

**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, November 4, 2020**

**1:00 pm to 2:30 pm**

**Start:** 1:08 pm

**End:** 2:23 pm

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

**Moment of Silence**

**Welcome and Introductions**

**Approval of Agenda: November 4, 2020**

Motion: R. Rolling                      Seconded: N. O'Neal

In Favor: All    Opposed: 0    Abstained: 0

**Approval of Meeting Minutes for October 7, 2020**

Motion: N. O'Neal                      Seconded: R. Rolling

In favor: All    Opposed: 0    Abstained: 0

**Grantee Report – M. Rodrigo**

Grantee Report - November 2020 – Planning Council

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. The third sessions of meeting have started with the providers. The November 16<sup>th</sup> meeting will be the annual project and lessons learned meeting for the group.
  - 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. The funds were received in the FY2020.
  - d. S&F is completing reallocations in 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. Next version December 2020.

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- g. The AETC presented at Planning Council in October.
- h. Data to Care - The 3rd cycle is currently being worked on 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. This project is a funded Ending the HIV Epidemic initiative.
- i. CCBH continues to work with sub-recipients in regard 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 U=U/stigma reduction for HIV positive clients. 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 working through the planning process with the Cuyahoga County EtHE plan. 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. The advisory group is meeting weekly to meet the target completion date for the plan. Focus groups for plan review are November 12<sup>th</sup> and 13<sup>th</sup>.
- n. Prevention funded CTR sites have been invited to PC as PC prepares to review its bylaws to integrate prevention and care planning efforts.  
The FY2020 grant. The allocations split is 76.25% core 23.75% Support the expenses are at 43.68% for six months which is underutilized. Six months should be 50.00% there are a few providers behind schedule. I would anticipate a major reallocation on November.

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### Administrative Update – Grantee

There will be a Clinical Quality meeting November 16<sup>th</sup>; the Clinical Quality Liaison Committee consists of R. Watkins, J. McMinn, and C. Droster.

The Data to Care third cycle is underway.

The four direct care programs are underway at the agencies that bid on those programs.

Better World Advertising is on board and will soon select media for the U=U and PrEP program.

Flyers have gone out for the November 12 & 13<sup>th</sup> webinars on Ending the HIV Epidemic EtHE.

We are in the process of hiring the last Prevention Disease Intervention Specialist, then we will be fully up and running with the program.

### FY 2020 Utilization Update- Grantee

We are currently at 43.68% in expenditures; we should be at 50%; and most of the providers are catching up with invoices. The split is okay for right now, although Covid is impacting staffing issues such as re-hires, significantly.

*\*Question:* C. Droster – What about Home/Community-Based Health Care?

*\*Response:* M. Rodrigo: That should get caught up.

*\*Question:* J Mazo - How are we with Oral Health?

*\*Response:* M. Rodrigo - The clinics are open, it's just a case of getting in, but they are opened.

The spending will be less than prior years, but we are trying to make up for lost time and are approving exception requests.

*\*Question:* J. Patterson – Is the carryover on Oral Health to come?

*\*Response:* M. Rodrigo - Yes.

### New/Old Business - S&F Committee Training

#### **Reallocation Training**

The Reallocation is the process of moving program funds or dollars across service categories after the initial amounts set at the beginning of the grant year or when the resource allocation was initially done. The Planning Council has the responsibility to make these decisions. The reallocation can happen several times during the program/grant year, which is March 1 through February 28<sup>th</sup>. The reallocation effort is to ensure that no Part A funds are left on the table or unspent. Also, HRSA recommends Planning Councils establish a rapid reallocation process to make sure all the money gets spent. To remind members of the PC rapid process, committee members were referred to the PC Bylaws, **Article XII – Maximizing Part A funds** in determining reallocation decisions during the months of December, January, and February so that the grantee does not have to come back to the committee for reallocation authorization and this is a process used when the grantee needs to move money when Planning Council is not in session. Members were reminded that the Grantee does an excellent job of managing the dollars. Reallocation usually occur several times per year to move money into service

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categories that may be over or underutilized during the grant year and to reduce the chances of Part A dollars left unspent at the end of the grant year. The hardest work, which is done by the Grantee, is juggling the providers, the numerous, complicated budgets, and all the constant re-work and adjustments. Also, receiving partial grants from HRSA creates a lot of extra work. This year, agency staffing was a major issue. The vacancies ran longer resulting in budget re-adjustments that, due to Covid, could not be foreseen.

### **Motion: To approve the Reallocation as presented.**

Motion: C. Barnett    Seconded- C. Droster

In Favor: 11    Opposed: 0    Abstained: 1

*Motion passes.*

### Carryover Training

Carryover is the estimated amount of unobligated RW Part A formula grant funds projected to be unspent at the end of the year. The Grantee must submit a waiver to request carryover dollars 60 days before the end of grant year and could face penalties if they exceed the 5% of the formula award. This year was an anomaly due to Covid. Nonetheless, if the Grantee does not request a waiver and discovers money will be left over, it will not be available to use. The timeframe to use approved carryover funds is the year immediately following the program year the formula grant was awarded and the waiver granted by HRSA. The Grantee always asks for the maximum carryover amount, which is 5%. However, it must be noted that the carryover is not based on the overall grant award, rather it is the portion composed of the formula grant portion of the award.

### Discuss & Vote on Carryover Request to HRSA

*\*Comment:* C. Droster – To summarize, the reallocation process can happen anytime during the fiscal year, and the carryover is due by December 31<sup>st</sup> and both are different processes.

*\*Comment:* M. Rodrigo – The formula award is \$2,885,194 and the max to ask for is \$144,259. The grantee projects there will be leftover funds, but all the needs have been met, so we will probably be over. Maybe some exceptions for oral health can be made to minimize the amount leftover.

*\*Comment:* C. Droster – When things go back to normal, Oral Health should return back the same. Maybe we should consider not putting Oral Health in next year. Also, typically dollars are left in Oral Health because it's least restrictive on staffing, so maybe it could go somewhere else for now.

*\*Comment:* M. Rodrigo - Splitting the carryover into three different service categories may be too difficult from an administrative standpoint, so maybe consider the proposing the carryover funds go into two categories, Medical Case Management and Outpatient Ambulatory Health

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Services. Mental Health may not be the best option for the carryover funds since agencies mostly use other funding sources for that and use Part A only as a last resort.

**Motion: To authorize the Part A Grantee to seek the maximum allowable carryover amount (5%) of the Part A Formula Grant and designate its use to Outpatient Ambulatory Health Services (OAHS) and Medical Case Management (MCM) Services.**

Motion made by: C. Barnett Secoded: R. Rolling

**VOTE:** In Favor: 10 Opposed: 0 Abstained -2

*Motion passes.*

## Standing Business

### PSRA Training Exercise

We have not completed this yet. We are still working on the ranking factors that will help guide our decision-making. This will be saved for January and further discussed with the S&F Co-chairs on what the committee can use to apply the criteria.

## Parking Lot

None

## Announcements

C. Droster – “Thanks to all for another good year, stay safe and have nice holidays.”

**Adjournment:** Motion: R. Rolling Secoded: R. Watkins

	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	20	20	20
2	Clifford Barnett, Co-chair	20	20	20	20	20	20	20	20	20	20
3	Michael Deighan	20	0	0	20	0	0	0	0	0	0
4	Naimah O'Neal	10	10	0	10	10	10	10	10	10	10
5	Julie Patterson	0	20	20	20	20	20	0	0	20	20
6	Jeff Mazo	0	20	20	20	0	20	0	0	0	20
	<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>	<b>4</b>	<b>5</b>

**PC Members:** K. Dennis, J. McMinn, M. Robinson-Statler, R. Rolling, R. Watkins, J. Citerman-Kraeger, B. Gayheart, L. Lovett, F. Ross

Attendees: L. Clayton

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