To Whom It May Concern:

I am sending along this letter of thanks to anyone involved in the Ryan White Program in Cuyahoga County and beyond.

I was first diagnosed with full blown AIDS in 1992. I moved back to Cleveland in 1993 expecting to die within a couple years. I have survived this long thanks to my support network, my health team and my own self advocacy. Ryan White funding has played no small part in my survival.

In December of 2022 I had my knee replaced after 15 years of suffering pain and disability from a knee injury suffered after a fall. Just before this life changing surgery, I had many teeth removed from my mouth as a precaution against infection that might have ruined my new implant. A bridge was also removed. Ryan White funding helped pay for these procedures which were vital before moving on with my major surgery.

My knee surgery was a success and my mobility has been restored. Unexpectedly, I began to lose weight. Slowly at first but as the year went on my weight began to spiral downward. Sadly, another perilous dilemma had developed for me. Having experienced wasting before, I followed the advice of the many nutritionists I have met with over the years to gain weight or at least stop losing it. Nothing seemed to work.

My diet had changed drastically now that I had few teeth with which to chew. I began to suspect this was why I was losing so much weight. I was not absorbing the nutriments from the food I was putting in my mouth because I wasn't chewing it well enough. I wrote to my dentist to ask for a new partial. I needed special permission to get a partial since only 2 years had lapsed. I am eligible every 3 years

I contacted Rossana Artuza Leon, DDS, my dentist, through MetroHealth's MyChart leaving this message:

I wanted to remind you that for me the Ryan White Program covers dental costs not normally covered by Medicare and Medicaid. I know it's a 3 year wait in between partials under those two plans. Does that apply to patients under the Ryan White Program? Here's how I feel my well-being as an AIDS/HIV patient is compromised by not having a partial. Since losing nearly all of my upper teeth I have found it challenging to keep my weight up mostly because it's difficult to chew and consume foods other than a soft and liquid diet. In the last year, I can document that I have gone from weighing 157 lbs. (3/31/22) to 145 (1/31/23). This would categorize me under the condition of wasting, where a patient has an unintentional weight loss. The 12 or so pounds I've lost is dangerously close to 10% of my body mass and this is concerning. I will add that not all of this weight loss is due to lack of teeth, other factors might be considered, but it has a great deal to do with my weight loss. Do these facts change the time I must wait for a brand new partial?

Dr. Artuza wrote back, "The upper resin based partial was delivered on April 2021. But let's try it! I will send your information to our billing department and the person on charge, and hopefully we can do a new resin based partial for you."

My partial was approved and in late October my partial arrived. This marked the end of weight loss. Slowly at first I began to gain weight. The food I was eating was being chewed so that I could digest it properly and better absorb its nutriments. More saliva was created when I chewed, further assisting in making the food more nutritious for my starved body. I can happily declare that my body has returned to its normal weight. I have even managed to gain a few extra pounds.

I can give examples how the Ryan White program and especially the Ryan White Dental program has helped me stay healthy through my experience living with HIV/AIDS. However, this might be the first time the Ryan White program directly saved my life. For that I am forever grateful.

Thank you all for working so tirelessly and thanklessly so that patients might have some dignity in their diagnosis. You are saving lives, though you may not often see that. I hope this note has shed some light on your important work. You are appreciated by many. I had the privilege to share my story.

My smile is wide these days.

Sincerely,
Tom
Grateful Patient

CUYAHOGA COUNTY BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

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

FY 2024
Ryan White Part A
Provider Services Meeting

Agenda

I. Arrivals & Guest Badge Distribution **8:30 AM – 9:00 AM**

II. Welcome & Introductions **9:00 AM – 9:30 AM**

III. Provider Presentations **9:30 AM – 11:30 AM**

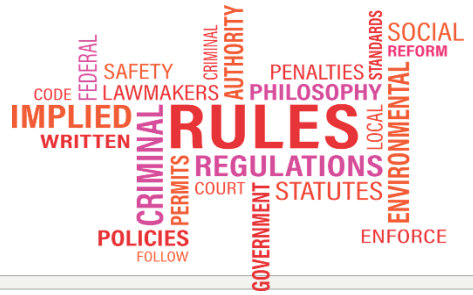
10-minute break at 10:30

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

IV. Questions **11:30 AM – 12:00 PM**

What's New?

- Provider Meeting Highlights!
- Semi-Annual Reports—new template
- Standards of Care—updates



Standards of Care

- What are they?
- Why are they important?
- Nat'l vs Local
- Who's providing input on the updates?

Up Next:

University Hospitals of Cleveland

University Hospitals

John T. Carey
Special Immunology Unit

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

University Hospitals
Cleveland | Ohio

Our Mission:

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

Services provided at the SIU

- Outpatient Ambulatory Health Services
- Medical Case Management
- Mental Health
- Medical Case Management-Behavioral Health
- Psychosocial Support
- Medical Nutrition Therapy
- Oral Health
- Early Intervention Services
- Emergency Financial Assistance
- Medical Transportation
- Rapid Start Services
- Non-Medical Case Management

Outpatient Ambulatory Health Services

The SIU operates with an interdisciplinary approach to patient care where every patient has their own doctor, nurse and social worker. Patients see one of our 10 Infectious Disease Specialists. Additionally, we have an OB-GYN who sees patients on designated clinic days.

Nursing

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

Sheila Garven, RN
Isabel Yuzon Hilliard, ND, RN
Trisha Walton, RN

Medical Case Management

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

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

Mental Health Counseling

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

Kathryn Raven, LPCC

Medical Case Management – Behavioral Health

End the Epidemic

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

Support Groups at the SIU

Women's group: 1st Thursday of the month at 1pm

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

MTCT: Every other 3rd Thursday 2 – 4 pm

Youth Group: for patients ages 18-24; 4th Thursday of the month from 3-5pm

Yoga Group: Floor or chair Yoga held every 2nd and 4th Wednesday of the month

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

Pharmacist

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

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

Nutrition

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

Aaron Fletcher, MS, RD, LD

Oral Health

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

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

EIS

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

Cielle Brady

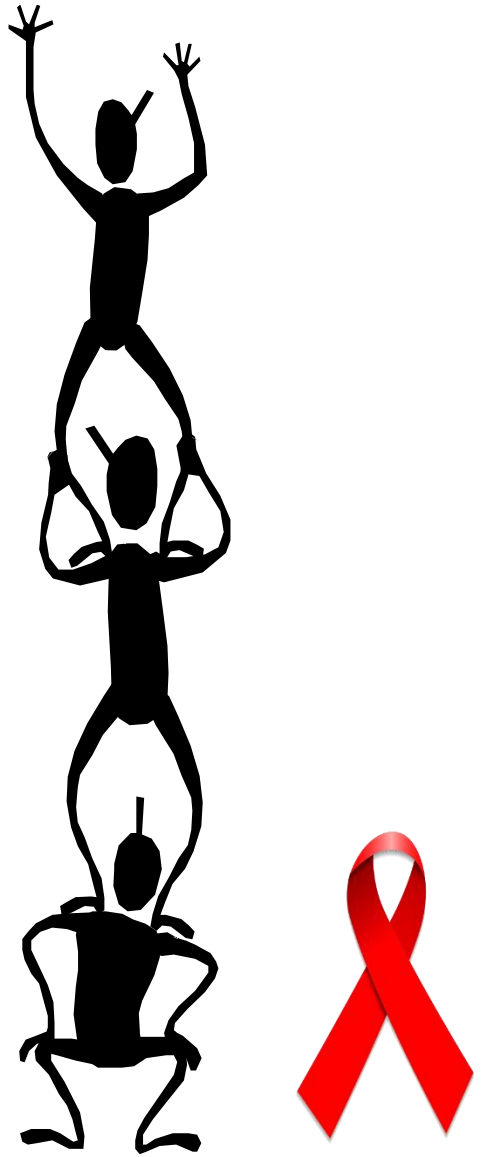
Community Health Worker

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

Tizita Evans

Other Support Staff

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



End the Epidemic

Rapid Start/OAHS

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

Medical Transportation

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

Behavioral Health MCM: Discussed earlier

Emergency Financial Assistance: One-time assistance for persons facing financial hardship with essential services such as rent, utilities or eye glasses.

HIV Testing (not RW funded)

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

Testing Hours:

Monday – Thursday: 8 a.m. – 4 p.m.

*** Call 216-844-5316 to schedule ***

PrEP

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

Services available include:

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

Chaz Mitchell, PrEP Navigator
216-286-PREP (7737)
prep@uhhospitals.org

Clinical Trials

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

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

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

How do we do it all?

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

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

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

Part A

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

Part B

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

Part C

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

Part D

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

Questions?

Up Next:

Signature Health

Signature HEALTH

When you need help now.

2024-25

Showcase of Services

Overview of Signature Health

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

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

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

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

Signature Health has 7 outpatient facilities in Ashtabula, Painesville, Willoughby, Wickliffe, Beachwood, Maple Heights, and Lakewood. Find out more about each location's services at www.signaturehealthinc.org

Services Provided

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

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

Ryan White Program

2024-25 Funded Services

Part A

- Early Intervention Services (EIS)
- Medical Case Management (MCM)
- Medical Nutrition Therapy
- Mental Health
- Outpatient Ambulatory Health Services (OAHS)
- Emergency Financial Assistance (EFA)
- Medical Transportation
- Psychosocial Support
- Oral Health Services
- Non-Medical Case Management

EHE

- EHE Emergency Financial Assistance (EFA)
- EHE Medical Transportation
- EHE Intensive Behavioral Health MCM
- EHE Community Health Worker

Ryan White Program

Funded Staff

- Brittany Freese, Program Manager Part A & EHE
- Anna Pekarski, Part A MCM (Ashtabula, Lake, Geauga)
- Catherine Phelps, Part A MCM (Cuyahoga)
- Natalie Armstrong-Kinser, Part A RN (All counties)
- **Vacant**, Part A Nutritionist (All Counties)
- Elizabeth Schaefer, EHE IBHMCM (Cuyahoga)
- Emily Brodke, EHE Community Health Worker (Cuyahoga)
- Brooklyn Barger, Non-Medical Case Manager (Ashtabula, Lake, Geauga)

Ryan White EHE Services

Intensive Behavioral Health MCM

- Medical Case Management with increased focus on mental health and substance use barriers which stand in the way of effective and consistent medical treatment
- Smaller caseload to encourage more intensive activities than a Medical Case Manager
- Significant time spent developing internal and external relationships to promote appropriate behavioral health referrals and connections
- Clients transition to regular Part A Medical Case Management when they are ready

In FY23-24, Signature Health provided IBHMCM services to **32** clients!

Community Health Worker

- Assists clients with accessing medical appointments, medications, and community resources
- Provides community education and outreach
- Focuses on linking newly diagnosed clients to care and keeping them in care; outreaching and linking clients who have been out of care with goal of keeping them in care.
- Focuses on insurance access – CHW works with uninsured clients to access Medicaid, Medicare, and Marketplace insurance plans

In FY23-24, Signature Health provided CHW services to **79** clients!

Emergency Financial Assistance (EHE)

- Emergency funds to ensure access to medical care, medications, and promotion of viral load suppression.
- Funds can be used for first month's rent, past due rent, utility assistance, phone bill assistance, food assistance, moving assistance, and medication assistance.

In FY23-24, Signature Health provided EHE EFA funds to **10** clients!

Medical Transportation (EHE)

- UberHealth or Lyft rides to HIV-related medical visits
- Assists in creating better access to care and reducing any barriers to medical care
- Focuses on clients who are newly diagnosed or inconsistent in care

In FY23-24, Signature Health provided EHE Transportation to **22** clients!

Ryan White Part A Services

Medical Case Management

- Case management and care coordination focused on helping people with HIV connect to all necessary resources to assist in optimal health and maintain viral load suppression
- Signature Health has two MCM's who see clients based on geographical location.
- One MCM sees Lake, Geauga, and Ashtabula clients and one MCM sees Cuyahoga and Lorain county clients

In FY23-24, Signature Health provided MCM to **130** clients!

Early Intervention Service

- Connecting people with HIV to medications and treatment rapidly and ensuring they stay connected to care
- Focus on reduction of barriers to medical care
- Clients transition from EIS to Medical Case Management when they are consistent in care, consistent with medication adherence, virally suppressed, and able to demonstrate a basic understanding of HIV medical care and U=U

In FY23-24, Signature Health provided EIS to **61** clients!

Outpatient Ambulatory Health Service

- Nursing coordination for medically complex cases with overall goal of maintaining viral load suppression
- Assists with identifying and reducing barriers to accessing medications and medical care
- Coordinates specialty care recommended by ID provider
- Health education and health promotion to Ryan White patients
- Ryan White Newsletter – health education

In FY23-24, Signature Health provided OAHS to **157** clients!

Medical Transportation (Part A)

- UberHealth or Lyft Rides
- Gas Cards
- Bus Tickets
- Cab Rides
- Can be used for HIV-related medical appointments\
- Available to all eligible clients as a payer of last resort

In FY23-24, Signature Health provided Part A Medical Transportation to **58** clients!

Medical Nutrition Therapy

- Nutrition assessment and counseling from a registered dietician
- Funding for nutrition supplements, such as Ensure or Boost (if insurance does not cover)
- Currently looking for a registered dietician to fill vacancy (part-time position)
- Job postings here and here on our Signature Health website

In FY23-24, Signature Health provided Medical Nutrition Therapy to **12** clients!

Psychosocial Support

- Support groups for people living with HIV
- Current Lakewood group – Focus on behavioral health and wellness using Wellness Self Management Plus curriculum
- Current Ashtabula group – standard HIV support group focusing on community, health education, and connection
- Working to develop more group options in 2024!

In FY23-24, Signature Health provided Psychosocial Support to **4** clients!

Mental Health Service

- Counseling for people living with HIV who do not have health insurance or another source to fund counseling
- Only used if client is uninsured and not able to meet requirements for Signature Health's standard FQHC sliding fee scale

In FY23-24, Signature Health provided Mental Health to 0 clients!

Emergency Financial Assistance (Part A)

- Emergency funding for medications and/or eyeglasses only
- Only used as last resort

In FY23-24, Signature Health provided Part A EFA to **1** client!

Non-Medical Case Management

- Provides help and guidance in finding affordable housing and linking to appropriate housing resources
- Small program that just started September 2023
- Currently focusing on working with clients in Lake, Geauga, and Ashtabula counties
- Currently focusing on working with clients who are established in Signature Health's Ryan White program/receiving other SH RW services

In FY23-24, Signature Health provided NMCM to **18** clients!

Oral Health Service

- Painesville dental clinic launched in February 2024
- Working on establishing Ryan White sliding fee scale specifically for oral health care

In FY23-24, Signature Health provided Oral Health to 0 clients!

Referrals

Contact Brittany Freese at bfreese@shinc.org or 440-477-2828 to make referrals directly to Signature Health's Ryan White services.

Three ways to make a referral for other Signature Health programs:

- Complete this form and fax to 440-974-8816
- Call 440-578-8211
- Unite Us Platform

Signature Health Ryan White Newsletter

Check it out on the Signature Health website!

Signature HEALTH

When you need help now.

QUESTIONS?

Up Next:

Nueva Luz Urban Resource Center

NLURC

nueva luz urban resource center

NLURC
nueva luz urban resource center

Locations

Cleveland Office
6600 Detroit Ave.
Cleveland, OH, 44102

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

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

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

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

Mission, Vision, Values

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

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

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

NLURC
nueva luz urban resource center

Leadership

- Max Rodas - Executive Director
- Kimberly Rodas - Clinical Director
- Christine Davis – Fiscal Controller
- Julia Kudlo – Operations & Development Director
- Jean Luc Kasambayi - Clinical Supervisor
- Octaveya Lowe – Non-Clinical Supervisor
- Maya Simek – **Contract Legal Supervisor**
- Natalia Rodas - Communications Director

NLURC
nueva luz urban resource center

Our Staff

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

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

- Beatrice Velez – HCM (Director of Lorain Services)
- Brandie Strozier – HCM (Legal)
- Berto Lastre – HCM
- Keyanna Sanders- HCM
- Monika Henderson- HCM
- Colette Webster - HCM
- Hannah Pausch-Taylor – HCM
- Sonja Johnson - HCM

- Makela Hayford – Staff Attorney
- Bradley Bindokas – Staff Attorney
- Robert Rodriguez – Paralegal
- Brandon Morgan - Housing Legal Liaison

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

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

- Susan Yao - Case Aid
- Cassandra Jones - Bookkeeper
- Christian Burgos – Receptionist

- Ashley Radke – **Benefits Navigator**

- Jimmy Garcia **– Prevention Coordinator**

NLURC
nueva luz urban resource center

Services Provided

- Medical Case Management
- Non-Medical Case Management
- Housing
- Nutrition
- Recovery Services
- Legal Assistance
- Pharmacy
- Transportation
- Prevention and HIV Testing

NLURC
nueva luz urban resource center

Case Management

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

Transportation

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

Housing

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

Legal Services

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

Nutrition

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

NLURC
nueva luz urban resource center

Recovery Services

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

NLURC
nueva luz urban resource center

Pharmacy

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

Celebrating 25 Years this July.

YOU'RE INVITED TO

NLURC'S 25TH ANNIVERSARY CELEBRATION

"OUR SILVER LININGS"

7.20.24 AT 7:00 P.M.

LAKE AFFECT STUDIOS

WEAR SOMETHING SILVER

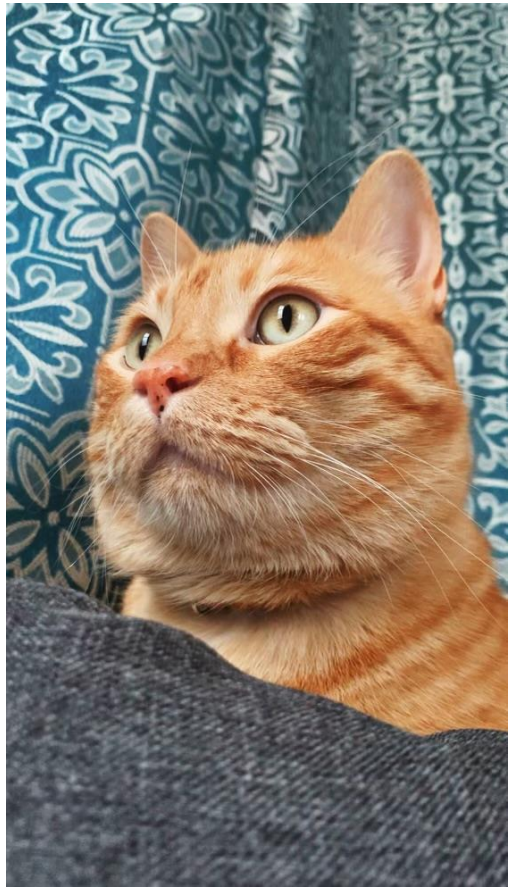
AND

ENJOY A SPARKLING EVENING OF FUN!

SCAN THE QR CODE TO PURCHASE YOUR TICKET

IF YOU HAVE ANY QUESTIONS,
PLEASE EMAIL NJRODAS@NLURC.ORG

Questions? Reach out!

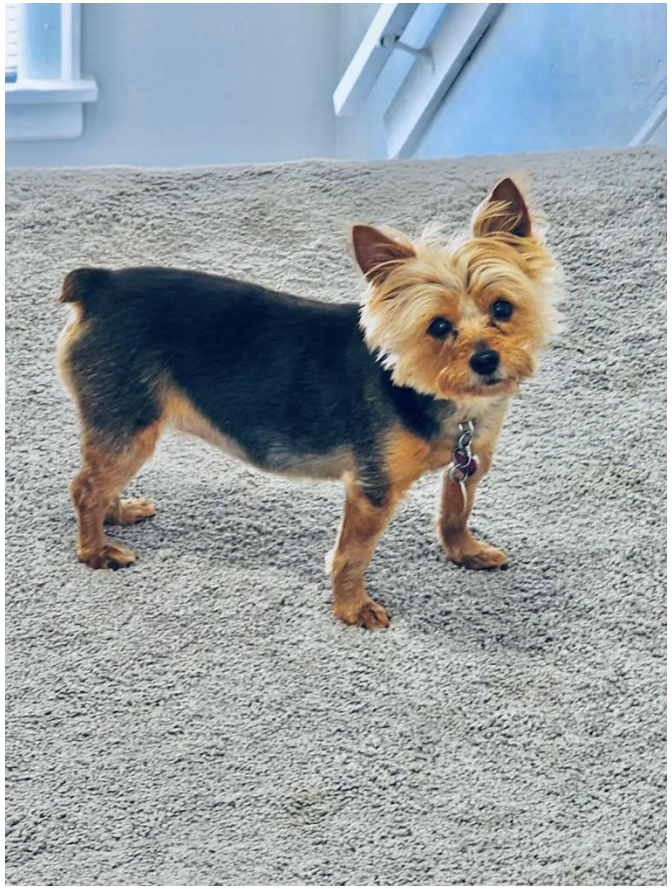


Phone: (216) 651-8236

Fax: (216) 651-8235

www.nlurc.org

THANK YOU!



Up Next:

Neighborhood Family Practice

Neighborhood Family Practice
COMMUNITY HEALTH CENTERS

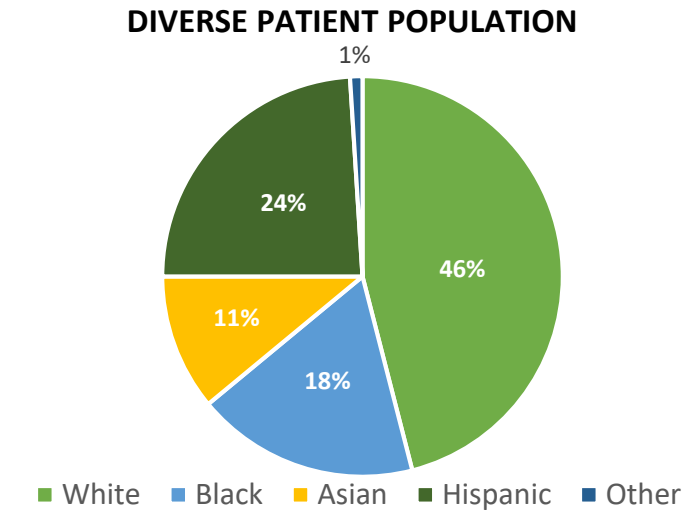
Integrated HIV Prevention and Care Services

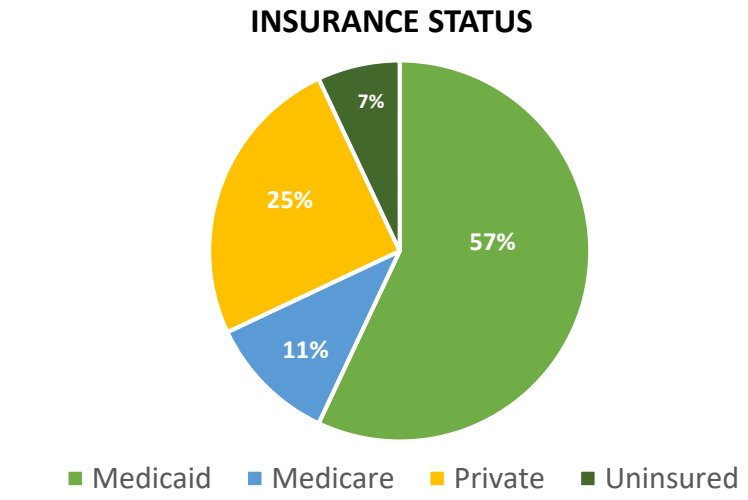
Who We Are

- Founded in 1980
- Federally Qualified Health Center
  - One of six FQHCs in Cleveland and 55 in Ohio
- 7 locations with focus on Cleveland west side and Lakewood
- Accredited by the Joint Commission for Ambulatory Services, Patient Centered Medical Home and Behavioral Health
- Our Mission
  - A trusted partner building healthy communities by providing high-value health care for all

Who NFP Served in 2023

- 22,140 patients
- 84,908 visits
- Focus on families and medically & economically vulnerable and marginalized populations
  - 60% of patients live at or below 200% of the federal poverty level (FPL)
  - 29% of patients are best served in a language other than English
  - Care for patients of all ages, all gender identities, any citizenship status
- Only provider of refugee health screenings in Cuyahoga County





Primary Care in Seven Neighborhood Locations

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

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

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

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

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

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

North Coast (Lakewood)
M,W,Th, Fri 8a – 5p
Tues 8a – 8 p

*Locations with Integrated HIV Primary Care

Our Practice

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

Integrated HIV Primary Care

- Service line began in September 2019
- NFP serves around 120 PLWH
- Family Medicine and AAHIVS certified physicians at two NFP locations
  - Detroit Shoreway Community Health Center located at W. 65th and Franklin
  - Ridge Community Health Center located in plaza at Ridge and Denison
- Both sites in zip code 44102- a local HIV high prevalence area
- Extensive HIV experience in a medical home setting
- Behavioral Health Therapist part of HIV team
- Comprehensive HIV Program providing prevention and care across the HIV care continuum
- Comfortable providing care for non-English-speaking patients

Current Grant Funding

- Ryan White Part A
- Ryan White Part C
- Ending the HIV Epidemic Primary Care HIV Prevention (PCHP)
  - Funded through HRSA Bureau of Primary Health Care

NFP HIV Care and Prevention Services

Outpatient Ambulatory Health Services

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

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

Additional Services

- Medical Case Management
  - Brian Scott, LSW
- Behavioral Health Services
  - Michael Cohen, LISW-S
- Medical Transportation
  - Rideshare through Circulation or Ace Taxi
  - Bus Passes – One way and All Day
  - Disability Vouchers

U=U
UNDETECTABLE
UNTRANSMITTABLE

Prevention Team and Services

- Lead Provider
  - Brian Bouchard, MD
- HIV Prevention Nurse
  - Brittani Flory, BSN,RN
  - Initial interviews with and follow up support for patients interested in PrEP or STI testing
- HIV Prevention Coordinator
  - Rae Onders, MPH
  - Case management, patient navigation and linkage to care
- 114 current PrEP patients
  - 16 on Apretude
    - Up from 43 over just the past year
  - PAPI provider
  - Services at each of our 7 clinic sites

LET'S STOP HIV TOGETHER™

Questions?

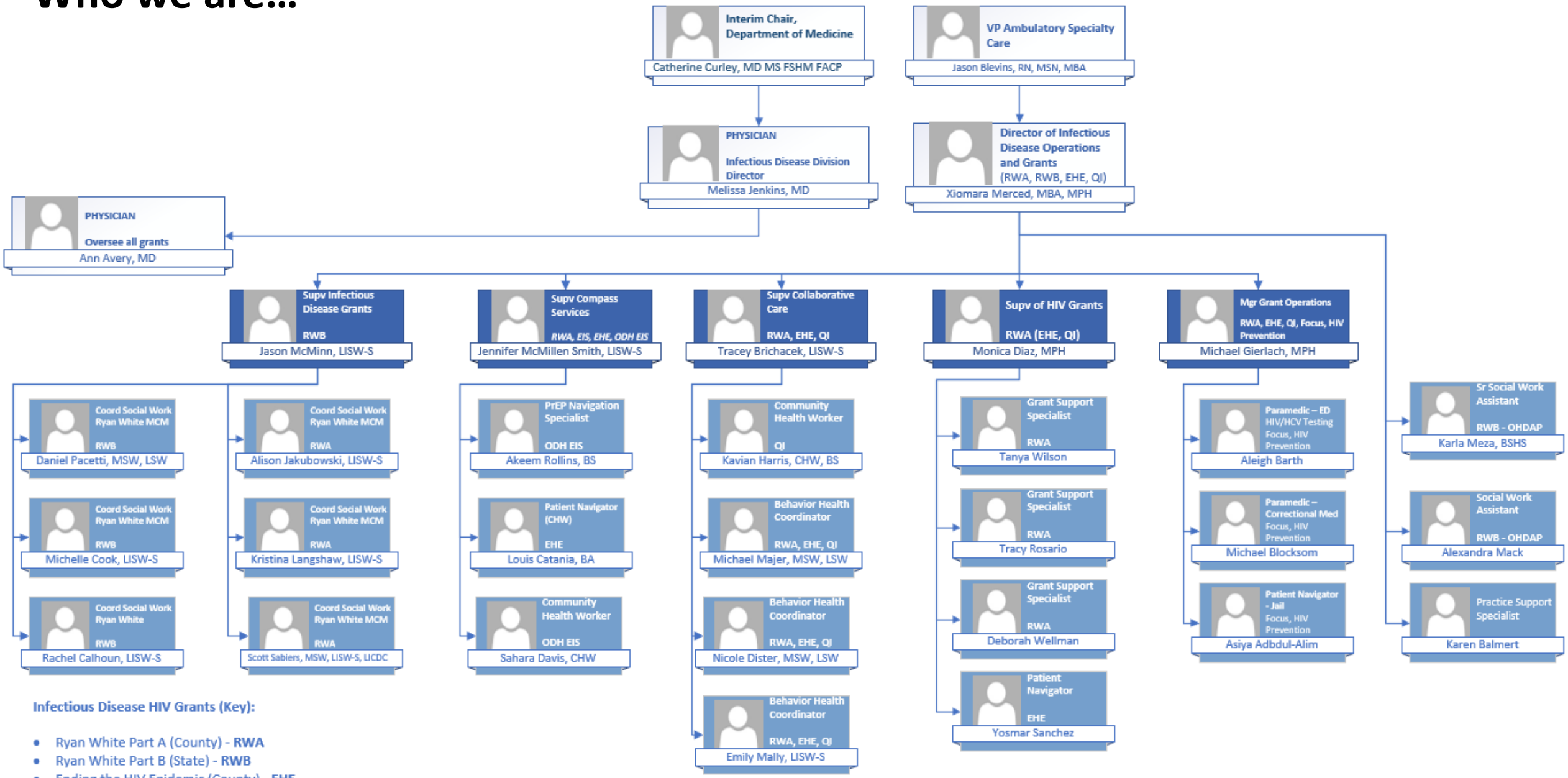
Up Next:

MetroHealth Medical Center

MetroHealth
Devoted to Hope, Health, and Humanity

Center of Excellence in HIV Care and Prevention

Who we are…



Infectious Disease HIV Grants (Key):

- Ryan White Part A (County) - **RWA**
- Ryan White Part B (State) - **RWB**
- Ending the HIV Epidemic (County) - **EHE**
- Quality Innovations (State) – **QI**
- ODH EIS – PrEP (State)
- FOCUS
- HIV Prevention (County)

Infectious Disease Clinics

Main Campus

2500 MetroHealth Drive
Cleveland, Ohio 44109

Medical Specialties Outpatient Pavilion
(Scranton Road) 2nd Floor

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

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

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

Parking at Main Campus:

Under Outpatient Pavilion

(Scranton Road)

Parking validation available

Bedford Medical Offices

19999 Rockside Road
Bedford, Ohio 44146

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

Parma Medical Offices & Surgery Center

12301 Snow Road
Parma, Ohio 44130

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

Cleveland Heights Medical Office

10 Severance Circle
Cleveland Heights, Ohio 44118

Every Wednesday (9:00am – 12:00pm)

To Schedule an appointment

216-778-8305

MetroHealth

LGBTQI+ Pride Network

Adult Primary Care: 216-957-4905

Locations:

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

Providers:

- Laura Mintz, MD, Ph.D
- Patrick Talbott, MD
- Meghan Fibbi, DO, MPH, AAHIVS

Pride Network Primary Care includes:

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

PrEP Clinic

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

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

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

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

Have questions about PrEP?

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

Check out pop2block.org

Trans and PrEP Care Navigation

Sahara Davis
(216) 77-TRANS
(216) 778-7267

What is Trans Care Navigation?

A program intended to optimize access to trans-specific healthcare services, including sexual health, for transgender and gender non-conforming individuals.

What services are provided?

The PrEP & Trans Care Navigator will assist patients in navigating biomedical HIV care and prevention with PrEP, collaborate with existing gender-affirming care providers, navigate insurance and coverage, and facilitate access to trans-specific needs in the community.

How can I refer someone?

MetroHealth providers: Epic in-basket message, cc-ing the chart
Community organizations and self-referral: Contact Sahara Davis or complete the form on pop2block.org

Ryan White Part A Services

Primary Medical Care (OAHS)

Medical Case Management

Non-Medical Case Management

Mental Health Services

Emergency Financial Assistance (Medication & Vision)

Oral Health Care

Medical Nutrition Therapy

Early Intervention Services

Medical Transportation

Psychosocial Support Services

HIV Medical Care

Primary Medical Care

- The MetroHealth ID physician teams currently follow approximately 2,000 people living with HIV in the adult and pediatric clinics.
- We assist with eliminating barriers to care by utilizing Ryan White services as a last resort for ID physician visits and laboratory when appropriate.

Pediatric Care

- We have 3 Med/Peds HIV providers in our adult clinic. Dr. Mintz, Dr. Fibbi and Dr. Talbott. They have absorbed our pediatric patients and will continue to do so as needed. Dr. Edwards also sees HIV positive peds patients at MH.

Medical Care Providers

Physicians

Melissa Jenkins, MD (HIV & Hep C)
Director, Division of Infectious Disease

Robert Kalayjian, MD (Retiring July 1st, 2024)
Charles Bark, MD (TB patients)
Meghan Fibbi, DO, MPH, AAHIVS
Corrilynn Hileman, MD (Clinic Director)
Laura Mintz, MD, Ph.D
Rumila Tolentino, MD
Patrick Talbott, MD
Alexander Sapick, MD
Morgan Moreili, MD

Fellows

Jaeyong Lee, MD
Marvi Mahar, MD

Nurse Team

John Ebner, RN
Traci Davis, RN
Valerie Tomlinson, RN
Pam Turner, RN
Margaret Oblak, RN (Cabenuva Injections)

Medical Team Assistant

Maria Santiago

Check out our Bilingual Staff

ID Bilingual Providers

- Dr. Rumilia Tolentino
- Dr. Patrick Talbott

Bilingual Support Team

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

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

Medical Case Management

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

Jason McMinn, LISW-S - **Supervisor** (Retiring August 2024 ☹)
Kristi Langshaw, LISW-S
Scott Sabiers, LICDC, LISW-S
Alison Jakubowski, LISW-S
Rachel Calhoun, LISW-S (RWB)
Dan Pacetti MSW,LSW (RWB)
Michelle Cook, LISW-S (RWB)

Social Work Office
216-778-5551

Non-Medical Case Management & Benefits Coordination

Xiomara Merced – Manager

Grant Support Specialist

Monica Diaz - **Supervisor**
Tanya Wilson
Tracy Rosario
Deborah Wellman

Part B OHDAP and lab request

Karla Meza
Alexandra Mack

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

Mental Health Services

Text Box

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

Psychologist
Dr. Amanda Burger

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

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

Community Health Worker (CHW)
Kavian Harris

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

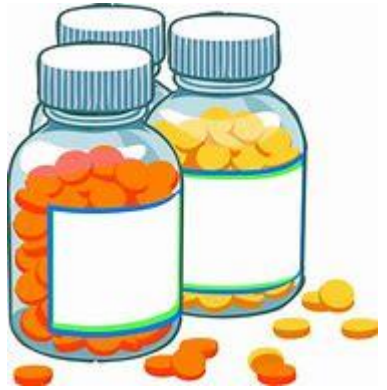
Mental Health Therapist
Meredith Hellmer, LISW

MetroHealth

Emergency Financial Assistance

Ryan White A Voucher Medications

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



Vision Services

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

Medical Nutrition Therapy

Patients need a referral from their MetroHealth ID Physician.

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

Patients can access consultation with a Registered Dietitian

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

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

216-778-2915
trosario@metrohealth.org

Oral Health Services

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

Ohio City Family Dentistry
3701 Lorain Avenue
Cleveland, Ohio 44113

Appointments can be made by calling
216-778-4725

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

To refer a patient, contact:

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

Early Intervention Services

Jen McMillen Smith, LISW-S

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

MetroHealth
Compass Services

Psychosocial Support

Check out our calendar: www.metrohealth.org/compass-support-groups
*Special events are hosted quarterly in the evenings.

Open Group
1st and 3rd Mondays from 1:00pm – 2:30 p.m. – for all people with HIV

WOW: Women Only Wednesdays - for anyone who identifies as a woman –3rd Wednesdays at noon

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

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

Knit Squad
Second Thursdays at 11:15 a.m.

Yoga
Thursdays at 10:00 a.m. at MetroHealth's Glick Hospital Meditation Room

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

Medical Transportation Services

Ryan White Part A eligible individuals can access:

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

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

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

Ending the HIV Epidemic Services

Intensive Behavioral Health MCM

Rapid Start

EFA Rapid Start Medication

Peer Navigation

Intensive Behavioral Health MCM

Behavior Health Managers

Tracey Brichacek, LISW-S - **Supervisor**

Michael Majer, LISW

Lauren Bagoly , LISW

Nicole Dister, LSW

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

MetroHealth

IBHCM Services- Treatment Pillar

Priority Populations

Eligibility Criteria:

- Patients demonstrate detectable VRL up to 200 VRL
- Severe Mental Health needs such as Depression, Bipolar Disorder, Schizophrenia or PTSD with PHQ9 scores of 10 or higher or GAD scores of 10 or higher
- Developmental Delays that impact patient's ability to function independently
- Substance Abuse affecting retention in care and viral load suppression AND the patient is requesting support in path to sobriety
- Recent incarceration/re-entry population

Outcomes:

- Patients will be linked to care
- Patients will have one medical visit, CD4 or viral load test annually
- Patients will be prescribed antiretroviral medication
- Patients will be virally suppressed

Rapid Start

Jen McMillen Smith, LISW-S
Louis Catania, BA

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

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

Why is Rapid Start a good idea?

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

How is Rapid Start different than regular LTC?

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

Rapid Start in 2023

From January 1 - December 31, 2023

- n=47
- Mean # of days from positive result to first dose of ART = 4.67
- Mean # of days from positive result to viral suppression = 42.76 overall, 34.57 if the person was tested at MetroHealth

Demographics of Rapid Start patients in 2023:

- Average age is 34.57, age range was 19 – 64
- 29 Black, 17 white, 4 Latinx
- 35 AMAB, 10 AFAB, 2 non-binary, 0 transgender

EFA Rapid Start Medication

- Due to the assistance of from our MetroHealth Pharmacy, we've been able to cut down the barriers that may prevent a patient from receiving ART upon first appointment.
- EFA Rapid Start Medication has been utilized as a last resort.
- The previous grant year (FY23-24), CCBH created a subcategory within EFA in order to address the high need to cover dental exceptions.
- The Ryan White program oral health funds had been exhausted, therefore EHE was used as an alternative.

Patient Navigation / Community Health Worker

Our approach to Peer Navigation / Community Health Worker services is to integrate people with lived experience into the day-to-day work in the clinic and social support services provided by MetroHealth.

<u>EHE-funded Patient Navigator duties include:</u>

- Assisting people with scheduling appointments and navigating the healthcare system
- Outreaching people who are not optimally engaged in HIV care
- Rapid Start care coordination
- Building relationship with people when they are inpatients in the hospital and coordinating their care for after discharge
- Patient Advisory Board
- Support Groups and other social support for people with HIV

Other Programs Available

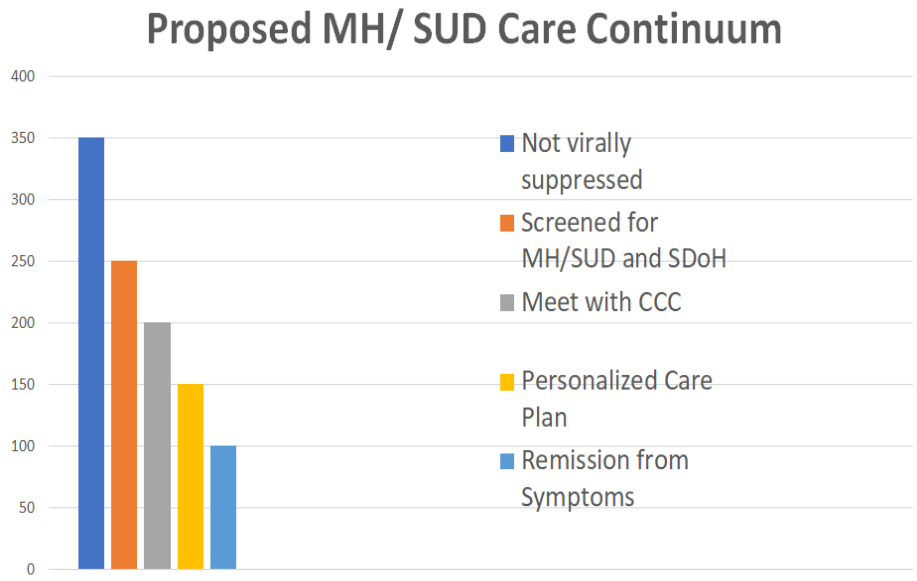
Quality Innovations in the Continuum of HIV Care

Positive Peers

Specialty Pharmacy

Quality Innovations in the Continuum of HIV Care

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



Positive Peers

A nationwide app connecting young people with HIV to each other & retaining them in care – now with app users in

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

Visit & Follow:
PositivePeers.org & @PositivePeers4U

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

MetroHealth

MetroHealth Specialty Pharmacy

Text Box

Pharmacists

Alexander Nelson, Mitchell Friedman, and Joshua Maierhofer

- Provide Dose Packaging (MOT – Medication on Time)
- Monthly Adherence Calls
- Meet with patients in clinic
- Communicate with providers via medical chart
- Near 100% Prior Authorization success rate
- Patient Assistance Covering Medication-Associated Needs Program (PACMAN)
    - 98% of patients with $0 copay on HIV medications
- Currently have over 200 patients now receiving Cabenuva injections
- Also 93% of patients enrolled in MetroHealth's Specialty Pharmacy Clinical Management program for at least 6 months are virally suppressed

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

MetroHealth Mail Order Pharmacy

9885 Rockside Rd. - Suite 157, Valley View, OH 44125


Q&A

Up Next:

Mercy Health

Mercy Health-Lorain

Ryan White Part A Program

MEET THE RYAN WHITE STAFF

Summer Barnett
RN Program Supervisor

Stephanie Fillyaw
LPN Program Coordinator

Teresa Yuzon
Program Case Manager

Ryan White Funded Categories:

- OAHS
- Case Management
- Transportation
- Psychosocial Support

OAHS

Funded Mercy Staff RN, CM and Part Time LPN
OAHS also provides coverage for physician apt and lab work as last resort.

Intake Process

Once referral is received, a call to patient is same day.
Lab work is ordered, and intake is scheduled.
During this call the Ryan White Program is reviewed and needed documentation is requested.
(intake is scheduled usually within 3-4 days of referral, depending on patients' urgency).

- Staff introductions
- Provide information regarding Ryan White Program
- Diagnosis and Treatment options and education
- Discuss medical and social history
- Medical and Psychosocial needs are assessed.
- Develop a support system
- Referrals as appropriate:
  - Dental services
  - Mental Health services
  - Housing assistance
  - Food assistance
  - Transportation needs
  - Primary Care

TRANSPORTATION

Based on individual patient needs and only as last resort

- Annual/Semi-annual Case Management Review
- Medical, Mental Health and Dental Appointments
- Other social services accessed as needed

Medical Case Management

- Complete intakes and assessments of patient needs.
- Assist with applications to maintain/obtain medical care and medications.
  - *OHDAP: Ohio Drug Assistance Program
    - -Covers medications, co-pays, and insurance premiums
  - *P.A.P.: Patient Assistance Program
    - - Limited coverage and income eligibility

- Coordination of services with local resources

-ACA Navigation- Insurance -Social Security
-Housing/utility assistance -Legal Assistance
-Mental Health -Transportation
-LCDJFS -Dental (1st) -Resource Linkage

Psychosocial Support Services

Support groups are offered once a month through Bon Secours Mercy Health- Lorain

- Providing socialization and support to the patients.
- Education provided via guest speakers, handouts and group discussions.
- HIV is discussed at each group session as needed.
- Meals are provided.
- Transportation is provided as needed as last resort.

Up Next:

May Dugan Center

May Dugan Center

Est. 1969

MISSION

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

VISION

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

May Dugan Center Est. 1969

May Dugan Center

- May Dugan Center was established over 50 years ago on the Near West Side of Cleveland
- We are located at 4115 Bridge Avenue, Cleveland OH 44113
- **We have trauma informed individual and group services and see clients regardless of their ability to pay. We have no waiting list for services!**
- Intake **216-631-5800 x120**
- We also have food distribution 3 days a week, MWF. We only require an ID and people can pick up food once a week. **216-631-5800 x300**. Preregistration is strongly recommended due to capacity.

Ryan White Part A Funded Services

- Mental Health Services
  - Clients receive a comprehensive diagnostic assessment, individual treatment plans, and person-centered behavioral health care. Our Ryan White Counselor is Kelly Green, LSW, CDCA (she/her)

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

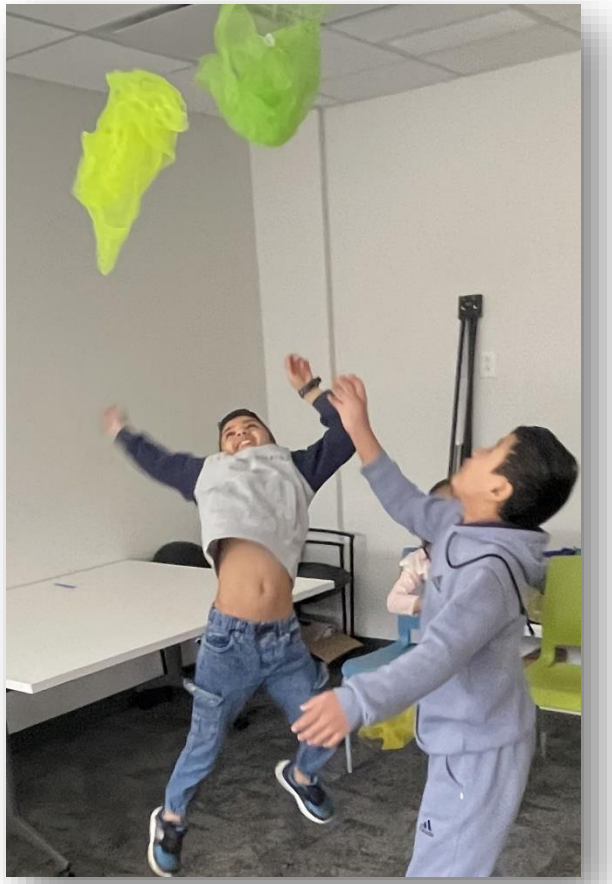
May Dugan Center Est. 1969

Services Available at MDC

- **Food Distribution**
- **Educational Resource Center**
  - GED Classes
  - Workforce Development
  - Financial Opportunity Center
  - ESOL
- **Refugee Resettlement**
- **Behavioral Health**
  - Substance Abuse Treatment Intensive Outpatient and Aftercare
  - Mental Health Day Treatment
  - Anger Management
  - Case Management
  - Individual Counseling including EMDR
  - Art and Music Therapy
  - Ryan White Counseling
- **Seniors on the Move** for people 55 and better
- **Trauma Recovery Center** VOCA funded program for recent victims of violent crime in city of Cleveland

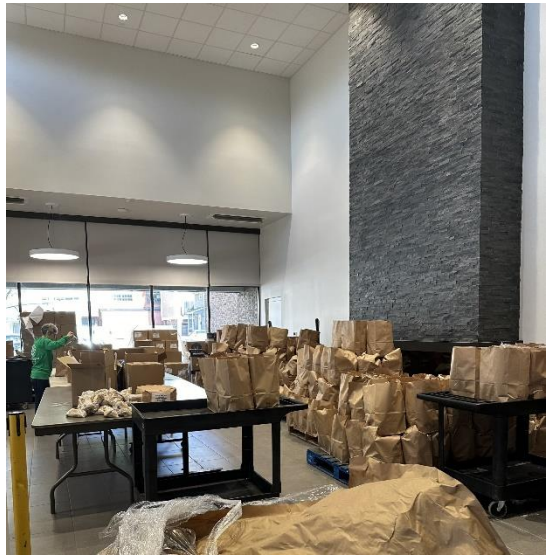
May Dugan Center Est. 1969

Kelly Green, LSW, CDCA



Refugee Response Music Activity

Lobby-rendering and now!



May Dugan Center Est. 1969

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

May Dugan Center Est. 1969

Contact our Providers for referrals or any additional information

Sue Kucklick, LPCC-S (she/her)
Director of Behavioral Health
4115 Bridge Ave.
Cleveland, OH 44113
216-631-5800 x 110
216-570-6145
skucklick@maydugancenter.org

May Dugan Center Est. 1969

Up Next:

Division of Senior and Adult Services

Cuyahoga County

Division of Senior and Adult Services

Who We Are

Presented by: Lorsonja Moore, BA, ADN, BSN, RN
Interim Director of Nursing

Senior and Adult Services

13815 Kinsman Rd, Cleveland, OH 44120
Monday – Friday, 8:30am -4:30pm
Website: www.dsas.cuyahogacounty.us

History and Mission

- Division of Senior and Adult Services (DSAS) was officially established as an agency on March 30, 1992.

- It’s mission is to empower seniors and adults with disabilities to age successfully by providing resources and support that preserve their independence.

DSAS

BY 2030

1 IN 5

PEOPLE IN U.S.
WILL BE OVER AGE 65

BETWEEN 2020-2030
THERE IS A

35%

PROJECTED RISE IN
PEOPLE OVER AGE 85

DSAS

- Adult Protective Services
- Information Services
- Community Office on Aging
- Community Social Services Program
- Options for Independent Living
- Home Support Services

Adult Protective Services

- Investigates allegations of abuse, neglect, self-neglect, and/or financial exploitation of adults 60 years of age and over

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

- In October, 2023, there were 507 active cases and year to date, there are 2,267 cases

- **How to Report:**
  Connections Center/Hotline: 216-420-6700
  Ohio APS Online Elder Abuse Referral Portal
  (Open seven days a week, 24 hours a day, including holidays.)

Information Services

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

Additional DSAS Programs

- Community Office on Aging– helps to disseminate information throughout the community, and coordinates programs to increase awareness of issues affecting seniors and persons with disabilities.
- The Community Social Services Program– provides funding to and uses community based service contracts which provide adult day service, adult development, transportation services, and congregate meals. Over 1,400 seniors receive services through this program. These services are designed to reduce isolation and loneliness.

Options for Independent Living

- Flexible, affordable program that provides in-home care to residents ages 18-59 and disabled, or 60 years of age and over, who have limited income and are not eligible for any Medicaid Waiver programs.

- Approximately 1,500 Cuyahoga County residents receive services.

- Services include:
  - Case Management
  - Chore Services
  - Emergency Response Devices
  - Grab Bar Installation
  - Home Delivered Meals
  - Homemaking Services
  - Medical Transportation
  - Personal Care

Home Support

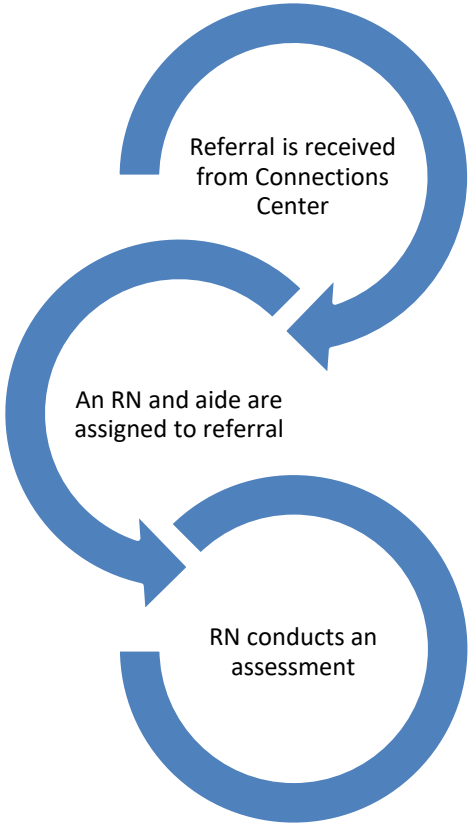
- Comprised of registered nurses, schedulers, and home health aides.
  - By 2025, a shortage of more than 400,000 home health aides is projected according to Duquesne University School of Nursing.
  - By 2028, the number of openings for home health aides and personal health aides will increase 37 percent.
  - By 2031, it is projected that the country will face a shortage of 195,400 nurses.
- Our goal is to provide services to help clients achieve and maintain a clean, safe, and healthy environment in which they reside.

Home Support Populations

- Ryan White Part A HIV/AIDS Program
- Multiple Sclerosis (MS) Society
- McGregor PACE
- Medicaid Waiver
- Medicare Skilled Services
- Options for Independent Living
- Private Pay (Sliding scale starting at $9/hour. Income cannot exceed 400% FPL.)

Home Support Intake Process

- RN completes an initial assessment to develop a plan of care
- RN provides on-going case manager services
- RN visits clients every 60 days
- RN works with family members, physicians, social workers, dieticians, therapists...etc. to ensure client's needs are met.



In-Home Services

Personal Care Services:

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

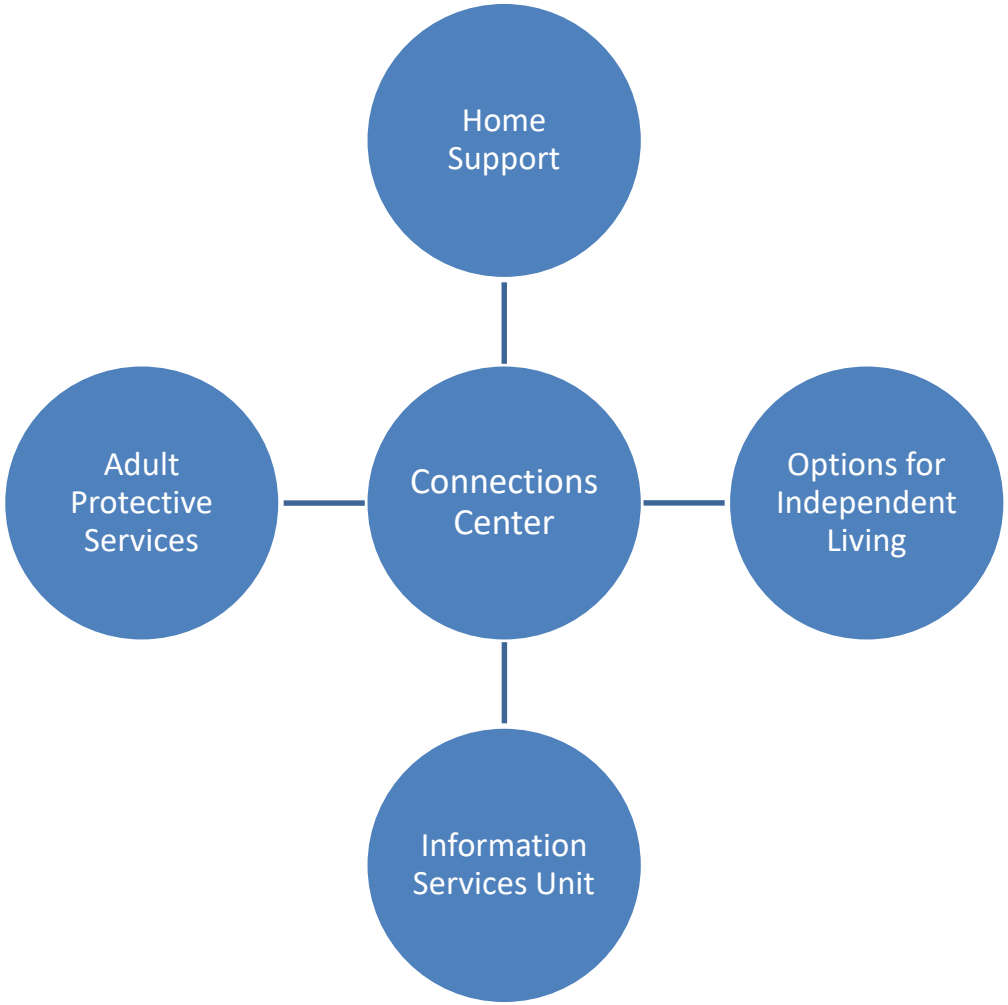
Homemaking Services

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

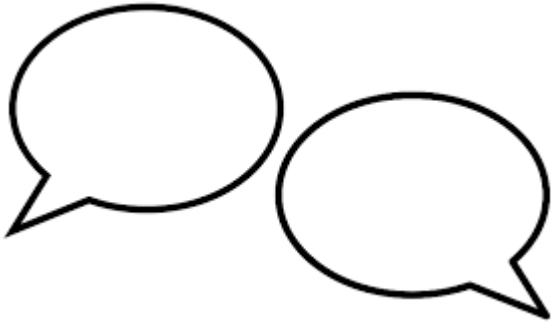
Connections Center

(216) 420-6700

"One Call Does It All"



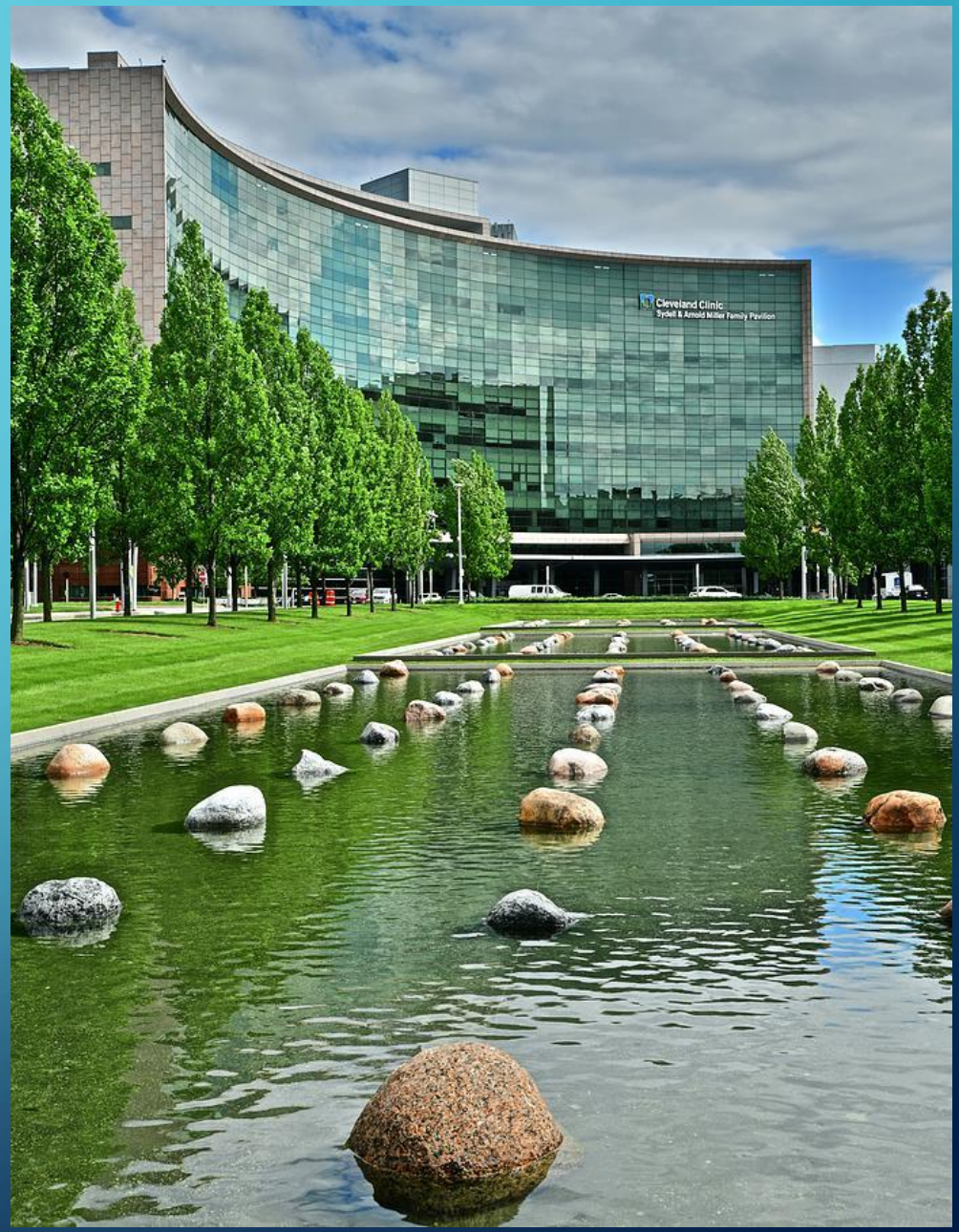

QUESTIONS
ANSWERS



Up Next:

Cleveland Clinic Foundation

THE CLEVELAND CLINIC FOUNDATION



AGENDA

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

INFECTIOUS DISEASE TEAM




- Ryan White Team
  - PI – Dr. Marisa Tungsiripat, MD
  - MCM/EIS – Ashley Tomco, LSW
  - MCM/EIS - Lydia Spangler, LSW
  - NMCM – Serrena Prezioso



- EHE Team
  - PI – Dr. Bethany Lehman, DO
  - Rapid Start Coordinator – Shenee Dantzler
  - Intensive Case Manager – Alyssa Yorko, LSW
  - Peer Navigator - Kimberly Moore, CHW

- Administrator – Teresa Hahn, BS

CURRENT STAFF

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

ADDITIONAL TEAM MEMBERS

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

RW A&B/EHE SERVICES PROVIDED AT CCF

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

EARLY INTERVENTION SERVICES
EHE: RAPID START

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

RWA EARLY INTERVENTION SERVICES

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

MEDICAL CASE MANAGEMENT

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

UPDATES

- New Team:
  - Peer Navigator- Kimberly Moore
  - Non-Medical Case Manager- Serrena Prezioso
  - Intensive Behavioral Case Manager- Alyssa Yorko
  - Medical Case Manager – Lydia Spangler
- Still Learning ☺

ID STAFFED LOCATIONS

- **Main Campus**
  - 9500 Euclid Ave. G21, Cleveland, OH 44195
- **South Pointe Hospital**
  - 20000 Harvard Ave., Warrensville, OH 44128
- **Mentor Hospital**
  - 8300 Norton Pkwy, Mentor, OH 44060
- **Hillcrest Hospital**
  - 6780 Mayfield Rd, Mayfield Heights, OH 44124
- **Avon Hospital**
  - 33300 Cleveland Clinic Blvd., Avon, OH 44011
- **Marymount Hospital**
  - 12300 McCracken Rd., Garfield Heights, OH 44125
- **Sheffield Family Health Center**
  - 5334 Meadow Lane Cr., Sheffield Village, OH 44035
- Standardized HIV testing in EDs throughout the organization.
  - Kristin Englund, MD/Bethany Lehman, DO

ADDITIONAL LOCATIONS

- Akron General:

  224 W. Exchange St.

  Suite 290

  Akron, OH 44320

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

CLEVELAND CLINIC SERVICES

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

CLEVELAND CLINIC SERVICES

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

Transgender Medicine & Surgery Program:

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

Phone Number: 216-445-6308

ANAL DYSPLASIA

Michele Inkster, MD, PhD

Gastroenterologist

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

James Wu, MD

Colorectal Surgeon

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

PHARMACY

- Cabenuva – HIV Injectable Treatment
  - Currently 50 patients at the Clinic.
  - RNs provide the injection.
  - Coordinated by Admins, Pharmacists, and Staff for billing and approval.
  - Looking to increase numbers per insurance approval.

PHARMACY CONTINUED

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

QUESTIONS?

- Contact Information:
  - Desk: 216-444-1988
  - Cell: 216-903-3288
  - Email: Spangll2@ccf.org

Cleveland Clinic

Up Next:

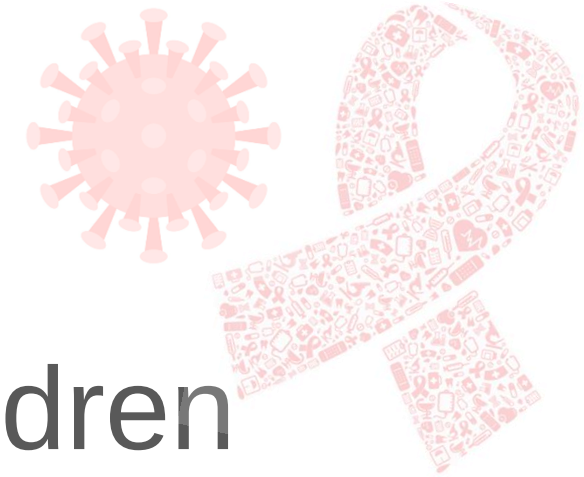
Circle Health Services

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

Naimah O'Neal, MSM, LSW, HIV Medical Case Manager
Adriana Whelan, ND, CNP, AAHIVS, Medical Director of HIV and Harm Reduction

March 22, 2024

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



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

Circle Health Services

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

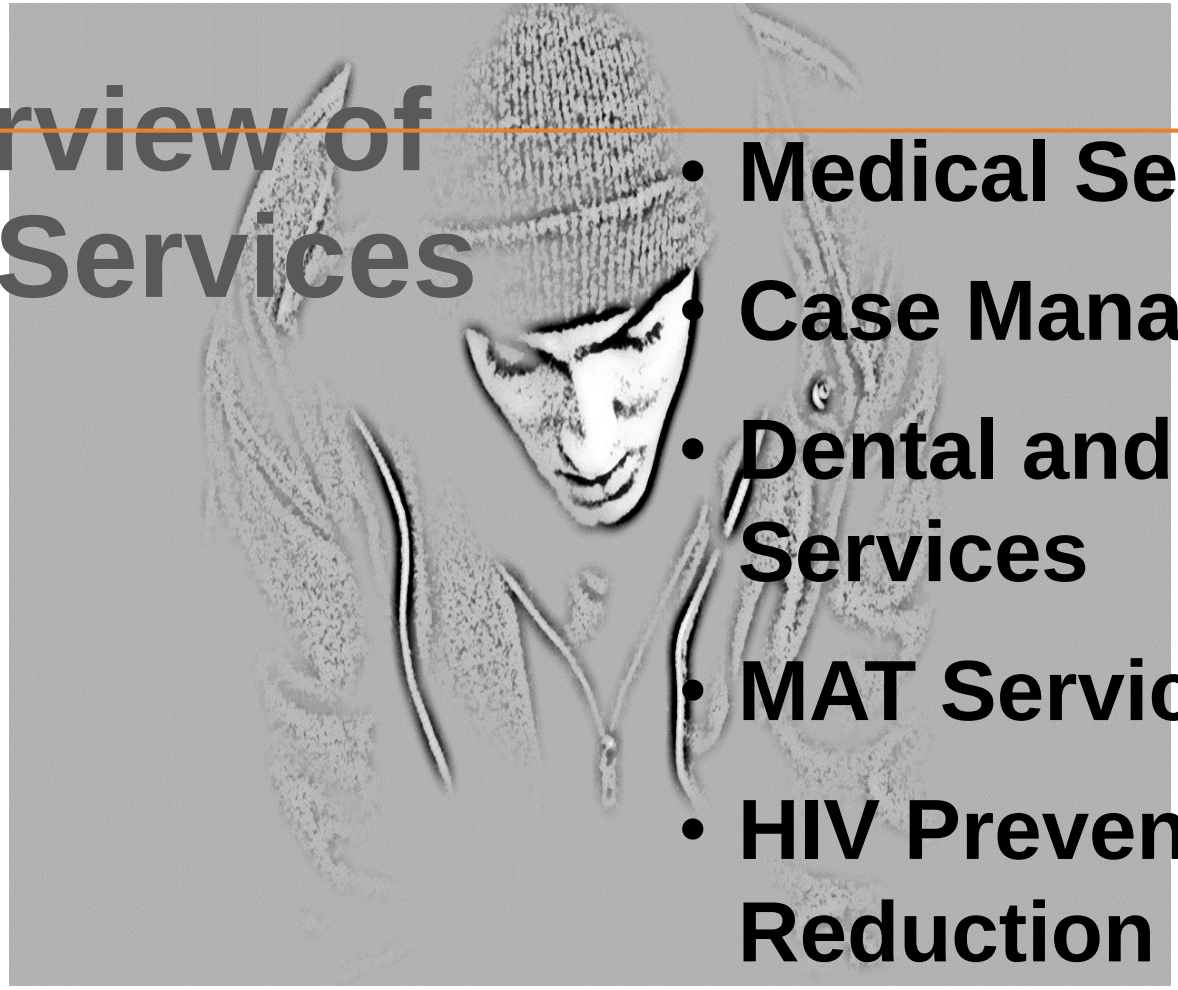
The Centers is able to provide comprehensive services to nearly 25,000 individuals annually, including HIV prevention and treatment, primary health care, dental care, workforce development, early childhood education and integrated behavioral healthcare with mental health and substance use disorder treatment.

The **Centers – Cultural** Pledge

WE STRIVE TO BE...

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

Overview of HIV Services



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

Integrated Health Care: Treatment of the whole person

HIV RYAN WHITE & HIV PREVENTION & HARM REDUCTION STAFF

HIV Medical Management

-Adriana Whelan, ND, CNP, AAHIVS
Medical Director of HIV Services and Harm Reduction
-Falandia Milligan, CNP
-Dorothy Rimmelin, MD

Clinical and Ancillary Support

-Naimah O'Neal, MSM, LSW, HIV MCM
-Sarah Snider, PharmD
-Ahlem Zaaeed, BSN, RN Coordinator, Lead Linkage to Care
-Open Position- HIV MCM

Fiscal and Quality Management

-Stephanie Ristau, HIV Program Business Manager
-Fatima Warren, VP Health Center Operations
-Shonta Burton, MPA Manager, Healthcare Compliance

HIV Prevention and Outreach

-Christina Jackson, BSN, RN, Director of Harm Reduction and Linkage to care
-Chico Lewis, Outreach Supervisor
-Outreach Specialists: Zenja Harris, Karen Nieves, Evelyn Velez
-Peer Specialists: Khalid Sabir, Rahim Bryant
-SEP RN: Ann McDermott, RN
-HCV DIS Outreach Specialist: Jessica Hoehnen

Medical Services

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

Case Management

Care Coordination

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

Dental and Behavioral Health Services

Dental Services

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

Behavioral Health Services

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

MAT Services

-Integrated Treatment approach for treatment of Opioid Use Disorder and Alcohol Use Disorder.

-Available appointments at all Centers Health Centers sites within Primary Care and Psychiatry.

-Treatment modalities include Buprenorphine and Naltrexone.

-WinMAT: Walkin Medication Assisted treatment services newly launched at Tthe Centers- Gordon Square office, Monday through Friday.

HIV Prevention: Syringe Exchange Program

Services include:

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

HIV PREVENTION & HARM REDUCTION LOCATIONS

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

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

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

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

Neighborhood Pets
3711 E. 65 Street
Cleveland, OH 44105
Drop-in: 1:00 p.m. – 300 p.m. Tu
Van: 8:30 a.m. – 3:00 p.m. Th

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

Additional Services

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

Locations

Office Locations

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

Office Contacts

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

Additional Support for HIV Programs

- AIDS Funding Collaborative
- CDC Linkage to Care
- EHE
- The George Gund Foundation
- ADAMHS
- HRSA – HIV Primary Care
- Cleveland Department of Public Health

Questions?


FREE CLINIC


FREE CLINIC
Hours: Mon-Thru
Friday 5:30 till
We reach our
2039

Up Next:

AIDS Taskforce of Greater Cleveland

AIDS taskforce OF GREATER CLEVELAND

AHF AFFILIATE

CUYAHOGA COUNTY BOARD OF HEALTH
RYAN WHITE PART A
FY24 PROGRAM UPDATES AND SHOWCASE OF PART A SERVICES

PRESENTED BY:
CHRIS KRUEGER
ADMINISTRATIVE DIRECTOR OF SERVICES & GRANTS

Our Mission

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

Who We Are, Who we Serve

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

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

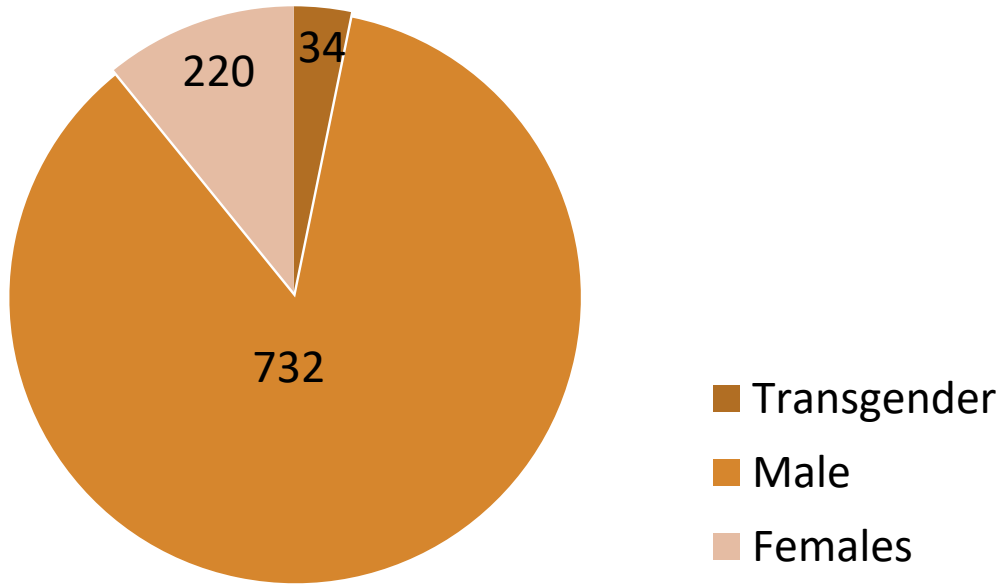
  Cuyahoga, Geauga, Medina, Lorain, Lake, and Ashtabula

Race/Ethnicity Demographic

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

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

Gender Demographic



AIDStaskforce OF GREATER CLEVELAND AHF AFFILIATE

Ryan White Part A Services

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

Food Bank/Home Delivered Meals Program

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

Clients can also receive the follo d items:

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


PRODUCE
RETURNS
WEDNESDAY
MAY 15TH, 2024
AIDS taskforce
AHF
Greater Cleveland
Food Bank

Medical Case Management

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

Medical Transportation Assistance

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

Non-Medical Case Management

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

Intake

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

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

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

Additional Programs and Services

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

- Services include:
  - HIV Mobile Testing Unit: a mobile unit that goes out into the community to various locations to provide onsite rapid testing. Unit provide immediate linkage to care when warranted.
  - Men's Support Groups: Support and education for people living with HIV/AIDSAIDS. Led by individuals living with HIV
  - Women Support Group: Support and education for people living with HIV/AIDS. Led by individuals living with HIV
  - Pantry Services: Operates Monday to Thursday where clients can come in or call to request food delivery. Clients are eligible to access pantry services every ten days.
  - Beyond Identities Community Center (BICC): a membership based prevention education program that addresses the youth development needs of LGBTQ youth of color ages 14-24 in an effort to reduce their risk for HIV/AIDS transmission.
  - Walk-in STI Testing: Monday through Friday 1:00pm to 4:00pm anyone can come in to get tested for Gonorrhea, Chlamydia, Syphilis and HIV.
  - AIDS Healthcare Foundation Health Care Center and Pharmacy
  - 2CIS: Pilot project for intensive case management primarily done through email and texting. Ages 13-24


PROJECT DAWN
PROJECT DAWN
PROJECT DAWN IS A COMMUNITY-BASED NALOXONE DISTRIBUTION AND OVERDOSE EDUCATION PROGRAM. PROJECT DAWN PARTICIPANTS RECEIVE TRAINING ON:
• RECOGNIZING THE SIGNS AND SYMPTOMS OF OVERDOSE
• DISTINGUISHING BETWEEN DIFFERENT TYPES OF OVERDOSE
• PERFORMING RESCUE BREATHING
• CALLING EMERGENCY MEDICAL SERVICES
• ADMINISTERING INTRANASAL NALOXONE
AFTER PARTICIPANTS GO THROUGH TRAINING THEY WILL BE PROVIDED A FREE NALOXONE KIT.
FOR INFORMATION ON LOCATIONS AND TIMES PLEASE CONTACT PRINCE JOHNSON AT
(216) 621-0766 EXT 52921 OR EMAIL PJOHNSON@CLEVELANDTASKFORCE.ORG

AIDStaskforce OF GREATER CLEVELAND | AHF AFFILIATE

2829 Euclid Avenue
Cleveland, Ohio 44115
216-621-0766

Andrea DeJesus
Non-Medical Case Manager

Tracy Jones, MNO
Executive Director

Chris Krueger
Administrative Director of Services & Grants

Cheryl Gleeson, LSW
Medical Case Manager

Up Next:

AIDS Healthcare Foundation

AHF HEALTHCARE CENTER

HOURS OF OPERATION

MONDAY-

LOCATION

2829 EUCLID AVE.

AHF HEALTHCARE CENTER

STRATEGIC LEADERSHIP TEAM

AHF HEALTHCARE CENTER

AHF SERVICES

FREE HIV TESTING

60 SECOND RAPID HIV TESTING
COUNSELING
PREP/PEP INITIATION AND CARE

AHF WELLNESS

FREE STI TESTING AND TREATMENT
WALK IN CLINIC

FULL CIRCLE OF CARE MODEL

ON-SITE CUSTOMIZED CARE TO MEET THE PATIENTS NEEDS
TELEHEALTH
SUPPORT OF CASE MANAGEMENT SERVICES
REFERRALS
ON-SITE PHARMACY ACCES (with staff trained in HIV specialty)

EDUCATION

STAFF DEDICATED TO PROVIDING EDUCATION SURROUNDING SEXUAL HEALTH, LONG-TERM CARE, ADVOCACY AND RESOURCES THAT REMOVE HEALTH INEQUITIES

AHF HEALTHCARE CENTER

FUNDER SUPPORT

RW PART A
AMBULATORY HEALTH SERVICES

AMBULATORY FUNDING SUPPORTS OUR STAFF AND COSTS ASSOCIATED WITH PROVIDING QUALITY MEDICAL CARE.
OUR TEAM FOCUSES ON RAPID RESPONSE TO NEW POSITIVES AND RETENTION TO CARE WITH THE GOAL OF OUR PATIENTS BEING VIRALLY SUPPRESSED AND LEADING HEALTHY, MANAGEABLE LIFESTYLES.

ENDING THE EPIDEMIC (EHE)
MEDICAL TRANSPORTATION

HELPS US PROVIDE RW PATIENTS WITH TRANSPORTATION NEEDS TO AND FROM MEDICAL APPOINTMENTS.

AHF Cleveland provided 425 Lyft rides in 2023.

CUYAHOGA COUNTY BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

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

FY 2024
Ryan White Part A
Provider Services Meeting