CUYAHOGA COUNTY

BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

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

Ryan White Part A
FY2024 Kick Off Meeting

Presented by:

Monica Baker, Anastassia Idov,
Brittanie Evans, Alisha Cassady, Brian Lutz

Ending the HIV Epidemic

Ryan White Part A
Cleveland TGA

Meeting Agenda

- Welcome & Introductions (We’re in this together!)
- General Program Updates
- Standards of Care
- CQM Overview
- Eligibility & CAREWare
- Epi Overview
- Ending the Epidemic (EHE)
- Program Requirements
- Questions

Welcome!


WE
be of service
get together
communicate
team up
lend a hand
be part of
participate
be generous
serve others
unite
engage with
contribute
listen well
reach out
be responsible
assist in
empower
exchange
care about
show up
give attention
network
join in
partake in
unite
co-operate
work with
combine
combine with
take a role
tolerate
liberate
all for one
network
educate
partake in
respect all
one for all
exchange
join in
contribute
get together
combine
unite
be accountable
lend a hand
value diversity
work with
one for all
get involved
link together
interact
notice others
offer thanks
care for
collaborate
assist in
pitch in
share in
associate
welcome all
encourage
all for one
co-operate
team up
encourage
work with
educate
pitch in
share in
participate
join in
serve others
be part of
interact
liberate
combine
reach out
associate
show up
work with
side by side

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Ryan White Overview

Monica Baker
Ryan White Part A Grant Supervisor
mbaker@ccbh.net
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Ryan White Part A Updates

- Competitive HRSA Application for 2025
- RFP for 2025-2027 this fall
- Standards of Care…stay tuned!

What's new at CCBH?

CCBH HIV Services Team

HIV Services at CCBH

<table>
<tr><th colspan="2">Population Health</th><th>Nursing and Clinical Services</th></tr>
<tr><td colspan="2">Martha Halko - Director</td><td>Brandy Eaton - Director</td></tr>
<tr><td colspan="2">Zach Levar - Deputy Director</td><td>Amy Geiss – Deputy Director</td></tr>
<tr><td>Monica Baker - RW Part A Supervisor</td><td>Erin Lark Turcoliveri - EHE Supervisor</td><td>Melissa Kolenz - HIV/STI Prevention Supervisor</td></tr>
<tr><td>Anastassia Idov - Program Manager</td><td rowspan="2">Vacant - Program Manager</td><td>Shameem Ahmad – DIS Program Manager</td></tr>
<tr><td>Melissa Hansen – CQM Program Manager</td><td>LaJuanna White - DIS Program Manager</td></tr>
<tr><td rowspan="2">Brittanie Evans - Grant Coordinator</td><td rowspan="2">Brian Lutz - Program Manager</td><td>Danielle LeGallee – Program Manager</td></tr>
<tr><td>3 vacant DIS positions</td></tr>
<tr><td rowspan="2">Toni Mallory - Admin. Specialist</td><td rowspan="2">Erin Janowski - Grant Coordinator</td><td>6 FTE DIS</td></tr>
<tr><td></td></tr>
</table>

Questions?

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Standards of Care

Anastassia Idov
Ryan White Part A Program Manager
aidov@ccbh.net

Ryan White Part A Program Manager

- Supports the Ryan White Part A sub-recipients in providing HIV care and support services to underserved and underinsured clients living in six-county Cleveland Transitional Grant Area
- Responsible for administrative reports and contracts
- Assists in monitoring sub-grantee budgets
- Reviews requests for proposals
- Monitors program activities and processes
- Reviews semi-annual reports from sub-grantees
- Participates in annual monitoring
- Assists with TA coordination
- Provides MCMs with additional information and resources, based on requests and needs

Program Management Plan for FY24

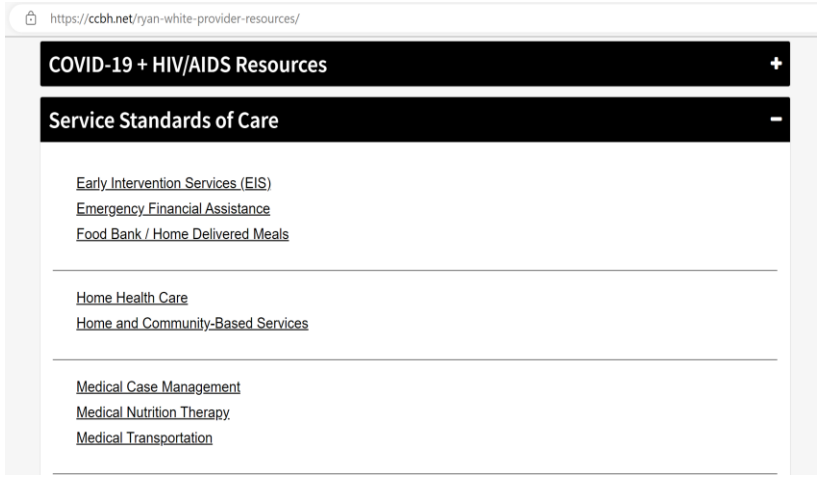
Collaboration:

- How can we work together?
- What can I do to support you?
- How can we make a bigger impact?

Cleveland TGA Standards of Care (SOC)

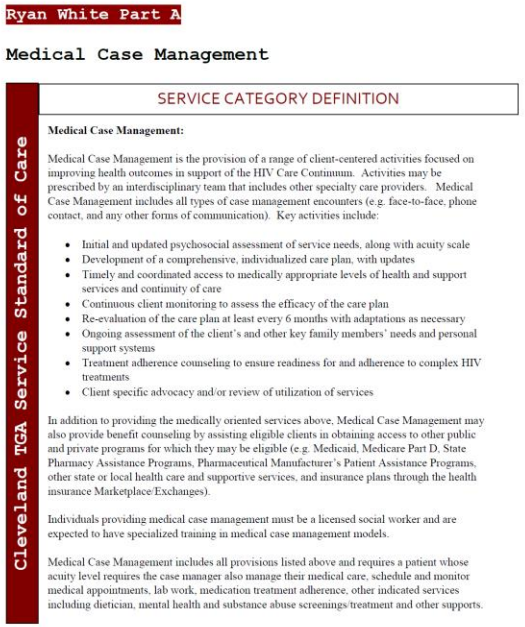
Access at:

https://ccbh.net/ryan-white-provider-resources/



- Each service category has standards and guidelines that all activities under that category must adhere to.
- The SOC also provide the framework for the yearly monitoring that the Part A office conducts.
- Every few years the Part A office updates the SOC based on feedback from the Part A-funded agencies and the community
- We'll go through this process in FY24

SOC Core Services



Ryan White Part A

Medical Case Management

Cleveland TGA Service Standard of Care

SERVICE CATEGORY DEFINITION

Medical Case Management:

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV Care Continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g. face-to-face, phone contact, and any other forms of communication). Key activities include:

- Initial and updated psychosocial assessment of service needs, along with acuity scale
- Development of a comprehensive, individualized care plan, with updates
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client specific advocacy and/or review of utilization of services

In addition to providing the medically oriented services above, Medical Case Management may also provide benefit counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g. Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplace/Exchanges).

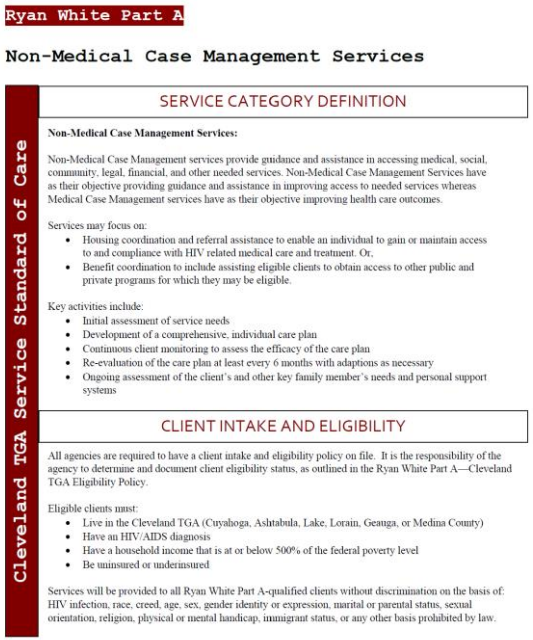
Individuals providing medical case management must be a licensed social worker and are expected to have specialized training in medical case management models.

Medical Case Management includes all provisions listed above and requires a patient whose acuity level requires the case manager also manage their medical care, schedule and monitor medical appointments, lab work, medication treatment adherence, other indicated services including dietician, mental health and substance abuse screenings/treatment and other supports.

At least 75% of service funds must be used for core medical-related services

- Early Intervention Services (EIS)
- Home and Community-Based Health Services
- Home Health Care
- Medical Case Management (MCM)
- Medical Nutrition Therapy
- Mental Health Services
- Oral Health Care
- Outpatient Ambulatory Health Services (OAHS)

SOC Support Services



Ryan White Part A

Non-Medical Case Management Services

Cleveland TGA Service Standard of Care

SERVICE CATEGORY DEFINITION

Non-Medical Case Management Services:

Non-Medical Case Management services provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case Management Services have as their objective providing guidance and assistance in improving access to needed services whereas Medical Case Management services have as their objective improving health care outcomes.

Services may focus on:

- Housing coordination and referral assistance to enable an individual to gain or maintain access to and compliance with HIV related medical care and treatment. Or,
- Benefit coordination to include assisting eligible clients to obtain access to other public and private programs for which they may be eligible.

Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individual care plan
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptions as necessary
- Ongoing assessment of the client's and other key family member's needs and personal support systems

CLIENT INTAKE AND ELIGIBILITY

All agencies are required to have a client intake and eligibility policy on file. It is the responsibility of the agency to determine and document client eligibility status, as outlined in the Ryan White Part A—Cleveland TGA Eligibility Policy.

Eligible clients must:

- Live in the Cleveland TGA (Cuyahoga, Ashtabula, Lake, Lorain, Geauga, or Medina County)
- Have an HIV/AIDS diagnosis
- Have a household income that is at or below 500% of the federal poverty level
- Be uninsured or underinsured

Services will be provided to all Ryan White Part A-qualified clients without discrimination on the basis of: HIV infection, race, creed, age, sex, gender identity or expression, marital or parental status, sexual orientation, religion, physical or mental handicap, immigrant status, or any other basis prohibited by law.

Up to 25% may be used for support services that contribute to positive medical outcomes

- Emergency Financial Assistance (EFA)
- Food Bank / Home Delivered Meals
- Medical Transportation (MT)
- Non-Medical Case Management Services (NMCM)
- Other Professional Services
- Psychosocial Support Services

Early Intervention Services (EIS)

Target Population:

- Newly diagnosed
- Receiving other HIV/AIDS services but not in primary care
- Formerly in care
- Never in care
- Unaware of HIV status

Early Intervention Services (EIS)

Must include EIS Components:

- Targeted HIV testing (not funded through Ryan White Part A)
- Referral Services to improve care and treatment services as key point of entry
- Access and linkage to HIV care and treatment services
- Outreach services and Health education/ Risk Reduction related to HIV diagnosis

Early Intervention Services (EIS)

Transitioning out of EIS

- Local TGA standard: "*Clients are transitioned out of EIS once EIS objectives are met and/or client is proven to be in stable medical care*"
- Follow the transition protocol established by your agency
- Sample transition case note:

Client is being transitioned from EIS to MCM effective today as evidenced by the following:
-Attending medical appointments regularly with ID provider
-Consistent engagement with Ryan White program
-Taking ART medications as prescribed
-Viral Load Suppression as defined by CDC (<200 copies)
-Demonstration of basic understanding of HIV medical care
-Demonstration of basic understanding of U=U
-Last VL on [date] was [??] and CD4 was [??]

Questions?

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Clinical Quality Management

Monica Baker
Ryan White Part A Grant Supervisor
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CQM

Purpose

- Assess the quality and extent to which HIV/AIDS health and social services are provided to program participants
- Develop strategies for ensuring that such services are consistent with the HRSA guidelines for program improvement

Components of a CQM program

Infrastructure	Performance Measures	Quality Improvement
• Who is involved • Stake Holders	• What is being measured	• Plans • Interventions • Evaluation

Cleveland TGA Infrastructure

- Ryan White Part-A Leadership
- Internal CQM committee
- CQM Program Manager
- Epidemiologist
- Sub-recipient dedicated staff
- Community Stakeholders

Performance Measurement

Definition:

- Process of collecting, analyzing, and reporting data regarding patient care, health outcomes on an individual or population level, and patient satisfaction.

- Linked to Care
- Retained in Care
- Antiretroviral Use
- Viral Suppression

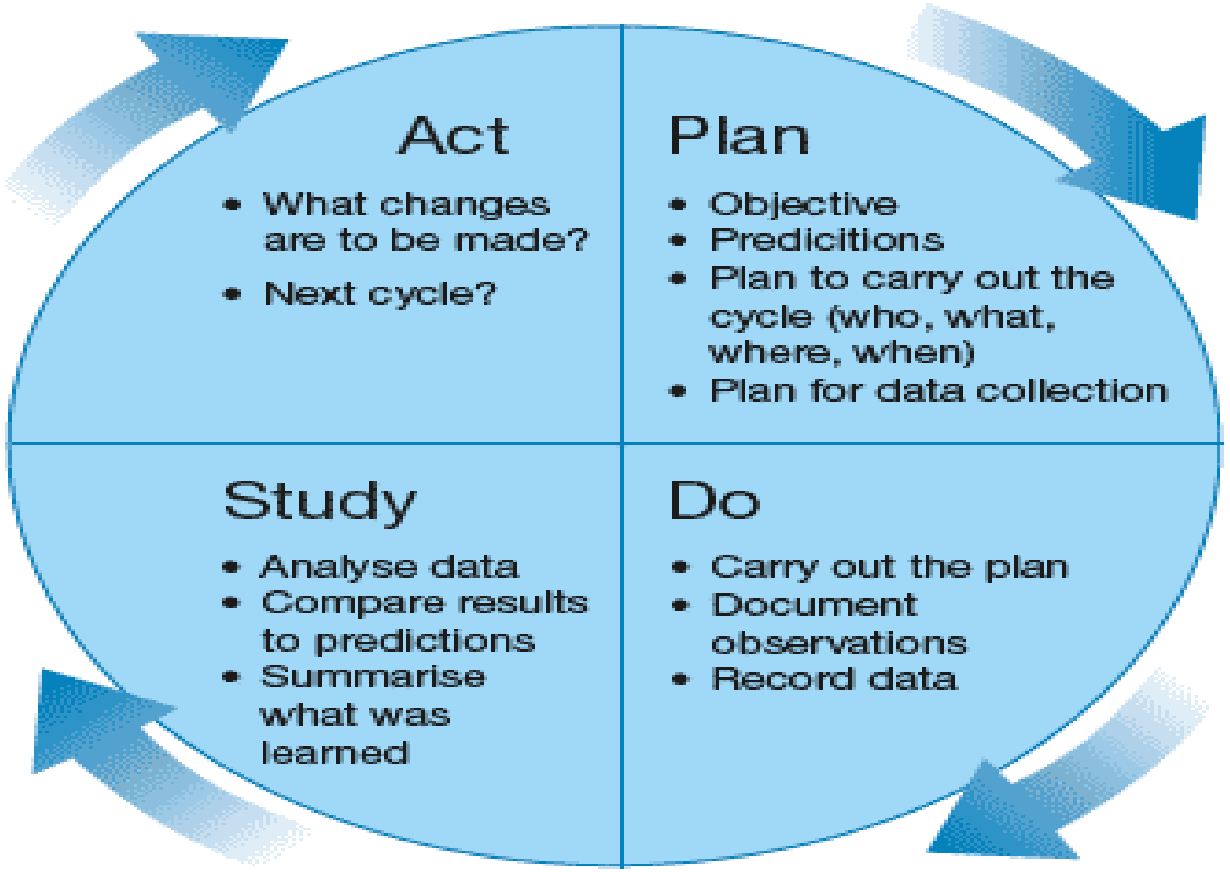
Quality Improvement

- The coordination of activities aimed at improving:
  - patient care
  - health outcomes
  - patient satisfaction.

- Quality improvement activities should be implemented in an organized, systematic fashion using a defined approach (PDSA).

****All QI activities should be documented****

Project Methodology:PDSA



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CAREWare & Eligibility

Brittanie Evans
Ryan White Part A Grant Coordinator
bevans@ccbh.net

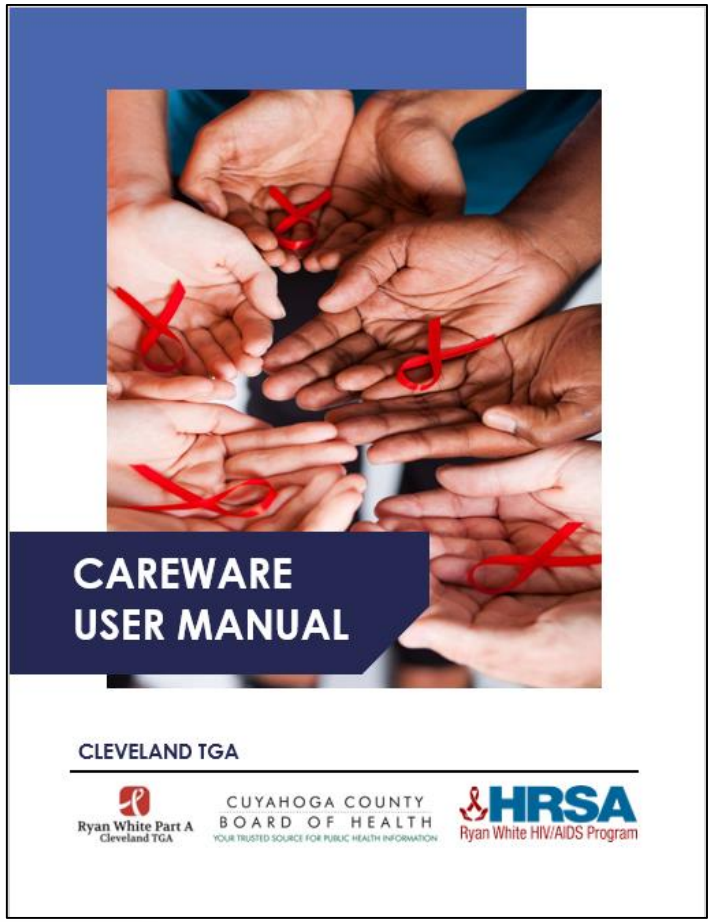
Ryan White Part A Grant Coordinator

- **CAREWare Lead**
  - Deleting & uploading documents
  - Ensuring eligibility requirements are met
  - Annual RSR (Ryan White Services Report) assistance
- **Medical Case Manager Network Lead**
  - Organizing quarterly meetings to address any service delivery barriers, or changes to the program
- **Monitoring Lead**
  - Annual check-in at each agency to monitor services provided in the previous fiscal year
  - Ensuring that services provided at each agency are standard across the board
  - Addressing any communication gaps between clients/providers/agencies/CCBH

Ryan White Part A Grant Coordinator

- **HIV Services Newsletter**
  - Creating & designing a bi-annual newsletter (sent in June & December)
  - Includes relevant content from HIV consumers, providers, and agencies in the Cleveland TGA
- **Bi-Weekly Info Share**
  - Bi-Weekly email sent to the HIV services network with trainings, events, and/or resources available to consumers and providers
- **CCBH Ryan White website updates**
  - Ensuring provider resources are up-to-date
  - Uploading all Planning Council documents

CAREWare Data



- ***Enter services and clean data monthly***
- Refer to CAREWare Manual to resolve issues – updated March 2024
- Ryan White Services Report (RSR) – annual client level data report submitted to HRSA
- Program lead should monitor time and effort between budgets and CW units
- Quarterly data deficiency notices and additional reminders as necessary

Eligibility

- Ryan White Part A eligibility policies should align with HRSA/ Cleveland TGA guidance
- Train new staff as applicable
- Staff should upload eligibility documents to CAREWare within 3 business days
- Request TA as needed
  - Email bevans@ccbh.net or call 216-201-2000 x1316

Meeting Reminders

- **Provider Services Meeting – in person**
  - Friday, March 22nd from 9:00 AM-12:00 PM
  - RSVP to me via email if you are planning on attending
  - PowerPoint slides due to me by this Friday, March 15 (today!)
- **Medical Case Manager Meetings**
  - April 16, 2024
  - July 16, 2024
  - October 15, 2024
  - January 21, 2025
- **Eligibility Training - virtual**
  - Wednesday, May 1st from 9:00-10:00 AM
  - Required for all CAREWare Users & direct service providers
  - Save the date email will be sent out soon

Questions?

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Cleveland TGA Epidemiology Overview

Alisha Cassady
Epidemiologist
acassady@ccbh.net

2023* Cleveland TGA Epidemiology Summary

Incidence/New Cases

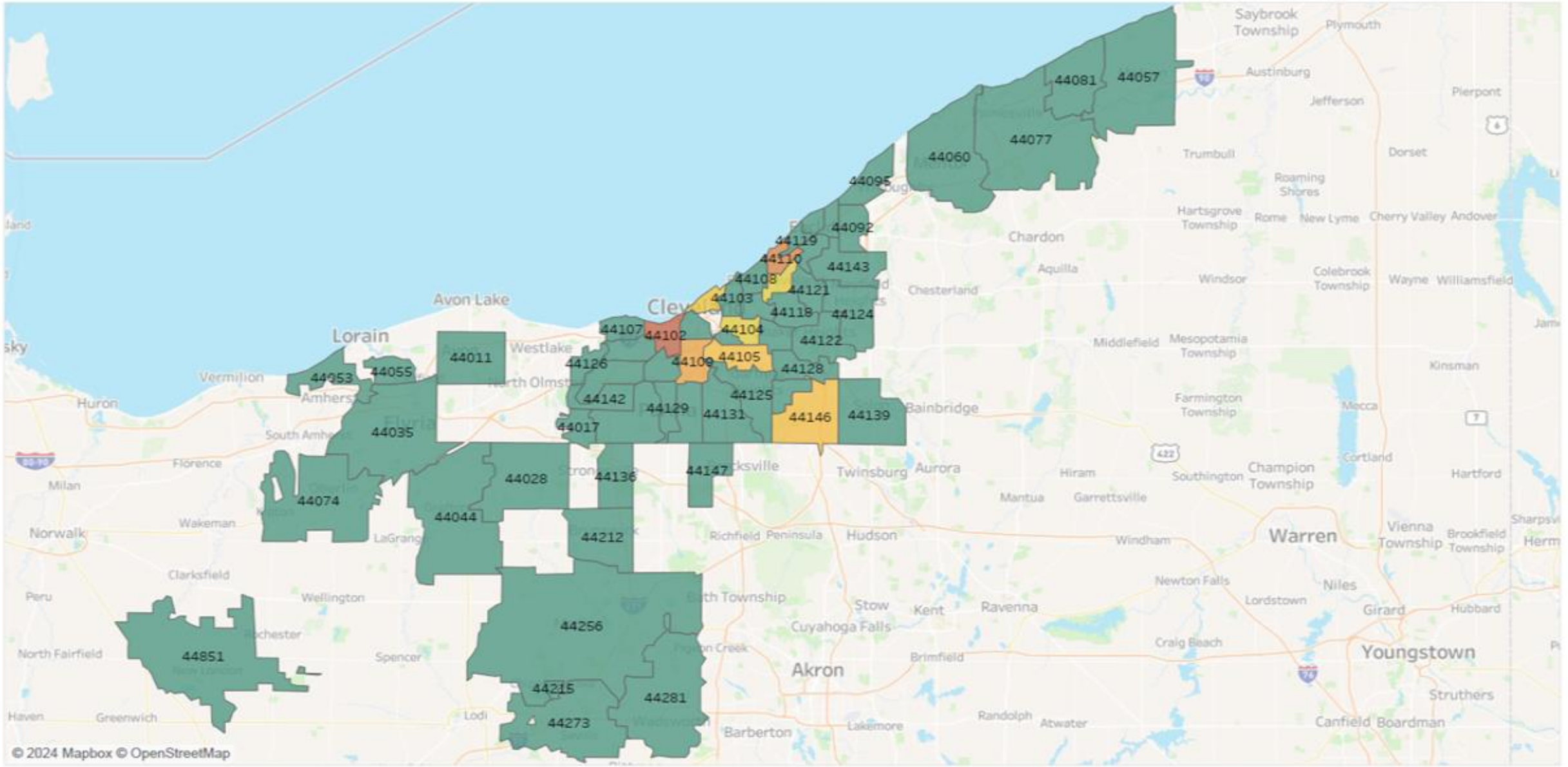
- 171 new cases in the TGA in 2023
  - **minimal change from 2022**
- Males made up ***85%*** of new cases in the grant area
  - More specifically, ***almost half (47%)*** of new cases were Black/African American males.
- Highest number of new cases was in the 20 – 24 year old age group (***23% of cases***).
  - ***Almost half (47%)*** of new cases were below the age of 30.
- ***Around 1/3 (36%)*** of new cases were males who had sexual contact with another male in the last 12 months.

Ryan White Part A
Cleveland TGA

CCBH

*2023 data as of 2/28/2024; data is preliminary and subject to change

2023* Cleveland TGA Region 3 HIV Incidence



Map based on Longitude (generated) and Latitude (generated). Color shows suppression. The marks are labeled by Diagaddress Zip 9. Details are shown for Diagaddress Zip 9. The view is filtered on Latitude (generated), Longitude (generated) and suppression. The Latitude (generated) filter keeps non-Null values only. The Longitude (generated) filter keeps non-Null values only. The suppression filter includes everything.

2023* Epidemiology
Western Counties: Lorain and Medina

Incidence/New Cases

- ***21*** new cases in the 2 counties
  - ***28% decrease*** from 2022
- ***All*** cases were male
  - ***Almost ¾ (71%)*** of cases were white
- ***38%*** of cases were in those 30 – 39 years old
- ***1/3*** of cases were males who had sexual contact with a male in the last 12 months.

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*2023 data as of 2/28/2024; data is preliminary and subject to change

2023* Epidemiology
Eastern Counties: Lake, Geauga, Ashtabula

Incidence/New Cases

- ***10*** new cases, all in Lake County
  - 44% decrease from 2022
- ***90%*** of cases were male
  - Black males comprised 10% of cases while white males comprised 70% of cases
- ***40%*** of cases were under 30 years old
- ***40%*** of cases were males who had sexual contact with a male in the last 12 months.

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*2023 data as of 2/28/2024; data is preliminary and subject to change

2023* Epidemiology: Cuyahoga County

Incidence/New Cases

- ***140 new cases*** in the county in 2023
  - *12% increase* from 2022
- Males made up ***83%*** of new cases in the county
  - Specifically Black males made up ***over half (54%)*** of new cases
- The highest number of new cases were in the 20 – 24 year old age group ***(26% of new cases)***
  - ***Over half (53%)*** of cases are under 30 years old
- ***Over 1/3 (36%)*** of cases were males who had sexual contact with a male in the last 12 months

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*2023 data as of 2/28/2024; data is preliminary and subject to change

Recommended Data-Driven Priority Populations Based on 2023* Epidemiology

Cuyahoga County

- Black males
- Men who have sex with men (MSM)
- Under Age 30

Eastern and Western Counties

- White males
- Under age 30
- MSM

Ryan White Part A
Cleveland TGA

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*2023 data as of 2/28/2024; data is preliminary and subject to change

Priority Zip Codes for Testing and Outreach in Cuyahoga County

Top 5 by incidence*:

- 44102
- 44110
- 44109
- 44105 / 44146 (tied)

*2023 data as of 2/28/2024; data is preliminary and subject to change

Top 5 by prevalence of PLWH**:

- 44102
- 44107
- 44109
- 44111
- 44120

**data from 2021; provided by Ohio Department of Health (ODH)

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Cleveland TGA

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Testing Ideas/Recommendations for Cuyahoga County

- Working with LGBT Center to offer testing and PrEP options
- Working with Community Development Centers
- Agencies working in Cuyahoga County continue to test in priority populations
- Bring more testing to places where high risk populations may frequent and also during “off-hours”
- Utilize social media to promote education and testing

Ryan White Part A
Cleveland TGA

CCBH

Testing Ideas/Recommendations for Outlying Counties

- Working with LGBT Centers/Alliances
- Working with the jails/prisons

Ryan White Part A
Cleveland TGA

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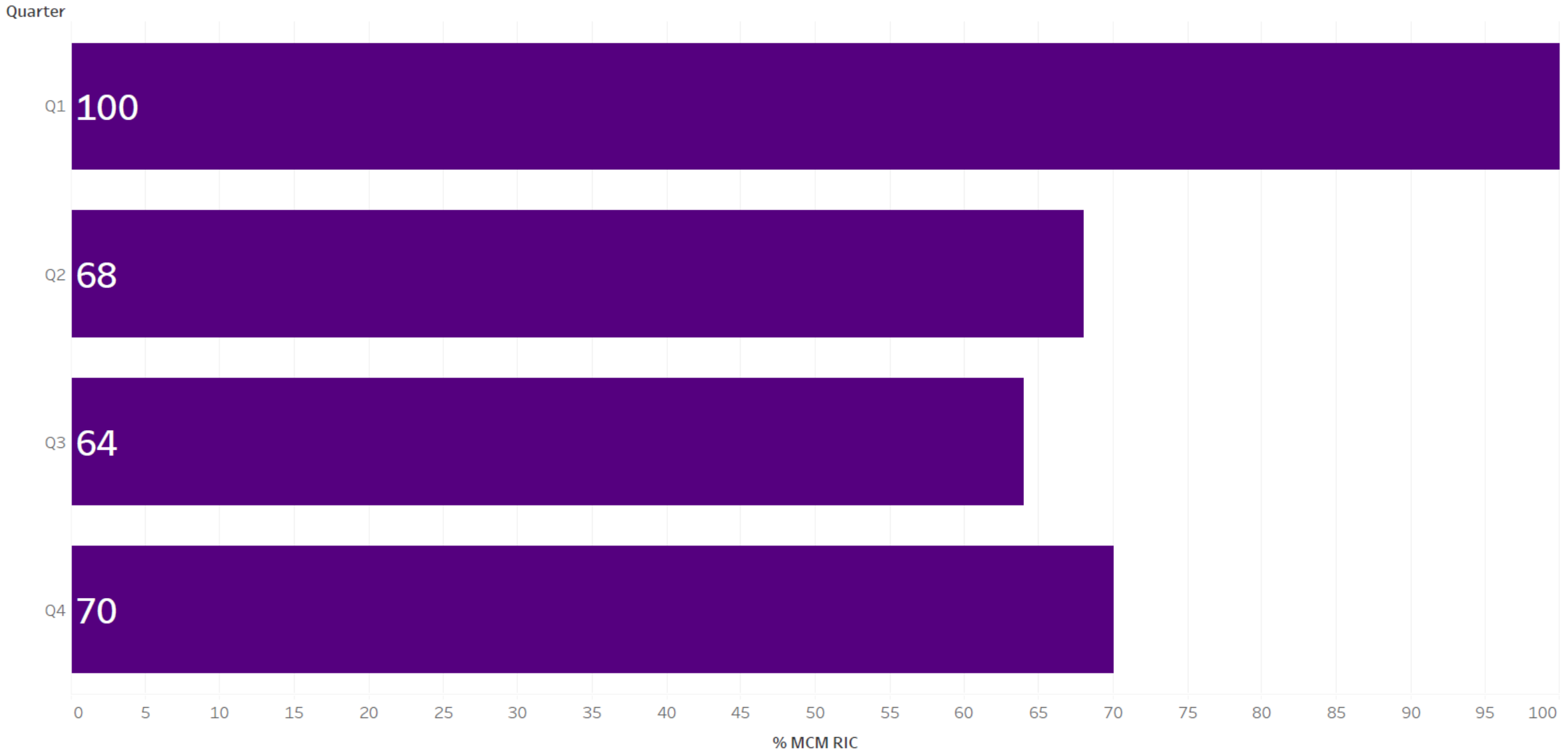
CQM Outcomes

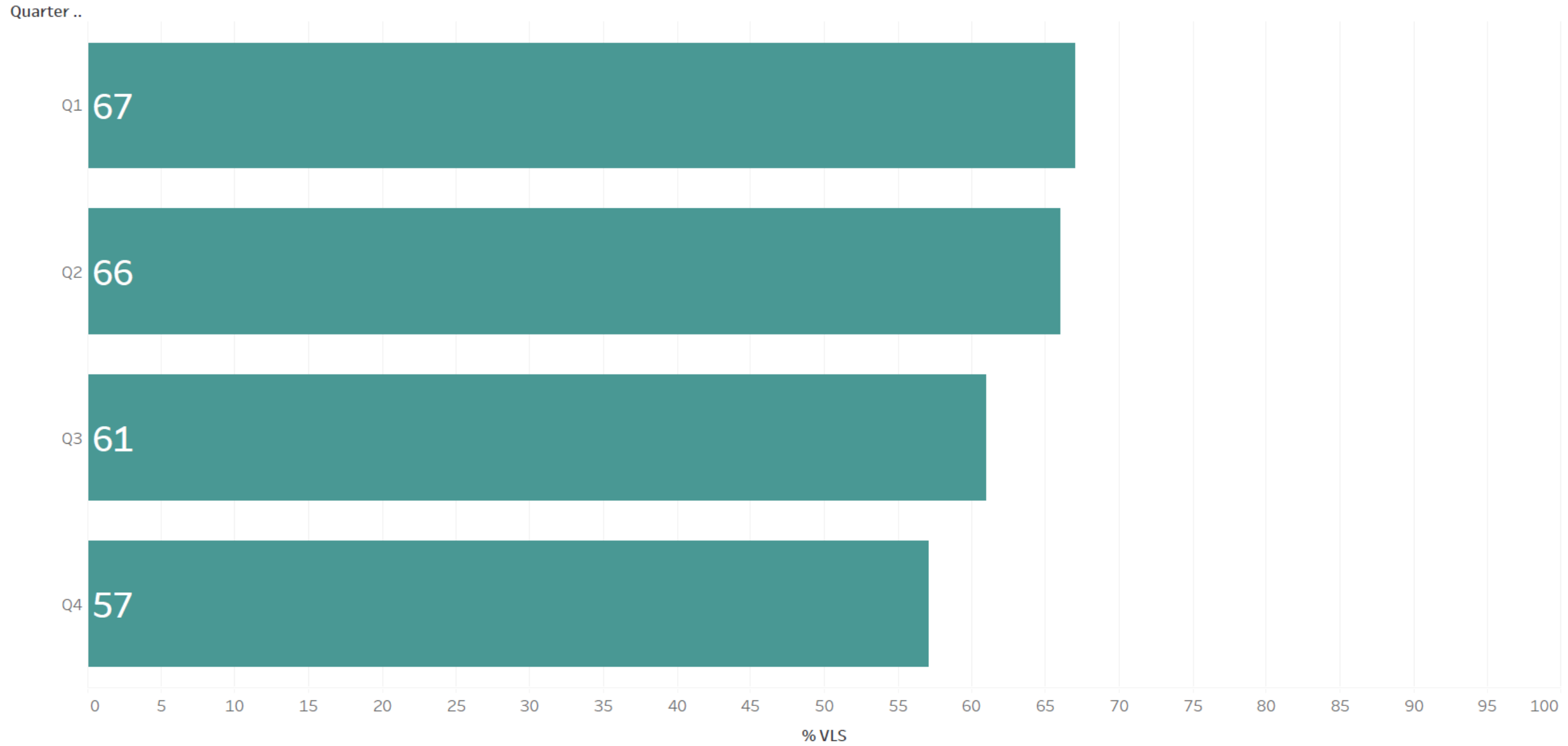
FY2023

Medical Case Management (MCM) - Retained in Care (RIC)
FY2023 (March 1, 2023 - February 29, 2024)



Sum of Percentage of MCM RIC for each Quarter. The marks are labeled by sum of Percentage of MCM RIC.

Viral Load Suppression (VLS)
FY2023 (March 1, 2023 - February 29, 2024)



Sum of Percentage of VLS for each Quarter VLS. The marks are labeled by sum of Percentage of VLS.

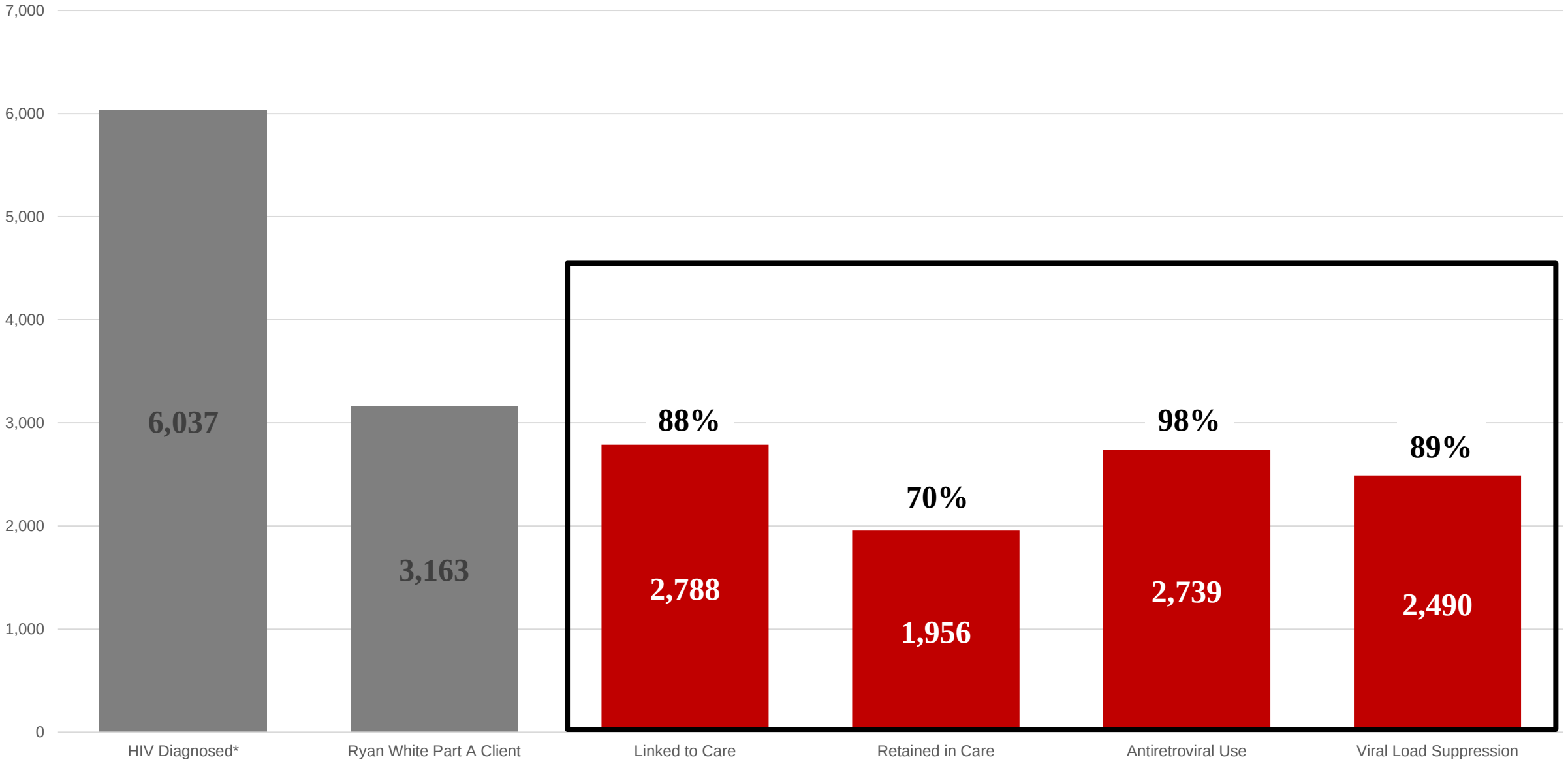
CARE CONTINUUMS

CY2023

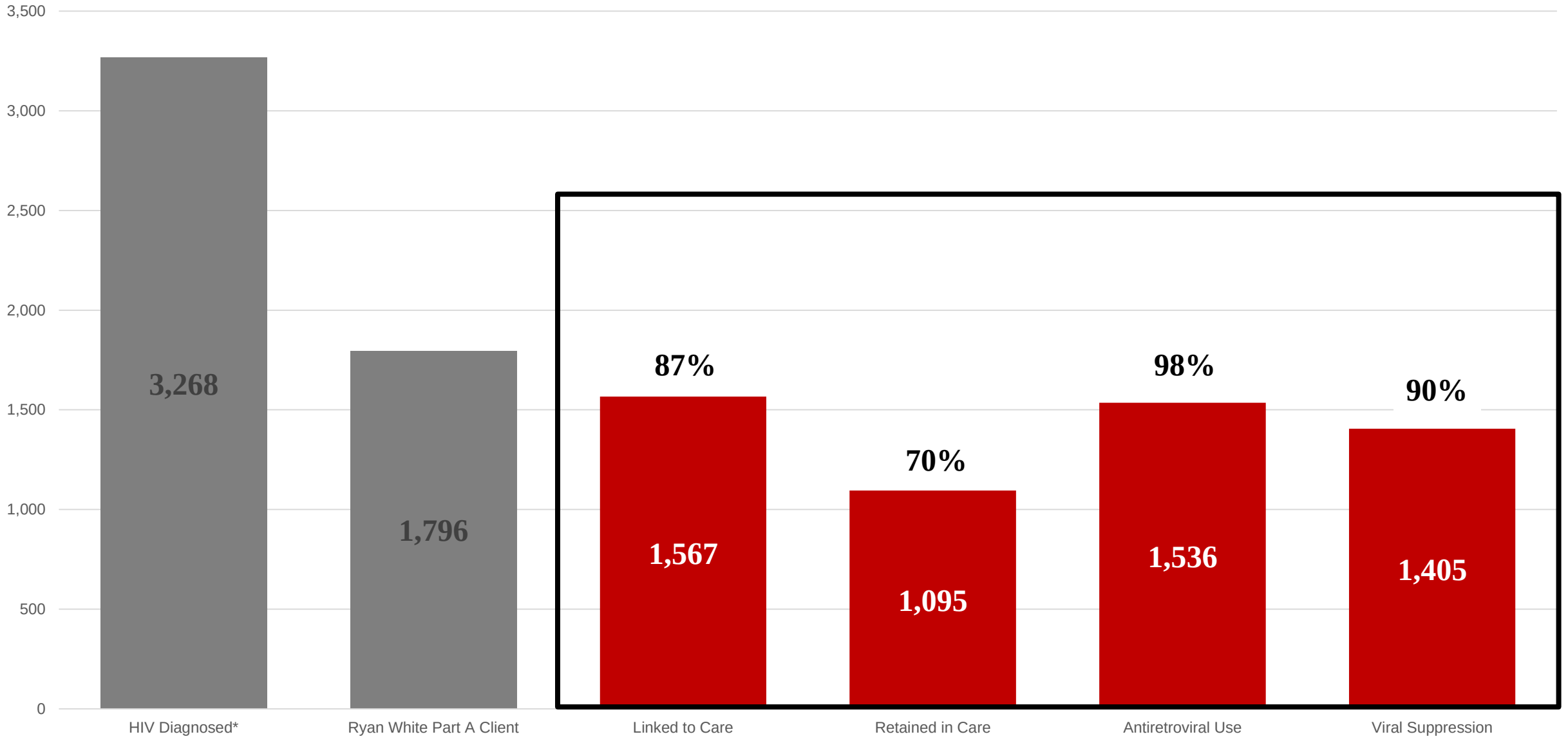
Care Continuum Definitions

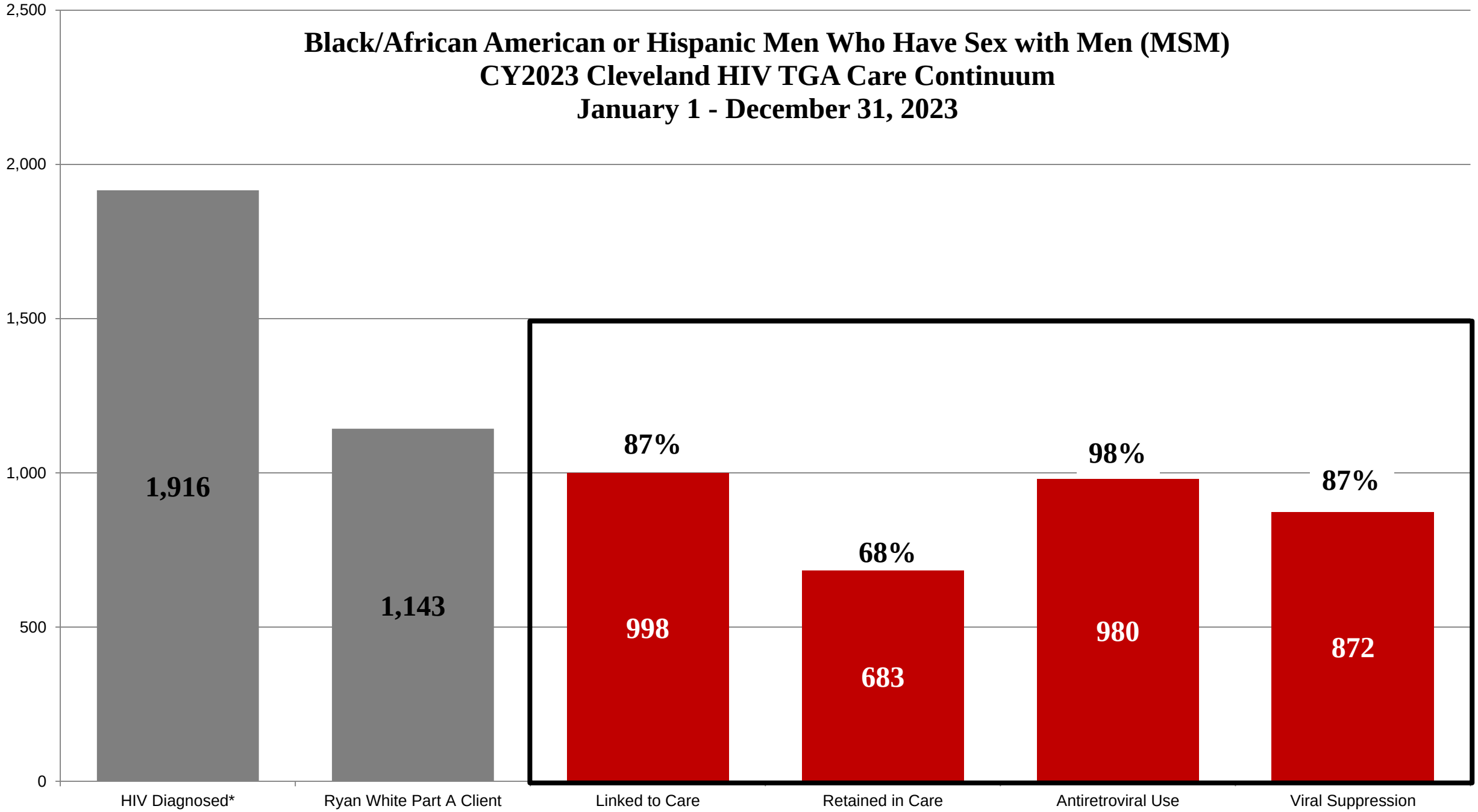
- HIV Diagnosed: diagnosed HIV prevalence in the jurisdiction as reported by the Ohio Department of Health (ODH). *Please note: The most recent available prevalence data from the ODH is as of December 31, 2022.
- Ryan White Part A Clients: Number of diagnosed individuals who received a Ryan White Part A funded service in the measurement year.
- Linked to Care (LTC): 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.
- Retained in Care (RIC): 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 (ART): 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 (VLS): 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.

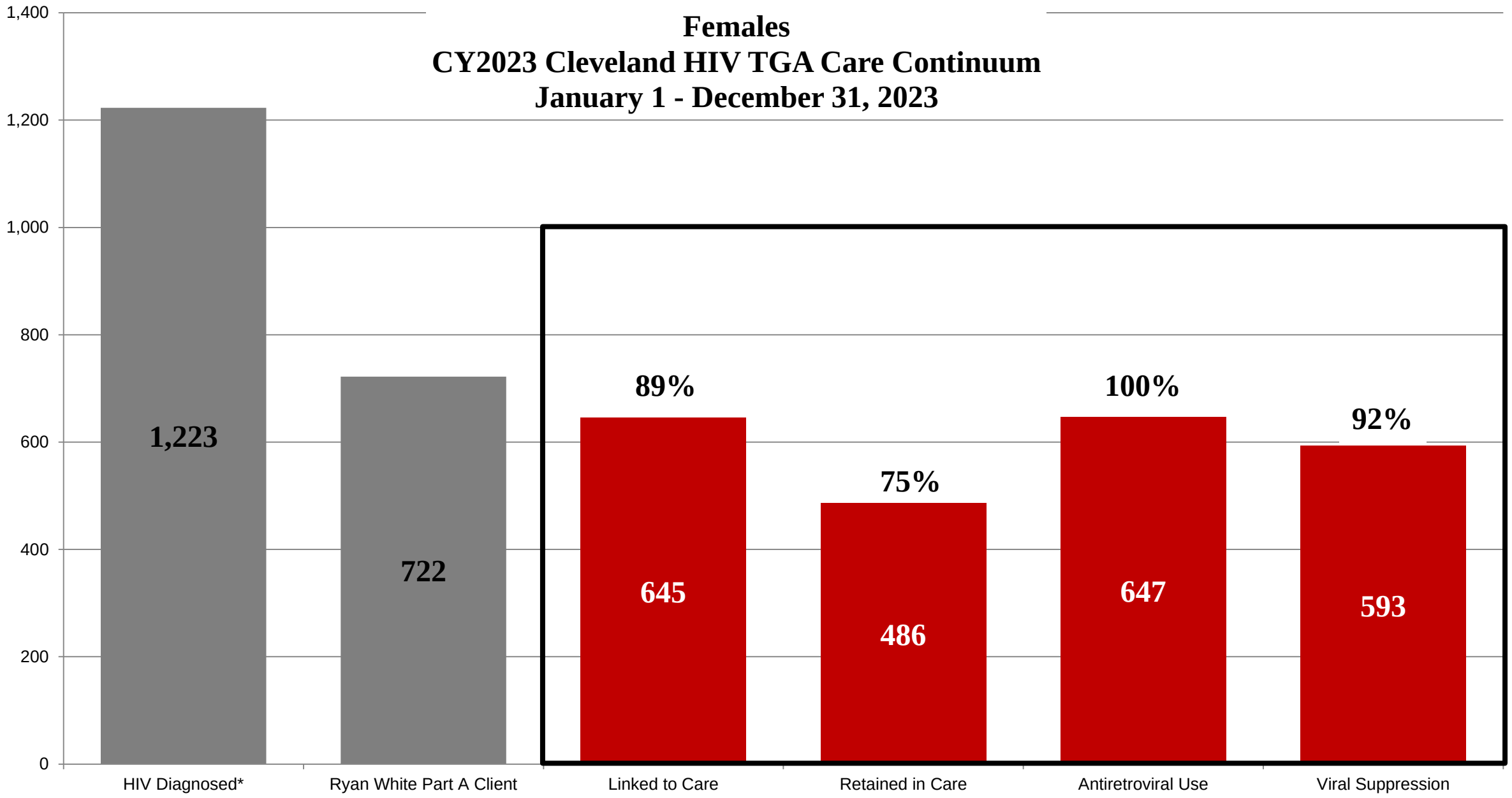
CY2023 Cleveland TGA HIV Care Continuum
January 1 - December 31, 2023

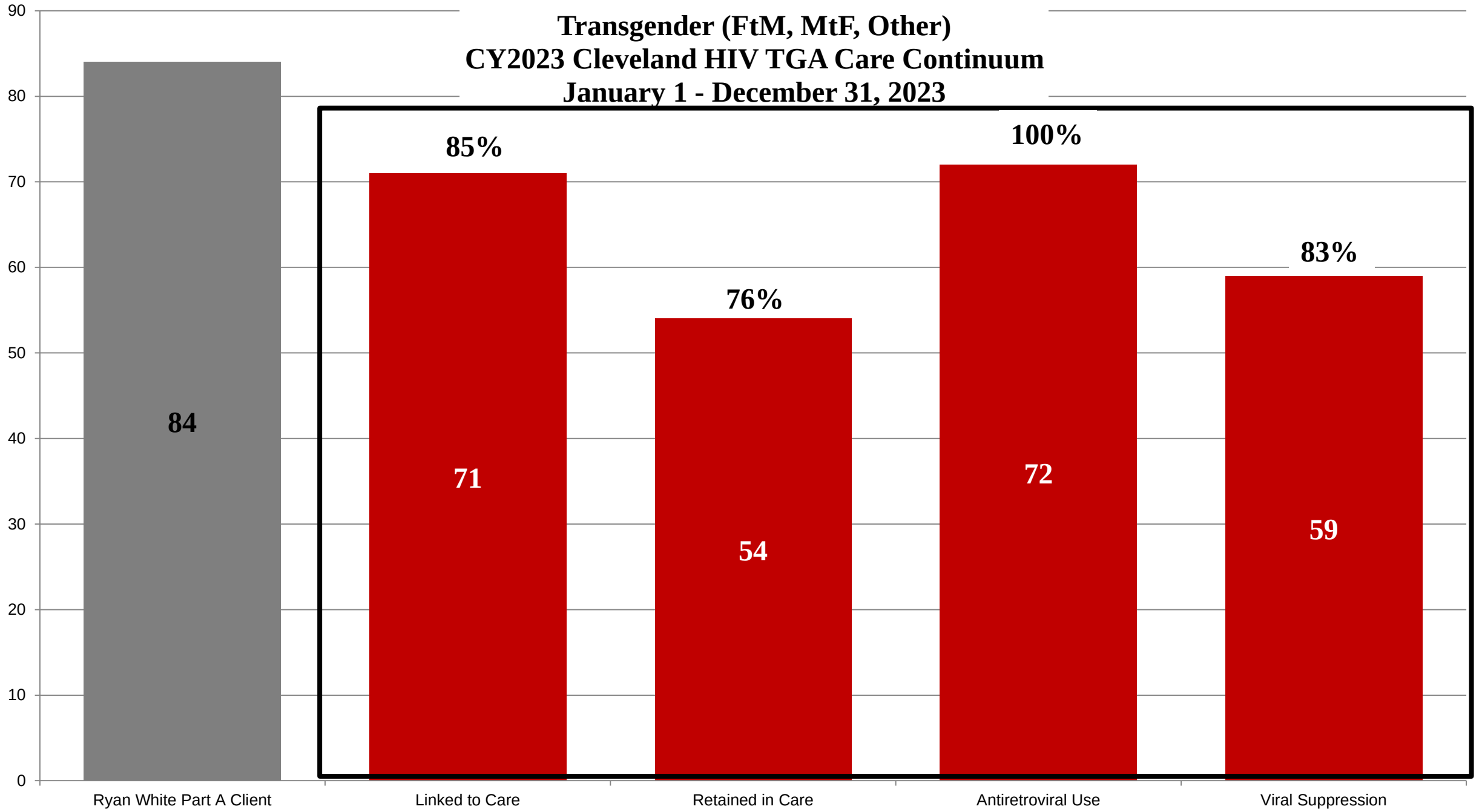


Men Who Have Sex with Men (MSM)
CY2023 Cleveland TGA HIV Care Continuum
January 1 - December 31, 2023

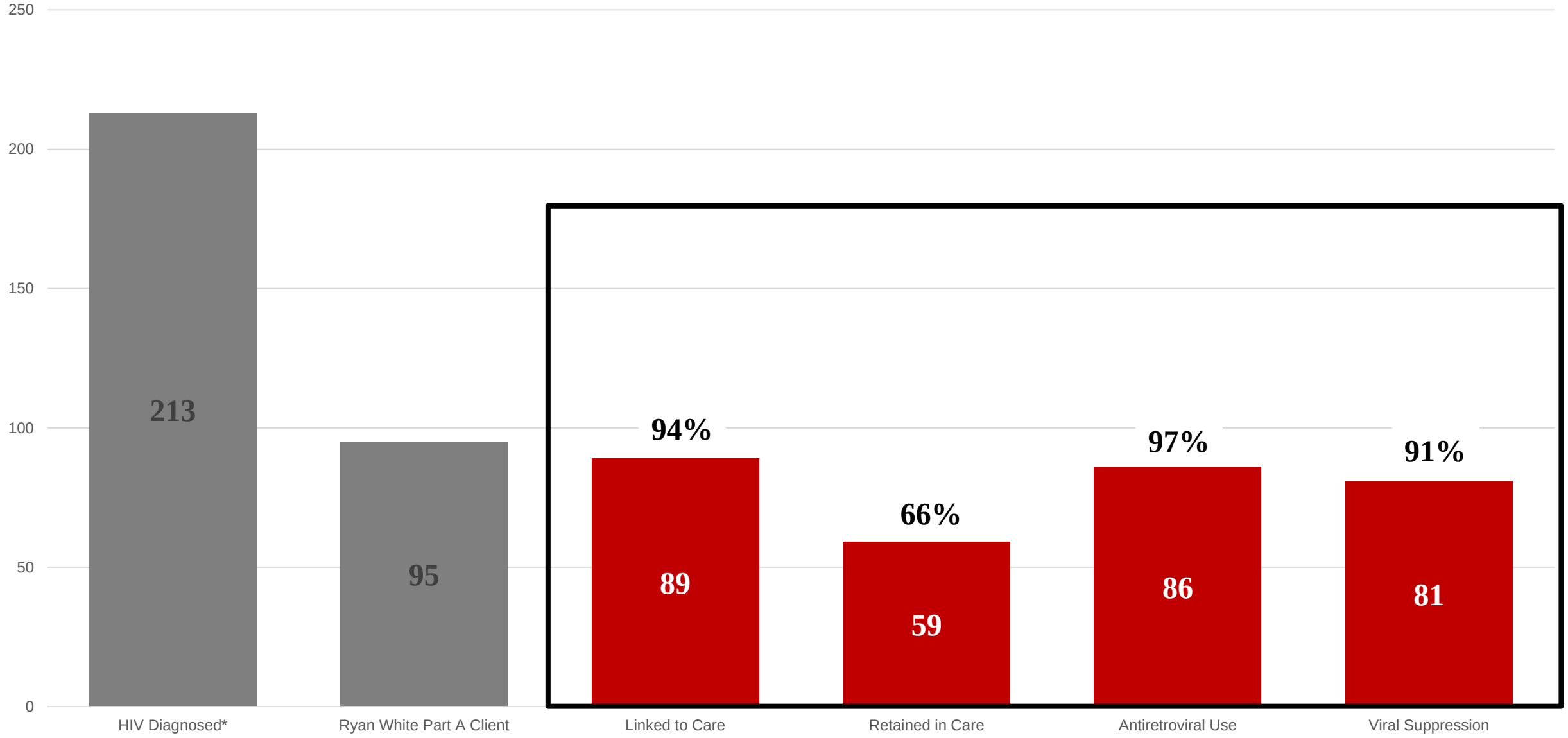


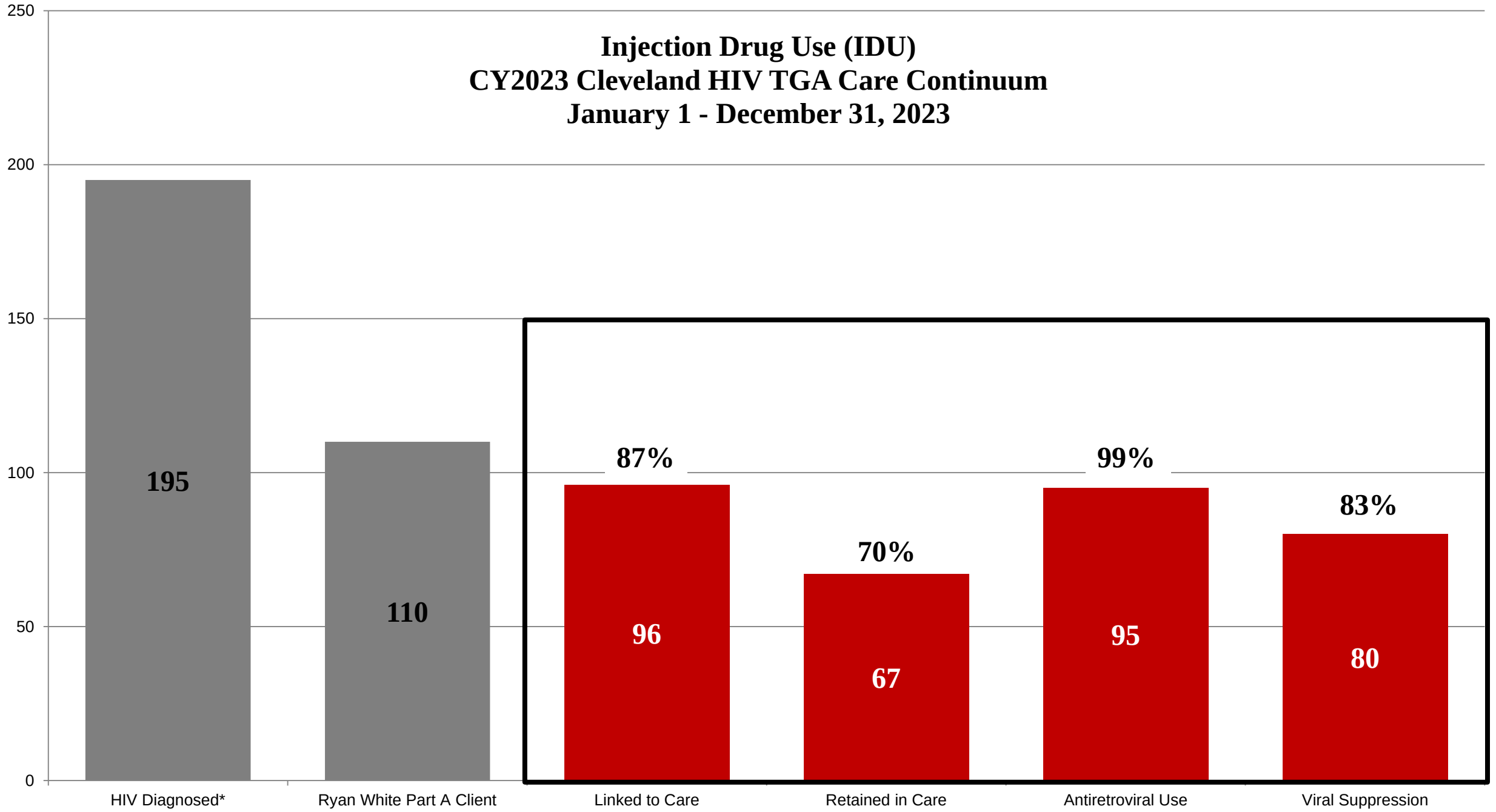

Black/African American or Hispanic Men Who Have Sex with Men (MSM)
CY2023 Cleveland HIV TGA Care Continuum
January 1 - December 31, 2023
2,500
2,000
1,500
1,000
500
0
1,916
1,143
87%
998
68%
683
98%
980
87%
872
HIV Diagnosed*
Ryan White Part A Client
Linked to Care
Retained in Care
Antiretroviral Use
Viral Suppression

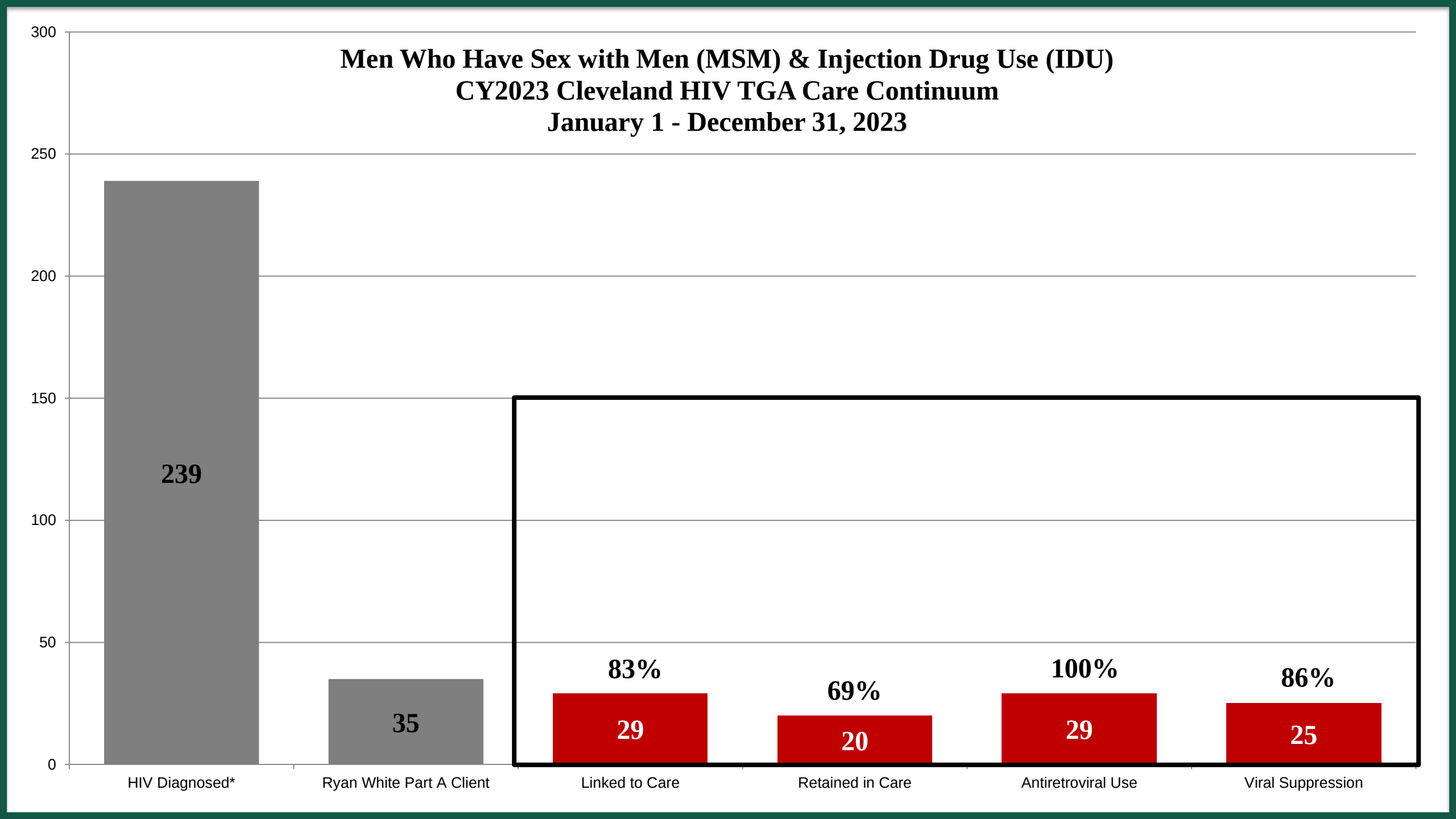

Females
CY2023 Cleveland HIV TGA Care Continuum
January 1 - December 31, 2023
1,400
1,200
1,000
800
600
400
200
0
1,223
722
89%
645
75%
486
100%
647
92%
593
HIV Diagnosed*
Ryan White Part A Client
Linked to Care
Retained in Care
Antiretroviral Use
Viral Suppression


Transgender (FtM, MtF, Other)
CY2023 Cleveland HIV TGA Care Continuum
January 1 - December 31, 2023
90
80
70
60
50
40
30
20
10
0
84
85%
71
76%
54
100%
72
83%
59
Ryan White Part A Client
Linked to Care
Retained in Care
Antiretroviral Use
Viral Suppression

Youth Age 13-24
CY2023 Cleveland TGA HIV Care Continuum
January 1 - December 31, 2023




Injection Drug Use (IDU)
CY2023 Cleveland HIV TGA Care Continuum
January 1 - December 31, 2023
250
200
150
100
50
0
195
110
87%
96
70%
67
99%
95
83%
80
HIV Diagnosed*
Ryan White Part A Client
Linked to Care
Retained in Care
Antiretroviral Use
Viral Suppression


Men Who Have Sex with Men (MSM) & Injection Drug Use (IDU)
CY2023 Cleveland HIV TGA Care Continuum
January 1 - December 31, 2023
300
250
200
150
100
50
0
239
35
83%
29
69%
20
100%
29
86%
25
HIV Diagnosed*
Ryan White Part A Client
Linked to Care
Retained in Care
Antiretroviral Use
Viral Suppression

Questions?

CUYAHOGA COUNTY BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

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

EHE

Brian Lutz
EHE Program Manager
blutz@ccbh.net

Ending the HIV Epidemic - Care

Grant Year 2024
March 1, 2024 – February 28, 2025

EHE Program Contacts

Erin Lark Turcoliveri (*she/her*)
EHE Supervisor
elark@ccbh.net
216.201.2001 x.1326

Erin Janowski (*she/her*)
EHE Grant Coordinator
ejanowski@ccbh.net
216.201.2001 x.1502

Brian Lutz (*he/him*)
EHE Program Manager
blutz@ccbh.net
216.201.2001 x.1543

Sonji Deal (*she/her*)
EHE Disease Intervention Specialist
sdeal@ccbh.net
216.201.2001 x.1714

Ending
the
HIV
Epidemic

A PLAN FOR AMERICA

GOAL:

75%

reduction in new HIV infections by 2025

and at least

90%

reduction by 2030.

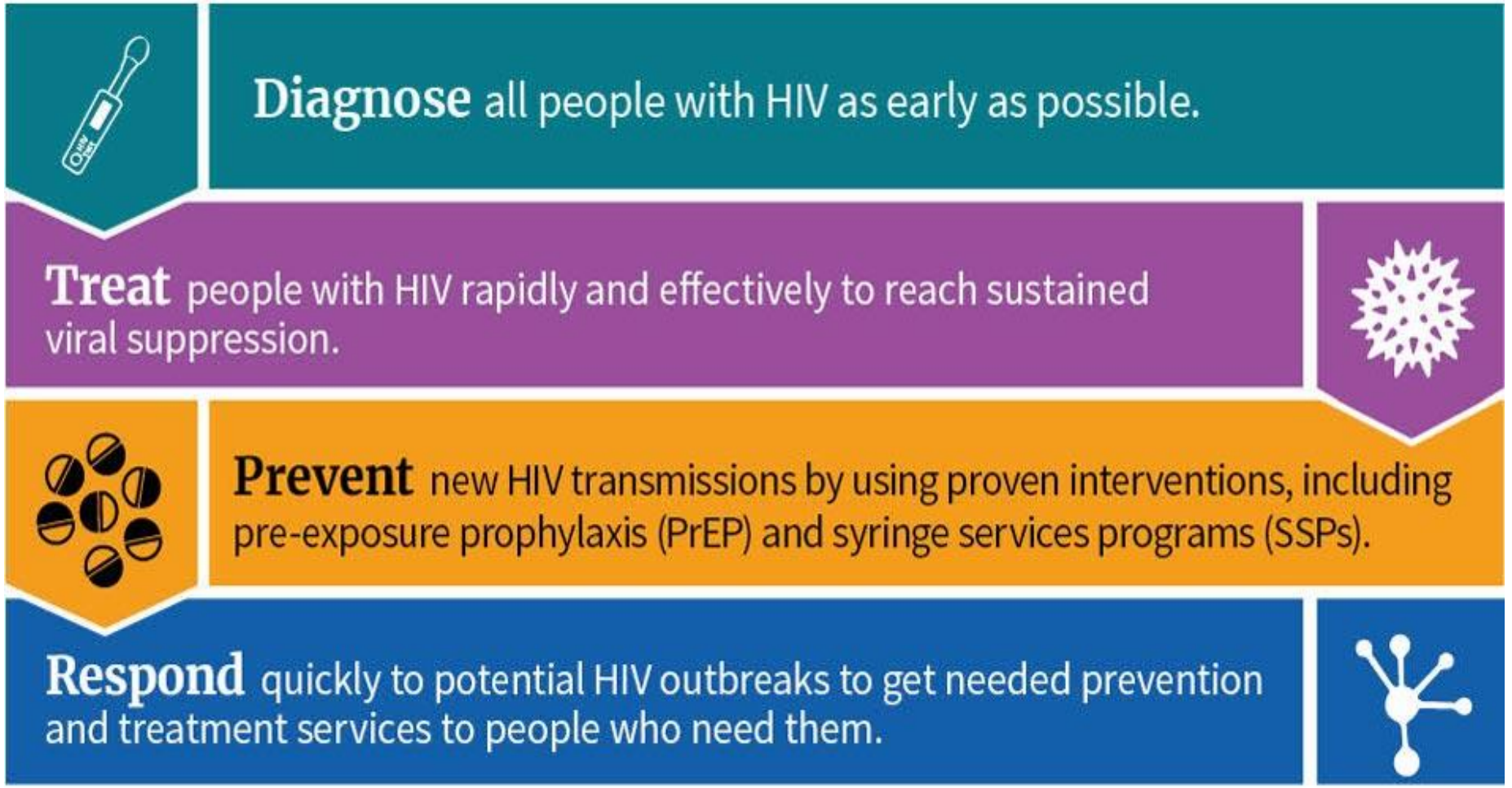
2022: 122 new diagnoses
19% reduction

www.hiv.gov

CCBH

Federal Key Strategies

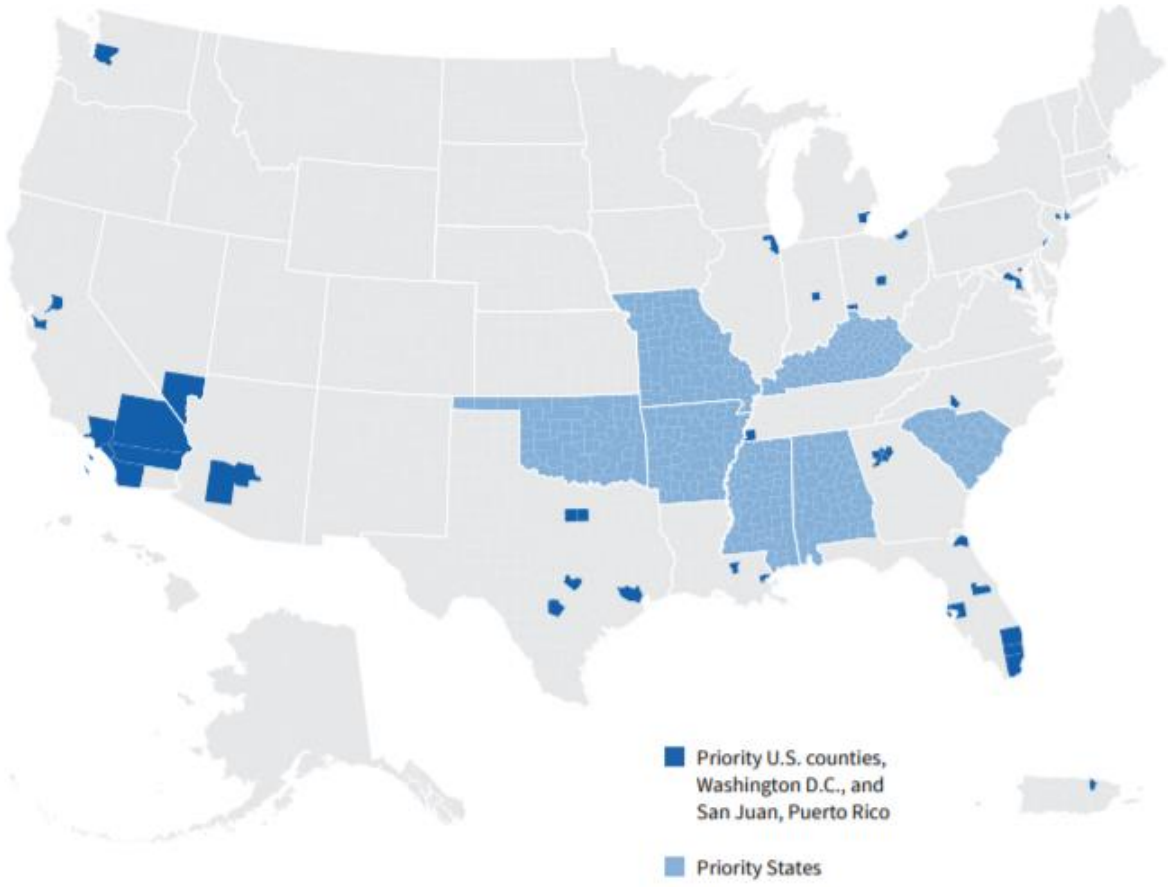
The Ending the HIV Epidemic initiative focuses on four key strategies that, implemented together, can end the HIV epidemic in the U.S.: **Diagnose, Treat, Prevent, and Respond.**



CCBH

The Initiative focuses resources on areas where HIV transmission occurs most frequently.

Geographical Selection:
To achieve maximum impact, the Ending the HIV Epidemic initiative focuses its Phase I efforts in 48 counties, Washington, DC, and San Juan, Puerto Rico, where >50% of HIV diagnoses occurred in 2016 and 2017, and an additional seven states with a substantial number of HIV diagnoses in rural areas.



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

EHE Prevention Projects

- Testing at Emergency Rooms, County Correctional Facility, & SSP locations.
- HIV Education in Schools
- Community Education & Outreach
- HIV Self-Test Kit Distribution
- EHE DIS Sonji Deal
  - Outreach rapid testing/linkage and self-test distribution
- **New** Spring 2024: Partnerships with Juvenile Detention Center and FLEX Spas Cleveland.

EHE Care Projects*

- (OAHS) Rapid Start ART
- Medical Transportation
- Intensive Medical Care Management
- Community Health Worker Certification
- EIS-Peer Navigation (CHW)
- Psychosocial Support
- Emergency Financial Assistance

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

Data 2 Care

- Collaboration with the Ohio Department of Health
- Not-in-Care (NIC) List
  - Out of care for 18+ months
  - May through October

- CY2023: 227 cases investigated; 117 cases completed due to evidence of care, out-of-state residence, or death
- EHE DIS Sonji Deal

Intensive Medical Case Management

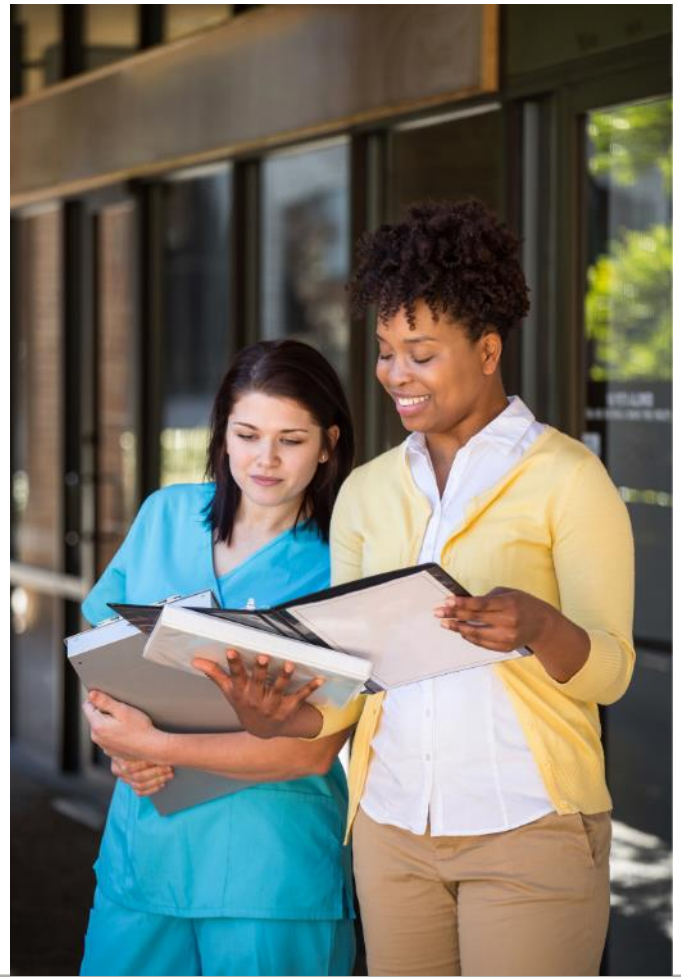
- Extension of RW MCM
- Smaller caseload to address more time-intensive needs such as behavioral & mental health.
- **Does not need to qualify for RW-A**
- Efforts to streamline the identification of clients, transition process & client satisfaction with services.

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.

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
- FYI: CCBH Title X clinic has 7 day supply



CHW's as Peer Navigators

- 5 Cohorts completed the CSU curriculum & AVOC training.
  - Must either live with HIV or be a caretaker of someone living with HIV.
- CHW training & recruitment will resume in FY2024. Free tuition!
- Continued focus on service hours, agency placement, & obtaining CHW credentials for those trained.
- Three EHE-funded Peer Navigator positions with local providers.
- **New** in Fall 2024: Online & Hybrid CSU curriculum options.

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.

Emergency Financial Assistance

Emergency Financial Assistance (EFA)* provides limited one-time or short-term payments to assist the client with an emergent need to pay for essential items or services to improve (or maintain) *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 service payments
4. Emergency food vouchers
5. Emergency moving assistance
6. Emergency medication

**Please note that Standards of Care for FY24 will be updated as of 03/15 to reflect all allowable forms of assistance*

EFA – New in FY2024

- $2,500 or 3 instances (whichever occurs first)
  - Increase in amount (*previously $1,200*)
  - Increase in the number of payments (*previously no more than 2x*)

- Reminder, exceptions to the unallowable list can be made by submitting the Exception Request Form (Appendix A of SoC)

love leads here.org

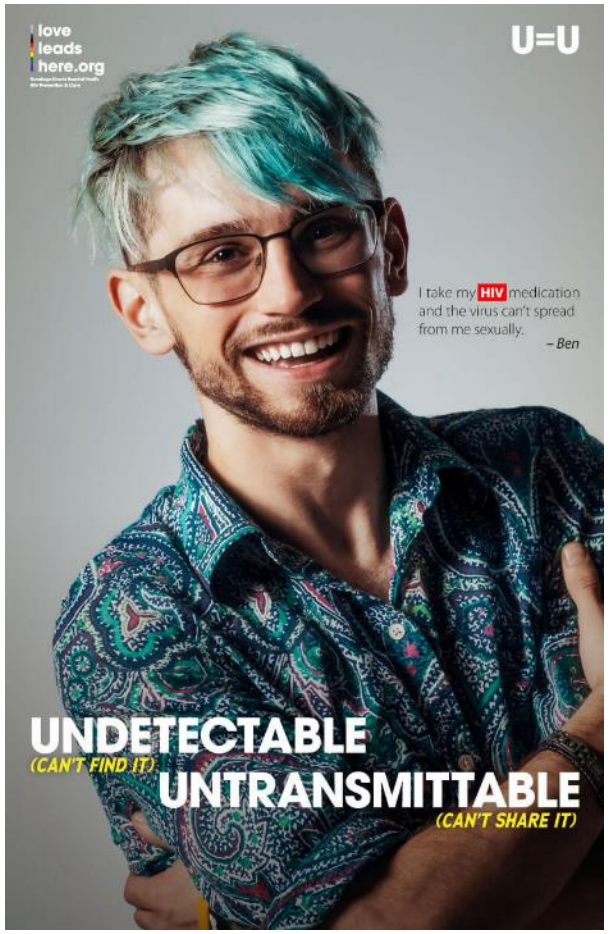
Cuyahoga County Board of Health
HIV Prevention & Care

- Social Media & *Community Resources*
  - PrEP campaign
  - U=U campaign
  - Anti-Stigma campaign
  - Testing campaign
  - Syphilis campaign (*not funded by EHE*)
- Local models
- Use & share for your agencies

More in the works for FY24!

Stay Tuned!

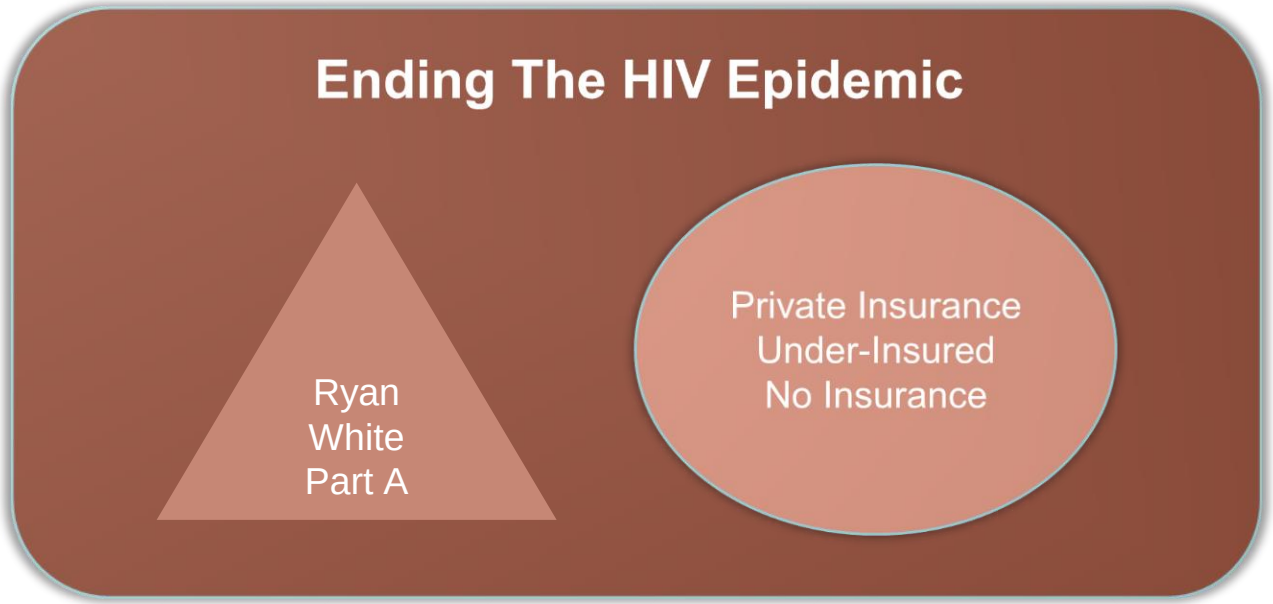
Social Media Campaigns



EHE Eligibility

- **Not** the same as it is for RW
- Must have an HIV diagnosis & either (a) live in Cuyahoga County or (b) receive services in Cuyahoga County
  - Client A: PLWH, lives in Parma
  - Client B: PLWH. lives in Willowick, but goes to an EHE-funded support group in Cuyahoga County
- EHE can support **both** RW patients, under-insured, and uninsured.
- It is not as clear-cut as RW vs. Insurance vs. Self-Pay

EHE Eligibility



EHE Eligibility Example

Patient Judy Garland tests positive for HIV at an SSP site. She presents to her first treatment appointment without insurance or income. She lives in Avon Lake. She is RWPA eligible upon review at a 3-month follow-up. Nine months after her diagnosis, she has lost access to her car and is behind on her rent.

What EHE services is Judy eligible for?

- **(OAHS) Rapid Start ART**—available at the first visit for all newly diagnosed or re-engaged in care.
- **IMCM**—due to substance abuse.
- **Medical Transportation**—no car for RW parking voucher and no direct bus line from Avon to the provider. *If this reduces or maintains viral suppression, it's allowable.*
- **EFA**—If this reduces or maintains viral suppression, it's allowable. The case manager should discuss one-time payment, job & housing options.

Can Judy still be a RW patient for all other services she receives?

Yes!

Looking Ahead

- EHE Year 5 Implementation Plans, Due April 5th
- 60-day Meetings to be scheduled
- EHE Standards of Care Manual was updated for the FY2024 fiscal year. They will be sent to your agency following this meeting.
- Agencies that do not use CAREWare will receive a spreadsheet to track travel, gift cards, and mileage reimbursement. They will be sent to your agency with the final signed copy of the contract.
- Updated EHE staff contact list due today

We Hear You!

Save the Date!

Get ready for planning, committees, shorter meetings, and more networking!

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Cleveland TGA Program Requirements

Monica Baker
Ryan White Part A Grant Supervisor
mbaker@ccbh.net
216-201-2001 x1535

Fiscal Summary

Awaiting FY2024 Full Part A /EHE Care awards

March/April timeline (estimated)

- Partial Contracts sent out 1st week in March to comply with legislative requirements
- Budget meetings will be scheduled after full award is received and allocated
- When a contract is revised, an updated budget should be submitted within 2 weeks

Things to keep in mind…

- Administrative costs cannot exceed 10% of total invoice
- All invoiced expenses must match the allowable costs listed on the approved budget

- Invoices are due **monthly**
- Request approval from Recipient for late invoice submissions and reasons for extension request
- Back up documentation must be included with all invoices and must align with data reported in CAREWare
- Designate a fiscal contact from your agency
- Rwinvoices@ccbh.net

Primary Contact

Designate a Program Contact

- This individual acts as the liaison between CCBH and respective agency
- Responsible for dissemination of materials to applicable staff
- This team member is responsible for all requirements of the program being accomplished

Reporting and Submissions

- Semi-Annual reports; September 2024 and March 2025 (new format)
- Invoices submitted by 4:00pm on the date noted in the contract
- Corrective Action Plans (CAP)

Grievances

- Grievance section includes the language:
  - The Sub-Recipient shall provide the Board with written notification of any concerns or complaints. Where a conflict cannot be resolved, the Sub-Recipient may initiate a grievance process which shall consist of mediation and, if necessary, binding arbitration.
- Client level Grievance Policy should be reviewed with the client during eligibility and annually with a signed copy the in client file
- Agencies should maintain a record of clients who are refused services with reasons specified, including any backup documentation from client/agency and outcome

Expectations and Requirements

Activities

- Staffing vacancies must be reported within *3 days of notification*
- New staff job descriptions, credentials and resumes should be sent to Recipient; ensure staff meet requirements within Standard of Care
- New staff training on programs/services prior to seeing clients
- Standard of Care review by all staff
- Participation in the Clinical Quality Management program/projects
- Staff attend various required meetings/trainings throughout year, as requested

Documentation

- Flash drive will be provided with 2024 documents
- All staff resumes and credentials on file at the respective agency
- All Part A funded staff must have updated HIV/AIDS related training documented on file at the respective agency
- Please submit Exception Requests (dental) to Monica Baker (form is on the flash drive)

Monitoring

FY2024 Monitoring

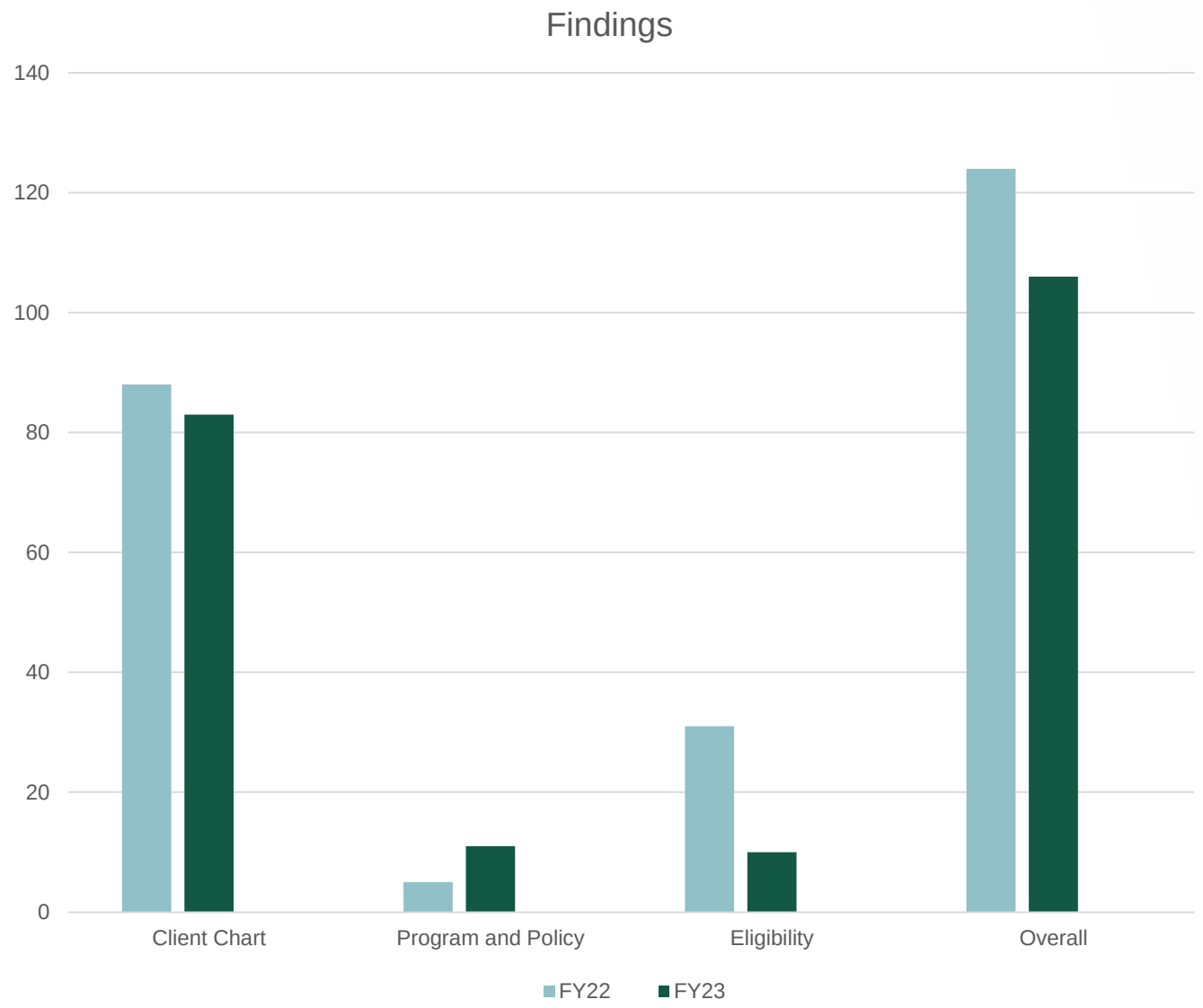
- Monitoring schedule to be released in April
- Agencies should ensure client files and program binders are all up to date
- Designate staff to assist with logistics of monitoring visits
- Prepare your data platforms and passwords ahead of time
- Communicate with the recipient about any issues you have, ***before*** the site visit

Remember we are here to help!


GOOD NEWS

Monitoring Results

Total findings decreased by 14.5% in FY23 compared to FY22



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