

# CUYAHOGA COUNTY

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# BOARD OF HEALTH

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5550 Venture Drive Parma, Ohio 44130  
216-201-2000 [www.ccbh.net](http://www.ccbh.net)

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Ending the HIV Epidemic Program Coordinator

Department of Population Health  
April 12, 2023

# Welcome Agenda!

9 AM

**LEARN** - *Ryan White, EHE Update, Epi Update*

10 AM

**Break**

10:10 AM

**SHARE** - *HOPWA, Metro, CWRU ACTU*

10:40 AM

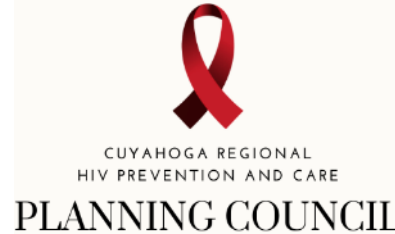
**Break**

10:50 AM

**BUILD** – *Listening Session*

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

# Welcome Attendees!



# Housekeeping

- Restrooms
  - Men's, Women's, and Single/ADA
  - Use the one you're most comfortable in
- Filtered Water Fountain
- Coffee & Bagels
- Breaks Scheduled In

# Moment of Silence



# HIV Decriminalization Statement





Ending  
the  
HIV  
Epidemic  
A PLAN FOR AMERICA



**GOAL:**

**75%**

reduction in new  
HIV infections  
by 2025

and at least

**90%**

reduction  
by 2030.

**151**

2018

**15**

2030

Cuyahoga County

[www.hiv.gov](http://www.hiv.gov)



# Federal Key Strategies

The Ending the HIV Epidemic initiative focuses on four key strategies that, implemented together, can end the HIV epidemic in the U.S.: **Diagnose, Treat, Prevent, and Respond.**



**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.



# Cuyahoga County: Overarching EHE Strategies

Reduce  
Systemic  
Racism

LGBT  
Inclusivity &  
Care

Priority  
Populations

Social Impact  
Media

Health  
Education

Workforce  
Development

Modernization  
of HIV Laws

Data &  
Research  
Infrastructure

CCBH

# LEARN



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.....  
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*Ryan White Part A*  
*Cleveland TGA*

CCBH

# In the beginning....



- Los Angeles: **1981 June 5<sup>th</sup>** CDC published article describing cases of a rare lung infection *Pneumocystis Carinii Pneumonia* (**PCP**)
- New York: **1981 June 5<sup>th</sup>** NYC dermatologist calls CDC to report cases of an aggressive cancer, *Kaposi's Sarcoma* (**KS**), among gay men
- **June 8<sup>th</sup>** : CDC established Task Force on Kaposi's Sarcoma and Opportunistic Infections... ***national surveillance began***
- By the **end of 1981**, there were **337 reported cases** of people with severely diminished immune systems in the US...321 adults/adolescents and 16 children under the age of 13. **130 died by December 31<sup>st</sup>**

# What we didn't know...



- June 18<sup>th</sup> 1982: The first time ***sexual activity is linked*** to PCP and KS, amongst homosexual men
- December 10<sup>th</sup> : ***20 month-old infant***, who received multiple blood transfusions at birth, developed health complications from unexplained cellular immunodeficiency. According to donor tracing, it was determined that one of the baby's blood donors, died of AIDS in August.
- January 7<sup>th</sup> 1983: First cases of ***AIDS reported in women***; sexual partners were men with AIDS

HIV.gov

CCBH

# Taking a deeper dive



- March 4<sup>th</sup> 1983: CDC reports AIDS primarily affects **gay men with multiple sexual partners, IV drug abuser, Haitians, and people with hemophilia**
- November 22-25 1983: World Health Organization met to evaluate the global AIDS trend. ***International AIDS surveillance began***
- April 23<sup>rd</sup> 1984: The ***cause of AIDS*** is reported as retrovirus, ***HTLV-III***. Optimistic medical officials hope for a ***vaccine to fight AIDS within 2 years***

# Congressional Intervention



- October 1985: U.S. Congress allocates **\$190 million to AIDS research**
- October 14<sup>th</sup> 1987: U.S. Senate requires federally funded materials about AIDS, to **focus on sexual abstinence**
- Larry Kramer funds the AIDS Coalition to Unleash Power (**ACT UP**), one of the most effective health activist groups in the history of America
- **AZT** (antiretroviral) **approved by FDA, to treat AIDS**

HIV.gov

CCBH



# Resources + Research = Hope



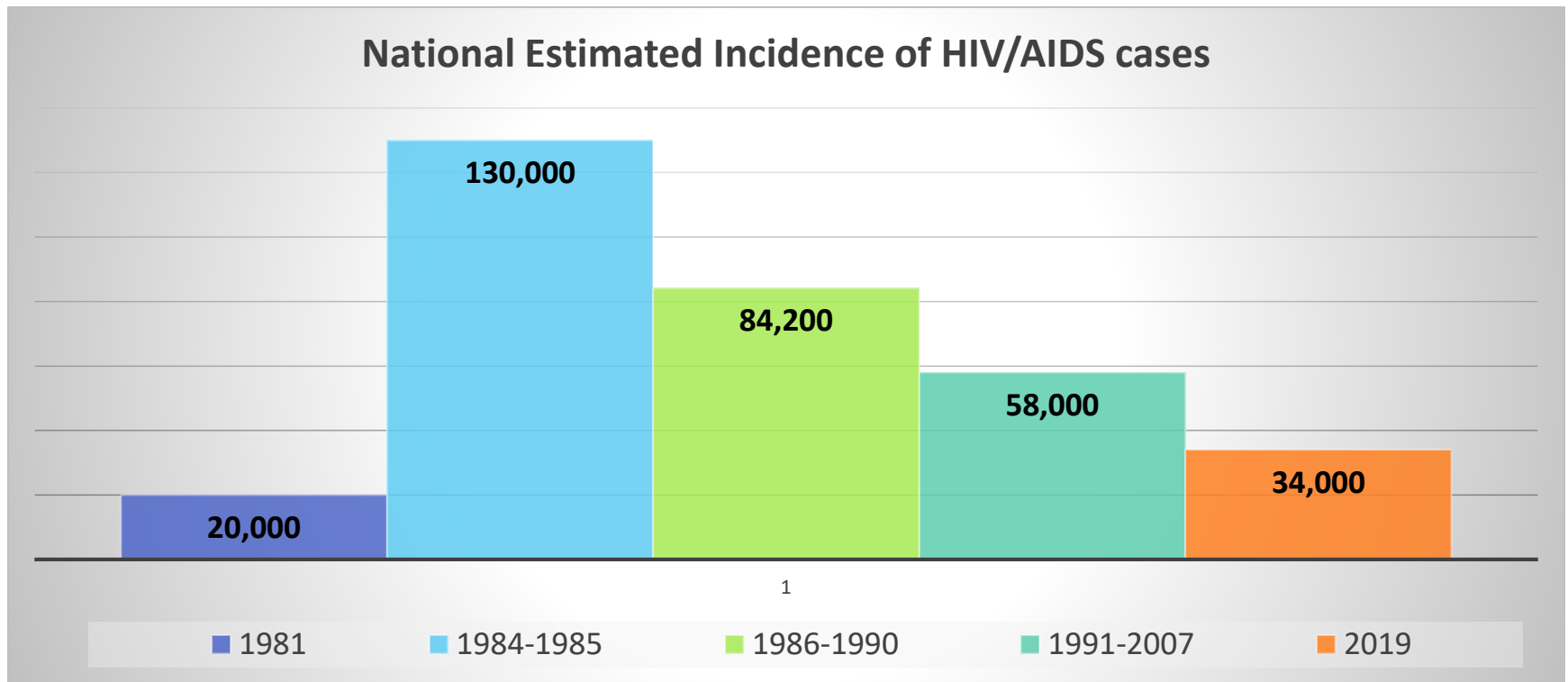
- 1989: CDC released the first **guidelines for preventing HIV**
- 1989: **HRSA grants \$20 million** for Home-based and Community based HIV care
- **HRSA/CDC grants \$11 million** to HIV counseling and testing; 100,000 reported AIDS cases in the U.S.
- 1990: April 8<sup>th</sup> **Ryan White dies** due to AIDS complications
- 1990 August: U.S. Congress enacts the Ryan White Comprehensive AIDS Resources Emergency (**CARE Act**---\$220.5 million)
- CDC adopts a “**client centered**” **approach to HIV prevention** counseling (focus on client vs. disease)
- 1992 FDA license 10 minute **HIV test kit** for health professionals
- 1996 HIV/AIDS researcher, Dr. Ho says, “**hit early, hit hard**” in regards to treatment strategy
- 1997 Highly Active Antiretroviral Therapy (**HAART**) **becomes the standard of HIV care**

HIV.gov

CCBH

# 2.2 million HIV/AIDS cases from 1981-2019

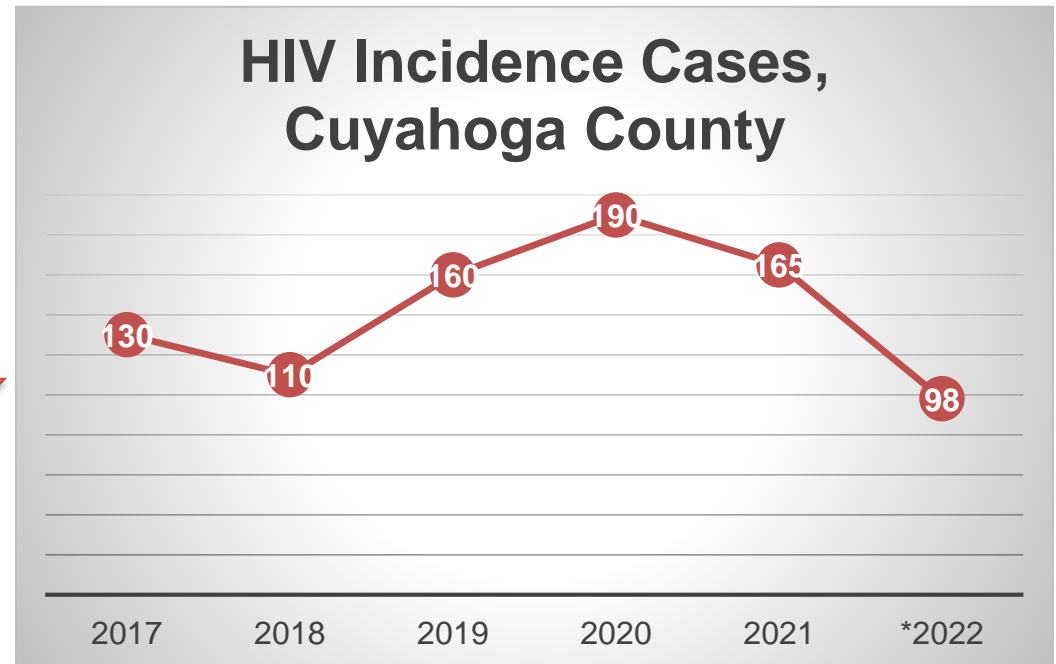
CDC.gov



# Magnitude of the problem

## HIV Cases - Cuyahoga

- 2017, 130 new cases
  - 2018, 110 new cases
  - 2019, 160 new cases
  - 2020, 190 new cases
  - 2021, 165 new cases
  - 2022, 98\* new cases  
(\*preliminary, 12/1/2022)
    - 42% decrease from 2021
- ↓
- 2025 Goal, 33 new cases
  - 2030 Goal, 15 new cases



# Ryan White Program Data

**Part A:** funds medical and support services to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs). EMAs and TGAs are counties/cities that are the most severely affected by the HIV/AIDS epidemic.

**Part B:** administers funds for states and territories to improve the quality, availability, and organization of HIV health care and support services.

**Part C:** administers funds for local community-based organizations to provide comprehensive primary health care and support services in an outpatient setting for people living with HIV through Early Intervention Services program grants.

**Part D:** administers funds for local, community-based organizations to provide outpatient, ambulatory, family-centered primary and specialty medical care for women, infants, children and youth living with HIV.



Ryan White Part A  
Cleveland TGA

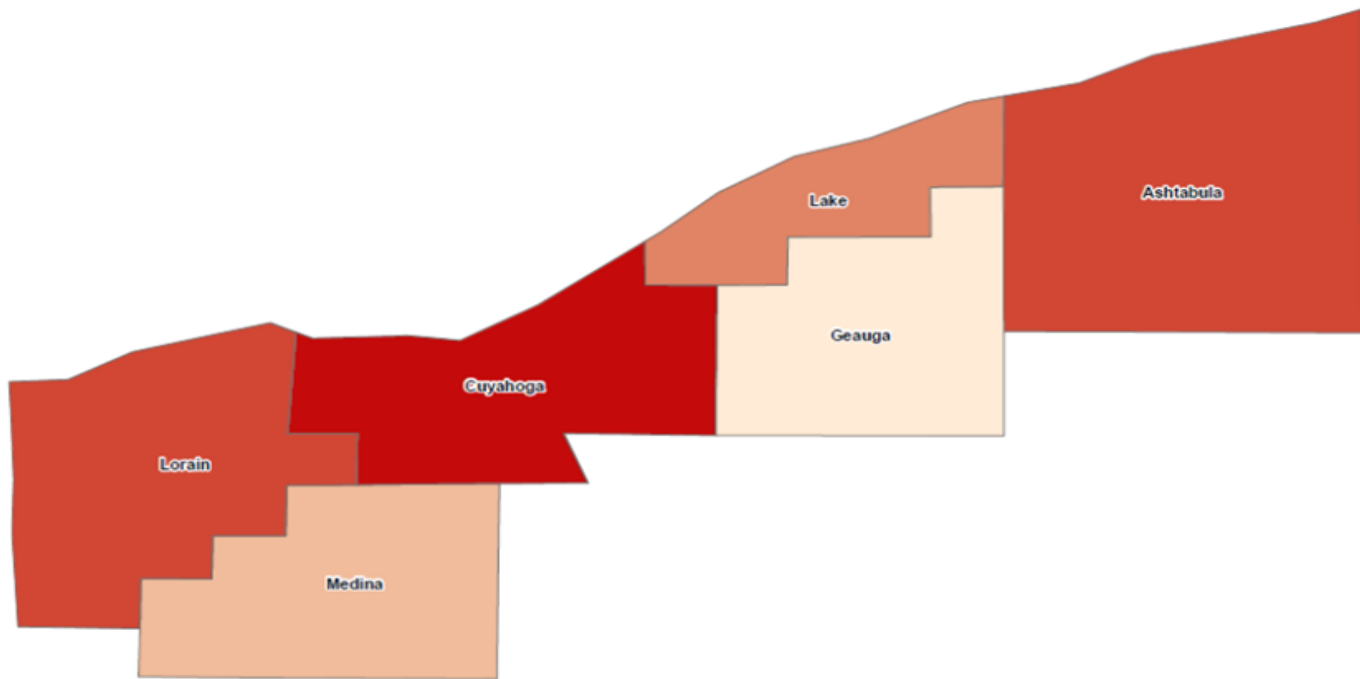
# Ryan White Part A Program Overview

- Ryan White Part A Program is federally funded by the U.S. Department of Health and Human Services and Health Resources and Services Administration (HRSA).
- All funding is utilized for medical and support services to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs)
- EMAs are cities/counties that have *2,000 or more* confirmed cases of AIDS within the last 5 years
- TGAs are cities/counties that have at *least 1,000 but less than 2,000* confirmed cases of AIDS within the last 5 years
- **Cleveland TGA serves the following counties:**  
**Ashtabula**, **Cuyahoga**, **Geauga**,  
**Lake**, **Lorain**, and **Medina**



Ryan White Part A  
Cleveland TGA

# Cleveland TGA



# Ryan White Part A

## Purpose

The primary focus is on increasing virally suppressed clients and decreasing access to care issues, as well as social and health related disparities. Ryan White funds pay for care that is not covered by other programs like Medicaid and Medicare or by private insurance.

## Ryan White Eligibility

- Confirmed diagnosis of HIV/AIDS
- Live in the six-county region (TGA)
- Meet the programs income guidelines
- Are Uninsured or Underinsured



# Ryan White Part A at CCBH

2012 through present

- \$3.6 million in 2012
- \$4.7 million in 2020
- \$4.9 million in 2022
- Focus is on increasing access to care and decreasing disparities, in order to positively impact viral suppression rates throughout the Cleveland TGA

Annual service to over 3000 PWH, in 6 counties



# Planning Council

- The Ryan White legislation requires planning councils to have members from various types of groups and organizations with a requirement that at least one-third (33 percent) of the planning council members must be people living with HIV/AIDS who receive Part A services and are “unaffiliated” or “unaligned.”
- At least 75% of service funds must be used for core medical-related services, and up to 25% may be used for support services that contribute to positive medical outcomes



# Planning Council Responsibilities

- Develop and implement policies and procedures for planning council operations
- Assess community needs
- Set priorities and allocate resources \*\*\*
- Provide guidance (directives) to the recipient on how best to meet these priorities
- Help ensure coordination with other Ryan White and other HIV-related services
- Do comprehensive planning
- Assess the administrative mechanism (CCBH)

# Ryan White Part A Services

## Core Medical Services

- AIDS Drug Assistance Program (ADAP)
- AIDS Pharmaceutical Assistance
- Early Intervention Services (EIS)
- Health Insurance Premium/Cost sharing
- Home and Community-Based Health Services
- Home Health Services
- Hospice
- Medical Case Management/Treatment Adherence
- Medical Nutrition Therapy
- Mental Health Services
- Oral Health Care
- Outpatient/Ambulatory Health Services
- Substance Abuse Outpatient Care

## Core Support Services

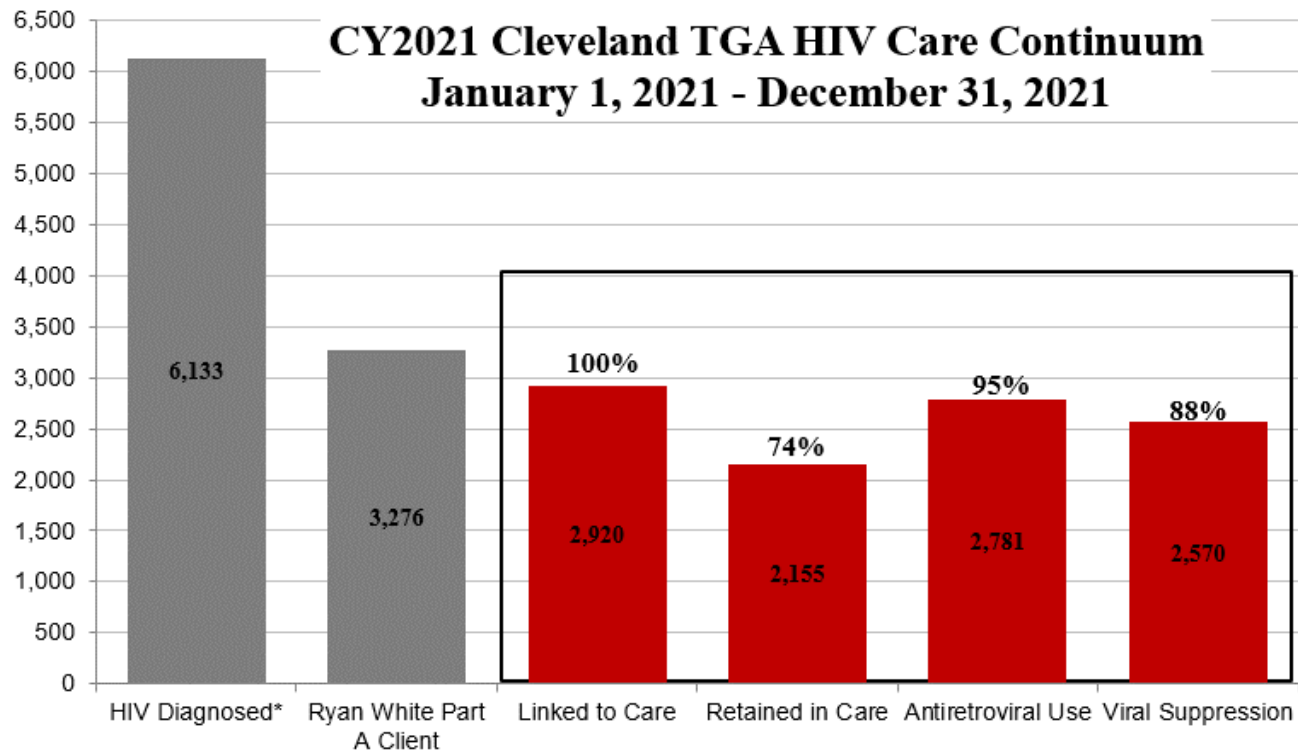
- Childcare Services
- Emergency Financial Assistance
- Food Bank/Home Delivered Meals
- Health Education/Risk Reduction
- Housing
- Legal Services
- Linguistic Services
- Medical Transportation
- Non-Medical Case Management
- Other Professional Services (Legal)
- Permanency Planning
- Psychosocial Support
- Referral for Health Care and Support Services
- Rehabilitation Services
- Respite Care
- Substance Abuse Services (residential)

# Ryan White Part A Eligibility

- **Applicants must establish the following:**
  - **HIV/AIDS diagnosis**
  - **Proof of residency:** Clients must be currently living in one of the Cleveland TGA counties: Ashtabula, Cuyahoga, Geauga, Lake, Lorain, or Medina).
  - **Proof of income:** Clients monthly income must be at or below 500% of the current Federal Poverty Level (FPL).
  - **Proof of insurance:** Ryan White is that payer of last resort, so agencies must explore alternative third party payment methods before utilizing Ryan White funds. Clients with insurance must submit documentation of coverage.
- **Eligibility is established on an annual basis.**
  - Providers must complete the Ryan White Part A eligibility application annually, as well as uploading all supporting documentation listed above, even if a client's information has not changed.
  - The exact same file cannot be used each time.



# Program Outcomes



# Ryan White Website

- Assist with uploading provider information, Planning Council documents, and any other important resources.
- **HIV Services Newsletter**
  - Linked on the website.
  - Bi-annual newsletter sent out to subrecipients, Planning Council, community members, and any HIV/AIDS partner organizations in the Cleveland TGA.
  - Content includes Ryan White Part A programmatic updates, Planning Council updates, introduction of new staff, etc.
- Tutorial: [www.ccbh.net](http://www.ccbh.net)



# Ryan White Team

## 216-201-2000

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# Questions?





# Ending the HIV Epidemic in the U.S.

Today we have the Right Data, Right Tools, and Right Leadership to end the HIV epidemic.

## Background:

The federal Ending the HIV Epidemic in the U.S. (EHE) initiative is an ongoing effort to reduce the number of new HIV infections in the United States by at least 90% by 2030.

In February 2020: HHS awarded \$117 Million to End the HIV Epidemic in the U.S., which included:

- Nearly \$54 million to 195 health centers with service delivery sites in geographic locations identified by the EHE initiative
- **Approximately \$63 million to 60 HIV/AIDS Bureau EHE recipients to link people with HIV who are either newly diagnosed, or are diagnosed but currently not in care, to essential HIV care and treatment and support services, as well as to provide workforce training and technical assistance (CCBH EHE Care funding)**

In March 2021: HRSA awarded \$99 Million to End the HIV Epidemic in the U.S. to 61 HRSA HIV/AIDS Bureau EHE recipients to expand access to HIV care, treatment, medication and essential support services.

In September 2021: HRSA awarded over \$48 million to 271 HRSA-funded health centers with service delivery sites in geographic locations identified by the EHE initiative. A subset of the 195 original awardees received funding to expand ongoing participation in EHE activities; this subset totaled 163 centers.

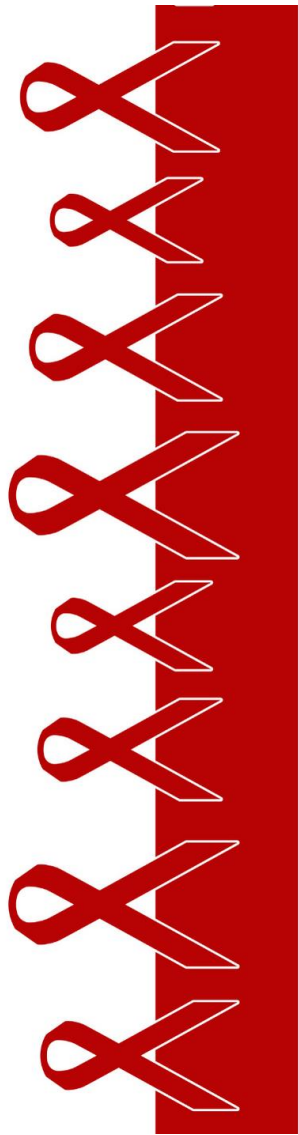
In June 2022: HRSA awarded nearly \$115 million to support Ending the HIV Epidemic in the U.S. to 60 HRSA HIV/AIDS Bureau EHE recipients. The awards support innovative strategies that help people with HIV access care, support, and treatment services to live longer, healthier lives.

In August 2022: HRSA awarded more than \$20 million in funding to expand HIV prevention, testing, and treatment services at health centers nationwide. The funding builds on over \$100 million in previously awarded EHE funding to more than 300 health centers, and will fund additional health centers in the counties, territories, and states identified as a part of the EHE initiative.

We have an unprecedented opportunity  
to end the HIV epidemic in America

The time is  
**Now.**

#EndHIVEpidemic



# EHE Care Projects

- Intensive Medical Case Management
- Medical Transportation
- Rapid Start of Art
- Community Health Worker
- Psychosocial Support Services
- Emergency Financial Assistance
- Social Media Campaigns

\*EHE Care Projects funded by CCBH/HRSA; not representative of all regional EHE efforts.

# Data 2 Care

- Collaboration with Ohio Department of Health
- Not in Care List- 18 months out of Care
- REDCap, CliniSync, CAREWare, West Law (people search) & assistance from EHE funded clinical partners
- FY23 Data 2 Care project will be executed by internal EHE DIS



# Intensive Medical Case Management

- Extension of RW MCM
- Smaller caseload to address more time intensive needs such as behavioral & mental health.
- Does not need to qualify for RW-A
- Effort to streamline identification of clients, transition process & client satisfaction with services.
- EHE Funded Partners: MetroHealth, Signature Health, Cleveland Clinic & University Hospitals



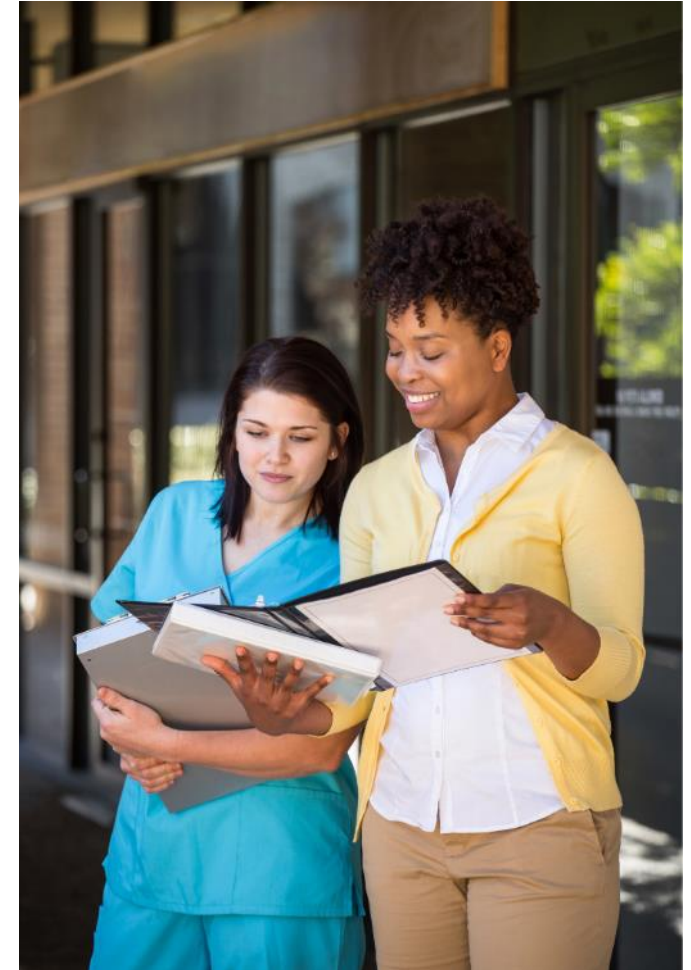
# Medical Transportation

- Transportation Assistance for non-virally suppressed clients
- Includes non-traditional options like ride-share (ex. Lyft) or gas cards
- Enhances other projects like D2C, IMCM & Rapid ART
- EHE Funded Partners: AIDS Healthcare Foundation, Cleveland Clinic, Signature Health & University Hospitals



# Rapid Start of ART

- Same day meds (or within the week) for newly diagnosed or re-engaged in care clients
- Follow up outreach (frequency varies) but starts soon after treatment and continues for a period of time (ex. 6 mts.)
- Collaboration with ED, satellite clinics & community testing sites to “fast track” patients
- CCBH Title X clinic has 7 day supply
- EHE Funded Partners: Cleveland Clinic, MetroHealth & University Hospitals



# CHW's as Peer Navigators

- 2 Cohorts completed CSU training
- CHW training & recruitment will resume FY 2023.
- Continued focus on service hours, agency placement & obtaining CHW credential for those trained
- Peer Navigators at:  
MetroHealth, Signature Health & University Hospitals





# Psychosocial Support Services

Psychosocial Support Services provides individual and/or group support and counseling services to address clients' continuing behavioral and physical health concerns.

Key activities include:

- Support and counseling activities
- HIV support groups
- Pastoral care/counseling services
- Caregiver support



Exclusions: Funds under this service category may not be used for social/recreational activities or to pay for a client's gym membership.

EHE funded Partners: Nueva Luz Urban Resource Center & the Sankofa Initiative

# Emergency Financial Assistance

Emergency Financial Assistance (EFA) provides limited one-time or short-term payments to assist the client with an emergent need for paying for essential items or services to improve health outcomes

EFA activities are composed of the following eligible services:

1. Emergency rental assistance (first month's rent, past due rent)
2. Emergency utility payments (gas, electric, and water)
3. Emergency telephone services payments
4. Emergency food vouchers
5. Emergency moving assistance
6. Emergency medication

EHE-funded partners: The AIDS Taskforce of Greater Cleveland



# Love Leads Here! Social Media Campaigns



**I Take PrEP**

Taking PrEP means I'm protecting myself and my sexual partners from **HIV**.  
It's a good feeling. *Tommy*

love leads here.org  
Cuyahoga County Board of Health  
HIV Prevention & Care

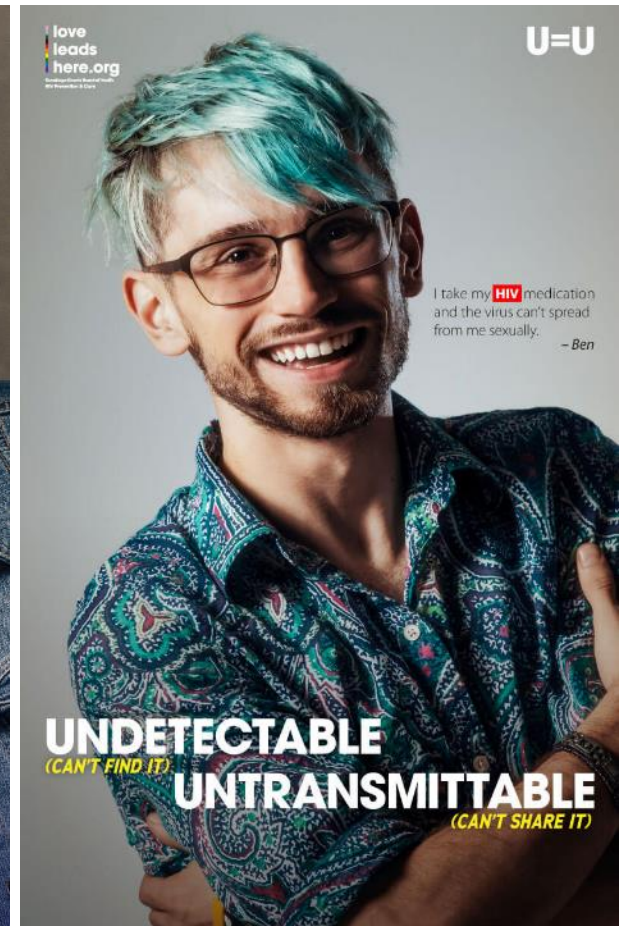


love leads here.org  
Cuyahoga County Board of Health  
HIV Prevention & Care

**You're Welcome.**

I'm living with **HIV** and preventing it.  
Medication keeps me undetectable and untransmittable.

*Naimah*



love leads here.org  
Cuyahoga County Board of Health  
HIV Prevention & Care

**U=U**

I take my **HIV** medication and the virus can't spread from me sexually.  
— Ben

**UNDETECTABLE**  
*(CAN'T FIND IT)*

**UNTRANSMITTABLE**  
*(CAN'T SHARE IT)*

# Looking Ahead

- EHE Year 4 Implementation Plans, Due April 14<sup>th</sup>
- EHE Standards of Care Manual was updated for the FY2023 fiscal year. The manual can be found on the flash drives distributed after this meeting.
- EHE Monitoring Tools have been updated to reflect lessons learned during the pilot site visits. EHE Monitoring Tools will be used at EHE site visits moving forward. Monitoring tools can be found on the flash drives.
- FY2023 Psychosocial Support Services and Emergency Financial Assistance partners will be required to report in CAREWare. See Standards of Care Manual for more information.



Questions or  
Comments?

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**EHE CAG – Treat Pillar**  
**April 12, 2023**

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# Cleveland TGA HIV Prevalence/PLWH

## 2020

- 6,045 PLWH (as of 12/31/2020)
- 80% male
  - 39% Black/African American males
- Highest number of PLWH were in the 55-64 year old age group
- 51% of PLWH were in the men that have sex with men (MSM) exposure category

## 2021

- 6,133 PLWH (as of 12/31/2021)  
↑ 1.46%
- 80% males
  - 40% Black/African American males
- Highest number of PLWH were in the 55-64 year old age group
- 52% of PLWH were in the men that have sex with (MSM) category



## 2020 Cleveland TGA Incidence/New Cases

- 223 new cases
  - ↑ 21% from 2019
- 87% males
  - 57% Black/African American males
- 20-24 year olds had the highest number of new cases
  - 49% of cases were below 30 years old
- 39% in MSM exposure category





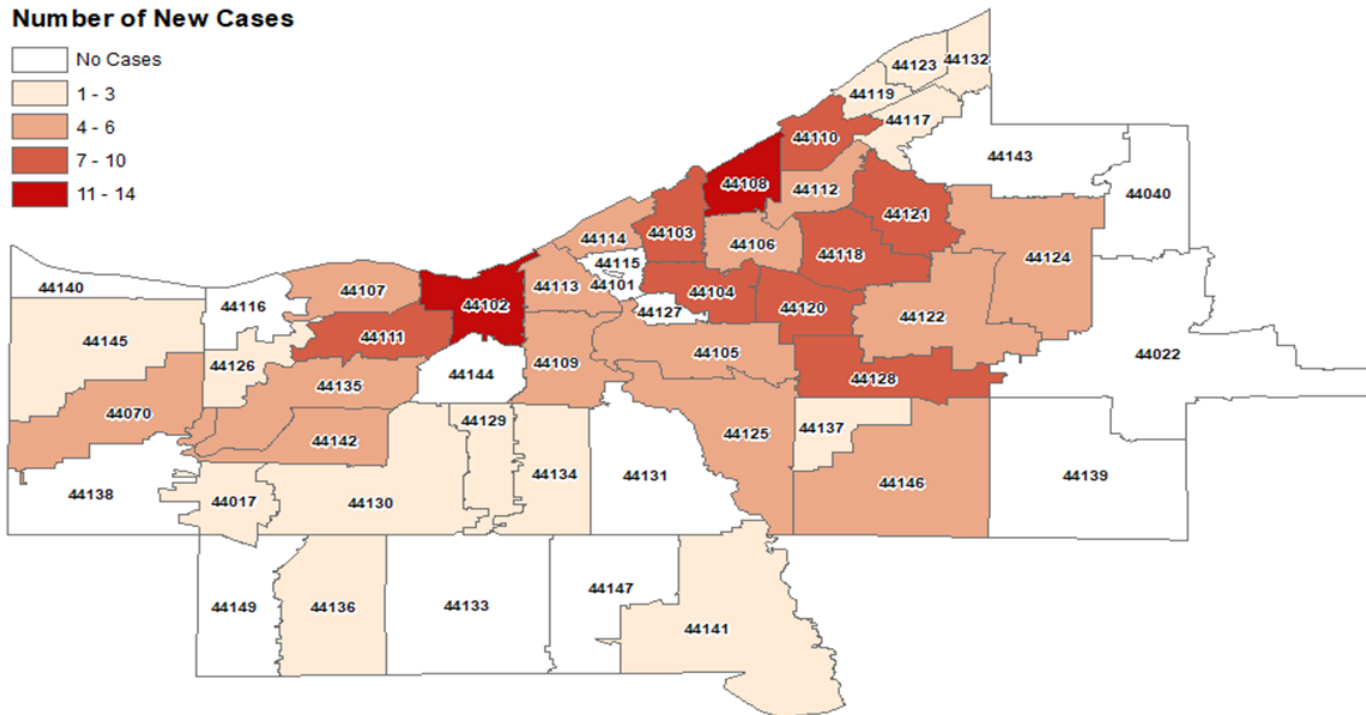
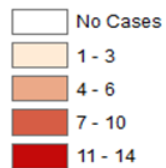
## 2020 Cuyahoga Incidence/New Cases

- 186 new cases
  - ↑ 15% from 2019
- 87% males
- 71% Black/African American
  - 57% Black/African American males
- 20-24 year olds had the highest number of new cases
  - 49% of cases were below 30 years old
- 39% in MSM exposure category



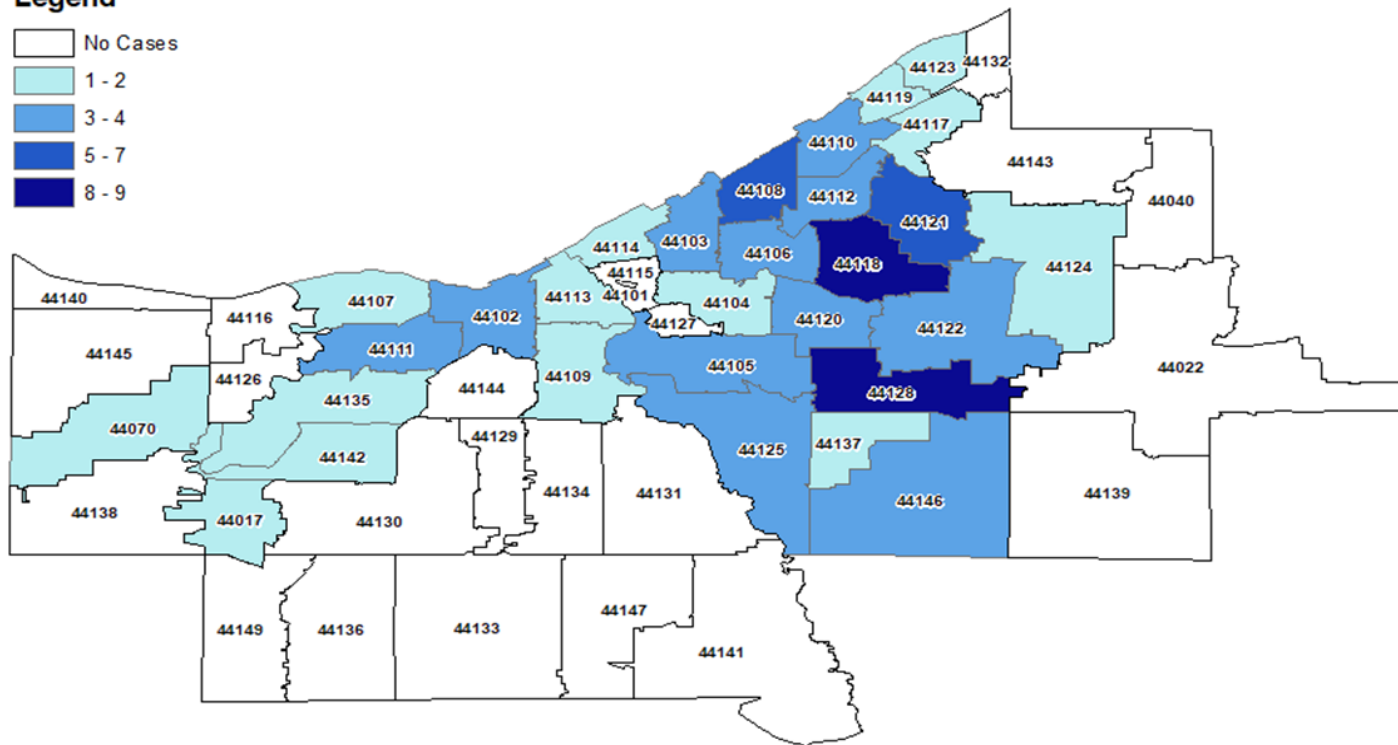
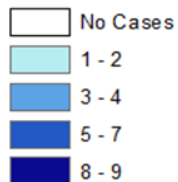
## HIV Incidence in Cuyahoga County, 2020, by Zip Code

### Number of New Cases



## HIV Incidence in Cuyahoga County Under Age 30, 2020, by Zip Code

### Legend



## 2021 Cleveland TGA Incidence/New Cases

- 202 new cases
  - ↓ 7% from 2020
- 85% males
  - 56% Black/African American males
- 20-24 year olds had the highest number of new cases
- 43% in MSM exposure category



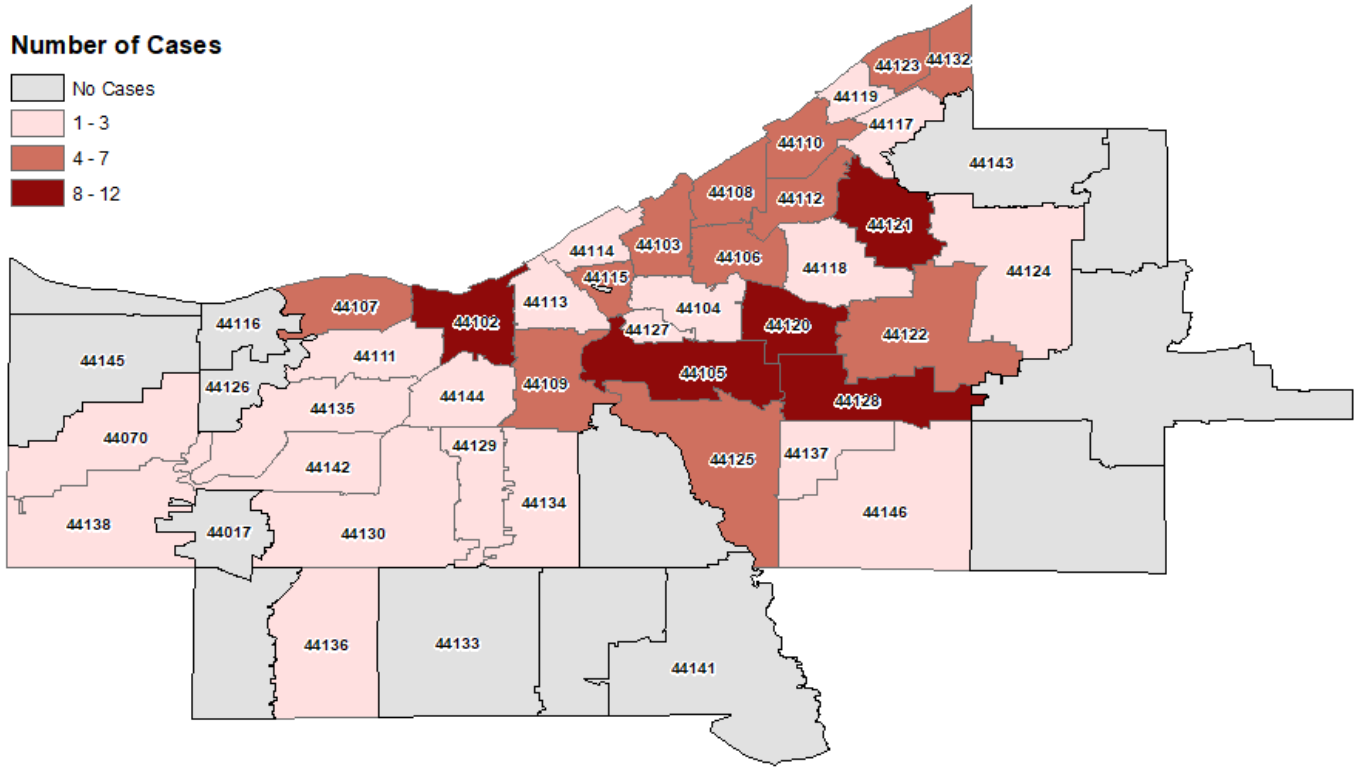
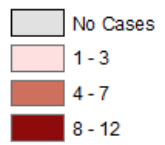
## 2021 Cuyahoga Incidence/New Cases

- 165 new cases
  - ↓ 11% from 2020
- 87% males
- 76% Black/African American
  - 67% Black/African American males
- 20-24 year olds had the highest number of new cases
- 55% in MSM exposure category



## 2021 HIV Incidence, by Zip Code, Cuyahoga County

### Number of Cases



Data Source: Ohio Disease Reporting System (ODRS)  
Zip Code is based on residence at the time of diagnosis  
Version Date: 10.27.22

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## 2022\* Cleveland TGA Incidence/New Cases

- 172 new cases
  - ↓ 15% from 2021
- 84% males
  - 41% Black/African American males
- 20-24 year olds had the highest number of new cases
  - 43% under 30 years old
- 31% in MSM exposure category

\*2022 data as of 2/14/2023; data is preliminary and subject to change



## 2022\* Cuyahoga Incidence/New Cases

- 125 new cases
  - ↓ 24% from 2021
- 81% males
  - 46% Black/African American males
- 20-24 year olds had the highest number of new cases – 19% of cases
  - 39% under 30 years old
- 30% in MSM exposure category

\*2022 data as of 2/14/2023; data is preliminary and subject to change

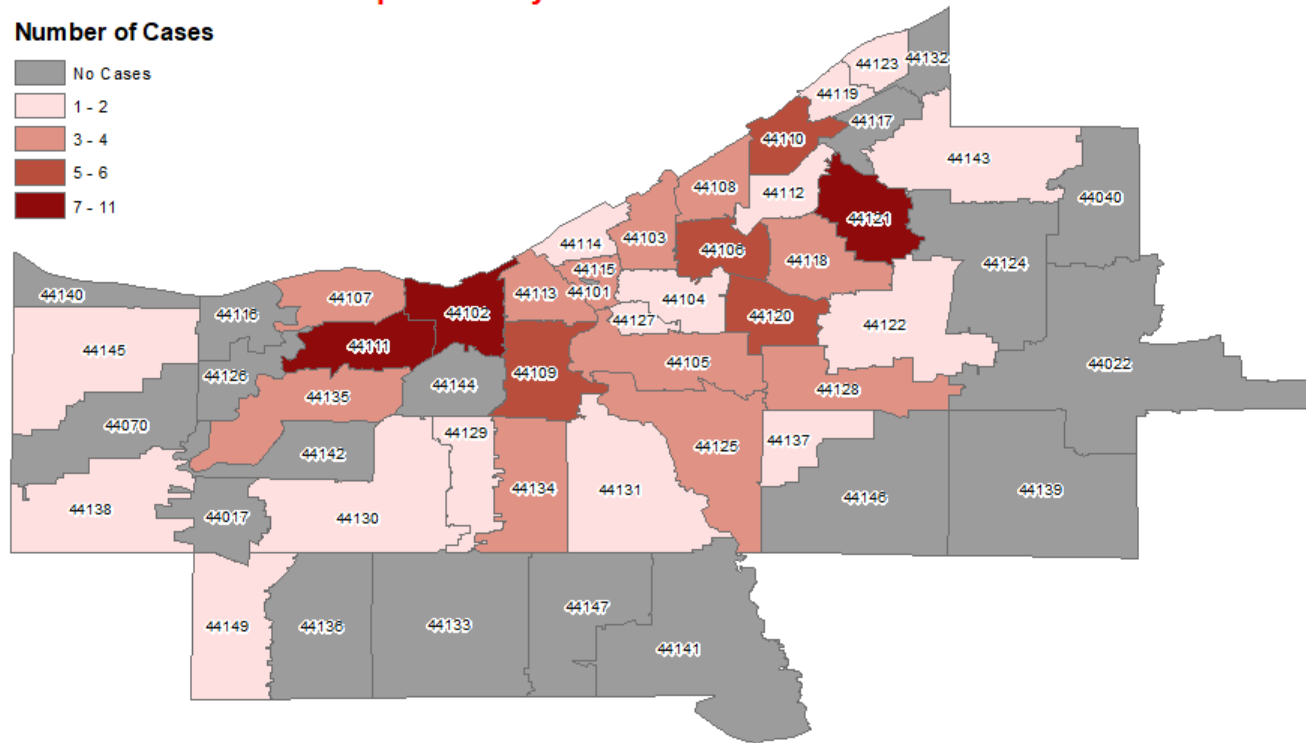
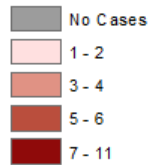




## HIV Incidence in Cuyahoga County, by Zip Code, 2022

**\*All data is preliminary\***

### Number of Cases



Data Source: Ohio Disease Reporting System (ODRS)

Data as of 2.28.2023. All data is preliminary, numbers are subject to change as additional information is obtained.

Zip code reflects residence at the time of diagnosis.

Map version date: 2.28.2023

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# Cleveland TGA HIV Incidence, 2020 – 2022\*



\*2022 data as of 2/14/2023; data is preliminary and subject to change



# HIV and Later AIDS Data – Cleveland TGA

## 2020 – 223 new HIV cases

- 37 cases were diagnosed with AIDS within same year of initial diagnosis
- 7 cases had already reached AIDS at time of diagnosis

## 2021 – 202 new HIV cases

- 35 cases diagnosed with AIDS within same year of initial diagnosis
- 6 cases had already reached AIDS at time of diagnosis



# HIV Care Continuums

FY23

March 1, 2022 – February 28,  
2023



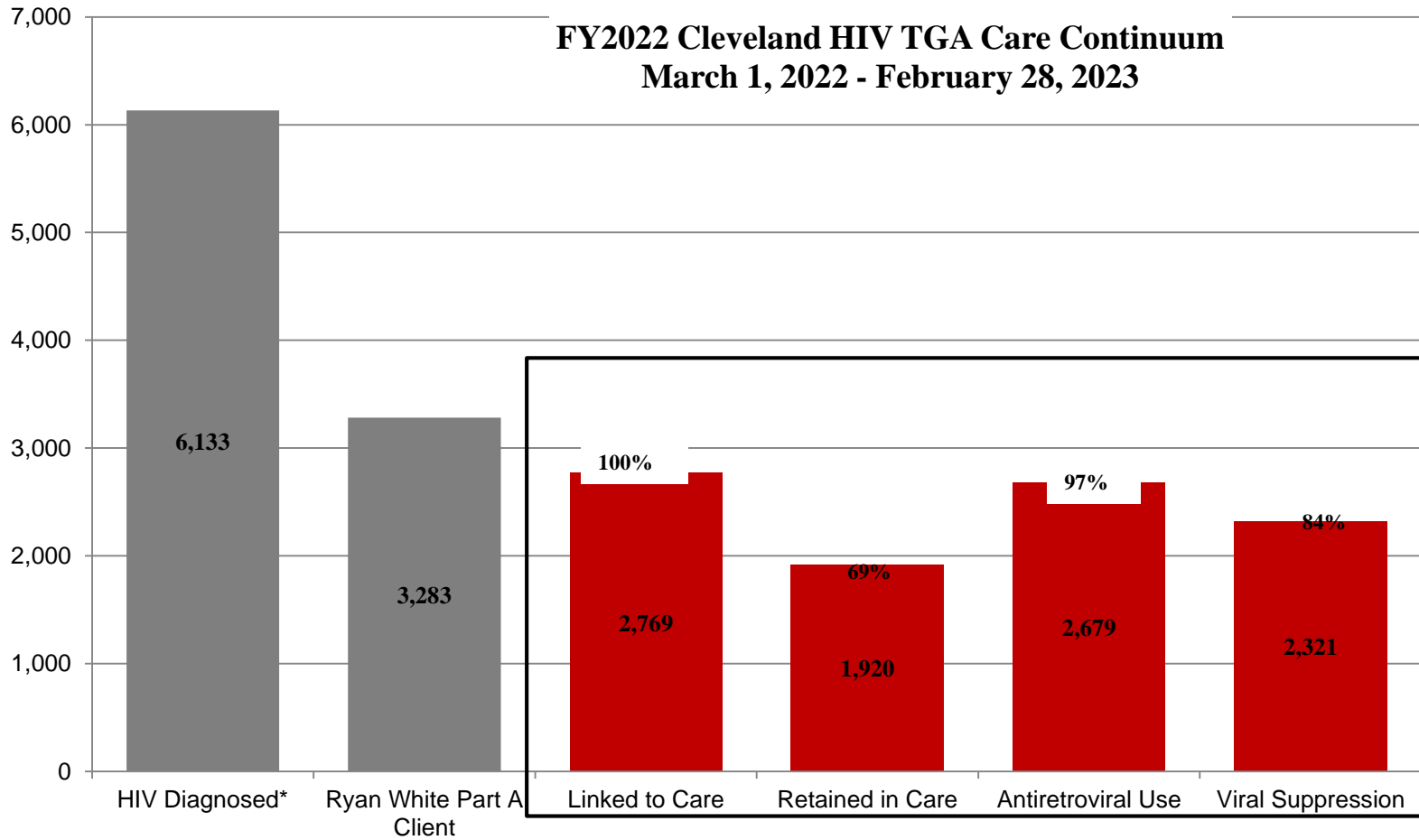
## Continuum Definitions

- HIV-Diagnosed: Diagnosed HIV prevalence in the jurisdiction as reported by the Ohio Department of Health.
  - \*Please note: The most recent available prevalence data from the Ohio Department of Health is as of December 31, 2021.
- Ryan White Part A Clients: Number of diagnosed individuals who received a Ryan White Part A funded service in the measurement year.
- Linked to Care: Number of Ryan White Part A eligible clients that had at least one medical visit, viral load test, or CD4 test in the measurement year.

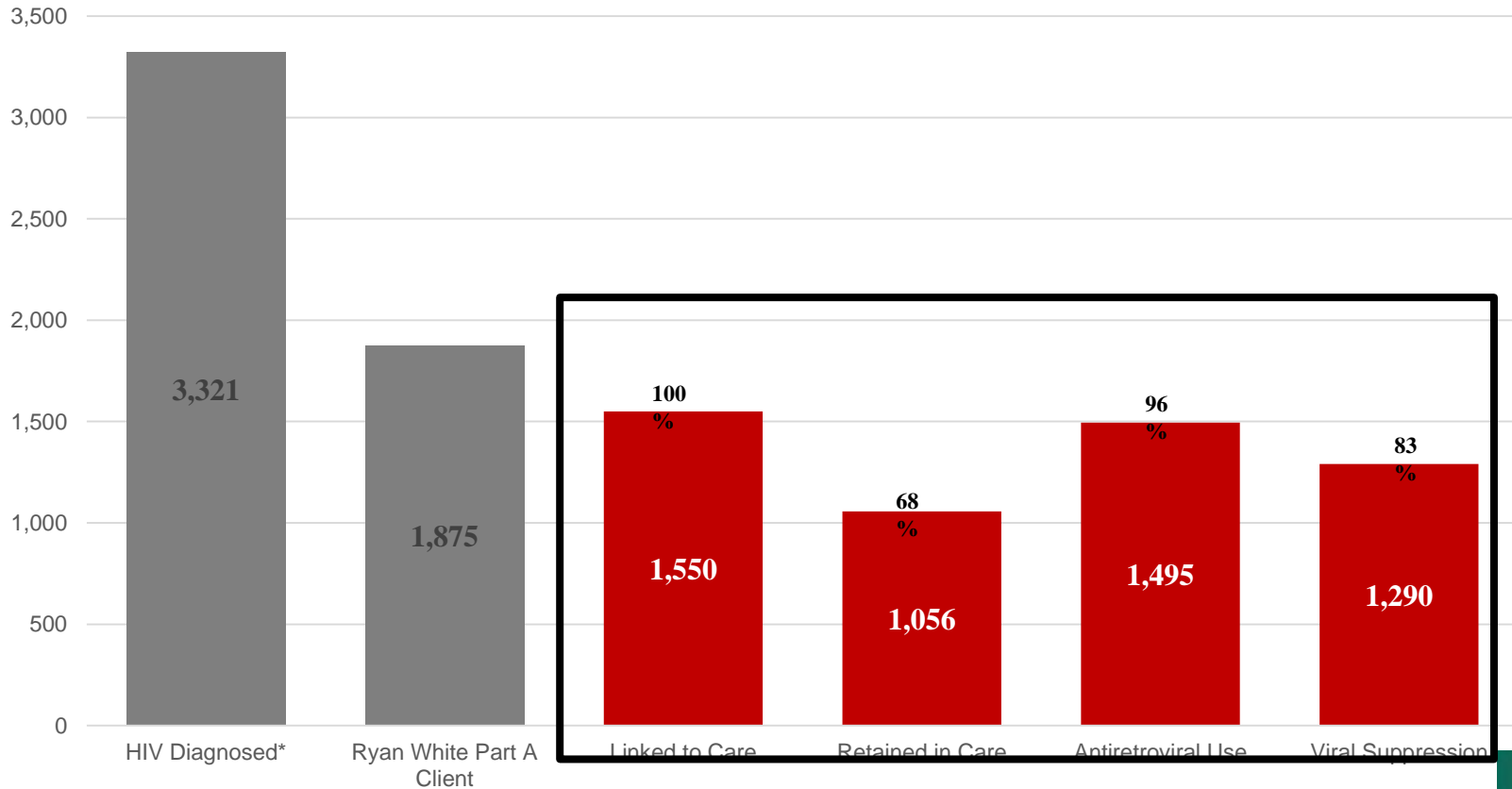
## Continuum Definitions

- Retained in Care: Number of Ryan White Part A eligible clients who had two or more medical visits, viral load or CD4 tests performed at least three months apart during the measurement year.
- Antiretroviral Use: Number of Ryan White Part A eligible clients receiving medical care who have a documented antiretroviral therapy prescription on record in the measurement year.
- Viral Suppression: Number of Ryan White Part A eligible clients receiving medical care whose most recent HIV viral load within the measurement year was less than 200 copies/mL.

### FY2022 Cleveland HIV TGA Care Continuum March 1, 2022 - February 28, 2023



**Men Who Have Sex with Men (MSM)  
FY2022 Cleveland TGA HIV Care Continuum  
March 1, 2022 - February 28, 2023**

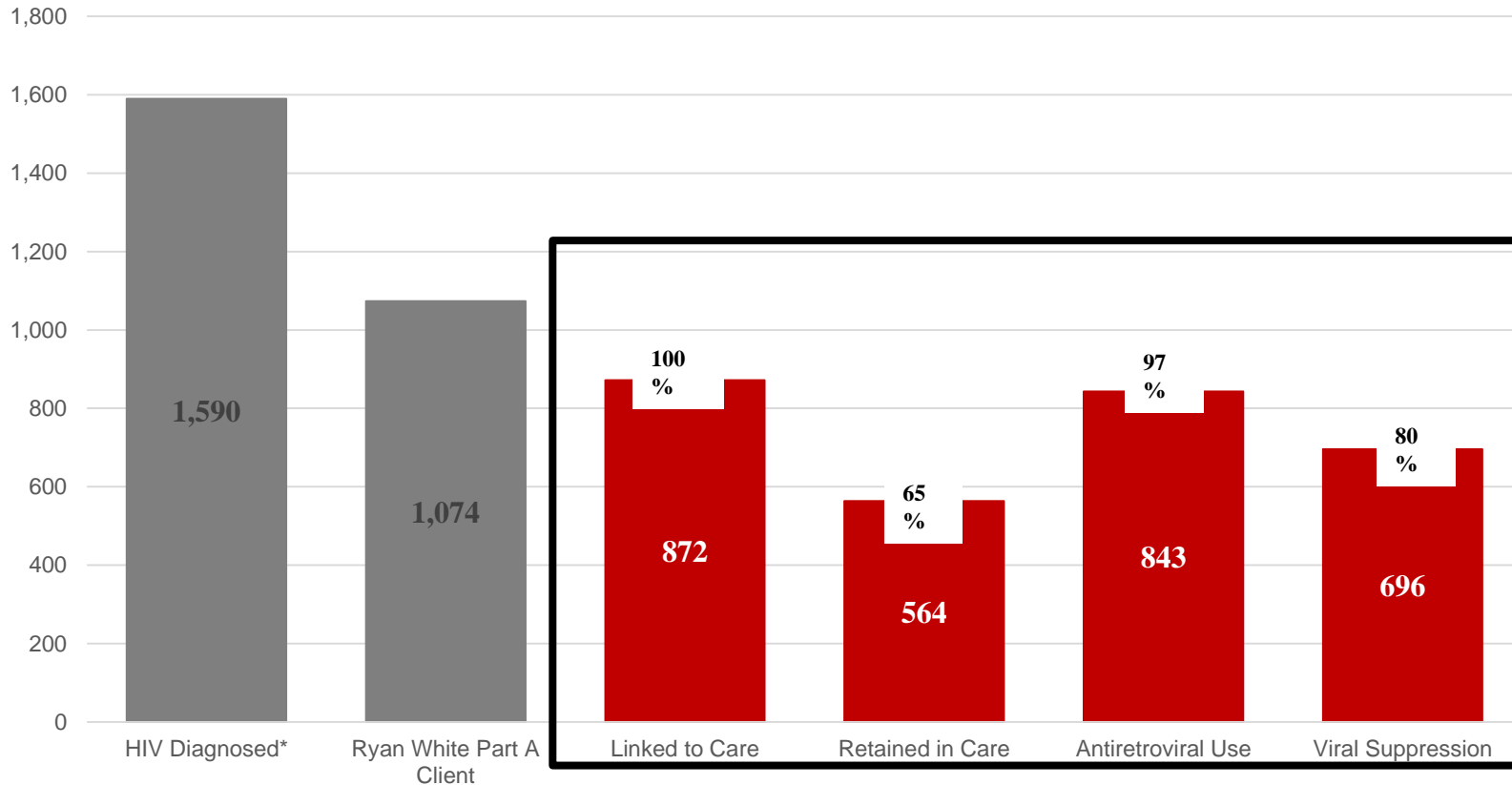


**CCBH**

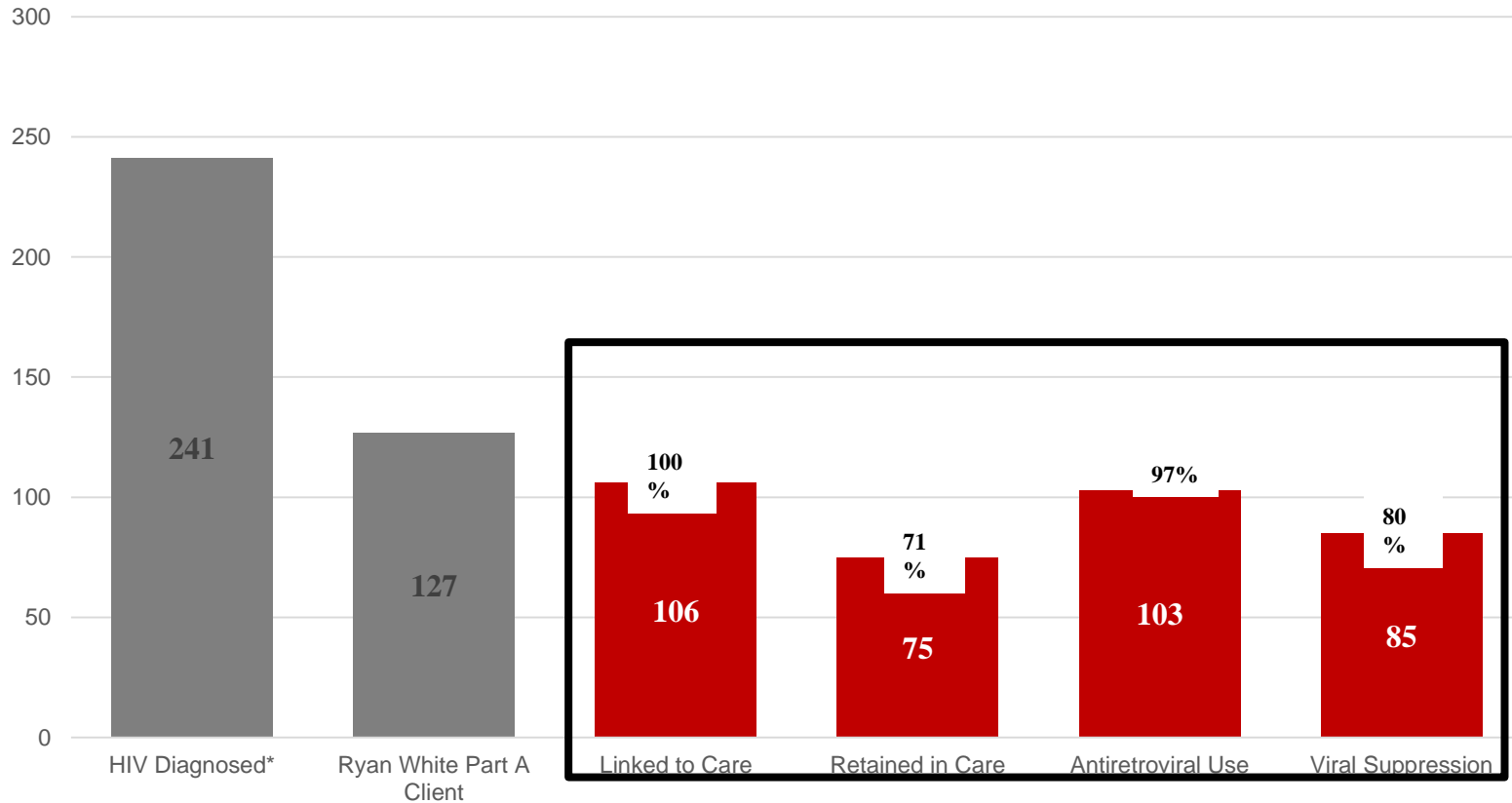




**Black/African American Men Who Have Sex with Men (MSM)  
FY2022 Cleveland TGA Care Continuum  
March 1, 2022 - February 28, 2023**



**Youth Age 13-24**  
**FY2022 Cleveland TGA HIV Care Continuum**  
**March 1, 2022 - February 28, 2023**



# EHE CAG – Treat Pillar

 Ending  
the  
HIV  
Epidemic

CUYAHOGA COUNTY  
BOARD OF HEALTH  
YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

5550 Venture Drive Parma, Ohio 44130  
216-201-2000 [www.ccbh.net](http://www.ccbh.net)

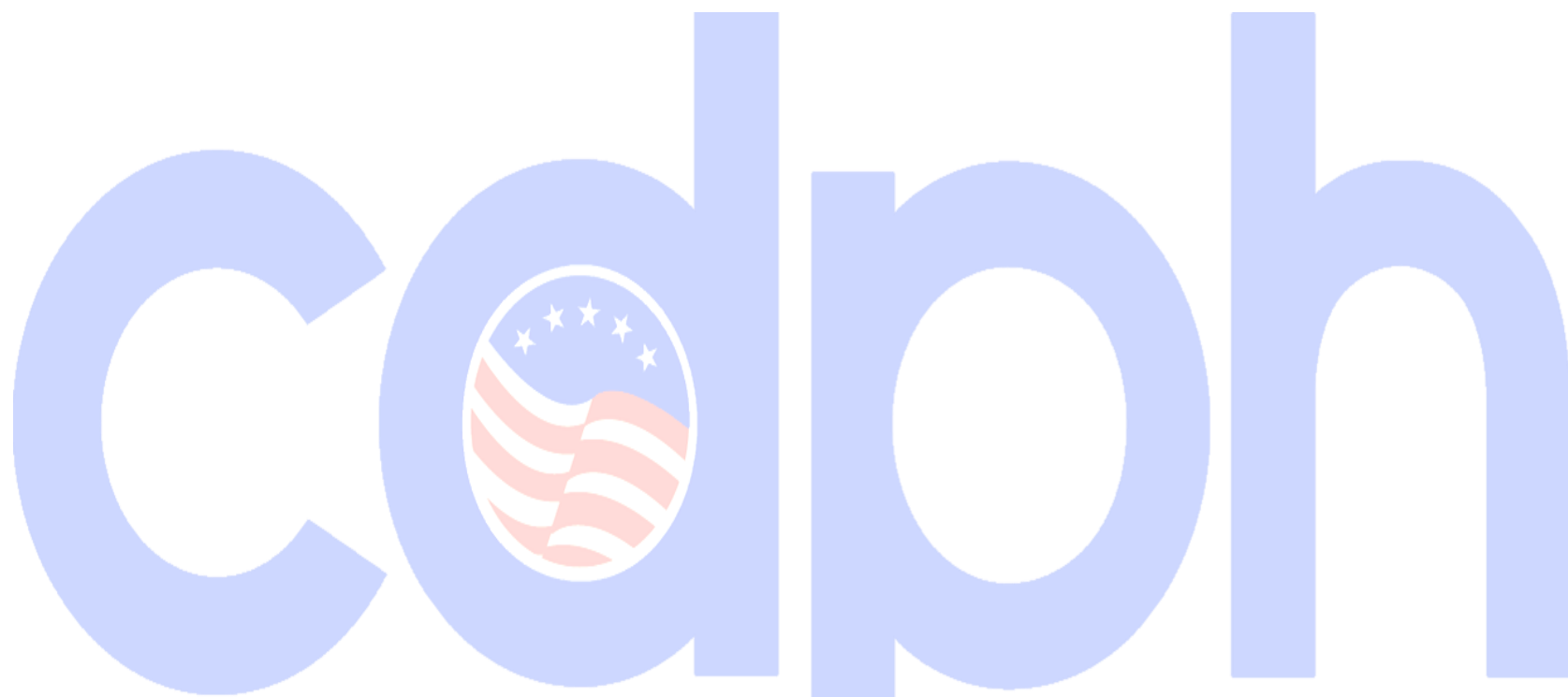


# Break



# SHARE





**CDPH-HOPWA  
PROGRAM UPDATE**



## What is HOPWA?

- ❑ The Housing Opportunities for Persons with AIDS (HOPWA) program, is managed by HUD's office of HIV/AIDS,
- ❑ Under the HOPWA program, HUD makes grants to local communities, states and nonprofit organizations for projects that benefit low-income persons living with HIV/AIDS and their families.
- ❑ HOPWA was established to provide housing assistance and related supportive services for low-income persons living with HIV/AIDS and their families.
- ❑ HOPWA is the only Federal program dedicated to the housing needs of people living with HIV/AIDSs.
- ❑ The **GOAL** of the HOPWA program is to ensure that clients are living in stable housing, improve access to health care and related supportive services and also to reduce the risk of homelessness

## HOPWA Eligibility

- Low-income persons (at or below 80 percent of area median income) that are medically diagnosed with HIV/AIDS and their families are eligible to receive HOPWA-funded assistance.
- People Living with AIDS (PLWA) can go to a community partner to sign up for HOPWA housing subsidy assistance.
- Cleveland-Metropolitan Statistical Area (MSA)** includes:
  - Cuyahoga
  - Geauga
  - Lake
  - Lorain
  - Medina





## HOPWA Services

### **Tenant Based Rental Assistance-TBRA**

- The goal is subsidize long-term, safe and affordable occupancy
- Provides a subsidy to HOPWA-eligible households in units of their choice
- Rent calculation defined by regulation and based on household income rent standard, rent reasonableness and utility allowances
- Covers rent and utility cost
- Ongoing, year-round**

### **Short-Term Rental, Mortgage, Utility Assistance-STRMU**

- The goal is to provide short-term stabilizing intervention to currently housed HOPWA-eligible households that are not receiving ongoing rental assistance and are experiencing a financial crisis as a result of their HIV/AIDS health condition
- HOPWA requirements limit this assistance to individuals and families who are already housed and who have legal right to be occupying the residence
- Persons who are homeless are not eligible for this assistance
- Covers mortgage, rent and utility cost
- Limit short-term assistance to no more than 21 weeks in any 52 week period**

## HOPWA Services

- ❑ **Short-Term Supported Housing-STSH** (hotel, Airbnb, etc.)
  - ❑ Intended to provide **temporary** shelter to eligible individuals to prevent homelessness
  - ❑ Allow opportunity to develop an individualized housing and service plan
  - ❑ Guide clients' linkage to permanent housing
  - ❑ **Housing facilities may not provide residence for any individual for more than 60 days in any 6 month period.**
  
- ❑ **Permanent Housing Placement-PHP**
  - ❑ The goal is to establish permanent residence when continued occupancy is expected.
  - ❑ Housing case management services offered to clients free of charge
  - ❑ Total rental assistance cannot exceed the amount of two months' rent
  - ❑ Costs associated with placement in housing-up to \$1,800 per client
    - ❑ Application fees and credit check expenses
    - ❑ 1<sup>st</sup> months rent and security deposit
    - ❑ One-time utility connection fees and processing costs



## **HOPWA Partner Agencies**

- AIDS Taskforce of Greater Cleveland (ATGC)**
  - Housing Case Management
  - Nutrition
  - Short-Term Rental, Mortgage, Utility Assistance (STRMU/ARAP)
- Emerald Development & Economic Network, Inc. (EDEN)**
  - Tenant Based Rental Assistance (TBRA)
  - Permanent Housing Placement (PHP)
- Northeast Ohio Coalition for the Homeless (NEOCH)**
  - Short-Term Support Housing (STSH)
- Nueva Luz Urban Resource Center (NLURC)**
  - Housing Case Management
  - Nutrition
- Joseph's Home (Joe HM)**
  - Acute Case Management
  - Housing Case Management



## New individuals who received HOPWA assistance

Category		Total HOPWA Eligible Individuals Receiving Housing Subsidy Assistance
1.	<u>Continuing</u> to receive HOPWA support from the prior operating year	264
New Individuals who received HOPWA Housing Subsidy Assistance support during Operating Year		
2.	Place not meant for human habitation (such as a vehicle, abandoned building, bus/train/subway station/airport, or outside)	6
3.	Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)	15
4.	Transitional housing for homeless persons	5
5.	Total number of new Eligible Individuals who received HOPWA Housing Subsidy Assistance with a Prior Living Situation that meets HUD definition of homelessness (Sum of Rows 2 – 4)	26



## Demographics & Race/Ethnicity

Category		HOPWA Eligible Individuals		All Other Beneficiaries	
		[A] Race [all individuals reported in Section 2, Chart a, Row 1]	[B] Ethnicity [Also identified as Hispanic or Latino]	[C] Race [total of individuals reported in Section 2, Chart a, Rows 2 & 3]	[D] Ethnicity [Also identified as Hispanic or Latino]
1.	American Indian/Alaskan Native				
2.	Asian				
3.	Black/African American	386	3	85	0
4.	Native Hawaiian/Other Pacific Islander				
5.	White	120	35	37	6
6.	American Indian/Alaskan Native & White				
7.	Asian & White				
8.	Black/African American & White	1	0	0	0
9.	American Indian/Alaskan Native & Black/African American				
10.	Other Multi-Racial	0	0	5	5
11.	<b>Column Totals (Sum of Rows 1-10)</b>	509	28	127	12



# Demographics & Age/Gender

HOPWA Eligible Individuals (Chart a, Row 1)						
		A.	B.	C.	D.	E.
		Male	Female	Transgender M to F	Transgender F to M	TOTAL (Sum of Columns A-D)
1.	Under 18	0	0	0	0	0
2.	18 to 30 years	55	19	3	0	77
3.	31 to 50 years	148	67	6	0	221
4.	51 years and Older	142	65	1	0	208
5.	Subtotal (Sum of Rows 1-4)	345	151	10	0	506
All Other Beneficiaries (Chart a, Rows 2 and 3)						
		A.	B.	C.	D.	E.
		Male	Female	Transgender M to F	Transgender F to M	TOTAL (Sum of Columns A-D)
6.	Under 18	32	34	0	0	66
7.	18 to 30 years	15	10	0	0	25
8.	31 to 50 years	7	11	0	0	18
9.	51 years and Older	7	11	0	0	18
10.	Subtotal (Sum of Rows 6-9)	61	66	0	0	127
Total Beneficiaries (Chart a, Row 4)						
11.	TOTAL (Sum of Rows 5 & 10)	406	217	10	0	633



# Households who received HOPWA services

Total Number of Households	
1. For Project Sponsors that provided HOPWA Housing Subsidy Assistance: Identify the total number of households that received the following <u>HOPWA-funded</u> services:	
a. Housing Subsidy Assistance (duplicated)-TBRA, STRMU, PHP, Facility-Based Housing, and Master Leasing	507
a. Case Management	1129
a. Adjustment for duplication (subtraction)	1037
a. Total Households Served by Project Sponsors with Housing Subsidy Assistance (Sum of Rows a and b minus Row c)	599
2.	
a. HOPWA Case Management	1129
a. Total Households Served by Project Sponsors without Housing Subsidy Assistance	772

Category	Total HOPWA Eligible Individuals Receiving Housing Subsidy Assistance
1. <u>Continuing</u> to receive HOPWA support from the prior operating year	264



# Household Area Median Income

Percentage of Area Median Income		Households Served with HOPWA Housing Subsidy Assistance
1.	0-30% of area median income (extremely low)	109
2.	31-50% of area median income (very low)	385
3.	51-80% of area median income (low)	13
4.	Total (Sum of Rows 1-3)	507





???

Questions?

???



# Positive Peers

EHE *Treat*Pillar, Community Resources Presentation

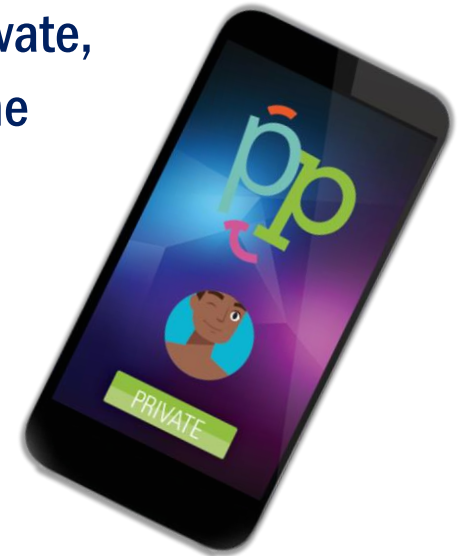
- Louis Catania, Patient Navigator
- April 12, 2023

The CCBH logo is a dark green square with the letters "CCBH" in white, bold, sans-serif font.

**Positive Peers** is an app with companion social media and a website. Our mission is to engage young people in HIV care and connect them to a private, stigma-free, supportive community of peers from all over the United States.



**PositivePeers.org**  
**@PositivePeers4U**





# Polling Question

**“What is the most common way you use your favorite social app?”**

- Connect with family and friends
- Meet new people
- News / current events
- Learn things
- Be aware of the cool things going on in my area (cultural events, new restaurants, etc.)
- Following the latest trends and celebrities
- Watch funny videos
- View other peoples' drama / lurk / troll

# Media Affordance Theory



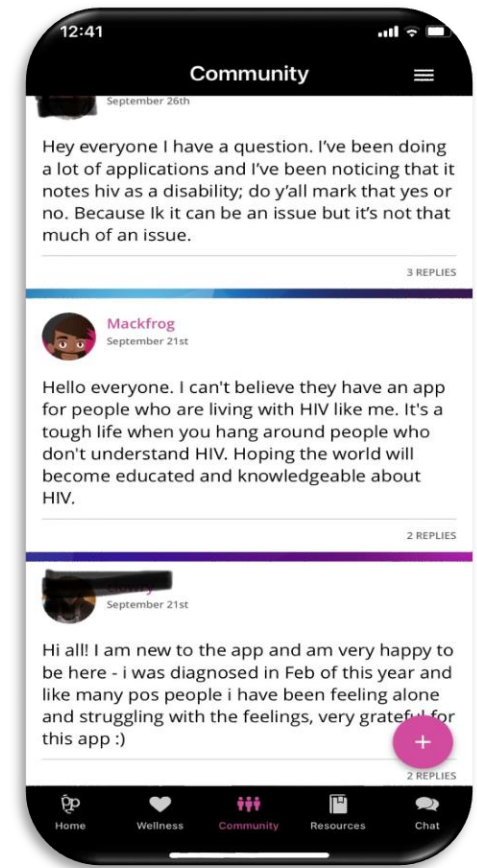
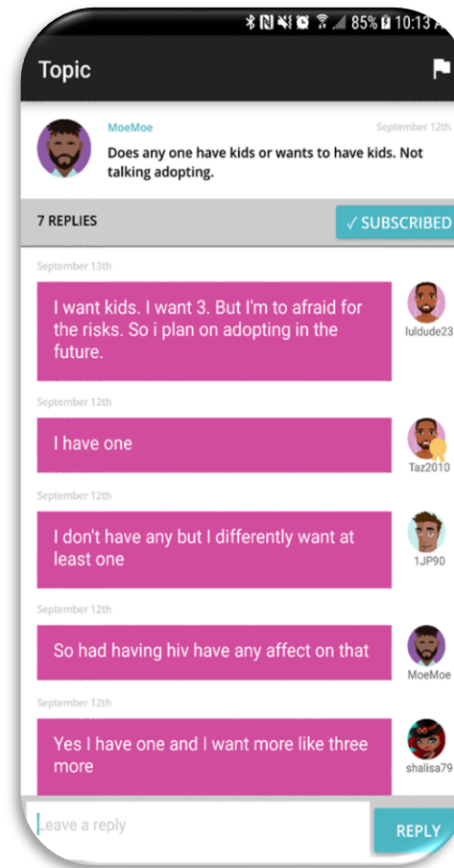
## Positive Peers is based on **Media Affordance Theory**

- **Affordances** are features of user/technology interaction that offer gratification of perceived needs
- **Affordances** emerge from interaction with technologies (Leonardi, 2011)
- Experimentation and adaptation shape user's perceptions of how technology can work for them
- Relational actions occur among users with technologies (Leonardi & Barley, 2008; Faraj & Azad, 2012)

# Community Forum

“ *Human connection in a virtual space* ”

Social networking in a community conversation and in private chats





# Community Forum

Similar to posting on Facebook or an online message board

Everyone can see and reply to posts

Admins can add in links to external or in-app content

Everyone can use emojis 😊 and GIFs

Participants cannot upload and share pictures or videos

App 2.0 upgrade includes extra admin features in chat – all users in that geographic area are listed for easy one-click messaging by admins

Users and Key Health Partner admins can message one another

Completely private

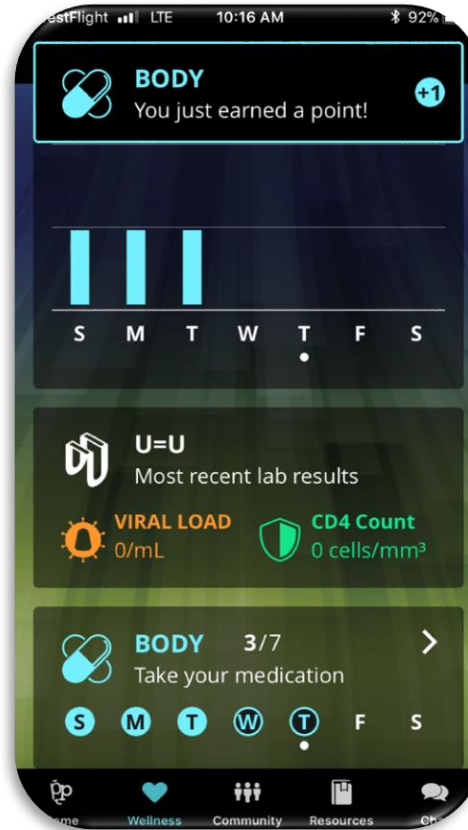
# In-App Chat Feature

Similar to direct messaging (DMs) on Instagram

Divided by age (13-17 vs 18-34) for safety of minor participants

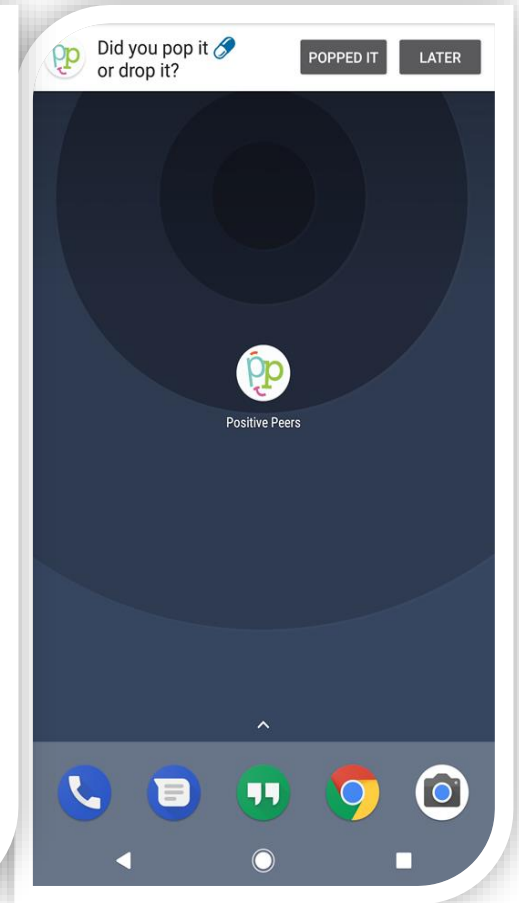
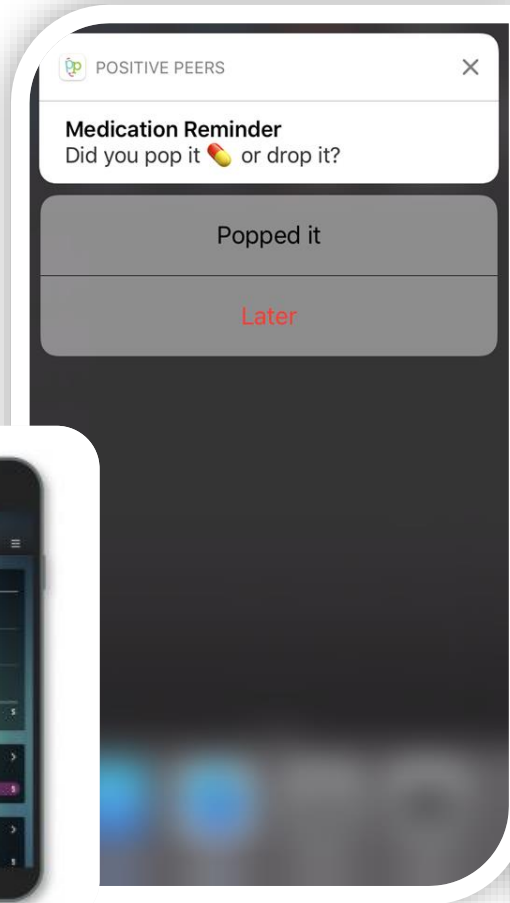
The **Wellness Tracker** includes actions & reminders within each realm of health

Supports a **holistic** and **individualized** approach to wellness

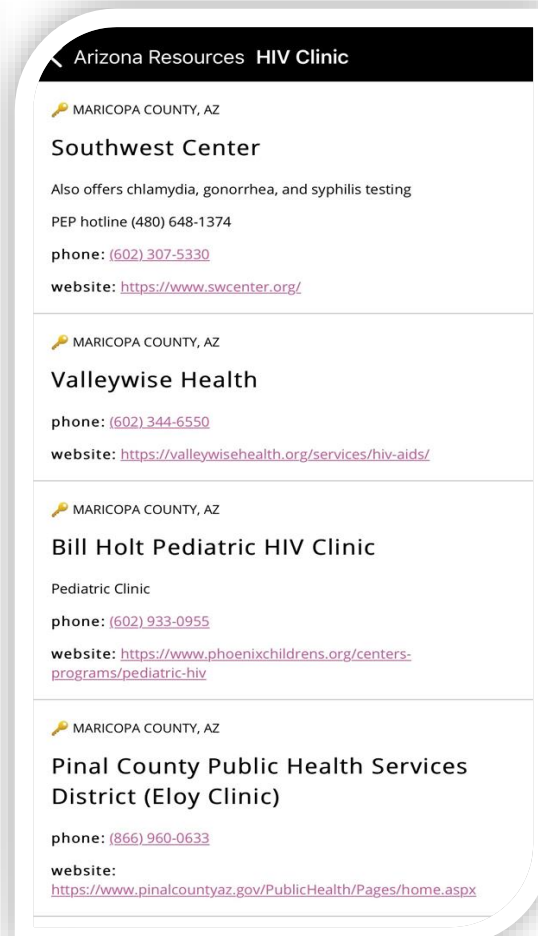
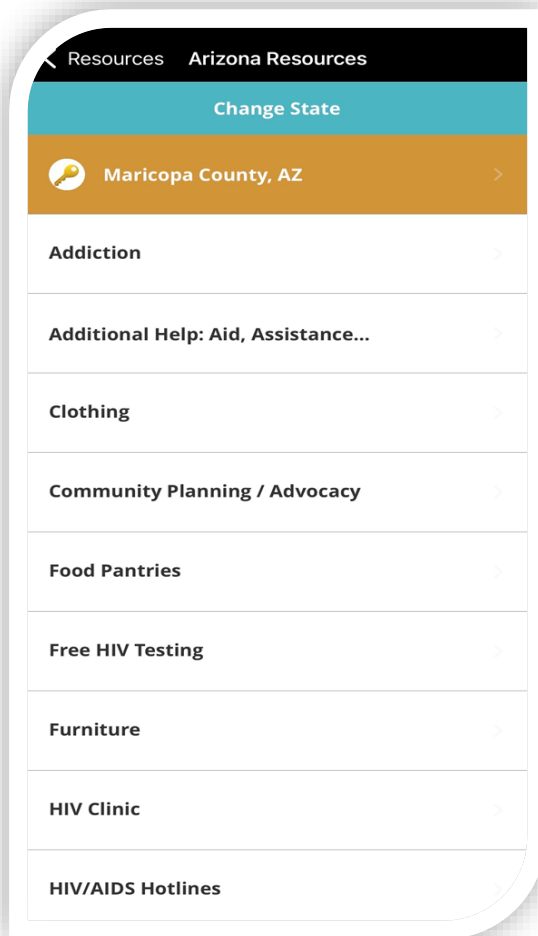


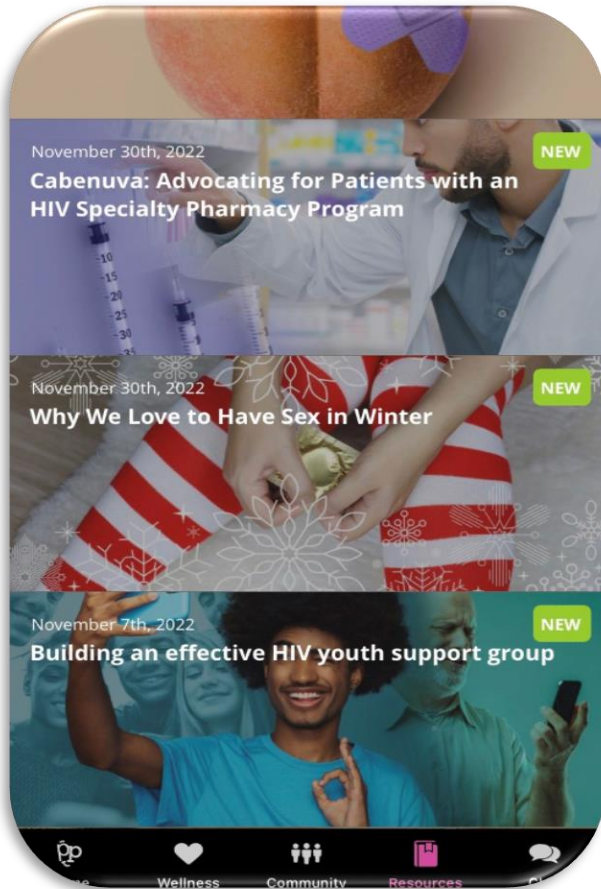
# Health management tools

## Custom medication reminders and notifications



The app has **community resources** that are customized and maintained by Key Health Partners





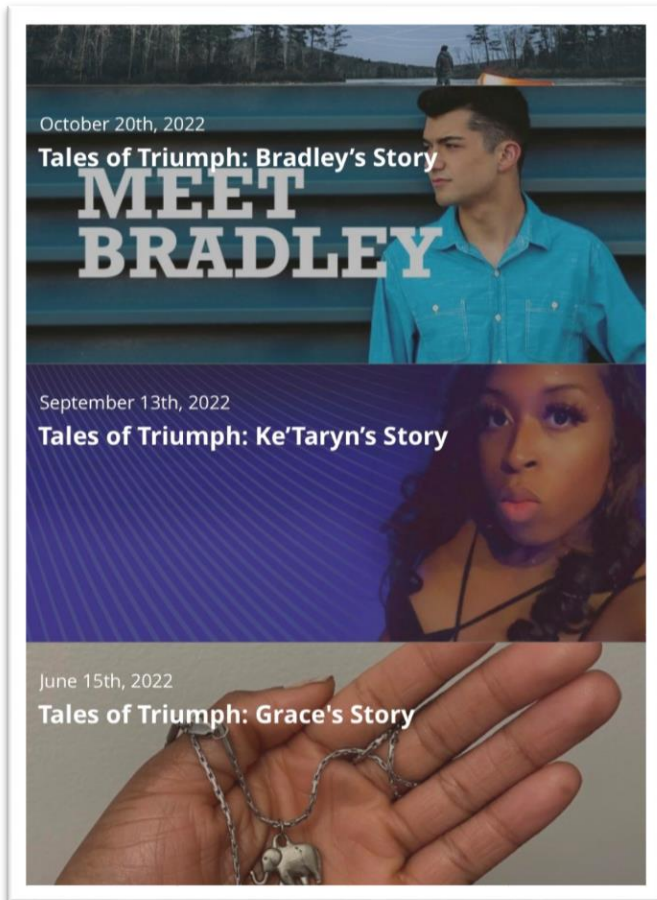
## Articles

**Accurate, easy-to-understand** HIV health and wellness news & education

**300+ articles** written at a sixth-grade level

- [Medical News Today](#) named Positive Peers one of the top 10 best blogs on HIV/AIDS in 2018
- [MyTherapy](#) listed Positive Peers among the top 10 Best HIV and AIDS Blogs in 2019
- [FeedSpot](#) named Positive Peers one of the Top 50 HIV Blogs, Websites and Influencers in 2019 and 2020
- [Verywell Health](#) named Positive Peers one of the 7 Best HIV Support Groups of 2021
- [WebMD](#) lists Positive Peers as a support app for PWH

# Tales of Triumph



Personal stories from real-life young people living with HIV



## HIV Stories: Samuel

Samuel was in an explorative stage of his life when he contracted HIV. "I felt confused. I felt frozen." Feelings of depression and intense anxiety are common for those receiving an HIV diagnosis, and they can be particularly fierce for someone so young.

Luckily, Samuel was able to receive the help he needed. He checked himself into a mental health hospital and was soon transferred to a program where he could receive support on his journey. Today, Samuel has benefitted from therapy and is fully committed to improving his mental well-being, combining it with hobbies like exercise, art, and listening to music.

"The best thing that's happening for me right now, as a person with HIV, is starting to acknowledge the positive and having compassion for myself through hardships and pain.

[READ SAMUEL'S STORY](#)

[READ KE'TARYN'S STORY](#)

...and the ...  
...the ...  
...the ...

CCBH

# Enrollment

Free and easy  
online enrollment  
Upload proof of  
age and HIV  
status

Getting started is simple, safe and discreet.

Let's start with a few simple questions.

Fields marked with an \* are required

I am...


between the ages of 13 and 34 years old  
 a resident of the United States

I have...

a functioning IOS or Android smartphone  
 a current email address

Don't worry!

We take your privacy very seriously and will never share your information with anyone. Read our [Privacy Policy](#).

 MetroHealth

CCBH



# Published Outcomes

## Journal of Medical Internet Research (JMIR), 2022

- One year after enrollment in the recent study, app users on average experienced more optimal health outcomes than the comparison group
- App users overall were 1.66 times more likely to attend office visits than those who did not use the app
- The youngest group, ages 13-24, were 2.85 times more likely to obtain HIV laboratory tests and were **4.22 times more likely to achieve HIV viral suppression** than the comparison group

# Published Outcomes

## Journal of Health Promotion Practice (HPP), 2020

- Black participants reported less stigma than other participants both at baseline and over time (*Specific stigma measures included: overall stigma, personal stigma, disclosure stigma, self-image stigma, and perceived public attitudes*)
- Overall stigma and public attitudes stigma lessened for all participants over all time points
- Participants who were under 25 years old reported less disclosure stigma over time ( $p=.06$ ;  $p=.03$ )
- Participants who were 30 years and older reported less public attitudes stigma over time ( $p=.01$ )
- There is a trending inverse relationship between the broad use of the app and disclosure stigma ( $p=.09$ )

# Closing thoughts...

## Meet young people where they are

- Young people see their phones and social media as their most important means of communicating and socializing. Positive Peers is a way to meet them where they are.
- Young people often change their addresses, phone numbers, and even email addresses. They typically do not change social media handles—so once a person is registered for Positive Peers, you have another way to reach them and (re)engage them in care if needed.

## Promotional materials and training

- Spread awareness of the app within your community with available posters, marketing handouts, promotional pins, and stickers provided by the interventionist.
- Receive virtual training, upon request, to better understand the features and administration of the app.

# References

“SPNS Social Media Initiative Demonstration Site Resources.” TargetHIV, January 23, 2020.  
<https://targethiv.org/library/spns-social-media-initiative-demonstration-site-resources>.

Step, Mary M, Jennifer McMillen Smith, Joshua Kratz, Julia Briggs, and Ann Avery. “Positive Peers’: Function and Content Development of a Mobile App for Engaging and Retaining Young Adults in HIV Care.” *JMIR Formative Research* 4, no. 1 (2020).

Step, Mary M., Kristina Knight, Jennifer McMillen Smith, Steven A. Lewis, Theodore J. Russell, and Ann K. Avery. “Positive Peers Mobile Application Reduces Stigma Perception among Young People Living with HIV.” *Health Promotion Practice* 21, no. 5 (2020): 744–54.

Step, Mary M, Jennifer McMillen Smith, Steven A Lewis, and Ann K Avery. “Using the Positive Peers Mobile App to Improve Clinical Outcomes for Young People With HIV: Prospective Observational Cohort Comparison.” *JMIR mHealth and uHealth* 10, no. 9 (September 28, 2022): e37868.



**PI: Ann K. Avery, MD**  
[aavery@metrohealth.org](mailto:aavery@metrohealth.org)

**Project Director: Jen McMillen Smith, MSSA, LISW-S**  
[jmsmith@metrohealth.org](mailto:jmsmith@metrohealth.org)

**Visit & Follow**  
positivepeers.org & @PositivePeers4U

**Questions? Contact [lcatania@metrohealth.org](mailto:lcatania@metrohealth.org) | 216.778.5308**

The Positive Peers app was developed by The MetroHealth System's Compass Services, in collaboration with [Blue Star Design](#) and [Blackbird](#).





# CWRU/UH AIDS AIDS Clinical Research Site

BOB BUCKLEW, [ROB2@CASE.EDU](mailto:ROB2@CASE.EDU)

BROOKE WILLIS, [WILLIS.BROOKE@CLEVELANDACTU.ORG](mailto:WILLIS.BROOKE@CLEVELANDACTU.ORG)

216-844-4444

[WWW.CLEVELANDHIV.ORG](http://WWW.CLEVELANDHIV.ORG)

# Who we are

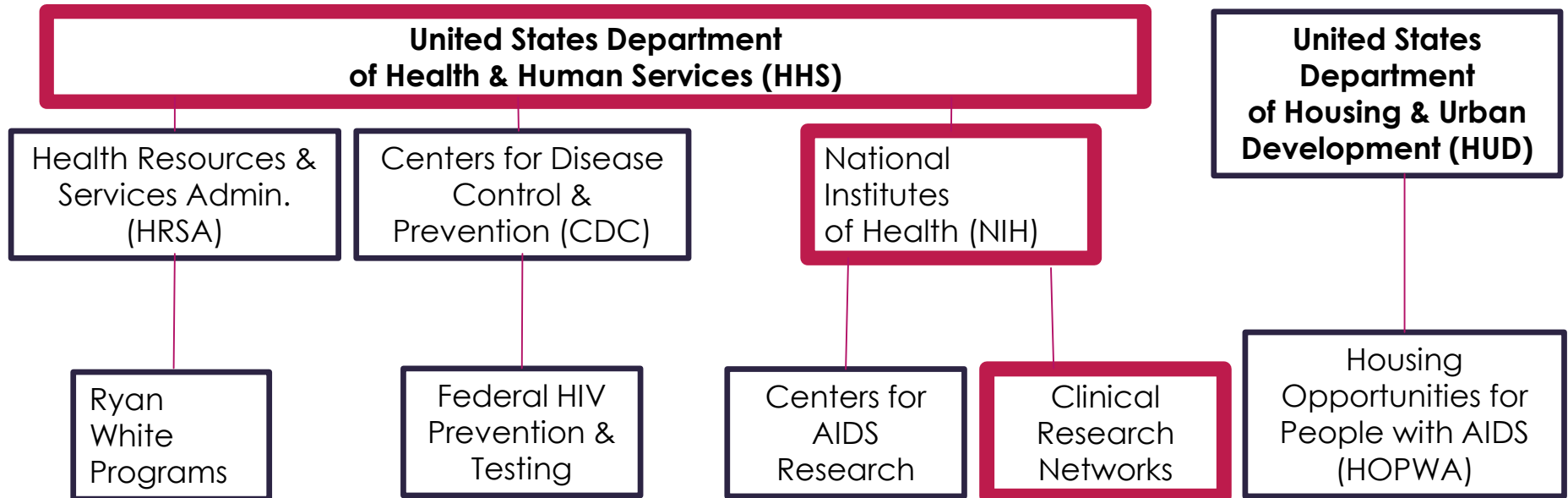
The Case Western Reserve/University Hospitals Clinical Research Site was established in 1987. The Site offers clinical trials for people living with HIV and within the broader HIV cure agenda.

People do not need to be a patient of University Hospitals to join a clinical trial. We can keep a participant's doctor informed of their progress in the clinical trial (lab results, etc.)

We share a clinic with the University Hospital's John T. Carey Special Immunology Unit on Cornell Road in University Circle.



# Federally-funded HIV Programs





# NIH-funded HIV clinical research sites



101 clinical research sites in 18 countries across North America, South America, Africa and Asia. This includes 45 sites in the United States.

# Community Inclusion

Community Advisory Boards (CABs) are required at all HIV clinical research sites and at all levels within the NIH to ensure community input throughout clinical trial development and implementation.

CABs provide opportunities:

- to learn about the latest advances in HIV treatment and prevention;
- to help represent communities impacted by HIV and to provide those communities with critical information; and
- to work with national and international activists and advocates.



# CAB Meetings: 2<sup>nd</sup> Tuesday of each month

MAY 2023						
SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
7	8	 9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

[www.free-printable-calendar.com](http://www.free-printable-calendar.com)

- 2<sup>nd</sup> Tuesday of each month, except for July and December
- Hybrid meetings – attendance in person and via zoom
- Begin at 6:00 pm – end at 7:30 pm
- Dinner and free parking/bus tickets for attendance in person
- Community education events following major scientific conferences, such as CROI and IAS

# Current Research

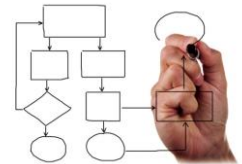


# Clinical Research

**Treatment** is the care provided to improve a situation.



**Research** is a systematic investigation to establish fact.



There are new clinical trials opening throughout the year.

Some trials may last for years, while others may be only one visit.

We provide compensation for each completed clinical trial visit.

Working on new transportation options

Participants are provided thorough explanations of all aspects of the clinical trials as well as answers to all of their questions

# The role of CMV and inflammation in people living with HIV

A clinical trial for people living with

## HIV & CMV

Cytomegalovirus or CMV is a very common virus. Most adults living with HIV are also living with CMV. Usually CMV infection causes few, mild or no symptoms. However, in people with weakened immune systems, like untreated HIV, CMV can cause severe illnesses.

We also know that CMV, even in people with controlled HIV, can cause a burden on the immune system. This can result in immune activation and inflammation, contributors to illness and disease.

This trial is for people with HIV and CMV, ages 18-65, who are taking anti-HIV meds and controlling their HIV.



The trial is looking to see the safety and immune response of an investigational anti-CMV vaccine, and whether the vaccine helps reduce immune activation and inflammation.

The trial lasts for about 2 years. Compensation provided. All visits are held at the CWRU/UH Clinical Research Site, 2061 Cornell Rd, Cleveland, Ohio

For more information feel free to contact us.

The CWRU/UH Clinical Research Site  
216-844-4444 or at [info@case.edu](mailto:info@case.edu)  
[clevelandhiv.org](http://clevelandhiv.org)

A clinical trial for people 40 and older  
living with HIV & CMV

Cytomegalovirus or CMV is a very common virus. Most adults living with HIV are also living with CMV. Usually CMV infection causes few, mild or no symptoms. However, in people with weakened immune systems, like untreated HIV, CMV can cause severe illnesses.

We also know that CMV, even in people with controlled HIV, can cause a burden on the immune system. This can result in immune activation and inflammation, contributors to illness and disease.

This trial is for people with HIV and CMV, age 40 and older, who are taking anti-HIV meds and controlling their HIV.



The trial is looking to see if and how well, an anti-CMV study medicine, letermovir, helps reduce immune activation and inflammation.

The trial lasts for about 1 year. Compensation provided.

All visits are held at the CWRU/UH Clinical Research Site, 2061 Cornell Rd, Cleveland, Ohio.

For more information feel free to contact us.

The CWRU/UH Clinical Research Site  
216-844-4444 or at [info@case.edu](mailto:info@case.edu)  
[clevelandhiv.org](http://clevelandhiv.org)

# HIV cure/remission related research

## A5386, a clinical trial to control HIV in a new way



Researchers are looking for ways to get rid of HIV that rests hidden in cells, away from anti-HIV medicines. This phase I clinical trial, **A5386**, looks at the safety and tolerability of 3 new experimental drugs and whether these drugs can help a person control HIV without anti-HIV medicines.

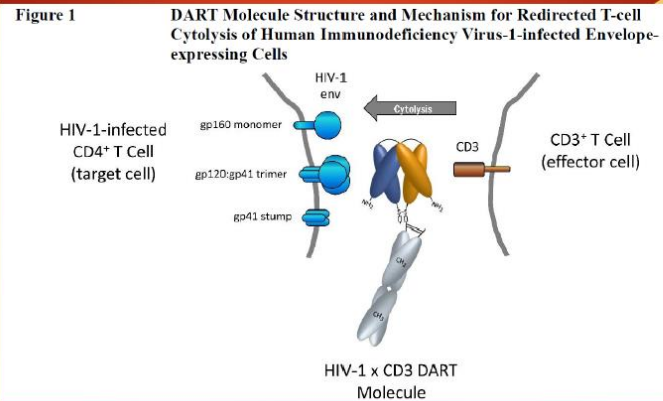
In this trial, participants will receive an experimental medicine, IL-15 superagonist N-803, either with or without two broadly neutralizing HIV antibodies. Participants will then start an HIV analytic treatment

interruption to see if they can control their HIV without medicines. The study lasts up to 2 years. Compensation is provided.

For more information, please call **216-844-4444**, email [info@case.edu](mailto:info@case.edu) or visit [www.clevelandhiv.org/a5386](http://www.clevelandhiv.org/a5386)



## Study product: MGD020 & MGD014 DART molecules

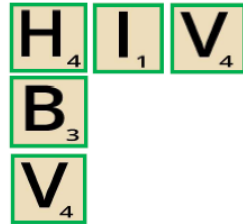


# Other clinical trials

## A clinical trial for people living with HIV & chronic hepatitis B

This research trial is for people living with both HIV and chronic hepatitis B, who are taking medicines to control both viruses. The trial is looking at the safety and effectiveness of Selgantolimod, an experimental drug to treat chronic hepatitis B.

Participants will take the drug once weekly by mouth for 24 weeks and be followed on the study for another 24 weeks.



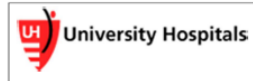
### Is this you?

A person living with HIV and hepatitis B, 18 to 70 years old;  
On anti-HIV and anti-hepatitis B medicines for over 5 years;  
Suppressed (very low) HIV and hepatitis B viral loads;  
No hepatitis C or recent treatment for hepatitis C.

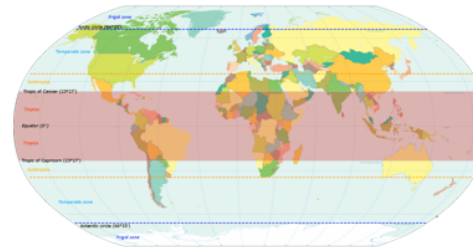
There are other requirements to join the study. The clinic staff can review them with you. They will answer all of your questions. Compensation is provided.

For more information contact:

CWRU/UH Clinical Research Site  
216-844-4444 or at  
[robert.bucklew@UHhospitals.org](mailto:robert.bucklew@UHhospitals.org)  
[www.clevelandhiv.org](http://www.clevelandhiv.org)



## LATITUDE STUDY for people living with HIV who can't stay undetectable



Anti-HIV medicines taken as pills have helped many people living with HIV to reduce their viral load to very low amounts, or **undetectable**.

The Latitude Study, which is enrolling people at the Case Western Reserve /University Hospitals AIDS Clinical Trials Unit, asks whether it is more helpful for people who have not been able to reach or stay undetectable to get their anti-HIV medicines through monthly injections compared to daily pills.

For more information go to:  
[www.clevelandhiv.org/latitude](http://www.clevelandhiv.org/latitude)  
or call Michael or Brooke at  
216-844-4444  
or email us at  
[info@case.edu](mailto:info@case.edu)





# Other conditions. . .

## COVID-19 STUDIES

**for outpatients with a recent coronavirus diagnosis, and their close contacts**

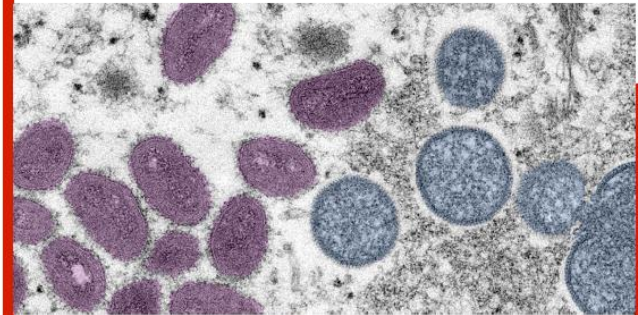


Have you recently been diagnosed with coronavirus in northeast Ohio, or been in close contact with someone who has?

You may be eligible to join a research study at Case Western Reserve / University Hospitals to look at how the immune system responds to exposure to or infection with SARS-CoV-2. Blood, oral, nasal and saliva samples will be taken. The study is for adults (18+), who must enroll into the trial within 10 days of the positive coronavirus test, or within 10 days of being in close contact with someone diagnosed with SARS-CoV-2. Compensation is provided.

To find out more, please contact us at [216-844-4444](tel:216-844-4444) or [covid19research@uhhospitals.org](mailto:covid19research@uhhospitals.org)

## MONKEYPOX STUDY for treatment of human MPV disease



Monkeypox is caused by a virus. This virus is most often spread by close contact with someone who has monkeypox.

This research study is looking to see if a medicine, tecovirimat (TPOXX), is safe and whether it helps treat monkeypox illness in people. This study will also help us understand more about how monkeypox causes illness and how the body fights infection.

In order to join this study, a person must have recently been diagnosed with monkeypox illness or, based on symptoms and possible exposure, be presumed to have monkeypox illness.

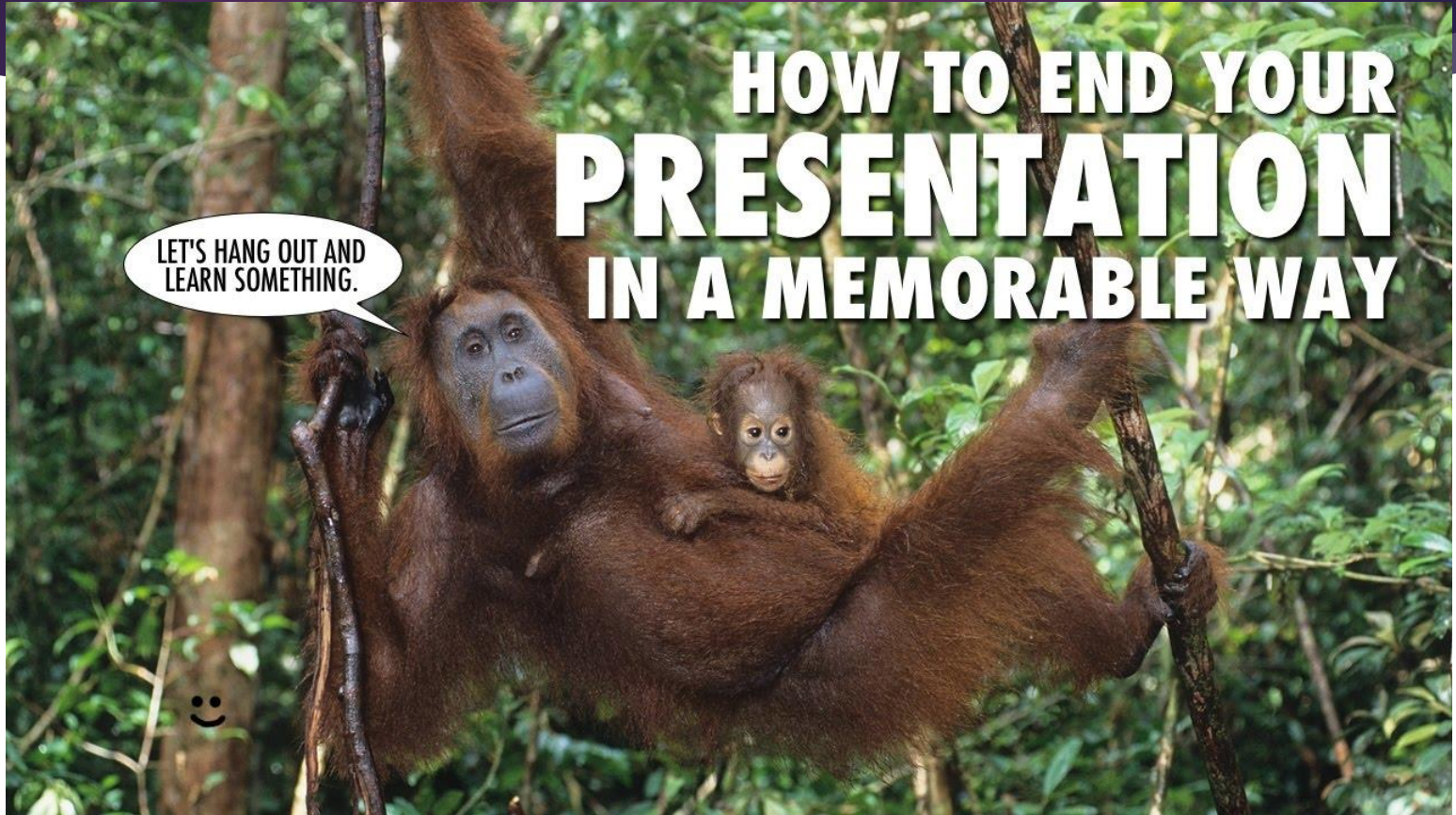
People who join the study will complete the study in about two months (60 days). All clinic visits take place on the University Hospitals Cleveland Medical Center campus in the University Circle neighborhood of Cleveland.

Compensation for time and travel provided. To find out more, please contact us at [216-844-4444](tel:216-844-4444) or [info@case.edu](mailto:info@case.edu).

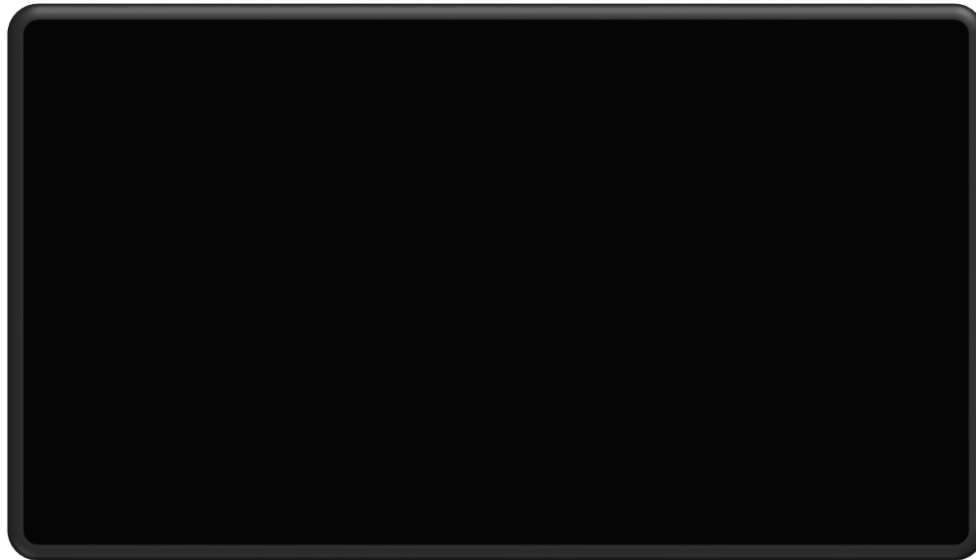


# HOW TO END YOUR PRESENTATION IN A MEMORABLE WAY

LET'S HANG OUT AND  
LEARN SOMETHING.



# Break



# BUILD



# Pre-Activity

- Strategize our continued approach towards our 2030 goal.
- Break out into 7 groups based on each Treat strategy.
- Evaluate our current strategies & build new actions for the Treat Pillar.

1. Action Planning

2. Starting  
Action

3. Observation &  
Evaluation

CCBH

Viral Suppression	Linkages to Care	Support Networks for PLWH	Peer Support	Stigma Reduction	Integrated Care	Housing
<b>Treatment Strategies to End the HIV Epidemic</b>						
Enhance opportunity for equitable sustained viral suppression.	Ensure individuals diagnosed with HIV have a realistic pathway to medical care/ Treatment.	Develop and strengthen formal support networks for PLWH.	Develop informal support networks for PLWH.	Increase public awareness of HIV as a manageable condition in order to reduce stigma associated with accessing care and support networks.	Continue to work across organizations to provide integrated care for PLWH.	Continue to ensure PLWH maintain or achieve stable housing status.

# 1. Action Planning

- **START**: treatment actions to start
- **CONTINUE**: treatment actions to continue
- **STOP**: treatment actions to stop

*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 treat pillar)?
2. What treatment actions are missing from local initiatives?
3. What has been very successful in treating new cases of HIV?
4. What actions have led to more individuals being treated?
5. What treatment practices should be stopped and/or altered?



## 2. Starting 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.

## 2. Starting Action *(continued)*

### **Some Helpful Guiding Questions:**

1. Who-what-where-when-why-how?
2. Walk us through the experience of being treated 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 treating 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?

# 3. Observation & Evaluation

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

# 3. 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. How has the project changed the individuals and communities it serves?
6. Now what? Where do we go from here?

# SHARE



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

**GETTING TO  
ZERO**



**CCBH**



# Meeting Feedback



# Questions?

- Our contact info:
  - Gloria Agosto Davis
    - [gagosto@ccbh.net](mailto:gagosto@ccbh.net)
  - Erin Lark Turcoliveri
    - [elark@ccbh.net](mailto:elark@ccbh.net)
  - Brian Lutz
    - [blutz@ccbh.net](mailto:blutz@ccbh.net)
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