w/in U.S. Dept. of Health and Human Services (HHS).

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- Ryan White, the largest program for PLHW, marked its 25th anniversary on August 18th, the date when Congress passed the AIDS bill that now bears his name.

Key Points of Training/Refresher:

- Part A funds go to 52 eligible metropolitan areas that are severely and disproportionately affected by the HIV epidemic.
- Ryan White funds are to be used as the “Payer of Last Resort”.
- Planning Council Representation and Reflectiveness – The critical specification, which is 33% of Planning Council members must be individuals who are HIV positive and non-affiliated with a Part A provider. After appointment of our new applicants, our percentage of PLWH will be 48% of our Planning Council membership (reflectiveness).
- PC Mandated Membership Categories – Health care center reps, AIDS Service organizations (ASO's), social service providers of housing and homeless services, mental health providers, substance abuse providers, local public health agencies, hospital planning agencies, affected community members who are PLWH, and non-elected community leaders. HRSA monitors this area heavily and we continually work to keep this in compliance.
- PC Executive Co-Chairs Roles – Terry Allan CCBH, Brian Kimball, City of Cleveland, and Kimberlin Dennis, PC member and PLWH open about HIV status. They approve, manage work of subcommittees, preside over full PC committee meetings, and keep PC informed of HRSA updates and policies. The Subcommittee Co-Chairs, two co-chairs for each committee, govern each subcommittee.
- HRSA Requirements – Planning Council must spend at least 75% of funds on core medical services and 25% for supportive services. Support services must be shown how they contribute to positive clinical outcomes, reducing viral loads or providing better emotional support.
- Directives – Instructions given to the Part A Recipient/Grantee, created by Planning Council intended to improve the quality or delivery of RW funded services.

Questions & Answers

**Question: P. Scardino* - Does that mean if my insurance doesn't help, go to RW?

**Response: N. O'Neal* – It depends on what it is and the insurance company. Also, some things RW doesn't cover, it's not everything, like co-pays if you have insurance.

**Response: B. Glass* – If it is HIV related, and your insurance doesn't cover, RW will. But it's also on a case-by-case basis, even with-it being HIV-related.

**Comment: S. Harris* - It's best to work with your case manager and people who can help navigate the HIV health care process.

**Comment: B. Gayheart* - This is good for people to participate, so their voice is heard.

**Comment: S. Harris* -They can hear and help others who might need the services and aren't aware.

**Question: P. Scardino* - Isn't there supposed to be a psycho-social need assessment done every year?

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***Response: N. O'Neal** - Yes, a psycho-social assessment is to be done every six months.

***Comment: S. Harris** - That's what CLC is getting into now.

***Comment: N. O'Neal** - We're looking more towards if something needs to be added or changed for individuals as part of the Acuity-assessment.

***Comment: B. Glass** - It was a way of measuring if people are getting their needs met. The needs assessment was a collective body of targeted people speaking to the needs of a targeted population.

***Comment: S. Harris** - In some jurisdictions the acuity-assessment is used also to track staff load to determine how to better balance the case load for case managers

***Comment: P. Scardino** - To get more from needs assessment, should get more on what the needs are

***Comment: B. Glass** - The psycho-social needs assessment is done by a social worker, so it may not benefit the tools assessment.

***Comment: B. Aguriano** - It gives folks that are newly-diagnosed more comfort level than those that have been in it for a while.

***Comment: R. Watkins** - For data collection, would like to share the integrated approach to individual's care. These steps help to approach better ways to individual care.

Parking Lot

Membership Update B. Glass

There is no additional update, as today we focused on the New Member Training. For anyone who would like more training or see other types of trainings, please let us know. Also, as earlier mentioned, we'll do a follow-up New Member and Refresher Training for those who could not attend today.

Announcements - None

Adjournment

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

Attendance

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

PC Members: J. Citerman-Kraeger, B. Gayheart, L. Lovett, R. Watkins, U. Carter, P. Scardino

Attendees: T. Moyer, B. Aguriano, M. Jackson-Rollins

Staff: S. Harris, T. Mallory