

Cuyahoga Regional HIV Health Services Planning Council

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

Priority Setting and Resource Allocation Data Presentation Minutes

Wednesday, July 12, 2017 12:00 Noon – 4:00pm

Ursuline Piazza/St. Augustine Manor Health Campus

7801 Detroit Avenue Cleveland, OH 44102

Start: 12:13 End: 3:56

Welcome and Introductions

PSRA Overview & Managing Conflicts of Interest

Sharron Harris reviewed the purpose for the day. Participants were reminded that they reviewed epidemiology and utilization data in preparation for PSRA. Participants were encouraged to use the note pad provided for notes and questions pertaining to the PSRA process. Handouts were reviewed. Recommendations for directive will be presented. If time permits ranking of service priorities can be done.

The conflict of interest handout was reviewed and the meaning of conflict was discussed. Participants were reminded, "Do not advocate for services that as a provider, that benefits your organization." If you are funded to provide the service, you cannot initiate a conversation about the need to fund the service. You can answer questions about how the service is delivered. That is how we manage conflicts of interest. Each member of the Planning Council, especially the leadership team must help to manage conflicts of interest.

Cleveland TGA Epidemiology Presentations were done by Vino Sundaram and projected on the screen. Vino pointed out the conflicting data from ODH, the data presented is the best that could be put together. Ms. Sundaram reviewed the definitions of Prevalence – Existing HIV cases; Incidence – New HIV cases.

The largest trends of new cases are: African American, males, 20-24 age group, and MSM. This should be the target population. For more information, slides are on website, Ms. Sundaram will email as well.

Cuyahoga County Epidemiology (overview)

- 1. Most at risk group: African American, males, MSM, <30 yrs. of age.
- 2. Target testing in high risk zip codes



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- Increase PrEP awareness (doesn't prevent syphilis)
- 4. Better outreach directly in neighborhoods
- 5. Increase outreach in schools

*Funds are being cut for teen pregnancy which may make the effort more difficult

Cleveland TGA Utilization Presentation - Sharron Harris Part A – Utilization & Spending (2014-2016)
Sharron reviewed the handout and projected on screen The top most utilized services were reviewed.

Core services:

- 1. OAMC (Nurse)
- 2. MCM (no third party payer)
- 3. Oral
- 4. Mental health

Support Services:

- 1. NMCM,
- 2. Transportation

Most Core dollars are spent on: OAMC, MCM, Oral, HIPSCA, EIS.

Most support dollars are spent on: NMCM, Legal, EFA.

A review from 2012 through 2016 was presented onscreen. There were a total of 2,893 individuals receiving HIV related services in 2016.

Note: 2 new providers were added this year providing OAMC services

- Substance abuse services were allocated much higher than actual expenditures (there are other funding sources for this service in the Cleveland TGA).
- Mental health allocations far exceeding the actual expenditures in 2016 (there are other payers (Medicaid) in this service category.
- HIPSCA (301-500% FPL) is growing year to year. This category needs special
 consideration going forward because of the demand. This service category's utilization
 far exceeded the amount allocated for this service. Part B is changing their rules to
 qualify, but waiting for state level approvals. (More funding needs to be considered for
 the HIPSCA service category).
- EIS (newly diagnosed, out of care) spending is on track
- Home health care costs are going down (Nurses)
- Home/Community based going down (Aides)

Support

- Transportation services needs to be protected. This service category's actual utilization was almost \$20,000 more in 2016, over the amount allocated.
- Food bank/ home delivered meals; keep allocation around \$100,000.00



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- Substance abuse-Residential spending is lower, but should follow allocations in the past
- Outreach (out of care), spending is low but may need to keep level funding. EIS/Outreach are similar, follow prior year expenditures for guidance.
- Psychosocial count has been going down. This services category is FTE based, fund at actual expenditure.
- Legal has grown, need to protect resources, this service category funds FTEs, actual expenditures in 2016 were almost \$40,000 over the actual allocations.
- Non-Medical Case Management (funds housing coordinators) is a very important service category to protect.
- EFA, keep actual expenditure in mind for this category. Dollar should be going down or staying level due to payer of last resort.
- Minority AIDS Initiative MCM and OAMC are the service categories funded under MAI.

Service gaps per the grantee were reviewed

Unmet need was projected and reviewed. There are 1,930 that are out of care.

What % does PC want to target to get in care (of the 1,930) (this should be done throughout the year, not in one day – per Jason) per grantee 274 are newly diagnosed; data was presented in April by the grantee. Planning Council will have to use same technique as last year until the data is available next year. (Grantee states that there was no data request, if this info is needed then it should be requested). Strategy & Finance should be focused on the EIS and Outreach to help retrieve the data for the unmet need.

Other funding sources were discussed and projected. There are other funding sources for the following services:

- Part B ADAP, HIPCSA and Medical Case Management.
- Part C OAMC, AIDS Pharmaceutical Assistance Local, Oral Health, Mental Health Services, Medical Nutrition Therapy, Medical Case Management, Non-Medical Case Management, Medical Transportation Services.
- Part D OAMC, AIDS Pharmaceutical Assistance Local, Mental Health Services, Medical Case Management, Medical Transportation Services, Psychosocial Support Services.
- Part F Mental Health Services, Substance Abuse Services Outpatient, Outreach Services.

Sharron will email this document to PC members.

Break (2:10-2:30)

Discussion (determine rationale for allocation decisions)

Grantee Input (Utilization & Spending Observations)
 Sharron asked the grantee and attendees for input regarding utilization and spending trends.



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The grantee suggested: increased spending in HIPSCA, OAMC, and also to look at 2016 expenditures. Claire explained the Medicaid expansion rule. (Bring copies of the 2017 allocation (award)

Sharron shared the example of a possible 5% increase in funding (5% gets added to the 2017 allocation not 2016)(do real time figures as has been done in the past)

Gaps:

HIPSCA
OAMC
Med Transportation
Non Medical Case Management
Outreach
Early Intervention Services
Legal

Other Funding Sources

Reviewed

- Recent Needs Assessments & Consumer Forum Input (SH will email forum feedback)
- Services receiving Reallocations
- Unaware for allocation consideration

Need to work on throughout the year, but a decision is needed at next week's allocation session. The estimate for the Unaware is 1,157 – how many can get in care? The number for the Unmet need is 1,930.

2018 Directives

Sharron suggested that providers have their grievance process located in a general location as a directive. She also shared other directive ideas. The grantee suggested that EIS and Outreach be an objective for providers to monitor: MSM, African American males >30. Chris Ritter suggested that zip code monitoring would be better using EIS and Outreach in the TGA, possibly just one provider. Barb Gripshover thinks that partnering would be better.

Jason suggested that EIS and Outreach providers present at full PC meeting.

Robert explained Recovery Resources plan on target testing.

Target testing zip codes: 44128, 44105, 44120, 44102, which correlate to these cities:

Glenville, Broadway / Slavic Village, Edgewater, Old Brooklyn, Downtown

*Directive related to: Sub recipient to identify one objective from high risk neighborhoods; <30, male, AA, MSM, and Viral Load Suppression.

Sharron stresses that the discussion regarding directives needs to be discussed throughout the year in Strategy & Finance.

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Next Steps for July 19, 2017

- 1. Rank 2018 Service Priorities
 Sharron suggests reviewing the slide showing the top ten most used services and the expenditures for those categories.
- 2. Allocate Resources for HIV Core & Support Services for GY2018

2018 PSRA Mtg. Attendance 7/12/2017 St. Augustine's

1	Susan DiCocco - PC	16	Kristina Langshaw - Metro Health
2	Tracey Brichacek - Metro Health	17	Jason McMinn - PC
3	Kimberlin Dennis - PC	18	Tammie Jones - PC
4	Maurice Smith - PC	19	Robert Watkins - PC
5	Christy Nicholl's - Medicaid	20	Melissa Rodrigo - Grantee Office
6	Kim Rodas - Nueva Luz	21	Marlene Robinson- Statler - PC
7	Zach Levar - Grantee Office	22	Alan Taege - PC
8	Vino Sundaram - City of Cleveland	23	Merle Gordon - PC
9	Max Rodas - PC	24	Tina Marbury - PC
10	Brenda Glass - PC	25	Barb Gripshover - PC
11	Clinton Droster - PC	26	Melissa Federman - PC
12	Chris Krueger - PC	27	James Stevenson - PC
13	Leshia Yarbrough Franklin - PC	28	Claire Boettler - Cuyahoga Cty. Board of Health
14	Chris Ritter - PC	29	Sharron Harris - PC Contractor
15	Naimah O'Neal - PC	30	Pam Ditlevson - PC support