

# **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, September 2, 2020**

**12:00 pm to 1:00 pm**

**Start:** 1:14 p.m.

**End:** 2:28 p.m.

**Facilitating Co-chair:** C. Barnett

#### **Moment of Silence**

#### **Welcome and Introductions**

#### **Approval of Agenda: September 2, 2020**

Motion: M. Robinson-Statler      Seconded: C. Droster

In Favor: All    Opposed: 0      Abstained: 0

#### **Approval of Meeting Minutes for August 5, 2020**

Motion: C. Droster      Seconded: K. Dennis

In favor: All    Opposed: 0      Abstained: 0

#### **Grantee Report – M. Rodrigo – September 2020**

##### **1. Grantee Report**

- 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. Fourteen meetings have been conducted regarding quarter 2 data along with one-pagers sent back to all providers completed. 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 were requested for the Official FY2019 carryover into FY2020. . This is the 1<sup>st</sup> year below the allowable carryover.
- d. CCBH is ramping up the FY2020 grant year. Reallocations November 2020.
- 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.
- f. Grantee completed version five of the newsletter and it was sent out on June 1st. Feedback welcome.

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- 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 August list was received by CCBH and will be compiled for the medical providers. This project is a funded Ending the HIV Epidemic initiative.
- i. CCBH continues to work with sub-recipients in regards to data completeness and productivity
- 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. Providers working on invoices and monthly 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. The situational analysis has been completed and presented to the local advisory committee.
- n. CCBH participated with the state regarding the prevention EtHE application. CCBH conducted a very successful listening session in which many projects were identified. Award notice released to ODH.  
The FY2020 grant - the allocations split is 74.16% core 25.84%. Support the expenses are at 29.02% for five months which is underutilized. Five months should be 41.6%

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there are a few providers behind schedule. I would anticipate a major reallocation on November.

### **Administrative Update**

The Clinical Quality committee continues to work with providers on projects; one-pagers up to date. We will soon be conducting the big annual meeting for providers, virtually, in November. The carryover for 2019 was submitted. One item outstanding is the AETC training which needs confirmation. It is usually done in November, but maybe it can be October this year. The PC facilitator will contact them about setting a date. We are working on the second Data to Care list and will be putting that together for medical providers. We are still struggling with CAREWare 6 reports. They are not the same as we have used previously and this has impacted our care continuum system. Going forward, we will be looking at all clients in the system for viral suppression. Our numbers may go down initially, but overall it will push us to do more and to get more clients virally suppressed. Vino will return tomorrow from maternity leave. The Covid reports, as well as several other reports are due every month. All EtHE projects should be up and running soon. Of the \$750,000 granted, we were able to get the CSU Community Health Care certification program underway. All contracts have been distributed and received by agencies. As for two other projects: U=U and stigma reduction, we have released a proposal to leverage a couple funding streams for these. While everything was unable to be funded, we will continue to take every dollar available and apply it to direct services as a priority.

*\*Question:* Is there flexibility in short-term Covid funding to help with internet access for PLWH/A?

*\*Response:* The Covid dollars were disbursed out to all the providers and there were no requests for internet assistance.

*\*Response:* J. Citerman-Kraeger – The City is able to provide internet assistance and cell phone assistance. We also received additional Covid funding that can be used for utilities. Clients would have to get in touch with their case managers to find out how to navigate these resources.

### **FY 2020 Utilization Update**

We recently secured a Prevention Supervisor with extensive knowledge and experience, from the Cuyahoga County Board of Health (CCBH). There are two, Disease Intervention Specialists (DIS) in place, and a third one will start on September 14<sup>th</sup>. We are working with them to get the training they need and with ODH on what is needed to comply with the grant. We just finished the 2019 RW Services Reports; we have a six-month EtHE report due; and the Part A Grant Application due in October. So, due to limited staff, allocations will be pushed to November. Our overall spending should be every dime, and we will stress to providers, the impact that funding left unspent has on clients. Grantee will monitor spending closely to avoid any funding left unspent.

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### **New/Old Business**

#### **Review & Approve S&F Committee Draft Training Plan**

Last month, the committee asked for more specific training on key responsibilities of planning council members. Everyone agreed that understanding the PSRA process was important, particularly on ranking, how to rank, and how to determine what should be the highest category. They also asked for more training on how to read and understand the Grantee and Provider Services reports. Co-Chair, C. Barnett, proposed the following additional questions to consider integrating into the Strategy & Finance training so people can get a better understanding of these processes.

1. Adding some training for expenditure reports.
2. What are core and support categories?
3. What are their priorities and why?
4. What is the target amount to spend in each category?
5. What does it mean to be over utilized, on target, and underutilized?
6. What is the current award split? What's the goal?
7. Why do we have unfunded services listed?

### **Training Activity**

The committee discussed the following items for potential training activities.

Understanding Priority Setting & Resources Allocation (PSRA)

How to Read the Grantee and Provider Utilization Reports

Understanding the Assessment of the Efficiency of the Administrative Mechanism (AEAM) –

This is an annual HRSA requirement, in which the committee asks the grantee what is needed from them for compliance?

Priority Setting & Reallocation – Why is it done? The committee depends on the grantee informing them on who is spending and what services are not being utilized. A reallocation will be done in November in which all members should be present to vote. This will be the time for approving allocations.

Carryover – What is it and what does the law allow?

S&F schedule for trainings

1. Fiscal Report – Understanding the Utilization & Spending - October 7, 2020 meeting
2. Reallocation
3. Carryover
4. PSRA
5. AEAM

### **PSRA Planning – Criteria for Scoring Services in Order of Priority**

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The committee discussed how to identify the scoring of services, what will each number mean, how will they be ranked, and what will be the criteria for determining the ranking order numbers (1, 3, 5, and 8)?

This was the example given explaining how to rank a category. When determining a score, if it is known that other funders exist, like in the case with Medical Care services, where it is funded by Part C, Medicaid, and on the Healthcare exchange, the committee should use that established criteria in making ranking decisions.

### **Payer of Last Resort**

Are there any other funding sources that provide the same or any equivalent service to Ryan White eligible PLWH/A?

#### Criteria for Payer of Last Resort

How many other funding sources =?

Are there unique characteristics of the service important for PLWH/A?

**Rank:** 8=numerous; 5=sufficient; 3=less Important, must meet; 1=not important but needed

### **Access/Maintenance in Care**

Does the Category promote access to or maintenance in primary medical care? How does this service promote access or maintenance in primary medical care?

#### Criteria for Access/Maintenance in Care

Is the service essential to PLWH/A receiving care?

Are there unique characteristics of the service important for PLWH/A?

**Rank:** 8=fully promotes access & maintenance in care; 5=mostly; 3=somewhat; 1=does not

### **Specific Gaps/Emerging Needs**

To what extent does Part A funded services address a specific service gap or service need?

Does the service address a newly identified or projected future need?

#### Criteria for Specific Gaps/Emerging Needs

How does this service fill specific service gap/needs? Does it address newly identified or projected future need, if yes, how?

**Rank:** 1=does not address need or gap; 3=somewhat; 5=mostly addresses need/gap; 8=fully addresses need/gap

### **Consumer Priority**

Has the category been specifically identified as a priority by PLWH/A through needs assessment data and/or other data as important and/or in need of addition funding?

#### Criteria for Consumer Priority

What criteria would demonstrate a consumer priority?

**Rank:** 8=highest priority; 5=priority; 3=somewhat a priority; 1=not a priority

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The facilitator will revise and send out a draft to the S&F committee for review, and next month the committee will work on exercises applying this number system on categories to see how it works.

### **Standing Business**

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

Tabled until November.

### **Parking Lot**

None.

### **Announcements**

C. Barnett – He was recently hired for a position with NORA as an HIV Specialist, and will now be able to devote more time to planning council.

**Adjournment:** Motion: K. Dennis                      Seconded: N. O’Neal

All in favor: All              Opposed: 0      Abstained: 0

*Motion passed.*

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

PC Members: K. Dennis, J. McMinn, M. Robinson-Statler, B. Gayheart, L. Lovett, F. Ross, J.

Citerman-Kraeger

Attendees: M. Jackson-Rollins

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