

Cuyahoga Regional HIV Prevention and Care Planning Council

Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina

Strategy and Finance Committee Minutes

Wednesday, February 2, 2022

1: 00 pm to 2:30 pm



Start: 1:09am **End:** 2:26 pm

Co-chair: C. Barnett

Moment of Silence

Welcome and Introductions

Approval of Agenda: February 2, 2022

Addendum:

Motion: K. Dennis Seconded: J. Patterson

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

Approval of the Minutes: January 5, 2022

Addendum:

Motion: K. Dennis Seconded: L. Lovett

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

Grantee Report - February 2022 – Planning Council

1. Recipient Report
 - a. ODH State Integrated Plan – ODH and Part A held Region 3 outlying county discussion on 1/31, will host another on 2/3 from 1:30 – 3:00 – please reach out if interested in representing an outlying county
 - b. Clinical Quality Management Committee- currently working on CQM plan revisions for 2022
 - c. ODH Sponsored Needs Assessment - ODH conducting key informant interviews
 - d. Most recent CCBH HIV Services Newsletter available at: <https://www.ccbh.net/ryan-white-provider-resources/>
 - e. FY2021 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. Addictaholic Deconstructed – September 2nd
 - h. **(PC Directive)** HIV Stigma Training – November 4th
 - i. **(PC Directive)** Upcoming – Clinical Bias Training – February 24th
 - 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; last meeting held January 25th
 - g. CCBH working on Ryan White Program Services Report (RSR) with sub-recipients, which is the annual client level data report for HRSA due in March 2022
 - h. Prevention Committee – Next meeting occurring March 2nd from 4-5:30
 - i. **Part A Funding** – have received first partial award for Part A for FY22, remaining balance of award can arrive anytime between now and May
 - j. **Ending the HIV Epidemic Funding** - 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

Cuyahoga Regional HIV Prevention and Care Planning Council



Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina

- e. Medical Transportation for non-VLS clients program
- f. Rapid Start of ART program
- k. Ending the Epidemic Plan update:
 - Anti-Stigma campaign launched on World AIDS day, can be viewed at <https://www.loveleadshere.org/yourewelcome/>
 - U=U campaign ad now featured on homepage of www.TargetHIV.org
 - HRSA site visit completed in mid-September – grantee received findings report and has submitted a corrective action plan in December, currently being reviewed by HRSA.

Administrative Update- Z. Levar

- The State Integrated Plan, ODH and the Part A office recently held a Region 3 outlying county discussion. The purpose was to engage efforts in outlying counties in the plans for the entire state. There has been a lot of work done in Cuyahoga and we want to make sure all voices heard. We also had a productive meeting with Prevention agencies and the next one is set for Feb 3, 2022, from 1:30-3:00p. If anyone is interested, you can get the link to join.
- The Clinical Bias Training, the final PC directive of the year, is Feb 24, 2022, right before the grant year deadline. A speaker from CSU will provide the training.
- The quarterly Medical Case Managers Network meeting went well. This meeting is a quarterly meeting for case managers to network, assess potential training needed, and discuss other topics.
- CQM (Clinical Quality Management) is going forward may do medical case management training.
- The RW services report, the annual data report for HRSA's requirement that we do in Jan and Feb with our sub-recipients will be done in February, prior to the submission date in late March.
- Part A funding – we received partial funding for FY 2022, no formal notice yet, and we will receive remainder between now and May. Last year it was received the beginning of April.
- The Anti-Stigma Campaign been going well. Prior to that, the U=U campaign was done early in the fiscal year. Currently, one of our ads has been widely noticed and is now on the HIV.org website, the landing page for RW resources info across the nation.
- *Question: N. O'Neal** – How long will the ad run?
- *Response: Z. Levar** – It was put out yesterday, hopefully, it will run long as it's kept. We're also now running a slogan putting RW African-Americans in the focus, so we will take whatever exposure we can get.
- *Question: C. Barnett** - Can anyone attend the clinical bias training?
- *Response: Z. Levar** - Part A providers are our target audience, giving them space to talk back and forth.

Fiscal Report Review - Z. Levar

FY2021 Part A Grant:

Current Expenditure split - 79.84% Core - 20.58% Support

Expenses are at 70.43% for 9 months (75% target)

The award split is still in safe zone with 80% core over 20% support. This is the first month since reallocations and all contracts reflect these dollar amounts and level out. The spots under-utilized: Oral Health, we are still tracking that and seeing now dental expenses still low since Covid. There have been many dental exceptions approved but are now cut off for the rest of the year. We are also trending lower as staff changes led to some underutilized services, but agencies are working to get openings filled. The goal is 75%, we are now at 70.43%.

***Question: J. Patterson** – With food bank/home-delivered meals, did that suffer staff change?

Cuyahoga Regional HIV Prevention and Care Planning Council



Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina

***Response: Z. Levar** - Reaching out to providers to see, we just got invoices, trending lower may be time during Covid and weather, but now picking up for food pantries and delivers. We will reach out and see what attributed to the lesser expenses.

***Comment: S. Harris** – It would be good if HRSA gave Covid-interim relief to extend our carryover.

***Question: J. McMinn** - With dental exceptions and months granting them, does that make it harder on providers with the timeframe needed to get things done?

***Response: Z. Levar** – It has been standard procedure over the years, but now it is not going to cut it. We are looking at this closely now. We were hesitant to grant exceptions looking at funding and now plan to practice going forward to approve funding at the beginning of year and plan for long-term service before they come to fruition.

New/Old Business

Review & Approve 2022-2023 PSRA Work Plan

Motion: To Approve the 2022-2023 PSRA Work Plan as written.

Motion: K. Dennis Seconded: L. Lovett

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

Motion carried.

AEAM (Assessment of the Administrative Mechanism) Review– S. Harris

Each year, PC is required to conduct an assessment of the efficiency of the administrative mechanism (AEAM). This current report shows work done in the 2020 grant year, as we are behind for this 2021 grant year, due to the HRSA visit. The assessment is an evaluation by PC on how rapidly Part A funds get to the areas of greatest need within the TGA and then provides a narrative that describes the results. We usually do reallocations in November. When Zach presents the monthly utilization and spending report, we can examine whether the funding corresponds to what was allocated during PSRA. Our TGA has a good history with compliance of our AEAM process, as HRSA's goal is to make sure these processes are working and functioning well. The AEAM is an ongoing Annual requirement, and we want to make sure everyone understands it's purpose.

***Comment: J. Patterson** - I thought HRSA did relax it that one year?

***Response: Z. Levar** - They relaxed the 'punishments' if you had more than 5% of formula leftover, but we were still only eligible to carryover 5%.

***Comment: J. Patterson** - Sorry that I misunderstood that! Seems like a place for advocates to speak up, as Sharron indicates...

***Comment: C. Barnett** - That was one of the most important parts for me.

AFC (AIDS Funding Collaborative) Presentation Overview - J. Patterson

The AFC presentation fits in as part of the PSRA (Priority Setting and Resources Allocation) process, looking at where Ryan White funded services are paid for by other funders, such as the AIDS Funding Collaborative, all working together with partners to strengthen the community response to HIV. We believe in community involvement and leadership and since 1994 have mobilized nearly \$13 million in funding with an average of \$425,000 allocated in grants and initiatives. In 2021, the program funded works done in a calendar year, some on a rolling basis, and some year-to-year. There were seven discretionary grants used for small grants to small projects under \$5,000 and also includes grants provided for people to attend summits. The new, Catalyst grant, supports new grantees by engaging them or giving them a jump-start to get involved. Three grants serve young people, target zip codes, and African immigrants, linking them with HIV testing. The annual grants, the largest, are Responsive Grants and there are five of them. Programs funded under these include the LGBT Center, Nueva Luz,

Cuyahoga Regional HIV Prevention and Care Planning Council



Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina

University Settlement, Ursuline Plaza, and WeThink4AChange. Last, the Targeted Grants identify specific service needs and then put a provider in place to meet that need. The map shown is the one that currently guides our strategic plan. It shows the zip codes most heavily impacted and the areas with the most programming. The Ending the HIV Epidemic (EtHE) map focuses on trying to get PLWH numbers down. Our Advisory Committee members now have two seats at the table for these.

Progress Report from the PSRA Resource Allocation Work Group – J. Patterson

J. Patterson – Thanks to the Resource Allocation workgroup members, Naimah, Robert, Clinton, Clifford, Jason, and Sharron. At our first meeting, in which this workgroup has the task of developing ideas for to improve the PSRA process, we reviewed the current process from slides. The annual resource allocation process, led by the Strategy & Finance (S&F) Committee each year in June, is the most important role of the entire planning council. The Allocation of the funds for the Ryan White program, under HRSA (Health Resources Services Administration), are not increased based on advocacy but are determined by the needs of target-funded areas. They generally award about five percent (5%) more each year, but there may be 3-year increases. It is important that we do thorough job in ranking criteria, that we feel good in the process, and hope more will join us in the April and May meetings. **For now, priority setting is strong, but we need help on how to have more productive discussions, based on data, in the June meeting. We also need to take a closer look how to fund certain “flagged” service categories, after the five percent across the board increase. *This statement was amended March 2nd to read ...”take a closer look and discuss certain flagged service categories..., (rather than fund).”** PC members realize increasing one service category has to accompany a corresponding decrease in another and that we must maintain the 75% core 25% support balance, unless the TGA chooses to do a waiver.

Criteria for Resource Allocation Discussion - S. Harris

It is **important to consider what CLC bring to the table, pay attention and talk about this.** We are already including consumer input from the needs assessment and can **look at prioritizing non-funded services.** With changes in priority ranking, we look at the effort and data that goes into PSRA each year. If a category is ranked higher or lower by more than two points, it warrants examining whether the resource allocation should also change. **Also important is number of unduplicated clients, which could also be a flag.** We can ask recipient staff for advice here. On funds expended, it get more complicated, because it’s closely connected with staffing. **Some categories where all funding is for staffing, turnover may affect this. We also thought recipients could characterize whether these service categories are FTE-based or deliverable-based.**

***Comment: S. Harris – We will look back on data on this that happened before 2018 and send it to the grantee to see what has changed before sharing with the committee.** This was a data presentation that gave definition and guidance on delivering services.

***Comment: J. Patterson** – It seemed No. #5 linked with No. #4, so it was not important to spend time in November taking about expending TGA funds in grant year and trying to move money.

***Comment: S. Harris** – No. # 5 is significant to see how we are using money and if it’s spent, looking at patterns of reallocation for service categories may inform how we are funding, good to consider as a flag to make informed choices. Thanks to Julie and the workgroup looking at the reallocation process to make better decisions. All five areas are important, so at the June date we can say we have looked

Cuyahoga Regional HIV Prevention and Care Planning Council



Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina

at everything and here are the five reasons based on our analysis. This committee comes up with real ways to do this process more productively.

***Comment: J. McMinn** - Another aspect, maybe remind people to allow for periods of silence. We need time to think about what's on the screen. **In addition to the work, maybe silence on that part would be important.**

C. Barnett - Thanks to all on this. We want to make sure everybody understands how it works and what the purpose. Thanks to all who participated.

Begin Priority Process

***Question: J. Patterson** – The needs assessment by state was not mentioned, is there something we can use from that?

***Response: S. Harris** - It wasn't a summary, it had some services, but don't think that was the final version when it was presented.

***Response: B. Gayheart** – In the meeting, they said they would issue a finalized version so, hopefully, the grantee office will have it soon.

Standing Business

S&F Committee Training Opportunities

C. Barnett - We have different trainings throughout the year, are there other trainings you would like to see help make the committee stronger?

1. HOPWA presentation moved to the March meeting
2. Present AEAM to be compliant for the grant year
3. Epi presentation coming up later this month

S. Harris - If anyone has further ideas, email Sharron, Clifford, or Clinton. Suggestions are always welcome.

Parking Lot - none

Announcements – none

Adjournment

Motion: R. Watkins

Seconded: K. Dennis

Attendance

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

Cuyahoga Regional HIV Prevention and Care Planning Council



Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina

	Total in Attendance	5	4																
--	----------------------------	----------	----------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

Attendees: S. Dumas

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