

Cuyahoga Regional HIV Health Services Planning Council

Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina

Strategy and Finance Committee Minutes

Wednesday, August 4, 2021

1: 00 pm to 2:30 pm



Start: 1:04 pm

End: 2:21 pm

Co-chair: C. Barnett

Moment of Silence

Welcome and Introductions

Approval of Agenda: August 4, 2021

Addendum:

Motion: N. O'Neal Seconded: K. Dennis

Vote: In Favor: All Opposed: 0 Abstained: 0

Approval of the Minutes: June 2, 2021

Motion: N. O'Neal Seconded: K. Dennis

Vote: In Favor: All Opposed: 0 Abstained: 0

Grantee Report - August 2021 – Planning Council

1. Grantee Report
 - a. ODH State Integrated Plan – due December 2022; ODH held initial planning meeting July 8th
 - b. Clinical Quality Management committee continues to meet with the efforts focusing on disparities in viral suppression. – Grantee conducted Quarter 2 follow up calls with each funded agency in July, steady progress in all projects
 - c. ODH Sponsored Needs Assessment - ODH presented at May Quality Committee to gather feedback on project as well as CLC committee in June; ODH still conducting key informant interviews and plans to meet in the Fall to set up next phase of needs assessment
 - d. Grantee recently sent out TGA newsletter on July 2nd, providing updates on HIV services provided by CCBH
 - e. Recent trainings held by Grantee with help of AETC/Gilead:
 - a. HIV 101 and a PrEP 101 – February 23rd
 - b. Mental Health within COVID times - March 2nd
 - c. Oral Health training(MCM focus) - April 27th
 - d. Rapid Start of ART training - May 6th
 - e. Oral Health Training(Dental Providers) – July 2nd
 - f. **(PC Directive)** Trauma Expressions and Strategies – August 2nd
 - g. Upcoming – Addictaholic Deconstructed – September 2nd
 - f. Part A Medical Case Manager Network Meeting - goal of meeting quarterly with MCMs to provide CM specific training and barriers that clients are facing currently; kickoff meeting occurred April 27th, next meeting scheduled for Sept. 2nd
 - g. CCBH continues to work monthly with sub-recipients in regards to data completeness and productivity.
 - h. Prevention Committee – The Prevention Committee has become integrated into PC, with the next meeting occurring September 1st from 4-5:30
 - i. **Full Part A award received 4/5/2021** – all 14 provider contracts have been fully executed, working with a couple agencies that have not caught up on invoices from March-June, which accounts for underutilization

Cuyahoga Regional HIV Health Services Planning Council

Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina



- j. **Full Ending the Epidemic award received 3/2/2021** - The following projects are expected to continue:
 - a. Social media campaigns for U=U/stigma reduction
 - b. Community Health Worker Certification program
 - c. Data 2 Care program
 - d. Intensive MCM program
 - e. Medical Transportation for non-VLS clients program
 - f. Rapid Start of ART program
- k. Ending the Epidemic Plan update:
 - Listening session for Stigma Reduction campaign, August 18th at 4 pm, link to be provided to PC and EHE
 - Advisory group soon

Administrative Update

A kickoff meeting was held July 8th for the Integrated Plan which is now not due until 2022.

QM Initiatives have had steady progress for all 14 agencies and is meeting all goals.

Bi-annual newsletter sent out on July 2, 2021

The Trauma training was Monday. We had good feedback and more than ever received for training.

The Addiction Training will be next month on September 2, 2021

The next Prevention meeting is scheduled for September 1, 2021

For the Ending the Epidemic program, there will be an upcoming virtual meeting to solicit feedback for the stigma reduction campaign. There will also be a flyer coming for the listening session that will be hosted by the marketing agency.

**Comment:* N. O'Neal - Trauma workshop was excellent, went past care, learned a lot, wish more people could have attended.

**Response:* Z. Levar -The feedback was helpful; may allow us to do a larger training so more can attend.

Fiscal Report Review

FY2021 Part A Grant:

Allocations split - 80.22% Core - 19.78% Support

Expenses are at 20.73% for 4 months (*service expenditures are lower than should be at this point during the year, but this should improve as more invoices are received*)

In June, we like to be closer to the 33%, but we will keep monitoring this.

EtHE agencies are working on invoices for these, and Part A funds, but invoices are catching up.

New/Old Business

PSRA 2021 Lessons Learned General Discussion

We want to get the committee's thoughts on what was done last year and how we can continue to improve the process. The PSRA survey Monkey link was sent out and only one response was received. The link is still active and will be sent out again.

Strategies to Improve the Priority Setting Process - The goal is to come up with an updated written and approved priority setting process that the committee will adopt.

Strategies to Improve Allocation/Funding Decisions

1. Allocation Strategy/Scenarios Worksheet Improvements

**Question:* S. Harris – For the schedule, is there anything we should do differently?

**Comment:* B. Gayheart – Unfortunately, some just don't want to come to meetings but just want their voices heard. Also, cannot grasp idea of spending 10-12 hours on a specific meeting. Maybe utilize work

Cuyahoga Regional HIV Health Services Planning Council

Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina



groups more, and meeting links. Always so much to do and we keep tabling, are we really getting things done? It's kind of frustrating and needs solutions.

**Comment:* J. Patterson – One good thing is there was a conscious effort to bring data forward for this last priority setting. The OU assessments done in CLC weighed in on those questions and gathered data. Also, focus groups are valuable, maybe look to see how PLWH with current data helps with the process. Even with best data, it's still year old and doesn't cover what's on the ground and what PLWH are talking about. Still, think we used the data well.

**Comment:* S. Harris – We put together an allocation scenario for PC, in advance, for thoughts on how we allocate. We also may factor in service categories we have to re-allocate to see where we put additional resources during the year. Should we come up with a series of questions to inform our decisions for when to add/subtract from a category?

**Comment:* C. Barnett - Maybe look at the scoring system on how we allocate funding, and fine-tune that so we can see how we could improve ranking.

**Response:* S. Harris – That's a good idea to look at the scoring system then see how we could follow this model to allocate dollars.

**Comment:* C. Droster – Probably due to Covid, we didn't do a good job of sharing the process with PC. Also, with non-funding categories, one idea is to get a couple years data when the services were used.

**Response:* S. Harris – We have some old data tracked from years back, but if the services is not publicly funded, it hard to get that type data unless you get it from a needs assessment. Example is childcare. We've never funded that so no utilization and spending data would be available from prior spending. This type data would mainly come from a needs assessment.

**Response:* N. O'Neal – because people are living longer and are now having children, we may reach the need level one day, including for women LWHA. We're now in uncharted territory, things that used to happen are happening again.

**Comment:* Z. Levar – We fund 14 service categories which is a lot in HRSA's eyes, but we have to be cognizant that we don't spread our dollars too thin.

**Comment:* C. Droster – PSRA used to be a 2-day process, long and tedious, but it's evolved into the task of priority setting separate from allocations. We prioritize our service categories in February & March and make our allocation decisions in June. Allocations should not change that much from year-to-year unless there is a major change.

**Response:* S. Harris – The goal is to make the best allocations decisions possible in June to reduce the need for bigger re-allocations later in the year, however, we never want to leave money on the table.

Strategies for Better Overall PC PSRA Participation

**Comment:* R. Watkins –The CLC committee should be more involved. We could inform them first and the more data we use, that's how we should base our decisions. We need to get more input from PLWH.

**Response:* S. Harris – There's a structured approach we follow and it's difficult to integrate that in both committees, S&F has the lead role. CLC can assist by engaging PLWHs to improve participation.

**Response:* N. O'Neal – Think we're talking about offering suggestions that can be melded over into S&F, a lot can come to other meetings, many come to CLC, we can take that info and share how the discussions can benefit S&F.

**Comment:* C. Barnett – We want to see how to get more people involved in S&F when it comes time to have the priority setting at the beginning. We want to make sure we have CLC input, just need a way to get them most engaged so we can get data from them as we do from other ways.

**Response:* N. O'Neal – Maybe people getting the info at CLC and reporting that to S&F, maybe get input in CLC and then provide that report to S&F. Not talking a constant back and forth, just think we don't utilize CLC enough.

**Comment:* S. Harris – Maybe adding items to work plan that become monthly agendas that can be proposed to S&F during priority process.

**Comment:* R. Watkins – Yes, that's a good way to connect the dots.

Strategies to Improve Overall – S. Harris

1. Incorporate CLC input
2. Help put together a work plan in includes greater CLC input

Cuyahoga Regional HIV Health Services Planning Council



Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina

**Comment:* C. Barnett – It seems like we talked about PSRA a lot last year, thought every way possible to connect, don't know what to do but push harder.

**Response:* N. O'Neal – Maybe look for way to include PLWHA networks to attend that can add to level of interest in PRSA and PC.

**Comment:* S. Barnett – We need to have committee strategies on ways to get more input.

**Comment:* S. Harris – We're light years ahead of most other areas and always improving. We work well as a team and deserve a pat on the back.

**Comment:* N. O'Neal – This is a great process we're doing and it's evolving.

**Comment:* C. Droster – We used to do whole process at once, maybe we can get more participants involved in resource allocation.

**Comment:* J. Patterson – In priority setting we often focus on gaps or needs, maybe we could have a one-time meeting, town hall style, where we talk about how to have better understand gaps and folks could weigh in and allow their voices to be heard. In the past, there was a gap analysis piece done.

**Comment:* S. Harris – For next steps, we'll continue to look at ways to improve the next PSRA process. We should also plan for the next tentative in-person meeting in September. For that, we were given new Westshore facility protocols such a requirement to have your temperature checked, Mandatory masks requirements at all times inside the building, and no-entry if your temperature is elevated. If the temperature check light doesn't register green, you won't be allowed access into the building. Box lunches to go will be provided.

Standing Business

S&F Committee Training Opportunities

C. Barnett – We probably should stick to trainings, priority setting, AEAM, and PSRA

S. Harris – We will revise and send timelines to committee.

Parking Lot - none

Announcements - none

Adjournment

Motion: N. O'Neal Seconded: J. Patterson

Attendance

		Jan	Feb	Mar	Apr	May	June PSRA	Aug	Sep	Oct	Nov
	S & F Members										
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	20	20	20	20	20	0			
4	Naimah O'Neal	10	10	10	10	10	10	10			
5	Julie Patterson	20	20	20	20	20	20	20			
6	Jeff Mazo	0	20	20	0	0	0	0			
	Total in Attendance	5	6	6	5	5	5	4			

PC Members: K. Dennis, J. Citerman-Kraeger, B. Gayheart, L. Lovett, R. Watkins

Attendees: none

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