

# **Cuyahoga Regional HIV Prevention and Care Planning Council**

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

**Naimah O'Neal – Co-Chair**



## **Community Liaison Committee (CLC) Minutes**

**Wednesday, February 2, 2022**

**12:00 pm to 1:00 pm**

**Start:** 12:06 pm

**End:** 1:05 pm

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

### **Moment of Silence**

### **Welcome and Introductions**

A welcome was extended to, Angela Bailey, as the new CCBD Prevention/Wellness Director.

### **Approval of Agenda: February 2, 2022**

#### **Addendum:**

**Motion:** J. Mazo                      **Seconded:** C. Barnett

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

### **Approval of the Minutes: January 5, 2022**

#### **Addendum:**

**Motion:** J. Mazo                      **Seconded:** F. Ross

**Vote:** In Favor: 8                      Opposed: 0                      Abstained: 2-B. Jones, C. Barnett

### **New/Old Business**

#### **Review and Revise Linkage to Care Checklist – S Harris**

The workgroup met a week ago and the next meeting is set for Feb 24, 2022 at 12:00 pm. The group provided advice on revising the form and will now come to the table on recommendations at the next meeting. There are enough members, but we welcome input, as the goal is to make a form all case managers can use. We are in the process now of revising the form, but the state has to make the final approval. This is a chance for us to shorten the form process, so we want recommendations and once the workgroup decides, we will present it to full PC.

#### **Discuss CLC Oral Health Commitment Follow-Up - N. O'Neal**

We think that providers are unaware and need a better handle on what to ask. The first goal is to get them to have questions to raise awareness and get their opinion on how they think they can make changes around addressing emergency appointments. We want to help them help clients better.

**\*Comment: S. Harris** – It was mentioned CLC would take the lead to inform PLWH on how to go forward and on offering advice on oral health encounters. Perhaps we can think of ways to educate people through support groups in order, to discourage them from not going for oral health care.

**\*Question: B. Jones** – I this just ASO's or dental schools, etc.?

**\*Response: N. O'Neal** – We are talking about two agencies giving health care, Metro and UH. No ASO's are coming to meeting, only those funded through RW to get services.

**\*Comment: S. Harris** - Zach invited oral health providers for discussion on ways to improve PLWH getting health care and create stronger partnerships for providing oral health care.

**\*Comment: N. O'Neal** - Part of educating PLWH is a process and if they are having issues, they should express that through grievances, or whatever, so providers can be approached.

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**\*Comment: B. Jones** – We talked about grievances but still not addressed the heart of the grievance process, so we don't know if it's ongoing problem. Maybe fine-tuning would help the oral health piece.

**\*Comment: N. O'Neal** – Those are two things, oral health presentation and grievances. If you go to the dentist, there's a grievance process for RW and if it's with an ASO, it's a separate process.

**\*Question: B. Jones** - Does it go to an ombudsman or to RW?

**\*Response: N. O'Neal** - That's what we're looking to find out.

**\*Comment: S. Harris** - Every provider should have a grievance process as part of their provider process. If it is not resolved in another organization, other than RW, it is for the grantee to address.

**\*Response: Z. Levar** - We can look at grievances filed and see about resolutions.

**\*Comment: N. O'Neal** - If no one records it, we won't know. There needs to be a check and balance so we know if there is a grievance in an agency or dentist. We want to make sure PLWH get services they need.

**\*Comment: B. Jones** – Yes, so we can at least monitor this with an agency and specific areas of concern.

**\*Comment: J. Mazo** - Looking from consumer perspective, trying to handle this internally, maybe there needs to be back up with med case managers that can encourage you on the process. They also need to be educated on the process.

**\*Comment: S. Harris** - Maybe best role for PC is if the grantee sees issues during certain periods, they can be presented to PC to look for solutions in systemic way, not individually.

**\*Comment: B. Jones** - Providers don't always know, and there is a disconnect between dental people and RW on what they offer and can do. It may be easier if dental schools could get direct lines to answer those questions.

**\*Response: N. O'Neal** - As a person educated and informed, they can.

**\*Comment: P. Scardino** – Experienced a similar situation where the case manager said CWRU could not do dental implants, but RW said they could.

**\*Comment: B. Jones** - A lot can't speak up, so they prefer to leave it alone and ignore dental health.

**\*Comment: N. O'Neal** - This is about what we feel we can do, maybe educational sessions to inform them or find a direct number as was mentioned.

**\*Comment: B. Jones** - Most providers don't give a plan for your dental health, rather it's done at hand.

**\*Comment: N. O'Neal** - Maybe this can be added to list of questions.

**\*Comment: S. Harris** - The QI meeting on Feb 16<sup>th</sup> will be the provider meeting.

**\*Comment: B. Jones** – For peer led models, are they on hold or will we ever do them?

**\*Response: N. O'Neal** - No answer at this time.

### **Parking Lot Items**

#### **Education Sessions at Support Groups to Educate on RW Services**

Tabled

#### **Capacity Building Training ideas – N. O'Neal**

We are looking for any suggestions for training, including presenting and capacity-building ideas for presentation to PC.

**S. Harris** – We can develop survey questions; once the committee agrees what to ask and I can put them in a survey and distributed via Survey Monkey.

**\*Comment: B. Jones** – One question, what are you bringing to case managers and what was the advice, maybe they aren't advising what's available to them, specifically.

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**\*Comment: J. Mazo** - With this we have discussions ongoing. Time is constant keeps moving forward on the process of how to we convey importance of collaborating with providers in mindful and systematic way on how they conduct their business. There has always been a disconnect and that is the challenge, we are segmented rather than all together.

**\*Comment: P. Scardino** - Piggyback on Bryan, do you feel case management is knowledgeable, as many are getting conflicting info from providers.

**\*Comment: S. Harris** – Found in surveys, not answering narratives, skip and only do yes, no questions.

**\*Response: B. Jones** - They could be short answers, we could ask to express in one or two words. We also need to challenge people to fill the surveys.

**\*Comment: N. O'Neal** - All social workers aren't knowledgeable on insurance. Prior to four years at Circle Health, not much knowledge on insurance, marketplace, etc. If people don't constantly stay informed, they may not know what needs to be done.

**\*Comment: B. Jones** - Maybe these are questions for grantee on this.

**\*Response: S. Harris** – The RW program is with RW jurisdiction, marketplace is outside that, people like Naimah are informed on both.

**\*Question: B. Jones** - So what about payer of last resort, other resources, are they under the umbrella?

**\*Response: N. O'Neal** – As a social worker, you should be able to help with other resources, evaluate and see if people qualify. It's not under RW to know that though.

**\*Response: Z. Levar** – For all case managers in our network, it is brought up and they must vigorously pursue other networks before RW.

**\*Question: S. Harris** - Is that something RW does, or do you bring in case manager to address this?

**\*Response: Z. Levar** – Annually, we do training needs assessment with providers for outside PC directives. We also started MCM network meetings, as in the past, we had people from medical and insurance agencies to provide CEU's. Case managers have to continue educating themselves and not get complacent. We provide some training but we also give notice to providers to do this as well.

**\*Comment: N. O'Neal** - Depending on where you are, every social worker may not know.

**\*Comment: B. Jones** – The issue is PLWH should be part of those trainings because we can navigate the system in numerous ways and their input may be valuable.

**\*Response: Z. Levar** - We have started doing creative training, but for things like insurance, we need those professionals.

**\*Comment: B. Jones** - Talking about PLWH giving training.

**\*Response: Z. Levar** – That has been noted and discussed internally.

**\*Comment: J. Mazo** - As we work to move forward, we must be mindful of the fact that marketplace varies. It's important to realize whoever is the contact person to make sure they are aware of what's covered under plans or can direct to other resources etc., also see what are other regions doing.

**\*Response: Z. Levar** – Agreed, points will be address in future meetings. We tried to make this apparent as possible, so we will need the inside scoop of what to do from there.

**S. Harris** – For the Linkage to Care Workgroup we will add: Clifford, Tina, and Jeff. They will get packet updates and go question by question, see what to audit, say why, and give feedback. We will send the LTC checklist, case manager form, and RW form, and the form Robert created from the three for discussion.

**N. O'Neal** - He put them all together, but we will be using the most recent one to go through for voting and presenting to full PC.

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

#### **Standing Business**

Agree on CLC Committee work activity (if any) to be reported at the January 19, 2022 Executive & Planning Council meetings – Tabled.

#### **Announcements**

K. Dennis – We are working on the new co-chair appointments and will present them at March meeting.

B. Jones – The Sanfoka Healing Weekend is set for March 25<sup>th</sup>. We are also creating an Ending the Epidemic taskforce. If interested, please contact: [jones.curtis.bryan@gmail.com](mailto:jones.curtis.bryan@gmail.com).

**Adjournment-** Motion: J. Mazo

Seconded: T. Marbury

#### **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>	<b>20</b>	<b>20</b>								
2	Tina Marbury	<b>0</b>	<b>20</b>								
3	Stephanice Washington	<b>0</b>	<b>0</b>								
4	Faith Ross	<b>20</b>	<b>20</b>								
5	LeAnder Lovett	<b>20</b>	<b>0</b>								
6	William Simpson	<b>0</b>	<b>0</b>								
7	Tracy Johnson	<b>0</b>	<b>0</b>								
	<b>Total in Attendance</b>	<b>3</b>	<b>3</b>								

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

**Attendees:** B. Aguriano

**Staff:** M. Halko, A. Bailey, Z. Levar, S. Harris, T. Mallory