CUYAHOGA COUNTY

BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

5550 Venture Drive Parma, Ohio 44130
216-201-2000 www.ccbh.net

FY 2023
Ryan White Part A
Provider Services Meeting

Agenda

Date: Thursday, March 23, 2023
Time: 9:00 AM – 12:00 PM
Location: 5550 Venture Dr, Parma, OH 44130 (CCBH)

I. Arrivals & Guest Badge Distribution *(8:45 AM – 9:00 AM)*

II. Welcome & Introductions

III. Provider Presentations

1. AIDS Healthcare Foundation
2. AIDS Taskforce of Greater Cleveland
3. Circle Health Services – The Centers
4. Cleveland Clinic Foundation
5. Division of Senior & Adult Services
6. Lorain County Health & Dentistry
7. May Dugan Center
8. Mercy Health
9. MetroHealth Medical Center
10. Neighborhood Family Practice
11. Nueva Luz Urban Resource Center
12. Signature Health
13. University Hospitals of Cleveland

IV. Questions

AIDS Healthcare Foundation

2023 RYAN WHITE PART A AND EHE – CLEVELAND TGA

Part A Funded Services

- The AIDS Healthcare Foundation is funded for Outpatient Ambulatory Health Services.

Outpatient Ambulatory Health Services

The goal of AHF's Cleveland Health Care Center (HCC) is to:

- Ensure all individuals living with HIV/AIDS has access to quality medical care per acceptable standards of care.
- Interrupt disease progression.
- Improve client health outcomes and promote healthy sexual behaviors.
- Ensure clients maintain improved or stable viral loads.

Comprehensive HIV Primary Care Services

- Both diagnostic & therapeutic services
- Medical history taking
- Preventative care & screening
- Early intervention & risk assessment
- Practitioner examination
- Diagnosis & treatment of common physical & mental conditions
- Lab work & diagnostic testing
- Prescription & management of treatment regimens
- Immunizations
- Management of opportunistic infections
- Disease monitoring
- Medication adherence monitoring and treatment adherence support
- Referrals to medical specialty care
- Oral health care & psychosocial services

AHF's Multidisciplinary Clinic Team

AHF's Cleveland HCC has four primary staff that assist Ryan White Part A clients:

- **Medical Director and Registered Nurse Manager**

In addition to the services previously mentioned, these two clinic staff members also provide access to antiretroviral therapies (ARVs), education and counseling on health issues, management of opportunistic infections, managing chronic conditions, among other services.

- **Patient Care Specialist 2**

The Patient Care Specialist 2 assists the Nurse Manager in providing direct client care to Ryan White clients.

- **Office Administrator**

The Office Administrator offers support to the Medical Director and Nurse Manager as needed, but performs general management of day-to-day administrative functions of the HCC and assists with the collection of data, client contact, and record management.

EHE Funded Services

- The AIDS Healthcare Foundation is funded for Medical Transportation.

Medical Transportation

AHF offers a Medical Transportation program where Lyft rides are given to non-virally suppressed clients and newly diagnosed clients to get to and from their medical appointments.

AHF's EHE Staff

AHF's EHE staff consists of a full-time Practice Manager. The Practice Manager assists clients by determining their needs for transportation to and from their medical appointments and getting them set up with a Lyft ride or another suitable means of transportation.

AIDS taskforce OF GREATER CLEVELAND

AHF AFFILIATE

CUYAHOGA COUNTY BOARD OF HEALTH
RYAN WHITE PART A
FY22 PROGRAM UPDATES AND SHOWCASE OF PART A SERVICES

PRESENTED BY:
CHERYL GLEESON, LSW
RW PART A NON-MEDICAL CASE MANAGER

Our Mission

The AIDS Taskforce of Greater Cleveland provides a compassionate and collaborative response to the needs of people infected, affected, and at risk of HIV/AIDS. This is accomplished through leadership in prevention, education, supportive services, and advocacy.

Who We Are, Who we Serve

- Founded in 1983, The AIDS Taskforce of Greater Cleveland (ATGC) is the oldest and largest AIDS Service Organization (ASO) in Ohio. We annually provide social and medical services to nearly 1,000 clients living with HIV and prevention services to over 25,000 at greatest risk for acquiring the virus that causes AIDS. Our organization provides a coordinated and collaborative response to HIV/AIDS epidemic affecting Northeast Ohio.

- Our geographic reach includes our TGA network of 6 counties:

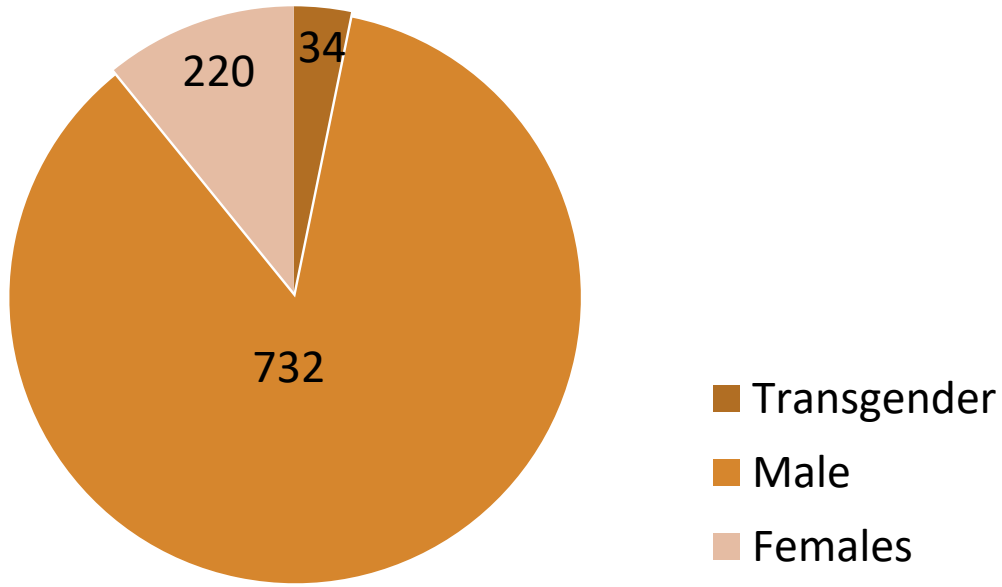
  Cuyahoga, Geauga, Medina, Lorain, Lake, and Ashtabula

Race/Ethnicity Demographic

- African American/Black-678
- Caucasian-203
- Muti-Race-16
- Asian/Pacific-1
- American Indian/Alaska Native-1
- Other/Undentified-87

- Ethnicity
  - Non-Hispanic: 919
  - Hispanic: 67

Gender Demographic



AIDStaskforce OF GREATER CLEVELAND AHF AFFILIATE

Ryan White Part A Services

- Food Bank/Home Delivered Meals
- Medical Case Management
- Medical Transportation Assistance
- Non-Medical Case Management

Food Bank/Home Delivered Meals Program

Provides a combination of dry goods, non-perishable and frozen items as well as nutritional staples essential to a clients diet. A home delivered food program is also available for clients who are housebound.

Clients can also receive the follo d items:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist.

Medical Case Management

•Provide direct services to assist clients with managed medical compliance by educating on managed medical care and medication adherence to achieve and or to maintain an undetectable viral load. Insures that client have easy access to medications and medical care.
•Complete assessments and create Individual Services Plans, focusing on medical and medication goals. Assist clients with obtaining medical insurance (ie; OHDAP, Medicaid, Medicare) and the Marketplace.
•Transportation assistance to and from medical appointments. Nutritional assistance in the form of food vouchers and pantry services.
•Will make appropriate referrals to medical and other resources if needed.

Medical Transportation Assistance

UBER

lyft

- Medical transportation services are provided by bus tickets/Para Transit, gas cards, ride shares, to enable a client to access medical care or other supportive services.
- The agency also provides transportation using the agency van to transport clients when needed.

Non-Medical Case Management

- Provides direct non-medical services for people living with HIV/AIDS: including delivery coordination of health care, care giver, mental health, housing services, medical transportation assistance and recovery services.
- Housing Advocacy provides services that assist in attaining/maintaining housing and facilitates transition to permanent, safe and affordable housing.

Intake

- Intake/Eligibility Specialist
  - Receives referral (self, hospital, agency, walk-in), all are addressed within 48-hours.
  - Conducts initial screening (in person, phone)
  - Collects all required eligibility documents (Proofs of residency, income, insurance and HIV (lab reports)
  - Completes initial assessment
  - Completes all releases of information

Once completed all information is forwarded to the Clinical Supervisor who assigns to case manager.

Case Manager schedules appointment with client to create an Individual Service Plan (ISP) to address request for service(s).

Additional Programs and Services

Provides the community with information on HIV/AIDS while offering testing and prevention services through our agency.

- Services include:
  - HIV Mobile Testing Unit: a mobile unit that goes out into the community to various locations to provide onsite rapid testing. Unit provide immediate linkage to care when warranted.
  - Men's Support Groups: Support and education for people living with HIV and AIDS.
  - Women Support Group: Resuming Spring 2023
  - Pantry Services: Operates Monday to Thursday where clients can come in or call to request food delivery. Clients are eligible to access pantry services every ten days.
  - Beyond Identities Community Center (BICC): a membership based prevention education program that addresses the youth development needs of LGBTQ youth of color ages 14-24 in an effort to reduce their risk for HIV/AIDS transmission.
  - Medical Collage of Wisconsin: A research project that will employ a social network approach for both reaching racial minority MSM in the community and delivering an intervention in which peer network leaders are taught and enlisted to increase awareness, correct misconceptions, reduce stigma, and increase benefit perception and positive attitudes of their network members toward PrEP.
  - AIDS Healthcare Foundation Health Care Center and Pharmacy

AIDStaskforce OF GREATER CLEVELAND AHF

PROJECT DAWN

Project DAWN is a community-based naloxone distribution and overdose education program. Project DAWN participants receive training on:

- Recognizing the signs and symptoms of overdose
- Distinguishing between different types of overdose
- Performing rescue breathing
- Calling emergency medical services
- Administering intranasal Naloxone

After participants go through training they will be provided a free naloxone kit.

For information on locations and times please contact Chris Krueger
at (216) 224-3301
or email ckrueger@clevelandtaskforce.org

AIDStaskforce | AHF
OF GREATER CLEVELAND
AFFILIATE

2829 Euclid Avenue
Cleveland, Ohio 44115
216-621-0766
Tracy Jones, MNO- Executive Director

Megan Bebee, LSW
Medical Case Manager

Cheryl Gleeson, LSW
Non-Medical Case Manager

THE CENTERS
Health. Family. Work. **Hope.**

Naimah O'Neal, MSM, LSW, HIV Medical Case Manager
Christina Jackson, BSN, RN, Director of Integrated Harm Reduction and Linkage to Care

Circle Health Services
and
The Centers for Families and Children
are now unified as
The Centers.

THE CENTERS
Health. Family. Work. **Hope.**

Circle Health Services

Circle Health Services (the former Free Medical Clinic of Greater Cleveland) opened its doors 50 years ago. In November 2017, Circle Health and The Centers for Families and Children joined forces to provide clients with access to greater levels of health care. In 2021, Circle Health and The Centers for Families and Children finalized a rebrand and a 2021-2023 Strategic Plan, and were unified as THE CENTERS.

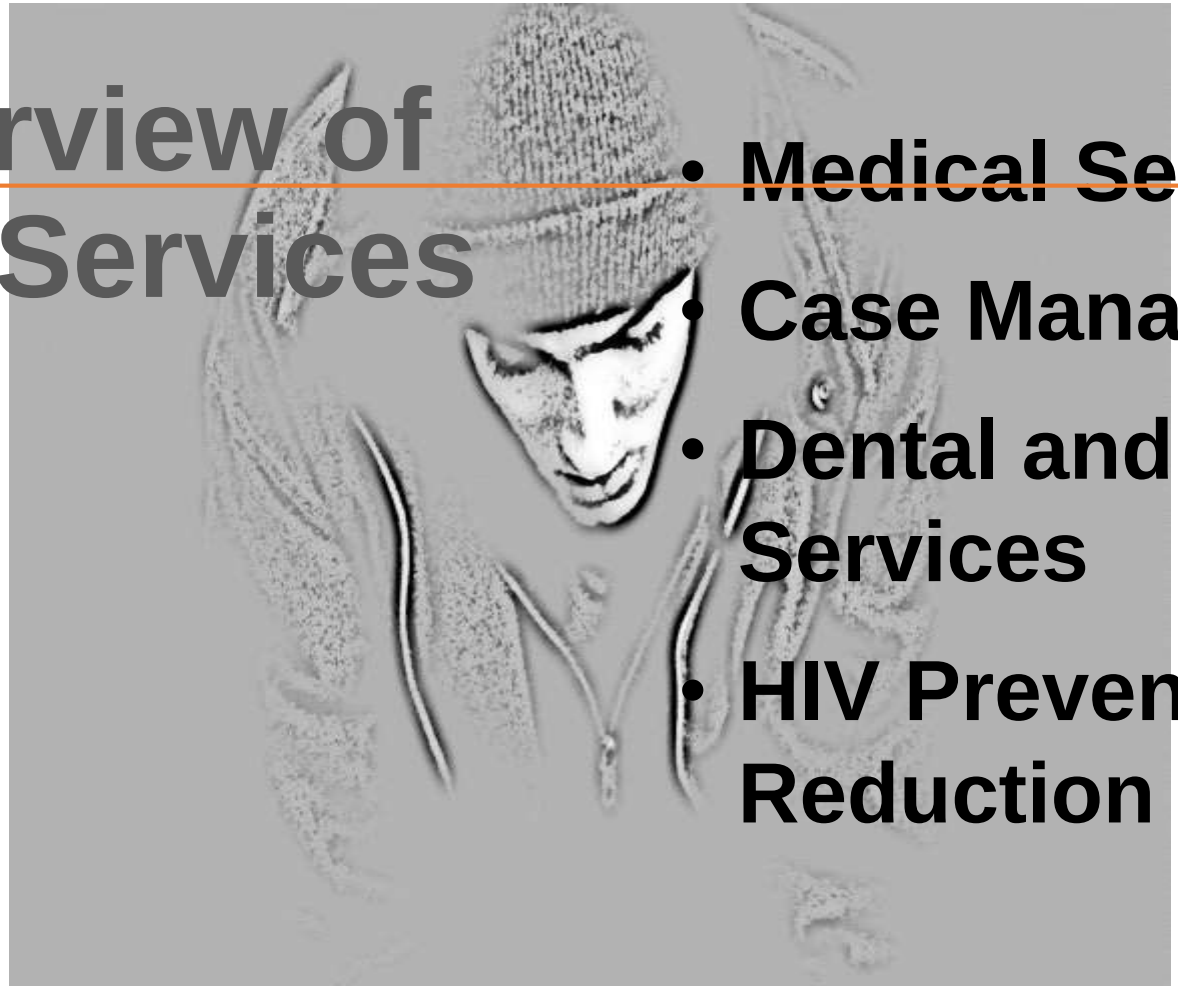
The Centers is able to provide comprehensive services to nearly 25,000 individuals annually, including HIV prevention and treatment, primary health care, dental care, workforce development, early childhood education and integrated behavioral healthcare with mental health and substance use disorder treatment.

The **Centers – Cultural** Pledge

WE STRIVE TO BE...

an **equitable**, **anti-racist**, and **service-oriented**, organization that **pioneers**, and **co-creates** solutions, while fostering an **inclusive** community where team members thrive.

Overview of HIV Services



- **Medical Services**
- **Case Management Services**
- **Dental and Behavioral Health Services**
- **HIV Prevention and Harm Reduction Services**

Integrated Health Care: Treatment of the whole person

HIV RYAN WHITE & HIV PREVENTION & HARM REDUCTION STAFF

Adriana Whelan, CNP, DNP *Medical Director of HIV Services and Harm Reduction* *Spanish speaking*	Naimah O'Neal, MSM, LSW HIV Medical Case Manager	Stephanie Ristua, HIV Program Business Manager	***Christina Jackson, BSN, RN, Director of Intergrated Harm Reduction & LInkage to Care*** *Japanese speaking*	**Chico Lewis** ***Supervisor of Outreach Services*** *Has been working harm reduction for over 25 years.* Connects clients to harm reduction services and resources & supporting clients who are ready to stop using substances.	*Ann McDermott, BSN, RN,* *Outreach RN* Provides wound care assessment, vaccination, HIV and Hepatitis C testing, harm reduction education and supplies.	Evelyn Velez* Karen Nieves* Zenja Harris Jeffrey Mixon *Outreach Specialists* Provides HIV and Hep C Testing, harm reduction education and supplies. Connect clients to SUD and Ancillary Services **Spanish speaking*
Serves as the Medical Director of HIV and Harm Reduction. Sees patients needing: Primary Care, Women's Health HIV, Hepatitis C, PreP/PEP, Gender-affirming care.	Provides medical case management including assessment of client needs and referral for services to help HIV+ clients begin and continue with medical care and treatment. Coordinates linkage to care for clients newly diagnosed with HIV.	*Oversees annual budget to support program staff and services.*	**Program management & registered nurse. Experience in harm reduction and nursing in med/surg, home care, clinic, and ACT team.**	**Ahlem Zaaeed, *BSN, RN Coordinator*** **Arabic speaking** *Coordinates patient care and leads HIV testing initiative. Serves as lead for data management and reporting*	***Robert Schmidt, Khalid Sabir, Rahim Bryant*** ***Peer Support Specialists*** *Utilizes lived experience and certification to connect clients to services within the agency and community.*	**Jessie Hoehnen, *HCV DIS Outreach Specialist*** Coordinates care for clients testing positive for Hep C.

Medical Services

- Clinical Management of HIV
- HIV Rapid Start
- Gender-affirming care
- HCV Treatment
- Primary Care
  - Certified as a Patient Centered Medical Home (Care coordination, Patient navigation)
- Emergency Medication access
- Immunizations
- On-site Pharmacy, including Clinical Pharmacy Services
  - Pill reminder packaging, Adherence counseling, Smoking Cessation.

Case Management

Care Coordination

- Mobile Case Management
- Early Intervention Services (Intensive Case management services)
- Assistance with Medicaid, Insurance, and Benefits enrollment
- Medication Prior authorizations
- Adherence Counseling Services
- Transportation
- Patient education and support groups

Dental and Behavioral Health Services

Dental Services

- Routine dental care including cleanings, cavities, root canals, and extractions

Behavioral Health Services

- Counseling
- Psychiatry
- Outpatient treatment for Alcohol and Substance abuse including MAT
- Individual and Group Counseling
- Urgent Care Behavioral Health Centers

HIV PREVENTION & HARM REDUCTION LOCATIONS

CIRCLE HEALTH SERVICES (UPTOWN)
12201 Euclid Avenue
Cleveland, OH 44106(216) 721-4010
•Syringe Exchange:
9:00 a.m. – 5:00 p.m. M – F
•HIV and Hepatitis C Screenings:
9:00 a.m. – 5:00 p.m. M – F

WEST OFFICE (KAMM'S CORNER)
3929 Rocky River Drive
Cleveland, OH 44111(216) 252-5800
•Syringe Exchange:
9:00 a.m. – 5:00 p.m. M, W, F
•HIV and Hepatitis C Screenings

HARM REDUCTION VENDING MACHINES
CIRCLE HEALTH SERVICES (UPTOWN)
12201 Euclid Avenue
Cleveland, OH 44106
THE CENTERS- EAST
4400 Euclid Avenue
Cleveland, OH 44103
THE CENTERS- GORDON SQUARE
5209 Detroit Avenue
Cleveland, OH 44102

THE CENTERS VAN
University Settlement, Mead House
4909 Mead Avenue
Cleveland, OH 44127
8:30 a.m. – 3:00 p.m. M, W, F

Neighborhood Pets
3711 E. 65 Street
Cleveland, OH 44105
8:30 a.m. – 3:00 p.m. Th

LGBT CENTER
HIV & Hepatitis C Screening, STI screening
Tuesdays and Thursdays: 2:00 p.m. – 6:00 p.m.

HIV Prevention: Syringe Exchange Program

Services include:

- Needs based needle exchange
- HIV Testing
- Hepatitis C Testing
- Safe syringe kits
- Safe smoking kits
- Safe sex kits
- Fentanyl Test strips
- Narcan kits
- RN assessment
- Wound care
- Referrals for Primary Care, HIV PrEP, Hepatitis C, Behavioral Health, and SUD and MAT services.
- Harm Reduction Vending machines
- Home STI kits
- Home HIV test kits
- Peer Support

Additional Services

- **Early Learning & Family Support**
  - § Preschool, childcare, home visiting, special needs, health and nutrition and prenatal services provide support for parents and caregivers.
- **Workforce Development**
  - § Job readiness training, case management, nationally recognized certifications, job placements and retention support with a network of corporate partners. Training tracks include customer service, hotel & guest services, child development associate (CDA), pharmacy technician, and general job readiness in English and Spanish.

Locations

Office Locations

- **UPTOWN OFFICE**
- 12201 Euclid Avenue, Cleveland, OH 44106
  - 8:30 to 5 PM
  - Wednesdays, 8:30 to 7:30 PM.
- **WEST OFFICE**
- 3929 Rocky River Drive, Cleveland, OH 44111
  - 8:30am – 5:00 PM
- **EAST OFFICE**
- 4400 Euclid Avenue, Cleveland, OH 44103
  - 8:30am – 5:00 PM
- **GORDON SQUARE OFFICE**
- 5209 Detroit Avenue
- Cleveland, OH 44102
  - 8:30 am – 5;00 pm

Office Contacts

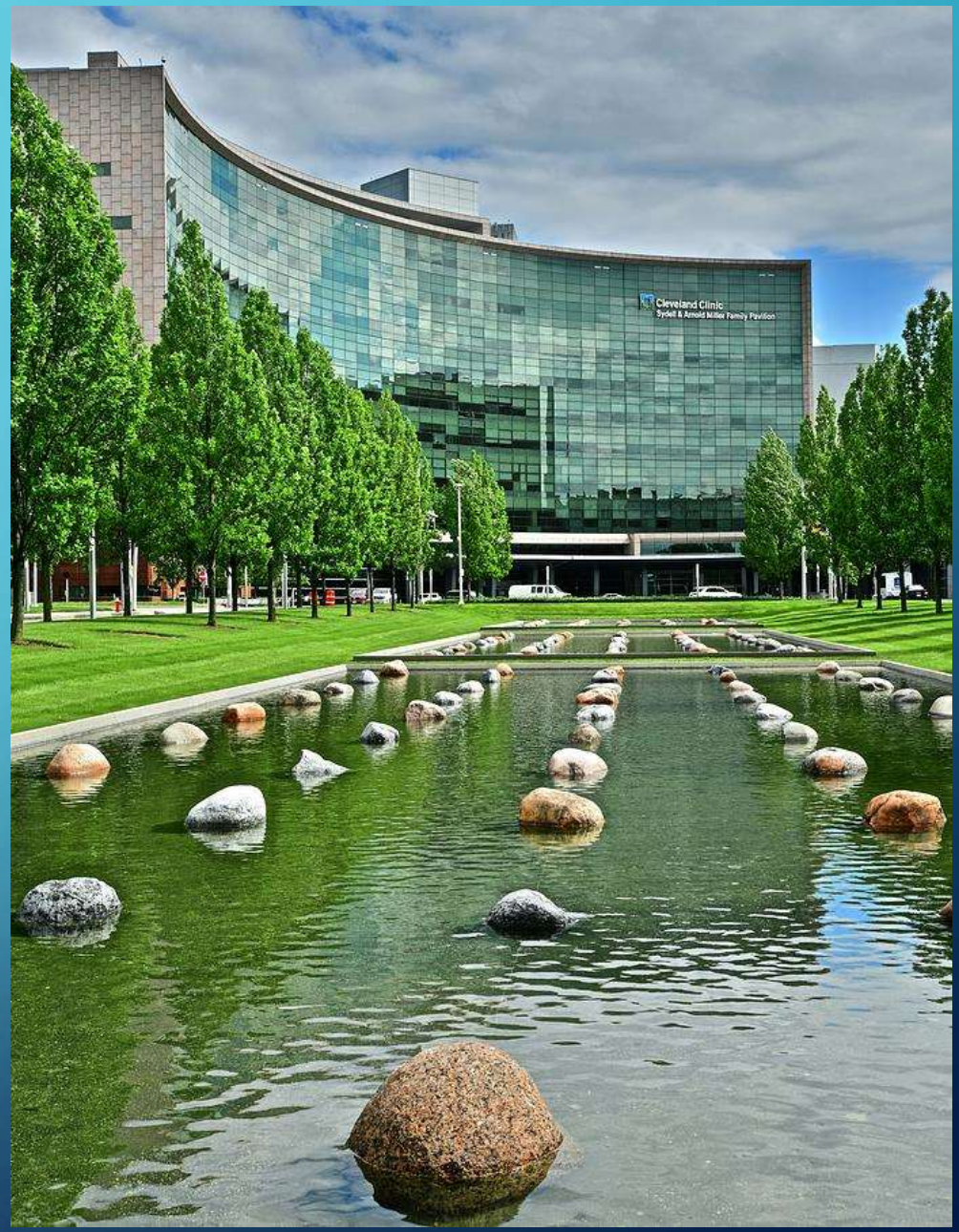
- Adriana Whelan, DNP, CNP (Associate Director of Primary Care and Director of HIV Programs) (216) 325-9410
- Naimah O'Neal, LSW, (216) 538-7491
- Fatima Warren, Director of Operations, (216) 707-3409
- Stephanie Ristau, HIV Programs Financial Manager, 216-325-9413

Additional Support for AIDS/HIV Programs

- AIDS Funding Collaborative
- Care CDC
- The George Gund Foundation
- ADAMHA
- HRSA – HIV Primary Care
- Cleveland Department of Public Health

Questions?

THE CLEVELAND CLINIC FOUNDATION



AGENDA

- Introduction of RW/EHE Teams
- Current Staff/Treatment Team
- Current Services Provided
- EIS/EHE
- Medicaid Case Management
- Updates
- Contact Information
- Closing

INFECTIOUS DISEASE TEAM

- Ryan White Team
  - PI – Dr. Marisa Tungsiripat, MD
  - MCM/EIS – Ashley Tomco, LSW
- EHE Team
  - PI – Dr. Bethany Lehman, DO
  - Rapid Start Coordinator – Shenee Dantzler
- Admin
  - Administrator – Teresa Hahn, BS

CURRENT STAFF

- Physicians
  - Dr. Marisa Tungsiripat, MD
  - Dr. Bethany Lehman, DO
  - Dr. Tricia Bravo, MD
  - Dr. Kristin Englund, MD
  - Dr. Christopher Kovacs, MD
  - Dr. Katherine Holman, MD
  - Dr. Vinh Dang, MD
  - Dr. Francisco Marco Canosa, MD
  - Dr. Ryan Miller, DO
  - Dr. Anita Modi, MD
  - Dr. Jessica Erickson, MD
  - Dr. Patricia Bartley, MD
  - Dr. Leonard Calabrese, DO
  - Dr. Cassandra Calabrese, DO

ADDITIONAL TEAM MEMBERS

- Pharmacists (HIV Focused) :
  - Andrea Pallotta, Pharm.D., BCPS, BCIDP, AAHIVP
  - Xhilda Xhemali, PharmD, BCIDP
  - Janet Wu, PharmD, BCIDP, AAHIVP
- Anal Dysplasia:
  - Dr. Michelle Inkster, MD, PhD
  - Dr. Jim Wu, MD
- LGBTQ+ Center:
  - Dr. Jim Heckman, MD
  - Dr. Henry Ng, MD
- OB/Gyn:
  - Dr. Tosin Goje, MD

RW A&B/EHE SERVICES PROVIDED AT CCF

- Early Intervention Services
  - Rapid Start (EHE)
  - Case Management
- Medical Case Management
- Outpatient Ambulatory Health Services
  - Office Visits & Labs
- Emergency Financial Assistance
  - EHE and RW A
  - JJ Euclid Avenue Pharmacy
- Medical Transportation
  - Parking Vouchers
  - Bus Passes
  - Ride Share services for non-virally suppressed (EHE)
- OHDAP Applications
  - RW B

EARLY INTERVENTION SERVICES
EHE: RAPID START

- Notified of Preliminary/Confirmatory Test Results
  - Wait for confirmatory before contacting the patient.
- Initiate:
  - Review patient's EMR for potential barriers to care/familiarize chart.
  - Review results of confirmatory test when resulted.
- Conduct Outreach to Patient:
  - Contact patient with results from confirmatory (Either Negative or Positive).
  - Confirm demographics for best way to contact (Phone Number, Address, and Emergency Contact).
  - Educate patient on diagnosis, assess patients needs, confirm supports, assess how patient is doing mentally, and get patient linked to care (First appointment with ID Staff).
  - If confirmatory is negative, determine need for PrEP.
  - Inform patient of needed documents for first appointment if appropriate for potential RWA referral.
- Findings:
  - Write note in patient's chart for treatment team to access/review before first appointment.
  - Review barriers of care or refer to other services (Patient's preference, Location/TGA, MIA, Refused/Refusing Care, Transportation, etc.)
  - If patient does not respond to phone calls after 3 attempts, notify CCBH for community outreach.
- Meet with patient at first appointment:
  - Check in with patient in regards to how they are doing.
  - Provide information on support groups.
  - If needed assist with EFA.
  - Access need again for RWA services.

RWA EARLY INTERVENTION SERVICES

- Meet with patient:
  - Either at first appointment or scheduled at a later time when patient is ready/able.
- Determine need for RWA services:
  - Review Eligibility.
  - Current barriers to care (Transportation, Lack of Support, Transient, Mental Health, Comorbidities).
- Apply for RWA services:
  - Gather need documents to apply for RWA services.
  - Have patient complete labs.
  - Confirm best method for contact.
- Referrals/Assistance:
  - If need for services not provided at the Clinic, refer to outside facilities per patient's request.
  - Apply for Medicaid.
  - Get patient in contact with a financial planner.
  - Provide patient with community resources if patient wants to independently review options (Mental Health, Providers, Dental, etc.)
- Follow Up:
  - Check in with patient to ensure compliance with care and medication (Labs Completed, Viral Suppression, Patient Engagement, etc.).
  - Review patients goals and obtainment of those goals.
  - Provide assistance as needed hands on.
- Transition of Services.
  - If some MCM is still needed, transition to MCM from EIS. If services are no longer needed, discontinue from services.

MEDICAL CASE MANAGEMENT

- Establish and maintain an efficient caseload to assure patients are able to benefit from MCM.
- Assess patients needs and eligibility based on financial and medical eligibility.
- Reassess patient's level of need for services.
- Assist patients with maintaining benefits or ensure delivery of assistance through the clinic or community referral.
  - Insurance, Housing, Assistance with Rent/Utilities/ Mortgage, Dental, SUD Services, Mental Health Services, etc.
- Develop, implement, and monitor ISPs to ensure patient is working on current goals and encourage autonomy but providing assistance as needed.
- Conduct PSAs to assess patient's level of need.
- Work with patient's doctors to coordinate needed appointments, labs, medication, and other medical needs.
- Assess patient's needs for OAHS services and perform monthly billing.
- Upload and manage patients in CareWare to verify patient meets eligibility.
- Follow up and check in on patients.
- Assist patient's with OHDAP applications and renewals as needed.
  - Provide patient that are eligible for CoPay cards as needed.

UPDATES

- New Team:
  - EHE (Rapid Start): Shenee Dantzler
  - MCM/EIS: Ashley Tomco, LSW
  - Admin: Teresa Hahn
- Coming Soon:
  - Non-Medical Case Management (RW A)
  - Medical Case Management (EHE)
- Still Learning ☺

ID STAFFED LOCATIONS

- Main Campus
  - 9500 Euclid Ave. G21, Cleveland, OH 44195
- South Pointe Hospital
  - 20000 Harvard Ave., Warrensville, OH 44128
- Avon Hospital
  - 33300 Cleveland Clinic Blvd., Avon, OH 44011
- Marymount Hospital
  - 12300 McCracken Rd., Garfield Heights, OH 44125
- Sheffield Family Health Center
  - 5334 Meadow Lane Cr., Sheffield Village, OH 44035
- Standardized HIV testing in EDs throughout the organization.
  - Kristin Englund, MD/Bethany Lehman, DO

ADDITIONAL LOCATIONS

- Akron General:

  224 W. Exchange St.

  Suite 290

  Akron, OH 44320

  Refer patients living in this TGA and don't want to travel to Main Campus.

CLEVELAND CLINIC SERVICES

- Infectious Disease Department (Main Campus)
  - 9500 Euclid Ave., Desk G21, Cleveland, OH 44195
  - Main Desk Phone Number: 216-636-1873
  - General Fax Number: 216-445-9446

CLEVELAND CLINIC SERVICES

- Lesbian, Gay, Bisexual, and Transgender Health (Center for LGBTQ+ Care)
  - Lakewood Family Health Center: 14601 Detroit Ave., Lakewood, OH 44107
    - Phone Number: 216-237-5500
    - Primary Care (Adult and Pediatric), Behavioral Health (Adult and Pediatric), Specialty Care, Gynecologic Care, Endocrinology/Metabolism Care (Lesbian/Bisexual Health), Gender Affirming Surgical Services, Gender-Affirming Hormone Therapy, Gender Understanding, Identity and Expression (Youths)
      - Provides world-class healthcare through a multidisciplinary, team-based approach for LGBT+ patients in partnership with our clinical institutes. Our providers are committed to creating a safe environment that maintains the respect and dignity of all patients regardless of sexual orientation or gender identity.

Transgender Medicine & Surgery Program:

9500 Euclid Ave, Crile Building (A), Cleveland, OH

Phone Number: 216-445-6308

ANAL DYSPLASIA

Michele Inkster, MD, PhD

Gastroenterologist

- Anal Dysplasia
- Anemia
- Celiac Disease (Celiac Sprue)
- Cirrhosis
- Constipation
- Diarrhea
- Hepatitis B
- Hepatitis C
- Lactose Intolerance
- Liver Disease
  - Main Campus & Lakewood
    216-237-5500, option #4

James Wu, MD

Colorectal Surgeon

- Anal Abscesses
- Anal Cancer
- Anal Fissures
- Benign Anorectal Disease
- Colon Polyps
- Colorectal Cancer
- Crohn's Disease
- Hemorrhoids
- Inflammatory Bowel Disease (IBD)
  - South Pointe
    216-491-7861

PHARMACY

- Cabenuva – HIV Injectable Treatment
  - Currently 40 patients at the Clinic.
  - RNs provide the injection.
  - Coordinated by Admins, Pharmacists, and Staff for billing and approval.
  - Looking to increase numbers per insurance approval.
- Lenacapavir –
  - Injectable medication used for multidrug resistant patients.
  - Injected every 6 months.
  - Currently no start date, but hoping for May.
  - Pharmacy and Therapeutics committee manages Cleveland Clinic formulary, there will be a meeting on 3/21/2023 in regards to the medication.

PHARMACY CONTINUED

- PrEP Pharmacy
  - Virtual PrEP Clinic, more easily accessed for patients.
  - Staff would send a consult to the PrEP Clinic.
  - Pharmacists would follow the patient to fill medications for PrEP and STD.
    - Must have 1 visit a year doctor and then seen every 3 months by the pharmacist or doctor. In person or virtually.
- Travel Clinic
  - Dr. Mawhorter and Dr. Bartley
  - Virtual pharmacy
  - Cleveland Clinic outpatient pharmacy (family health center) for vaccinations/meds.

QUESTIONS?

- Contact Information:
  - Desk: 216-444-6843
  - Email: tomcoa2@ccf.org

Cleveland Clinic

CUYAHOGA COUNTY: DIVISION OF SENIOR AND ADULT SERVICES

HOME CARE SKILLED SERVICES (HOME SUPPORT UNIT)

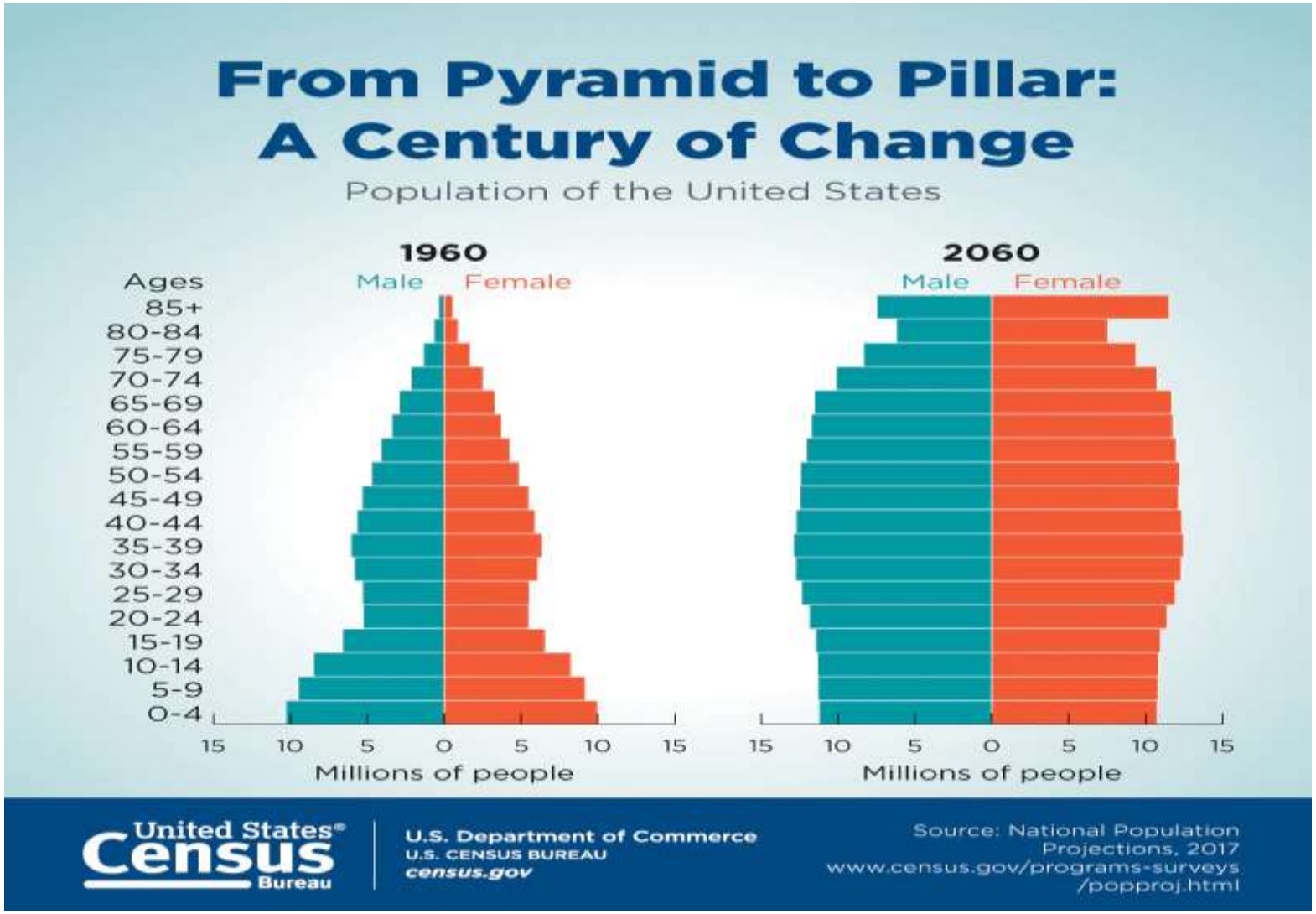
DSAS OVERVIEW

"The mission of the Division of Senior and Adult Services is to empower seniors and adults with disabilities to age successfully by providing resources and support that preserve their independence."

Services are provided to the residents of Cuyahoga County who are:

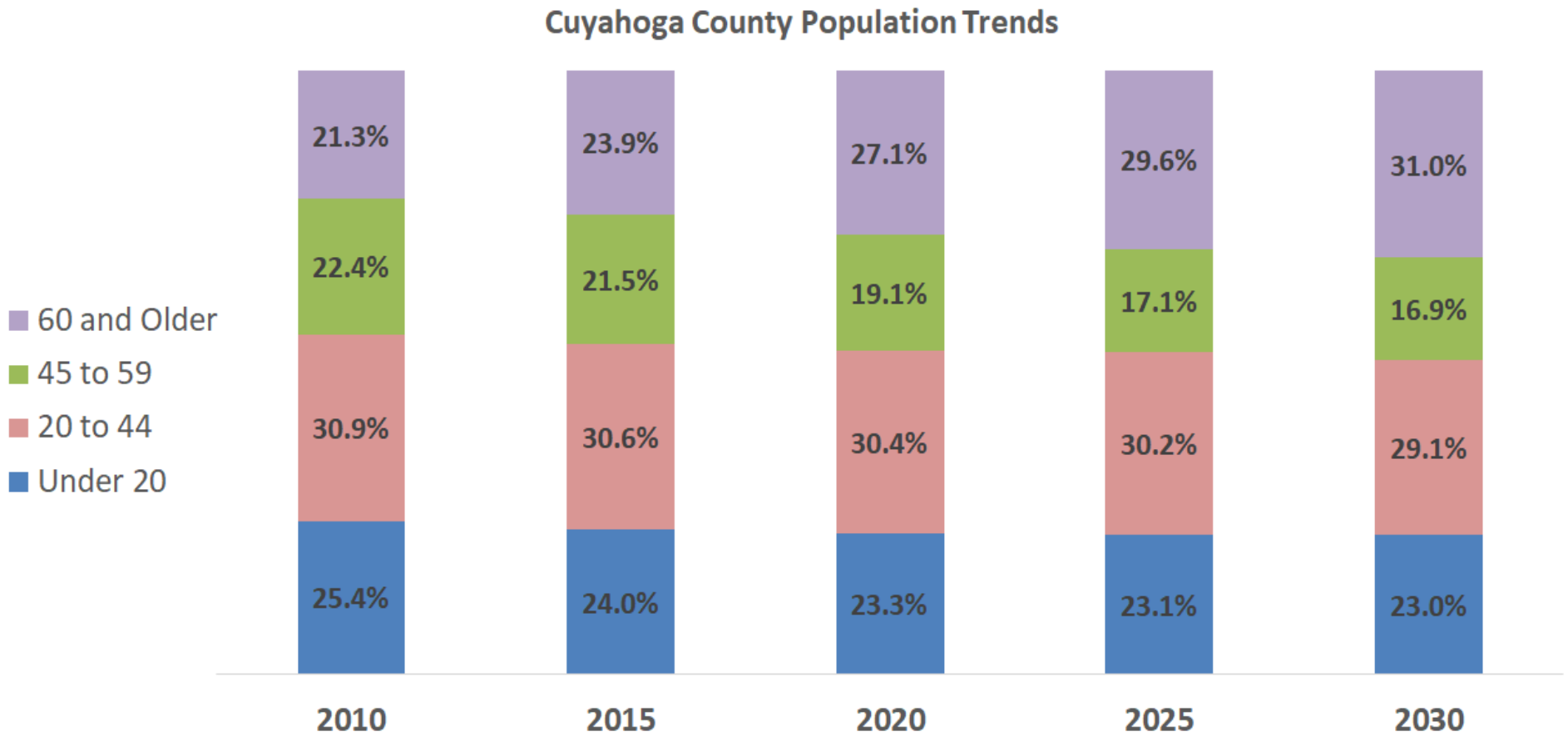
- 60 years of age or older OR
- 18 to 59 years of age AND have a disability

AGING TRENDS WITHIN THE UNITED STATES AND CUYAHOGA COUNTY



Source: [National Senior Citizens Day: August 21, 2022 (census.gov)]

Source: [Overview of Older Americans Act Title III, VI, and VII Programs: 2020 Summary of Highlights and Accomplishments (acl.gov)]



Source: Center for Community Solutions; Age Friendly Cleveland Assessment; January 2016

FOUR DIVISIONS OF DSAS:

- 1. ADULT PROTECTIVE SERVICES
- 2. INFORMATION SERVICES
- 3. OPTIONS FOR INDEPENDENT LIVING
- 4. HOME SUPPORT SERVICES

OTHER DSAS PROGRAMS

- The COMMUNITY OFFICE ON AGING – is one of the advocacy agents for seniors and persons living with disabilities in Cuyahoga County. This office helps to disseminate information throughout the community, and coordinates programs to increase awareness of issues affecting seniors and persons with disabilities.

- The COMMUNITY SOCIAL SERVICES PROGRAM – provides funding to and uses community based service contracts which provide adult day service, adult development, transportation services, and congregate meals. Over 1,400 seniors receive services through this program. These services are designed to reduce isolation and loneliness.

ADULT PROTECTIVE SERVICES

- Investigates allegations of abuse, neglect, self-neglect, and/or financial exploitation of adults 60+.

- Allegations of abuse concerning adults 18-59 are investigated on a voluntary basis (the person concerned as to agree to participate in the investigation). This is due to statutory regulations.

- All calls are confidential. Referrals are made by calling Centralized Intake (216) 420 -6700.

National Data On Elder Abuse

1 in 10

About 1 in 10 Americans age 60+ have experienced abuse

1 in 14

Only 1 in 24 cases of elder abuse ever comes to the attention of authorities

Elder Abuse During Covid-19

One US study suggested that elder abuse rates in the community may have increased by as much as 84%

Sources: https://www.ncoa.org/article/get-the-facts-on-elder-abuse; https://pubmed.ncbi.nlm.nih.gov/33518464/

Elder Abuse and Mortality

Elders who have experienced abuse, even modest abuse, have a 300% higher risk of death when compared to those who have not been mistreated

https://www.ncoa.org/article/get-the-facts-on-elder-abuse

INFORMATION SERVICES

- Provides case management assistance to seniors and disabled adults to address complex needs and navigate available community resources: Property Tax Discounts, Nutrition Programs, Senior Employment Services, Legal Services, etc.
- Administers the Benefits Check-Up Program (persons w/low income).
- Conducts Home Energy Assistance Programs (HEAP)
- Partners with the Aging and Disability Resource Network which provides services and linkages to numerous public benefits to seniors, caregivers, and persons with disabilities.

Domains of Social Determinants of Health Risk

FOOD INSECURITY

FINANCIAL STRAIN

INTIMATE PARTNER VIOLENCE

TRAINING & EMPLOYMENT

HOUSING INSECURITY

CHILDCARE

BEHAVIORAL HEALTH

TRANSPORTATION

EDUCATION

SOCIAL CONNECTION

UTILITIES

Older Americans Received Needs-Based Assistance Before Pandemic

- Among older adults getting both Social Security and Medicare in 2019, 16% received needs-based assistance from one of the four categories (health insurance, nutrition assistance, shelter assistance, cash assistance.

- 9 million adults ages 65 and over did not receive both Social Security and Medicare, relying on only one or the other — or neither.

- Almost a quarter of these adults participated in at least one type of needs-based assistance, highlighting the value of these benefits to those without the support of both Medicare and Social Security.

- Among all adults ages 65 and over, those living alone, women and racial and ethnic minorities were more likely to rely on needs-based assistance:
  - 27% of those living alone received at least one type of needs-based assistance compared to 13% of those who lived with other people.
  - 35% of older non-Hispanic Black adults and 39% of older Hispanic adults received needs-based assistance from at least one category compared to 11% of older non-Hispanic White adults.

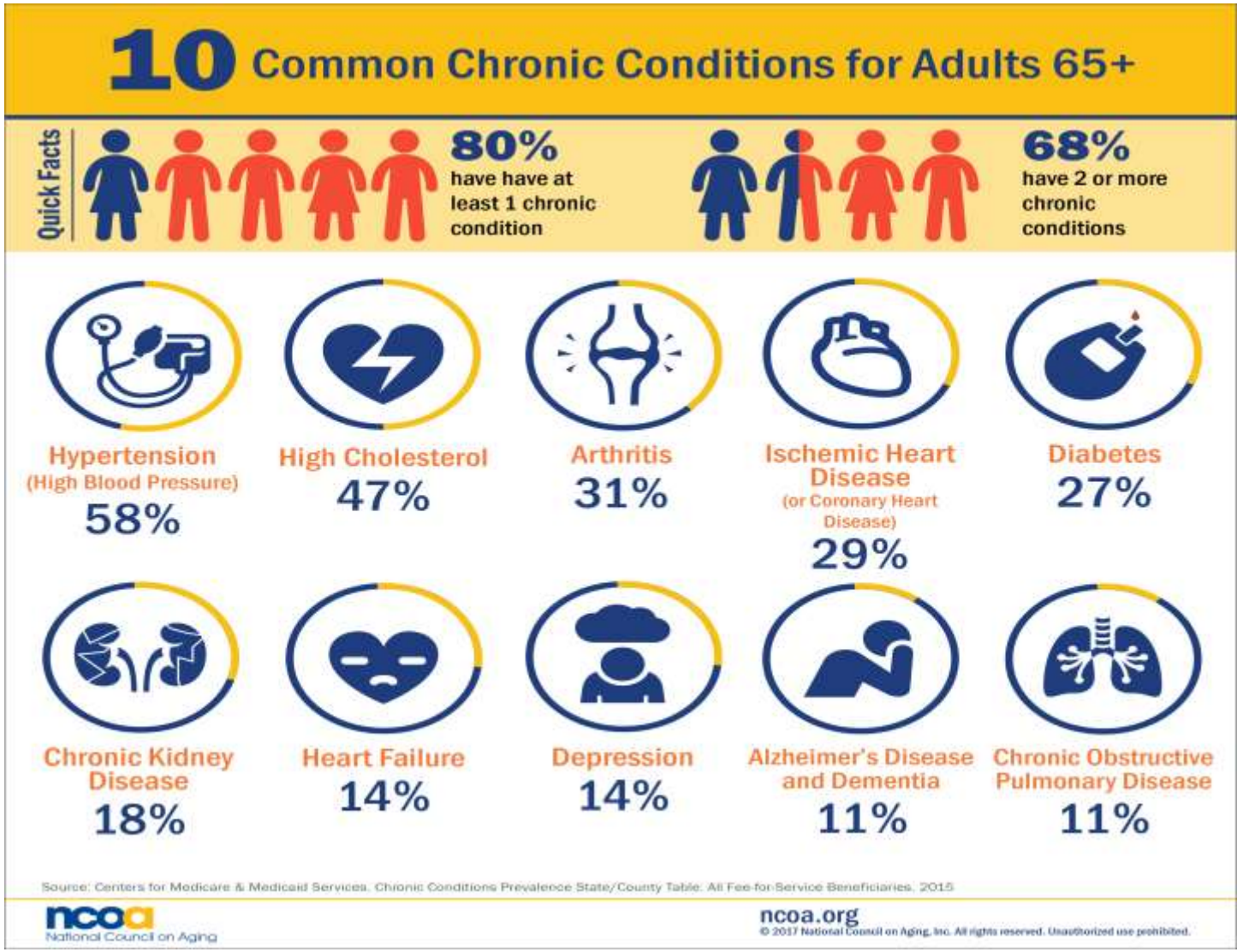
Source: What Happens When Older Adults Struggle to Make Ends Meet? (census.gov)

CLINICAL SERVICES PROGRAMS

1. OPTIONS FOR INDEPENDENT LIVING

2. HOME SUPPORT

HEALTH ISSUES OFTEN NECESSITATING USE OF THE CLINICAL SERVICES PROGRAMS:


10 Common Chronic Conditions for Adults 65+
Quick Facts
80%
have have at least 1 chronic condition
68%
have 2 or more chronic conditions
Hypertension
(High Blood Pressure)
58%
High Cholesterol
47%
Arthritis
31%
Ischemic Heart Disease
(or Coronary Heart Disease)
29%
Diabetes
27%
Chronic Kidney Disease
18%
Heart Failure
14%
Depression
14%
Alzheimer's Disease and Dementia
11%
Chronic Obstructive Pulmonary Disease
11%
Source: Centers for Medicare & Medicaid Services. Chronic Conditions Prevalence State/County Table: All Fee-for-Service Beneficiaries, 2015
ncoa
National Council on Aging
ncoa.org
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LGBTQ+ Seniors

- LGBTQ older adults often have thin support networks as they are less likely to have children and more likely to be single and living alone.
- About 2.7 million U.S. adults 50 and older identify as LGBT, including 1.1 million age 65 and older. Those numbers are expected to nearly double by 2060.
- About 13 percent of LGBT older adults report being denied health care or given poor care because of their sexual or gender identities. Among transgender participants, that number jumped to 40 percent.
- Older LGBT adults are more likely than heterosexuals to smoke, drink excessively and report depression, according to the study.

Source: How Senior Centers Can Support LGBTQ Older Adults (ncoa.org), Aging LGBT seniors a 'major public health issue' | American Heart Association

OPTIONS FOR INDEPENDENT LIVING

- Provides services for frail or disabled residents 18 and over who are low income, and not yet eligible for any Medicaid waiver programs.

- Services include: home delivered meals, personal care, emergency response systems, homemaker services, chore services, grab bars, and medical transportation

- Approximately 1,100 Cuyahoga County residents receive services.

HOME CARE SKILLED SERVICES

- Provides in-home care to Cuyahoga County residents that helps maintain a safe, wholesome environment, and at an affordable price.

- To be eligible for Home Care Skilled Services clients must be aged 60 and over or adults with disabilities ages 18-59 and living in their own home or apartment.

HOME CARE SKILLED SERVICES

- Provides Home Health Services including:

- Home Health Aides
- Personal Care
- Homemaking
- Respite Services
- Medical Social Services/Medical Social Work
- Skilled Nursing
- Contracted services for PT, OT, Speech

HOME CARE SKILLED SERVICES ARE PROVIDED TO:

- Title I Ryan White Program Benefit Recipients
- Mcgregor PACE benefit recipients
- National Multiple Sclerosis Society Benefit Recipients
- Private Pay Consumers (Sliding scale payments start at $7.00/hour)

These consumers are 18 and over, fragile and/or disabled. Income cannot exceed 300%FPL

- Medicaid Recipients/Private Insurance Recipients

TYPICAL IN-HOME SERVICES PROVIDED

PERSONAL CARE SERVICES:

- Bath/Shower/Bed Bath
- Incontinence Care
- Basic ROM Exercises
- Mouth/Dental/Oral Care
- Shaving/Hair Care
- Meal Preparation/Feeding

HOMEMAKING SERVICES:

- Light Vacuuming/Sweeping
- Laundry/Change Bed Linens
- Wash Dishes
- Clean Bathroom
- Dusting
- Grocery Shopping/Prescription Pick-Up

DEPARTMENT OVERVIEW

- 8 REGISTERED NURSES (FULL-TIME) – ONE RN ASSIGNED TO THE RYAN WHITE CASELOAD
- 50 HOME HEALTH AIDES (FULL-TIME) - CURRENTLY UNDERSTAFFED
- SCHEDULING DEPARTMENT / MEDICAL RECORDS DEPARTMENT
- ADMINISTRATORS: DON/ADON

Home Health Aide Shortage

- 70% of Americans over 65 live with multiple chronic health conditions, ranging from diabetes to dementia. Almost 80% of adults 50 and older have a desire to stay in their homes as they age, according to AARP.

- Overall employment of in-home aides is projected to grow 41 percent from 2016 to 2026 — translating to 7.8 million job openings.

- The median hourly rate for home care workers is a $10.66 according to the U.S. Bureau of Labor Statistics.
  - Overall employment of in-home aides is projected to grow 41 percent from 2016 to 2026 , translating to 7.8 million job openings
    - Turnover rates are between 40-60%
    - The US will need to hire 2.3 million new health care workers by 2025 in order to adequately take care of its aging population, according to a global health care staffing consultant agency

CURRENT CASELOAD

- 26 RYAN WHITE CLIENTS
- ADDITIONAL 250+ CLIENTS

INTAKE PROCESS

- CENTRALIZED INTAKE PROCESS: THE DSAS CONNECTIONS CENTER (216-420-6700)
- MAY CALL/FAX/EMAIL HOME SUPPORT ADMINISTRATORS DIRECTLY
- NEED A PROVIDER POINT OF CONTACT

  (MAY BE DIFFERENT THAN REFERRAL SOURCE)
- INFO NEEDED: DEMOGRAPHIC INFO, MOST RECENT LABS, CURRENT MEDICATIONS, MOST RECENT DISCHARGE SUMMARY

QUESTIONS ???

Lorain County Health & Dentistry

Joseph Kunchik, DDS, Dental Director
Bethany Doroghazi, DMD, Assistant Dental Director

About LCH&D

- Independent, nonprofit, charitable organization since 2002
- Dentistry added in 2005
- 6 health center sites in Lorain, Elyria and Oberlin; three include dentistry
- Largest safety-net provider in Lorain County
- Sliding Fee Scale based on household income and number in the family

MISSION

Lorain County Health & Dentistry,
committed to respecting the dignity of every person,
provides quality, compassionate and comprehensive
primary health care to all people
regardless of ability to pay.

SERVICES

Primary & Prenatal Care
Dentistry
Optometry
Podiatry
Integrated Behavioral Health
Pharmacy
Enabling (Interpretation, Translation)
Onsite WIC through LCPH

In 2022, LCH&D saw 18,474 Unduplicated Patients in 65,953 visits. Of these patients, 9,967 were dental patients. We had 21,360 dental visits last year.

Lorain County Health & Dentistry

Dentistry Services & Quality

In Lorain County there are few dental practitioners who offer services for the most vulnerable.

LCH&D Services:

- ❑ Preventative
- ❑ Hygiene/ Periodontal
- ❑ Restorative Care
- ❑ Limited Endodontic Care
- ❑ Fixed Prosthodontics
- ❑ Emergency Services
- ❑ Pediatric

Referral Services:

- ❑ Removable Prosthodontics
- ❑ Endodontics (Complex)
- ❑ Pediatric Oral Rehab
- ❑ Advance Periodontics
- ❑ Oral Surgery

2022 Dental Dashboard

	GOAL	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Total 2022
Appt. Kept (#)														
Dentists		1,238	1,249	1,512	1,387	1,395	1,529	1,293	1,570	1,439	1,375	1,400	1,404	16,791
Hygiene		310	407	566	495	352	380	382	456	383	429	340	332	4,832
School-Based Sealants		0	25	75	10	13	0	0	0	0	72	122	161	478
Month Total	1,500	1,548	1,681	2,153	1,892	1,760	1,909	1,675	2,026	1,822	1,876	1,862	1,897	22,101
Missed Appt. Rate (%)														
Dentists		22.2%	24.2%	21.0%	22.5%	23.1%	23.8%	23.1%	22.0%	24.6%	25.1%	28.1%	29.6%	NA
Hygiene		25.8%	26.1%	19.0%	22.9%	23.0%	24.8%	26.0%	22.5%	31.1%	25.5%	30.9%	35.8%	NA
Month Total (includes sealants)	22.0%	23.0%	24.4%	19.9%	22.5%	23.0%	24.0%	23.8%	22.6%	26.0%	24.5%	27.3%	29.0%	NA
New Patients (#)	250	298	282	351	373	332	381	319	452	343	320	329	300	4,080
Unduplicated Patients (#)	600	1,220	949	1,133	960	831	873	642	780	658	665	679	643	10,033
Active Patients (#)	9,000	10,487	10,670	11,018	11,003	11,185	11,684	11,794	12,088	12,169	12,348	12,582	12,760	NA
Treatment Complete (#)	400	414	475	636	489	470	578	539	693	579	530	562	544	6,509
Treatment Complete (%)	70.0%	68%	69%	70%	69%	67%	67%	69%	70%	71%	73%	75%	77%	NA
Sealants Placed (#)														
# Teeth Sealed in Clinics		80	153	131	110	93	124	98	160	83	89	144	76	1,341
# Teeth Sealed in Schools		0	71	249	48	46	0	0	0	0	223	300	552	1489
# Total Teeth Sealed	300	80	224	380	158	139	124	98	160	83	312	444	628	2,830
6-9 UDS Sealant	90.0%	88.9%	92.7%	94.2%	93.9%	93.7%	92.0%	93.9%	92.0%	92.7%	93.1%	93.9%	96.1%	NA
Referrals Out (#)	< 200	222	251	333	292	293	299	257	337	312	275	281	221	3,373
Referrals to LCH&D PCP	25	na	na	8	3	5	9	5	14	10	9	15	10	88
Emergencies (#)	< 200	272	245	324	311	296	344	262	299	296	278	287	305	3,519

unty
Dentistry

Emergency Oral Health Care

At LCH&D, we work hard to be responsive to our patients and community.

- ❑ Every dental provider offers same day morning/afternoon emergency visits
- ❑ We have 24-hour on-call dental emergency patient accessibility
- ❑ Anterior Endodontics (root canal)
- ❑ We offer on-site Oral Surgery/Exodontia
- ❑ Emergency Care provided daily at all three dental department locations
- ❑ Immediate access to medical provider for medical support

Aligning our Goals

2022 UDS CLINICAL OUTCOMES

Clinical Outcomes : Quality of Care

Fourth Quarter 2022 UDS - Non-UDS - CPC

CLINICAL INDICATOR				UDS 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
ORAL Health									
DENTAL - Fluoride treatment or varnish									
Goal 93%	DENTAL - Fluoride	NON-UDS	666 / 729		90.76%	91.37%	90.90%	90.25%	**91.36%**
DENTAL - Sealants									
Goal 80%	Patients aged 6 - 9 years high caries risk receiving sealants	UDS	270 / 283	86%	82.00%	94.23%	91.98%	92.72%	**95.41%**
DENTAL - Tobacco Usage/cessation ≥ 18 years									
Goal 93%	Tobacco - DENTAL Patients - 18 years and older	NON-UDS	1243 / 1251		97.88%	99.25%	99.62%	99.35%	**99.36%**

Dental Staffing

Positions	FTEs
Dentist	6.0
Dental Assistants	10.6
Hygienists	3.3
Billing Associates	2.0
Hygiene Vacancies	1.0

Oral Health Success Stories

- Lorain County Health & Dentistry Dental Department has grown 59.4% over the last four years (due to site expansion, added FTEs and increased scheduling efficiencies).
- Our monthly, average "kept appointments" increased from 1,165 to 2,175 in that same time period.
- Our School-Based Sealant program has placed 1,582 Sealant this school year at 33 schools, in 4 counties, benefitting 515 students.

"*In the Words of Our Patients*"

Excellent Quality of Care the dentist explained things clearly, friendly

LCH&D has been a savior. We were at a different dentist office prior and we never got in b/c they would cancel on us. I called LCH&D and they got us in right away. Friendly enviroment. very welcoming. will def. Keep coming back Very very pleased!

They are important to me because Im finally getting my dental worh done that I need. They are all friendly and make me feel welcomed They explain things well and help understand Whats going on and how they plan on fixing the problem to best help you. I hadnt been to a dentist since I was 1840 so four years They are amazing.

unty Dentistry

Lorain County Health & Dentistry

New Community Health Center

35557 Center Ridge Road, North Ridgeville OH 44039

Opening Spring 2022

- Medical
- Dental
- Integrated Behavior Health (including Opioid Use Disorder Treatment)

Questions?

Joseph Kunchik, DDS, Dental Director

Joseph.Kunchik@lorainhealth-dentistry.org

Bethany Doroghazi, DMD, Assistant Dental Director

Bethany.Doroghazi@lorainhealth-dentistry.org

May Dugan Center

Est. 1969

MISSION

The mission of the May Dugan Center is to help people enrich and advance their lives and communities.

VISION

The Vision of the May Dugan Center is to be a leading and broadly recognized trauma informed multi-service agency in Cuyahoga County developing person-centered empowerment.

May Dugan Center Est. 1969

Ryan White Part A Funded Services

- Mental Health Services
  - Clients receive a comprehensive diagnostic assessment, individual treatment plans, and specialized, patient-centered, behavioral health care.

- Medical Transportation
  - Medical Transportation is provided via RTA passes and/or Paratransit passes to enable clients to access medical care and other supportive services.

May Dugan Center Est. 1969

Additional Services Available at MDC

- Food Distribution
- GED Classes
- Workforce Development
- Financial Opportunity Center
- ESOL
- MOMSFirst
- Substance Abuse Treatment
- Anger Management
- Seniors on the Move
- Case Management
- Individual and Group Counseling
- Art and Music Therapy
- Trauma Recovery Center

May Dugan Center Est. 1969

More than 20% of Ryan White clients at the May Dugan Center engage in additional services at the agency.

May Dugan Center Est. 1969

Contact our Ryan White Provider for referrals or any additional information

Dylan Dickinson MSSA LSW
They/them/theirs
4115 Bridge Ave
Cleveland, OH 44113
216-631-5800 x 126
216-399-3494
Ddickinson@maydugancenter.org

May Dugan Center Est. 1969


MERCY HEALTH
LORAIN
2023

MEET OUR RYAN WHITE STAFF

Summer Barnett
Ryan White
RN Program Administrator

Jeanette Batesole
Ryan White
LPN Medical Support

Teresa Yuzon
Ryan White
Program Case Manager

UNIQUE SERVICES WE OFFER

Gas cards

Gas cards are offered, based on patient's needs. They are to assist patients with making sure they can get to appointments, such as medical, case management, dental, to get labs drawn, etc.

Food vouchers

Food vouchers are offered to our patients to assist in purchasing food, making sure they have adequate nutrition to stay healthy.

Provisions are via Mercy Heath Foundation

Medical Case Management

Complete intakes and assessments of patient needs. Assist with applications for patients to maintain/obtain medical care and needed medications. i.e., OHDAP or P.A.P.

* Coordination of services with local resources, to attain goals per ISP.
  Examples include:

-ACA Navigation- Insurance -Social Security
-Housing/utility assistance -Legal Assistance
-Mental Health -Transportation
-LCDJFS -Dental -Resource Linkage

* Pt support -one on one appts
* Pt advocate

MEDICAL TRANSPORTATION

Services are provided to ensure compliance with medical care and the well being of our patients in general, as it relates to HIV disease and other health concerns affecting patient's HIV status.

-Medical Appointments
-Mental Health
-Dental Care
-Other Social Services

PSYCHOSOCIAL

Support groups are offered once a month at Mercy Hospital

This provides an opportunity for socialization and support for our patients.

- Peer to Peer support
- Education is provided via handouts, guest speakers, and group discussions.
- Meal is provided
- Transportation is offered as last resort.

MetroHealth

Devoted to Hope, Health, and Humanity

Infectious Disease HIV Services

MetroHealth Medical Center

Text Bar

The Glick Center

APEX Outpatient

- The Glick Center is our new state-of-the-art Main Campus hospital opened in October 2022.
- 11 floors, 316 patient rooms inpatient hospital.
- Apex Outpatient building to be completed sometime in 2024.
- ID Clinic and RWA, RWB staff will relocate into the APEX bldg.

Infectious Disease Clinics

Main Campus

2500 MetroHealth Drive
Cleveland, Ohio 44109

Medical Specialties Outpatient Pavilion
(Scranton Road) 2nd Floor

Morning Clinics (9:00am – 12:00pm)
Afternoon Clinics (1:00pm – 4:00pm)

Youth Clinic: Extended hours on the 1st and 3rd Tuesday (5:00pm – 7:00pm)

Taco Tuesday Youth Group (18-30ish) during youth clinic.

Parking at Main Campus:

Under Outpatient Pavilion

(Scranton Road)

Parking validation available

Bedford Medical Offices

19999 Rockside Road
Bedford, Ohio 44146

1st and 3rd Thursday of every month (9:00am -12:00pm)

Parma Medical Offices & Surgery Center

12301 Snow Road
Parma, Ohio 44130

2nd & 4th Tuesday of every month (1:00pm – 4:40pm)

Cleveland Heights Medical Office

10 Severance Circle
Cleveland Heights, Ohio 44118

Every Wednesday (9:00am – 12:00pm)

To Schedule an appointment

216-778-8305

MetroHealth

LGBTQI+ Pride Network

Adult Primary Care: 216-957-4905

Locations:

- Brecksville Health and **Surgery** Center
- Brooklyn Health Center
- Cleveland Heights Medical Center
- Pride Clinic at LGBT Community Center of Greater Cleveland
- Rocky River Medical Offices

Pride Network Primary Care includes:

- Family planning
- Pregnancy care
- Chronic disease management
- Elder care, over 55
- Well childcare
- Smoking cessation
- Treating cholesterol and blood pressure
- Physical exams and Immunizations
- Testing for sexually transmitted infections
- PrEP and PEP for HIV prevention
- HIV Care
- Adult hormone and transition care
- Detransition care

PrEP Clinic

PrEP is available across The MetroHealth System
Call your Doctor (internal medicine, family practice, adolescent medicine, OB/GYN & more)

PrEP Clinic (Main Campus)
216-778-8305
Tuesdays: 1:00 – 4:20 p.m.

Pride Network (Many locations – The LGBT Center, McCafferty, Middleburg Heights, Rocky River)
216-957-4905
LGBT-affirming primary care

STI Telemedicine Clinic
216-778-8305
Late evening appointments 3rd Tuesdays of the month

Have questions about PrEP?

Contact **Akeem** at 216-957-PREP or arollins@metrohealth.org

Check out pop2block.org

Ryan White Part A Services

Primary Medical Care

Medical Case Management

Non-Medical Case Management

Mental Health Services

Emergency Financial Assistance (Medication & Vision)

Oral Health Care

Medical Nutrition Therapy

Early Intervention Services

Medical Transportation

Psychosocial Support Services

HIV Medical Care

Primary Medical Care

- The MetroHealth ID Physician teams currently follow approximately 1,800 people living with HIV in the adult and pediatric clinics.

Pediatric Care

- Pediatric ID has been contracted out to UH. Peds ID clinic is still Wednesday morning with Dr. Amy Edwards, but she is only seeing PrEP patients and babies born to our Mom's who are HIV positive.
- However, we do have 3 Med/Peds HIV providers in our adult clinic. Dr. Mintz, Dr. Fibbi and Dr. Talbott. They have absorbed our pediatric patients and will continue to do so as needed.
- If not seen by our Med/Peds provider, pediatric patients will need to be referred to UH Peds ID at UH. Dr. Edwards is not seeing HIV positive peds patients at MH.

Medical Care Providers

Physicians

Ann K. Avery, MD **(Spanish Speaking) – retiring May 2023**
Director, Division of Infectious Disease

Robert Kalayjian, MD
Charles Bark, MD (TB patients)
Meghan Fibbi, DO, MPH, AAHIVS
Corrilynn Hileman, MD (Clinic Director)
Laura Mintz, MD, Ph.D **(Spanish Speaking)**
Melissa Jenkins, MD (HIV and Hep C)
Rumila Tolentino, MD **(Spanish Speaking)**
Patrick Talbott, MD **(Spanish Speaking)**
Alexander Sapick, MD
Morgan Moreili, MD

Fellows

Maha Al-Jabri, MD

Nurse Team

John Ebner, RN
Traci Davis, RN
Valerie Tomlinson, RN
Pam Turner, RN
Margaret Oblak, RN

Medical Team Assistant

Maria Santiago **(Spanish Speaking)**

Check out our Bilingual Staff

ID Bilingual Providers

- Dr. Ann Avery
- Dr. Rumilia Tolentino
- Dr. Patrick Talbott
- Dr. Laura Mintz

Bilingual Support Team

- Xiomara Merced, MBA, MPH
- Monica Diaz, BS
- Karla Meza, BA
- Maria Santiago

At MetroHealth we are committed to diversity & inclusion. Our patients benefit from having one on one providers and medical team members who speak their preferred language.

Medical Case Management

Linking PLWH to resources in the community, provide emotional support, promote viral suppression & ensure health literacy.

Jason McMinn, LISW-S - **Supervisor**
Kristi Langshaw, LISW-S
Scott Sabiers, LICDC, LISW-S
Alison Jakubowski, LISW-S
Rachel Calhoun, LISW-S (RWB)
Dan Pacetti MSW,LSW (RWB)
Michelle Cook, LISW-S (RWB)

Social Work Office
216-778-5551

Non-Medical Case Management & Benefits Coordination

Grant Support Specialist

Monica Diaz
Tanya Wilson
Tracy Rosario

Sabrina Armendarez – Retired on 12/31/22
☹

Part B OHDAP and lab request

Karla Meza
Alexandra Mack (Part A also)

Xiomara Merced - Manager

Team is focused on assisting patients in obtaining and maintaining access to Ryan White eligibility and services.

Mental Health Services

Text Box

Psychiatry
Dr. Garmina Garg
Cassie Badea, APRN-CNP
Follows patients for medication maintenance in collaboration with therapists.

Psychologist
Dr. Amanda Burger

Collaborative Care & Depression Screening
Tracey Brichacek LISW-S
Michael Majer, LSW
Lauren Bagoly, LISW
Nicole Dister, LSW

Follows patients who screen positive for moderate to severe depression and provides initial mental health assessments and ongoing behavioral activation support.

Community Health Worker (CHW)
Kavian Harris

Provides outreach, telephone and electronic screenings, and scheduling of patients

Mental Health Therapist
Meredith Hellmer, LISW

Emergency Financial Assistance

Ryan White A Voucher Medications

- Medicaid/Medicare, Marketplace, Pharmaceutical Assistance Programs (PAPs) & OHDAP enrollment continue to be our primary long term RX support.
- Medication vouchers are used on a limited basis as a last resort.
- Upon approval of eligibility a voucher medication can be filled same-day at our MetroHealth Outpatient Pharmacy.

Vision Services

- Patients who are uninsured or underinsured can access vision exams via Metro Health's Ophthalmology Clinic.
- Exams covered by RW must be ordered by an ID physician and HIV related.
- **Call (216) 778-4253 to schedule an appointment**

Oral Health Services

MetroHealth can treat uninsured or underinsured patents for their oral health needs within our Department of Dentistry.

Ohio City Family Dentistry
3701 Lorain Avenue
Cleveland, Ohio 44113

Appointments can be made by calling
216-778-4725

New patients should provide proof of diagnosis, income, insurance and residency prior to their appointment for RW coverage or be entered into CAREWare system with supporting documentation.

To refer a patient, contact:

Xiomara Merced 216-778-5015 - xmerced@metrohealth.org
Monica Diaz 216-778-7819 -mdiaz2@metrohealth.org

Medical Nutrition Therapy

Patients need a referral from their MetroHealth ID Physician.

Nutrition Department located next to the blood lab, 2nd floor in the Specialty Services Pavilion

Patients can access consultation with a Registered Dietitian

Nutritional Supplements (Ensure/Boost) can also be supplied- pending referral through PART A.

If patient is underinsured or uninsured for Ryan White Medical Nutrition eligibility, contact **Tracy Rosario**

216-778-2915
trosario@metrohealth.org

Early Intervention Services

Jen McMillen Smith, LISW-S

- Provides counseling, education and linkage to Rapid Start of HIV care for those who are newly diagnosed.
- Tracks all preliminary positive HIV screenings through the EMR
- Assists MetroHealth physicians throughout the system give positive test results to patients
- Links patients to care and serves as a bridge to other services as needed
- Outreaches and connects with out-of-care patients to re-link to care

Psychosocial Support

Check out our calendar: www.metrohealth.org/compass-support-groups
*Special events are hosted once a month in the evenings.
Coming up – Ice Cream Social at Mitchell's on W. 25th on April 6, 2023

Open Group
1st and 3rd Mondays from 1:00pm – 2:30 p.m. – in the new Glick Family Resource Center

WOW: Women Only Wednesdays - for anyone who identifies as a woman – in the new Glick Family Resource Center
2nd Wednesdays at 1:00

Taco Tuesday
1st and 3rd Tuesdays 5:00 – 7:00 p.m.

50++
1st Fridays at Noon – meets at Franklin Circle Church, 1688 Fulton Rd. In Ohio City

Knit Squad
Thursdays at 11:45 a.m.

Yoga
Thursdays at 10:00 a.m. at Inward Compass Yoga Studio – 15903 West Park Rd. In Cleveland, at Metro outside in the summer

All people with HIV are welcome at our groups and events – no need to be a MetroHealth patient.

Medical Transportation Services

Ryan White Part A eligible individuals can access:

- Bus Tickets
- RTA Discount Fare Card ID Vouchers
- Gas Cards

FREE! Metro Van Transportation **(216) 778- 5258**

- Have your medical record number ready
- Must call 48 hours in advance to secure your spot
- You can schedule up to 6 months in advance
- LYFT is a very last resort option

Ending the HIV Epidemic Services

Behavioral Health MCM

Rapid Start

Behavioral Health MCM

Text Bar

Behavior Health Managers

Tracey Brichacek, LISW-S
Michael Majer, LSW
Lauren Bagoly , LISW
Nicole Dister, LSW

- Each of the 4 BHMs are assigned to an HIV Specialist and attend clinic as part of the ID team.
- There is a no “wrong door approach” to behavioral health care; referrals are made by the ID MDs, ID Nurses, MCMs and patients themselves.
- The BHMs regularly screen patients for behavioral health and substance abuse symptoms utilizing a variety of screening tools, which are embedded in the EHR so that results can be tracked over time. (DSM-5, PHQ9, GAD7, MDQ, Insomnia Severity Index and PCL5).
- Patients who screen positive ie) meet the criteria for a possible behavioral health disorder, are further assessed and encouraged to develop a plan to reduce their symptom burden through Self-Management strategies, Individual Psychotherapy, Psychiatry for medication management or substance abuse treatment.
- Patients are linked with internal and/or community-based services based on patient preference.
- Patients are monitored and routinely screened to assess whether the identified interventions are having a positive impact on their overall mental wellbeing.
- Regular case consultation with the Psychiatrist helps manage patient symptoms, increases efficiencies within the Psychiatry department and decreases the wait times for patients to start or adjust psychiatric medications.

MetroHealth

Rapid Start

Jen McMillen Smith, LISW-S
Louis Catania, BA

What is Rapid Start? Starting treatment as soon as possible after diagnosis – our goal is same day, if at all possible, or at the longest, within 5 days.

Year	Average # of days from Dx to Rx	Average # of days from Dx to Vs
2017	41.75	148.69
2018	28.61	142.35
2019	26.43	128.23
2020 (n=52) (covid)	11.23	82 (or 110 if 3 big outliers are included)
2021 (n=52)	5.27	59 – preliminary data
2022 (n=32)	4.8	52.03 – preliminary data

Why is Rapid Start a good idea?
1) Gives the person a sense of control
2) Optimizes health and longevity
3) Increases retention in care
4) U=U happens faster
5) Best practice (modeled after San Francisco Getting to Zero initiative)

How is Rapid Start different than regular LTC?
Same-day, streamlined coordination so the newly diagnosed person stays in one room and everything is brought to them. Labs drawn in exam room.
Meds tubed up to clinic and *first dose is observed* in clinic.
More frequent follow-up, including telemed at 1 week.

Other Programs Available

Quality Innovations in the Continuum of HIV Care

Positive Peers

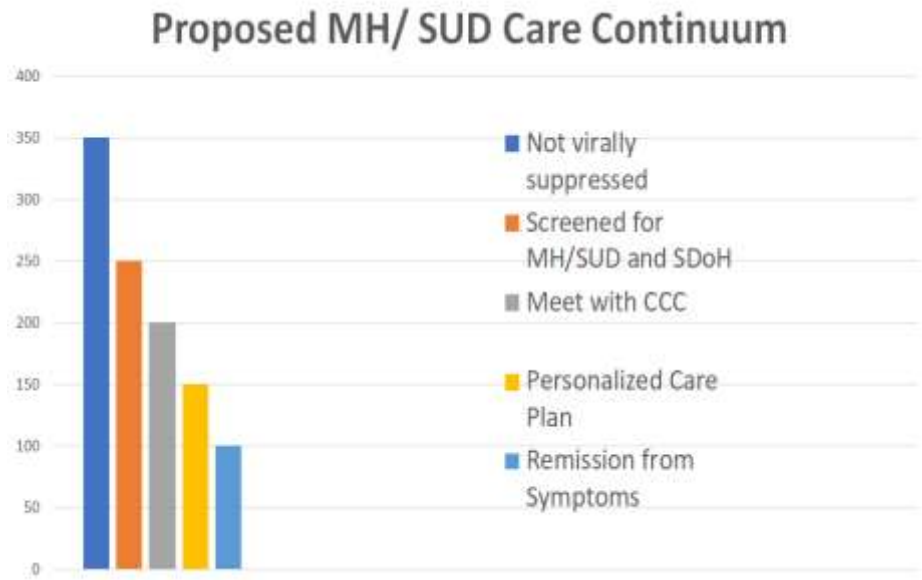
Suboxone Programs

Clinical Trials/Studies

Specialty Pharmacy

Quality Innovations in the Continuum of HIV Care

- MetroHealth was awarded a 3-year Quality Innovations Grant by ODH in April 2022.
- A cohort of 236 non-virally suppressed patients were identified for intensive outreach and intervention
- Chart reviews were conducted on all patients to identify pre-existing mental health and substance use disorders
- Patients are screened for multiple disorders using the DSM-5 and additional screening tools as necessary
- Patients are encouraged to develop a personalized care plan tailored to their needs
- Specialized interventions were developed based on initial information related to behavioral health screenings including: Trauma Informed Yoga, SAD Study, and Insomnia Education.
- Enhancements were made to the EHR to include the addition of various screening tools and the ability to manage and track the results over time.
- A MH/SUD care continuum was proposed to track patients from non-viral suppression to the goal of suppression as they engage in services over time.



Positive Peers

Mobile app that aims to engage young people in holistic HIV care while creating a private, stigma-free, supportive community.

FREE online enrollment for
all people living with HIV who are 13–34 years old & living in the US

Visit Positivepeers.org
and get social with us @PositivePeers4U

Contact Louis Catania for more information. lcatania@metrohealth.org | **(216) 778-5308**

MetroHealth

Suboxone Programs

HIV Suboxone Program at Main Campus:

Jason McMinn LISW-S
Scott Sabiers, LICDC, LISW-S
Kristi Langshaw, LISW-S

Prescribing Physicians:
Ann Avery, MD
Melissa Jenkins, MD
Corrilynn Hileman, MD

MetroHealth Parma Suboxone Program

PROJECT DAWN

MetroHealth

Clinical Trials

Our current trials are investigating better ways of preventing or treating HIV infection and its complications.

For more information about our current or upcoming clinical trials contact:

Dan Gebhardt at 216-778-5487

MetroHealth

Open Clinical Trials

Signature	Using Systems Immunology to Get at the Nature of Mood Disorders in HIV
NIDA COE	Center of Excellence: The purpose of this study is to create, maintain, and expand a database and repository of samples from patients who report recent substance use and have HIV or are at high risk of becoming infected. This data base and repository will be used for future studies.
NIDA COE GUT	Clinical Core: Center of Excellence on Substance Use and HIV- GI samples

MetroHealth Specialty Pharmacy

Pharmacists

Alexander Nelson, Mitchell Friedman, and Joshua Maierhofer

- Provide Dose Packaging (MOT – Medication on Time)
- Monthly Adherence Calls
- Meet with patients in clinic
- Communicate with providers via medical chart
- Pharmacy has shown increase in rates of Viral Load suppression with patients
- Near 100% Prior Authorization success rate
- Patient Assistance Covering Medication-Associated Needs Program (PACMAN)
  - 98% of patients with $0 copay on HIV medications
- Currently have 183 patients now receiving Cabenuva injections

Refills can be requested by calling **216-957-MEDS (6337) x3**

MetroHealth Mail Order Pharmacy
9885 Rockside Rd. - Suite 157, Valley View, OH 44125

MetroHealth

Neighborhood Family Practice
COMMUNITY HEALTH CENTERS

Integrated HIV Prevention/Care Services

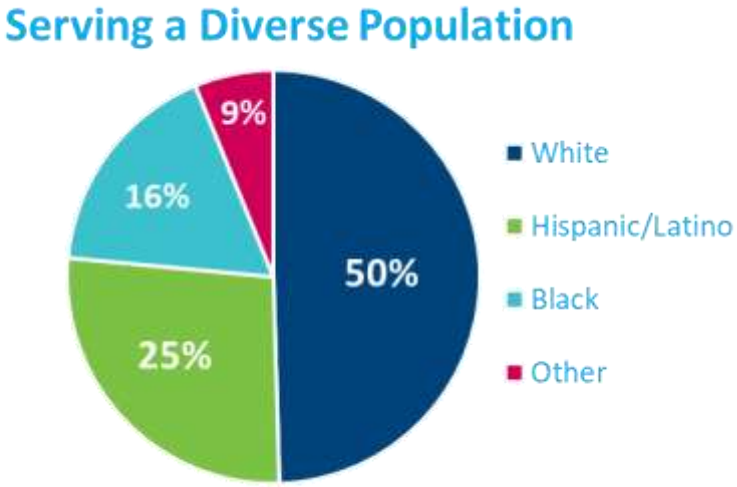
March 23, 2023

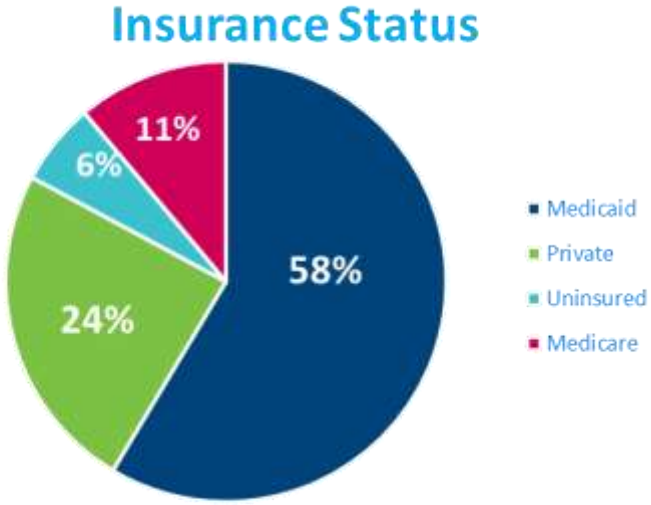
Who We Are

- Founded in 1980
- Federally Qualified Health Center
  - One of six FQHCs in Cleveland and 55 in Ohio
- 7 locations with focus on Cleveland west side and Lakewood
- Recognized by NCQA as a Patient Centered Medical Home (PCMH) Level 3
- Accredited by the Joint Commission
- Our Mission
  - “Our mission is to partner with the community for everyone’s health by providing health care services regardless of ability to pay; treating patients with compassion, dignity and respect; protecting confidentiality; and offering culturally sensitive services and community outreach.”

Who We

- Served 21,057 patients in 2022
- Provided 81,661 office visits in 2022
- Focus on families and medically vulnerable populations
  - 64% patients live at or below 200% FPL
  - Care for patients of all ages, all gender identities, any citizenship status
- Only provider of refugee health screenings in Cuyahoga County





Primary Care in Seven Neighborhood Locations

Ridge*
Mon, Tues 8:30a – 8p
Wed-Fri 8:30a – 5p

Detroit Shoreway*
Mon-Wed, Fri 8:30a – 5p
Thurs 10:30a – 8p

Tremont
Mon 10:30a – 8p
Tues-Fri 8:30a – 5p

Ann B Reichsman
M, Th, Fri 8:30 – 5p
Tues, Wed 8:30a – 8 p

Puritas
Mon, Thurs 8:30a – 5p
Tues, Fri 8:30a – 4p
Wed 8:30a – 8p

W 117th
Mon-Wed, Fri 8:30a – 5p
Thurs 10:30a – 8p

Lakewood
M,W,Th, Fri 8a – 5p
Tues 8a – 8 p

*Locations with Integrated HIV Primary Care

Neighborhood Family Practice
COMMUNITY HEALTH CENTERS

Our Practice

- Primary Care
- Telemedicine
- Same Day Appointments
- Behavioral Health
- Women's Health/Midwifery
- Outreach, Enrollment & Benefits
- Dental
- Refugee Health
- Integrated HIV Primary Care
- Pharmacy and Medication Home Delivery
- Supportive Services:
  - Interpretation
  - Transportation
  - Referral Management

Integrated HIV Primary Care

- Service line began in September 2019
- NFP serves around 95 PLWH
- Family Medicine and AAHIVS certified physicians at two NFP locations
  - Detroit Shoreway Community Health Center located at W. 65th and Franklin
  - Ridge Community Health Center located in plaza at Ridge and Denison
- Both sites in zip code 44102- a local HIV high prevalence area
- Extensive HIV experience in a medical home setting
- Behavioral Health Therapist part of HIV team
- Goal: Comprehensive HIV Care program that helps PLWH reduce barriers to care.

Current Grant Funding

- Ryan White Part A
- Ryan White Part C
- Ending the HIV Epidemic Primary Care – Primary Care HIV Prevention (PCHP)
  - Separate from CCBH EHE Funding

NFP HIV Care and Prevention Services

Outpatient Ambulatory Health Services

- **Nursing Visits**
  - Care Coordinator - Lichelle Jennings, RN
    - Dedicated to assisting PLWH with any medical/medications needs.

- **Primary Care Visits**
  - Lisa Navracruz, MD, AAHIVS
  - Prakash Ganesh, MD, MPH, AAHIVS
  - Samaher Hazeen, MA - Dedicated to supporting our providers in the examination and treatment of PLWH.

Additional Services

Medical Case Management provided by:

- Daytona Harris, MSSA, LSW
- Brian Scott, LSW

Behavioral Health Services

- Michael Cohen, LISW-S

Medical Transportation

- Rideshare through Circulation or Ace Taxi
- Bus Passes – One way and All Day
- Disability Vouchers

U=U
UNDETECTABLE
UNTRANSMITTABLE

Prevention Team

Lead Provider

- Brian Bouchard, MD

HIV Prevention Nurse

- Provide initial interviews with patients interested in PrEP or STI testing.
- Provide follow up support for PrEP Adherence.

HIV Prevention Coordinator

- Case management for at-risk patients.
- Provide patient navigation and linkage to care.
- Deliver education on HIV prevention services.

Prevention Services

LET'S STOP HIV TOGETHER™

Current

- PCP Visits
  - HIV/STI Testing
- PrEP medication; including Apretude
- Rapid linkage to NFP's Ryan White Program for patients who test positive

In Progress/Future

- Same-Day STI testing
- Rapid HIV Testing
  - At NFP
  - Community Outreach Events
- PAPI

Questions?

NLURC

nueva luz urban resource center

NLURC
nueva luz urban resource center

Locations

Cleveland Office
6600 Detroit Ave.
Cleveland, OH, 44102

Phone: (216)651-8236
Fax: (216)651-8235

Lorain Office
221 West 21st St.
Lorain, OH, 44052

Phone: (440)233-1086
Fax: (440)233-1089

Monday - Friday
9:00 a.m. - 5:00 p.m.

Mission, Vision, Values

Mission: To challenge the root causes of systemic poverty among Latinx and other underserved individuals through holistic and culturally-humble service and community building.

Vision: NLURC attempts to move people from systemic poverty and dependence to lives of empowerment and sustainability.

Values: Our work is informed and fueled by the values of hospitality, spirituality and excellence.

Leadership

- Max Rodas - Executive Director
- Kimberly Rodas - Clinical Director
- Christine Davis – Fiscal Controller
- Julia Kudlo – Operations & Development Director
- Jean Luc Kasambayi - Clinical Supervisor
- Danielle Parker - Legal Director
- Natalia Rodas - Communications Director

Our Staff

- Devin McLaughlin – MCM
- Janeen Khoury - MCM
- Mayra Perez - MCM

- Octaveya Lowe – Lead NMCM
- Diamond Green-Philips - NMCM
- Gloriann Irizarry - NMCM

- Beatrice Velez – HCM (Director of Lorain Services)
- Brandie Strozier – HCM (Legal)
- Ashley Radke – HCM
- Berto Lastre - HCM
- Eric Davis - HCM
- Colette Webster - HCM
- Christian Burgos - HCM

- Robert Rodriguez – Paralegal
- Gabriella Russo - Housing Legal Fellow

- Max E. Rodas – Nutrition Coordinator
- Nate Vazquez – Nutrition Driver

- Frank Lewis - Recovery Coach
- James Stevenson – Support Group Co-Facilitator

- Susan Yao - Case Aid
- Cassandra Jones - Bookkeeper
- Lydia Rosario-Cubero – Receptionist

- Benefits Coordinator – **TBD**

Services Provided

- Medical Case Management
- Non-Medical Case Management
- Housing
- Nutrition
- Recovery Services
- Legal Assistance
- Pharmacy

Case Management

- New clients complete intake in person or by phone.
- All clients complete Annual PSA and Semi-annual assessments.
- Individualized Service Plan (ISP) is developed as a result of PSA results.
- Low acuity clients are moved to non-medical case management (RW-Part B only).
- CMs assist client with access to medication, health insurance, ADAP services, dental services, medical services, mental health/substance abuse services, etc.
- CMs can meet clients in their homes or at mutually-agreed upon community locations.
- CMs transport clients from Lorain to Cleveland for medical/dental services.

Transportation

- Clients are provided bus tickets for scheduled HIV related appointments, per RW Part-A guidelines.
- Clients are provided voucher for RTA ID.
- MCMs assist with RTA disability applications.
- Clients present proof of appointments, confirm that other means of transportation have been exhausted, RW is payer of last resort.
- Review future transportation options.

Housing

- HCMs offer supportive housing services to PLWHA within TGA; Collaborate with EDEN, Frontline, CMHA, LMHA to secure permanent affordable housing.
- HCMs provide AIDS Rental Assistance Program (ARAP), financial assistance for past due rent/utilities in disconnect status.
- HCMs assist with Permanent Housing Placement (PHP), pays first months rent and deposit for eligible clients. Used once every two years.
- HCMs complete housing assessments every six months and develop housing plan goals.
- HCMs assist with budgeting, HEAP, PIP, subsidized housing applications.
- HCMs assist with ODJF applications and recertifications.
- HCMs assist with locating permanent affordable housing.

Legal Services

- Only legal service provider under RW Part-A grant.
- Serve NLURC clients, as well as eligible PLWHA in 6 counties.
- Help with any matter of civil law that's within our expertise and that our funders allow. Make referrals to other law firms as needed.
- Provide housing interventions – eviction defense, notices of defective conditions, rent and deposits, various landlord disputes.
- NLURC's legal clinic works closely with HCMs to streamline services and ensure clients receive timely assistance for housing-related legal cases.
- Assist with administrative law - representation for social security overpayments, hearings for proposed termination of vouchers, or license reinstatement.
- Assist with wills, living wills, powers of attorney, other advance directives, name change, employment (wrongful termination), identity theft protection, simple contracts and torts, family law, and simple immigration matters.
- Grant prohibits work on criminal law and class action suits.

Nutrition

- Eligible clients may access food pantry up to twice per month. At each visit, they receive 2 food bags – 1 frozen, 1 non-perishable. PPE, cleaning supplies, and hygiene products are included whenever available.
- Nutrition Coordinator works with CMs to tailor bags to meet identified clients needs by including GOYA food items, Boost Drinks, or other supplemental foods when funding is available.
- Clients can arrange food delivery through their CM as NLURC has a full-time delivery driver.
- Clients are informed of additional nutrition services provided around the TGA (food pantries, hot meals, home delivered meals etc.).
- Clients are informed and assisted with access to SNAP benefits.
- Collaborate with The Greater Cleveland Food Bank and Second Harvest Food Bank (Lorain).

Recovery Services

- A holistic and spiritual recovery program specifically designed for PLWHA .
- The main focus is developing the ability to find the solution.
- Clients are guided to complete a self evaluation of their emotions and spiritual reactions to the world incorporating a holistic view of self.
- Meetings are every Wednesday and Friday.
- All PLWHA are welcome, non-NLURC clients included. Refreshments provided.
- All are welcomed to the group, especially those currently dealing with ongoing struggles with drugs or alcohol, and anyone currently in any recovery program.
- Funded by Ending the HIV Epidemic (EHE).

Pharmacy

- Coordinated Care Network (CCN), an HIV specialty Pharmacy as well as a full-service pharmacy.
- Specialized packaging, labeling and delivery methods tailored to individual client needs.
- This program is designed to highlight client choice.
- Bi-lingual assistance available.
- 24-hour service availability with a consistent care team and pharmacy representative.
- Operating from a case management perspective, developed from more than 20 years experience working with PLWHA.

Questions? Reach out!

Phone: (216) 651-8236

Fax: (216) 651-8235

www.nlurc.org

THANK YOU!

Signature HEALTH

When you need help now.

2023-24

Showcase of Services

Overview of Signature Health

Signature Health is a non-profit, Federally Qualified Health Center providing mental health, addiction recovery, and primary care services to patients across Northeast Ohio.

Signature Health was founded in 1993 and began as a community-focused organization, providing counseling to kids in local schools.

Today, Signature Health is a non-profit Federally Qualified Health Center. Rooted in our local communities as we have always been, we now thrive as a full-service health care agency.

Through our growth, we continue to serve people of all ages and all income levels, aiming to eliminate health disparities in our Cleveland-area communities.

Overview of Signature Health

- Founded – 1993
- Designated as an FQHC – December 2016
- Funded by Lake, Ashtabula and Cuyahoga ADAMHS Boards
- 6 Outpatient Centers, 3 Residential Facilities
- 900+ Employees

Services Provided

Signature Health outpatient programs encompass a wide range of mental health, counseling, and chemical dependency services.

- Diagnostic Assessments
- Medication Assisted Treatment
- Psychiatry
- Partial Hospitalization Program (PHP)
- Mental Health Intensive Outpatient Program (IOP)
- Substance Abuse Intensive Outpatient Program (IOP)
- Case Management
- Individual Counseling
- Marriage & Family Counseling
- Group Therapy
- Art Therapy
- Pharmacy
- Lab Services
- Tele-Medicine
- Infectious Diseases
- Sexual and Reproductive Health
- Primary Care
- Transportation
- Sex Offender Treatment
- Ryan White Program
- Eye Movement Desensitization & Reprocessing (EMDR)
- Family Preservation
- Walk- In Services (Assessment, Psychiatry, Counseling, and Case Management)

Ryan White Program

2023-24 Funded Services

- Early Intervention Services (EIS)
- Medical Case Management (MCM)
- Medical Nutrition Therapy
- Mental Health
- Outpatient Ambulatory Health Services (OAHS)
- Emergency Financial Assistance (EFA)
- Part A & EHE Medical Transportation
- Psychosocial Support
- EHE Intensive Behavioral Health MCM
- EHE Community Health Worker
- *NEW* Oral Health Services
- *NEW* Non-Medical Case Management

Funded Staff

- Brittany Anderson-Freese, Program Manager Part A & EHE
- Anna Pekarski, Part A MCM (Ashtabula, Lake, Geauga)
- Catherine Phelps, Part A MCM (Cuyahoga)
- Natalie Armstrong-Kinser, Part A RN (All counties)
- Maureen Jacobson, RD, LD Part A Nutritionist (All Counties)
- Elizabeth Schaefer, EHE IBHMCM (Cuyahoga)
- Latoria Davis, EHE Community Health Worker (Cuyahoga)
- Stacey Locotosh, ID Coordinator

RW Program Accomplishments

Intensive Behavioral Health MCM Increased Viral Load Suppression

- In 2022, Signature Health continued successful implementation of IBHMCM program under EHE funding. 34 clients received this service during the grant year.
- Increased focus on mental health and substance use barriers which stand in the way of effective and consistent medical treatment
- Smaller caseload to encourage more intensive activities than a Medical Case Manager
- Significant time spent developing internal and external relationships to promote appropriate behavioral health referrals and connections
- Made relevant changes to make program more efficient – dedicated caseload for the IBHMCM with transition plans to MCM once clients are ready
- By the end of FY2022-23, 88% of clients utilizing this service achieved viral load suppression!

Developed Community Health Worker Position

- In 2022, Signature Health received EHE funds to develop a CHW position
- Developed job description, recruited for position, ultimately hired a CHW in January 2023
- Currently working to identify appropriate clients to utilize CHW services
- Educating internally on the CHW role
- Focusing on linking newly diagnosed clients to care and keeping them in care; outreaching and linking clients who have been out of care with goal of keeping them in care.

Increased Collaboration (MCM, EIS, OAHS)

- In 2022-23, Ryan White Part A/EHE continued to increase collaboration between Signature Health's Infectious Disease and Prevention teams, allowing for rapid linkage to care and improved care coordination.
- Provided MCM services to 103 clients in FY2022
- Provided EIS services to 47 clients in FY2022
- Provided OAHS/RN support to 113 clients in FY2022

Medical Nutrition Therapy

- 12 clients received nutrition counseling, assessments, and assistance with supplements in FY2021.

Continued to Expand Infectious Disease Clinics (OAHS)

- In 2022-23, Signature Health's Infectious Disease clinics continued to expand, increasing days at several sites and developing the most efficient schedule.
- Continued to provide in-person and virtual appointments
- Ashtabula – 2 clinics per week and a mobile van!
- Painesville – 1 clinic per month
- Lakewood – 5 clinics per week
- Maple Heights – 1 clinic per month
- Willoughby – 2 clinics per week & added evening hours
- 83 SH Ryan White Part A clients see ID providers in our clinics
- Providers: Audra Blood, ANP (Ashtabula); Belinda Brown, CNP (Lakewood, Maple Heights, Willoughby); Vaquet Shomo-Brown, CNP (Lakewood, Willoughby, Painesville)

Behavioral Health

- Mental health services through RW Part A were available to clients, however, most clients referred to MH services had appropriate insurance coverage and did not need to use RW Part A MH funding in FY2022-23. MCMs referred clients to internal or external providers based on their specific needs.

Emergency Financial Assistance

- Available to RW Part A clients in need of emergency assistance for medications or eyeglasses. Two clients utilized this benefit during FY2022-23.

Psychosocial Support

- Started a support group for People Living with HIV who also struggle with mental health or addiction concerns at our Lakewood location.
- Held 7 group sessions with average of 3 clients attending.

Medical Transportation/Part A & EHE

- Used both Lyft and UberHealth in FY2022-23 to increase medical appointment adherence (Part A & EHE)
- Provided gas cards and bus tickets to those in need to increase medical appointment adherence (Part A).
- 40 virally suppressed clients benefited from Part A transportation in FY2022-23
- 13 non-virally suppressed clients benefited from EHE transportation in FY2022-23

2023-24 Ryan White Program Plans

- Continue to improve collaboration amongst departments within Signature Health to ensure excellent care coordination for RW Part A & EHE clients
- Continue identifying and working with clients who need more intensive support from our IBHMCM
- Identify clients who need more support from our new Community Health Worker
- Continue to increase internal education about Ryan White Part A & EHE programs in order to reach more clients who may benefit from the program
- Develop a psychosocial support group in Ashtabula county
- Increase attendance at established psychosocial support group in Lakewood
- Increase access to dental care in Lake county via Oral Health funding
- Increase access to housing resources in Lake, Ashtabula, and Geauga county via Non-Medical Case Management funding

Signature HEALTH

When you need help now.

QUESTIONS?

University Hospitals

John T. Carey
Special Immunology Unit

2061 Cornell Rd
Cleveland, Ohio 44106
216-844-7890

University Hospitals
Cleveland | Ohio

Our Mission:

Provide expert comprehensive and compassionate care to all people living with HIV regardless of ability to pay, while furthering progress in the fight against HIV through education and research.

Ryan White A Funded Services

- Outpatient Ambulatory Health Services
- Medical Case Management
- Mental Health
- Medical Case Management- Behavioral Health (End the Epidemic)
- Psychosocial Support
- Medical Nutrition Therapy
- Oral Health
- Early Intervention Services
- Emergency Financial Assistance
- Medical Transportation
- OAHS and EFA - Rapid Start (End the Epidemic)

Outpatient Ambulatory Health Services

The SIU operates with an interdisciplinary approach to patient care where every patient has their own doctor, nurse and social worker. Patients see one of our 11 Infectious Disease Specialists. Additionally, we have an OB-GYN who sees patients on designated clinic days.

Nursing

Nurses at the SIU educate patients on the disease, direct patients to necessary resources, and communicate with other disciplines inside and outside of the SIU to establish, coordinate, and maintain continuity of care. Nurses are available between physician appointments if a patient has an illness, question, or concern.

Vera Paul-Jarrett, RN
Sheila Garven, RN
Isabel Yuzon Hilliard, ND, RN
Maggie Joyce, RN
Trisha Walton, RN

Medical Case Management

Social Workers at the SIU offer emotional support, short-term counseling, referrals, and links to community resources. The social work staff is trained to address mental health crises, help patients adjust to living with HIV, facilitate support groups, and provide individual and family support. They also assist with insurance and medication issues, and help coordinate Medical Transportation, when eligible.

Elizabeth Habat, MSW, LISW-S
Isabelle Haney, MSSA, LISW-S
Amy Horning, MSSA, LISW
Mary Lawrence, MSW, LSW
Armina Popa, BSW, LSW

Mental Health Counseling

For patients who need more than the short-term counseling provided by the social work team, the SIU offers an on-site mental health therapist.

Kathryn Raven, LPCC

Medical Case Management – Behavioral Health

End the Epidemic

The SIU implemented a Collaborative Care model for behavioral health in October 2020, which utilizes a multidisciplinary team comprised of a primary care physician (PCP), case manager, and consulting psychiatrist. The goal of this model is to better address depression in our patients to improve overall adherence. Medical Case Managers review patients with the Clinical Psychiatrist, who then makes a medication recommendation to the PCP. This allows patients to have access to the expertise of a Clinical Psychiatrist without having to deal with the logistics of additional doctor appointments.

Support Groups at the SIU

Women's group: Support group for women; 1st Tuesday of the month at 3pm

Men's Group: 3rd Thursday of the month at 4pm

Craft Group: Last Wednesday of the month from 4-5pm

MTCT: Every other 3rd Thursday 2 – 4 pm

Youth Group: Support group for patients ages 18-24, 2nd Tuesday of the month from 1-3pm

Patient Advisory Group: Focus group of SIU patients for improvements and suggestions for the clinic

Pharmacist

The pharmacist works with patients to optimize medication adherence while providing information concerning all aspects of a medication regimen. The pharmacy team works closely with the physicians, nurses, and social workers in the SIU to address medication-related problems.

Nan Wang, PharmD ***Mary VanMeter, CPhT***

Nutrition

The dietician monitors the nutrition status of all patients, whether or not they have food insecurity, educates patients on appropriate food choices specific to needs, performs body composition tests and provide information on dietary and herbal supplements.

Aaron Fletcher, MS, RD, LD

Oral Health

Oral health care is provided by the Advanced Education in General Dentistry (AEGD) dental residency program at Case Western Reserve University School of Dentistry. Comprehensive dental services are available including routine cleaning and x-rays, as well as fillings, crowns, extractions, dentures and other restorative work. Patients are referred from dental to oral surgery as indicated, such as for wisdom teeth extraction.

CWRU AEGD Clinic
216-368-8730
9601 Chester Rd.
Cleveland, OH 44106

EIS

The SIU has a funded EIS position to help link new patients to care, and assist with engaging those who may have fallen out of care.

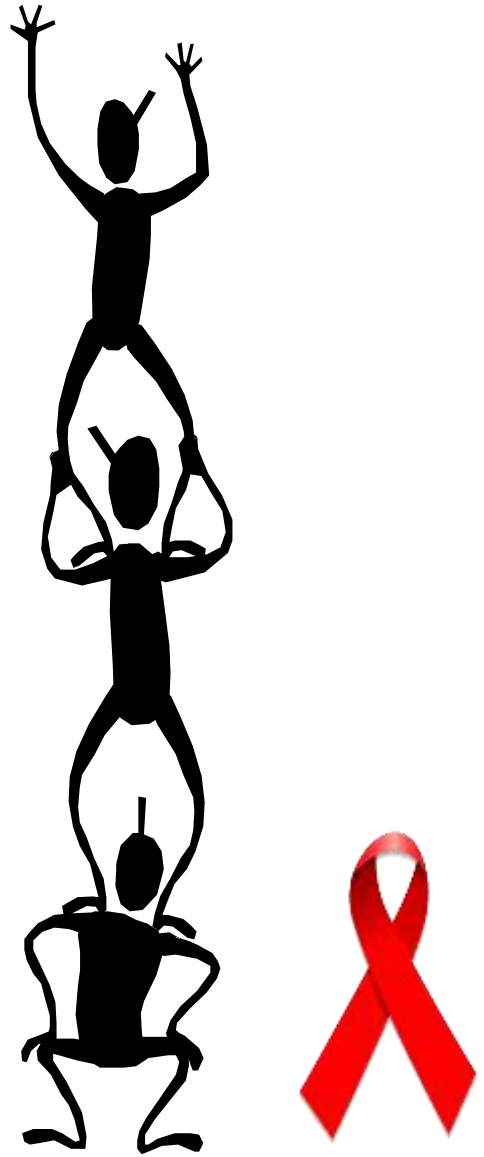
Community Health Worker

The SIU brought on Community Health Worker in October 2021. This person helps patients find resources, navigate their care, and address any adherence barriers.

Tizita Guffie

Other Support Staff

- Financial/Intake Counselor:
  - Carolyn Williams
    216-844-2649
- Data/RW Clerk
  - Robert Greathouse
    216-844-5359
- Finance Specialist
- Receptionist
- Two Medical Assistants
- Quality Improvement Manager



End the Epidemic

Rapid Start/OAHS

With the assistance of EIS, MCM, RN Care Coordinator, and physician we are able to link newly diagnosed patients to OAHS services, including access to ARVs, the same day they discover their diagnosis.

Medical Transportation

Utilization of Lyft services for those patients who are not virally suppressed.

Behavioral Health MCM: discussed earlier

HIV Testing (not RW funded)

The SIU offers free anonymous and confidential HIV testing four days a week. Trained staff members are available to counsel individuals before and after test results and to discuss risk reduction including PrEP referral.

Testing Hours:

Monday – Thursday: 8 a.m. – 4 p.m.

*** Must have an appointment – call 216-844-5316 to schedule ***

PrEP

The SIU offers PrEP as a prevention option for those who are at high risk of getting HIV. Funding for PrEP navigation is through ODH Part B.

Services available include:

- Consultation with HIV/ID practitioner
- HIV testing
- Prescription of PrEP medication and lab monitoring
- Vaccines for Hepatitis A and B, and HPV as indicated
- Individual risk reduction counseling
- Financial assistance through PAPI

Fiona Allan, PrEP Navigator
216-286-PREP (7737)
prep@uhhospitals.org

Clinical Trials

The Case Western Reserve University/University Hospitals AIDS Clinical Trials Unit (ACTU) is a founding unit of the AIDS Clinical Trials Group, the world's largest network of AIDS-related treatment clinical trials. In addition, UH has an active HIV Metabolic Research unit as well.

Both research units shares space with the SIU, to facilitate easy participation for interested patients.

Since its beginning, more than 1,800 people have volunteered to participate in HIV treatment trials at the Unit.

How do we do it all?

Thanks to federal, state and local funding primarily from the Ryan White Care Act we are able to offer all of the services at the SIU.

Presently, the SIU operates with the assistance of four Ryan White grants:

- PART A
- PART B
- PART C
- PART D

Part A

- Covers physician visits and laboratory testing for uninsured patients
- Covers nurse care coordination, medical case management services, nutritional counseling, mental health counseling, outreach and dental services for qualifying patients
- Can also provide medication coverage and transportation assistance

Part B

- Supports the PrEP navigator position
- Also supports PrEP outreach advertising

Part C

- Provides salary support for several SIU positions
- Supports the SIU PharmD
- Covers outpatient ambulatory visits to medical specialists such as psychiatry, radiology and ophthalmology
- Provides coverage based on a sliding fee schedule with an annual cap, covering the patient portion for persons underinsured

Part D

- Focuses on Women, Infants, Children and Youth (WICY)
- Youths are considered to be anyone 24 years old and younger
- Supports the clinical services and medical case management that are focused on this population
- Covers outpatient ambulatory services for the uninsured and underinsured WICY
- Covers support groups specific to this population

Questions?

Ryan White Part A
Cleveland TGA

CUYAHOGA COUNTY

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