

Cuyahoga Regional HIV Health Services Planning Council

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



HIV Prevention Committee Minutes

Wednesday, March 2, 2022

4:00 pm to 5:30 pm

Start: 4:06 pm

End: 5:24 pm

Facilitator: S. Harris

Moment of Silence

Welcome and Introductions

Approval of Agenda: March 2, 2022

Motion: L. Cornell Seconded: C. Barnett

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

Approval of the Minutes: December 8, 2021

Motion: C. Barnett Seconded: J. Patterson

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

Review 2022-23 Prevention Meeting Schedule – S. Harris

Meeting schedule reviewed with no additions.

Review, Finalize & Vote on the 2022-23 Prevention PCAT

The committee reviewed to finalize and approve the 2022-23 Prevention PCAT.

***Question: B. Jones** - Are there other spaces for other developments?

***Response: S. Harris** - Yes, we just want a plan in place for what we want to do. At the beginning of each agenda, you can always make recommendations, just be cautious of time.

***Comment: B. Jones** – Make sure PLWH are present and involved in the conversation and community-based organizations. We need to see how to accomplish this more effectively because it is important for them to be included.

***Comment: S. Harris** - Let us know of people interested in joining the meetings.

***Comment: J. Patterson** – The yellow 2021 date at top should be corrected to read 2022.

Motion: To Approve the 2022-23 Prevention PCAT timeline as written.

Motion: C. Barnett Seconded: J. Patterson

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

Motion passed.

Prevention Program Update – Recipient Report – B. Eaton

We are in the final year of this cycle of state funding for Prevention. We expect the state will release a competitive solicitation this summer and we will then begin a competitive process to select CTR sites for 2023 going forward.

***Question: B. Jones** - What is CTR?

***Response: B. Eaton** - Counseling Testing and Referral, it is how ODH (Ohio Department of Health) designates sites for HIV testing.

***Comment: S. Harris** – We will get updates on this at the June meeting.

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***Comment: B. Eaton** – When we release the application, this group will be in the loop in making sure people are aware they can apply.

***Question: C. Barnett** - Will CTR sites perform testing?

***Response: B. Eaton** - A number have community outreach built in, but funds can be used to support clinic based and outreach services.

Introduce DIS (Disease Intervention Specialist) Staff – B. Eaton, R. McDade

B. Eaton – Currently, we have five DIS staff: Rachel McDade, Lindsey Akpo-Esambe, Ta’Juanna Simpson, Lajuanna White, and Clarence Williams. We have talked of expansion funds for 2022, going forward with plans to hire an additional person to replace Rachel. We are also looking to hire an additional six, three in the near future and the next three by the first half of this year. Nine staff members will focus on new HIV/STI cases and one will focus on re-engagement in care.

R. McDade- Thanks for this first meeting, looking forward to being involved, now just promoted to Program Manager and looking to get things going. Under the great supervision of Brandy, we have a great group of DIS staff who work hard to make sure people receive needed care in our Region. We are now just being patient as we work through things and people get to know us, but we are growing and looking forward to that.

***Question/Comment B. Jones** - Is something in place to hire people from the trans community to get them involved? We know the trans community is very much impacted. Maybe try to look at this programmatically to bring them up to speed for representation.

***Response: B. Eaton** - The jobs were posted in February. Anyone can apply, no degree attached. In our agency, there are numerous vacancies so recruitment has been a challenge. We use Indeed but there has not been targeted outreach to seek those individuals.

***Comment: B. Jones** – A lot of the time they don’t feel the community is welcoming. We should start to get some of the data on people going in emergency rooms to access PEP, and what that looks like in the demographics. The community may not be as aware as they should. We have heard instances where people went to emergency and then told to go to the clinic.

***Response: B. Eaton** – We will ask around internally to see what we have access to or if it is a possibility.

***Comment: B. Jones** - Maybe make it an education component as way of addressing. People need to know and feel comfortable asking for this.

***Comment: B. Eaton** - Some hospitals pushed back from emergency visits because it was outside of immediate situations or those persons did not appear to have an emergency. Both our UH and Metro partners have been open to their emergency process, but we can start conversations.

***Comment: S. Harris** – At the end of the day, the hospital has to make that commitment and have the resources in place.

***Comment: B. Jones** – This should be at the beginning of the day.

***Comment: J. Patterson** - Thanks to Brandy and Rachel talking about DIS. It is great to hear more on DIS and their ability to connect people to PrEP by building relationships.

***Comment: R. McDade** – This is something we all do, asking if they know their HIV status and if they had HIV testing. Depending on the answer, we follow up on that. Some people are not comfortable taking it or have reservations so we ask these issues and have had good results with PrEP follow-ups. We also work with Central Outreach who pushes PrEP. It also depends on where they live and where it is convenient, but we try to get them into these appointments and ask these questions. As far as PrEP goes, by the time it gets to us, it is usually too late as an option so we refer them through the www.loveleadshere.org campaign.

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***Comment: J. Patterson-** Working with Community Health Worker cohorts, is this something they could transition with DIS workers?

***Response: B. Eaton** – That is definitely an option and it goes back to our job recruiting efforts. The posting in February was for three DIS and then we would posted for more. We will make sure this is available for this group to disperse.

***Comment: B. Jones** – It seems PrEP would still be applicable, as PrEP education should still be in place.

***Comment: R. McDade** - It is mentioned in something we are talking about. We have conversations on this so they understand and can answer questions. It also opens up other things.

***Question: D. Houston** - Does it specify only agencies can administer?

***Response: B. Eaton** - Clinics can and emergency departments usually do in cases of assault or needle sticks. Other agencies can and do provide it, but it is time-sensitive. The push back on emergencies seems to be prioritization of other things in relation to that.

***Comment: D. Houston** – It would be good to get stats and demographics on who is asking on this, as it is not always good to choose who will get the tests. Some people lie, clients hear this and will not discuss further.

***Comment: B. Eaton** – Risk-based testing has downfalls and it’s hard to incorporate paperwork in funding. We are only in first year of this but we are always open to expansion and funding smaller organizations to implement universal HIV screening. The EtHE (Ending the HIV Epidemic) fund released in two categories, Care and Prevention and we had to incorporate things during the first year with focusing on hospitals and emergency departments normalizing routine screening. There are some opportunities for partners but we are not there yet. Year 1 ran June 1, 2021 through July 1, 2022 but we don’t know what the state will ask for Year 2, which starts August 1, 2022.

***Question: S. Harris** – Will it open for new organizations to provide?

***Response: B. Eaton** - Yes, but we have very prescribed details and a continuation process on what we have to do. By this spring or by next meeting we will have an update.

***Comment/Question: B. Jones** – From the federal level, they said engaging community-based agencies was a priority. Has there been something put in place and can we in this group help with that?

***Response: B. Eaton** -We have started having conversations on revamping the advisory group working in collaboration with EtHE care at our office. Folks in this committee would be a good fit and your networks.

***Comment: B. Jones** - Sankofa is doing a healing weekend, setting up a taskforce to look at each individual plan to see how we can help counties do meaningful work for PLWH and fill the gaps.

***Comment: C. Barnett** – We would also like to see more targeted messaging and numbers for those affected most such as youth, LGBT, black males, and maybe partner with communities who have good relationships with these populations.

***Comment: N. O’Neal** - In talking about messaging, if people are sexually active, they should be looking at this message, it means all. Operating in silos so much we forget other groups are getting the virus at larger rates. We are losing people by focusing but, if you are sexually active, you are the focus.

***Comment: B. Eaton** – It is about making people aware and informing them, regardless of their risk.

***Question: S. Harris** – Normalizing testing, is that the point?

***Response: B. Eaton** – The two streams of funding have different focuses. The point is getting medical providers to include HIV screen normally as opposed to if they decide you are at risk or you just ask.

Prevention – Highlight Local Programs (Signature Health) – R. Austermiller

This is in line with today’s conversation to find ways to increase availability of screening, particularly for opt-out screening. We are currently located in three counties and we have had an infectious disease

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service line since August 2018. We also have a RW program and clinical program for viral Hepatitis management and STI work done by STI providers who assist with treatment. We made a great amount of progress with screening increasing by about 25% for all adults in our MAT program and our Hep C results are virtually identical with HIV results. For positivity, we found one out of three people had untreated Hep C and were eligible for treatment and most were not immune to Hep C, A, or B. During ID Screening visits, we do not just talk about treating but also prevention and we have had good success getting people treated with Hep C. We have also had a few case vignettes on HIV, PrEP, and Hep C treatments. We continue to work on status-neutral screening programs and have started a new screening program for all adults who have a behavioral intake or diagnostic assessment.

***Comment: M. Jackson-Rollins** - Thanks for the presentation, are you all coming back to community?

***Response: R. Austermiller** – We have a location in Lakewood and a free, walk-in HIV, Hep C, and STI clinic up and running in Lakewood. Currently, we have had staffing trouble and will not do a community event again until we get more staff.

***Comment: R. Watkins** - Wonderful presentation, do you have demographics of this presentation?

***Response: R. Austermiller** – Not readily available, as we switched from Old Legacy to Epic so the data would be working with a couple different systems.

***Comment: S. Harris** – We will circulate the presentation to all.

Next Steps

To work on Narcan distribution and a syringe services program in Ashtabula County.

Covid-19 Impact Idea Sharing

***Comment: R. Watkins** – Had Moderna vaccination and booster but diagnosed again for positive Covid yesterday, more cold symptoms with Covid similarities, so keep masking, handwashing and distancing.

***Comment: S. Harris** – Hopefully, summer will curve it and we can get back to better conditions.

Presentation – Mandatory Confirmation Forms- S. Harris

As part of standard operation procedures for HRSA, we are asking each of you to comply with the expectations of our funder. Forms will go out tomorrow. If you have questions, contact me.

Next Steps

Next Prevention Committee meeting: Wednesday, June 1, 2022 at 4:30 pm.

Public Comment

S. Harris – The new co-chairs will be announced at full PC and our Prevention chairs will be in place by our next meeting.

Announcements

G. Shabazz - CWRU student, is working through a culminating experience, developing a social media campaign for adolescents, ages 18-24 years old and is looking for those who want to assist in this effort. If you are interested, please contact: Gabriel.Shabazz@case.edu.

Adjournment

Motion: R. Watkins Seconded: K. Dennis

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ATTENDANCE – MARCH 2, 2022

	Prevention Members		
1	Robert Watkins - X	21	Deairius Houston
2	Clifford Barnett X	22	Elizabeth Habat
3	Faith Ross	23	Karen Hill
4	Julie Patterson	24	L.C. Collins
5	Rachel Austermiller	25	Kate Burnett-Bruckman
6	Bryan Jones	26	Pam Weiland
7	Tina Marbury	27	Uleta Carter
8	Michelle Jackson-Rollins	28	B. Gayheart
9	Ahlem Zaaed		
10	Jeannie Citerman-Kraeger		
11	Rebecca Strong		
12	Christine Osborne		
13	Logan Boyer		
14	Emily Tighe		
15	Akeem Rollins		
16	Loretta Cornell		
17	Rickey Lewis		
18	Holly Phillips		
19	Corry Freeman		
20	Rickey Lewis		

Attendees: K. Dennis, N. O’Neal, C. Nicholls, C. Droster, J. Stevenson, K. Ruiz
J. Kelly, S. Dumas, G. Shabazz, J. McMillen-Smith, L. Wills, F. Allan

Staff: B. Eaton, M. Halko, Z. Levar, M. Kolenz, R. McDade, S. Harris, T. Mallory