

Cuyahoga Regional HIV / AIDS Health Services Planning Council

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

Clinton Droster, Clifford Barnett - Co-Chairs



Strategy & Finance Committee (S & F)

Minutes

Wednesday, August 5, 2020

12:00 pm to 1:00 pm

Start: 1:10 pm **End:** 2:29 pm **Facilitating Co-chair:** C. Barnett

Moment of Silence

Welcome and Introductions

Approval of Agenda: August 5, 2020

Motion: C. Droster Seconded: K. Dennis

In Favor: All Opposed: 0 Abstained: 0

Request to amend Agenda. Grantee asked to move Item C to A and Item A down to Item C

Motion: K. Dennis Seconded: C. Droster

In Favor: All Opposed: 0 Abstained: 0

Approval of Meeting Minutes for June 3rd, May 6th, April 1st, and March 4, 2020

Motion: C. Droster Seconded: C. Barnett

In favor: All Opposed: 0 Abstained: 0

Grantee Report

1. Grantee Report - August 2020 – Planning Council
 - a. ODH State Integrated Plan no update.
 - b. Clinical Quality Management committee continues to meet with the efforts focusing on disparities in viral suppression. Grantee CQM members met with providers regarding ongoing 2020 projects. Thirteen out of fourteen meetings have been conducted regarding quarter 2 data. Grantee develops one-pagers for providers to use for internal purposes.
 - c. Grantee team finalized the closeout report for the FY2019 grant year. The remaining balance for the FY2019 grant year is \$101,950.89. All funds are allowable for carryover as we are below the 5% of the Formula award. This is the 1st year below the allowable carryover.
 - d. CCBH is ramping up the FY2020 grant year.
 - e. ODH sponsored needs assessment update. The surveys have been released for completion requesting all parties to distribute widely if possible. The survey closed at the end of June. CCBH will present once data has been received.

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- f. Grantee completed version five of the newsletter and it was sent out on June 1st.
Feedback welcome.
- g. The training schedule is on hold due to COVID-19 except the AETC training would like to know what date they can present. CCBH needs to get a month designated as this is a Directive.
- h. Data to Care - The 2nd cycle was completed by the medical providers. CCBH received legal feedback from John Hopkins University. The Not-In-Care (NIC) process uses a combined approach integrating data from CCBH and medical providers. The next list is due out in August. This project is an Ending the HIV Epidemic initiative.
- i. CCBH continues to work with sub-recipients in regard to data completeness and productivity. CCBH completed the annual data submission to HRSA called the Ryan White Services Report (RSR).
- j. CCBH fully migrated to CAREWare 6. The system has many differences when running reports. This has caused CCBH staff to spend many hours creating new reports as well as determining what data is now being pulled.
- k. Ryan White Part A received COVID-19 funding. CCBH and CDPH conducted joint listening sessions with providers. CCBH completed a large order of masks for clients as well as distributed funding to all providers based on Part A eligible clients served. Working closely with providers regarding budget and data/reporting requirements.
- l. The Ending the Epidemic award was received in the amount of \$750,000. The following projects have been moving forward social media campaigns for stigma reduction and U=U reengagement in care. Community Health Worker Certification program in coordination with Cleveland State University, Data 2 Care program support, Intensive MCM program support, Medical Transportation program support and Rapid Art program support.
- m. Ending the Epidemic Plan update:
Community Solutions is the selected vendor of the ODH to write the three EtHE plans within the state of Ohio. There have been preparation meetings. An EtHE advisory committee meeting was conducted. Community Solutions completed a community engagement meeting virtually. The plan was granted an extension now due end of the year.
- n. CCBH participated with the state regarding the prevention EtHE application. CCBH conducted a very successful listening session in which many projects were identified. The notes were provided to ODH so local project requests could be added to the Prevention EtHE grant application submission. Award notice release to ODH was recently released. The FY2020 grant. The allocations split is 80.81% core 19.81% Support

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the expenses are at 12.70 for three months which is underutilized. Providers are just starting to get invoices submitted.

Administrative Update

The Clinical quarterly meetings are ongoing with current projects, and we just finished the second quarter of data sets. Then we will be completed and will look at barriers, challenges and accomplishments. Kudos was expressed to the Strategy & Finance Co-chairs and committee for their tremendous efforts throughout the year with reallocations, and lengthy discussions on changes, dollar amounts, and managing the spending for the most we have ever had. Thanks to their work, there will not be one dollar left on the table. We will have less carryover, but this will be the first time. The Ryan White newsletter was completed and went out in June. The committee was asked when they would like a presentation from the AETC group. The committee will decide at full council meeting. Data to Care – expect for changes to be to the manual. We are also continually working on data completeness and still having issues with CAREWare 6, as the current data is not as flexible, and we are just working around and making adjustments. The Covid grant was received and we are working through budgets now. The grant also provided a big face mask allotment and we were able to distribute them to our agencies from that. The End ending the Epidemic (EtHE) award started at the beginning of the year for all the projects that came out of the listening session, total received was \$750,000. Some of those projects were: U=U, the Community Health Care certification, a Data to Care proposal, Intensive Case Management and Medical Case Management proposal, and a Rapid Start project. Also, the EtHE care plan is underway.

FY 2020 Utilization Update

Partial award granted.

Some agency contracts are delayed, but it is left up to agencies on how they want to proceed. Overview of YTD expenditures – we scored 99 on the grant application and are looking forward to a good spending year. The grantee asked committee members, now with virtual things done, how did they want to receive this information (grantee updates and report) moving forward? The committee agreed that the current method using screen presentation of the information and updates was the best way, because it provides the most accurate and up to date information for each meeting. The grantee's office will also send out an e-mail version of the updates, prior to the meeting, for those who want to print a paper version.

*Question: – To reiterate, this fiscal year, we are in the arears. In regard to the resource allocation, now that we haven't seen any money to move around – was this a good decision?

*Response: We will try to track more when doing priority setting, to get a sense of services where we've put in and out and will try to keep it more balanced. This year we've received, and partial awards create issues. Also, due to virus, there have been more challenges. We must focus on what we've been used to doing with the budget. For instance, with dental- many

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haven't gone this year and that's usually been a big project. Also with medical transportation and with OAH, there may be reimbursement rate changes due to tele visits versus face to face, so there could be less spending there, too. There could be changes there, but we're not anticipating giant changes, but definitely walk-ins for labs could be lower. We will need to take a hard look at this in November. Flexibility will be important this year.

New/Old Business

Review Committee Workplan for Compliance

1. Training for S&F Committee Members – started in Feb end date Nov. PSRA completed & gone over expenditure report each month – It was recommended to conduct more trainings for new members an plan will be presented for Sept. meeting.
2. Conduct Assessment of AEM- (Conduct a Training)- completed.
3. Assist with PC Re-Allocation strategy/process – ongoing.
4. Plan & conduct PSRA Process - started in Jan end date June, completed.
5. Review and Approve Carryover Request – not done as of yet, usually occur in Nov.
6. Quarterly Progress Report on Committee Work Products – not much to report due to COVID. Committee was only able to focus on PSRA activity
7. Review SOW for next year (Committee PCAT) – is scheduled for Nov.

The facilitator outlined two items for the committee to tackle for next year's priority setting. First, to look at the Priority Setting tools and create criteria to determine how the committee with decide whether to rank/score a service as a 1, 3, 5, or 8, in the numbering process. The Co-chair suggested this item could be put on the agenda in November.

Second, to discuss what criteria should be used to decide whether to allocate addition money to a service category? Do we add to what was spent, and what are the criteria for taking money from a category? We will need to look at the why's on what makes this happen and decide what criteria will guide our decision-making

These will be the two (2) main tasks for S&F committee, how we score and what is the basis of the ranking? All things should be based on facts and data and we will have to figure out this with normal data, which will change this year. If given a choice, it may be best to focus on criteria for the numbers: 1, 3, 5 & 8, before anything else and that can be the agenda item next month.

Also, another brainstorming could take place on the funding level, clarifying what would keep something on the same funding level? We could also include adding/and subtracting dollars in conversation with the ranking. The 2021 PSRA year will be different, but the work we do should carry us for years to come. Then the discussion will change with COVID, as needed.

Training Suggestions:

-The AETC group, a group who provides HRSA-funded training on primarily how to serve the medical needs of PLWH/A in the community. The committee would like further info on what the

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group does and how they can serve/help them. The committee agreed to have them attend a PC meeting to discuss their program/process.

PSRA Training/Refresher – this could be an agenda item as part of the committee process. The facilitator will present a training proposal and report this info back to the committee on whether they would like that. It would help newer members to have a refresher course in this and have a more knowledgeable outlook when speaking on the PSRA process. Perhaps doing the training at a full PC committee meeting may be a better possibility. The committee will be given options to choose from.

There was also a suggestion made that perhaps more explanation on slide presentations could be done for making them more understandable.

**Comment/Question:* With everything that's changing with COVID, & getting feedback, is there any documentation that providers can give us, as far as when they request their grant proposal? For instance, if they have the actual documentation on what money is being used for with COVID, if there are any more changes that affect reallocation, how much is actually needed for these categories, and if we are on track?

**Question:* Also, is there a way of thinking outside the box with COVID like with household cleaning items, etc. and where we can aid PLWH/A, using COVID money, to help pay for things like this. Also, what are the limitations on how COVID dollars can be used?

**Response:* This will be brought up to the grantee - that the council wants to have better sense of how COVID is affecting service delivering so we can be best prepared in making allocations decisions.

Discuss Feedback from PSRA Process & Next Steps

Tabled.

Review AEAM Feedback

The process PCs are required to do annually to evaluate the efficiency of how quickly the Grantee distribute funding to meet the needs of PLWH/A. It examines:

1. Whether provider invoices are paid timely, (within 30-days)
2. Contracts – whether they were signed timely. The Grantee did a great job, allowed contracts to move quickly.
3. Whether Part A funds awarded are spent. HRSA allows a 5% carryover to be spent in the upcoming grant year if jurisdictions have funding left over. There were reallocations in January, June, and October.
4. The AEAM, also examines whether the Grantee's actually allocated the funding for each service according to the percentages determined by PC during PSRA. the allocations

The committee approved the AEAM to be presented to the full PC.

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Standing Business

Assist with Planning Council re-allocation strategy/process, review expenditure report.
Done.

Training for S&F Committee Meetings

Done

Parking Lot

Questions raised by B. Gayheart and N. O'Neal (thinking outside the box, can the PC assist with COVID) to be addressed by grantee at the next meeting.

Announcements

The grantee announced a flyer forthcoming for two listening sessions, for the CSU Peer Worker Certification Project that will be sent out to all PC members, affiliates, and providers. This certification training is to be a building block for the peer program and also could be a work force initiative as well. CSU is leading the program and it will be HIV specific with and HIV curriculum. The facilitator will forward the info to all PC following today's meetings.

Adjournment: Motion: C. Barnett Seconded: F. Ross

	S & F Members	Jan	Feb	Mar	Apr	May	June PSRA	Aug	Sep	Oct	Nov
1	Clinton Droster, Co-chair	20	20	20	20	20	20	20			
2	Clifford Barnett, Co-chair	20	20	20	20	20	20	20			
3	Michael Deighan	20	0	0	20	0	0	0			
4	Naimah O'Neal	10	10	0	10	10	10	10			
5	Julie Patterson	0	20	20	20	20	20	0			
6	Jeff Mazo	0	20	20	20	0	20	0			
	Total in Attendance	4	5	4	6	4	5	3			

PC Members: K. Dennis, J. McMinn, B. Gayheart, F. Ross, J. Citerman-Kraeger

Staff: M. Rodrigo, S. Harris, T. Mallory

Guests: L. Clayton