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 2025
Ryan White Part A
Provider Services Meeting

Agenda

- 9:00am-9:15am Welcome & Housekeeping
- 9:15am-9:25am Why we do this work
- 9:25am-10:30am Provider Presentations
- 10:30am-10:40am Break
- 10:40-11:50am Provider Presentations
- 11:50am-12:00pm Closing Remarks

Cleveland TGA

Why we do this work…

HRSA's Perspective

"…very dedicated provider network that offer great care to their clients"

Clients' Perspective

"…supportive, caring, just being there like family"

Up Next:

AIDS Taskforce of Greater Cleveland

AIDS taskforce OF GREATER CLEVELAND

AHF AFFILIATE

CUYAHOGA COUNTY BOARD OF HEALTH
RYAN WHITE PART A
FY22 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 one of the oldest and largest AIDS Service Organization (ASO) in Northeast 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

Medical Case Management

- Insures that clients 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.
- Will make appropriate referrals to medical and other resources if 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.

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.

Emergency Financial Assistance (EHE HOME)

- The EHE Home Program is designed to assist clients with maintaining their households when emergencies arise
- The EHE Home Program provides the following assistance with rent:
  - Assistance with first month's rent
  - Assistance with past due rent
- The EHE Home Program can also provide utility assistance when a client is facing utility disconnect
- Each client is able to utilize up to $2,500 and/or utilize the program 3 times within a 12 month period (whichever happens first)

AIDS Rental Assistance Program (ARAP)

- ARAP is a program to assist clients with maintaining their households when emergencies arise
- ARAP provides the following assistance with rent:
  - Assistance with first month's rent
  - Assistance with past due rent
- ARAP can also provide utility assistance when a client is facing utility disconnect

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 with a prescription.
- Clients can also receive the following non-food items:
  - ✓Personal hygiene products
  - ✓Household cleaning supplies

Mental Health Services

- ATGC is currently in process of hiring a Mental Health Provider
- Mental Health Services will provide emotional and social support to clients whom are identified as being in need of talking with a mental health professional.
- Mental Health Services will have partnerships with doctors at all major hospitals so that they can make referrals for clients as needed.

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.
  - HIV Testing: ATGC offers free HIV testing to anyone who comes to our office during business hours. Along with in person testing ATGC also offers free at home HIV testing kits.
  - Men's Support Groups: Support and education for people living with HIV and AIDS. Every Monday starting at 5:30pm.
  - Women Support Group: Support and education for people living with HIV and AIDS. Every 2nd Tuesday of the month starting at 11:00am.
  - 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.
  - Project Dawn: A program that provides naloxone to community members within Cuyahoga County at no cost.
  - AIDS Healthcare Foundation Health Care Center and Pharmacy
  - AHF Wellness Clinic: A program that provides free HIV and STD testing and treatment to community members at no cost. This program is available Monday through Thursday 1:00pm to 4:00pm and is first come first serve.

ATGC Data 2024

Case Management Data

- 708 clients in Case Management Services
  - 607 non-medical clients
  - 101 medical clients
- 187 clients completed intakes
- Average caseload size was 80 in 2024

EHE Home Data

- 150 clients utilized EHE Home in 2024
  - 83 received utility assistance
  - 67 received rental assistance

ARAP Data

- 518 clients utilized ARAP in 2024
  - 404 received utility assistance
  - 114 received rental assistance

Food Pantry Data

- 1526 food pantry bags provided to clients in 2024

HIV Testing Data

- ATGC provided 6300 HIV tests on our mobile testing unit in 2024 with 73 positive test reults.
- 27 HIV tests were provided to individuals walking into the agency with 2 positive test results in 2024.

AHF Wellness

- Wellness provided STD testing to 737 individuals in 2024 and had 1 positive HIV test result.

Beyond Identities Community Center

- 948 youth visits in 2024
- 11 HIV tests performed at BICC
- 1 positive HIV test result in 2024 from BICC

Highlights

Produce to the People Returning May 21, 2025!!!

- ATGC Partners with the Cleveland Food Bank to offer free produce on the 3rd Wednesday of each month in ATGC's parking lot at 2829 Euclid Avenue Cleveland OH 44115.
- This event is open to anyone there are no requirements to participate and receive fresh produce!!!

ATGC Partnering with CLAW 2025!!!

- ATGC is partnering with CLAW 2025 at the IX Center
- ATGC will be providing naloxone distribution and information about services the agency offers along with supplying all condoms and lube at the event.

Longterm Survivors Day Event on June 5, 2025

- On June 5th ATGC will be hosting an event in our parking lot in honor of longterm survivors of HIV
- More details will be available closer to the event

What's New?

Katherine O'brien has returned to the AIDS Taskforce of Greater Cleveland in the role of Case Management Supervisor. With her 35 years of experience of providing services to people living with HIV/AIDS, she will provide supervision and assistance to ATGC Case Managers, so that clients of ATGC get the best services possible with a caring and passionate touch.

ATGC Staff information

ATGC's Main number is 216-621-0766

Tracy Jones - Executive Director
- Email: tjones@clevelandtaskforce.org
- Phone: x52924

- Rebecca Sabala- Associate Executive Director
  - Email: rsabala@clevelandtaskforce.org
  - Phone: x52915
- Leon Hall - Director of Operations
  - Email: lhall@clevelandtaskforce.org
  - Phone: x52905
- Janet Gibson – Controller
  - Email: jgibson@clevelandtaskforce.org
- Chris Krueger - Administrative Director of Services & Grants
  - Email: ckrueger@clevelandtaskforce.org
  - Phone: x 52909
- Katherine O'brien - Case Management Supervisor
  - Email: kobrien@clevelandtaskforce.org
  - Phone: 52916
- Nestor Marrero - Intake Specialist
  - Email: Nmarrero@clevelandtaskforce.org
  - Phone: x52953

- Cheryl Gleeson – Medical Case Manager
  - Email: cgleeson@clevelandtaskforce.org
  - Phone: x52928
- Andrea DeJesus – Non medical Case Manager
  - Email: adejesus@clevelandtaskforce.org
  - Phone: x52917
- Stanley Davis – Housing Case Manager
  - Email: sdavis@clevelandtaskforce.org
  - Phone: 52939
- Will Ronny – Housing Case Manager
  - Email: wronny@clevelandtaskforce.org
  - Phone: x52935
- Monique Conley – Housing Case Manager
  - Email: mconley@clevelandtaskforce.org
  - Phone: x52933
- Sheena Conway – Housing Case Manager
  - Email: sconway@clevelandtaskforce.org
  - Phone: x52937
- Dwayne McCully – Housing Case Manager
  - Email: dmccully@clevelandtaskforce.org
  - Phone: x52922

Up Next:

The Centers

HIV Service Locations

-The Centers- Uptown: 12201 Euclid Avenue, Cleveland
-The Centers- West: 3929 Rocky River Drive, Cleveland
-The Centers- Gordon Square: 5209 Detroit Avenue, Cleveland

THE CEN
Health. Family. Work

The Centers' History

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 – Mission & Vision

OUR MISSION

The Centers fights for equity by healing, teaching, and inspiring individuals and families to reach their full potential.

OUR VISION

Communities are equitable, healthier, and prosperous.

The Centers – Who We Are

We do more than provide service. We change lives for the better.

Our integrated model coordinates health and wellness services, including primary care, behavioral health care, addiction services, HIV treatment, in-house pharmacies, and dental, along with family support programs, including early childhood development, career training, and job placement.

Our Services

1. Integrated Heath & Wellness
2. Early Childhood Education & Family Support
3. El Barrio Workforce Development
4. Residential Youth Programs (New in 2022)

11
LOCATIONS

650
DEDICATED STAFF

15,000+
NORTHEAST OHIOANS SERVED

Medical Services

- **Clinical Management of HIV**
- **HIV Rapid Start**
- **Gender-affirming care**
- **HCV Treatment**
- **MAT Treatment**
  - Integrated Treatment approach for treatment of Opioid Use Disorder and Alcohol Use Disorder.
  - Treatment modalities include Buprenorphine and Naltrexone.
  - WinMAT: Walkin Medication Assisted treatment services at The Centers- Gordon Square office, Monday through Friday
- **Primary Care**
  - Certified as a Patient Centered Medical Home (Care coordination, Patient navigation)
- **Emergency Financial Assistance (EFA)**
- **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

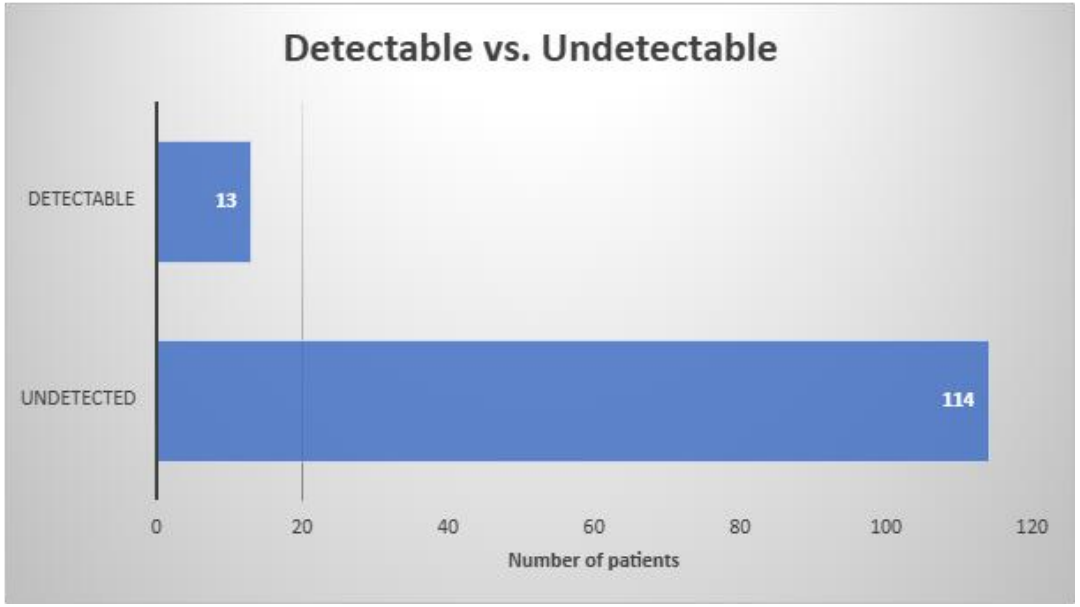
Harm Reduction and HIV Prevention Services

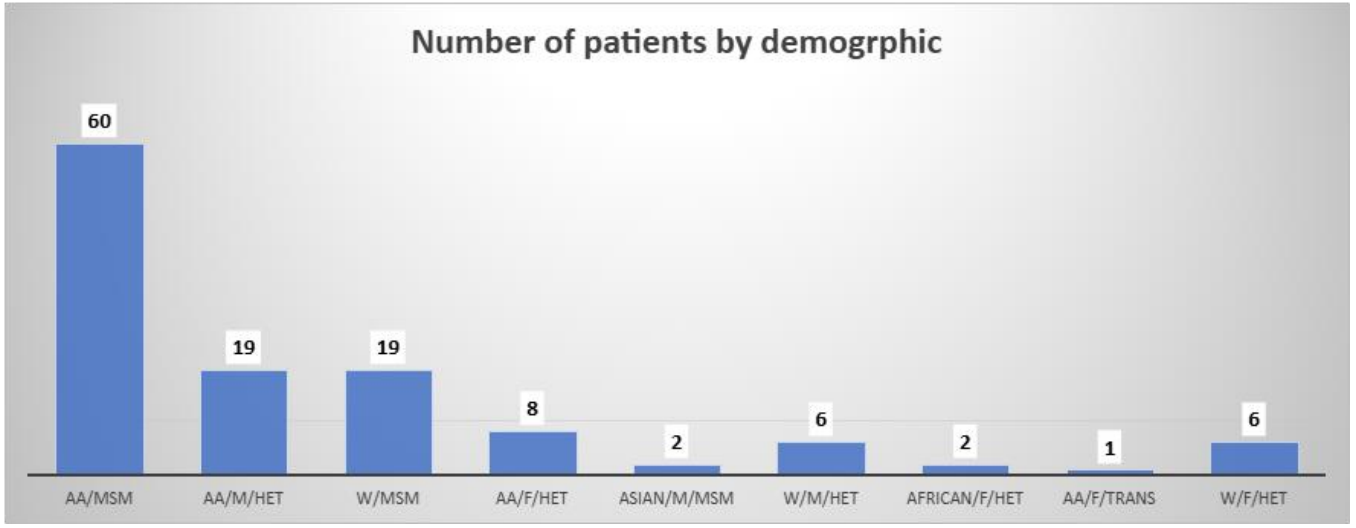
Services include:

- 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

Data

- Total HIV Patients: 127
- Patients with undetectable viral load: 114 (90%)
- Number of clients on HAART: 125/127





HIGHLIGHTS

Number of clients screened for HIV in 2024:

In Clinic: 5493

Outreach: 559

Patient Education Forums:

On 2/28/25, held patient education forum on “HIV is not a Crime: Let’s talk about It.”

Expansion of HIV medical services:

HIV medical services now offered at 3 sites.

Provider training:

Implementation of bimonthly HIV case review for Primary care providers.

Care Coordination:

Weekly case review with Case managers, Peer Specialists, Outreach staff, and Social Work students to improve care coordination and wrap around services.

Client advocacy:

Enrolled 18 persons Market Place insurance

Committees:

Ryan White Planning Council, Client Liaison Committee: Organized listening sessions and conducted surveys for to set funding priorities.

WHAT’S NEW

- Win MAT: Walkin Medication Assisted treatment services will be expanded to our Uptown office, through Friday.
- The Centers’ Syringe Service program expanded into Cuyahoga County and now provides harm reduction services in East Cleveland at Mt. Nebo Baptist Church.
- The Centers now offers HIV testing at Studio West at Drag Bingo on first Saturday of the month.

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
-Frances Austin, MSM, LSW, HIV MCM
-Sarah Snider, PharmD
-Michael Davis, BSN, RN, Lead Linkage to Care

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
-Nicholas Shaffer, Administrative Assistant
-Chico Lewis, Outreach Coordinator
-Outreach Specialists: Zenja Harris, Karen Nieves, Evelyn Velez, 1 open position
-Peer Specialists: Denies Sweat, 2 open positions

Up Next:

Cleveland Clinic Foundation

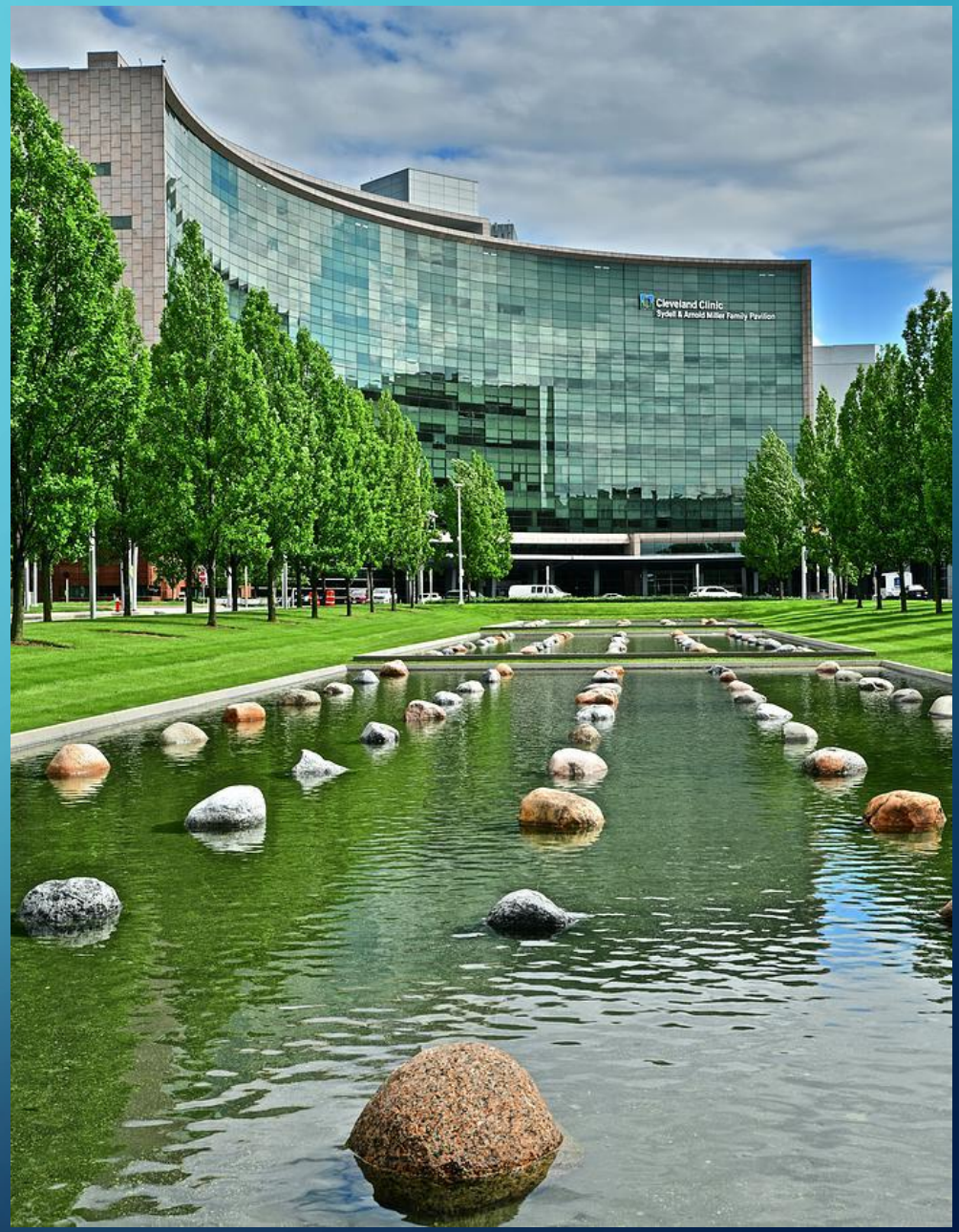
THE CLEVELAND CLINIC FOUNDATION

INFECTIOUS DISEASE DEPARTMENT

9500 EUCLID AVE., DESK G21,

CLEVELAND, OH 44195

216-636-1873



WHO WE ARE

- Cleveland Clinic's mission is: Caring for life, researching for health, educating those who serve.

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 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 patient's 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.

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

PHARMACY

- Cabenuva – HIV Injectable Treatment
  - RNs provide the injection.
  - Coordinated by Admins, Pharmacists, and Staff for billing and approval.
- 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.

INFECTIOUS DISEASE TEAM

- Ryan White Team
  - PI – Dr. Marisa Tungsiripat, MD
  - MCM/EIS - Lydia Spangler, LSW
  - NMCM – Serrena Prezioso
- EHE Team
  - PI – Dr. Bethany Lehman, DO
  - Rapid Start Coordinator – Shenee Dantzler
  - Peer Navigator - Kimberly Moore, CHW
- Administrator – Teresa Hahn, BS






CURRENT STAFF AND LOCATIONS

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

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

Akron General:
224 W. Exchange St. Suite 290, Akron, OH 44320

Standardized HIV testing in EDs throughout the organization.

QUESTIONS?

- Contact Information:
  - Phone: 216-444-1988
  - Email: Spangll2@ccf.org

Cleveland Clinic

Up Next:

Division of Senior and Adult Services

Division of Senior and Adult Services

Cuyahoga County

DIVISION OF SENIOR AND ADULT SERVICES (DSAS)

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

History and Mission

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

DSAS

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

Home and Community Based Health Services

- Appropriate mental health, developmental, and rehabilitation services
- Home health aide services and personal care services in the home
- Home Support provides services to approximately 300 clients weekly

In-Home Services

Personal Care Services:

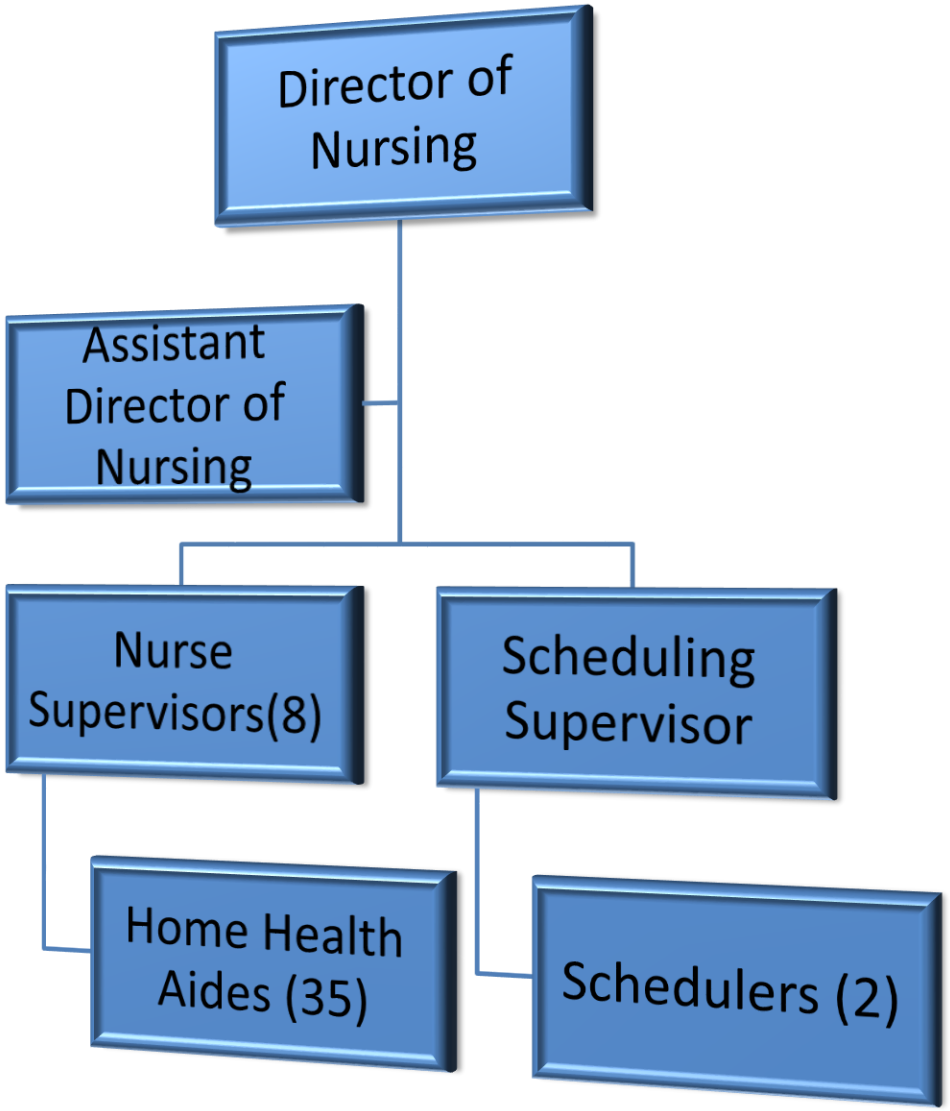
- Bath/Shower/Bed Bath
- Incontinence Care
- Basic ROM Exercises
- Mouth/Dental/Oral Care
- Shaving/Hair Care
- Meal Preparation/Feeding

Homemaking Services

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

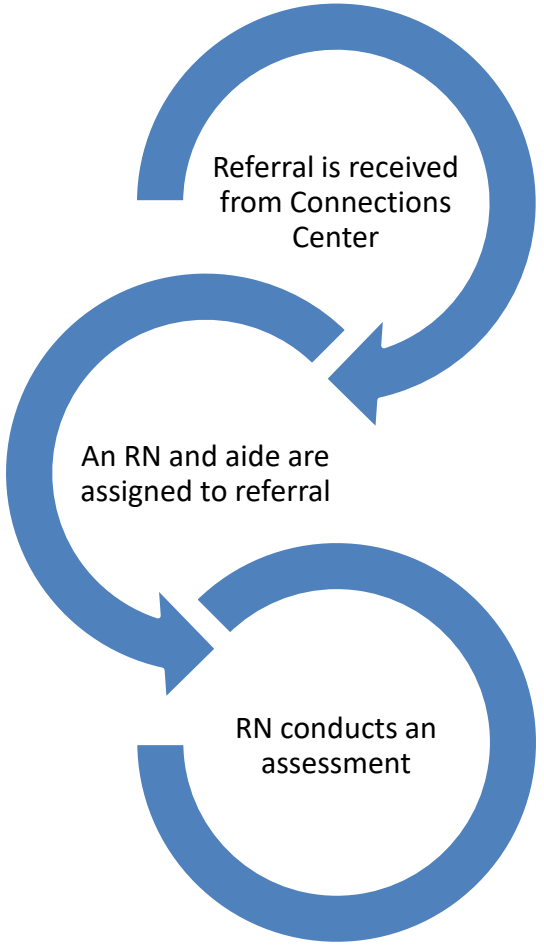
Home Support

- Comprised of registered nurses, schedulers, and home health aides.
- Our goal is to provide services to help clients achieve and maintain a clean, safe, and healthy environment in which they reside.



Home Support Intake Process

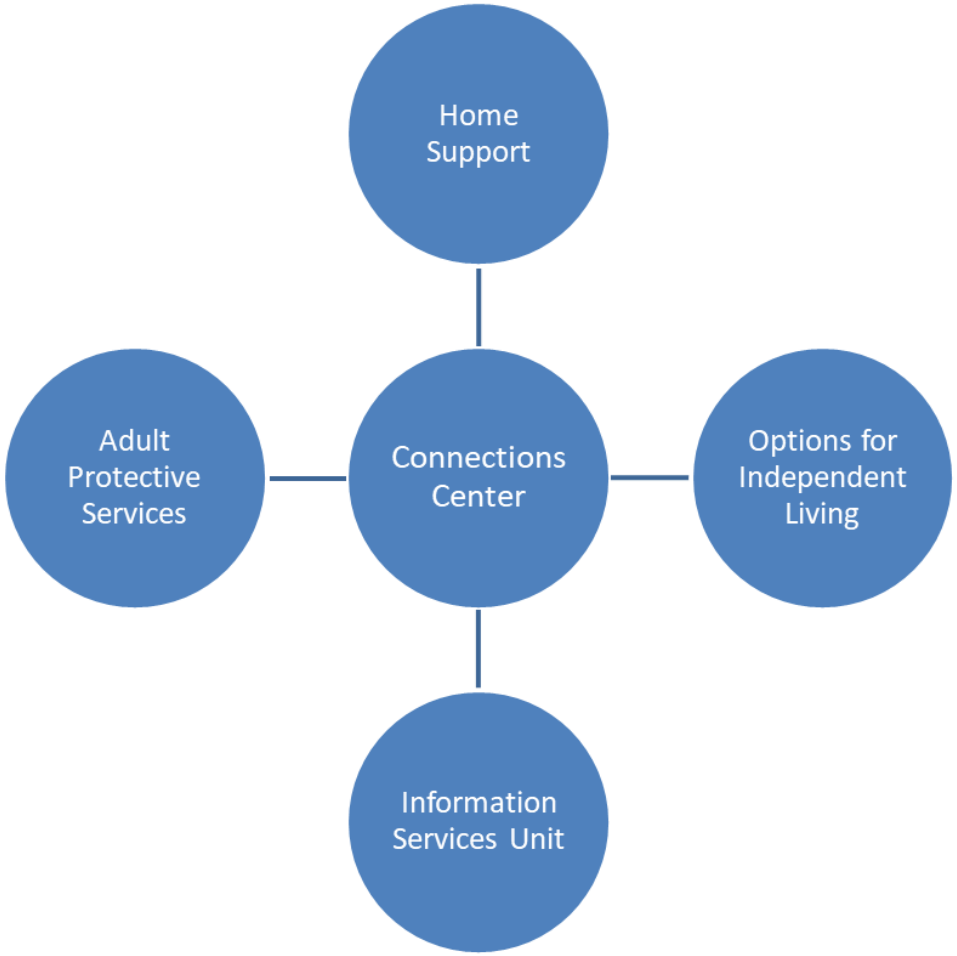
- RN completes an initial assessment to develop a plan of care
- RN provides on-going case manager services
- RN visits clients every 60 days
- RN works with family members, physicians, social workers, dieticians, therapists...etc. to ensure client's needs are met.



Connections Center

(216) 420-6700

"One Call Does It All"



In 2024, 18,073 referrals were received which was a 22% increase from 2023.

Senior and Adult Services
13815 Kinsman Rd, Cleveland, OH 44120
Monday – Friday, 8:30am - 4:30pm
Website: www.dsas.cuyahogacounty.us
216-420-6700

- Brenda Richardson, RN, Director of Nursing
- Office: 216-443-6203 Mobile: 216-302-9096
- Brenda.Richardson@jfs.ohio.gov

- Lorsonja Moore, BA, BSN, CEHCH, RN, Assistant Director of Nursing
- Office: 216-263-4674 Mobile: 216-544-1844
- Lorsonja.Moore@jfs.ohio.gov

- Yania Turney, BSN, RN, Nurse Supervisor
- Office: 216-443-6909 Mobile: 216-225-1130
- Yania.Turney@jfs.ohio.gov

Up Next:

May Dugan Center

May Dugan Center

4115 BRIDGE AVENUE, CLEVELAND, OHIO 44113

www.maydugancenter.org

History

The Near West Multi Service Corporation (dba May Dugan Center) was founded in 1969 and exists to support low-income individuals, seniors, and families residing in Cleveland and Cuyahoga County by providing wrap-around services through its core programs to promote access and continuity of care while partnering with other non-profit organizations across the county to prevent service duplication.

Who We Are

MISSION

We enrich lives and strengthen communities through comprehensive support services.

VISION

Everyone we serve has access to the resources and supports needed to thrive.

VALUES

We are passionately invested in the success of our clients, community, and each other, guided by our core values:

- **Compassion -** We care for each other.
- **Collaboration -** We work as a team.
- **Belonging -** We welcome all.
- **Accountability -** We take responsibility for our work.

IMPACT

The May Dugan Center is a lifeline for over 24,000 individuals and families who need effective and meaningful programs that will improve their lives and their communities.

Who We Are
continued

CORE PROGRAMS

Behavioral Health Services

- Mental Health Services
- Substance Use Disorder Treatment

Trauma Recovery Center

Education Resource Center

- GED
- ESOL
- Workforce Development
- Financial Opportunity Center

Seniors on the Move

Food and Clothing Distribution

Ryan White Part A

Services Provided

In PY2025, Ryan White Part A Mental Health Services and Medical Transportation are provided and/or coordinated by Brooke Saffle, MSW, LSW. They are the one direct service staff member who specializes in working with individuals living with HIV and AIDS.

Mental Health Services Provided

- Individual Counseling
- Group Counseling
- TBS/ Case Management
- Art Therapy
- Music Therapy
- Specialized Trauma Counseling
- Specialized Mental Health Services for Older Adults
- Assessment Services (including CANS assessments)
- Transportation (provided to all enrolled Ryan White Part A clients, if needed)

Mental Health Services *continued*

Individual Counseling*

- Office-Based
- In-Home/ Community-Based
- Virtual
- Adults
- Adolescents (14 and older)
- Dual mental health-substance use disorder counseling available

** Location and interventions are tailored to the unique needs of persons served. MDC prioritizes providing a safe and welcoming environment of care.*

Mental Health Services *continued*

Group Counseling

Anger Management Classes

- In-person
- Virtual

Balanced Thinking Group

You & I: Identity and Social Skills Building

Coming in 2025

Grief Group for Older Adults

Grief Group for TRC Clients (victims of crime)

Mental Health Services
continued

Mental Health Services *continued*

Substance Use Disorder Treatment Services

Intensive Outpatient Program

- Hybrid in-person - virtual available
- Outpatient Treatment Group

Trauma-Informed Individual Counseling

Case Management

Peer Support

Assessments

Transportation Assistance (if needed)

Aftercare support

Data

May Dugan Center

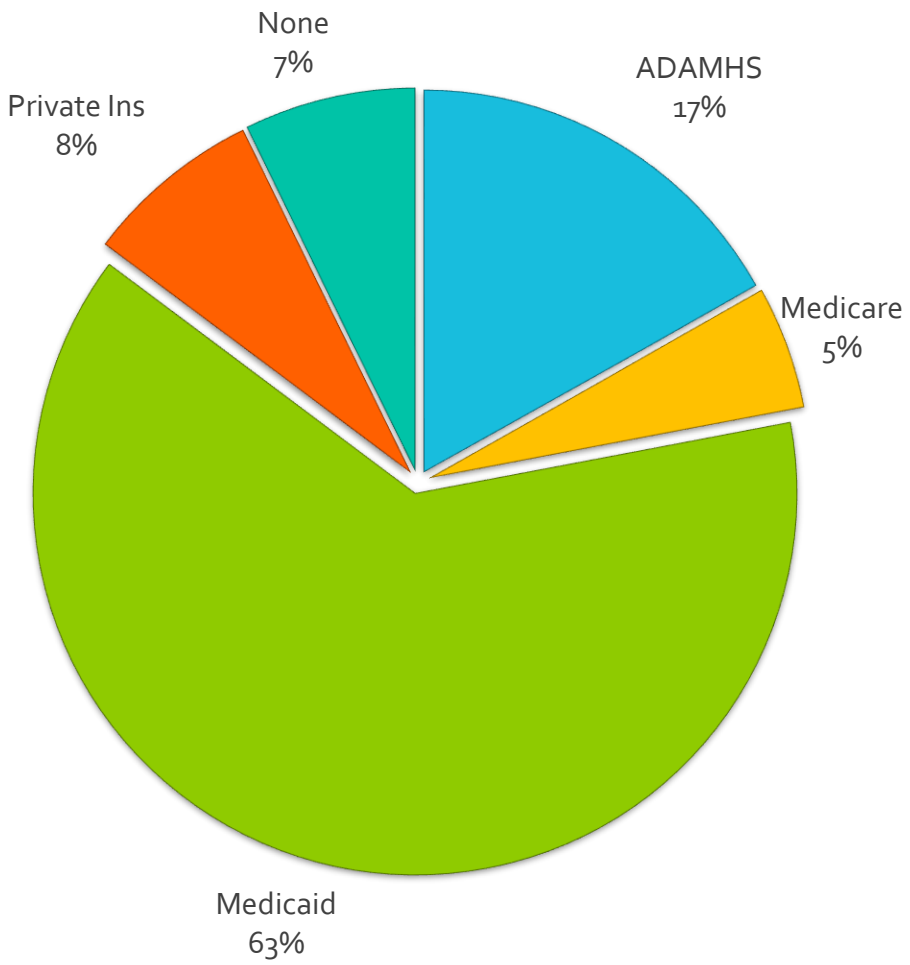
Behavioral Health Services

Selected Demographics (January 1 – December 31, 2024)

- TOTAL CLIENTS (undupl): 401
  - Mental Health
  - Substance Abuse Services
- Mean Age: 41 years
- Gender:
  - Male 55%
  - Female 35%
  - Other 10%
- Race/ Ethnicity:
  - African American 42%
  - White 40%
  - Multi Racial 13%
  - Other Races 5%
  - Hispanic / Latino 14%
- New Clients
  - New in 2024 192 (48%)

More Data

Insurance Breakdown



More Data

Most Common Diagnoses

- PTSD - 23%
- Adjustment Disorders - 16%
- Generalized Anxiety Disorder - 12%
- Alcohol Dependence - 12%
- Major Depressive D/O, Recurrent - 11%
- Cannabis Use Disorder – Severe - 9%
- Prolonged Grief - 3%

What's New?

- Specialized mental health services for older adults
- Balanced Thinking group
- You and I group
- SUD Peer Support Services
- SUD Case Management
- Specialized mental health services for TRC clients (victims of crime)
- CANS Assessments

What's New?
Continued

Planned Later in 2025

- Counseling services for children & adolescents (under age 14)
- Increased capacity to provide EMDR counseling
- Specialized substance use disorder services for TRC clients (victims of crime)
- On-site substance use disorder self-help groups
- Grief groups for older adults
- Grief groups for TRC clients (victims of crime)

Ryan White Part A Staff (2025)

BROOKE SAFFLE, MSW, LSW - therapist

- bsaffle@maydugancenter.org
- 216-403-1296

ANNE M. SPELIC, LISW-S – director of behavioral health

- amspelic@maydugancenter.org
- 216-631-5800, x111

ANDY TRARES – executive director

- atrares@maydugancenter.org
- 216-631-5800, x102

JANET ALLT, CPA – fiscal director

- jallt@maydugancenter.org
- 216-631-5800, x112

Up Next:

Mercy Health

Bon Secours Mercy Health-Lorain

Ryan White Part A Eligibility Program

3600 Kolbe Road
Suite 208
Lorain, OH 44053

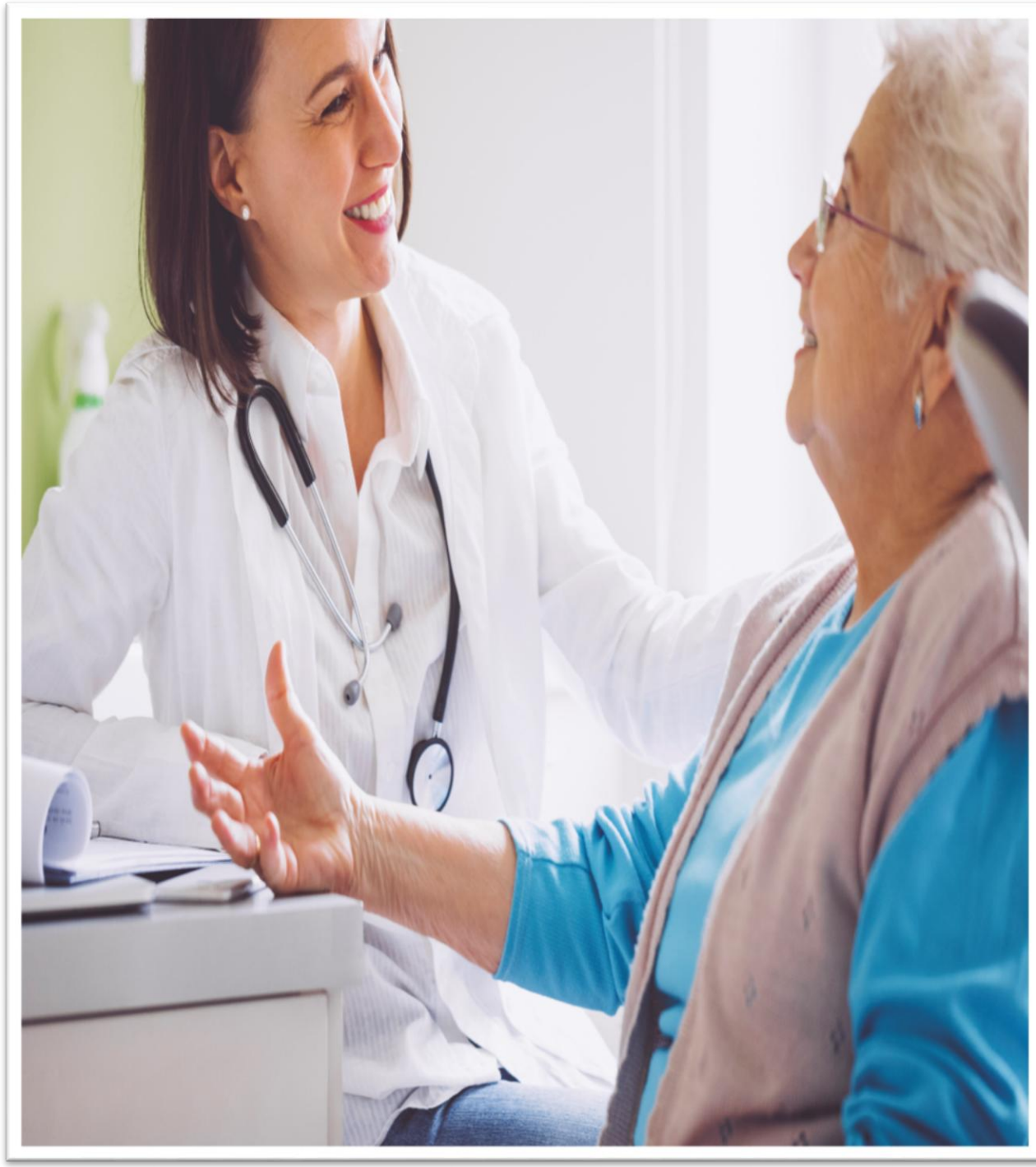
MISSION STATEMENT

Bon Secours Mercy Health extends the compassionate ministry of Jesus by improving the health and well-being of our communities and brings good help to those in need, especially people who are poor, dying and underserved

Outpatient Ambulatory Health Services

1. Primary Care appointment assistance for the uninsured
2. Laboratory cost assistance for the uninsured.
3. RN and LPN Coordination

- ❖ This allows us to keep patients engaged in care.



PROCESS OF NEW PATIENT REFERRALS

- Communication with the patient starts the day the referral is received.
- Lab work is ordered, and intake is scheduled. (Generally, within 3-4 days of referral).
- Intake includes education of diagnosis, treatment options, and expectations of the patient, nurse, case management and physician. (The length of time depends on the new diagnosis or transfer of care. This varies case by case).
- Patient appointments are scheduled based on both the physician's and patient's availability. (Usually within 1-2 weeks).

What does medical case management do?

Complete intakes and assessments of patient needs. Assist with applications for patients to maintain/obtain medical care and needed medications. i.e., OHDAP or P.A.P.

* Coordination of services with local resources, to attain goals per ISP.
  Examples include:

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

* Pt support -one on one appts
* Pt advocate

PSYCHOSOCIAL

Support groups are offered once a month at The Valor Home.

This provides socialization and support for our patients.

Education is provided via handouts, guest speakers, and group discussions.

Meal is provided

Transportation is offered as last resort.

MEDICAL TRANSPORTATION

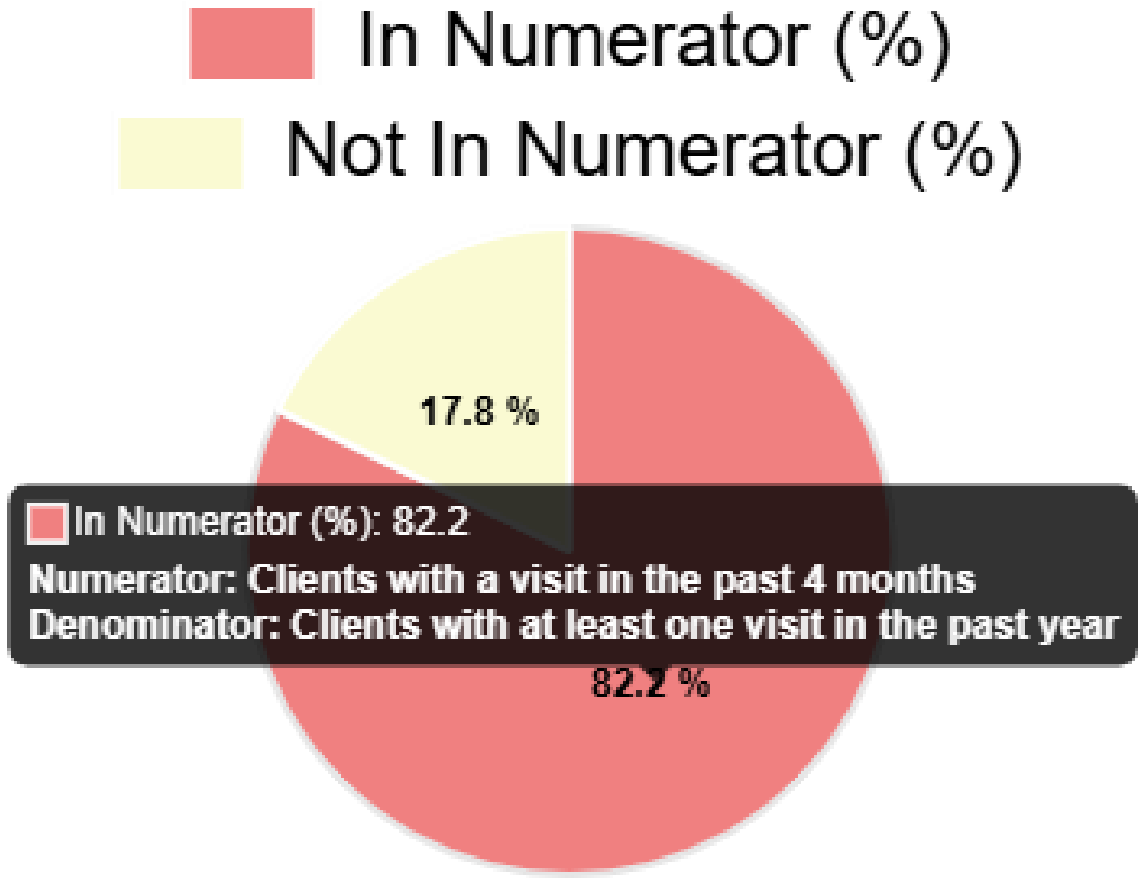
Where & Why

Services are provided to ensure compliance with medical care and the well being of our patients in general, as it relates to HIV disease and other health concerns affecting patient's HIV status.

-Medical Appointments
-Mental Health
-Dental Care
-Other Social Services

Data

- Mercy Retention in care is 82.2%
- Viral Load suppression rate is 96.73%
- Prescription ART rate is 96.89%



Highlights

We are proud to report Mercy 2024 Audit was without any findings or corrections.

Our Support group has branched out forming their own peer support group once a month.

Staff

Medical

- Summer Barnett RN- Program Manager
- Stephaine Fillyaw LPN – Nurse Coordinator

Medical Case Management

- Teresa Yuzon – MSSA, LSW– Case Manager

Contact Information

- 3600 Kolbe Rd Lorain 44053 STE 208
  (P) 440-233-0138 Ext. 2
  (F) 440-233-1051

Up Next:

MetroHealth Medical Center

MetroHealth

Center of Excellence in HIV Care & Prevention

Ryan White Part A Services FY 2025

MetroHealth
Devoted to Hope, Health, and Humanity

ABOUT METROHEALTH

Founded in 1837, MetroHealth is leading the way to a healthier you and a healthier community through service, teaching, discovery, and teamwork. Cuyahoga County's public, safety-net hospital csystem, MetroHealth meets people where they are, providing care through five hospitals, four emergency departments, and more than 20 health enters and 40 additional sites. Each day, our almost 9,000 employees focus on providing our community with equitable healthcare—through patient-focused research, access to care, and support services—that seeks to eradicate health disparities rooted in systematic barriers. **For more information, visit metrohealth.org**

connect **@metrohealthcle**

MyChart
metrohealth.org/mychart

WE ARE…

ACCESSIBLE

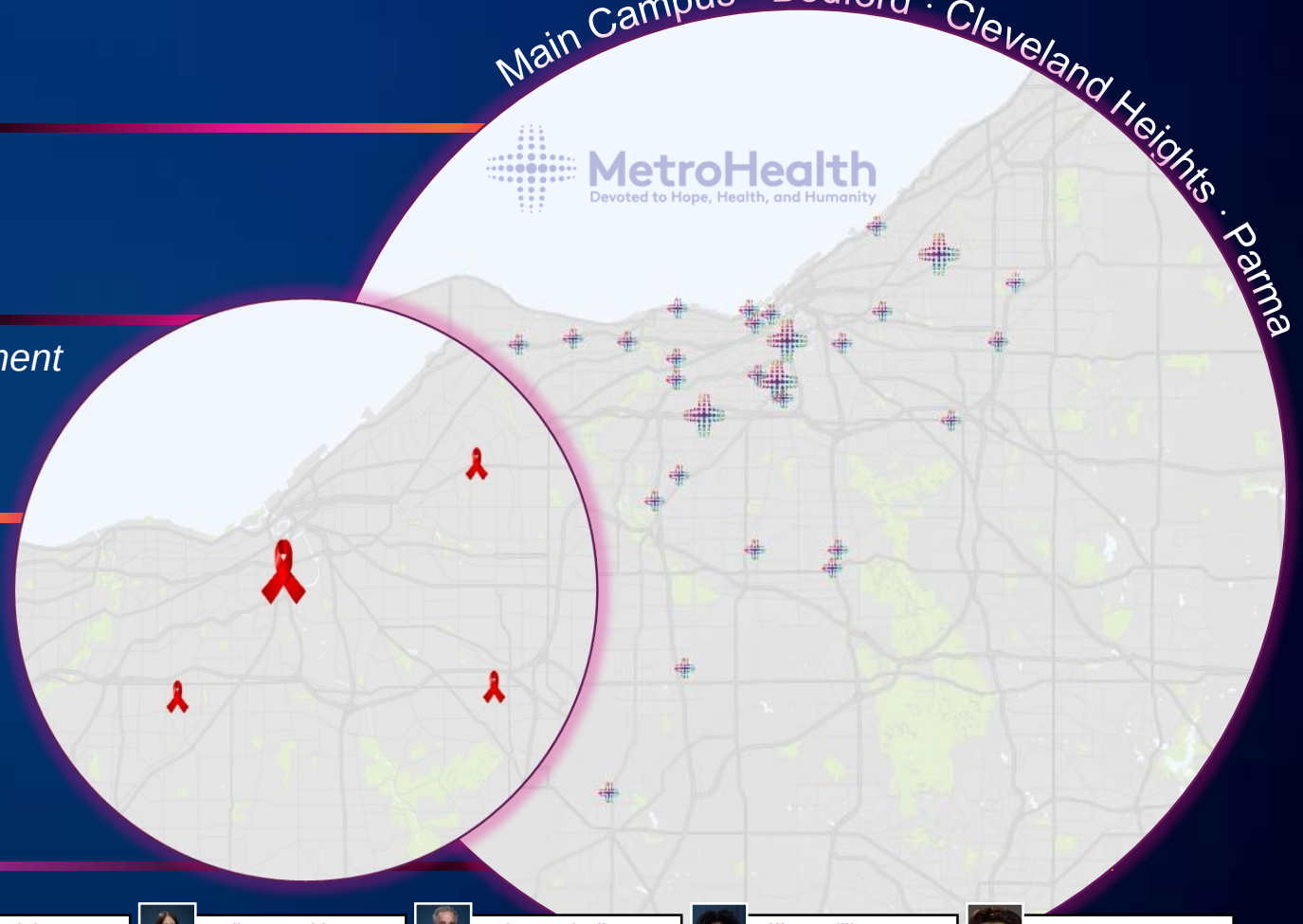
4 HIV Clinic Locations · 12 Pharmacy Locations
Medication Home Delivery

COMPREHENSIVE

PrEP & PEP · PrEP Navigation · STI Testing & Treatment
Community Outreach · Correctional Medicine

INCLUSIV E

LGBTQ+ Pride Network · Gender-Affirming Care ·
Trans Care Navigation · Spanish-Speaking Staff



To Schedule an appointment

216-778-8305

Medical Staff


Ann Avery, MD
- ID Research, RW Grants


Meghan Fibbi, DO
- Primary Care – FM


Corrilynn Hileman, MD
- ID Clinic Director


Laura Hmiel, MD
- Infectious Disease, RW Grants


Melissa Jenkins, MD
- ID Division Director


Robert Kalayjian, MD
- Infectious Disease


Tiffany Killings, APRN
- STI Testing & Treatment


Jae Yong Lee, MD
- Infectious Disease Fellow


Marvi Mahar, MD
- Infectious Disease Fellow


Kathryn Meyer, APRN
- STI Testing & Treatment


Laura Mintz, MD
- Primary Care – Med/Peds


Morgan Morelli, MD
- Infectious Disease

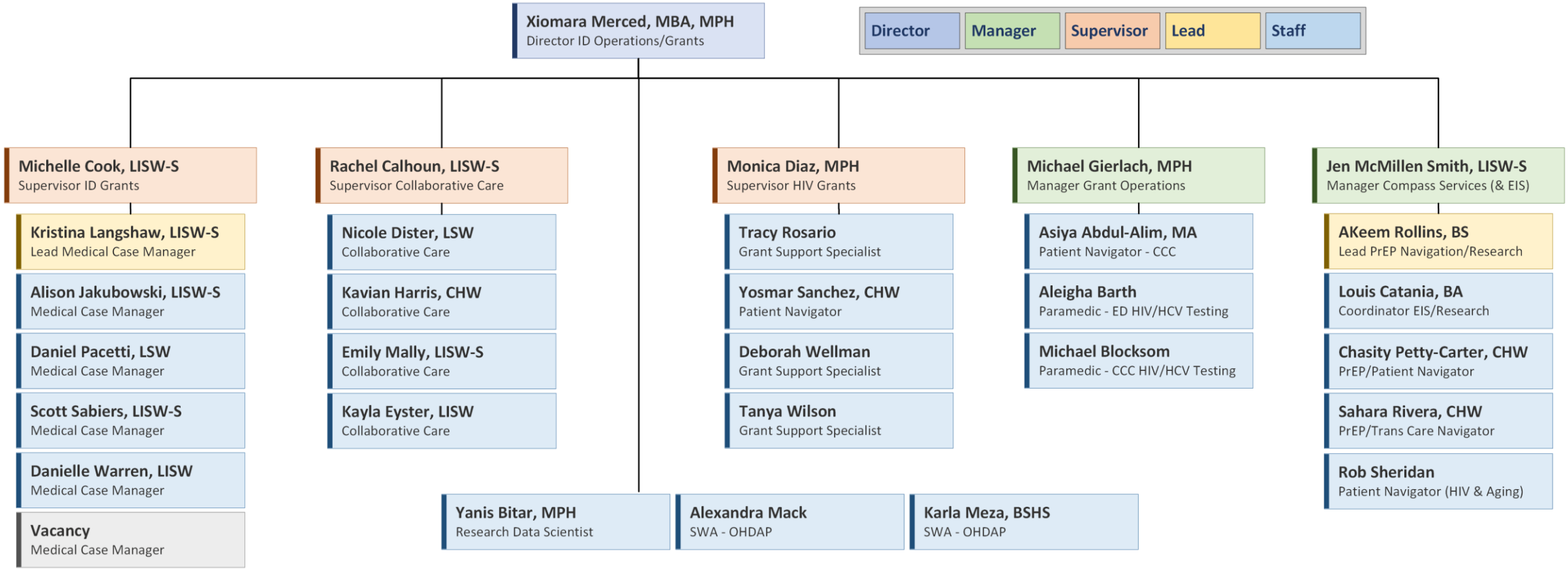

Alexander Sapick, MD
- Infectious Disease


Patrick Talbott, MD
- Primary Care – Med/Peds


Rumilia Tolentino, MD
- Primary Care – FM

WHO WE ARE

Ryan White Part A (County) | Ryan White Part B (State) | Ending the HIV Epidemic (County) | ODH EIS – PrEP (State) | FOCUS (Private - Gilead Sciences) | HIV Prevention (County) | Positive Peers NIH Grant (Federal)



MetroHealth

SERVICES

Primary Medical Care (Part A)

- Nearly 2200 adult and pediatric patients receiving HIV care at MetroHealth
- ID Clinic is staffed by 8 full-time and one part-time ID fellowship-trained physicians, 7 have HIV panels
- 4 general IM/FM doctors and 2 ID Fellows with weekly half-day HIV clinics
- Ryan White services are considered the payor of last resort for ID physician visits and laboratory services
- Pediatric patients see Drs. Fibbi, Mintz, or Talbott (FM/Meds-Peds physicians); Dr. Gabriela Espinoza-Candelaria (Peds ID)

Medical Case Management (Part A)

- Connects PLWH to community resources, provides emotional support, promotes viral suppression and health literacy
- Team of 7 social workers; 3 positions are funded through RWA; others through RWB
- All walk-in social work services have relocated to Hamann 8 (old hospital C elevators)

Michelle Cook, LISW-S | Kristi Langshaw, LISW-S | Alison Jakubowski, LISW-S | Dan Pacetti, LSW | Scott Sabiers, LISW-S | Danielle Warren, LISW

Medical Transportation (Part A)

- Bus tickets, RTA Discount Fare vouchers, gas cards for Part A eligible individuals
- Free MetroVan transportation, can schedule up to 6 months in advance
- Lyft is a last-resort option

Emergency Financial Assistance (Part A)

- Medication vouchers are used as a last resort for same-day fills at a MetroHealth Pharmacy location
- Medicaid/Medicare, Marketplace, Pharmaceutical Assistance Programs (PAPs) & OHDAP provide patients with long-term prescription assistance
- Vision exams are available through Metro Ophthalmology; glasses vouchers can be redeemed at Geauga Vision onsite

SERVICES

Non-Medical Case Management (Part A)

- Assists patients in obtaining and maintaining access to Ryan White eligibility and services
- OHDAP and Benefits Navigation services through Part B are complementary

Tracy Rosario | Tanya Wilson | Deborah Wellman | Karla Meza | Alexandra Mack

Medical Nutrition Therapy (Part A)

- Consultation with a Registered Dietitian by referral
- Nutritional supplements (Boost or Ensure) available

Referrals: Tracy Rosario; (216) 778-2915 | TRosario@metrohealth.org

Oral Health Services (Part A)

- MetroHealth can treat uninsured or underinsured patients for their oral health needs wit our Department of Dentistry
- Cleanings, restorations, implants, and dentures available at a variety of locations:

Ohio City Family Dentistry	Broadway Health Center	Old Brooklyn Medical Center	Middleburg Heights Family Dentistry
3701 Lorain Avenue	6835 Broadway Avenue	4229 Pearl Road	7123 Pearl Road #100
Cleveland, Ohio 44113	Cleveland, Ohio 44105	Cleveland, Ohio 44109	Middleburg Heights, OH 44130

Referrals: Monica Diaz; (216) 778-7819 | MDiaz2@metrohealth.org

SERVICES

Mental Health Services (Part A) & Intensive Behavioral Health Medical Case Management (EHE)

- Collaborative Care: follows patients who screen positive for moderate to severe depression and provides initial mental health assessments and ongoing behavioral activation support
  Rachel Calhoun, LISW-S | Nicole Dister, LSW | Emily Mally, LISW-S | Kayla Eyster, LISW
- Psychiatry: follows patients for medication maintenance in collaboration with therapists
  Laurel Ralston, DO | Cassie Badea, APRN
- Psychotherapists: see patients at the Main Campus ID Clinic or via telemedicine, with dedicated clinic slots for HIV
  Graesyn Engler, LISW-S | Meredith Hellmer, LISW-S
- Community Health Work: outreach, telephone screenings, patient scheduling
  Kavian Harris, CHW

Patient Navigation & Community Health Workers (EHE & other programs)

- Integrating people with lived experience into the day-to-day work in the clinic and social support services
- Scheduling appointments, navigating the medical system, outreach for individuals not optimally engaged in care
- Rapid Start care coordination & follow-up
- Building relationships with PLWH admitted in the hospital and coordinating their care after discharge
- Patient Advisory Board participation
- Support Groups and facilitating other social support platforms for PLWH
  Chasity Petty-Carter, CHW | Sahara Rivera, CHW | Yosmar Sanchez, CHW | Kavian Harris, CHW | Louis Catania, BA | Rob Sheridan

MetroHealth
Compass Services

Psychosocial Support (Part A)

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 1:00 pm – 2:30 pm for anyone 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 pm
- **50++**: 1st Fridays at Noon; meets at Franklin Circle Church, 1688 Fulton Rd. in Ohio City
- **Knit Squad**: Second Thursdays at 11:15 am
- **Yoga:** Thursdays at 10:00 am at the MetroHealth Glick Center Meditation Room
- **Plant Group:** Third Thursday at 11:30am at MH Opportunity Center at Via Sana

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

SERVICES

Early Intervention Services (Part A)

- 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 deliver 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

Year	Mean days Dx to Rx	Mean days Dx to Vs
2017	41.75	148.69
2018	28.61	142.35
2019	26.43	128.23
2020 (n = 52)	11.23	82 (110 w/o outliers)
2021 (n = 52)	5.27	59*
2022 (n = 32)	4.8	52.03*
2023 (n = 47)	4.67	42.76* (34.57 MHS pts)
2024 (n = 55)	3.84*	38.62*
**preliminary data*		

Rapid Start (EHE)

- Starting treatment as soon as possible after diagnosis – ideally the same day, within 5 days maximum
- Best practice (modeled after the San Francisco Getting to Zero initiative)
- Same-day, streamlined coordination so the newly diagnosed person stays in one room
- Labs are drawn in the exam room; meds are tubed up and the first dose is observed in clinic
- More frequent follow-up, including a phone visit at 1 week

Jen McMillen Smith, LISW-S | Louis Catania, BA

OTHER SERVICES

ID Clinic Suboxone Program: Scott Sabiers, LISW-S, LICDC | Kristi Langshaw, LISW-S

MetroHealth Specialty Pharmacy: Alex Nelson, PharmD | Mitchell Friedman, RPh | Josh Maierhofer, PharmD Provide Dose Packaging (MOT – Medication on Time)

- Monthly Adherence Calls
- Meet with patients in clinic
- Near 100% Prior Authorization success rate
- Patient Assistance Covering Medication-Associated Needs Program (PACMAN)
  - 98% of patients with a $0 copay on HIV medications
- Over 200 patients receiving Cabenuva injections
- >90% 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) ext. 3*

Research & Clinical Trials: Dan Gebhardt, E

- 15 active studies across the ID Division

PrEP Navigation: AKeem Rollins, BS

Trans Care Navigation: Sahara Rivera, CHV

HIGHLIGHTS

- **Plant Group:** New support group for 2024: plants, candle-making, gingerbread houses…
- **Project CERCEI (Community Engaged Response to Carceral Experienced Individuals):** Ongoing research project involving outreach and intervention on the MetroHealth Mobile Unit for post-incarcerated priority populations
- **Recent publications** from members of the MetroHealth Ryan White team
- **Epic-CAREWare Interface** will go live soon!
- The **Positive Peers App** has surpassed 400 enrollees and is collaborating with a new Key Health Partner, the New Orleans DOH
- The **Positive Peers Intervention Trial** is enrolling study participants at six clinical sites and recently surpassed 50 study enrollees

Home > AIDS and Behavior > Article

Prevalence of Social Determinants of Health Risk Factors Among and Their Impact on Viral Suppression, Consistent Visits, and No-Show Rates Among Persons with HIV Who Identify as Hispanic

Original Paper | Open access | Published: 25 February 2025

(2025) Cite this article

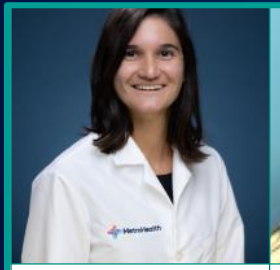
Download PDF

You have full access to this open access article

Mary Cowden, Ana Clavijo, Yanis Bitar, Monica Diaz, Xiomara Merced, Karla Meza, Pragnya Iyengar & Ann Avery

MetroHealth

NEW FACES & UPDATES

								
Laura Hmiel, MD joined MetroHealth ID in 2024. Dr. Hmiel sees HIV patients at both the ID Clinic and Tuberculosis Clinic.	**Michelle Cook, LISW-S** was recently promoted to supervise the MCM team.	**Tracy Rosario** will be transitioning into a new role in our clinic as a Substance Use Navigator.	**Graesyn Engler, LISW-S** recently joined MetroHealth and is a therapist for patients in the HIV clinic.	**Danielle Warren, LISW** joined the MCM team in 2024 and works with Dr. Hmiel's patients.	**Kayla Eyster, LISW** joined the Behavioral Health team in early 2025.	**Chasity Petty-Carter, CHW** joined our team in early 2024 as a PrEP Navigator and Patient Navigator for post-incarcerated PLWH	**Rachel Calhoun, LISW-S** was recently promoted to supervise the Collaborative Care team.	**Rob Sheridan** is a Patient Navigator with the HIV & Aging project and joined us in early 2025.

- **New Office Location:** Walk-ins on Hamann 8 (old hospital C elevators)
- The new **Outpatient Health Center** is slated to open in 2026 and will be the future location of the MetroHealth Infectious Disease clinic. The new facility will include a 24-hour drive-thru pharmacy!

Up Next:

Neighborhood Family Practice

Neighborhood Health Care Incorporated

dba

Neighborhood Family Practice

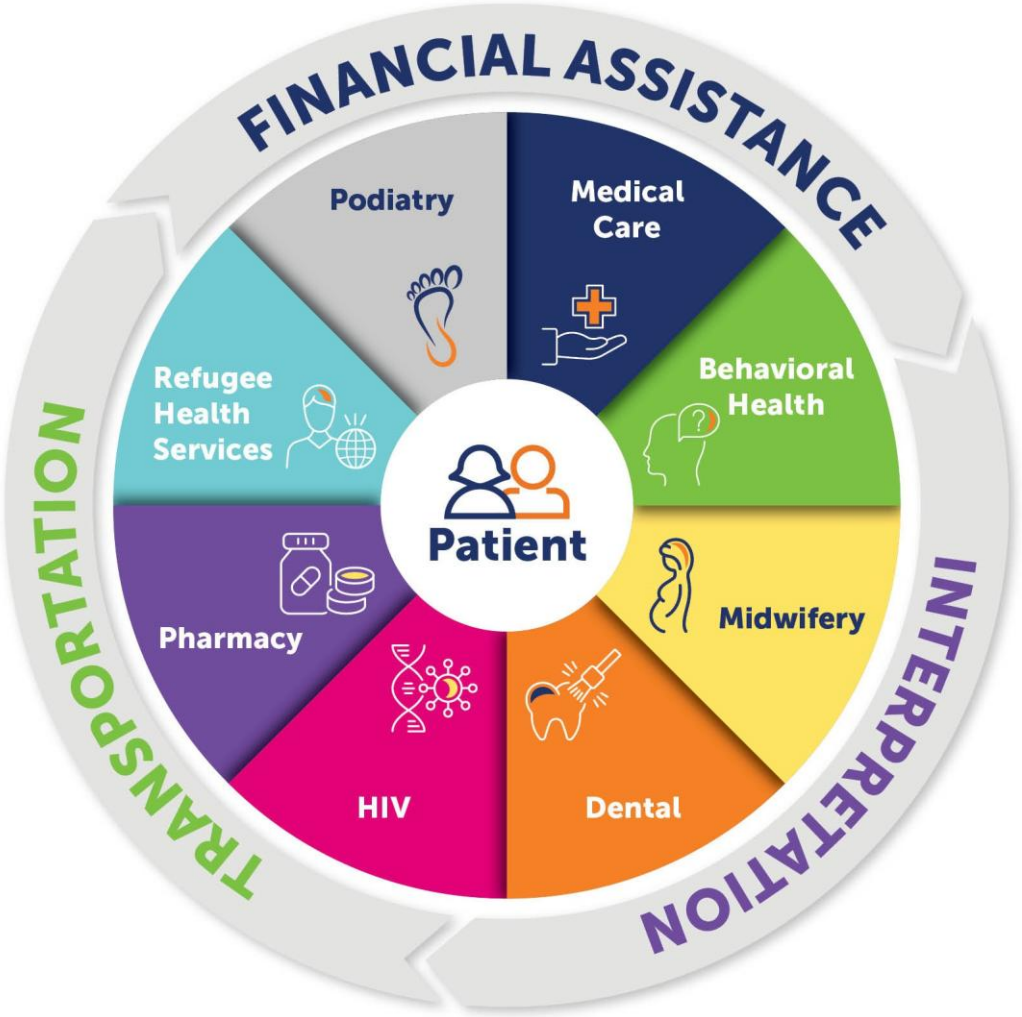
COMMUNITY HEALTH CENTERS

HIV Primary Care Program Overview

March 24, 2025

Who We Are

- Founded in 1980
- Federally Qualified Health Center since 2000
  - 1 of 6 FQHCs in CLE and 58 in Ohio
- Accredited by the Joint Commission
- 7 locations serving the near west side
- Comprehensive Care including Integrated Primary Care, Behavioral Health, Midwifery, Dental, Podiatry, HIV & Pharmacy Services
- Bilingual staff and providers, including Spanish, Nepali, Arabic, Dari/Pashto, and Swahili

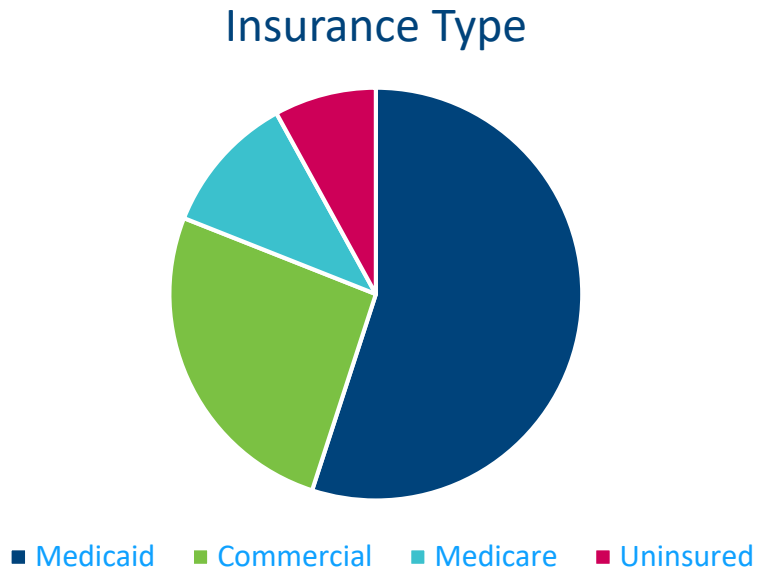


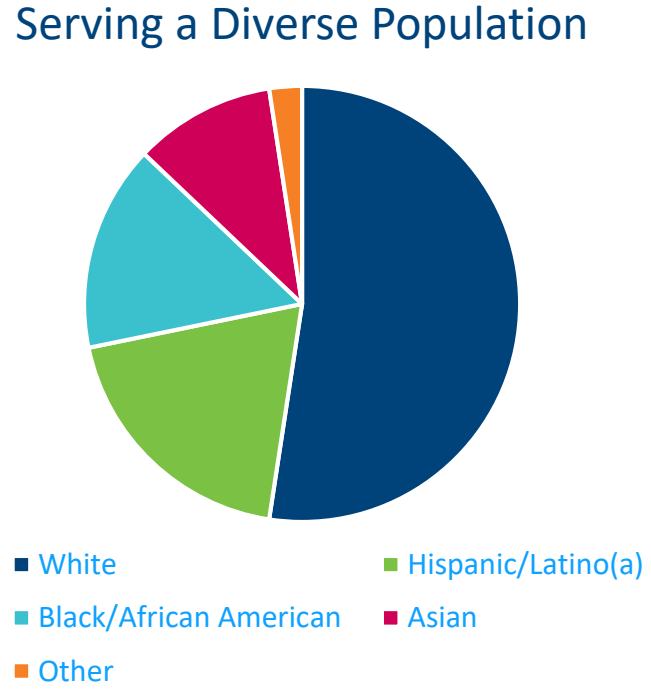
Neighborhood Family Practice
COMMUNITY HEALTH CENTERS

Who We Served in 2024

- 21,853 patients, all ages
- 81,853 visits
- 72% patients at or below 200% FPL
- 33% patients best served in a language other than English

Age	% Patient Population
Birth – 17 years	26%
18 – 64 years	64%
65 years and older	10%





Primary Care in Seven Neighborhood Locations

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

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

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

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

MOVING SOON to W130th & Lorain

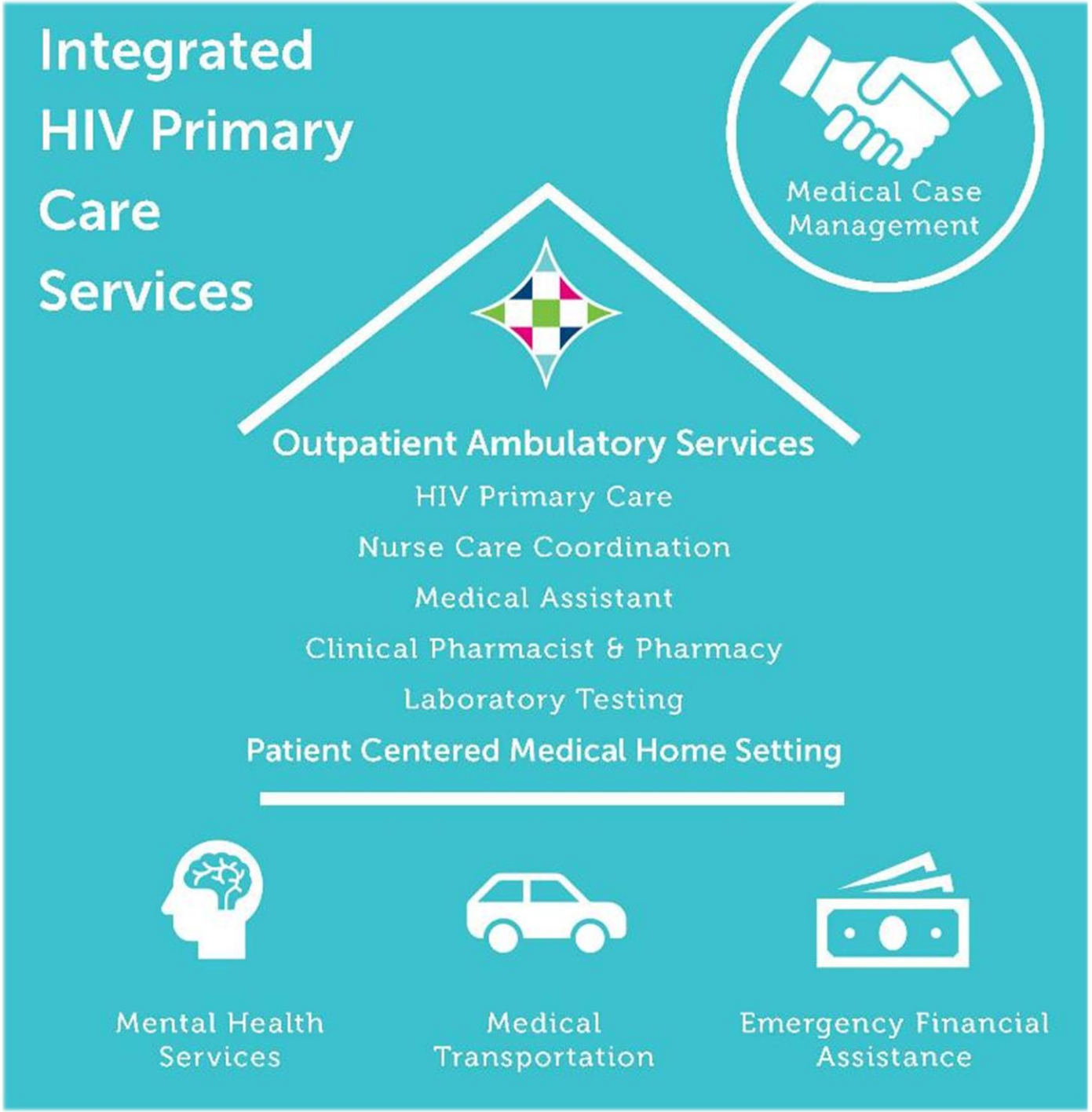
North Coast (Lakewood)
M,W,Th, Fri 8a – 5p
Tues 8a – 8 p

***Locations with Integrated HIV Primary Care**

Neighborhood Family Practice
COMMUNITY HEALTH CENTERS

NFP's Model of Care for Patients with HIV

Launched in Fall 2019



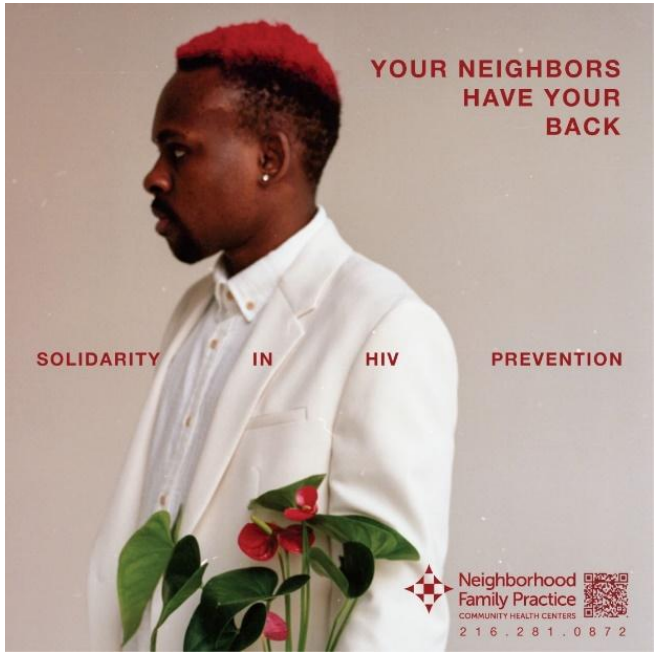
Neighborhood Family Practice
COMMUNITY HEALTH CENTERS

RWHAP Funding

- Ryan White Part A
  March 2020

- Ryan White Part C
  May 2022

- HRSA Bureau of Primary Health Care
  Ending the HIV Epidemic
  Primary Care HIV Prevention (PCHP)
  September 2022



Outpatient Ambulatory Health Services

Nursing Visits

- Care Coordinator - Lichelle Jennings, RN
  - Dedicated to assisting PLWH with any medical/medication/referral needs
  - Cabenuva prior auth wizard!

Primary Care Visits

- Lisa Navracruz, MD, AAHIVS
- Prakash Ganesh, MD, MPH, AAHIVS
- Samaher Hazeen, MA

Neighborhood Family Practice
COMMUNITY HEALTH CENTERS

Wrap Around Care

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

Neighborhood Family Practice
COMMUNITY HEALTH CENTERS

Our Success:
2024 End of Year Demographics

- Total number patients with HIV: 137
  - Total Part A eligible patients: 122
- Demographics of RWHAP patients:
  - Vast majority of patients are low income
  - 47% Medicaid, 22% Medicare, 17% Commercial, 3% Marketplace, 11% no current insurance
  - Ages range from 12- 77
    - 44% of patients > age 50, more comorbidities of aging
  - 30 patients have refugee status or are newcomers to the US

Neighborhood Family Practice
COMMUNITY HEALTH CENTERS

Our Success:
2024 End of Year Health Outcomes

- Viral suppression= 95%
- Retention in care= 85% by HAB measure
  (2 visits in the year separated by 90 days)
  - 12 additional patients with 2 visits but not separated by 90 days=> 94%
- 33 patients on Cabenuva

Neighborhood Family Practice
COMMUNITY HEALTH CENTERS

La Mega Interviews with NFP's Hispanic Community Engagement Coordinator

WOVU Interview on NFP's HIV Services

Pride Parade

Neighborhood Family Practice
COMMUNITY HEALTH CENTER

NFP Representation on Refugee Services Collaborative of Greater Cleveland

NFP HIV Prevention and Treatment Campaign

Up Next:

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.

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**
- Natalia Rodas - **Communications Director**

Our Staff

Medical Case Management

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

Non-Medical Case Management

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

Housing Case Management

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

Other Professional Services (Legal)

- Staff Attorney - Vacant
- Staff Attorney - Vacant
- Robert Rodriguez – Paralegal
- Housing Legal Liaison- Vacant

Psychosocial Services (Recovery)

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

Other Departments/Staff

- Max E. Rodas – **Nutrition Coordinator**
- Ashley Radke – **Benefits Navigator**
- Jimmy Garcia **– Prevention Coordinator**
- Susan Yao - **Case Aid**
- Cassandra Jones - **Bookkeeper**
- Maria Wesley – **Receptionist**

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

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

Due to vacancy, NLURC has temporarily placed all legal referrals on a waitlist. In the meantime, clients are being redirected to Legal Aid for immediate assistance. For any questions or concerns, please contact Kim Rodas, LISW-S, at 216-651-8236.

- 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

**NLURC has temporarily placed Nutrition Services on hold until further notice. For any questions or concerns, please contact Kim Rodas, LISW-S at 216-651-8236.

- 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).

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).

Prevention/HIV Testing

- NLURC offers free weekly HIV testing at CityView Church in downtown Cleveland. This convenient location provides easy access for clients walking to and from the nearby homeless shelter and agencies like JFS.
- HIV testing is also available at the NLURC office Monday through Friday, with both walk-in and appointment options.
- NLURC conducts HIV testing for approximately 10 to 15 new individuals each week. Since launching in late 2023, the program has tested around 250 people, diagnosing four positive individuals.
- Newly diagnosed individuals are promptly connected to rapid-start services, ensuring same-day access to antiretroviral therapy (ART) after confirmatory testing. They are also linked to Ryan White programs and other vital community resources for ongoing care, support, and assistance with medical and social needs.
- The Prevention Coordinator (PC) conducts weekly educational sessions at Lake Erie International High School, covering HIV prevention, sexual health, and reproductive health. These sessions provide students with essential knowledge, promote safer practices, and encourage open discussions about health and well-being.
- The Prevention Coordinator (PC) also hosts monthly HIV, sexual health, and reproductive health events at Cleveland State University and Pride for Change. These events provide critical education, resources, and free testing opportunities, fostering awareness and encouraging proactive health practices within diverse communities.
- The Prevention Coordinator (PC) actively participates in various community events, distributing free condoms and educational materials on sexual health. In addition, on-site HIV testing is offered at many of these events, ensuring accessible, judgment-free opportunities for individuals to learn about prevention, get tested, and connect with necessary health resources.

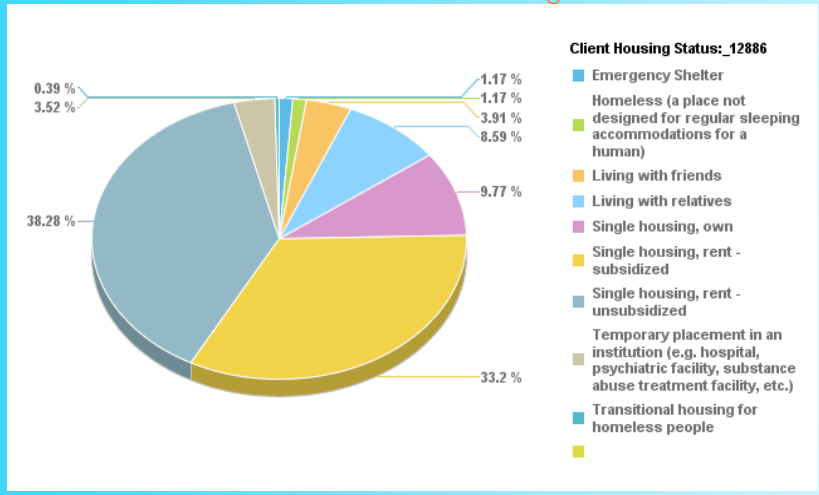
Pharmacy

- 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.

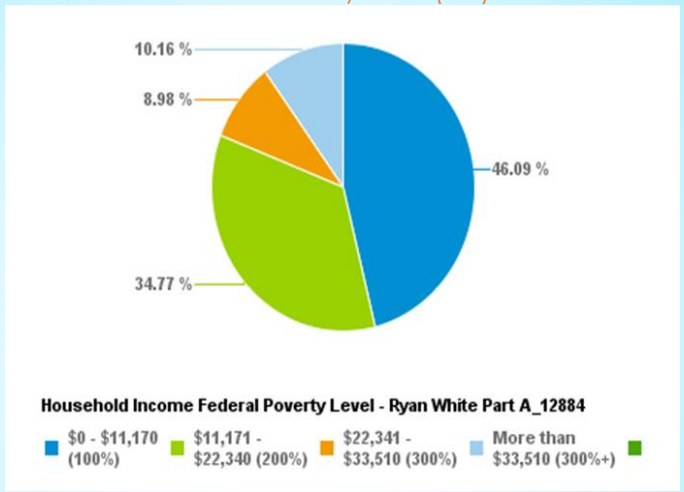
Data

**This data reflects MCM clients only and is consistent with the overall agency data. Detailed information is available upon request.

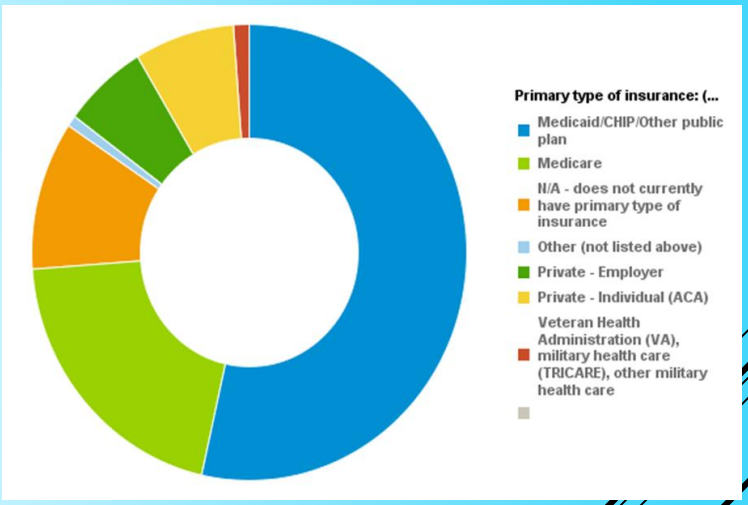
33% of MCM clients live in subsidized Housing.



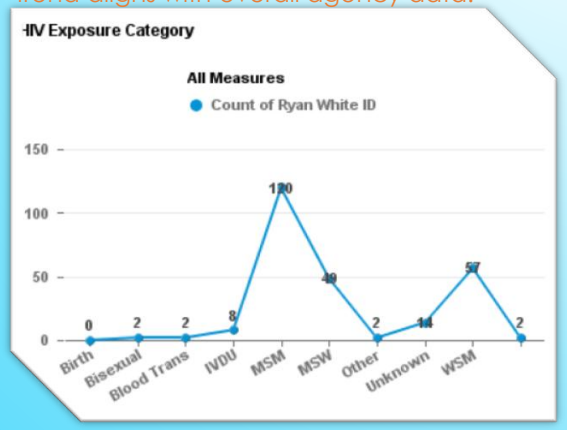
82% of MCM clients we serve live at or below 200% of the Federal Poverty Level (FPL).



Among MCM clients, 46.09% are covered by Medicaid, while 35% receive Medicare benefits.



Nearly 60% of clients served in MCM identified as men who have sex with men (MSM). This trend aligns with overall agency data.



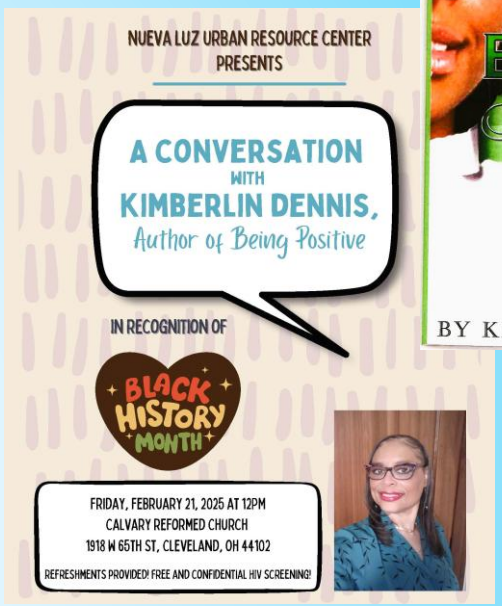
Highlights

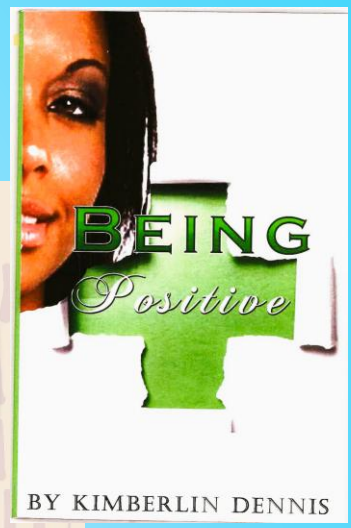
In July 2024, NLURC proudly celebrated its 25th anniversary with a special Silver Lining event. The occasion honored individuals who have partnered with NLURC over the years and made a significant impact in the fight against HIV/AIDS.

In August 2024, NLURC organized a successful clothing drive to support individuals living with HIV/AIDS (PLWHA) and promote community health. The event was open to all PLWHA and community members who were willing to receive free HIV testing.

In December 2024, NLURC organized a Christmas Closet Drive to support our clients, spreading holiday cheer and providing essential items to those in need.

NLURC also collaborated with the Angel Tree Project to provide Christmas gifts to 20 clients and their family members.





In honor of Black History Month, NLURC had the privilege of hosting Kimberlin Dennis, author of *Being Positive*. Ms. Dennis shared her powerful journey of living with HIV/AIDS, highlighting the challenges she has faced and the resilience that defines her story. She also spoke passionately about advocating for people living with HIV/AIDS (PLWHA) and the importance of raising awareness—especially among young children and adults. Her inspiring book, *Being Positive*, is available on Amazon.

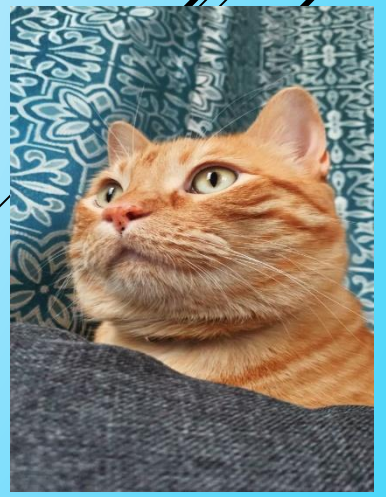
Questions?

Reach out!

Phone: (216) 651-8236

Fax: (216) 651-8235

www.nlurc.org



Up Next:

Signature Health

Signature HEALTH

When you need help now.®

Ryan White Program

Signature Health

March 24, 2025

Who We Are

- Signature Health is a non-profit, Federally Qualified Health Center providing mental health, addiction recovery, primary care, infectious disease, dental and pharmacy services to patients across Northeast Ohio.
- Signature Health was founded in 1993 by our CEO, Jonathan Lee; Chief Innovation Officer, Ann Mason; and the late Paul Brickman. We began as a community-focused organization, providing counseling to kids in local schools.
- Fast forward three decades and Signature Health continues to grow and meet community health needs. Our clinicians serve more than 32,000 patients each year, at seven outpatient locations and four residential treatment facilities.
- We primarily serve Medicaid and Medicare patients, with a sliding fee scale available to eligible individuals without insurance. Our services range from counseling and psychiatry services, to alcohol and drug recovery programs, to primary care, to infectious disease services.
- Our locations span as far west as Lakewood, and as far east as Ashtabula.

Mission and Values

Our Core Purpose:

- We provide integrated healthcare for our community specializing in patients with mental illness and/or addiction.

Our Vision:

- We want people to realize their highest potential.

Our Mission:

- To become the most respected integrated behavioral health organization in the country.

Our Values:

PEOPLE FIRST

- We honor our patients and colleagues by seeking to know them as individuals and treating them with kindness, dignity, and respect

STRIVING FOR EXCELLENCE

- We take full ownership and pride in our work by approaching it thoughtfully, executing with diligence, and continuously improving our skills.

CAN DO

- We roll up our sleeves, persist, and innovate together in response to opportunities and challenges.

Part A Funded Services

- Medical Case Management
- Outpatient Ambulatory Health Services/RN Services
- Early Intervention Services
- Medical Transportation
- Medical Nutrition Therapy
- Psychosocial Support
- Mental Health Services
- Emergency Financial Assistance
- Non-Medical/Housing Case Management

Ending the HIV Epidemic Funded Services

- Intensive Behavioral Health Medical Case Management
- Community Health Worker
- Emergency Financial Assistance
- Medical Transportation
- Rapid Start ART (*new to us this year)
- Mobile Health Clinic (*new service category)

Medical Case Management

- Ryan White Medical Case Managers are the key to unlock all Ryan White support services and resources
- All Ryan White MCMs are Licensed Social Workers
- Medical Case Management involves completing psychosocial assessment of case management needs, care planning, linkage to medical-related services, assistance with treatment adherence, advocacy, utilization review, linkage to benefits and insurance, linkage to community resources, OHDAP, Patient Assistance, etc.
- Ryan White clients must meet with their MCM at least once every 6 months; meeting cadence determined by risk acuity (Low, Medium, High need)
- Ryan White MCM's coordinate with Behavioral Health case managers to provide collaborative care and ensure no duplication of services
- Ryan White MCM's have access to resources BH case managers don't and vice versa so sometimes it is necessary for a client to have both BH and RW case managers

Early Intervention Services

- These services are provided by the Ryan White Medical Case Managers
- This service category targets people living with HIV who are newly diagnosed or inconsistent in care
- Connects clients to medications and treatment rapidly and ensures they stay connected to care
- Involves linkage to medical-related services, assistance with treatment adherence, advocacy, utilization review, linkage to benefits and insurance, linkage to community resources, OHDAP, Patient Assistance, etc.
- Clients graduate to Medical Case Management services from Early Intervention Services once they are able to demonstrate knowledge of HIV medical care, take ART medications as directed and attend appointments regularly.

Outpatient Ambulatory Health Services/RN Services

- Assists in connecting patients to medical care, including care at Signature Health or outside organizations/specialists
- Reviews and educates on lab results ordered by healthcare providers
- Troubleshoots issues with insurance or pharmacy benefits
- Collaborates with Ryan White Medical Case Managers to ensure patients have the resources needed to achieve viral load suppression and maintain medical care

Non-Medical/Housing Case Management

- Provides help and guidance in finding affordable housing and linking to appropriate housing resources
- Assists clients in completing housing applications, viewing apartments, working with landlords
- Assists clients in accessing financial assistance related to housing, including security deposit, rent, and utilities assistance.
- Clients are referred to Housing Case Management via their Ryan White Medical Case Manager

Psychosocial Support

- Support groups for people living with HIV
- Open to any person living with HIV even if they are not current Signature Health Ryan White clients
- Non-SH Ryan White clients will need to be willing to register as a Signature Health patient but will not need to switch their Ryan White case management services to SH

Signature Health Ashtabula
Date: 2nd Wednesday of each month
Time: 10:30am-11:30am
Contact: Anna Pekarski at 440-261-2905

Signature Health Lakewood
Date: Every other Monday
Time: 5:30pm-6:30pm
Contact: Emily Brodke at 216-644-5147

Other Part A Services

Medical Nutrition Therapy

- Nutrition assessment and counseling
- Facilitates funding for nutrition supplements, such as Ensure or Boost

Medical Transportation

- UberHealth or Lyft, gas cards, and bus tickets to HIV-related medical visits even outside of Signature Health
- Clients should use Signature Health transportation for internal appointments
- Ryan White transportation used as last resort – clients should utilize insurance-based transportation and other resources as possible
- Can do same-day transportation

Other Part A Services

Mental Health Services

- Counseling can be provided by a Ryan White team member if there are no other options – for example, if client is uninsured, not eligible for insurance, and not eligible for the Signature Health sliding fee scale

Emergency Financial Assistance

- Financial assistance for prescription eyeglasses, medications
- Provided as a last resort and is based on available funds

Intensive Behavioral Health Medical Case Management

- Involves assessment of BH needs, rapid and ongoing linkage to mental health and substance use services and resources, monitoring of symptoms and interference with treatment adherence, assistance in overcoming barriers to treatment adherence caused by BH issues, linkage to community resources, etc.
- Targeted Caseload – 20 clients on caseload to allow for more specialized and intensive care
- Clients receiving this service must have a DSM mental health or substance use diagnosis
- Clients graduate to standard Medical Case Management once goals are met

EIS/Community Health Worker Services

- Provides support to people living with HIV who are newly diagnosed or inconsistent in care
- Assists Medical Case Managers in connecting clients to appropriate resources
- Attends community events to provide sexual health education and educate about the Ryan White program at Signature Health
- Provides HIV testing at community events

Other EHE Services

Medical Transportation

- UberHealth or Lyft rides to HIV-related medical visits even outside of Signature Health
- Ryan White EHE transportation used as last resort – clients should utilize insurance-based transportation and other resources as possible
- Can do same-day transportation

Emergency Financial Assistance

- Financial assistance for prescription eyeglasses, medications, rent, utilities, food, phone bill
- Provided as a last resort and is based on available funds

Other EHE Services

Rapid Start ART

- Newly awarded to Signature Health
- Currently in the planning stage of implementation
- Allows us to build capacity to ensure newly diagnosed or new-to-care clients can be given antiretroviral medication at their first appointment or interaction with the medical provider.

Mobile Health Clinic

- Newly awarded to Signature Health
- Currently in the planning stage of implementation/on hold until full award received
- This program will facilitate access to HIV care for difficult-to-reach populations living in the zip codes with the highest HIV prevalence and medical deserts for HIV care

FY24 Highlights

- Strengthened partnerships with Central Outreach and Cleveland Clinic's Lakewood Family Health Center.
- The Non-Medical Case Manager has assisted several clients in obtaining stable housing.
- Several previously non-virally suppressed clients have become virally suppressed due to coordination of Cabenuva injections by the RW RN.
- The Non-Medical Case Manager and CHW assisted a client in cleaning her apartment to avoid eviction and coordinated with the property manager to give the client another chance to remain in the apartment. The client is still in the apartment today.
- The CHW assisted many clients without insurance in accessing Marketplace insurance during open enrollment period
- Started a Ryan White newsletter to disburse to interested clients via email.
- Increased attendance at HIV support groups

FY24 Highlights

Ryan White Client Feedback

- “I am very appreciative of the Ryan White services. Without the foundation I do not know how I would have survived my diagnosis and adapted and thrived. Thank you.”
- “Excellent service.”
- “Very happy with my case manager.”
- “I'm very glad there's a signature health by me. I feel very comfortable with the staff. Thank you”
- “Nothing to improve, they are all amazing.”
- “I am very grateful that Signature Health has provided Anna as my case manager and she has stayed with the company. I feel very comfortable working with her and appreciate the continuity of care.”
- “I love signature health so much! My doctor Belinda Brown is AMAZING! My case worker Anna is so supportive! I couldn’t ask for a better healthcare team! Oh and my nurse Natalie is out of this world amazing! Words can’t express how great she is to me!”
- “They are a wonderful group of people and staff.”

Ryan White Part A Team Members

Anna Pekarski, LSW (she/her/hers)
440-261-2905
apekarski@shinc.org

Anna provides Ryan White Medical Case Management, Early Intervention Services, and Psychosocial Support to clients residing in Lake, Geauga, and Ashtabula counties.

Catherine Phelps, LSW (she/her/hers)
216-410-9157
cphelps@shinc.org

Catherine provides Ryan White Medical Case Management and Early Intervention Services to clients residing in Cuyahoga and Lorain county.

Ryan White Part A Team Members

Natalie Armstrong-Kinser, RN (she/her/hers)
216-210-9692
narmstrong@shinc.org

Natalie works mainly in Signature Health's Lakewood office. She provides Ryan White Outpatient Ambulatory Health Services to clients residing in Cuyahoga, Lorain, Lake, Geauga, and Ashtabula counties. Natalie is also a primary contributor to our Ryan White Newsletter!

Brooklyn Barger (she/her/hers)
440-537-7068
bbarger@shinc.org

Brooklyn works mainly in Signature Health's Painesville office. She provides Ryan White Non-Medical Case Management/Housing services to clients residing in Cuyahoga, Lorain, Lake, Geauga, and Ashtabula counties.

Ryan Ryan EHE Team Members

Liz Schaefer, LSW (she/her/hers)
216-644-9476
eschaefer@shinc.org

Liz provides Ryan White Intensive Behavioral Health Medical Case Management services to clients residing in Cuyahoga county.

Emily Brodke (she/her/hers)
216-644-5147
ebrodke@shinc.org

Emily provides Community Health Worker/EIS services to clients residing in or receiving services in Cuyahoga county.

Ryan White Part A & EHE Program Manager

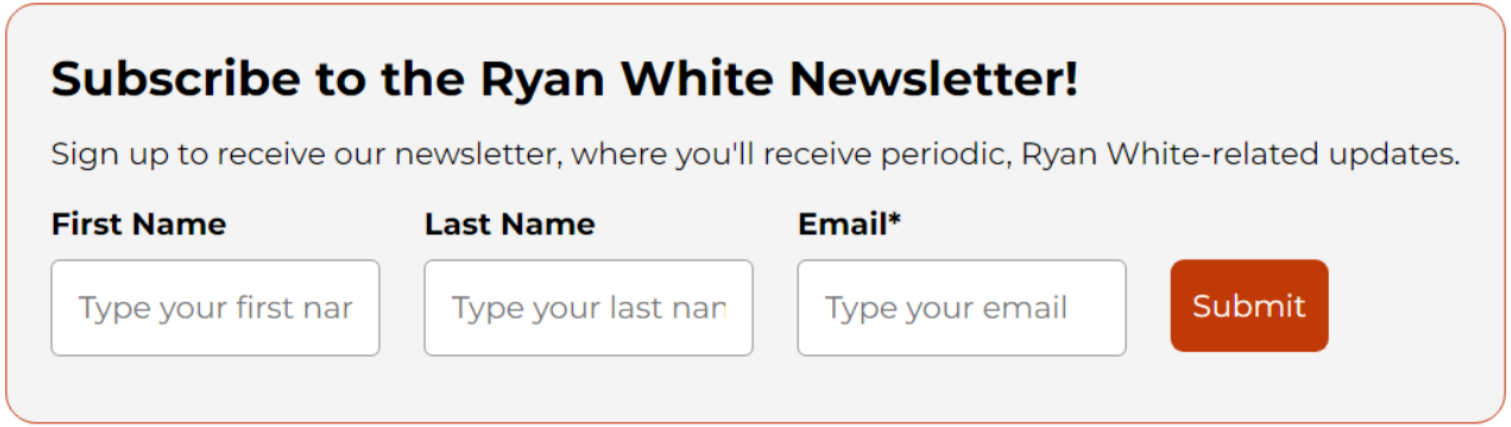
Brittany Freese, LISW-S (she/her/hers)
440-477-2828
bfreese@shinc.org

Brittany supervises and manages all of the Ryan White Part A and EHE services available at Signature Health.

Brittany is the main point of contact for Signature Health's Ryan White services!

Signature Health Ryan White Newsletter

- Clients and staff can sign up for the Ryan White newsletter to receive important updates about our program
- Visit https://www.signaturehealthinc.org/about-us/ryan-white-program/ to sign up!
- Navigate to the bottom of the page and input your information



Questions?

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
- Prevention and 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.

Julie Cervenek, RN
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. 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 adopted a Collaborative Care model for behavioral health in October 2020, integrating a Primary Care Physician (PCP), Case Manager, and consulting Psychiatrist. Case Managers review patients with the Psychiatrist, who provides medication recommendations to the PCP, ensuring psychiatric expertise without extra appointments.

Support Groups at the SIU

Women's group: 1st Thursday of the month at from 1-3pm

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 from 4-5pm

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

Free Zone: 3rd Monday of the month from 4-5pm; group run by patients, for patients

Pharmacist

The pharmacist works with patients to optimize medication adherence while providing information concerning all aspects of a medication regimen.

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

Nutrition

The dietician assesses nutrition, educates patients on tailored food choices, conducts body composition tests, and advises on dietary and herbal supplements.

Aaron Fletcher, MS, RD, LD

Oral Health

Oral health care is provided by Case Western Reserve University's AEGD residency program, offering cleanings, X-rays, fillings, crowns, extractions, dentures, and other restorative services. Referrals to oral surgery are made as needed.

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

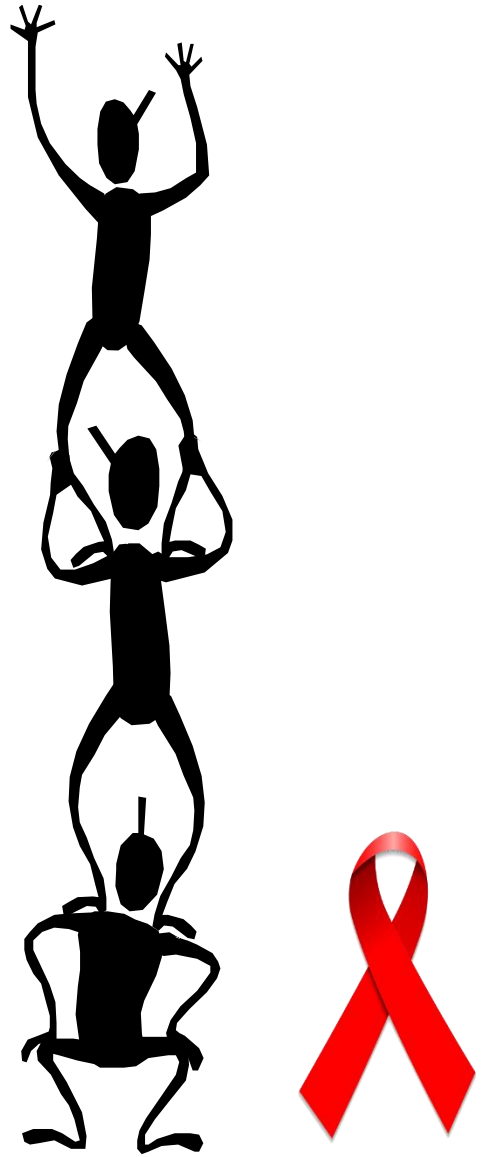
Community Health Worker

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 Coordinator:
  - Gerrye Brown
    216-844-5317
- Data/RW Clerk
  - Robert Greathouse
    216-844-5359
- Finance Specialist
- Receptionist
- Two Medical Assistants
- Quality Improvement Manager



End the Epidemic

Rapid Start/OAHS

Medical Transportation

Behavioral Health MCM

Emergency Financial Assistance

EIS

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.

Both research units shares space with the SIU, facilitating 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
- EHE

Questions?

Thank You!!

Looking forward to another successful year of service

Ryan White Part A Recipient Office

Zach Levar- Deputy Director
zlevar@ccbh.net

Monica Baker-Grant Supervisor
mbaker@ccbh.net

Anastassia Idov-Program Manager
aidov@ccbh.net

Melissa Hansen-CQM Program Manager
mhansen@ccbh.net

Brittanie Evans-Grant Coordinator
bevans@ccbh.net