

Cuyahoga Regional HIV Health Services Planning Council

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

Kimberlin Dennis, Myron Bennett, Kristina Knight Co-Chairs



Planning Council

Wednesday, September 16, 2015

5:30 pm to 7:00 pm

St. Augustine Health/Ursuline Piazza Campus

7801 Detroit Avenue ☐ Cleveland, OH 44102

Start: 5:50 End: 7:15 Co-chair: Kristina Knight

Moment of Silence

Welcome and Introductions

Public Comment Opportunity

Approval of Agenda, September 16, 2015

Motion: Michael Foreman Seconded: Chris Ritter

VOTE: In Favor: 17 Oppose: 0 Abstain: 0

Approval of the Minutes, August 19, 2015

Motion: Chris Ritter Seconded: Naimah O'Neal

VOTE: In Favor: 16 Oppose: 0 Abstain: 2

Ryan White Part B Update

1. HRSA site visit is scheduled for Oct 6, 7 and 8, 2015.
2. The Ryan White Part B Advisory group meeting was 9/10/15, Gardasil 9 will be available through the OHDAP formulary in addition to Gardasil 4. Additionally it was recommended to add the future Tenovir products as they are approved over the year.
3. Funding decisions for the Quality Innovations in the Continuum of HIV care are being approved by ODH and will hopefully be announced by 10/1/15.
4. OHDAP currently has 2 vacancies so applications may take a little longer to approve. HRSA requires less than 14 days which will still be met. Case managers should watch end dates and submit applications as early as possible.

Grantee Report

- a. FY2015 Utilization Update
 1. Expenditure report, current split 75.87% Core and 24.13 % Support. Grantee will bring reprogramming request to PC in November. (see handout)
- b. Administrative Update
 1. Site visit response for HRSA is being worked on.
 2. The Core Medical Waiver summary was provided to S&F, 9/9/15 (*see hand out*). There will be a presentation at the October Strategy and Finance meeting.
 3. The Standards of Care format was provided to the Quality Improvement Committee 9/16/15, and a sample MCM SOC was provided as well.
 4. There is one outstanding data request for Foodbank and EIS.
 5. Working on the grant application which is due to HRSA by Nov. 2, 2015.
 6. Monitoring is starting this week and will continue through the end of the grant year.

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7. *Lake County Update:* There is a meeting with clients on 9/17/15 from 4-6 pm to obtain feedback in regards to services. Service providers in Lake, Geauga and Ashtabula have been contacted regarding providing services. Grantee will be communicating with other providers, keeping all in the loop. The goal is to have contracts in place by November 2015. This will not require a new RFP. Gil says this needs to be transparent, Melissa Rodrigo states they are transparent, procurement is grantee's responsibility. Melissa Federman asked if underspending was due to Lake County closing? Melissa Rodrigo clarified this gap. No other questions were asked.
8. Federal poverty report was reviewed (see handout).
9. Eligibility Summary report update: 1325 applications were uploaded, proof of HIV 1222, proof of income 1195, proof of residency 1138, proof of insurance status 1044. Total of documents uploaded as of June 1, 2015 is 5924.
10. Medicaid report; Marlene Robinson-Statler, 157,491 cases approved to date. There is a current backlog of 9,442.

Planning Council Business

- a. HRSA Site Visit Report Findings & Recommendations
 1. Sharron Harris reviews Corrective Action Plan, this was voted on and approved in Executive session
 2. HRSA had 3 major findings and recommendations for each.
 - a. **Legislative finding** – Enhance planning council products/output through targeted training: **Planning Council Action Step** – *Establish a Training Task Force to create a comprehensive training plan.*
 - b. **Legislative finding** – The planning council did not meet the legislative requirements of reflectiveness and representation: **Planning Council Action Step** – *MRM held a conference call on 9/8 to present date options to the Executive Committee for approval to schedule & conduct the Mandatory Member Orientation/Training; MRM reviewed the reflectiveness, identified compliance issues to be addressed in a targeted outreach plan.*
 - i. **Terms Limits: Planning Council Action Step** – *Establish & incorporate term limits into the planning council Bylaws that states “Planning Council members shall be appointed to 3-year terms, with the option to apply for a second 3-year term, with allowance for extension of the second term as a voting member until a suitable candidate is found and appointed.”*
 - ii. **Develop & Implement an Open Nomination process – Planning Council Action Step** – *MRM will create a written Open Nominations policy that incorporates into the process a once-a-year event that includes a 3-month timeline.*
 - iii. **Develop & Implement a plan to routinely track & monitor planning council member attendance – Planning Council Action Step** – *MRM scheduled a conference call on 9/15 to establish a timeline to complete the review finalize and present the Attendance policy for approval.*
 - iv. **Institute a “Committee of Record” – Planning Council Action Step** – *Completed.*

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- c. **Administrative finding** – The Planning Council’s committee structure and work plan did not meet HRSA’s expectation.
- i. *Expand the committee structure, under the quality improvement committee, to include the development of needs assessment and comprehensive planning – **Planning Council Action Step** – The responsibilities of the QI committee will be expanded to include Needs Assessment & Comprehensive Planning responsibilities.*
 - ii. *The role of the Executive Committee as the committee of governance to which all committees report, need to be clarified – **Planning Council Action Steps** – Bylaws will be revised to clarify the role of the Executive Committee and clearly define its role as oversight to ensure compliance with RW legislation & HRSA expectations.*
 - iii. *Create a PSRA committee or work group charged with developing a carry-over plan, reprogramming plan, service category ranking, resource allocation and drafting of the annual spending plan – **Planning Council Action Step** – S&F Workgroup with help from TA consultant shall develop a comprehensive PSRA work plan with specific timelines.*
 - iv. *Review the spending report Quarterly, rather than monthly – **Planning Council Action Step** – the S&F committee will add quarterly utilization/spending trend analysis and reporting to their review of the spending report, but continue to review spending monthly*

Motion to accept the Corrective Action Plan as written: Moved by Chris Ritter,
Seconded: Elaine Henderson

VOTE: All In Favor: 18 Oppose: 0 Abstain: 0

Motion Passed

b. AEAM Update

1. S&F findings discussed at 9/9/15 meeting.
2. Sharron Harris reviewed and explained what it is. This is an evaluation of how funds are distributed in the community. PC is required to do this annually and grantee responds to it (see **Sharron Harris email**) 5 questions that were given to the Grantee.

Chris Ritter asked “how would members know if services were delivered/ or no gap, no data to back it?
Sharron Harris responded the providers would report it to the grantee,
Discussion regarding clean invoice and paying out cause a disruption of service

Motion made for approval of the AEAM: Michael Foreman, Seconded: James Stevenson

VOTE: All In Favor: 12, Oppose: 3, Chris Ritter, Michael Foreman, Darryl Fore Abstain: 3

Motion passed

Committee Reports

- a. *Community Liaison Committee* - Naimah O’Neal
 1. Discussed strategies on how to get consumers involved, need consumers from PC to be on CLC,



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- 2. Naimah will speak to case managers to recruit consumers
 - 3. Term limits will be difficult if they can't get consumers
 - 4. Suggested by Melissa Federman to get food from other supporters to help recruit members
 - 5. Go to LGBT / BIG to recruit, invite to smaller committee, transportation is an issue
- b. *Strategy & Finance* – Darryl Fore
- 1. Daryl, reviewed HRSA recommendation, need committee for PSRA work group
 - 2. Present 3 categories at each Planning Council meeting and review each category to be prepared for PSRA.
- c. *Membership, Retention & Marketing* - Chris Ritter
- 1. Did not have an official meeting as committee Naimah headed a work group, no quorum; couldn't do agenda
 - 2. Discussed leadership and members
 - 3. Attendance was discussed
- d. *Quality Improvement* – Gil Kudrin
- 1. The committee met tonight, 9/16/15.
 - 2. Strategic planning will be part of QI immediately.
 - 3. Encouraging everyone to participate in the Standard of Care meetings.
 - 4. Kate gave a presentation for SOC.
 - 5. SOC meetings Oct 6, 28 and Nov 2, asking for more support from consumers and providers for these meetings. Julie Patterson will email members with details.

Planning Council Training

None

Other Business

None

Public Comments

- 1. Gil Kudrin, states that executive and grantee need to work through CAP, he wants to see grantee CAP report, needs transparency.
- 2. Melissa Federman, CDC, Care Alliance, Recovery resource, Planned parenthood Consumers pharmaceutical reps dinner, rsvp sept 22 Crop bistro open to all
- 3. Sept 20 -26 Major HIV Testing event MSM, get info from Tammie Jones
- 4. Nueva hosting Halloween event, need candy donations

Announcements

None

Adjournment

Motion: Chris Ritter Seconded: Elaine Henderson

VOTE: In Favor: All Oppose: 0, Abstentions: 0

2015-16 Sign in Sheet PC Council Member	Mar	Apr	May	Jun	July - PSRA	Aug	Sept	Oct	Nov	Dec	Jan '16	Feb '16	# of Abs.
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Leshia Yarbrough- Franklin 08/2013-08/2016																				2	
Nolan White RESIGNED 07/2015 - 07/2018																					1

Staff: Claire Boettler, Sharron Harris, Pam Ditlevson, Melissa Rodrigo

Guest: Kim Rodas, Bob Candage, Thomas O'Donnell, Doug Vest, Bradley Pahl, Andrea, Monique Rucker, Josh Kratz, Chelsea Wood, Adam Torres, Nicole Fetcho, Reana Thomas

Next Meeting: October 21, 2015 – 4:00 – 5:30 pm, St. Augustine/Ursuline Piazza Campus

Visit the Ryan White HIV/AIDS Homepage at: www.ccbh.net/ryan-white