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Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina Counties
Clinton Droster, Clifford Barnett - Co-Chairs

Strategy and Finance Committee Minutes Wednesday, June 2, 2021 1: 00 pm to 2:30 pm

Start: 1:06 pm End: 2:32 pm Co-chair: C. Droster

Moment of Silence
Welcome and Introductions

Approval of Agenda: June 2, 2021

Addendum: Motion: To add the allocation review to today's agenda.

Motion: K. Dennis Seconded: J. McMinn Vote: In Favor: All Opposed: 0 Abstained: 0

Motion passes.

Approval of the Minutes: May 5, 2021

Motion: K. Dennis Seconded: J. McMinn Vote: In Favor: All Opposed: 0 Abstained: 0

Grantee Report - June 2021 - Planning Council

- 1. Grantee Report
 - a. ODH State Integrated Plan HRSA announced guidance for 2022-2027 Integrated Plan in June 2021, due December 2021; ODH holding initial planning meeting July 8th
 - b. Clinical Quality Management committee continues to meet with the efforts focusing on disparities in viral suppression. developed projects in January 2021, held Quarter 1 follow up meetings in April, steady progress in all projects
 - c. Grantee team completed Part A FY2020 closeout report May 28th
 - d. ODH sponsored needs assessment update. ODH presented at May Quality Committee to gather feedback on project as well as CLC committee in June
 - e. Grantee completed version six of the newsletter and it was sent out on December 1st. Feedback welcome. Next version June 2021.
 - f. Recent trainings held by Grantee with help of AETC/Gilead:
 - a. February 23rd HIV 101 and a PrEP 101,
 - b. Mental Health within COVID times completed March 2nd
 - c. Oral Health training(MCM focus) completed on April 27th
 - d. Rapid Start of ART training completed May 6th
 - Upcoming Oral Health Training(Dental Providers) July 2nd
 - g. Part A Medical Case Manager kick off meeting occurred April 27th, will look to meet quarterly with MCMs to provide case management specific trainings and discuss current barriers their clients may be dealing with
 - h. Data to Care ODH is reviewing its D2C process. CCBH will need to update our protocol in regard to potential changes. This project is a funded Ending the HIV Epidemic initiative. This project is getting additional TA from a HRSA sponsored agency for best practices pertaining to RX to Care project expansion.
 - i. CCBH continues to work with sub-recipients in regards to data completeness and productivity. CY2020 RSR submission is complete.
 - j. Ryan White Part A received COVID-19 funding in April 2020. A no cost extension was granted through May to spend small amount of leftover funds. All funding was expended.

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- 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.
- I. Prevention Committee The Prevention Committee has become integrated into PC having met twice already, with the next meeting occurring June 2nd
- 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: Unamimous 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 16th 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%,

*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.

Standing Business

S&F Committee Training Opportunities - Tabled

Parking Lot

S. Harris - Next year we will discuss and come up with criterial 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

		Jan	Feb	Mar	Apr	May	June	Aug	Sep	Oct	Nov
	S & F Members						PSRA				
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				
	Total in Attendance	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

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