

Cuyahoga Regional HIV Health Services Planning Council

Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina

Strategy and Finance Committee Minutes

Wednesday, September 1, 2021

1: 00 pm to 2:30 pm



Start: 1:06 pm

End: 2:35 pm

Co-chair: C. Droster

Moment of Silence

Welcome and Introductions

Approval of Agenda: September 1, 2021

Addendum:

Motion: J. Patterson

Seconded: N. O'Neal

Vote: In Favor: All

Opposed: 0

Abstained: 0

Approval of the Minutes: August 4, 2021

Motion: N. O'Neal

Seconded: J. Patterson

Vote: In Favor: All

Opposed: 0

Abstained: 1- J. McMinn

Grantee Report - September 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 regard to data completeness and productivity to ensure data up to date for RSR submission at end of year
- h. Prevention Committee – The Prevention Committee has become integrated into PC, with the next meeting occurring September 1st from 4-5:30

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- i. **Full Part A award received 4/5/2021** – reallocation process set to begin mid-September for PC vote in November
- 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 client's program
 - f. Rapid Start of ART program
- k. Ending the Epidemic Plan update:

Listening session for Stigma Reduction campaign held August 18th, BWA thanks all for participation and making for a productive listening session
- l. HRSA site visit scheduled for Sept 13-17th – grantee office currently in preparation process for the visit
- m. Part A grant application due on October 6th – grantee office working to compile application for FY2022-FY2024

FY2021 Part A Grant:

Current Expenditure split - 77.54% Core - 22.46% Support

Expenses are at 36.23% for 5 months (41.67% target)

Administrative Update – Z. Levar

Addiction training (Addictoholic Deconstruction) set for tomorrow, September 2nd @ 1:00 pm. This was started in April to bring case managers together and have everyone on the same page. The new Prevention Committee subcommittee has a meeting today from 4-5:30 pm. We have had the full Part A award for some time and will start the reallocation process in a few weeks. We will reach out to providers for recommendations to give S&F for November reallocation voting. The EtHE marketing agency recently held a Stigma listening session. We had a good outcome and give thanks to all who participated. HRSA's virtual site visit is set for the week of Sept 13-17th and we are working on getting docs and information ready for the visit. On September 13th, there will be a virtual Zoom discussion with Part A recipients. For the Part-A grant application, one major change is that it will be going from an annual application to a three-year application.

Fiscal Report Review- Z Levar

We are trending low in Oral Health and EIS (Early Intervention Services), but they will increase with invoices. We are also trending low with EFA (Emergency Financial Services), which is our safety net. Overall, we are at 77/22% and should be in good shape and closer to 75/25 split.

**Comment:* R. Watkins – The over-utilized is a great way to look at priority setting, seeing a lot of green seems the trend is changing again.

**Response:* S. Harris – Maybe to better prepare for allocation decision-making, we should think about the best time of year to review invoices to look at utilization patterns. Also, looking at a couple years of utilization and how they are impacted before major reallocations occur.

**Question:* N. O'Neal – Do you think COVID and money and support given out for Covid, may be affecting underspending for some services?

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**Response:* Z. Levar – That may account for some, but foodbank accounts for only a little amount. A lot of the services in the high 30's is standard utilization, although some COVID things may play into that.

**Comment:* R. Watkins – Psycho-social numbers with COVID tend to be rising, people are walking in with crises and also staff turnover for underutilization, with employees.

**Response:* Z. Levar – That's been an issue, but provider-wise we've been good. Hope it continues and we will monitor that. We'll look at these things so when reallocating we can provide additional funding. It's good to know early in the year.

**Comment:* N. O'Neal – EFA is low, but hopefully, it's never eliminated. There is always someone who can't get medication and needs help. It's an excellent safety net.

**Comment:* C. Droster – This is the first of the month, so some numbers are off. Maybe we'll have a better idea in October, looking at expenditures then, for the reallocation in November.

**Comment:* Z. Levar – Yes, and all 14 providers will have reported and will be available to review then.

New/Old Business

Action Steps to Improve the Priority Setting Process – S. Harris

Last month, part of the discussion was incorporating feedback from CLC into the priority process. CLC can recommend to Quality the feedback that's needed.

**Comment:* N. O'Neal – We also want to guide the directives.

**Comment:* R. Watkins – It's good to see progress. If that info can get to QI, fixing systemic issues, that's good, but it starts at the grassroots level with CLC.

**Comment:* C. Droster – We look for all the info we can, facts, numbers, and data and see how to work it into the priority process.

**Question:* N. O'Neal – How often should CLC present, or what do you need?

**Response:* K. Dennis – We used to do community forums and this procedure was good with dental outcomes, maybe we can implement the same strategy for consumers to weigh in on funding they utilize. We should gather as much before priority setting, but maybe no more than twice a year.

**Comment:* R. Watkins – The standardized questions are as bad as not having information. Maybe working on questions that can be used across the board to collect the data, making it more concise on what we need.

**Comment:* N. O'Neal – A checklist is more for providers, we want to gauge how knowledgeable consumers are with RW services. To get current info, looking at small groups, we can revisit that piece because it affects priority setting because it sees what the community says about RW services.

**Comment:* J. Patterson – We want to gauge the need for the services that clients have expressed, that's a big thing in itself, separate from the side of having the system do a better job on linkage to care.

**Response:* R. Watkins – Having separate thoughts never bring things together.

**Comment:* K. Dennis – Often consumers may not feel comfortable about their needs and relating that to a provider, but in a survey, they may disclose more.

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***Response: R. Watkins** – We can do a parallel and present that to CLC.

***Comment: C. Droster** – We can get a lot of input from what CLC puts together, and data like that, twice a year, may be good. We should have discussions before priority setting.

***Comment: S. Harris** – For CLC collecting and developing how to deploy that data and incorporating that into the priority setting, this can be ongoing and prepared to present in April or May of next year.

***Response: C. Droster** – Maybe for beginning of priority setting, we put this on the PCAT and look at February or March for CLC presentation.

Integrating Feedback from CLC

***Comment: B. Gayheart** – CLC feedback is such a huge piece of PSRA, and a lot is real time. It should also hold weight in rating the categories on consumer priority. It would be nice to have more CLC voices for rating that piece.

***Response: S. Harris** – That feedback has shaped data for years. It gives good insight on how clients prioritize the services.

***Question: N. O’Neal** – When should we start and be done in order to impact priority setting?

***Response: K. Dennis** – Perhaps it should be on the PCAT for twice a month, starting now, and for January and February to present.

***Comment: S. Harris** – That means CLC has to start collecting now.

***Response: R. Watkins** – Just ongoing, keep collecting.

***Comment: S. Harris** – We need to update the survey and follow that same model to let people know we’re collecting feedback for all our services. We can do regular updates to CLC and to S&F. We’ll also have to look at virtual involvement for the survey.

***Comment: N. O’Neal** – If we can get consumers to understand they don’t have to give a name or turn on a camera, they can join and be autonomous. We can design it where just a question pops up and they answer, we just have to think of multiple ways.

Action Steps to Improve Allocation/Funding Decisions – C. Droster

When doing allocation process of decreasing/increasing, things are brought to attention, as they are data driven. We acknowledge trends to help determine what categories need more or less funding. We are hoping to involve more PC members.

What Will Help You Decide Whether to Recommend an Increase/Decrease for a Service Category? – S. Harris

We have been given the numbers on where we are, so we should now look at what questions to ask such as, whether these changes reflect one-time issues, if they are COVID-related, or due to staff losses that may influence the amount of money we allow, and if these are short term changes, should funding just remain the same? We should also look at growing patterns in categories and decide whether they will need to be funded permanently.

***Comment: R. Watkins** – We looked at over and under-utilization and looked at trends while they’re happening. If we start tracking now, we’ll know what to do in priority setting time. It doesn’t stop. We should just keep tracking so we can be okay in the future.

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***Comment: C. Droster** – We are tracking, but we have to be able to prove, data wise, the reason for our decisions in allocating.

***Comment: S. Harris** – We need criteria that says there's an increase because and there's a decrease because, and the rationale around what influences the final decision. We try to come up with ideas to trigger that process, looking at trends, circumstances in the environment, as well as making sure we don't lower categories that should remain unharmed. This will help us get better at the decision-making process.

***Comment: J. Patterson** – From the outside, it appears the priority process leads allocation, but they are not as tied together as one would think. We're not going to HRSA asking for more and the spreadsheets are helpful to show us what to do. For moving money around, maybe looking at over/under utilization, but also if we see a change in ranking, where a service always been number one and has changed, we look at that. Another thing to trigger could be the number of clients using services and what they actually do use, and whether it will change that 5% bump.

***Comment: J. McMinn** – A better understanding of what pays for staff vs. billable hours for services. If there's no staff turnover, they're spending is on par, but billing for salaries versus service units billing is different.

***Response: S. Harris** – We will work on an update on staff funding versus units of service. That will influence how much of a change we make in a category.

***Comment: J. McMinn** – Maybe we could add salary and units to the spreadsheet.

***Comment: C. Droster** – We can look at criteria checklist or something to back up data we use.

***Comment: S. Harris** – We want to use the same model for how we allocate or reduce additional money, and we need evidence through trends of spending, data, and/or utilization.

C. Droster – We'll review this next month and look at making the process easier and simpler.

Action Steps for Better Overall PC PSRA Participation

1. More reporting on scoring and providing more written material and presentations so we can have in-hand information to digest how the numbers for ranking happen. – J. McMinn

2. Go through ranking a service at full PC so people understand the process. – S. Harris

3. We have to take some data to full PC since most don't come to S&F. For resource allocation, we also need more participation. The only way to get PC feedback is to bring it to full PC meeting. – C. Droster

*4. **Criteria:** under vs. over-utilization of funding; staff vs. units; increase or decrease in number of clients using a service; higher or lower ranking in the priority setting ranking. – J. Patterson*

5. Maybe just look at to date for October and look at previous years for the same time period. – C. Droster

6. At PRSA some don't see how client needs are brought into process. Maybe this can be highlighted. We could make it a point to show how CLC collected data and how it was weighed. – J. Patterson

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S. Harris - We will compile data from the month of October over several years and share with Zach for review before presenting it to the committee.

Standing Business

S&F Committee Training Opportunities - None

C. Droster – Maybe we can revisit reallocation training this or next year. It may be good overall for PC, looking at November.

S. Harris – That is planned for the committee for this year. An overview of how we do this and why, will be in November and it will be put on upcoming schedules.

Parking Lot - None

Announcements

Z. Levar - For HRSA’s visit, they are requesting a virtual meeting with the executive committee, all PC co-chairs and exec co-chairs for September 13th from 12:50-2:50 p.m. All names have been submitted to the HRSA consultant(s) who will lead that call and they will send a link to the co-chairs for the meeting.

N. O’Neal – An upcoming event, sponsored by Women We Think 4 A Change, is set for September 22 from 11-1:00 pm. It’s a BYOBB, (Bring Your Own Brown Bag) discussion on HIV criminalization, getting consumers engaged, and why it’s important to understand these laws. CEU’s are also being offered.

Adjournment

Motion: N. O’Neal

Seconded: J. Patterson

Attendance

		Jan	Feb	Mar	Apr	May	June PSRA	Aug	Sep	Oct	Nov
1	Clinton Droster, Co-chair	20	20	20	20	20	20	20	20		
2	Clifford Barnett, Co-chair	20	20	20	20	20	20	20	0		
3	Michael Deighan	20	20	20	20	20	20	0	0		
4	Naimah O’Neal	10	10	10	10	10	10	10	10		
5	Julie Patterson	20	20	20	20	20	20	20	20		
6	Jeff Mazo	0	20	20	0	0	0	0	0		
	Total in Attendance	5	6	6	5	5	5	4	3		

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

Attendees: none

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