



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

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

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



**\*Comment:** S. Harris – We were hoping for this, particularly so members and individual in outlying counties within the TGA could participate. It will be a tremendous asset and we will draft a motion to amend the bylaws to allow meetings participation virtually and in-person and be considered present for the purpose of conducting official Planning Council business.

**\*Comment:** T. Allan – Thanks to Tom for doing this work. All the links from today will be posted and this should be a seamless process on the bylaw's updates.

**\*Comment:** N. O'Neal – Any feedback on CLC committee meetings being inaccessible to non-PLWH?

**\*Response:** S. Harris – Yes, we have created a CLC e-mail list, only for PLWH. Details for CLC meeting will be distributed exclusively to this list. CLC meeting will remain open to the public, but participants must be PLWH. The link will also be removed from the monthly schedule. The meeting will be listed but the meeting link details will not be.

**\*Comment:** Z. Levar – Also, there will be a screening process when requesting to join, in which we will verify with the CLC chair beforehand.

**\*Comment:** K. Dennis – Thanks to Tom for helping us remain virtual and keeping everyone a part of this.

**Motion: To allow future Planning Council meetings to be held virtually or as a combination.**

Motion: J. Patterson                      Seconded N. O'Neal

For: All                                      Opposed: 0      Abstained: 0

*Motion passes.*

### **FLU & COVID-19 UPDATE**

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

Overall, 60% of the County has been vaccinated. For those over age 65, 85% are fully vaccinated. Hospitals are still busy, running 80% capacity, treating patients for things other than Covid. We are awaiting guidance on Pfizer vaccines for kids ages 5-11, as well as additional to boosters and home-bound vaccinations. We will see how this goes and will provide updates. Also, those who have HIV are eligible for an additional vaccine dose, which is different from a booster. Please check with your physician to see if you need that additional dose for immuno-compromised people.

**\*Question:** B. Jones - Is it a booster, another vaccine, and will they stick to eight months for boosters?

**\*Response:** T. Allan – Not certain, we will get more updates and report back.

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

With the seven-day rate, there are about 218 new cases per 100,000, down from the previous reporting period of 249 new cases. The decreases are encouraging, but positive cases are still high, and hospitalizations continue to be a concern. We are in the process of gearing up to administer children's vaccinations as soon as they are approved. Also, if you received the Pfizer vaccine, you are eligible for a booster and the FDA is in the process of approving the Moderna booster and a second dose for the J & J vaccine.

**\*Question:** B. Jones – Will PLWH will be put on vaccine list?

**\*Response:** B. Kimball – Everyone is eligible for the third dose of Pfizer.

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

Hospitals are overflowing. We've had to close floors in some of the community hospitals and direct them to main campus, but we're hanging in there. As for boosters, it's very confusing because they

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came out with boosters and additional doses at the same time. Basically, people who are immuno-compromised and good with the vaccine don't need another dose. The third dose is mostly for people whose COVID antibody levels may not be high enough to fight-off the virus. Also, Moderna's third dose should be approved soon.

**\*Comment:** C. Droster – After getting the J&J, I'm now confused with cross-over vaccines.

**\*Response:** Dr. Gripshover – There's been some info that getting second dose of J&J shows good responses and also showed a good from Pfizer or Moderna boosters. However, we'll keep you posted on official recommendations.

**\*Question:** B. Jones - Will the booster require having a vaccination card for the main vaccines?

**\*Response:** Dr. Gripshover – Don't know on that yet.

**\*Response:** T. Allan – The feds will weigh in on that and we will report back and also on time length between the primary vaccination and the booster.

**\*Comment:** Dr. Gripshover – To all, see Cliff's fed vaccine update in the chat: ***(FDA just authorized Moderna and J&J booster shots as well as mix and matching between different manufacturers.)***

### **Grantee Report – October – Planning Council**

1. Grantee Report
  - a. ODH State Integrated Plan – due December 2022; next steering committee meeting is October 7<sup>th</sup>, 9:00 am - 12:00 pm
  - b. Clinical Quality Management committee continues to meet with the efforts focusing on disparities in viral suppression. – Grantee currently conducting Q3 follow up meetings, preparing for November 15<sup>th</sup> CQMC meeting
  - 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. Next HIV Services newsletter will be issued on World AIDS Day, December 1<sup>st</sup>, Sharron will be looking for PC input in the coming weeks
  - e. FY2021 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. Addictaholic Deconstructed – September 2<sup>nd</sup>
    - h. Upcoming - HIV Stigma Training – November 4<sup>th</sup>
    - i. **(PC Directive)** Upcoming – Clinical Bias Training – Jan/Feb TBD
  - 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; last meeting occurred Sept. 2<sup>nd</sup>, next will occur early 2022
  - 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 – Next meeting occurring December 8<sup>th</sup> from 4-5:30

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- i. **Part A Funding** – Reallocation process currently ongoing, provider reallocation requests were due to Grantee on October 5<sup>th</sup>, received Carryover request of \$144,259 to be used in MCM/OAHS as decided by PC in November 2020
- j. **Ending the HIV Epidemic Funding** - 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:
  - Advisory group will be meeting to discuss direction of Stigma campaign, with a goal of launching campaign on World AIDS day
  - Ending the Epidemic Site Visit occurring October 19-20
- l. HRSA site visit completed in mid-September – grantee office currently waiting for Findings Report (can take up to 45 days)
- m. Part A grant application submitted on October 4<sup>th</sup> for FY2022-2024 grant years

FY2021 Part A Grant:

Current Expenditure split - 79.10% Core - 20.90% Support

Expenses are at 48.28% for 6 months (50% target)

### Administrative Update

The Statewide Integrated Plan held their second meeting on October 2<sup>nd</sup>. There will also be a meeting tomorrow at 9:00, as they are gaining a little traction in determining the process for developing the integrated plan. The focus is on bolstering Ending the HIV Epidemic (EtHE) plans for those that don't have them. Clinical Quality is having their third, quarterly follow-up meeting and will have a virtual meeting on Nov 13. If interested, feel free to join. The bi-annual newsletter will be going out on Dec 1<sup>st</sup>, World Aids Day. Upcoming trainings: HIV Stigma by Dr. David Ford on Nov 4<sup>th</sup>, a link has been sent out. Also, Clinical Bias training will be in Jan or Feb, this is a PC directive. The next Prevention Committee meeting, which is now fully integrated into PC, is set for Dec 8, 2021 from 4-5:30 pm. The Part A funding reallocation process is ongoing. We have six months of invoices in from agencies and have received all reallocation requests, so we will put this together, along with carryover requests for review in November. We also submitted the 2022-24 grant year application. The EtHE anti-stigma campaign has recruited a few members to sit on focus groups to narrow down ideas. They are close to finalizing those and should launch this on World Aids Day, with an anti-stigma and PrEP component geared towards medical providers and the general public at large. The EtHE site visit ended today and was shorter than the HRSA site visit. Again, thanks to all who participated. The HRSA site visit was completed in September, and we are awaiting their report.

**\*Question/Comment:** B. Jones -Could CLC have a newsletter for PLHW, to provide like tidbit/advice, also if clinical bias training was a requirement, could providers also have cultural sensitivity and cultural competency training? We need to engage community-based organizations, looking through racially sensitive lenses.

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**\*Response:** S. Harris – That sounds great, since of the feedback for the newsletter most often comes from CLC. We'll make notes for those things.

**\*Comment:** Z. Levar - Thanks for the feedback. With the Covid year, we haven't engaged community much, but planning that for next year. We need our ducks in a row and have substantial feedback.

**\*Question:** B. Jones - Also what about wellness visits?

**\*Response:** Z. Levar – A lot of those wellness checks will come through our outreach component.

**\*Comment:** N. O'Neal – It's also a conversation to start in CLC and then venture out.

### Fiscal Report

Looking at the expense report, we are at the mid- point in spending and six months fully invoiced from everybody. We have an accurate depiction and are able to see where funding is available. We are on target for 50% utilization, with currently at 48.2 percent. A few categories are trending low, like oral health, EIS (Early Intervention Services) due to a couple staff vacancies, EFA (Emergency Financial Assistance), and Foodbank, but we're closely monitoring this. EFA low because it's our safety net and food bank as well. Overall, we are in a safe zone with 70% core and 21% support services. We must stay at 75% or greater in core services to abide by HRSA guidelines.

**\*Question:** B. Jones – When HRSA came, they said we should have had a say in PC funds, any feedback?

**\*Response:** Z. Levar– We want to be transparent, so we are working on that and will present the PC budget in next month's S&F meeting.

**\*Question:** B. Jones – Also, were chrome books for any PC member or for those un-affiliated?

**\*Response:** Z. Levar -For any un-affiliated PC member.

### Medicaid Update – C. Nicholls

We are still under the public health emergency and not discontinuing anyone currently receiving Medicaid. We are asking that people submit their renewal packets, to avoid service interruptions and to make sure we have current addresses so they can receive information. Last month, we did a mailing that went out to all authorized representatives, almost 26,000 individuals for people on Medicaid, so they are aware of the new rules and receive the proper paperwork. Also, back in 2016, there was an application form that has now become obsolete. It was the ODM Form 7103 that helps with Medicare expenses. Up to now it was accepted and processed, but as of Oct 7<sup>th</sup>, it is no longer being accepted. If you see this form being used, we ask that you please stop using or distributing this form and use a regular Medicaid application. If a pdf version is needed, please email me at:

[Christy.Nicholls@jfs.ohio.gov](mailto:Christy.Nicholls@jfs.ohio.gov) and it will be sent to you. For now, the pandemic rules will continue this year and until 2022. Further updates will be shared.

**\*Question:** B. Jones - Is there a way to provide info on Care Source vs. other plans and what they offer?

**\*Response:** C. Nicholls – At the County level, we are not allowed to provide that information. However, on Medicaid's website: [medicaid.ohio.gov](http://medicaid.ohio.gov), there is information on each plan to do comparisons.

**\*Question:** B. Glass -Is Medicaid approval still income-based?

**\*Response:** Christy – Yes, just that in the pandemic area we're not discontinuing anyone.

**\*Question:** J. McMinn – Does a regular application have a box to check what you're applying for?

**\*Response:** C. Nicholls - There is a box, but the key thing is informing us the person has Medicare. That's our trigger in looking for Medicare assistance programs.

**\*Question:** J. McMinn - Will it also trigger the State to ask applicants for more info, like banking?

**\*Response:** C. Nicholls - It shouldn't. This has technical been process since 2016. It's just that we can't use the form anymore. However, we do need bank info for any Medicaid application.

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

#### **HIV Client Services:**

RW solicitation is being routed for signatures.

1. Partnered with our STI Program at the Ohio Department of Health to bring **Risk Awareness & Minimization for HIV Case Managers** this Friday, October 22, 2021 from 1:00 pm- 3:00 pm. This is a part of our Sexual Health Training Series. *1.75 CEU hours for social workers* available

**Registration Link:** <https://www.surveymonkey.com/r/SexualHealthTrainings2021>

#### **OHDAP:**

The OHDAP PBM (Pharmacy Benefit Manager) contract was completed on 10-13-21 and is routing for signatures and hopefully will be posted by DAS in the next couple of months. The OHDAP Formulary was updated on October 1<sup>st</sup>; Aducanumab (Aduhelm) a new Alzheimer's medication was added to the formulary exclusion list. Also an update on long-acting injectables (Cabenuva) was added to the other special provisions section, stating that Cabenuva is not currently available on the formulary but will be re-evaluated quarterly by the Medical Advisory Committee (MAC). Our next MAC meeting is October 27<sup>th</sup>.

#### **STI:**

The STD Prevention and Training Center will be hosting a webinar for Ohio providers on syphilis diagnosis and treatment on November 17<sup>th</sup> and 18<sup>th</sup> from 12pm to 1pm. CMEs and CNEs will be offered. Questions can be directed to [STI\\_Prev@odh.ohio.gov](mailto:STI_Prev@odh.ohio.gov).

#### **QI:**

We are excited to announce the availability of HIV Quality Innovations competitive sub grant funds to improve the HIV continuum of care for Ohioans living with HIV/AIDS and who are 1) 18-24 years of age; 2) Black/African American MSM; 3) Transgender- identified; 4) Black/African American and Latino Women and/or 5) have a mental health/substance use diagnosis. The funding announcement can be found on the ODH website ([odh.ohio.gov](http://odh.ohio.gov)) in "About Us" then "Funding Opportunities."

1. The direct link to the solicitation is <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/qi-22-quality-innovations-in-the-continuum-of-hiv-care>.
2. A bidders' meeting will be held on Thursday, October 28, 2021 from 1:00pm – 3:00pm EST and the required Notice of Intent to Apply for Funding (NOIAF) is due November 2, 2021.
3. The full grant application is due by November 29, 2021. Any questions can be sent to Susan DiCocco at [susan.dicocco@odh.ohio.gov](mailto:susan.dicocco@odh.ohio.gov) or 614-832-9313 (voice/text).

#### **Integrated Plan:**

If any member of this planning council is interested, you are welcome to participate in the statewide Integrated (Prevention and Care) planning process. Just call or email Kate Shumate at the contact information below and she will add your name to the listserv for the Integrated Plan. We are especially interested in having participants in the planning process who use/have used HIV Prevention services and/or Ryan White Care services (from Part A, Part B, Part C, etc.) as well as some of you with experience working on an Ending the HIV Epidemic (EHE) as the statewide plan follows a similar format and your experience would be helpful. Kate's contact information is [Katherine.shumate@odh.ohio.gov](mailto:Katherine.shumate@odh.ohio.gov) and 614-980-8172.

If anyone would like to join or get more involved, please reach out to Vino or Katherine Shumate.

**\*Question:** B. Jones – Are the trainings available to all?

**\*Response:** K. Ruiz - Whoever is interested can attend for risk awareness, STI meetings, or all, as a believer that knowledge is power. Also, we are looking to develop with learning about sexual health.

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We did these trainings to see the interest and would like to expand and invite speakers for additional discussions.

**\*Question:** J. Patterson – Could you expand on Cabenuva?

**\*Response:** K. Ruiz - It was added to the special provision section, but they're waiting on certain studies.

**\*Comment:** J. McMinn – Access to Cabenuva seems easy to access.

**\*Comment:** C. Droster – With Medicare and changing meds, not clear on why plans are switching meds.

**\*Response:** B. Glass - That's been taking place in a lot of areas and with other plans, not just Medicare.

**\*Comment:** S. Harris –Is this Medicare advantage or Medicare?

**\*Response:** B. Glass – It's all plans, it's been typical formulary. Problem is people tested out on generic brands and now can't take them, but not sure what brought on the change.

**\*Comment:** Dr. Gripshover – Sometimes it may be costs. Usually we're lucky with HIV meds, but it does tend to be an issue with other things we need.

**\*Comment:** S. Harris – Just trying to distinguish if it's a Medicare issue or a government formulary issue that's making the change?

**\*Response:** Dr. Gripshover – Think the problem is more about Medicare plans and private insurances.

**\*Comment:** N. O'Neal – The government does have some influence and they've been having public conversations on this.

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

We have the HOPWA contracts finalized and payments are in process. We're about a month behind schedule, but we appreciate our partners for their patience and we're doing the best we can to hasten the process.

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

#### Monthly Report from HRSA Project Officer

We should be getting the site visit report soon. They have 45 days to write, we have 30 days to respond.

### **Committee Reports**

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

We have two projects we're working on. We are deciding what to do with oral heal survey and once decided then move it to QI. We had a conversation in QI and CLC determined to do what's best for PLHW who qualify and want to use oral health services more efficiently. Also, we plan to come back with a checklist of standardized questions for the linkage to care checklist that Robert shared and look at what case managers now use and compare that with developing our checklist. Looking at work plans for next year; it will be robust and filling.

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

Next month, Zach will provide the PC budget for our review. During the site visit, HRSA gave options for S&F and for now, we will leave funds in dental as they are, as it will eventually be used. Next month we will do the reallocation and HRSA said we need to change the title grantee to recipient.

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

We had our meeting and reviewed planning, accomplishments, and how we prioritize membership, based on Covid. Also, we have several new members and re-apps going before the County. We also are looking at those about to reach their Membership term Limit, and how and to handle that. We don't

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want to remove anyone from PC, but we need to review our bylaws relating to term limits and find the best strategies. We have our annual membership training on November 3<sup>rd</sup> from 2:30-5:00 pm for new members and a refresher for current members. We are also still in need of a co-chair for CLC, MRM, and for two Prevention chairs, and would like input on interests by the November meeting.

### **Quality Improvement – J. McMinn**

We met earlier today and had a good discussion and deep dive around oral health. We also met with prides early in the year, but it didn't yield the results needed, so we'll continue to seek CLC's help on this. CLC, who developed the oral health survey, will have final recommendations on that and on how to get directives to proceed.

### **HIV Prevention – S. Harris**

We still need two positions filled and the next meeting is Wednesday, Dec 8, 2021, from 4-5:30 pm.

### **Public Comments**

B. Jones – Congratulations to Bryan Jones for his recognition in HIV and POZ magazine as one of the most interesting People Living with HIV.

### **Announcements - none**

### **Adjournment**

**Motion:** N. O'Neal

**Seconded:** C. Droster

### **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	20	
2	Terry Allan – Co-Chair	20	20	20	20	20	20	20	20	20	
3	Brian Kimball – Co-Chair	20	20	20	20	20	20	20	20	20	
4	Clifford Barnett	20	20	20	20	20	20	20	0	20	
5	Jeannie Citerman-Kraeger	20	20	20	20	20	20	20	20	20	
6	Michael Deighan	20	20	20	20	20	20	0	0	20	
7	Clinton Droster	20	0	20	20	20	20	20	20	20	
8	Billy Gayheart	20	20	20	20	20	20	20	20	20	
9	Brenda Glass	20	20	20	20	20	20	20	20	20	
10	Barbara Gripshover, MD	20	20	20	20	20	20	20	20	20	
11	Deairius Houston	20	20	0	0	0	0	0	20	20	
12	Tracy Johnson	0	0	0	0	0	0	0	0	0	
13	LeAnder Lovett	20	20	0	0	0	20	20	20	20	
14	Tina Marbury	20	20	20	20	0	20	20	20	0	
15	Jeffrey Mazo	0	20	20	0	0	0	0	0	0	
16	Jason McMinn	20	20	20	20	20	20	20	0	20	



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17	Christy Nicholls	20	20	20	20	20	20	20	0	20	
18	Naimah O'Neal	20	20	20	20	20	20	20	20	20	
19	Julie Patterson	20	20	20	20	20	20	20	20	20	
20	Chris Ritter	0	0	0	0	0	0	0	0	0	
21	Marlene Robinson-Statler	20	20	20	0	20	20	0	20	20	
22	Faith Ross	20	20	20	20	20	20	20	20	0	
23	Karla Ruiz						20	20	20	20	
24	William Simpson	0	0	0	0	0	0	20	20	0	
25	Robert Watkins	20	20	20	20	0	20	20	20	20	
26	Stephanice Washington	0	0	0	0	0	20	20	0	0	
27	Leshia Yarbrough- Franklin	20	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>	<b>20</b>	

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

**Guests:** S. Mason, L. Boyer, E. Tighe, M. Jackson-Rollins, B. Aguiriano, J. Stevenson, K. Hill (NORA)

**Staff:** M. Halko, Z. Levar, T. O'Donnell, S. Harris, T. Mallory