



## **Cuyahoga Regional HIV Health Services Planning Council**

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

**Clinton Droster, Clifford Barnett - Co-Chairs**



- k. The full Ending the Epidemic award was received. The following projects are expected to continue: 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.
- l. Prevention Committee – The Prevention Committee has become integrated into PC having met twice already, with the next meeting occurring June 2<sup>nd</sup>
- m. **Full Part A award received 4/5/2021** – all provider allocations complete, contracts sent out, 12 of 14 provider contracts went to May Board at CCBH to be approved, invoices have started to come in after 5/26
- n. Ending the Epidemic Plan update:  
Community Solutions completed the plan and it was submitted by ODH to the CDC for review. Thank you for participating in the plan development.

FY2020 Part A Grant:

Allocations split - 79.67% Core - 20.33% Support

Expenses are at 91.73% for 12 months (Underutilized)

Target for 12 months should be 100%, all invoices for FY2020 have been received and reported

### Administrative Update

RW grantee team is currently working on closeouts for the FY 2020 grant period.

Ryan White newsletter will be coming out soon this month.

Rapid Start of ART project was completed May 6, 2021.

An Oral Health presentation for providers was conducted on July 2, 2021.

We received Covid 19 funding and were granted a no-cost extension. Remaining funding will go toward food-only client gift cards.

The new Prevention Committee has met twice already and will meet again today at 4:00 pm.

Four of the six agency contracts have been approved and executed.

### Fiscal Report Review

There are no dollar amounts for the Grant period beginning March 1, 2021 to report yet. Updates will be provided once provider invoices start to come in.

### **New/Old Business**

#### **PSRA Prioritizing Part A Funded Services**

#### **Establish Out Care Estimates (EIIHA/Return to Care Estimates) – S. Harris**

As part of PSRA, HRSA encourages planning councils to make projections for the “Early Identification of Individual with HIV/AIDS” (EIIHA), getting people who are unaware of their HIV status into care and allocating funds so they can be served. The way we have tried to address this is to target priority populations that we know are already at risk and hard to get into care. We look at who’s new in CAREWare, our client database. We don’t know exactly how many are out there, but we use the percentage that is new to CAREWare to estimate what that percentage might be annually and try to budget from that number.

*\*Question:* C. Droster – Where are we on percentages?

*\*Response:* S. Harris – We don’t know the numbers for the 2020 year which just closed. We would normally look at the prior year to project for that, but for now, take a look at the percentages in the “Out of Care Estimate” table on the screen or in your PSRA package you received in the mail to project for the upcoming year.

*\*Comment:* K. Dennis – Ten percent would be good.

*\*Comment:* N. O’Neal – Agreed.

*\*Response:* S. Harris – So for the upcoming grant year, we will go with ten percent (10%) and see how close we get.

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### **Motion: To approve ten percent (10%) as the New Care Estimate for 2022-23**

Motion: K. Dennis

Seconded: J. Patterson

All in Favor: Unanimous

Opposed: 0

Abstained: 0

*Motion passes.*

### **Review/Update PSRA Evaluation/Feedback Survey- S. Harris**

*\*Comment:* S. Harris -This year, we are proposing to put this in a hard version and survey monkey.

*\*Comment:* J. Patterson – On the state level, we may be moving back to in-person meetings. This survey seems to be asking about virtual meetings and we may not have a choice in that. Maybe survey question number 5 could be to agree/or disagree about understanding the PSRA process, rather than the meetings.

*\*Response:* S. Harris – We changed this last year because it was virtual and we wanted to see if the virtual process improved things. The question of virtual vs in-person can be added.

*\*Question:* C. Droster – How would we word that?

*\*Response:* S. Harris - Do you understand the Cleveland TGA PSRA process and did holding virtual meetings make it easier to participate?

### **Discuss Allocation Strategy/Scenarios in Preparation for June 16<sup>th</sup> PSRA – S. Harris**

We came up with scenarios based on the assumption that HRSA may only award our jurisdiction 5% over the amount awarded the previous year. Remember that priority setting is done for the upcoming grant year, in order to establish the budget to meet needs for upcoming year. The final award percentages included in the scenario are based on last year's allocation percentages at the start of the Grant Year (*not the end dollar amounts, since COVID has a significant impact on most of the services*). Each service category is distributed so as to add slightly more dollars to each amount based on the distribution of the 5% addition across each funded service category.

*\*Question:* J. Patterson – The far left column is confusing, as it's not in this year. It causes wonder on if the amounts haven't changed as much for the current year, why we go through the PSRA if it doesn't make any sense or change the allocations.

*\*Response:* S. Harris – Spending don't actually change that much from year to year, unless there are unusual circumstances, like a new provider enter the network and there is an extended vacancy in a RW funding position at a provider and the funding for that position is unspent. Also, when we allocate resources, we consider whether there are other funding sources in our jurisdiction that pay for that service, like substance abuse. It allow us to allocate RW funding in the most critical areas where other funding sources are not available in out TGA.

*\*Comment:* J. McMinn – In the past, resource allocation was more intense because we weren't limited to a 5% cap, now we just add 5% onto every category.

*\*Comment:* S. Harris – We could pose arguments at the allocation meeting to advocate for more dollars on certain categories. However, we caution this because if new money is distributed, we'd have to look at how it would it affect the funding and resources if we were to get new clients.

*\*Comment:* C. Droster – A three-year trend summary, included in the PSRA mailing, would help everyone, especially newer members.

### **Questions and Answer Discussion on Remaining PSRA Activity & Closeout**

The committee discussed PSRA agenda roles and presentations. Members were reminded that the PSRA meeting will begin at 12:00 Noon and we have allocated time until 4:00p.m. During the allocation discussion, those making recommendations to add or take away funding will be asked to provide their basis for making the recommendation. If there are not a lot of changes to the scenario provided, the allocation process should wrap up by 2:30p.m. After that we will have the vote on the final amounts, the directives, and rankings which will close our PSRA for the year. It was also suggested that Covid updates could be given at the end of the meeting, if time permits.

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\*Comment: C. Droster – we invite all the Strategy & Finance members to contribute, if they like.

\*Response: S. Harris – Maybe we can also have some feedback discussion, rather than it all being on the survey.

## Standing Business

S&F Committee Training Opportunities - Tabled

## Parking Lot

S. Harris - Next year we will discuss and come up with criteria to inform what would influence a change in the amounts we allocate in each service category.

J. Patterson – Maybe we can also look at other PC groups for their ideas and guidance on allocating.

## Announcements

None

## Adjournment

Motion: K. Dennis

Seconded: J. Patterson

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

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

Attendees: None

Staff: Z. Levar, M. Halko, S. Harris, T. Mallory