Cuyahoga Regional HIV Prevention and Care Planning Council
Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina Counties
Naimah O'Neal, Faith Ross – Co-Chairs

COMMUNITY LIAISON COMMITTEE (CLC)
Meeting Minutes
Wednesday, August 6, 2025 – 12:00-1:30 pm

CLC Committee Members		Planning Council Members	Community Attendees	Presenter(s)
1. Naimah O'Neal, Co-Chair	**P**	Billy Gayheart	Jeff M.	Alexander Nelson
2. Faith Ross, Co-Chair	**P**	Clinton Droster	Brooke W.	
3. LeAnder Lovett	A			**CCBH Staff**
4. Talib Mahdi*	**P**			Lisa-Jean Sylvia
5. Kimberlin Dennis	**P**			Brittanie Evans
6. Sahara Rivera	A			

Total of 11 in attendance	**P = Present A = Absent O (Other) = Phone** ***Non-member Volunteer or Pending PC Member**
Call to Order	**Co-chair, Naimah O'Neal, called the meeting to order at 12:03 pm.**
Moment of Silence	In remembering all those past, present, and future in the fight against HIV/AIDS.
Quorum Determination	4 of 6 CLC committee members present - quorum of 4 needed.
Welcome, Introductions & Conflicts of Interest	All members, attendees, and guests welcomed. *Conflicted: Naimah O'Neal – The Centers; Talib Mahdi – NLURC*
Approval of Agenda	**CLC Committee reviewed and approved the corrected agenda for August 6, 2025.** Motion made by Faith Ross, seconded by Talib Mahdi In Favor: all; Opposed: 0
Approval of Minutes	**CLC Committee reviewed and approved the minutes from June 4, 2025.** Motion made by Faith Ross, seconded by Talib Mahdi **Motion to approve the minutes with the correction of the asterisk added next to Cliff Barnett's name.** Motion made by Faith Ross, seconded by Talib Mahdi In Favor: all; Opposed: 0; Abstained: None

Presentation	**Learn about long-acting injectable medications – Alex Nelson, Specialty Pharmacist at MetroHealth presenting – Email: anelson3@metrohealth.com**
	• Why injectables?
	  ○ The size of the tablets can be an issue
	  ○ Removes pill burden
	  ○ Fewer doctor visits
	• Why are we able to do this now?
	  ○ Developed drugs with high barriers to resistance
	  ○ These high barriers to resistance allowed for 2-drug regimens. The first 2-drug regimen was approved as a single tablet in 2018.

- What are they?
    - Treatment – Cabenuva, Sunlenca, Trogarzo (for highly treatment-resistant patients)
    - Prevention – Apretude, Yeztugo
- Cabenuva
    - Approved January 2021 for people 12 years and older, over 35kg (77 lbs). For people on a stable regimen, viral load less than 50 copies/mL, no history of failure, and no suspected resistance to Cabotegravir or Rilpivirine
    - 2 components are Rilpivirine and Cabotegravir
    - To start: optional tablet versions for 30 days before starting injections.
    - Usual injection site is the side of the butt muscle.
    - The first series is two 3mL injections. Then, 1 month later you get either two 2mL injections every month after that or two 3mL injections every other month going forward
    - Needs commitment to the dosing schedule
    - If you miss your injection, it would be recommended to start taking an oral medication to bridge the gap. If you miss the injection date by over a month, you need to re-start the process.
    - Blips - We have seen people have low double-digits in viral load when they were undetectable before.
    - Can cause soreness and nodules at the injection site. Some next-day fatigue is possible, low-grade flu symptoms, headache
- Sunlenca
    - Approved December 2022. It is not a standalone regimen and needs to be paired with a background regimen. It is for heavily treatment experienced adults, people who have multi-drug resistant HIV, and failing their current regimen. It is a new class of antiretroviral.
    - Two 1.5mL subcutaneous injections in the abdomen every 6 months
    - Required tablet loading dose, usually two 300 mg tablets on day of first injection and two tablets the next day.
    - Dosed every 26 weeks. If 28 weeks have passed, you need to re-start with tablets.
    - Important to keep taking other HIV meds to protect against resistance.
    - Can cause pain and nodules at the injection site.
- Special Cases
    - Cabenuva with people with a detectable viral load; Cabenuva in pregnancy; Sunlenca with Cabenuva

Q: I'm a long-term survivor of 20 years and in the last year I've started to have blips. My physician has not reached out to me about the possibility of switching to injectibles. Who should be initiating this conversation? I am not undetectable anymore. How does U = U fit into the conversation?
A: I think it's ok to ask your doctor if you're a good candidate for injectibles. If you've been on tablets for 20 years, they may not think you have an interest. In U = U, viral suppression is defined as 200 copies/mL or below.

Q: With the coverage of Cabenuva and Sunlenca, what's the dosage?
A: 3mL for Cabenuva and 1.5mL for Sunlenca.

	Q: If you miss a dose multiple times, can you develop resistance? **A:** Yes, just like with the pill form. It's important to get the injections on time. **Q:** Is there a chart that shows all of the new HIV medications? **A:** POZ has a printable version that was updated in 2024. Access here: https://www.poz.com/pdfs/POZ_2024_HIV_Drug_Chart.pdf **Comment:** I take so many other pills, the injections wouldn't be beneficial to me because I still have a lot of pills to take. It seems like a better candidate would be someone who only has to take their one pill each day.
Review of PSRA Results	https://mailchi.mp/ce66af069a2c/planning-council-wrap-up-september-6th-meetings-17234849?e=57066c611a Full PC met and voted to rank both funded and non-funded service categories. The results can be viewed in the link above. Allocation percentages will be kept the same next year as this year. There was a vote that PC will discuss reallocation if there is a cut in funding by 15% or more next year. Strategy & Finance Committee will begin a discussion today about how we prepare for funding cuts. It's important that PLWH are at the center of that conversation.
Preparing for 2025 Listening Sessions	Lj – QI will have a conversation about doing a needs assessment, so it might work into that. Naimah – we should go ahead and start to schedule some listening sessions and decide which questions to ask. I think we should keep the sessions the same with 1 in-person and 1 online. Faith – It worked well last year. Naimah – Do we need to decide a location today? Lj – Let's think about a general date that we want to have them, then look for a location. It would likely need to be in October on a week where Planning Council does not meet. Naimah – Do we want to move forward with the listening sessions? Jeff – Yes. Kimberlin – Yes. Naimah – Should we have 2 online and 1 in person? Lj – We have had great conversations in person and online, and most of the time they have been the same people but different discussions. At the end of last year, we talked about having them in person, online, and trying to partner with some of the support groups. Naimah – Maybe change the location to attract more people. Jeff – I agree that we need to look at another location. Billy – It's important to remember that we need to go to the people. Creating a space doesn't necessarily mean that they will come to us. I like the idea of us going to the support groups. Naimah – Maybe we could try a combination of both. If you attend a support group, ask them if we could come listen.
Creating a kit for community outreach	**Motion to Move Creating a kit for community outreach and furthering the discussion for listening sessions to the parking lot.** Motion made by: Jeff M., seconded by: Talib Mahdi In Favor: all; Opposed: 0
Parking Lot	None
Announcements	

Adjournment	**Meeting adjourned by Naimah O'Neal at 1:32 pm.**
Reminder: Check your Email or the Website for Updates **Next Meeting: September 3, 2025 12:00 to 1:30 PM** Visit the Ryan White HIV/AIDS Homepage at: www.ccbh.net/ryan-white	