

Cuyahoga Regional HIV Prevention and Care Planning Council

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

Jason McMinn, Chair



Quality Improvement Committee Minutes

Wednesday, October 19, 2022

3:00 pm to 4:00 pm

Start: 3:07 pm

End: 4:01 pm

Facilitator: J. McMinn

Moment of Reflection

Welcome and Introductions

Please note: PC members who have a conflict of interest must inform the committee at the beginning of each meeting. A Conflict of Interest, as it pertains to the Ryan White Planning Council Bylaws, is defined as "an interest (actual or perceived) by a Planning Council member in an action that may result in personal, organizational, or professional gain for the member or his/her spouse, domestic partner, parent, child, or sibling."

Approval of Agenda: October 19, 2022

Addendum:

Motion: C. Barnett

Seconded: L. Yarbrough-Franklin

Vote: In Favor: All

Opposed: 0

Abstained: 0

Approval of the Minutes: September 21, 2022

Addendum:

Motion: J. Citerman-Kraeger

Seconded: C. Barnett

Vote: In Favor: 10

Opposed: 0

Abstained: 1- C. Droster

New Business

Updates from Statewide Integrated Plan Activities – J. McMinn

Z. Levar – The goals have been created and are underway for all the nine Affinity groups.

S. Harris – It is very impressive to see that a lot that has come from this process.

Mental Health & Psychosocial Service Category Review – J. McMinn

The main objective was to look at categories that impact people who are experiencing loneliness and feeling alone in this age of Covid and see how we can approach this in an more casual way, perhaps at doctor visits or providing info in waiting rooms on how to enroll in mental health care, rather than using a clinical approach.

***Comment: S. Harris** – The group should think about how to help people seek Mental Health clarification on if they are feeling different or isolated. We should think outside the box to find ways to help people in a more informal way, perhaps with messaging ideas to seek help.

***Response: L. Yarbrough-Franklin** – Agreed. The entry into MH services is that the client has to want the care, otherwise they can't be served and it is their right not to accept help. Cuyahoga County has a mental health mobile hot line, (216) 623-6888 and they can recommend an evaluation and arrange transportation to a facility for 23-hour evaluation. There is also a new, nationwide suicide hotline, 988, that went live in June or July.

***Comment: L. Lovett** – There are also a few services out there for those going through MH challenges, like ***Drive: Thrive** ***(Amended 11/16/22 to read as Thrive.)**

***Comment: L. Yarbrough-Franklin** - ***Drive Thrive is primarily peer support**, however, another service is offered at Circle Health, a walk-in behavioral health crisis center, located at their 12201 Euclid Avenue building.

***Question: K. Dennis** – How can we help those who don't want care, involving police may not be best outcome?

***Response: L. Yarbrough-Franklin** - If not a danger to themselves or others, local intervention can help. The Diversion Center can also provide intake on this level. The County also has a mental health force that can come out to assist. This is an entire department of police that are trained, specifically for that. However, all police departments in Cuyahoga County may not receive that training, they have to agree to participate.

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***Comment: S. Harris** - The Psychosocial Support Services is the “softer side” of mental health service, as it gives people a chance to share and talk about how to become more engaged with others.

***Comment: J. McMinn** – Liking the MH conversation and looking how to frame this around, not necessary severe issues, but more focusing on isolation and depression, due to the Covid, something not as identifiable.

***Comment: K. Dennis** - Also long-term PLWH could be have an issue in this area.

***Response: J. McMinn** - Agree, not only with pandemic, but also newly diagnosed, multiple health conditions, aging, maybe messaging would help encourage mental health care.

***Comment: C. Barnett** - This brings up younger generation who may not be prone to have this MH conversation.

***Comment: S. Harris** – The committee should consider messaging, encouraging people to seek “soft” or direct mental health resources, and the outcomes we want at the end of this deep dive. Also, come up with different ways to inform people of resources, like a fact sheet or social media.

***Question: J. McMinn** – Any comments on whether people are comfortable speaking on this at doctor visits?

***Response: K. Dennis** – Yes, at my primary doctor visits, as everything plays a part in your overall health care.

***Response: C. Barnett** – The doctor is informed of my needs, but only asks basic questions, never about MH issues.

***Response: T. Moyel** – Usually they just ask about if having depression or unhappy feelings.

***Question: C. Droster** – What does the MetroHealth building in Cleveland Heights provide?

***Response: J. McMinn** – J. McMinn - It focuses on mental health.

***Comment: L. Lovett** – A psychologist and psychiatrist are important aspects of MH when feeling overwhelmed.

***Comment: L. Yarbrough-Franklin** – After doing a study, Kaiser will now ask MH questions, part of regular exams.

***Comment: S. Harris** – Over last three years, doctor has done a depression screen asking a series of questions.

***Response: T. Brichacek** – This began in 2014, working depression screen into regular visits for those with moderate to severe symptoms. They would then visit with a behavioral specialist and get linked to support services, which grew from depression, anxiety, and cognitive screenings to trauma responses and mood disorders.

***Comment: J. McMinn** – Per Robert, mental health assessments are very important to health care and prevention.

***Comment: S. Harris** – Aging may also create issues of loneliness that may grow and become severe over time.

***Response: J. McMinn** – Agree and this impact may be because of society not recognizing these MH issues.

***Comment: K. Faryar** - We do depression screening, and for more extreme MH issues, we do a deeper dive.

***Comment: T. Brichacek** - We also look at things to find out the symptoms and where the severity of them lie.

***Question: L. Yarbrough-Franklin** - Is this a full diagnostic effort?

***Response: T. Faryar** - Not always, we screen and do full assessments on those seeking services, but not a full blown assessment on every patient. Often it is not necessary, but rather basic responses to something, like grief.

***Question: J. McMinn** - What about the new programs in the works?

***Response: T. Brichacek** – We have new programs helping patients in three areas: a trauma-informed yoga group, different in the sense it is more about grounding yourself, light therapy, 30 minutes a day with high-intensity lamps for patients with bipolar disorders, and things to help with sleeping issues for an insomnia group or those having trouble sleeping. This is comes from the RW QI innovation care continuum.

***Comment: Z. Levar** - Thanks to Tracy for attending and for sharing your comments and information on MH.

***Response: T. Brichacek** - Thank you all. Our goal is to get more patients involved in their MH care.

Review Service Definitions & Service Delivery Process - Tabled

Standing Business

Agree on QI Committee work activity (if any) to be reported at October 2022 Planning Council Committee meeting – J. McMinn

We will report on the Statewide Integrated Plan updates and discuss next deep dive steps into mental health and psychosocial service categories.

Determine formal CAREWare Data Request (if any) - Tabled

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Parking Lot Items

Review QI Committee Work Plan for Compliance- Tabled

Next Steps

- **J. McMinn** - This deep dive is also about other symptoms, not fully addressed, like the effects of aging, trauma, and grief loneliness, while looking at service categories to allow creativity or “out of the box” thinking to meet people’s emotional needs. We should also dive more into psychosocial services. Maybe we can pull this together with Jen McMillen and Tracey, utilizing feedback from Naimah O’Neal and Dr. Gripshover for discussion next month.

- **S. Harris** - Consider compiling a list of schedules for social therapy groups that meet every month and reporting this at the next meeting, as it is good to understand things that could trigger the potential need for therapy. Providing this info could also be an outcome for this deep dive.

Announcements

K. Dennis – The October Women’s Healing weekend was awesome and a success.

Adjournment

Motion: L. Yarbrough-Franklin Seconded: C. Barnett

Attendance

	QI Committee	Jan	Feb	Mar	Apr	May	June PSRA	Aug	Sep	Oct	Nov
1	Jason McMinn, Chair	20	20	20	20	20		20	20	20	
	Vacant Co-chair										
2	Barb Gripshover	20	20	20	20	20		20	20	0	
3	Leshia Yarbrough-Franklin	20	0	20	20	0		0	20	20	
4	Billy Gayheart	20	20	20	10	10		10	10	10	
5	Jeannie Citerman-Kraeger	20	20	20	20	20		20	20	20	
6	Karla Ruiz	20	20	20	20	20		20	20	20	
7	David Smith	20	20	20	20	20		20	20	20	
8	Anthony Thomas				20	20		20	0	0	
	Total in Attendance	8	7	8	10	8		7	7	6	

PC Members: K. Dennis, C. Barnett, C. Droster, L. Lovett, D. Harris

Attendees: T. Moyel, K. Faryar, T. Brichacek

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