

Cuyahoga Regional HIV Prevention and Care Planning Council

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

Lorsonja Moore, Chair



Quality Improvement Committee Minutes

Wednesday, September 18, 2024

2:30 pm to 3:30 pm

Start: 2:33 pm

End: 3:30 pm

Facilitator: L. Moore

Moment of Reflection

Welcome and Introductions

Approval of Agenda: September 18, 2024

Motion: N. O'Neal Seconded: J. Citerman-Kraeger

Vote: In Favor: All Opposed: 0 Abstained: 0

Approval of the Minutes: August 21, 2024

Motion: N. O'Neal Seconded: J. Citerman-Kraeger

Vote: In Favor: 7 Opposed: 0 Abstained: 3- K. Ruiz, K. Dennis, S. Washington

New Business

Vote on Changes to QI Section of Bylaws – L.J. Sylvia

We will now review the suggested QI Bylaws changes, for committee input and/or further recommendations before vote approval. Once these revisions are accepted they will go to the Exec Committee with other changes, and then to the review process.

***Comment: Z. Levar** - Please change "Grantee" to "Recipient", making it the standard, as it's currently listed both ways.

***Comment: Dr. Gripshover**- Another note, it's actually the Ohio Department of Health, not Ohio Department of Public Health.

L. Moore – We will now entertain a motion to approve the QI revisions to the bylaws, as written, and for them to be sent to the Executive Committee for inclusion in the next steps of the bylaws review process.

Motion: To accept the revised Quality Improvement (QI) Committee Bylaws presented onscreen, with added changes, as written.

Motion: B. Gripshover Seconded: J. Citerman-Kraeger

Vote: In Favor: All Opposed: 0 Abstained: 0

Update on the State Integrated Plan (SIP) – (K. Ruiz)

We are still trying to figure out certain items, and have budgeted for Integrated Plan activities, which include the Needs Assessment in finding an individual to do those activities. So far, there is no official start date, however, Kate has been advocating and we are seeing some movement in progress towards getting a staff person that will be 100% dedicated to project, whether it's a contractor or staff person. She is also continuing to work on storytelling and HIV education activities, in collaboration with the Moth group, and invites anyone interested to contact us, as we want this to be documented history in working with aging PLWH. Additionally, some new activities are now being done throughout the state, primarily due to the Statewide Plan. For example, as of July, the Ohio Department of Health, Ryan White, Part B, and HIV Prevention contracted with the Ohio Association of Community Health Centers to

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expand linkage to HIV qualified health centers in order to draw people most at risk into care. Also, in Region eight (8), the Southwest Cincinnati area, we're piloting a street medicine project and a vending machine project, specific to individuals with HIV, which would provide food and gas cards to people in rural areas so they can access available resources. As a note, the Ohio Foodbank is also working to bring food vending machines into rural areas. Last, CABENUVA is still out there, as we're finally exploring different ways to distribute it from the traditional methods.

***Comment: K. Dennis** - Would like to be part of the storytelling.

***Response: K. Ruiz** – We will put Kate's info in the chat.

***Comment: L.J. Sylvia** – We'd like to get more updates from Kate on how this is working.

***Question: N. O'Neal** – Is there is a fact sheet on the storytelling project, as we might pose this at our listening session next week in discussing things coming around. Also, is there a way to perhaps chat online with someone on this.

***Response: K. Ruiz** - This could perhaps be done in a blurb, but not with an actual person speaking, as requests for speakers takes time and requires clearance.

***Question: L.J. Sylvia** – Also, what is the timeline on the revision of the plan?

***Response: K. Ruiz** - No official timeline yet, but it is revving up again.

Decide a Topic for the Next Deep Dive – L. Moore

Listed below is a brief overview of four areas to consider for our next deep dive.

1. Three Thousand (3.000) People in TGA Who do not Receive Ryan White Services.

Understand this number and, where appropriate, determine avenues to engage people in care. This could tie into a review of the EIS Service Category. At the Ryan White Conference, they shared data that showed nearly 90% of people getting RW services are virally suppressed, compared to only 60% of people living with diagnosed HIV who do not receive RW services.

L. Moore - For this topic, we want to look at avenues to engage them into care.

B. Gripshover – This will involve people to provide data and working with partners to find the gap and see where we need to focus.

2. Housing

Understanding the need for housing throughout the TGA. Understand all the housing-related services available in the TGA, including HOPWA, Non-Medical case management, and other resources not directly tied to HIV.

L. Moore - CLC gave the energy around this stemming from last year's listening sessions.

S. Washington - Do we have grant money or other resources to help people with HIV find housing?

L.J. Sylvia - A deep dive would give us more info on this.

K. Ruiz - On state level, we are seeing there is basically no safe, affordable, healthy housing anywhere. We are hearing conversations that the Department of Development will help with this soon, as there are limited vouchers available and huge waiting lists.

Cuyahoga Regional HIV Prevention and Care Planning Council

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

Lorsonja Moore, Chair



N. O’Neal – It has also been noticed that there is a clean out of encampments taking place, in which those residents are being given priority for housing placement. This is being done in Cleveland, mainly for the homeless population.

L.J. Sylvia - Although this was a topic discussed years ago, it still continues and needs to be addressed.

3. Young People

Understand the demographic in new diagnosis and throughout the continuum of care; determine where they are currently getting support; Work with the CLC to understand the specific needs and wants of this demographic and create strategies to increase engagement.

L.J. Sylvia - This was brought up in CLC and would help with both our reflectiveness requirements and in doing a deep dive, and this would tie into the work of the MRM committee which is specifically trying to recruit people from this demographic, and is working to create a workgroup on the topic.

4. U=U (Undetectable = Untransmittable) Integration

Learn about the strategies, best practices, and resources available to implement U=U throughout the system of care; both as an intervention strategy to improve the lives of people living with, increase the number of people who have reached viral suppression, and to reduce stigma and increase prevention uptake; Understand the way that U=U is currently implemented throughout the TGA, by Ryan White providers and others; Determine ways it can be improved.

L.J. Sylvia - This was brought up in the Executive Committee.

N. O’Neal – What would be our benchmark to be on the same page with what undetectable means?

Dr. Gripshover – Based on data from several big trials, the CDC (Centers for Disease Control) and NIH (National Institute of Health) make a very strong and clear statement that U= is a person having a viral suppression rate of less than 200 copies (<200) for six months, in which there is effectively no risk of sexual transmission of HIV.

L.J. Sylvia - We must now decide which of these four topics will be the next deep dive.

B. Gayheart – A motion is made to focus on the 3,000 people out of care, as housing is a big issue and may be better addressed in a separate committee.

N. O’Neal - Agree with the motion to move forward with the deep dive on the people living with HIV in our TGA not receiving services.

Motion: To move forward in selecting the 3,000 people living with HIV in our TGA (Transitional Grant Area) who are not receiving care as our next deep dive discussion.

Motion: N. O’Neal Seconded: B. Gayheart

Vote: In Favor: 8 Opposed: 0 Abstained: 0

Motion passed.

Standing Business

Agree on QI Committee Work Activity (if any) to be Reported at Full Planning Council Committee Meeting – L. Moore

We will report on today’s discussions on bylaws changes, the Statewide Integrated Plan, and the next deep dive at Full PC.



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Determine Formal CAREWare Data Request (if any) – L.J. Sylvia

We will make this the focus for next meeting to decide what data we will need and what time will be needed for the request.

***Comment: Z. Levar** - It will depend on what is asked for us to review.

***Comment: B. Gripshover** - We may also need to ask ODH for data, as well.

Parking Lot Items – None

Next Steps - None

Announcements

N. O’Neal - CLC will be hosting their second, in-person listening session on Wednesday, Sept 25, 2024, from 5:30-7pm., at Neighborhood Connection. We would like people to come, bring patients and friends to share stories in real time on what people think about Ryan White services. We will also be having an online session on Wednesday, Oct 23rd, and a flyer is out with a QR code to register. Also, We Think4 A Change has an upcoming, day-long Men’s Retreat set for September 28th, from 9am-6pm.

Adjournment

Motion: N. O’Neal Seconded: K. Dennis

Attendance

		Jan	Feb	Mar	Apr	May	June PSRA	Aug	Sep	Oct	Nov
1	Lorsonja Moore, Chair	20	20	20	20	20		20	20		
2	Barb Gripshover, MD	0	20	20	20	20		20	20		
3	Karla Ruiz	0	20	20	0	20		0	20		
4	Billy Gayheart	10	10	10	10	10		10	10		
5	Biffy Aguiriano	0	0	10	0	0		0	0		
6	Kimberlin Dennis							0	10		
	Total in Attendance	4	6	6	5	6		3	5		

PC Members: C. Nicholls, J. Citerman-Kraeger, D. Houston, T. Mahdi, N. O’Neal, S. Washington

Attendees: O. Lowe

Staff: M. Baker, Z. Levar, M. Hansen, L.J. Sylvia, T. Mallory