

Cuyahoga Regional HIV Prevention and Care Planning Council

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



Combined Executive and Full Planning Council Minutes Wednesday, February 16, 2022 5:30 pm to 7:00 pm

Start: 5:34 pm

End: 6:59 pm

Co-chair: B. Kimball

Moment of Reflection

Welcome and Introductions

Approval of Agenda: February 16, 2022

Addendum:

Motion: N. O'Neal Seconded: C. Barnett
In Favor: All Opposed: 0 Abstained: 0

Approval of the Minutes: January 19, 2022

Addendum:

Motion: C. Droster Seconded: C. Barnett
In Favor: 27 Opposed: 0 Abstained: 1- M. Robinson-Statler

FLU & COVID-19 UPDATE

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

Overall, countywide, we are at about 70 cases per 10,000 since before when we were over 1,000 in one day. We still want people wearing masks until rates drop more. Of the 75% hospitalized and that died, most were unvaccinated. The majority of older people have received all their doses and only about 25% of kids, ages 10-11, so we are still encouraging parents to vaccinate kids. We need to keep pushing boosters as they give an extra boost of protection. We have been hearing about people saying flu and Covid are the same and they do not need vaccinations. We average 22 flu deaths, compared to Covid at over 300,000 so this is clearly not the same. Tests are now available everywhere including online at Covidtest.gov. You can also get up to eight, free tests over the counter every month. There are also good masks available at department and drug stores.

Brian Kimball, Interim Director, City of Cleveland

We do see a decline in cases compared to last month. For the seven-day period, we averaged around 40 new cases per 100,000, which puts us in moderate transmission. We are still recommending all to continue masks, good hygiene, and social distancing in large crowds. In Cleveland, for the NBA All Star Weekend, we have been holding clinics at standing locations. Additionally, J. Glenn (east) and Mc Cafferty (west) have extended hours promoting vaccines for younger children ages 5-11 and through contributions from the NBA, there are incentives for first, second, and booster vaccinations. The incentives vary from tickets to Monster or CAVS games including some for the upcoming All Star Weekend. On Friday, we will be working with the NBA at a venue in Tower City. Giveaways will be available there as well, so if you or anyone you know is interested, please try to attend.

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

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We have seen the big surge go down. Before that, hospitals had stopped elective surgeries but now they are back up and ongoing. We still emphasize the importance of getting boosters. It does not completely prevent mild cases of Covid but it is the best thing to do to keep you out of the hospital.

***Question: N. O' Neal** - Seeing that CA is ending mask mandates even indoors and relaxing requirements is that a concern?

***Response: T. Allan** - CA vaccination rates are higher and their general compliance is higher than Ohio. A high vaccination rate is a good way to help prevent spread. As our rates drop, we may see changes in our mandates.

***Comment: B. Kimball** - Those were CA mandates what we are doing is making recommendations.

***Comment: S. Harris** - People should do what they need to protect them themselves.

Grantee Report – February -Planning Council

1. Recipient Report
 - a. ODH State Integrated Plan – ODH and Part A held Region 3 outlying county discussion on 1/31, will host another on 2/3 from 1:30 – 3:00 – please reach out if interested in representing an outlying county
 - b. Clinical Quality Management Committee- currently working on CQM plan revisions for 2022
 - c. ODH Sponsored Needs Assessment - ODH conducting key informant interviews
 - d. Most recent CCBH HIV Services Newsletter available at: <https://www.ccbh.net/ryan-white-provider-resources/>
 - 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; last meeting held 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** – have received first partial award for Part A for FY22, remaining balance of award can arrive anytime between now and May
 - 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/>
 - U=U campaign ad now featured on homepage of www.TargetHIV.org
 - l. 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

- **Integrated Plan Update** - We started hosting outlying county discussions that we co-facilitated with ODH. The purpose of these discussions is to gauge resources and gaps in care in outlying county. Cuyahoga County has the brunt of the population we serve, but we want their feedback and Vino, Melissa, and ODH held very productive conversations with those counties.
- **Upcoming Clinical Bias Training** – February 24, 2022. This is a Part A directive for Part A providers only as a way to maintain an open conversation with them in a safe space. Other trainings ongoing.
- **Part A Clinical Provider meeting** - The meeting was held on Jan 5, 2022 to speak with case managers on barriers and allow input on training opportunities for them. The next meeting will be in April.
- **Part A Funding** – We received the first partial award for FY2022, March 1-Feb 2023 and the balance should arrive anytime between now and May. We are starting to contract with providers over the next couple of weeks with providers.
- **EtHE** – We are excited the U=U campaign has been funded one ad is now posted on HIV.org, the landing page for all RW services across the nation. This was in conjunction with National HIV Aids day and we are happy Cuyahoga County is receiving national highlight.
- ***Question: B. Jones** – Is U=U on the county website?
- ***Response: Z. Levar** – Yes, it has gone through an overhaul, but we are re-imaging what our HIV services page will look like. We have been pushing loveleads.org, making it more apparent.

Fiscal Report – Z. Levar

- *FY2021 Part A Grant:*
- *Current Expenditure split - 79.84% Core - 20.58% Support*
- *Expenses are at 70.43% for 9 months (75% target)*

For expenditures through November, we were at 74.3% of grant, goal to be at 75%, so we are trending slightly below. This is also the first month to see the adjusted amount before reallocations. Also now reviewing January invoices. Award split still in the safe zone. During the month of February, we do allow movement, so providers can spend down their funds in February.

***Question: T. Allan** - What about the 40% for oral health?

*Response: Z. Levar – It is obviously low, we did not take money out of oral health and we tried to accept more exceptions, as was mentioned today in the provider meeting. We usually wait until the end of the year to grant them. We will look at granting those exceptions in the beginning of year. We may spend more in oral health that way, as that is something to keep in mind when allocations come up.

Medicaid Update – C. Nicholls

The public health emergency mandate is still in effect for not closing anyone out for Medicaid. Please continue to submit information and encourage people to complete renewals. We also expanded in-person service at the Virgil Brown Center.

Ryan White Part B Update – K. Ruiz

No updates.

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

We participated in the Community Development budget hearings. HOPWA will receive \$200,000 additional dollars and we are excited about that. We will keep you posted on how the timeframe works out for the upcoming year.

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***Question: S. Washington** - Is that money to open more housing for PLWH or prison?

***Response: J. Citerman-Kraeger** – It is possible, but cannot for sure say yes. We will have to determine after request.

Planning Council Operations

Open Meetings Legislation Update – T. Allan

We initially worked out remote meetings for our committee in order to avoid spreading. Now there is legislation through House Bill 51 before the governor (which he has signed) that will allow meetings to remain remote through June 2022. We will keep you posted on any further updates.

Monthly Report from HRSA Project Officer – S. Harris

We had our meeting this week, we reported as usual, and talked about the QI committee and the upcoming oral health providers meeting held today. Under the great leadership of QI chairs, Jason McMinn and Robert Watkins and the CLC committee, led by chair, Naimah O’Neal, a deeper dive into oral health was taken which helped planning council understand how providers do their work. HRSA was impressed about this effort and ask for a report next month. We also talked about the Needs Assessment, as we will be looking at having more conversation on our current process to make sure we can satisfy our HRSA (Health Resources Services Administration) requirements that they want PC to do. We also updated them on our priority process, which is underway, and our membership progress.

***Comment: V. Panakkal** – We will present a Needs Assessment update at next month’s S&F meeting for those interested in attending.

Co-Chair Appointment Announcement or other updates – S. Harris

They will announce the new co-chairs at the March full PC meeting.

Epi (Epidemiology) Data Presentation – V. Panakkal

This is a brief presentation than normal, but we will get a map out to PC to review and can come back later for a more in depth update. These are some of the highlights from the current Epi data:

- **HIV prevalence data** – Ending 2020, 6,045 for prevalence, males in general, 80%, African American males 39%, trending the same across the state.
- **Incidence data** - At the end of 2020-, there were 233 new cases, a 21% increase from 2019. Shocked by numbers as thought numbers would go down, due to Covid, and we were the only region that saw that increase.
- **Highest numbers** – The 20-24 year age group.
- **Populations most affected** - The trend stayed the same. But big increase in cases, overall, maybe due to similar symptoms experienced with Covid as with HIV, more couch surfing, loss of jobs, homelessness, etc. This was also first year CCBH took over the Prevention grant, as throughout 2020, they were seeing higher positivity rates. We are hoping when large slides come out, we can do a deeper dive into what is trending.
- **Data from 2019-20** – The number of new cases 20-24, went from 42-55. Also, unusual, was the very high amount of new cases with transmissions labeled “unknown”, however, this should be taken with a grain of salt. For now, these are things seen for 2020.

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***Question: J. Patterson** - Always thought that "Other/unknown" rates are like a proxy for HIV stigma. (i.e., folks don't want to disclose their risks.)

***Response: V. Panakkal** - It just seemed unusual that it spiked significantly, it may not be.

***Comment: Dr. Gripshover** -The state takes too long, our internal data always has way less unknown.

***Comment: V. Panakkal** – Yes, internal data always takes long a time.

***Question: T. Allan** - Thanks for your presentation, V. Do you know if the overall testing rate is up, down, or the same by county?

***Response: V. Panakkal** – We will talk to ODH and see, as it was thought since testing it was about the same and not increasing. Of the 223 new cases, 37 received positive diagnoses in their initial test.

***Comment: T. Allan** – Thanks, V.

***Question: N. O'Neal** - Do you think maybe people sharing the virus with new cases are people not on stable medication, which makes the virus more advanced and aggressive?

***Response: V. Panakkal** - That could be the case as 2020 had a huge impact on people getting into care.

***Comment: J. Patterson** - Anecdotal across the country said overall HIV testing rate was lower.

***Comment: T. Allan** – Thanks, Julie.

***Question: B. Jones** - Looking at new cases, are the majority specific zip codes and, if so, how will molecular surveillance address this?

***Response: V. Panakkal** – We will get data and do mapping with larger presentations.

***Comment: J. Patterson** - Thanks, V. - mapping would be awesome. Listed are a couple maps from CCBH by the Overdose Data to Action team that give a good indication of where people are using drugs. Link info: 1. https://www.ccbh.net/wp-content/uploads/2022/01/Drug-Overdose-Death-High-Burden-Area-Analysis_CHS_2021.pdf 2. https://www.ccbh.net/wp-content/uploads/2022/01/Drug-Overdose-Death-High-Burden-Area-Analysis_CHS_2021.pdf.

***Comment: B. Jones** - With EtHE funding, we can we tailor this to epidemiology to meet that.

***Response: V. Panakkal** - That is the plan. When doing data prevention, folks are aware and are trying to do their best to target services to those zip codes most impacted.

***Comment: B. Jones** - We need to be more in tune with the integrated plan as a PC, we are missing that opportunity.

***Response: Z. Levar** - With EtHE (Ending the HIV Epidemic), both care and prevention is geared to more innovative strategies to provide care. The goal to target populations with high prevalence in zip codes is more so on Prevention. The second piece is what we are trying to do with the integrated plan in getting outlying counties more involved.

***Comment: B. Jones** – We also need more to engage more community-based populations, and if we would address them from a racial lens, we have to meet people at those intersections.

***Response: V. Panakkal** - Kate at ODH, has been hustling to have conversations with ASO's in the state and they are trying to engage with those organizations. Also on the molecular survey, that does more on the state level. They may be looking for clusters not based on locations.

***Comment: B. Jones** - Lots can be seen by zip codes. We also need a vehicle in place to bring the community into meaningful conversations, as some cannot even get regular testing.

***Response: V. Panakkal** - We will see if there is a way and take feedback to see what they can do. Prep data is a challenge.

***Comment: B. Jones** – That is why we must utilize those who are a part of that community, if we can't gather tangible data, we are just swimming in the sea.

V. Panakkal – We will get more data and come back to do another presentation.

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Housing and Income Anti-Discrimination Legislation - R. Sikes, N. O'Neal

Many governments have recently declared racism as a public health crisis and Cleveland City Council has begun working on legislation addressing racism. In our CACE group, (Citizens-Advisory-Council-Equity), we are working to put urgency into passing this legislation and this presentation is given to provide an overview of the proposed housing and income legislation, housing and income discrimination practices, and strategies to increase legislation behind this cause.

Goal of Housing and Income Anti-Discrimination Legislation

Recently proposed legislation, in collaboration with Cuyahoga County and the Cleveland Health Department, seeks to make tenants using Section 8 housing subsidy a protective class. The resolution made to end housing and income discrimination that came out a year and a half ago, gives protection and a little more power and ability for tenants to express discrimination practices when experienced.

H&I Discrimination Practices

People who utilize housing vouchers tend to have limited housing opportunities, or have no choice but to live in neighborhoods, redlined years ago and are unsafe, unclean, and have dilapidated or uninhabitable properties. Source of income protection would make tenants a protective class of people and make it illegal for landlords to discriminate, at both the county and city level.

Strategies to Increase Legislation Efforts

S. Harris – We can think about those in the housing expert realm that can speak to the groups so our committees are well informed on housing process, such as EDEN representatives, so as we prepare to support legislation we are well informed as possible.

***Comment: N. O'Neal** – On Monday the 14, several of us from the CACE group went downtown to the County Board of Health building on East 9th street and met with the Cuyahoga Advisory on Economics. This involved a group of citizens from different walks of life, offering a more personal perspective. This has an impact on PLWH, as it affects them getting care if they do not have a place to lay their head. This legislation needs to happen because people should not have to live in unsafe neighborhoods because landlords don't want to deal with vouchers, or want to accept them. If people can prove discrimination, there could be fines involved. The meeting ended with the message when the community is unhealthy, everyone is unhealthy and it benefits the community in staying healthy. It is not just about a voucher but also about people not having to live in food deserts, no transportation, etc.

***Comment: B. Jones** – Some landlords have problem putting ads in the paper because they have to be approved to accept Section 8. A process may not work as landlords can just say they don't want it.

***Comment: N. O'Neal** – There needs to be education and talking about Section 8. It won't be an easy fix, but we need to start somewhere. Maybe more vouchers, increasing income, or campaigns on what a voucher program really is and educating those who get vouchers.

***Comment: B. Glass** - Looking at the whole program, it needs to be overhauled. Landlords have problems getting approved, but those properties that get approved are often horrible. The whole system, not with just landlords renting but also inspectors, maintenance and repair services, and mortgage companies.

***Comment: B. Jones** – The definition of safe and affordable housing is working utilities, appliances, etc., whereas the real definition is neighborhoods where we are forced to live and if you have a substance abuse issue, you may be out in 30 days and then it becomes a circle drama.

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N. O’Neal - Roger will present to CLC next month. If anyone wants to come, let us know you want to share input on this. We need to start somewhere like we did with oral health, knowing nothing worthwhile is an easy fix but, hopefully, it will happen in my lifetime. If not, it is important to, at least, begin putting something in place so the next generation will have a foundation that may be better.

S. Harris – Thank you Roger and Naimah for that great presentation!

N. O’Neal - Thanks to Roger, it was a good meeting.

For more information on CACE: <http://bc.cuyahogacounty.us/en-US/Citizens-Advisory-Council-Equity.aspx>

Motion: To table the remaining agenda until the next Full PC meeting on March 16’ 2022.

Motion: N. O’Neal Seconded: T. Allan

In Favor: All Opposed: 0 Abstained: 0

Motion passed.

Training Schedule for 2022 – Tabled.

Committee Reports – Tabled.

Community Liaison Committee (CLC)

Strategy & Finance (S&F)

Membership, Retention & Marketing (MRM)

Quality Improvement (QI)

HIV Prevention (Prevention) – Tabled

Public Comments

S. Harris – We will be circulating the required County commission forms for new appointees. Please complete and submit them soon as possible, as we need them back by Monday, February 23, 2022 and our deadline to respond is the 27th. This is for the six re-appoints and the eight new members.

Announcements

B. Jones – The Sankofa HIV Initiative is having a Healing Weekend, March 25-27, which will focus on creating a PLWH HIV Epidemic task force. We looking to see how we can be more involved with meeting deliverables.

N. O’Neal, M. Jackson-Rollins – The We Think 4 A Change, advisor group is hosting a webinar in April, focusing on taking care of your final wishes while you still are able to make those decisions. Also Women We Think 4 A Change, is having an event for Women LWHIV, talking about the journey of stigma and life journeys from a social work point of view on family members, mental health, etc. We will send Sharon a flyer and if you click on the link you can apply there, both are webinars. For Women’s group, they are offering a \$25 gift card for sharing. They should both be thought provoking conversations.

Adjournment

Motion: N. O’Neal **Seconded:** F. Ross



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Attendance

	Planning Council Members	Jan	Feb	Mar	Apr	May	June PSRA	Aug	Sep	Oct	Nov
1	Kimberlin Dennis – Co-Chair	20	20								
2	Terry Allan – Co-Chair	20	20								
3	Brian Kimball – Co-Chair	20	20								
4	Clifford Barnett	20	20								
5	Uleta Carter	20	20								
6	Jeannie Citerman-Kraeger	20	20								
7	Michael Deighan	20	20								
8	Clinton Droster	20	20								
9	Billy Gayheart	20	20								
10	Brenda Glass	20	20								
11	Barbara Gripshover, MD	20	20								
12	Deairius Houston	20	20								
13	Tracy Johnson	0	0								
14	Bryan Jones	0	20								
15	LeAnder Lovett	20	20								
16	Tina Marbury	20	20								
17	Jeffrey Mazo	0	0								
18	Jason McMinn	20	20								
19	Christy Nicholls	20	20								
20	Naimah O'Neal	20	20								
21	Julie Patterson	20	20								
22	Chris Ritter	0	0								
23	Marlene Robinson-Statler	0	20								
24	Faith Ross	20	20								
25	Karla Ruiz	20	20								
26	Peter Scardino	0	0								
27	William Simpson	20	0								
28	David Smith	20	20								
29	James Stevenson	20	20								
30	Joye Toombs	20	20								
31	Robert Watkins	20	20								
32	Stephanice Washington	0	20								
33	Leshia Yarbrough-Franklin	20	20								
	Total in Attendance	26	28								

PC Attendees: M. Jackson-Rollins, S. Dumas, K. Hill

Staff: M. Halko, L. James, V. Panakkal, Z. Levar, R. Sikes, S. Harris, T. Mallory