

Cuyahoga Regional HIV Prevention and Care Planning Council
Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina Counties
Kimberlin Dennis, Brian Kimball, Christy Nicholls, Co-Chairs



Full Planning Council Committee Minutes

Wednesday, August 19, 2026

5:30 – 7:00 PM

Full Planning Council Members		Full Planning Council Members		Community Attendees	Recipient Staff	Guest Speakers
1. Talib Mahdi, Co-Chair	P	12. Xiomara Merced	P	Natalia Rodas	Lisa-Jean Sylvia	
2. Brian Kimball, Co-Chair	P	13. Lorsonja Moore	P	Chris Krueger*	Brittanie Evans	
3. Christy Nicholls, Co-Chair	P	14. Lisa Navracruz, M.D.	P	Kent Cicerchi*	Elly Falter	
4. Cielle Brady	A	15. Naimah O’Neal	P	Kenyetta Cloud*	Anastassia Idov	
5. Tony Elmore	P	16. Julie Patterson	P	Brooke Willis	Danielle LeGallee	
6. Billy Gayheart	P	17. Sahara Rivera	P	Jen Jeffries		
7. Tiffany Greene	P	18. Faith Ross	A	Leshia Yarbrough-Franklin		
8. Barbara Gripshover, M.D.	P	19. Karla Ruiz	P	Michelle Jackson-Rollins*		
9. Deairius Houston	P	20. James Stevenson	P	Alanna Hicks		
10. LeAnder Lovett	P	21. Anthony Thomas	P			
11. Kimberlin Dennis	P	22. Stephanice Washington	A			
Total of 33 present		P = Present A = Absent O = (Other) – Phone *Non-member Volunteer or Pending PC Member				
Call to Order		Co-chair, Christy Nicholls, called the meeting to order at 5:30 pm.				
Moment of Silence		A moment of silence done in remembering all those past, present, and future in the fight against HIV.				
Quorum Determination		19 of 22 PC committee members present - quorum of 11 needed.				
Welcome, Introductions & Conflicts of Interest		All members, attendees, and guests welcomed, and asked to state names affiliations, and conflicts of interest in the chat. <i>Conflicted: Barb Gripshover – UH; Lisa Navracruz – Neighborhood Family Practice; James Stevenson – NLURC; Talib Mahdi – NLURC; Lorsonja Moore – DSAS; Chris Krueger – AIDS Taskforce; Natalia Rodas – NLURC; Sahara Rivera – Metro; Jen Jeffries – NLURC; Xiomara Merced - Metro</i>				
Approval of Agenda		Full PC Committee reviewed and approved the agenda for August 19, 2026. Motion made by Kimberlin Dennis, seconded by Julie Patterson In favor: All; Opposed: 0; Abstained: none				
Approval of Minutes		Full PC Committee reviewed and approved the minutes from May 20, 2026. Motion made by Lorsonja Moore; seconded by Kimberlin Dennis				

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In favor: all; Opposed: 0; Abstained: Xiomara Merced, Naimah O'Neal, Karla Ruiz, Anthony Thomas, Michelle Jackson-Rollins

Full PC Committee reviewed and approved the minutes from PSRA, June 17, 2026.

Motion made by Kimberlin Dennis; seconded by Tony Elmore

In favor: all; Opposed: none; Abstained: Brian Kimball, Lorsonja Moore, Karla Ruiz

Recipient Report

Anastassia Idov:

Priority	Category	Target	March	April	May	June	July	August	YTD	%	UNDUP
	Target Spending Per Month	100.00%	8.33%	16.67%	25.00%	33.33%	41.67%	50.00%			8/18/2026
	CORE SERVICES TOTAL	\$ 3,337,675.00	\$ 237,324.66	\$ 180,084.17	\$ 179,357.69	\$ 69,587.83	\$ 12,419.08	\$ -	\$ 678,773.43	18.16%	1301
2	OUTPATIENT/AMBULATORY HEALTH SERVICES	\$ 1,149,837.00	\$ 76,542.90	\$ 58,002.16	\$ 62,962.70	\$ 11,314.02	\$ -	\$ -	\$ 208,821.78	18.16%	1301
1	MEDICAL CASE MANAGEMENT	\$ 1,126,641.00	\$ 89,643.60	\$ 69,490.83	\$ 59,151.69	\$ 37,480.48	\$ 12,419.08	\$ -	\$ 268,185.68	23.80%	710
3	ORAL HEALTH CARE	\$ 229,470.00	\$ 21,601.78	\$ 12,511.75	\$ 8,245.63	\$ 2,706.59	\$ -	\$ -	\$ 45,065.75	19.64%	157
7	MENTAL HEALTH SERVICES	\$ 343,378.00	\$ 25,602.15	\$ 20,162.71	\$ 20,274.58	\$ 8,081.86	\$ -	\$ -	\$ 74,121.30	21.59%	192
9	MEDICAL NUTRITION THERAPY	\$ 65,858.00	\$ 3,778.94	\$ 1,044.81	\$ 388.41	\$ 255.78	\$ -	\$ -	\$ 5,467.94	8.30%	56
4	EARLY INTERVENTION SERVICES	\$ 367,815.00	\$ 19,003.38	\$ 17,719.81	\$ 24,130.34	\$ 5,873.91	\$ -	\$ -	\$ 66,727.44	18.14%	316
6	HOME HEALTH CARE SERVICES	\$ 11,598.00	\$ 244.93	\$ 244.93	\$ 892.15	\$ 892.15	\$ -	\$ -	\$ 2,274.16	19.61%	23
13	HOME/COMMUNITY BASED HEALTH CARE	\$ 43,078.00	\$ 906.98	\$ 907.17	\$ 3,312.19	\$ 2,983.04	\$ -	\$ -	\$ 8,109.38	18.82%	23
	SUPPORT SERVICES TOTAL	\$ 804,387.00	\$ 67,160.17	\$ 68,790.59	\$ 58,116.63	\$ 66,964.22	\$ 44,794.70	\$ -	\$ 305,825.71	38.02%	503
8	MEDICAL TRANSPORTATION	\$ 89,468.00	\$ 4,329.83	\$ 5,136.74	\$ 8,138.50	\$ 315.15	\$ -	\$ -	\$ 17,920.22	20.03%	503
12	EMERGENCY FINANCIAL ASSISTANCE	\$ 12,012.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	1
5	NON-MEDICAL CASE MANAGEMENT SERVICES	\$ 367,815.00	\$ 31,772.14	\$ 31,224.32	\$ 25,010.15	\$ 35,628.60	\$ 27,237.58	\$ -	\$ 150,872.79	41.02%	725
10	PSYCHOSOCIAL SUPPORT	\$ 60,888.00	\$ 2,884.31	\$ 5,731.20	\$ 7,495.74	\$ -	\$ -	\$ -	\$ 16,111.25	26.46%	85
14	FOOD BANK/HOME DELIVERED MEALS	\$ 81,598.00	\$ 8,285.39	\$ 11,823.45	\$ 10,109.11	\$ 7,851.00	\$ 465.40	\$ -	\$ 38,534.35	47.22%	239
11	OTHER PROFESSIONAL SERVICES	\$ 192,606.00	\$ 19,888.50	\$ 14,874.88	\$ 7,362.53	\$ 23,169.47	\$ 17,091.72	\$ -	\$ 82,387.10	42.77%	92
	TOTAL	\$ 4,142,062.00	\$ 304,484.83	\$ 248,874.76	\$ 237,473.72	\$ 136,552.05	\$ 57,213.78	\$ -	\$ 984,599.14	23.77%	2292

Total Award	YTD Exp.	% Exp.	Award % Split	YTP Exp % Split	YTP Exp % Split
Core Services \$ 3,337,675.00	\$ 678,773.43	20.34%	80.58%	68.94%	68.94%
Support Services \$ 804,387.00	\$ 305,825.71	38.02%	19.42%	31.06%	31.06%
Total Award \$ 4,142,062.00	\$ 984,599.14	23.77%			

OVERUTILIZED ON TARGET UNDERUTILIZED

- We are getting the majority of invoices for May and June, and have received a few for July. The target for this report is June, which is 33.33%. The numbers in green and red are in relation to the target of 33.33%. The majority of the categories are currently in green, however, we are still waiting on two major hospital systems to submit invoices. NMCM, Food Bank, and Legal services are in red, likely because we received invoices for July in these categories.
- The split between Core and Support must be at least 75% core and no more than 25% support. Our YTD split is 68.94% core and 31.06% support. Again, I want to reiterate that this is reflecting some July invoices in support service categories, while we are waiting to receive invoices in other categories.
- The carryover request for \$144,200 was approved and will be split between MCM, OAHS, and Food Bank.
- The next MCM meeting is in October. Thank you to Christy Nicholls for the presentation at the MCM meeting in July.
- MATEC will be providing TA to the Planning Council regarding the Needs Assessment.
- CQM Committee meets virtually on 9/8 at 10am. The next EHE CAG meeting is on 9/15. Contact ejanowski@ccbh.net for details about the CAG.
- The updated EHE plan can be found on our website at ccbh.net/endinghiv

Danielle LeGallee:

- On ohiv.org there is a service called Care Connect. At the Care Connect portal, there is a form that anyone who is newly diagnosed or looking to get back into care can fill out, and you'll be connected to me for Region 3. We wanted to let everyone know this service is available to those starting care or getting back into care.

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Medicaid Report	Christy Nicholls: • There will be an HHS Levy that will be on the November ballot in Cuyahoga County. • There will be open enrollment letters from ODM about the managed care organizations. People have a few months to make selections if they want to switch plans. • The non-citizen changes to Medicaid take effect October 1. • Letters are coming about work changes. Anyone who falls into the Medicaid expansion group will have to comply with the work requirements on January 1. • When looking at whether or not someone can be exempt because they have an illness or are considered medically frail, the key is whether or not the medical condition they have is preventing them from being able to work. We are awaiting more guidance regarding who determines a person's ability to work.
Part B Update	Karla Ruiz: • A reminder to pay attention to open enrollment dates for Medicaid, Medicare, and employer insurance. • We are trying to ensure that people are using Part B as a last resort. • We have a new Bureau Chief
HOPWA Update	Tiffany Greene: • Due to the HUD funds being delayed this grant year, we extended our contracts for our HOPWA agencies to September 30 in order to spend down their funds from the previous grant year. We are finishing up that process.
Recruitment Dashboard	Lj: • Recruitment is the most important thing on our plate right now. Recruitment, recruitment, recruitment! The graphic displays four key recruitment metrics as of August 19, 2026. It includes icons for a document with a gear for 'Vacant Mandated Seats' (Mental Health Professional), a group of people for '% Unaligned Consumers' (21%), a document with a gear for 'Upcoming Vacancies' (Housing, Healthcare Provider), and a target icon for 'Recruitment Goal' (5 or more Unaligned Consumers). The Cuyahoga Regional HIV Prevention & Care Planning Council logo and the Upward Spiral Coaching & Consulting logo are at the bottom. • Chris Krueger is currently a committee member but can fill the Housing seat. MRM voted to move him forward to Executive committee to make him a full member. • We need to focus on getting more unaligned consumers.

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	AUGUST New Contacts on Email List 14 Recruitment Conversations 2 Pending Applicants 4 2 pending County 2 pending Interviews First Time Participants 1 Cuyahoga Regional HIV Prevention & Care Planning Council • One of the easiest ways to get someone involved is to add them to the email list or introduce them to Lj. • Recruitment conversations are specifically about what it means to apply and be a member. We had 2 first time participants. We have 4 pending applicants – 2 pending to go to the County, and 2 pending interviews. • Who will you invite to join the email list or come to a meeting?
PSRA Feedback	Lj: • Overall, really positive feedback. Folks were really pleased with the level of discussion and ideas. People reported an understanding of what was going on. One idea for improvement was to show multiple suggestions or ideas at the same time. We also had a last-minute survey to providers this year. Moving forward, we will continue that survey but do it earlier in the year. We also discussed possibly changing the schedule so that PSRA was later in the year. • Julie – People seemed to have a really good experience overall. I was happy about that. • Naimah – I think the way we do PSRA now is much more efficient than we did in the past. • Lj – if you had specific ideas, feedback, or questions and you would like to have a conversation about that, please let me know. The survey was anonymous, so I can't follow up on those.
	Motion to set aside the Committee Reports until the next meeting. Motion made by Naimah O'Neal, seconded by Xiomara Merced. In favor: all; Opposed: none; Abstained: none
Needs Assessment Overview	Lorsonja: • Why do we need to do a needs assessment? "A primary task of the PC/PB is to conduct a needs assessment collaboratively with the recipient to determine which RWHAP Part A services are needed in the jurisdiction and which populations should be prioritized" HRSA HAB RWHAP Part A Manual pg. 29 • Purpose: Learn about PLWH who need services, what services they need, their experiences. Learn about HIV core medical and support service providers in the area.

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	Use what you learn to determine gaps and make data-based decisions that improve services for PLWH in your service area. • Is the annual survey a needs assessment? No. However, the survey gets critical feedback from people who know their status and are receiving Part A services. This can be included in the needs assessment. The needs assessment must include people who do not receive services and those who are out of care or unaware of their status. • Components include epidemiologic profile; resource inventory; profile of provider capacity & capability; estimate & assessment of unmet need; estimate & assessment of people with HIV who are unaware of their status; assessment of gaps in service needs. • Best practice is to use a multi-year approach. The needs assessment is an ongoing process, not a one-time event. Some activities happen every year, while other activities are spread out over multiple years. • In our TGA, we collaborated with the State for a needs assessment in 2020. The Cleveland TGA completed a needs assessment in 2014. • The needs assessment is a collaboration between the Recipient and the Planning Council. The responsibilities are as follows: ○ Planning Council takes primary responsibility and ownership – design, direct work or oversight of consultants and volunteers. ○ Recipient provides support but not leadership – data, help in hiring consultant, staff assistance • Roles: ○ Planning Council: determines scope and focus; identifies questions to be answered; sets priorities, goals & expectations; participates in select data-gathering and engagement activities; provides input; reviews and interprets findings ○ Recipient: works with PC to turn its direction into a workable plan; provides data, staff support & administrative resources; coordinates access to providers, systems & other info; procures & manages consultants or contractors; carries out parts of the work that require Recipient capacity or access ○ Consultant: brings technical expertise and outside perspective; provides capacity; designs methods that fit the agreed scope; conducts assigned data collection, analysis and/or engagement activities • Recommendations: Move toward a 3-year needs assessment cycle. What can we complete before the next competitive grant cycle? Define the scope and identify goals. Utilize the budgeted money to hire a consultant for one or more of the following: assessment of Service Needs and Barriers for people not in care; Profile of provider capacity and capability; profile of PLWH with unmet need; or we might want to hire a consultant to help us figure out the process. • Brian – what assistance do you need from the Full PC? Lorsonja – we’re trying to figure out what is our goal? What is it that we want the consultant to do? Brian – one of your needs might be for us to show up at your meeting. Lj – Committees should think through what they want to get out of the needs assessment. What do providers think the needs assessment should answer? • Julie – S&F has a particular interest in ranking unfunded services. But if I were going to spend money on one component, it would be on those people living with HIV who are not receiving RW services.
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Public Comments	Billy – When we’re talking about recruitment, I hope people are paying attention to that. It is a struggle moving forward. I’ve been working tirelessly to reach as many people as I can. I’m really starting to worry about things and I hope that people understand the need that we have.
Announcements	Natalia – Condom Couture event is on 9/20 at 7pm. Reach out if you or your organization are interested in being a designer! Lj – NxtGen Collective is meeting virtually this Saturday from 11 to 12 for a warm welcome. Cielle is the contact. Kimberlin – Ministry of Hope is hosting an Aging Well community event on October 17 th . Register through Kimberlin.
Adjournment	Meeting was adjourned by Christy Nicholls at 6:59 pm.
Reminder: Check your Email or the Website for Minutes and Agendas Visit the Ryan White HIV/AIDS Homepage at: www.ccbh.net/ryan-white Next Meeting: September 16, 2026 at 5:30pm	