



**Priority Setting and Resource Allocation (PSRA)  
Minutes**

Wednesday, June 19, 2019  
3:00 pm to 7:00 pm

**Cuyahoga County Employment Services Center**

9830 Lorain Avenue  
Cleveland, OH 44102

**Start:** 3:10pm                      **End:** 6:38pm

**Welcome and Introductions** - Kimberlin Dennis

All in attendance introduced themselves and stated conflicts, if applicable. All handouts (agenda, PSRA approved directives, service categories, priority scoring summary, spending trends, 2020 service award, sample allocation scenario, and new to care comparison data) were provided along with a slide presentation.

**PSRA Overview** - Jason McMinn

PSRA stands for Priority Setting and Resource Allocation. It is a legislative requirement of all Ryan White's Planning Councils and the most important annual planning council committee task of the year. The Planning Council looks at the needs of the community, which begins initially with the Strategy and Finance committee where they review the service categories and rank them according to several factors. The PSRA meeting is designed for planning council members to allocate approximately \$5,000,000 Ryan White Part A government -awarded funds into 16 service categories to address the needs of people living with HIV/AIDS.

**Managing Conflicts of Interest** - Naimah O'Neal

In order to be transparent and for things to remain above board, everyone must acknowledge any confliction in order to steer conversation in a positive direction and ensure funding efforts are effective. Members must state at the beginning of each meeting, whether a conflict exists. If there is one, members may participate in discussions, but must abstain from voting on conflicting issues.



**Review Service Priorities Rankings – Strategy & Finance Co-chairs – C. Droster and C. Barnett**

Review of List of priorities ranking on projection – taken from Cleveland TGA PRSA Planning

Medical Care Management – highly ranked  
Data received from support groups ranked everything  
Rankings on scale from 1-8  
Last sheet in packet describes how tally was done

\*Question: If same score, how do you decide?

\*Response: It shows in alpha order, info also from community forums, no particular rhyme or reason

\*Question: When scores are equal, what will be denominator to separate the categories? What will be the tiebreaker?

Response: Possible review from S & F

**Review Approved 2020-2021 Directive - Robert Watkins**

\*Recommendations: changes for directives to improve individual Living with HIV  
Housing is major issue

Recently mental health

These are things to look at going forward in planning council

Gave review of items on the Approved Directives sheet

\*Question: Where do ongoing directives go?

\*Response: We continue to try and do them, guarantees efforts are to recruit, we do a lot of work with smaller award, but only have so much leverage

\*Suggestion: Maybe send a letter on our grantee process, maybe ask HRSA to loosen up a bit, also add to monthly report things PC would like to consider changing; also shouldn't lock into one training source, may have sources already available, looking to do something different, outside the box

Objective is to provide technical support in clinical community to those PLWH



\*Question: What is timeline for next directive?

\*Response: They go into a cycle

HOPWA meeting schedule for remainder of 2019

Next two dates, June 25 at 2:00 at EDEN, last meeting, Tues, Oct 29, 2PM at EDEN

For 2020: Tuesdays Feb, 25, June 30, and Oct 27. Meetings always the last

Tuesday at 2:00 pm held at EDEN (Emerald Development and Economic Network)

Housing always been an issue, you must agenda address issue for it to become a directive, partnership of grantee is essential to implementation

Motion: - J. McMinn

Motion: To add Housing Case Management to directives on the Quality Improvement meeting agenda

In Favor: All, Oppose: 0, abstain: 0

Motion carried.

\*Recommendation: Look at other TGA and what they look like, or what they do, and maybe we can adjust our PC

Sharron will find data and incorporate into next meeting

### **Determine EIIHA & Return to Care Percentage Target**

Goal to come up with percentage for this year

Looking for better #'s from HRSA on new data care, not yet provided

\*Question: Is there a clinical time when someone considered out of care?

Response: Could be a year it varies, HRSA typically one year considered out of care. What is the data to care package? Is it using data "out there" to use to get Medicaid or other data to help RW consumers?

\*Response: Grantee office currently gathering info from variety of sources, doing surveys, etc. also going to Columbus to view their process, looking for credible data, just the characteristics of service needs, not personal data, data coming in

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the fall, will be more accurate, useable, treatment as prevention, finally coming to the forefront of RW mission.

Goal for New to Care target percentage- 11%

Motion: C. Droster

Motion to approve New to Care target percentage to 11% for fiscal year 2020

Seconded: C. Nicholls

In favor: 15, Oppose: 2, Abstain: 0

Motion carried.

Further committee discussion on acuity and needs of PLWH, being careful of language and labeling PLWH as needy”, etc.

\*Question: What is an acuity project?

Response: It is a scale/guideline to base needs of PLWH.

Review of Allocation Scenario Worksheet – S. Harris

PC to determine are we using total allocation, zero out something, or how to proceed?

Oral Health: \$374,205, beginning 3/1/2020, 8.79% of total

Suggestion: add to it to get closer to 2019 projection

Dental is always a carryover, usually underspent

Outpatient: Okay as is

HIPCSA: Committee recommended to zero out for 2020

Recommend keep some \$ in HIPSCA, nobody will bid for svc if not enough funds

People will be waiting until funding year to switch, some may not switch

Goal of S&F to transition everyone to next calendar year

Already funded for fiscal year 2019, recommended to keep things in place

HIPSCA is a payer from O D Health, helps PLWH, a confidential health service

If gov't takes away \$, must do special RFP to implement again if PLWH needed

Ambulatory Health Services: \$1,170,392 or 1.1 mil 27.49% of budget

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Medical Case Management:

Early Intervention: \$397,985, or 9.35% of budget

Mental Health: Committee okay as is, consensus \$255,416, 6% of budget

Home Health Care: Committee recommends adjust to \$12,000 total, consensus \$12,506, 29.01% of budget

Home and Community-Based Care: Committee recommends add \$50,000, consensus, \$45,945 or 1.08%

Medical Nutrition Therapy: Committee recommends incr. to \$70,000, consensus, \$70,000, 1.64% budget

**\*\*Core Services Total: 81.21% of budget**

Medical Transportation: Committee recommends incr. to \$100,000, consensus, 100,000; 3.25%

Other Professional Services/Legal: Committee recommends incr. to \$212,000, consensus, \$212,000; 4.98%

Non-Medical Case Management: Committee recommends remain at \$383,000, consensus, \$383,124; 9%

Psycho-Social Support: Committee recommends, flat at \$47,000, consensus, \$52,103; 1.22%

Outreach (combined with Early Intervention Services): Committee recommends, as is, consensus, \$

Emergency Financial Assistance Services: Committee recommends incr. \$38,000, consensus, \$28,270, may adjust .66%

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Food Bank Home Meals: Committee recommends keep at \$79,463, consensus, \$79,463, monitor; 1.87%

Review of summary total of new allocations: \$4,268,000, no grantee can request more than %5 of the award.

**\*\*Support Services Total: 19.05% of total**

**Motion & Vote to approve 2020-2021 Allocations - PC Members**

Motion- C. Nicholls

Motion: To adjust 2020 allocation dollars and remain HRSA compliant with addendum to allow grantee latitude to round off percentages.

In Favor: 19; Oppose: 0; Abstain: 0

Motion carried.

Updated calculations with new total for readjusted calculations to provided.

**Announcements**

S. Harris reminded members to complete PSRA feedback survey. Results of surveys will be tallied and reviewed for feedback in the next Strategy and Finance meeting.

There will be no Planning Council meetings for the month of July. The next Planning Council meetings will be held on August 7<sup>th</sup> for the Consumer, Strategy, and Membership subcommittees, followed by the August 21<sup>st</sup> Quality, Executive and Full Planning council meetings.

C. Ritter expressed need for volunteers to assist with 2019 applicant process.

**Public Comment**

J. Patterson shared flyer on international HIV/AIDS activist, Hydeia Broadbent, who will be presenting at several community events on Tues., June 25<sup>th</sup> at MetroHealth (for PLWH only), Wed, June 26<sup>th</sup> at Garden Valley Neighborhood House (seniors only), and Thurs., June 27<sup>th</sup> at The Word Church (open to all).

**Motion to Adjourn:**

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Motion: C. Ritter Seconded: C. Barnett

	PC Council Member	PSRA	Year to Date Attendance %
1	Kimberlin Dennis	20	175%
2	Terry Allan	20	120%
3	Merle Gordon	0	100%
4	Clifford Barnett	20	180%
5	Michael Deighan	20	55%
6	Clinton Droster	20	125%
7	Melissa Federman	0	20%
8	Brenda Glass	20	100%
9	Barbara Gripshover, MD	20	85%
10	David Johnson	0	20%
11	Bryan Jones	20	90%
12	Tammie Jones	20	80%
13	Tim Leonard	20	90%
14	Tina Marbury	0	70%
15	Jason McMinn	20	140%
16	Christy Nicholls	20	70%
17	Naimah O'Neal	20	132%
18	Chris Ritter	20	50%
19	Marlene Robinson-Statler	20	70%
20	Ronald Rolling	20	185%
21	James Stevenson	20	145%

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22	Robert Watkins	20	<b>195%</b>
23	Leshia Yarbrough- Franklin	20	<b>90%</b>

Staff: C. Boettler, T. Arif, M. Kolenz, M. Rodrigo, V. Panakkal, T. Mallory, S. Harris

Guests: J. Patterson, J. Citerman-Kraeger, N. Stevens, L. Lovett, D. Houston, W. Simpson