

Cuyahoga Regional HIV Prevention and Care Planning Council

Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina

Clinton Droster, Clifford Barnett - Co-Chairs

Strategy and Finance Committee Minutes

Wednesday, March 2, 2022

1: 00 pm to 2:30 pm



Start: 1:23 pm

End: 2:36 pm

Co-chair: C. Barnett

Moment of Silence

Welcome and Introductions

Approval of Agenda: March 2, 2022

Addendum:

Motion: N. O'Neal - Seconded: C. Droster

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

Approval of the Minutes: February 2, 2022

Addendum: Per Julie Patterson's request, the statement under the PSRA work group update, "to take a closer look how to fund certain "flagged" service categories", was amended to read.... "take a closer look and discuss certain flagged service categories..., (rather than fund)."

Motion: C. Droster Seconded: N. O'Neal

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

Grantee Report - March 2022 – Planning Council

1. Recipient Report
 - a. ODH State Integrated Plan – shifting to monthly meetings through June, most recent meeting had EHE updates given by Community Solutions and select funded entities in each of 3 regions
 - 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. FY2022 trainings held by Grantee with help of AETC/Gilead:
 - a. **(PC Directive)** Clinical Bias Training – February 24th
 - b. Stigma Training – TBD
 - c. **(PC Directive)** Cultural Competency for Dental Providers - TBD
 - f. Part A Medical Case Manager Network Meeting - meets quarterly with Part A MCMs to provide CM specific training and discuss 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; all direct service provider partial contracts were sent out on March 1st
 - j. **Ending the HIV Epidemic Funding** - The following projects are continuing in FY2022:
 - a. Social media campaigns (topic TBD)
 - 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:

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-Anti-Stigma campaign: <https://www.loveleadshere.org/yourewelcome/>



Administrative Update- Z. Levar

Integrated Plan is going forward, ODH to move to monthly instead of bi-monthly meetings. The Feb 24th Clinical Bias Training by CSU presenter, Stacy Liam, was well received and initiated feedback on identifying new training ideas going forward. We are also working on a Stigma training. RW service reports for Parts A, B, C, and D in progress, ahead of schedule, and close to completion. The first quarterly Prevention Committee meeting for 2022 is today, March 2, 2022, from 4-5:30pm. We received Part A funding first partial award for 2022, which is one third of the grant. We sent direct service contracts out with the partial award, as HRSA ordered contracts to go out earlier in the year. Being in compliance, we initiated those contracts, so providers have them by end of March.

Fiscal Report Review - Z. Levar

FY2021 Part A Grant:

Current Expenditure split - 79.18% Core - 20.82% Support

Expenses are at 77.89% for 10 months (83.33% target)

We reached out to Home Delivered meals and it looked like it was an influx. The goal is to push \$80,000 of the internal budget for providers to use and we are on target trying to make best use of that money.

***Question: C. Droster** – Is it due to Covid why legal services are over-utilized?

***Response: Z. Levar** - We are on par, but that may be something to think about more closely by PSRA. We gave legal services funding for eleven months. We will not get a bill in February because they acquired other funding for the final month. Their goal was to leverage local funding, but it may be an issue going forward. If that serve is important, Planning Council might want to consider funding it for the entire year.

New/Old Business

Data Presentation #3 – CDPH – Housing – J. Citerman-Kraeger

HOPWA Overview - (Housing Opportunities for Person Living with HIV/Aids began as part of the Cranston-Gonzales National Affordable Housing Act. HOPWA, funded under HUD (Housing and Urban Development), considered housing a health care issue. HOPWA, which helps low-income individuals secure housing, receives automated, regular awards for the Cleveland Metro area as a formula grantee, through eligible applicants. It covers Cuyahoga, Geauga, Lake, Lorain, and Medina counties (it does not cover Summit) and currently funds seven programs, six in the Cuyahoga area.

Programs/Program Partners:

- PHP program that provides first month rent and deposit
- Workforce Development Program that began last year
- A facility-based housing program, not funded in Cleveland area

Partners:

- AIDS Taskforce
- EDEN (Emerald Development & Economic Network) a tenant-based, long-term housing program also currently doing hotel, short-term housing program
- Nueva Luz
- Ohio Means Jobs Cleveland-Cuyahoga (OMJ/CC) provides training and apprenticeships to clients and family members. The application, done in union with a housing case manager, connects clients to the program.

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- Joseph's Home – Provides services to a small group of people with fragile medical issues, doing remarkably well in a short period.

Housing Outcome Data:

All clients must have a housing plan if served by HOPWA, only. If not, they can apply for the ARAP program for utilities and a case manager must assist them. Income is not required but it is necessary in order to provide the percentage of income contributed to housing.

Agencies Receiving HOPWA Funds:

AIDS Task force

EDEN gets \$720,000 overall

Tenant- based assistance largest this year for \$455,000 as first month rent is no longer one month, but first, last, and additional rent, due to Covid.

Nueva Luz – specializing in the Latino population received \$365,200 overall.

Ohio Mean Jobs – This went down to \$75,000 from \$85,000 and pays salary and benefits for one case manager who works very intensively on behalf of our clientele.

Joseph Home – They were funded \$33,000 for medically fragile men with no housing to address their needs and homelessness. It can range from 3-12 months, and is part of the acute case management.

Cleveland Department of Public Health – Funded \$53,219 to use for administrative office costs, using 3%, to cover a finance person who processes all reimbursement expenses.

***Question: J. McMinn** – What is acute housing?

***Response: J. Citerman-Kraeger** - Acute case management is not entirely short-term but specifically for Joseph's home, different from housing provided through Nueva Luz, that is what makes it acute.

***Question: C. Droster** - Which agency serves Ashtabula and Summit?

***Response: J. Citerman-Kraeger** – I believe Equitas serves Ashtabula area.

***Comment: V. Panakkal** – Probably Equitas does Summit, as well.

***Response: J. Citerman-Kraeger** – We will verify on that. There is a stream of Ohio funding that goes outside the three Metro areas, so Summit and Ashtabula could fall in that, and that Equitas applies for that funding because they are not included in HOPWA.

S. Harris – Following the meeting, today's HOPWA presentation will go out to everyone.

Data Presentation #4 – Consumer Needs Assessment – V. Panakkal

Listed are some recaps from the Needs Assessment report, now finalized and very lengthy.

ODH contracted to do a statewide needs assessment of PLWH (People Living with HIV) and PHR (People at High Risk for Infections). They then conducted focus groups and surveys to PLWH and People at High Risk of infections (PHR). Takeaways:

- Two hundred four (204) PLWH responded with Ohio having the highest number of respondents.

Getting responses and input from people under the age of 30 has been a big issue.

- Respondent Profile – Fifty-nine (59%) of respondents reported being virally suppressed

- Out of Care – It was interesting 50% reported as non-binary, so we may do deeper dive on this. Across the state when looking at OOC, only 23% responded and the second reason for that low response was that some PLWH do not like thinking about HIV.

- Basic Needs – It was surprising food was number one at 39%, hard to know if due to Covid's impact.

- Unmet Needs – Peer navigation was highest at 74%, surprising to see this as not needed.

- Social Support and Related Needs- Needs or opportunities to get together like for trips at 32%, but for things not needed, peer navigation at 70% and 62% for support groups for PLWH.

- Substance Use – For non-prescribed medication use, 31% reported.

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Comorbidities (multiple medical issues) – The top was high blood pressure 26%, mental diagnoses 17%, and STI diagnoses at 12%.

Mental Health – Not able to afford mental health service was 41% and the long waiting period was 38%.

Retention in Care – Those seen by a medical provider was 79%. It was interesting that on the PHR side, the region had the lowest percentage of PHR who worry about the risk of getting HIV in the entire state.

***Question: N. O’Neal** - Any reason why for unmet needs?

***Response: V. Panakkal** – There were no follow-up questions on this. One thought could be if most respondents, age 35 and up responded, maybe at that age they do not feel they need much assistance. If we are able to do another survey, we will suggest using the peer navigation piece more to get this out in the future. There is a ton of data in this survey, but we just picked what seemed most interesting. We can always take a closer look at something, if requested.

***Question: J. Kelly** - How useful is peer navigation during COVID?

***Response:** - If you go to a support group that is like spending time with peers.

***Comment: J. Patterson** - This morning, Laurie Rickert said that ODH funds peer navigation as part of the Health Education/ Risk Reduction (HE/RR) service category. It is a different way of thinking about it (in my opinion) and I wonder if the general population of PLWH see it that way?

***Comment: J. McMinn** - At some level in PC, we should tease out these thoughts of peer navigation.

***Comment: J. Patterson** – Also, almost 50% reporting substance use, but don't want/need substance abuse related treatment.

***Comment: B. Gayheart** - Substance abuse issues could be the simple fact that "weed" is so "normal".

***Response: V. Panakkal** – These stats show interesting data and we may look more into this as some of this is acknowledges this is an issue and people need help.

***Comment: C. Droster** – Perhaps those out of care do not know what being sick with HIV means.

***Comment: S. Harris** – Or, people may know they have issues and are okay with them.

***Comment: V. Panakkal** – They also have multiple things to cope with, so, it is a complex issue.

***Comment: C. Barnett** – The missing link in all of this is youth, considering that they make up a huge part of new diagnoses. Do we have any strategies to target that audience?

***Response: V. Panakkal** – We had advocated to ODH on this, that youth are significant and that maybe we should do a survey geared towards them. If there is another assessment, we will advocate again.

***Response: C. Barnett** – Agreed, we have to find a way to engage them.

S. Harris - Thanks to CLC for helping get this done in our region. We must find the best strategies to motivate youth and get them involved.

C. Droster - Thanks for the information, Vino! Yes, very Interesting.

Progress Report from the PSRA Work Group - Tabled

Begin Priority Setting for Non-Funded Ryan White Services- Tabled

Standing Business

Training Opportunities for S&F Committee Members - Tabled

Parking Lot - none

Announcements - none

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Adjournment

Motion: J. McMinn Seconded: C. Droster

Attendance

	S & F Members	Jan	Feb	Mar	Apr	May	June PSRA	Aug	Sep	Oct	Nov
1	Clinton Droster, Co-chair	20	20	20							
2	Clifford Barnett, Co-chair	20	20	20							
3	Michael Deighan	20	20	20							
4	Naimah O'Neal	10	10	10							
5	Julie Patterson	20	20	20							
6	Jeff Mazo	0	0	0							
	Total in Attendance	5	4	5							

PC Members: K. Dennis, J. Citerman-Kraeger, B. Gayheart, J. McMinn

Attendees: S. Dumas, J. Kelly

Staff: V. Panakkal, Z. Levar, S. Harris, T. Mallory