

Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina Counties Kimberlin Dennis, Terry Allan, Brian Kimball Co-Chairs

Combined Executive and Full Planning Council Minutes Wednesday, January 19, 2022 5:30 pm to 7:00 pm

| Start: | 5:33 pm | End: | 6:44 pm | Co-chair: | T. Allan |
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Moment of Reflection Welcome and Introductions

Approval of Agenda: January 19, 2022

| Amenament: | | |
|--------------------|------------|----------------|
| Motion: C. Barnett | Secor | ded: K. Dennis |
| In Favor: All | Opposed: 0 | Abstained: 0 |

Approval of the Minutes: November 17, 2021

| Motion: C. Droster | Secon | Seconded: L. Lovett | | | | | | |
|--------------------|------------|---------------------|--|--|--|--|--|--|
| In Favor: All | Opposed: 0 | Abstained: 0 | | | | | | |

FLU & COVID-19 UPDATE

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

A lot has happened. Since the holidays, we've experienced and unprecedented rise in variants, making Covid the second most infectious disease, next to measles on the planet. It is now going down, as quick as it started, peaking at 3,000 in one day. With many cases, although milder there has been more people exposed, specifically those with risk factors. Also, we have sadly seen more kids infected and hospitalized. At their peak 36% tested positive and in hospitals it was over 50%. The national guards also came in to assist burdened hospital staff with additional needs. We are now seeing things drop, running last days at 7% positivity with cases dropping and hospitals loosing up a bit. We will close testing at CCF campus soon and the national guards will help in southern Ohio where lower vaccination rates exist. We are also trying to get more test kits, but have been delayed due to demand, so we're sending them mostly to schools and sharing with DD agencies and group homes. The federal government has made it available to get test kits sent to your home by going to their site at: www.Covidtests.gov. The government is also looking to provide N95 masks to health care workers, as cloth masks are not as effective with Omicron, as it has basically replaced the Delta wave. Hopefully, we are turning the corner, especially if we look back to 2021, with 90% being hospitalized and unvaccinated.

Brian Kimball, Interim Director, City of Cleveland

For Cleveland, we have a new mayor, Mayor Justin Bibb, who is now out in the forefront of this surge and has compiled a task force among health boards, the city and other stakeholders. The meetings have been good and the new administrator understands the need for collaboration and collected effort in order to combat the pandemic. Moving forward we are looking at different solutions to meet the needs of the community. We are also distributing free, take-home test kits on a limited basis, but as we get them, we distribute them among the developmental disabilities agencies. In addition, we are continuing the weekly clinics, going Mon-Fri., and the larger clinic at Zelma George, will be open this weekend from



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10:00 am-4 pm for those eligible to receive their second booster. If friends or family need boosters, please share this info, as this is shown to be the best way to combat the virus.

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

In the data we get from hospitals, we've peaked at over 50% positive and this week over 30% testing positive, which is good news and looks like we're over the rough patch. The importance of getting vaccinations is that it definitely reduces hospitalization and death, and vaccines are safe.

*Question: A. Rollins - Was a state of emergency called?

*Response: T. Allan - It was lifted about six months ago.

Grantee Report – January – Planning Council

- 1. Grantee Report
 - a. ODH State Integrated Plan Region 3 workgroup met on 1/14, Part A coordinating outlying county discussion, responses needed by 1/19 https://doodle.com/poll/rfyi3c69xa3stgsa?utm_source=poll&utm_medium=link
 - b. Clinical Quality Management Committee- Grantee will complete final data collection for 2021 projects in the beginning of January, is beginning process of creating 2022 work plan with feedback from HRSA
 - c. ODH Sponsored Needs Assessment ODH conducting key informant interviews
 - d. Most recent CCBH HIV Services Newsletter available at: <u>https://www.ccbh.net/ryan-white-provider-resources/</u>
 - e. FY2021 trainings held by Grantee with help of AETC/Gilead:
 - a. HIV 101 and a PrEP 101 February 23rd
 - b. Mental Health within COVID times March 2nd
 - c. Oral Health training(MCM focus) April 27th
 - d. Rapid Start of ART training May 6th
 - e. Oral Health Training(Dental Providers) July 2nd
 - f. (PC Directive) Trauma Expressions and Strategies August 2nd
 - g. Addictaholic Deconstructed September 2nd
 - h. (PC Directive) HIV Stigma Training November 4th
 - i. (PC Directive) Upcoming Clinical Bias Training February 24th
 - 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; next meeting scheduled January 25th
 - g. CCBH working on Ryan White Program Services Report(RSR) with sub-recipients, which is the annual client level data report for HRSA due in March 2022
 - h. Prevention Committee Next meeting occurring March 2nd from 4-5:30
 - i. **Part A Funding** sub-recipient awards have been adjusted to reflect the Planning Council approved reallocations, currently working on budget revisions
 - 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:
 - -Anti-Stigma campaign launched on World AIDS day, can be viewed at

https://www.loveleadshere.org/yourewelcome/

I. HRSA site visit completed in mid-September – grantee received findings report and has submitted a corrective action plan in December, currently being reviewed by HRSA



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Administrative Update – Z. Levar

-For Region 3, we developed a work group, facilitated by ODH (Ohio Department of Health), in which we met on January 14th looking to set up a couple outlying county discussions, as we want to do more to include the other five counties into the framework, for their input in implementing the integrated plan. The dates for the discussion will be January 31st and February 3^{rd,} and the invite lists are being complied. Also, the discussions will be the same for both meetings, so you can attend one or the other. -The Clinical bias training for the 2021 directive is set for Feb 24th and is aimed towards Part A clinical providers to meet with them and provide training on the best ways to deliver care.

-The next meeting scheduled for case managers is set for January 25th.

-The RSR report (Ryan White Services Report) and the annual report on client level data, has been sent to HRSA. These reports are done in January and submitted in March, and we are now working to clean up data and getting it prepared for March 2022.

-The next Prevention Committee meeting is set for Wednesday, March 2, 2022 at 4:00 pm. -The Ending the HIV Epidemic (EtHE) Anti-Stigma Campaign launched Dec 1, 2021 and has been very successful with ads now seen all over social media, in medical offices, and at bus stops. We are happy of the outcome and welcome feedback. Link info at: <u>https://www.loveleadshere.org/yourewelcome/</u> -HRSA site visit completed in Dec. report received and sent back. We will share with the findings later.

Fiscal Report – Z. Levar

FY2021 Part A Grant:

Current Expenditure split - 78.66% Core - 21.34% Support Expenses are at 63.35% for 8 months (66.67% target)

The expenses through October are at 63.35% expended, for the eight-month period, which is not far off from the 66.67% goal. We have served about 3,035 clients to date and still operating in a Covid environment, receiving numerous requests from providers to shift funds as needed. We are close to the target for core services at 78.66% and 21.34% for support services, as we must remain compliant with HRSA for the 75/25 split all times or submit a waiver. The percentages in green are under-utilized funds, red is over-utilized, and white is on target. The second to last report will reflect the reallocation cycle. ***Question: T. Allan** – Are there any other updates relative to the site visit?

***Response: Z. Levar-** We submitted the corrective action plan, they reviewed it, with a few suggestions such as for clinical quality management (CQM) to base data off service categories, but we'll have more feedback once it's finalized and approved by HRSA. However, there were no PC findings, as HRSA expressed they are very proud of our PC, thought it was highly functional, and had no areas to improve.

Medicaid Update – C. Nicholls

The Federal public health emergency was declared for another 90 days and Medicaid is under that emergency, continuing not to close medical benefits, unless someone passes away, moves, or makes a request. The Ohio Department of Medicaid is taking action in preparation for moving back to previous standard rules in processing. Now, they are taking delinquent Medicaid rules in Ohio and running them through a more passive rule process. This normally happens every month when people renew as a way for people not to have to complete a renewal packet in order to make some changes. In October, it was a 60% success rate and they will now take the delinquent renewals and go through the process. In addition, if someone mentions they received a notice from Medicaid on this renewal, it is because their renewal was outstanding, it went through the process, and they will now have a new date and do not have to do anything. Next, Open Enrollment ended Saturday and, as a result, we have a backlog of over



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8,000 pending Medicaid applications. In a typical week we get 100 from that source alone and we are now having weeks ranging 800-1800. For taxes, the 1095B Form for verifying medical coverage is available. As the Ohio Department of Medicaid won't mail these out, you will have to contact your local County Job and Family Services (JFS) agency to receive one. We also created a request form you can complete, 24/7, via the website: <u>https://hhs.cuyahogacounty.us/divisions/detail/job-and-family-services</u>

<u>Ryan White Part B Update – K. Ruiz</u>

The Community Advisory Board meeting was held January 24, 2022 at 5:00 pm. This group works to makes sure it is responsive to the needs of the community and to represent it in the best way. The upcoming meetings will be held on April 25th, July 25th and Oct 24, 2022. For grants, they have all been submitted, as well as the applications, and they will go out to the community soon.

*Question: J. Patterson - What about the medical advisory group?

*Response: K. Ruiz – The medical group meeting is next month, so far they want more details, research, and doctors engaged.

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

HOPWA goes to table on budget hearings next month, about 2-3 weeks. We will be sending information to Community Development on that and getting ready for the annual site visits in March.

Planning Council Operations

Monthly Report from HRSA Project Officer – S. Harris

We had the monthly meeting and reported the work PC is doing and planning for upcoming year. We also provided updates on the oral health initiative being done by the CLC and QI team. There were no other specific reports affecting the council discussed.

<u>Co-Chair Appointment Announcement or other updates – S. Harris</u>

K. Dennis – We are working to fill the vacant co-chair seat positions.

S. Harris - The exec chairs will review and present the outcome in the February 16th meeting.

Training Schedule for 2022- S. Harris

S&F - prioritizing work plan, send for review, awaiting approval, also provide data and final allocations presentations

Presentations for AIDS Funding Collaborative and HOPWA in February meeting

Epi presentation on the February 16th

Mental Health Collaborative in February

Priority Setting, Ranking Non-funded services, next S&F meeting

Completion of Annual Confirmation Forms, required by HRSA

Annual Membership Training in November, possible additional refresher training.

Formal plan for committee - to be done by March meeting

Approval of 2022-23 Meeting Schedule

Motion: To approve the revised Planning Council 2022-23 Meetings Schedule as written.Motion: C. BarnettSeconded: N. O'NealVote: In Favor: AllOpposed: 0Abstained: 0



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Motion carried.

*Question: C. Droster - Is the current virtual schedule subject to change pending in-person meetings? *Response: S. Harris - Yes and if so, we'll update to identify locations for meetings (if needed).

Committee Reports

Community Liaison Committee (CLC) – N. O'Neal

We met on the 5th and were able to get our work plan done. We also have a couple work committees. One to look at the needs assessment checklist developed by R. Watkins, get feedback, and make it uniform, across the board for all who receive RW funds to be on the same page. We are looking to make suggestions and a good effort to have a favorable outcome when it is presented to the state for review. We are also meeting with providers on what efforts CLC can do to promote better oral health care.

Strategy & Finance (S&F) – Clinton

We sent HRSA's corrective action plan regarding reallocation, looking at funding more into medical transportation. We reviewed the PC budget, set expectations, went through our work plan and will have to make some adjustments and finalize dates before approval. In February, we will start priority services for non-ranking services. In trying to be more transparent, we have formed a new resource allocation workgroup, which will meet on January 27th from 10:00-11am. All are welcome to participate.

Membership, Retention & Marketing (MRM) – B. Glass

We met on January 5th, reviewed and approved our work plan, and updated the training plan from last year. We looked at our current membership roster and discussed the bylaws structure for those coming off the roll. There are currently measures in place to maintain critical and hard to fill positions needed to keep our HRSA-required reflectiveness numbers in compliance, until replacements are found. We also discussed efforts to recruit more people and are looking to recruit Hispanic, LGBTQ, and youth and more people in the outlying counties, making sure we fulfill all roles. We also briefly discussed the mentor program, and will finalize next month on how mentees rate mentors.

*Comment: S. Harris – Also, several members have volunteered to be part of a Planning Chat, tomorrow, the first in a series, where HRSA has invited jurisdictions to discuss strategies on how they recruit new members. Those joining are: Brenda, Naimah, Robert, and Sharron.

Quality Improvement (QI) – J. McMinn

QI met earlier today. The "Best Committee in the City" had discussions on oral health and will wrap this up by March. Next month, we are inviting all to attend a meeting with two Part A oral health providers. This meeting will be an open discussion, based on the oral health survey created by the CLC committee, in order to collaborate, get provider feedback, and find ways for all of us to improve oral health in our TGA. This will be done at our Feb 16th meeting. Last, our 2022-23 work plan was finalized, voted on and approved and is ready to go.

HIV Prevention (Prevention) – S. Harris

The next Prevention Committee meeting is Wednesday, March 2, 2022 at 4:00 pm. All invited to join.

Public Comments

C. Droster - What about the new candidates to be appointed to Planning Council?



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S. Harris – We submit the candidates, then it's up to the County execs to do their own vetting and make the formal appointment.

T. Allan – They've been working on other areas, but we will inquire and give updates at next meeting. **Announcements**

Happy Birthday (Jan. 29th) cheers and best wishes to our PC Facilitator, Sharron Harris!



Adjournment

Motion: C. Barnett Seconded: F. Ross

Attendance

| | Planning Council Members | Jan | Feb | Mar | Apr | May | June PSRA | Aug | Sep | Oct | Nov |
|----|-----------------------------|-----|-----|-----|-----|-----|--------------|-----|-----|-----|-----|
| 1 | Kimberlin Dennis – Co-Chair | 20 | | | | | | | | | |
| 2 | Terry Allan – Co-Chair | 20 | | | | | | | | | |
| 3 | Brian Kimball – Co-Chair | 20 | | | | | | | | | |
| 4 | Clifford Barnett | 20 | | | | | | | | | |
| 5 | Uleta Carter | 20 | | | | | | | | | |
| 6 | Jeannie Citerman-Kraeger | 20 | | | | | | | | | |
| 7 | Michael Deighan | 20 | | | | | | | | | |
| 8 | Clinton Droster | 20 | | | | | | | | | |
| 9 | Billy Gayheart | 20 | | | | | | | | | |
| 10 | Brenda Glass | 20 | | | | | | | | | |
| 11 | Barbara Gripshover, MD | 20 | | | | | | | | | |
| 12 | Deairius Houston | 20 | | | | | | | | | |
| 13 | Tracy Johnson | 0 | | | | | | | | | |
| 14 | Bryan Jones | 0 | | | | | | | | | |
| 15 | LeAnder Lovett | 20 | | | | | | | | | |
| 16 | Tina Marbury | 20 | | | | | | | | | |
| 17 | Jeffrey Mazo | 0 | | | | | | | | | |
| 18 | Jason McMinn | 20 | | | | | | | | | |
| 19 | Christy Nicholls | 20 | | | | | | | | | |
| 20 | Naimah O'Neal | 20 | | | | | | | | | |
| 21 | Julie Patterson | 20 | | | | | | | | | |
| 22 | Chris Ritter | 0 | | | | | | | | | |
| 23 | Marlene Robinson-Statler | 0 | | | | | | | | | |
| 24 | Faith Ross | 20 | | | | | | | | | |
| 25 | Karla Ruiz | 20 | | | | | | | | | |



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| 26 | Peter Scardino | 20 | | | | | |
|----|---------------------------|----|--|--|--|--|--|
| 27 | William Simpson | 20 | | | | | |
| 28 | David Smith | 20 | | | | | |
| 29 | James Stevenson | 20 | | | | | |
| 30 | Joye Toombs | 20 | | | | | |
| 31 | Robert Watkins | 20 | | | | | |
| 32 | Stephanice Washington | 0 | | | | | |
| 33 | Leshia Yarbrough-Franklin | 20 | | | | | |
| | Total in Attendance | 27 | | | | | |

PC Attendees: K. Hill, L. Boyer, B. Aguriano, E. Tighe, M. Jackson-Rollins, A. Rollins, T. Moyel, S. Dumas Staff: M. Halko, Z. Levar, S. Harris, T. Mallory