

CUYAHOGA COUNTY

BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

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

Gloria Agosto Davis (*she/her*)

Ending the HIV Epidemic Program Supervisor

Erin Lark Turcoliveri (*she/her*) & **Brian Lutz** (*he/him*)

Ending the HIV Epidemic Program Managers

Department of Population Health

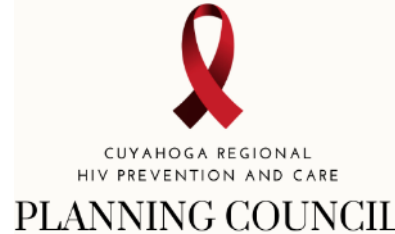
January 11, 2023

Welcome Agenda!

- **LEARN**
 - EHE Cuyahoga ‘Diagnose’ Program Activities
- **SHARE**
 - Community Partner Spotlight
 - HIV Counseling, Testing & Referral Services (CTR)
 - CDPH HIV Testing Services
 - HIV Self-Testing, We Think 4 A Change
- **BUILD**
 - Group brainstorm activity



Welcome Attendees!



LEARN



To achieve the goal of reducing HIV cases in the U.S. by 75% by 2025 and 90% by 2030, the EHE initiative focuses on four key strategies.



Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.



Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



EHE Cuyahoga Diagnose Pillar

JURISDICTIONAL GOAL: Diagnosing those with HIV as **early as possible** prevents individuals from unknowingly transmitting the virus to others. Proposed strategies in the diagnosis pillar focus on **increasing access** to testing for **all** community members by working across social service and health sectors to offer testing in a convenient and accessible way that **meets people where they are**.

Ending the HIV Epidemic Goals



Increase the percentage of people who have knowledge of their status to **95%** by 2025.



Reduce new infections by **90%** by 2030.

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EHE Cuyahoga Diagnose Pillar

JURISDICTIONAL STRATEGIES:

- Equitable Access to HIV Testing: Increase availability of equitable HIV testing throughout the community.
- Increased Utilization Initiatives: Increased utilization of primary care testing, ED testing, community testing locations, testing events and at-home options.
- Partnerships: Strengthen existing and create partnerships with organizations including justice system, family planning, domestic violence centers, human trafficking taskforces & rape crisis centers and within HIV workforce.
- Community Health Workers for Peer Navigation: Expand the integration of CHWs and Peer Navigators within hospital systems.

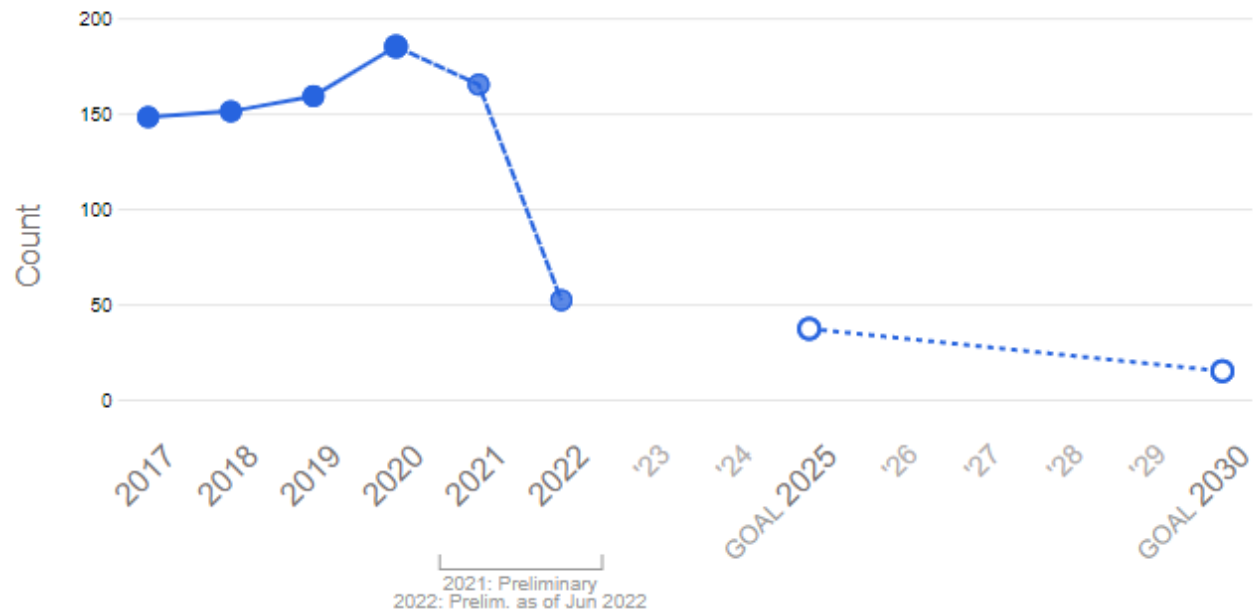


AHEAD



America's HIV Epidemic Analysis Dashboard

Diagnoses is the number of people with HIV diagnosed in a given year confirmed by laboratory or clinical evidence.



Persons diagnosed							
2017	2018	2019	2020	2021 Prelim.	2022 Prelim.	GOAL 2025	GOAL 2030
148	151	159	185	165	52	37	15

2021: Preliminary

2022: Prelim. as of Jun 2022

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EHE Diagnose Updates

- Introduce Program Initiatives
- EHE Testing Data
- CCBH Epidemiologists
- *Test Me* Social Media Campaign



EHE Diagnose Service Areas

- Emergency Department testing
- SSP testing
- Correctional Facility testing
- HIV Self-Testing
- Community Outreach
- Sexual Health Clinics (CCBH)



EHE Diagnose Initiatives & Partners

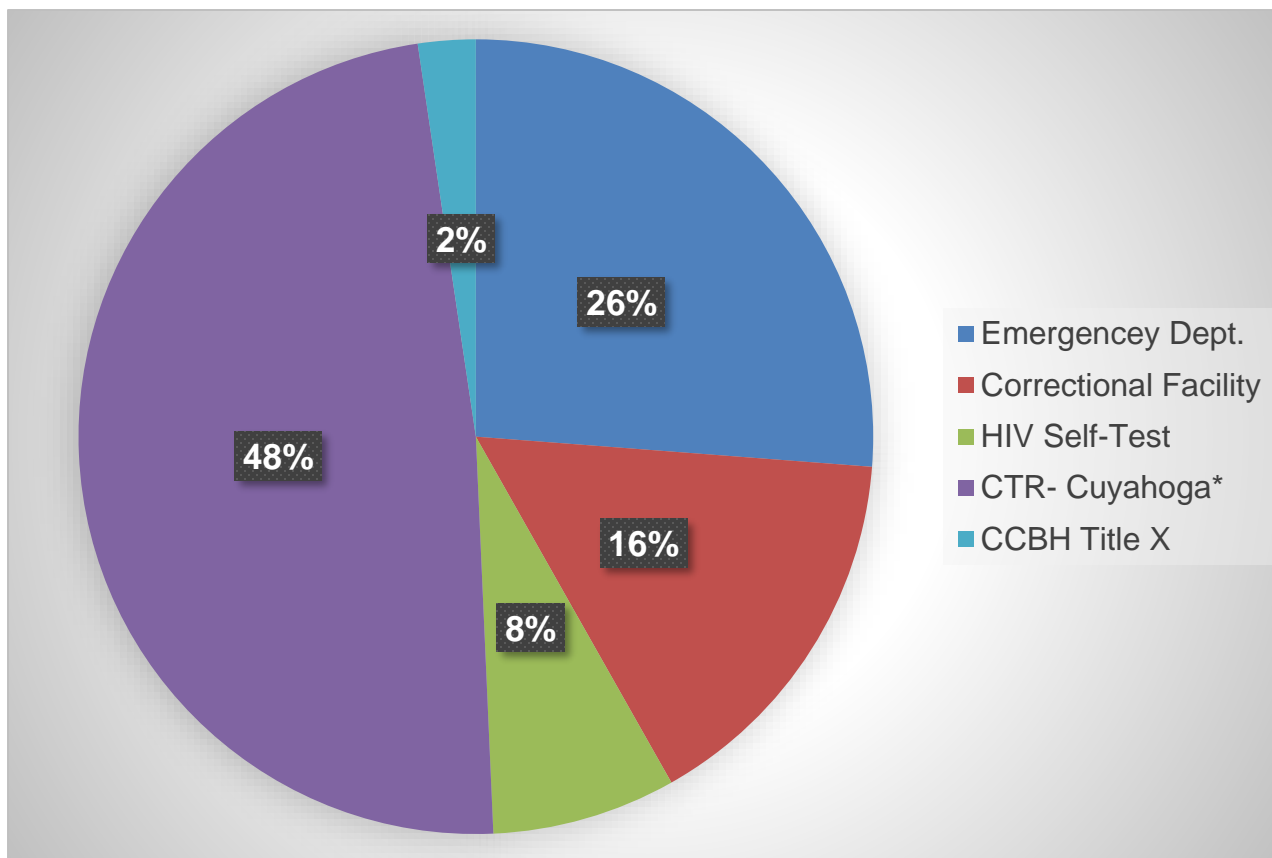
- Emergency Dept. Testing
 - MetroHealth and University Hospitals
- SSP Testing
 - MetroHealth and The Centers
- Correctional Facility Testing
 - MetroHealth
- Self-Testing
 - We Think 4 A Change and The Centers



EHE Diagnose Initiatives & Partners (*continued*)

- Community Outreach
 - A Vision of Change, University Settlement
- Sexual Health Clinics
 - CCBH's Title X Clinic began 01/03/2023

EHE Diagnose Pillar Allocations [CCBH]



*CTR sites are funded via HIV Prevention (NON-EHE)
Chart does not represent all HIV testing funding in Cuyahoga

EHE-funded HIV Testing Data 2022

- Time Frame
 - November 2021-November 2022
 - January 2022-November 2022
 - E.Ds.
- Total Cumulative HIV Tests: 8,720
- Total Cumulative Positive HIV Tests: 57

Note: EHE HIV self-testing initiatives started 11/1/22. EHE self-testing data was not available for today's meeting.



Ending the HIV Epidemic (EHE) Community Advisory Group Meeting Wednesday, January 11, 2023

Pillar: **DIAGNOSE**

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Alisha Cassady, MPH
Epidemiologist
Epidemiology, Surveillance, and Informatics
Cuyahoga County Board of Health
January 11, 2023

2022 HIV Cases

- 98 new cases as of 12/1/2022
 - ↓ 42% decrease from 2021
- 84.7% of cases in males
 - Specifically, Black/African American males account for 59% of new cases
- 36% of cases in men who have sex with men (MSM) exposure category
- Age Range: 17-70 years old
 - 42% of cases under 30 years old

HIV Testing in Emergency Departments (ED)



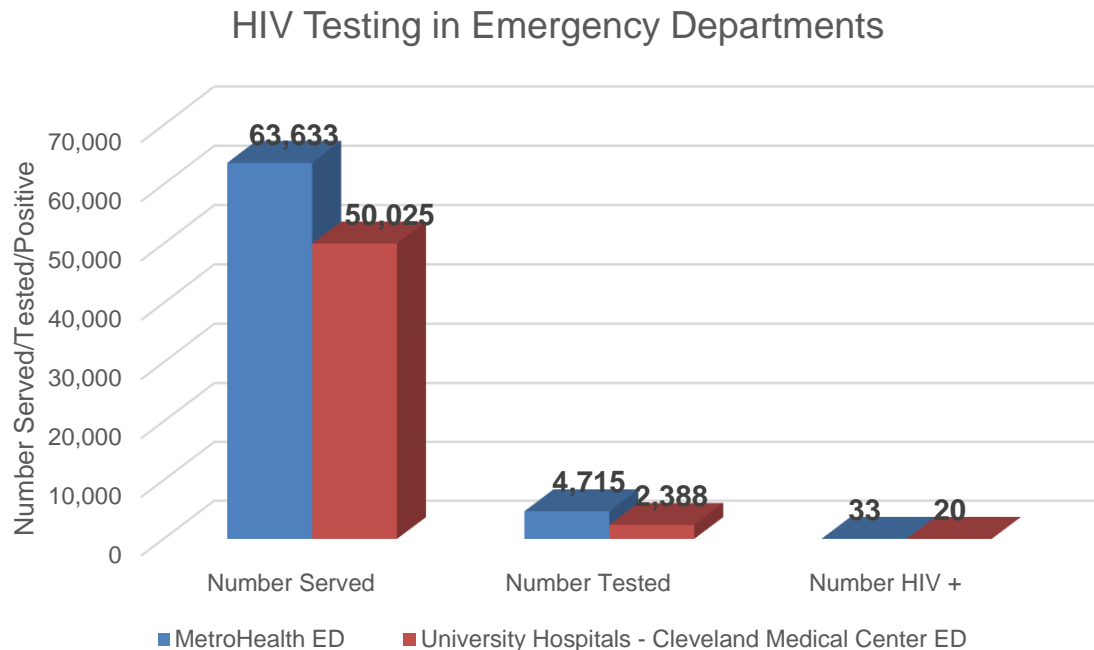
ED Testing Data

- Hospital Systems included: **MetroHealth and University Hospitals – Cleveland Medical Center (UH CMC)**
- Number Served: includes all persons who attended at least one medical appointment at the healthcare facility during the reporting period.
- Number Tested: includes tests that are supported in any way by EHE funds; includes all persons who had a positive or negative result.
- Number HIV Positive (+): includes persons who are newly or previously diagnosed and those with an unknown HIV history.



HIV Testing in ED*

- MetroHealth ED tested 7.41% of patients served
 - 0.7% were positive for HIV
- UH CMC ED tested 4.77% of patients served
 - 0.84% were positive for HIV



*data through November 2022

HIV Testing in ED*

- Almost 20% of 20-29 years old who presented to the ED were tested for HIV
 - 10,110 served, 1,969 tested
 - Only 8 HIV+ (~0.41%)
- 34,073 persons served aged 30-65 years old
 - 3,399 tested (~10%)
 - 38 HIV + (~1%)
- 32,114 males served
 - 3,542 tested (11%)
 - 37 HIV + (1%)
- 149 who are transgender were served
 - 10 tested (almost 7%)
 - 2 HIV+ (20%)



HIV Testing in ED*

- Black/African American: 26,557 served
 - 3,757 tested (14.15%)
 - 37 HIV + (~1%)
- Men who have sex with men (MSM) population group: 184 served
 - 8 tested (4.35%)
 - 7 positive (87.5%)
- Of those served, 97,150 were in an unknown population group

HIV Testing in Jails and Correctional Facilities

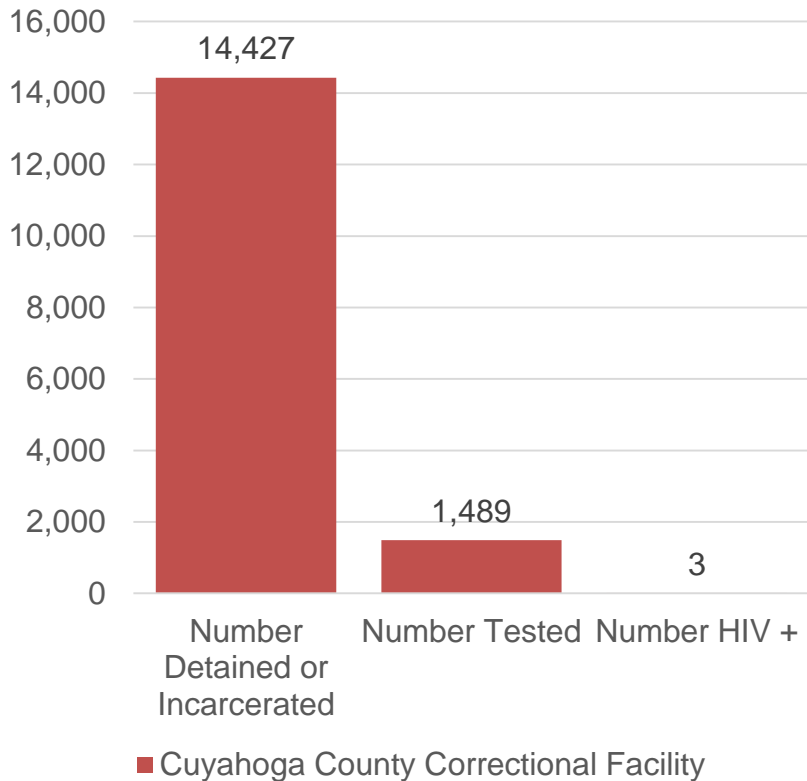


Jails/Correctional Facilities Testing Data

- Jails/Correctional Facilities included: **Cuyahoga County Correctional Center**
- Screening is conducted at intake, incarcerated persons may opt out of HIV testing.
- Number Detained or Incarcerated: includes all persons detained or incarcerated at the jail or correctional facility during the reporting period.
- Number Tested: includes tests that are supported in any way by EHE funds; includes all persons who had a positive or negative result.
- Number HIV Positive (+): includes persons who are newly or previously diagnosed and those with an unknown HIV history.

HIV Testing in Jails/Correctional Facilities*

Cuyahoga County Correctional Facility



- ~10% of those detained or incarcerated were tested
- 0.2% of those tested had a positive HIV result



*data through November 2022

HIV Testing in Jails/Correctional Facilities*

Category	Number Detained/Incarcerated	Number Tested	% Tested	Number HIV +	% Positive
Age Group (in years)					
<15	0	0	0	0	0
15-19	473	77	16.28	0	0
20-29	4,357	512	11.75	3	0.59
30-65	9,398	889	9.46	0	0
≥66	199	11	5.53	0	0
Unknown	0	0	0	0	0

- Highest percentage of those tested were 15-19 years old
 - 473 detained/incarcerated
 - 77 tested (~16%)
 - None were positive
- All 3 who were positive for HIV were in the 20-29 year old age group
 - 4,357 detained/incarcerated
 - 512 tested (almost 12%)



HIV Testing in Jails/Correctional Facilities*

- 10,810 males detained or incarcerated
 - 1,249 tested (11.55%)
 - 3 HIV+ (0.24%)
- 25 who are transgender detained/incarcerated
 - 2 tested (8%)
 - 0 HIV+
- Black/African American: 9,702 detained/incarcerated
 - 1,024 tested (10.55%)
 - 3 HIV+ (0.29%)



HIV Testing in Jails/Correctional Facilities*

- MSM
 - 15 detained/incarcerated
 - 1 tested, 1 HIV+
- 14,078 are in an unknown population group

Category	Number Detained/Incarcerated	Number Tested	% Tested	Number HIV +	% Positive
Population Groups					
MSM/PWID	0	0	0	0	0
MSM	15	1	6.67	1	6.67
PWID	0	0	0	0	0
Heterosexual Males	206	17	8.25	1	5.88
Heterosexual Females	109	5	4.59	0	0
Other	19	1	5.26	0	0
Unknown	14,078	1465	10.41	1	0.07





HIV Testing in Non-Traditional Venues

MetroHealth Mobile Unit* 17 persons tested, 0 HIV+

Category	Number Tested (%)
Age Group (in years)	
20-29	4 (23.52%)
30-65	13 (76.47%)
Gender	
Male	12 (70.59%)
Female	4 (23.52%)
Transgender	1 (5.88%)
Race/Ethnicity	
Hispanic/Latino	2 (11.76%)
Black/African American	4 (23.52%)
White	9 (52.94%)
Multiracial	2 (11.76%)
Testing History	
Repeat Tester	15 (88.24%)



*data through November 2022

Syringe Services Program (SSP)



SSP HIV Screening and Linkage

- Number Linked to SSP: referrals may include (but are not limited to):
 - Making appointments for the client
 - Providing transportation
 - Using a case manager/peer navigator
- Provided by MetroHealth and The Centers
- All persons understood to be in Persons Who Inject Drugs (PWID) population group

SSP HIV Screening and Linkage

- Persons can access SSP programs multiple times
 - Encounters: number of times persons engaged with SSP
- Encounter types can include:
 - Sterile needles
 - Syringes
 - Injection equipment
 - Condoms
 - Syringe disposal
 - HIV testing
 - Linkage to HIV care ≤30 days of diagnosis
 - HCV testing
 - Linkage to HIV care
 - Linkage to a PrEP provider
 - Naloxone distribution
 - Linkage to medication-assistance treatment
 - Infectious disease prevention, detection, care, and treatment
 - Substance use disorder care and treatment
 - Essential support services

SSP HIV Testing and Linkage*

- Number of SSPs operating in jurisdiction: 5
 - Fixed sites: 2
 - Mobile/Outreach sites: 3
- All sites:
 - Provide/actively refer to infectious disease prevention, detection, care, and treatment;
 - Provide/actively refer to substance use disorder care and treatment; and
 - Provide/actively refer to essential support services
- Number SSP encounters: 12,364
 - Fixed sites: 3,112 (25%)
 - **Mobile/Outreach sites: 8,508 (69%)**
 - Unknown site: 744 (6%)

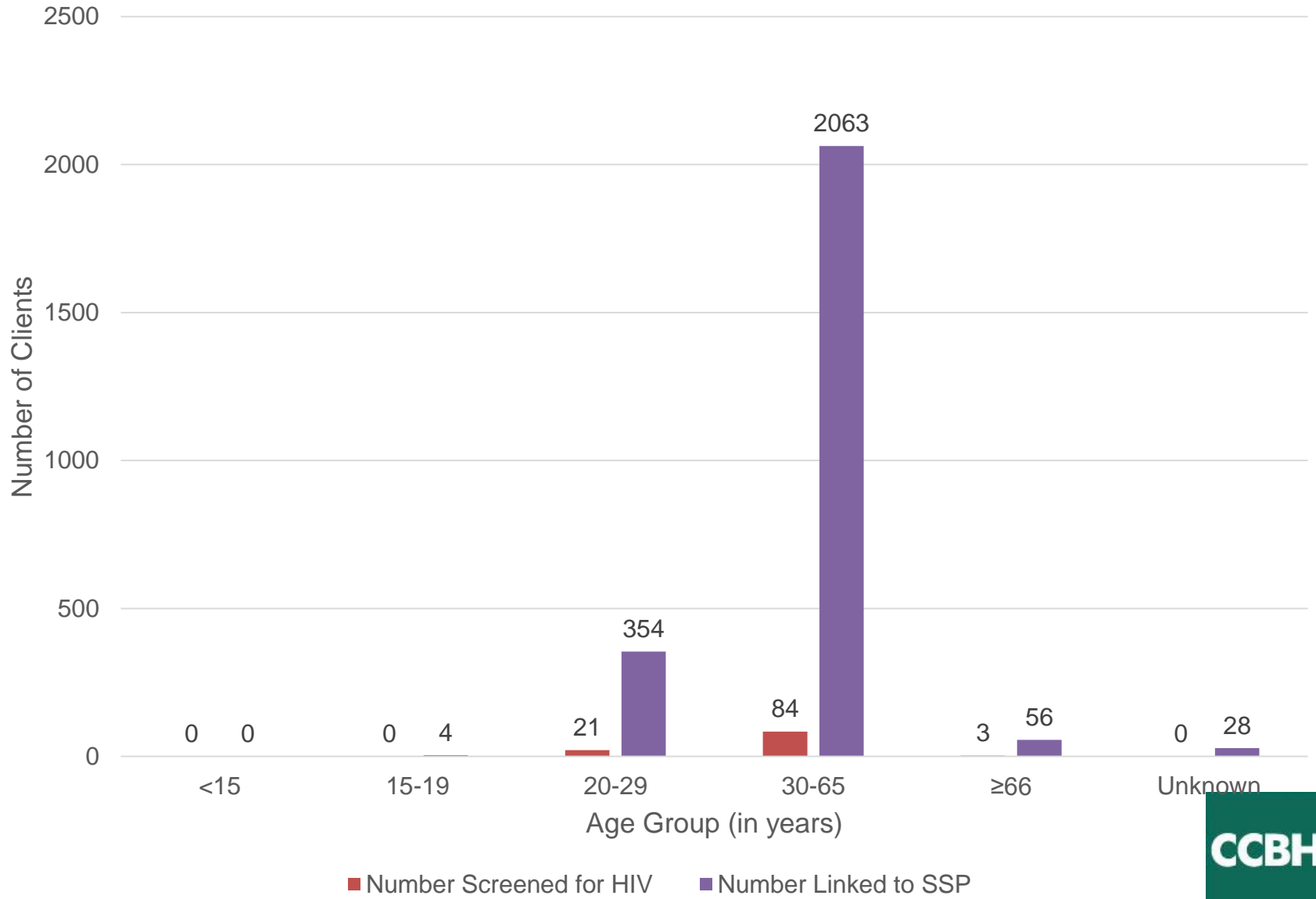


SSP HIV Screening and Linkage*

- Screened for HIV: 108
- Linked to SSP: 2505



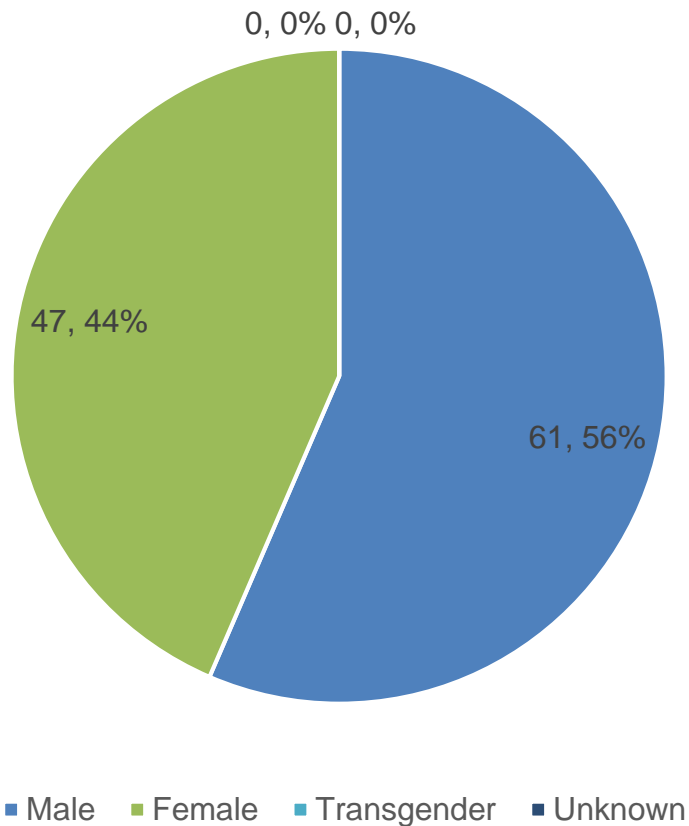
SSP HIV Screening and Linkage to SSP by Age



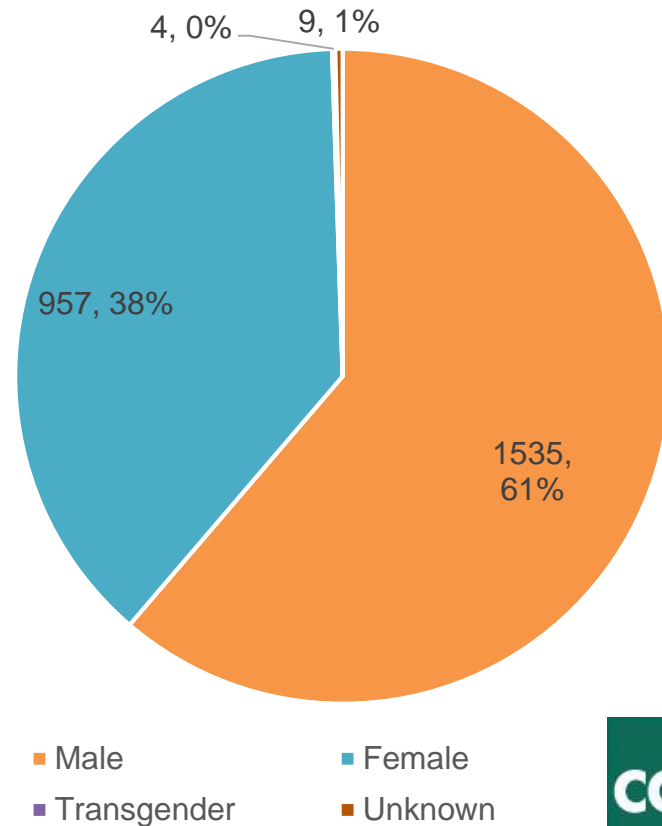
*data through November 2022

Linkage to SSP and HIV Screening by Gender*

Number Screened for HIV

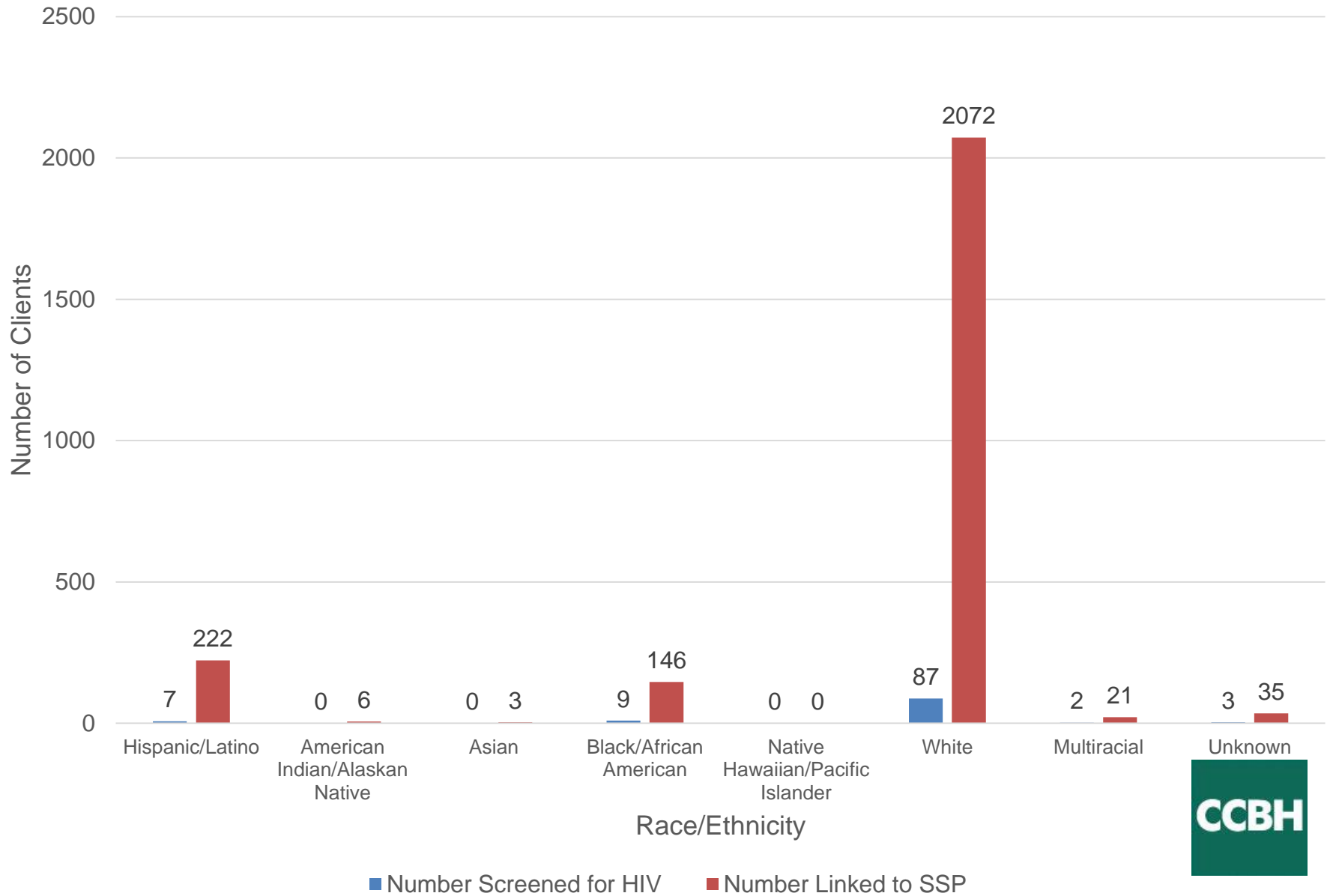


Linked to SSP

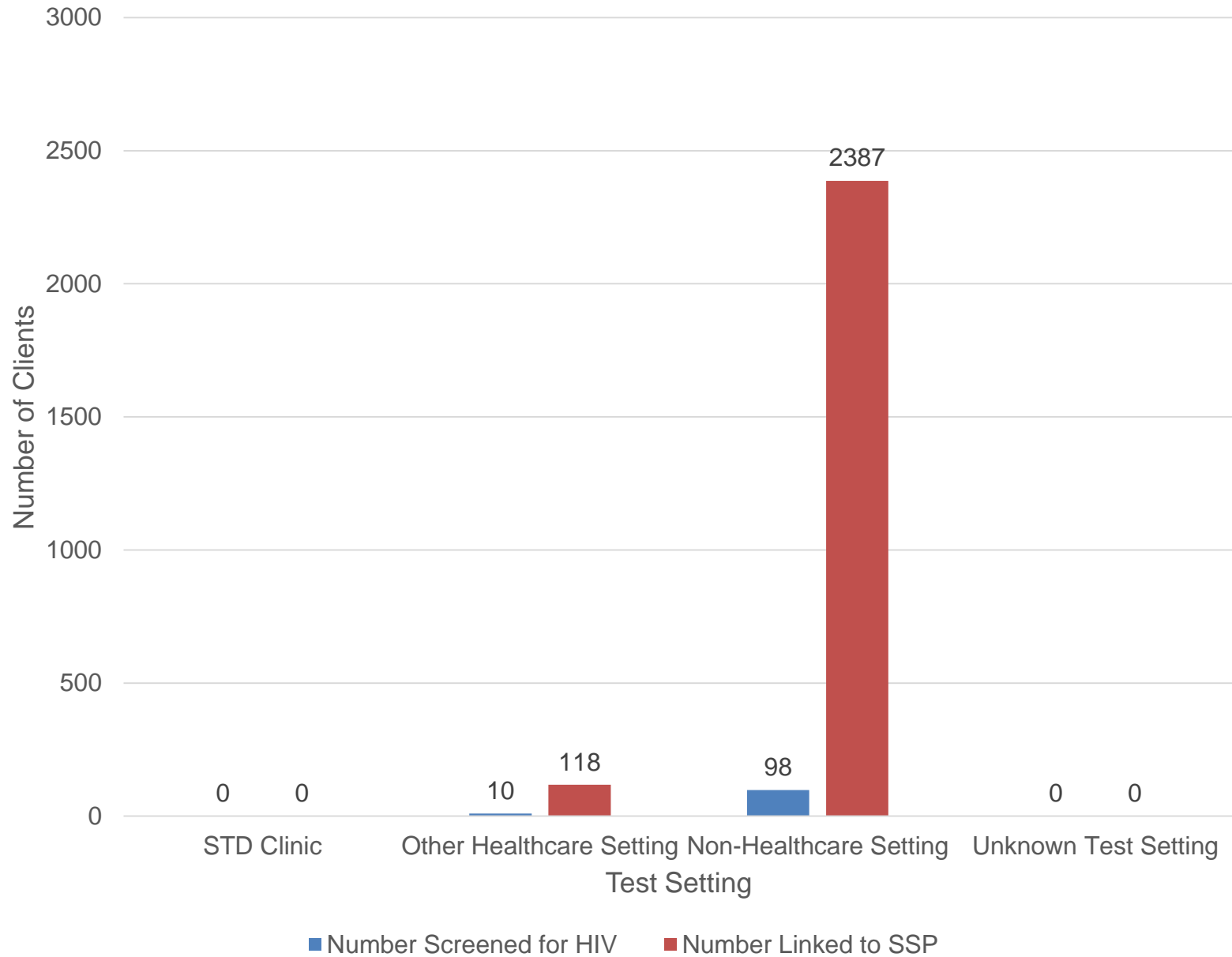


*data through November 2022

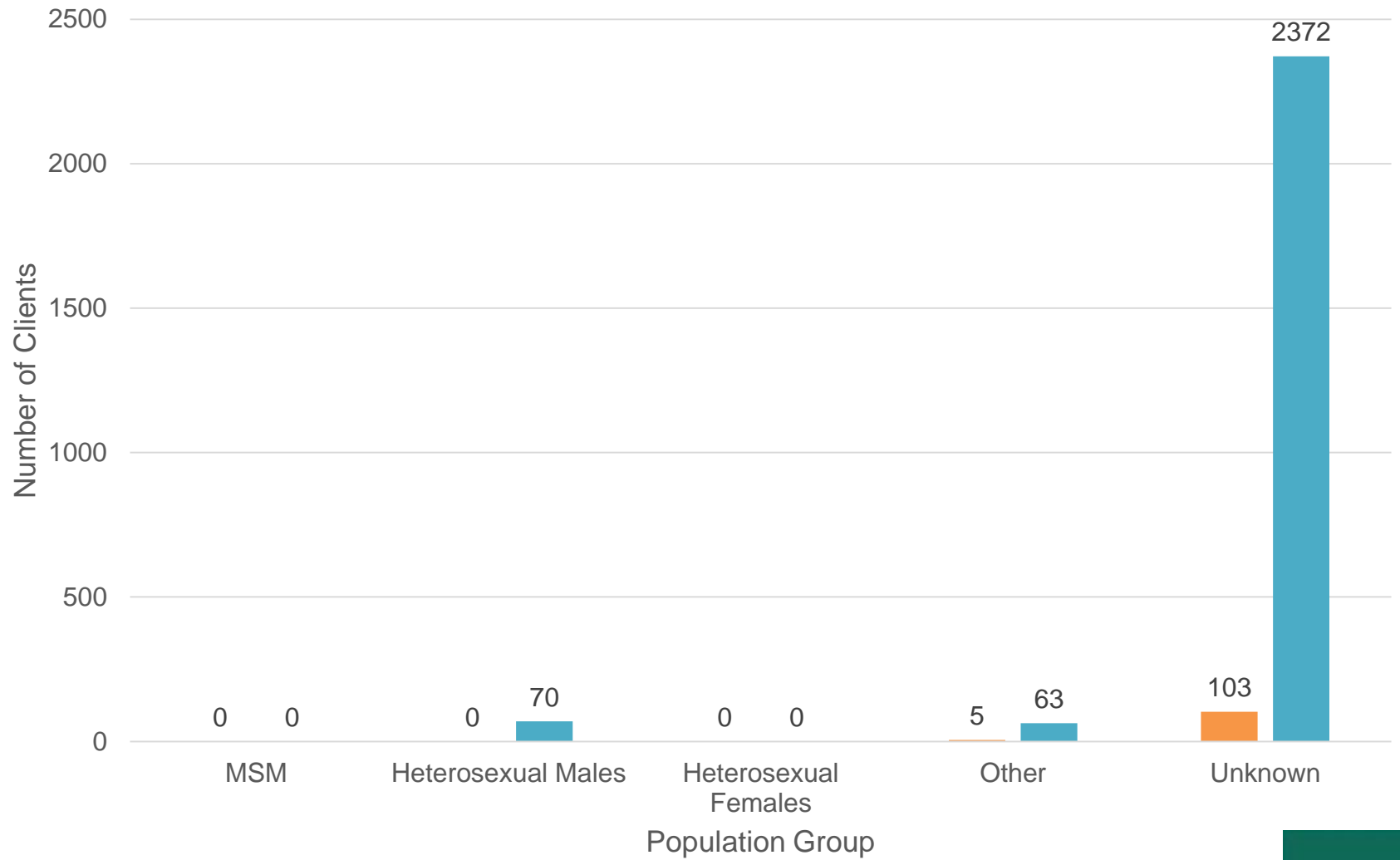
SSP HIV Screening and Linkage to SSP by Race/Ethnicity



SSP HIV Screening and Linkage to SSP by Test Setting



SSP HIV Screening and Linkage to SSP by Population Group



■ Number Screened for HIV ■ Number Linked to SSP



Limitations

- Number of HIV cases for 2022 is still preliminary
- Data only available through November 2022
- PrEP – not funded through EHE but is promoted
- HIV Self Testing – data forth-coming
 - Started in November 2022

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Test Me Social Media Campaign

- Campaign stats: September-November 2022
- Uses Gay Ad Network: LGBTQ+ dating apps & websites within Cuy. County
- English & Spanish
- Click Through Rate (CTR) Avg.: 0.36%
 - *Ratio of how often people who see your ad end up clicking it*
- Total Impressions: 1,112,488 (Avg. per month: 370,829)
 - *An ad is viewed once by a visitor or displayed once on a web page*

TEST



ME

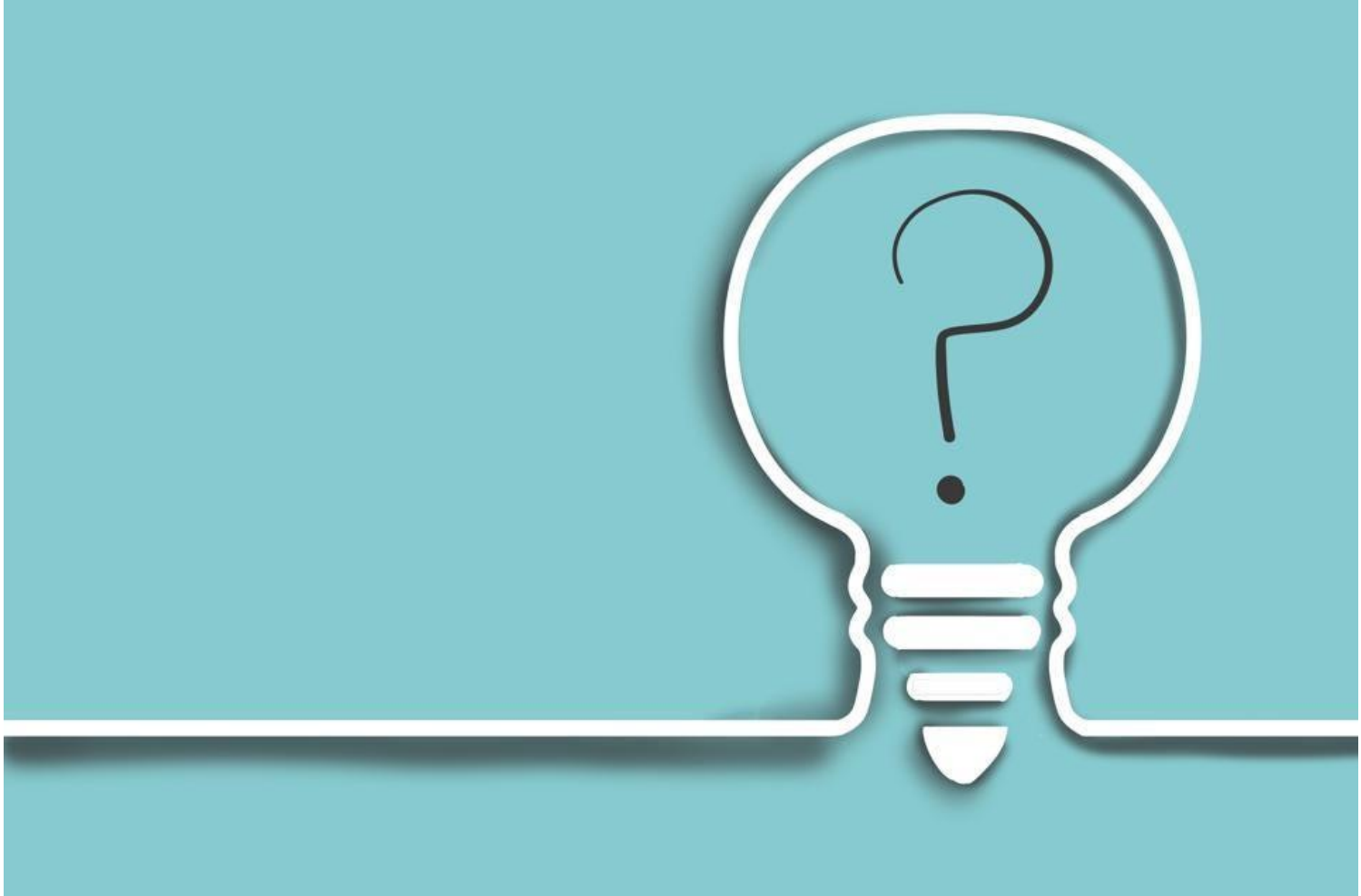
Ask for the HIV test.
Take PrEP if you're negative.
Get treatment if you're positive.
Health for everybody.

LoveLeadsHere.org/TestMe
Cuyahoga County Board of Health HIV Prevention & Care



love
leads
here.





SHARE



HIV Counseling, Testing & Referral Program (CTR)

CCBH HIV/STI Prevention Program Staff

- **Ade Elisha**, Supervisor
- **Melissa Kolenz**, HIV Prev. Program Manager
- **Rachel McDade & LaJuanna White**, DIS Program Managers
- **Disease Intervention Specialist (DIS)**

Ta'Juanna Simpson (EHE)	Traci Scott
Lindsey Akpo-Esambe	Melissa Hansen
Sonji Deal-Mason	Imani Tunson
Alexa Geiger	Lori Dickens-Smith
Ebony Beachum	TBD

Program jurisdiction

2021 Ohio HIV/STD Regions

★ Disease Intervention Specialist (DIS) Home Location

- 1** **Toledo-Lucas County Health Department**
DIS/LTC Supervisor: Donna Fox
- 8** **Hamilton County Public Health**
DIS/LTC Supervisor: Todd Rademaker
- 10** **Allen County Health Department**
DIS/LTC Supervisor: Tami Gough
- 6** **Portsmouth City Health Department**
DIS/LTC Supervisor: Halea Hatten
- 7**
- 11** **Columbus Public Health**
DIS Supervisor: Tanisha Pettus
LTC Supervisor: Mary Roberts

Mark Pawelczak
Office: 419-245-2406
Cell: 419-551-1157

Brad Hoffman
Office: 614-752-9155
Cell: 614-398-7133



- 4** **Summit County Health District**
DIS/LTC Supervisor: Joanne Emery
- 5** **Canton City Health Department**
DIS/LTC Supervisor: Diane Thompson
- 9** **Public Health – Dayton & Montgomery Co.**
DIS/LTC Supervisor: Dominique Ayers
- 2** **Cuyahoga County Board of Health**
- 7**
- 3** **Cleveland Department of Public Health**
DIS/LTC Supervisor: Brandy Eaton

Tijauna Smith
Office: 330-643-1309
Cell: 330-958-0248

Scott Koprowski
Office: 330-643-1327
Cell: 614-704-7380



Program Overview

- Comprised of two grants that are combined to support programming and staff
- Funded by Ohio Department of Health (ODH funded by CDC)
- Program Year runs January -December

Program Components

HIV Prevention

- Counseling, Testing, and Referral (CTR sites)
 - Organizations that receive funding to provide HIV Counseling, testing and referral services to high risk individuals (completed risk assessment)
- Disease Intervention Specialist (New HIV cases)
- Linkage to Care/L2C (CTR & DIS)
- Outreach and Education (CTR & DIS)
- Outbreak detection and response

Priority Populations

- Men who have sex with men (MSM)
- Youth (13-24 years old)
- Men who have sex with men (MSM) of color
- People living with HIV/AIDS (PLWHA)

Risk Assessment

- Risk assessment conducted with individuals wanting to be tested
- Risk Assessment compiled, with answers with different values
- Any totals over 50+ recommended to test (via HIV Prevention funds)
- Any totals under 50 referred to test with other resource
- Risk reduction also conducted with individuals

CTR Sites

- Lorain County Health Department (Lorain)
- Medina County Health Department (Medina)
- Signature Health (Lake, Geauga, Ashtabula, Cuyahoga)
- The Centers (aka Circle Health, Cuyahoga)
- Cleveland Treatment Center (Cuyahoga)
- AIDS Task Force Great Cleveland (Cuyahoga)

Program Components

STI Prevention

- DIS (New Syphilis, Congenital Syphilis cases)
- Partner Services
- Linkage to Care (L2C)
- Outreach and education
- Congenital Syphilis Review Board
- Outbreak detection and response

Other program Components

- Mandated Reporting forms for HIV and all STIs
- Lab results from labs/providers for HIV and all STIs
- Epidemiology and Surveillance (in partnership with ESI)
- Fielding provider calls that pertain to treatment and history of disease (Syphilis)
- Promotion of health messaging via social media, websites, other marketing media.

Questions?

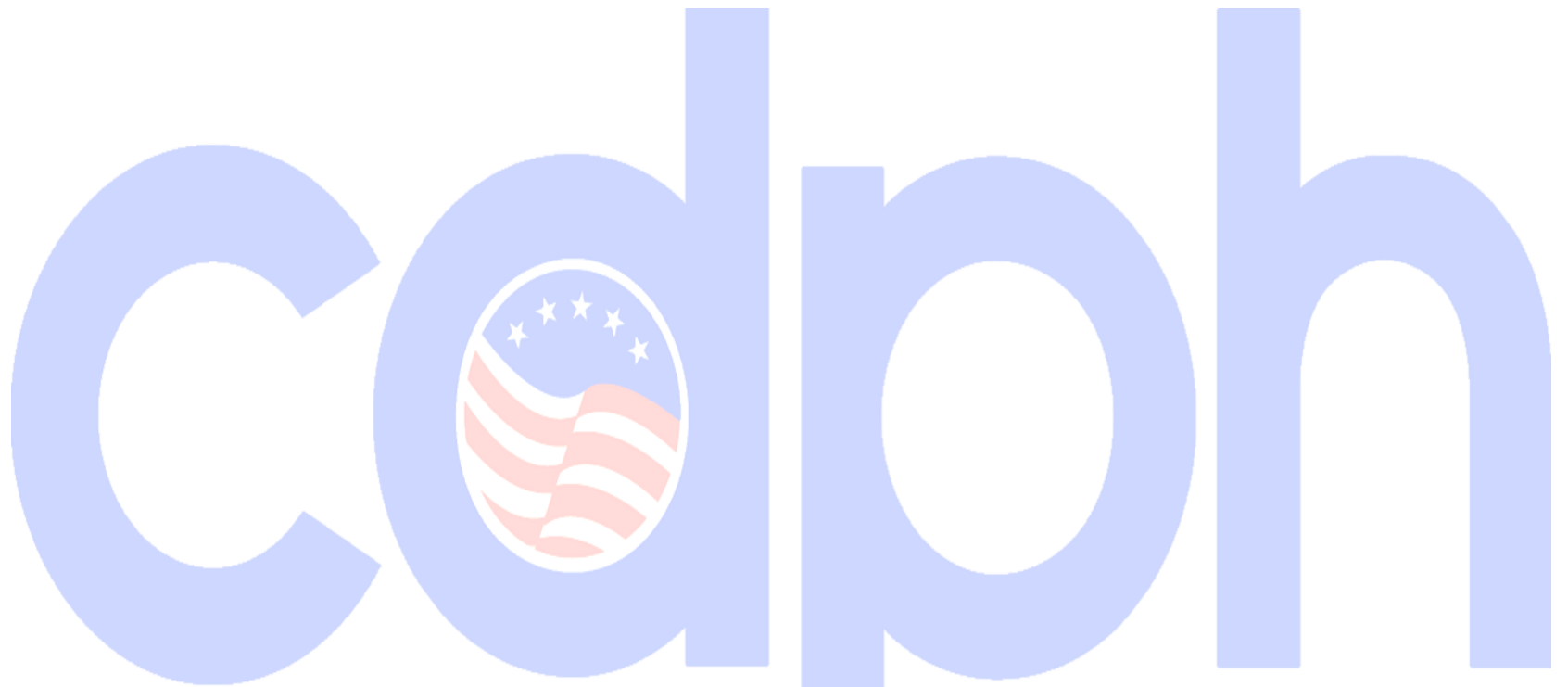
Contact info:

Melissa Kolenz

mkolenz@ccbh.net

216-201-2001 x1530

The logo for CCBH, consisting of the letters "CCBH" in white, bold, sans-serif font, centered within a dark green square.



**CDPH HIV/STI PREVENTION
UPDATE**

Creation & Context

- In June 2020 the City of Cleveland adopted **Resolution 296-2020** declaring Racism a Public Health Crisis
- In March 2021 **Ordinance No. 843-2020** established the Division of Health Equity & Social Justice at the Cleveland Department of Public Health
- Mission: The mission of the newly created Division of Health Equity and Social Justice will be to improve the health outcomes and the overall quality of life for our most disadvantaged populations in order to create thriving neighborhoods and a thriving city.
- The declaration by Council also authorized the creation of the Racism as a Public Health Crisis Working Group, to work with the Health and Human Services Committee

Division of Health
Equity & Social
Justice

Focus & Work

- Divisions work focused on Health People 2030 Social Determinants of Health
 - Alignment with RAPHC-Coalition Pillars
- Within CDPH Division will focus on health inequities addressed in specific programming; HIV/STI Program, MomsFirst, OMHAR
- Across City of Cleveland Departments seeking to operationalize equity in policy and practice
 - Creation of Interdepartmental Equity Team
 - Development of strategic plan
- Align with RAPHC-Coalition for external initiatives

Office of HIV/AIDS Services

Prevention, Education,
Outreach

- The goal of the CDBG grant is to reduce the rate of new HIV infections among Cleveland residents.
- Agencies will provide HIV/AIDS prevention interventions, testing and capacity building initiatives to the residents of the City of Cleveland.
- Funded programs will be expected to test at least 200 individuals each year.

Office of HIV/AIDS Services

CDBG HIV/AIDS
Partner Agencies

- **ATGC** = Address HIV testing, STI screening, linkage to care, prevention needs of young Black men who have sex with men (YBMSM), 13-29 and transgender women of color (TWOC). Targeted HIV testing, counseling, including integrated SYI screening and prevention education.
- **Center for Community Solutions/ AIDS Funding Collaborative** = Capacity building funding including technical assistance, professional development for agency staff and support for new programs. AFC resources, leadership and community initiatives bolster efforts in HIV prevention, enhancing capacity of providers.
- **Circle Health Services** = Expand HIV testing and STI screenings in clinical settings. Expand walk-in services at four locations. Reducing transmission of HIV among 500 participants.
- **LGBT Center of Greater Cleveland** = Relaunching the “Popular Opinion Leader” (POL) program. Partner with MetroHealth and Signature Health, educating, informing and supporting local Trans/GNC community. Focusing on HIV rates, prevention education and awareness campaign to at-risk populations.
- **NEON** = “YAAP” = Youth Adolescent Awareness Program = Provide health education and risk reduction (HERR) to youth and young adults receiving services at NEON. Educate, counsel and increase youth awareness of prevention strategies.

Office of HIV/AIDS Services

CDBG HIV/AIDS Partner Agencies and Health Clinics



Office of HIV/AIDS Services

Contact Information

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Commissioner
Division of Health Equity and Social Justice
Cleveland Department of Public Health
(216) 664-2677 (office)
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Jeannie Citerman-Kraeger, MS

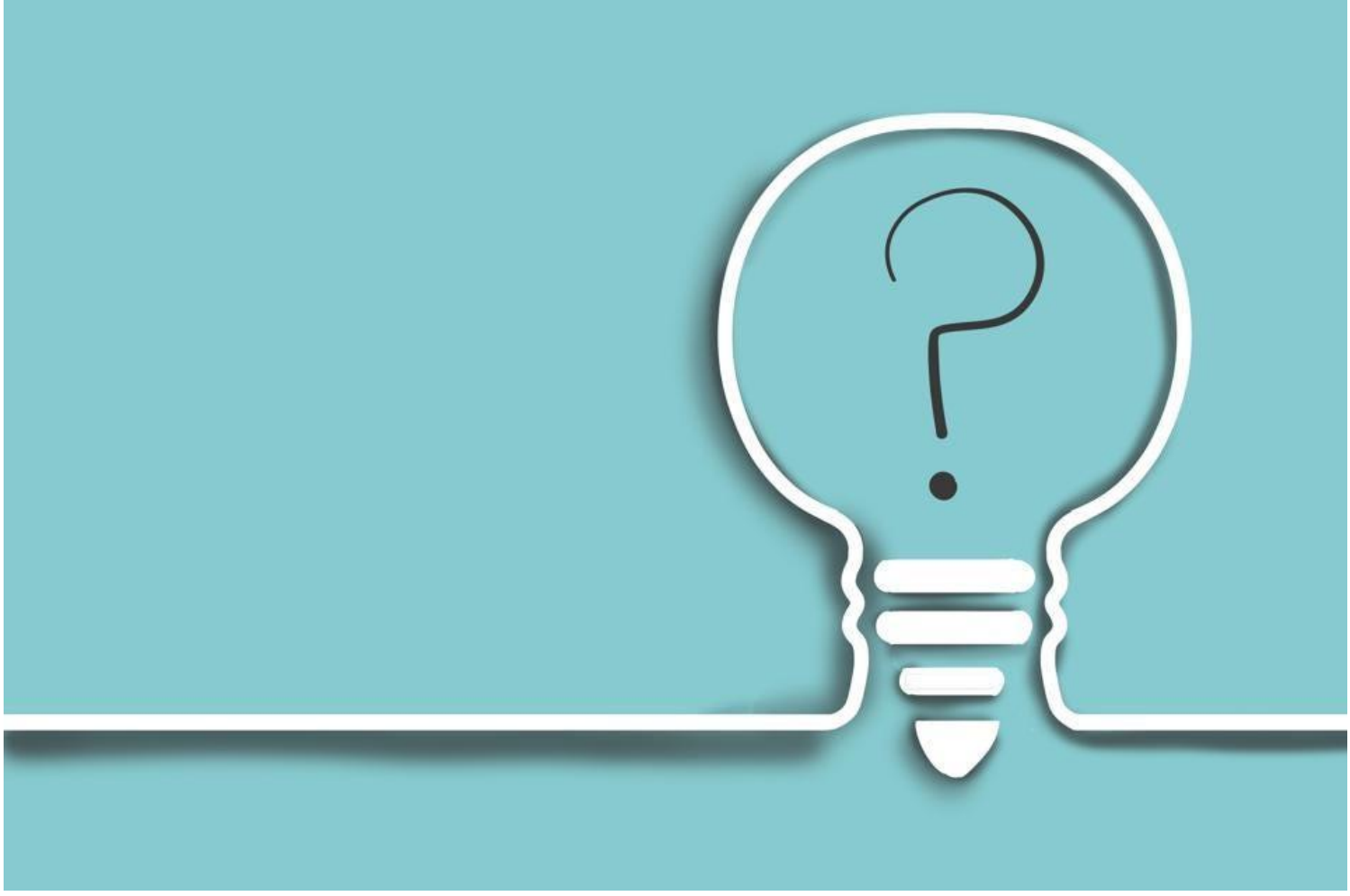
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ABOUT WE THINK 4 A CHANGE

Established in 2018, The mission of We Think 4 A Change is to join and empower individuals and urban communities impacted by HIV/AIDS by reducing stigma through education, awareness, and healing efforts committed to forward progress in the HIV/AIDS movement.

We Think 4 A Change is
a registered 501(c)(3)
organization



WHAT WE DO



HIV PROGRAMMING

- Get, Stay and Thrive in Care Program
- We serve people living with HIV/AIDS
- Food Delivery Program
- Community Health Worker/Advisory Council



HIV OUTREACH +

- Outreach Opportunities
 - Serving populations across Ohio and increasing access
- Webinars and Health Education
- HIV Awareness Days



WEBINARS & EDUCATION

- Retreats
- Webinars
- Events

We Think 4 A Change is a registered 501(c)(3) organization



HIV TESTING

WAYS WE ASSIST

In June of 2022, the CDC Foundation announced more than \$5 million in total support to 53 community-based organizations (CBOs) to **establish and expand HIV self-testing programs within their communities**. WT4aC is one of those recipients, and through that grant, we:

- Distribute Rapid Self-Test Kits
 - In the privacy of your home
 - Results in 20 minutes
- Distribute Mail-In Self-Tests
 - can be ordered through us
 - Includes a specimen collection kit that is completed at home
- Promote testing on Social Media



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HIV TESTING

successes with the self-test

- Nearly 1000 kits distributed within 3 months
- Discreet placement (gift bags) helps reduce stigma around accepting the self-test kits.
- Self-test kits enabled community/family to further distribute kits to vulnerable populations and family members.
- Most people are open and willing to participate in one way or the other BECAUSE of the private nature of the test kits.
- Increased awareness and HIV education.



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organization



HIV - TESTING

challenges with the self-test

As much as we have had noted successes, we have faced the following challenges:

- Finding appropriate events
- Not knowing the outcomes
- Stigma with testing



We Think 4 A Change is
a registered 501(c)(3)
organization



HIV - TESTING

how it works (A DEMO)



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KEEP IN TOUCH

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 [@WESTOPHIVSTIGMA](https://www.facebook.com/WESTOPHIVSTIGMA)



#break

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Build



Objectives

- Strategize our continued approach towards our 2030 goal.
- Break out small groups of 6-7 people.
- Evaluate our current strategies & build new actions for the Diagnose Pillar.



1. Prestudy

- Read over the Diagnose strategies on the next slide
- As a group, identify the main ideas
 - Jot the ideas down
 - We will share out if time allows

**Equitable
Access to HIV
Testing**

**Increased
Utilization
Initiatives**

Partnerships

**Community
Health
Workers/Peer
Navigation**

Diagnosis Strategies to End the HIV Epidemic

Increase availability of equitable HIV testing throughout the community.

Increased utilization of primary care testing, ED testing, community testing locations, testing events and at-home options.

Strengthen existing and develop new partnerships with organizations including justice system, family planning, domestic violence centers & rape crisis centers and within HIV workforce.

Expand integration of Community Health Workers (Peer Navigators) within hospital systems.

2. Action Planning

- **START**: new diagnose actions to start doing
- **CONTINUE**: diagnose actions to continue doing
- **STOP**: diagnose actions to stop doing

*Dream big, keep an open mind, **no shade throwing**, and responses should be both actionable and deliverable by a person/agency*

START-CONTINUE-STOP

Some Helpful Guiding Questions:

1. What needs to be put into action to end the epidemic (as it relates to the diagnose pillar)?
2. What diagnostic actions are missing from local initiatives?
3. What has been very successful in diagnosing new cases of HIV?
4. What actions have led to more individuals being diagnosed?
5. What diagnosing practices should be stopped and/or altered?



3. Taking Action

- Further investigating “start” actions
- Your “continue” and “stop” responses have been recorded
- Groups will choose 1 new start action
- Create a quick implementation plan for this action
 - Keep it simple. This does not need to be perfect. Don’t worry about time allotted.

3. Taking Action *(continued)*

Some Helpful Guiding Questions:

1. Who-what-where-when-why-how?
2. Walk us through the experience of being diagnosed with HIV through this strategy. What is the patient/client seeing-hearing-doing, etc.?
3. What challenges do you foresee? How would you address it so that the strategy remains successful at identifying new positives?
4. What resources are needed to set this action into motion?
5. What partnerships are needed to carry this out? Who are the partners central to this plan?

4. Observation & Evaluation

- Accountability & oversight to this strategy
- Identify how information about the diagnostic action will be captured while the project is ongoing
- Observations should be sense-based and evaluation should be objective.

4. Observation & Evaluation *(continued)*

Some Helpful Guiding Questions:

1. How will we determine success? What are the measures?
2. Who is responsible for reporting what they are observing?
3. How are issues identified and addressed in real-time to ensure forward momentum?
4. How is data from this project being used? How do we assess the input from both people and numbers?

5. Impact & Reflection

- Final section
- *What is done with the information collected from the implemented diagnosis project?*
- Impact & reflection should be people-first and subjective.

5. Impact & Reflection *(continued)*

Some Helpful Guiding Questions:

1. How often is reflection occurring?
2. What actually happened during the project?
3. How has the project changed the individuals and communities it serves?
4. Now what? Where do we go from here?

Thank you for participating!

- CCBH plans to review & reflect on what was learned here as we assess programmatic needs in our jurisdiction.
- Not all ideas generated from this activity can be put into action.
- We appreciate your feedback on ways to fill in gaps from start-to-finish through a community lens.

Upcoming CAG Meeting Dates

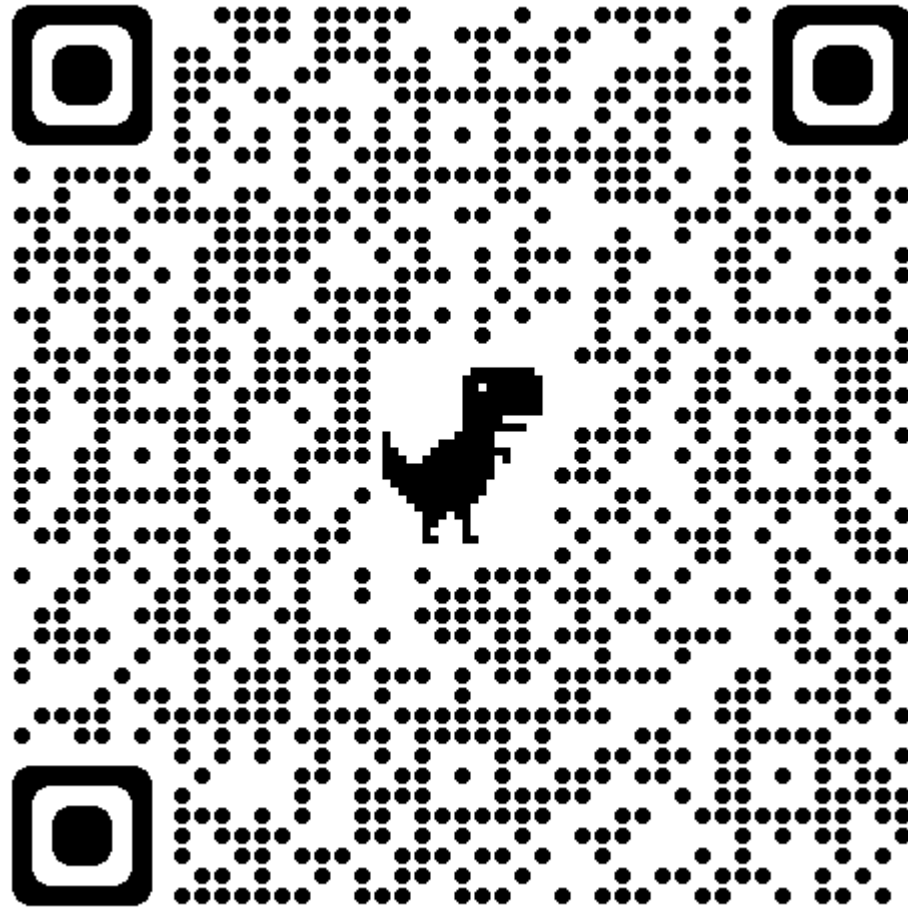
- Wednesday, April 12, 2023
- Wednesday, July 12, 2023
- Wednesday, October 11, 2023

**GETTING TO
ZERO**



CCBH

Meeting Feedback



Questions?

- Our contact info:
 - Gloria Agosto Davis
 - gagosto@ccbh.net
 - Erin Lark Turcoliveri
 - elark@ccbh.net
 - Brian William Lutz
 - blutz@ccbh.net

CUYAHOGA COUNTY

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