

Cuyahoga Regional HIV Prevention and Care Planning Council

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

Naimah O'Neal, Faith Ross – Co-Chairs



Community Liaison Committee (CLC) Minutes

Wednesday, May 4, 2022

12:00 pm to 1:00 pm

Start: 12:03 pm

End: 1:02 pm

Facilitator: N. O'Neal

Moment of Silence

Welcome and Introductions

Approval of Agenda: May 4, 2022

Addendum:

Motion: P. Scardino

Seconded: K. Dennis

Vote: In Favor: All

Opposed: 0 Abstained: 0

Approval of the Minutes: April 6, 2022

Addendum:

Motion: C. Barnett

Seconded: F. Ross

Vote: In Favor: 9

Opposed: 0 Abstained: 1 - S. Washington

New/Old Business

Update of Consumer Survey Feedback – N. O'Neal

We are doing very well with the survey. So far, we have 67 responses, not including the ones from today, which will make it approximately 70. Right now, 40 went online, the difference of 30 done manually. Listed is the feedback from the survey questions, based on their importance.

Ques #1 –Primary Care for PLWH - 95% responded, most very important

Ques #2 – Dental Care-40 responded, majority extremely important, 5 very important

Ques #3 – Mental Health Care -29 responded, majority extremely important

Ques #4- Medical Case Management -32 responded, extremely important

Ques #5 –Medical Nutrition Therapy - Only 18 responded extremely important, in order of priority, this falls lower.

Ques #6 –Outreach & Early Intervention - 26 responded, extremely important

Ques #7– Home Healthcare Services - 21 responded (slightly over half), extremely important, three, not important

***Comment: N. O'Neal - That may be because they are healthy. If ill, it may have been different.**

Ques #8 – Medical Transportation -25 responded; extremely important

Ques #9 – Emergency Financial Assistance (EFA) – 29 responded, extremely important

Ques #10 – Non-Medical Case Management -67 (more than half), extremely important

Ques #11 – Psychosocial Support Services - 28 out of 40 (majority), extremely important

Ques #12 – Food Bank/Home Delivered Meals - Seven (7), very important, 10 somewhat, two (2) not important, and less than half, extremely important, making this low in order of priority.

***Comment: N. O'Neal - Some may be working, not needing food bank, as they can afford food.**

Ques #13 – Legal Services Assistance - 21 extremely important, 10 very important, one skipped

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Ques #14 – Other HIV Health-Related Needs - Most said they like their provider or need more housing assistance, 24 skipped, and one said they take surveys but never get feedback.

Takeaways

N. O' Neal - This is for priority setting mostly, but maybe we should do a summary of why we are doing this, so they understand the survey.

S. Harris - We also need to focus on telling them what the outcome was, and how we will use their feedback. We will prepare a draft for committee to consider.

K. Dennis - That may also encourage them to respond and want to do them next time.

C. Barnett - This was a good turnout, and it is good to do summaries, as they showed interest. We hope to continue to do this type of feedback for S&F planning.

N. O'Neal - The goal was 100. We are close and, even so, better than the oral survey. It seems easier to do this online with the link, but if that does not work for some, you can print out a hard copy and email it to Sharron. Overall, we are excited about the turnout.

Progress Report from the Linkage to Care Workgroup- N. O'Neal

We did very well in creating a linkage to care document and we are now thinking of its use. We are working with Zach in our next phase as a group: Naimah, Faith, Robert, Jason, Billy, Thomas, Tina, Clifford, and Jeff. We are proud of the group, as they stayed on track and worked hard. Robert was very instrumental in creating, revising, and combining the document into one form, based on information taken from the *Ryan White Screening Form, Ryan White Medical Case Management Psychosocial Assessment Form, and the Linkage to Care Checklist*, for case managers to use as an intake tool. It was later unclear as to the actual purpose of the document and its usefulness, as it may not replace what caseworkers currently do as part of the intake process. Professional case managers, Jason and Naimah, will pilot the form and provide some findings. This may be a form useful for newly diagnosed clients. It can be completed as part of the paperwork the client completes while waiting to see the doctor and once completed, the case manager can follow-up with the client on needs identified on the form. This would be a simple way for people, when visiting a medical provider, to check off areas of specific/immediate concern for follow up with a case manager.

Takeaways

***Comment: K. Dennis** - This is awesome. When you when go to the doctor and get a clipboard, this would be a great tool to fill out to address your needs because if you don't say anything, no one will offer. With this, people can at least acknowledge their needs, knowing someone will get back to them later.

***Comment: S. Washington** – This is a good form, and it will help others.

***Question: C. Barnett** - How long will it take to roll out?

***Response: N. O'Neal** - Maybe June or July or just do it for a month or two to get good data and then report back to group. It **will not** replace what we currently do for the comprehensive psychosocial assessment, but it will go a long way to keep people from falling between the cracks and, if we get good data, we can present it for possible use more broadly.

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***Comment: S. Washington** - It also helps people coming back in the community from prison, visiting doctors for the first time to know how they can get help.

***Comment: S. Harris** – We have to commend the workgroup, for their diligence, discussion, and creating this document. Robert starting by consolidating three forms into one and Jason cut it down to three pages of questions. We hope this will help link people to needed services.

***Comment: N. O' Neal** - There are many things we can do, so we encourage you to participate, if you have ideas, to bring them to the table. We will have to work hard, but we can talk through things, understanding some things can't be done now, but maybe later. Realistically, we have limits, but it's okay because we want this committee to be the "go-to" committee, starting here first as it relates to PLWHs and then going out. We should be the driver of what to do to help PLWH.

Update on Mandatory Confirmation Forms- S. Harris

We have four (4) Mandatory Forms that we must sign annually. They are:

1. Conflict of Interest
2. Code of Conduct
3. Confidentiality
4. Acknowledgement or receipt of the Ohio Ethic Law

We need to complete these four form every year for our records. If your name is not on the list, please sign and submit them to me or Toni. Only the signature page is needed.

We are also asking that you complete the *Committee Selection Form*. We use this form to document the committee you select as your primary committee for purposes of tracking attendance. Some of you never identified a committee of record or forgot your original committee selection. This will be proof for our records of your committee selection. You can always feel free to attend any meeting, and your attendance will be counted, but you get 20 points for attending your primary committee.

***Comment: K. Dennis** – There are two different sets of forms, the four mandatory and the one form for stating your committee of record (COR) preference.

***Question: S. Washington** - How to get the forms?

***Response: S. Harris** - We will email and/or mail hard copies out to those still outstanding. We have to comply with HRSA on this information.

***Comment: N. O'Neal** - Would like 100% of CLC completing these forms, and please just plan on doing this once.

***Question: S. Washington** – How is the committee to help formerly incarcerated with housing because many friends are in rehab and don't know how or where to connect into a program. We need to find out how to guide them instead of going on our own to help them, as is now.

***Response: S. Harris** –Based on the 14 membership categories, HRSA requires that a person recently released from incarceration will represent PLWH in this slot. Your experience and feedback representing this membership category, helps us to identify and address this population and the CLC committee is where we come up with ways to do this.

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***Response: N. O’Neal** – We should investigate that. Maybe we can put it on our agenda and figure out what we need to do, a workgroup, survey, or whatever.

***Comment: C. Barnett** – It is important we make sure everyone understand each committee, so they choose what best suits them.

Parking Lot Items - CLC Consumer-Focused Presentation- Tabled

Standing Business - Agree on CLC Committee work activity (if any) to be reported at the March 16, 2022 Executive & Planning Council meetings – N. O’Neal, We will report today’s updates at Full PC meeting.

Announcements – J. Kelly –Saturday, May 7 from 9am to 1pm I will be leading a personal and paper products drive for St. Augustine Ursuline Piazza. Link details: <http://ursulinepiazza.org>, and link to the Facebook notice and flyer: https://m.facebook.com/story.php?story_fbid=10160222076601468&id=667456467. You can also contact me at JaxKellyPSP@gmail.com for more information.

N. O’Neal – Women, We Think 4 A Change is sponsoring three upcoming webinars for women, July 9th in Cleveland, August in Columbus, Youngstown in September. For further info, please contact Naimah.

Adjournment- Motion: F. Ross Seconded: S. Washington

Attendance

	CLC Members	Jan	Feb	Mar	Apr	May	June PSRA	Aug	Sep	Oct	Nov
1	Naimah O'Neal, Co-chair	20	20	20	20	20					
2	Faith Ross, Co-chair	20	20	0	20	20					
3	Tina Marbury	0	20	20	20	20					
4	Stephanice Washington	0	0	0	0	20					
5	LeAnder Lovett	20	0	20	20	0					
6	William Simpson	0	0	0	0	20					
7	Bryan Jones	20	20	20	20	0					
8	Peter Scardino	20	20	20	20	20					
	Total in Attendance	5	5	5	6	6					

PC Members: K. Dennis, C. Barnett, C. Droster, B. Gayheart

Attendees: B. Aguriano, T. Moyel, J. Kelly

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