

Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina Counties Kimberlin Dennis, Brian Kimball, Terry Allan Co-Chairs

Executive Committee Minutes

Wednesday, September 15, 2021 4: 00 pm to 5:30 pm

Start: 4:15 pm End: 5:35 pm Facilitating Co-chair: T. Allan

Moment of Silence

Welcome and Introductions

Approval of Agenda: September 15, 2021

Motion: N. O'Neal Seconded: B. Glass

VOTE: In Favor: All Opposed: 0 Abstained: 0

Approval of Minutes: February 19, 2020

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

VOTE: In Favor: 7 Opposed: 0 Abstained: 1-B. Glass

Approval of Planning Council Agenda: September 15, 2021

Motion: N. O'Neal Seconded: C. Droster

VOTE: In Favor: All Opposed: 0 Abstained: 0

Grantee Report

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



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- 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 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
- 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 clients 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
- I. 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

Two Clinical Quality follow-up meetings were held July and August, and as a result of the site visit, we will be restructuring. Addictoholic Training held Sept 2nd, presented by Summa Health in Akron, equally good feedback. We also had a Part A network meeting following that training, looking at the direction for the next case manager network meeting. The Part A award in currently place and we will be starting the reallocation process. The HRSA virtual site visit is this week and we send appreciation to the Exec and PC members who took part in those meetings on Monday. They said they were both productive. We are working on the Part A application, which is due in a few weeks and to be submitted by Oct 6th.

Fiscal Utilization Update

We are at 36.32 % unspent, target is 41.67%, so not far off.



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The expenditure split is good. We are trending low with EFI (Emergency Financial Assistance), EIS (Early Intervention Services), and Oral Health and have notified providers to submit August invoices timely, so we can proceed with the planning for the reallocation process.

*Question: N. O'Neal – Oral health is usually not low, is it due to moving or changes at Case?

*Response: Z. Levar – Oral health is always being monitored, but we ran into Covid. We're trying to figure where that needs to be and if other providers are putting more into it than RW. We'll see what FY21 brings with expenses.

*Question: N. O'Neal – Will that make a difference in if money is left?

*Response: Z. Levar – We will try to avoid money not being spent. We'll also look at if money needs to be moved in reallocation.

Planning Council Business

Monthly Progress Report from HRSA Project Officer

We are currently in the thick of the site visit, so the monthly call was cancelled for Monday.

Review and Vote to Approve Revised Bylaws

Listed below are the updated bylaws which incorporate the new Prevention Committee with the Ryan White (RW) Planning Council, in order to fully address the Care and Prevention needs of PLWH/A (people living with HIV/Aids) in the six counties represented in our TGA (target grant area).

Article I (One) provides the official name, describes the TGA jurisdiction, and the mileage it covers.

Article II (Two) explains why the Ryan White Program exists and the law that governs how it operates. We've also added the Prevention authority, which is overseen by the CDC (Center for Disease Control) Office of Infectious Diseases.

Article III (Three) outlines the Mission Statement and Planning Council (PC) responsibilities on how to plan for HIV services and the allocations of services in the TGA. We added the responsibility of Prevention is to serve as a sounding board and provide input on high-risk populations for HIV infection.

Article IV (Four) covers Membership. The total membership allowed for the Cleveland RW Planning Council is 35, based on our current Bylaws. Those totals must include: Persons Living with HIV/AIDS – 50% or 17.5, Prevention Committee Members – 20% or 7 members, and other Planning Council Members – 30% or 10.5 members, (can be affiliated with a Part A provider or a volunteer, not HIV+). The Open Nomination Process for membership is managed by the MRM (Membership, Retention & Marketing) Committee, according to RW regulations and Prevention Guidance. For Membership Reflectiveness (what the PC body should reflect), there must be a minimum of 33% members who are non-affiliated consumers of Part A Services, and 13 must be representatives of federally-mandated categories, prevention-funded providers, and individuals from the priority populations. The article also talks about terms of service, which for our PC is: an initial 3-year term, followed by another 3-year term, then taking leave for one year before re-applying to serve again. As HRSA has recently inquired about our term limits, we will again be asking for exemptions for those hard to fill slots that are difficult to replace and greatly impact our planning council structure.



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Article V (Five) covers the Meeting Process, Open meetings, Meeting Frequency, Quorums, Order of Business, Special meetings, and Executive Session. A quorum = 50% committee attendance, plus one. At least half + one, determines a quorum for a meeting.

Article VI (Six) outlines the standing committees, their responsibilities and how they are formed. We currently have five subcommittees: Community Liaison (CLC), Strategy & Finance (S&F), Membership, Retention and Marketing (MRM), Quality Improvement (QI), and the new HIV Prevention Committee. It also establishes special meetings, ad-hoc (temporary, specific-purpose) meetings, when or if needed, and outlines their duties and membership composition.

Article VII (Seven) explains our Conflict of Interest Policy.

Article VII (Eight) explains the Official Communication & Representation role of the PC Executive Co-Chairs (Terry, Kimberlin, and Brian) as the official representatives of the PC.

Article IX (Nine) covers Expense Reimbursement which, allowed under Part A, must be a direct result of in-person participation in a Planning Council meetings, for a reasonable request, and done on a reimbursement basis.

Article X (Ten) Amendments - MRM maintains the Bylaws process for review and revisions.

Article XI (Eleven) is the Grievance Procedure. This outlines procedures for addressing grievances with respect to <u>Part A</u> funding, when funding is done in a way a person feels they have been injured, not for personal grievances related to HIV services a client receives from a provider. Each provider has their own policy for addressing client grievances.

Article XII (Twelve) is Maximizing Part A Funds and it describes the procedure to maximize the use of Part A funds. Our Bylaws allows the Grantee to reallocate funding during December, January and February, to avoid leaving funds unspent. If a reallocation occurs, the Grantee must report the action to the Planning Council, as soon as possible and the next opportunity following the reallocation actions.

Bylaws Appendices

- Appendix A: Code of Conduct
- Appendix B: Confidentiality Pledge
- Appendix C: Conflict of Interest Policy & Pledge
 - Acknowledgement of Receipt of Ohio Ethic Law
- Appendix D: Open Nominations Process
- Appendix E: Grievance Policy & Form
 - **Appendix F: Attendance Policy**

*Question: R. Watkins - Recently learned of a waiver we can use at the beginning of a funding cycle, how does this work?

*Response: S. Harris – There really isn't a need, it only says that PC can take advantage of a waiver, if needed. We would have to prepare a grant application to request a waiver to explain why/how it would be used.





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*Question: R. Watkins – Can we get a written update and info on this?

MOTION: To Approve the 2021 Bylaws Update Integrating HIV Prevention and Care, as written.

Motion: N. O'Neal Seconded: R. Watkins

VOTE: In Favor: 7 Opposed: 0 Abstained: 1- B. Glass (remote)

Motion passed.

Review & Vote on Slate to Recommend New Applicants for PC Appointment

This is result of open the nominating process for this year. We have eight (8) new members and six (6) re-appointees.

The new members are: Uleta Carter (for Part C), Jeannie Citerman-Kraeger (active, pending official appt), Bryan Jones (returning), Peter Scardino (Ashtabula TGA rep), David Smith (replacing Marlene), James Stevenson (returning), and Karla Ruiz (for Part B).

MOTION: To Vote the Slate to Approve the 2021 New Applicants for Planning Council Appointment

Motion: K. Dennis Seconded: N. O'Neal **VOTE:** In Favor: 7 Opposed: 0 Abstained: 1 – B. Glass

Motion passed.

Review and Approve Prevention Committee Non-Member Applicants

The difference is these members have elected to be non-PC official members, only for Prevention committee. A discussion arose on making it mandatory for Prevention to attend Full PC meetings. The group agreed we should be more intertwined.

MOTION: To vote the Slate to Approve the 2021 Prevention Committee Non-member Applicants

Motion: C. Droster Seconded: R. Watkins

VOTE: In Favor: 6 Opposed: 0 Abstained: 2 – J. McMinn, B. Glass

Motion passed.

<u>Announce Subcommittee Co-chair selections - Tabled</u>

No responses received as of yet. Another reminder will be sent out to provide update at next meeting.

<u>Committee Reports</u> - N. O'Neal – All reports tabled. The committee will make reports at Full PC.

Consumer Liaison Committee (CLC)

Strategy & Finance (S&F)

Membership, Retention & Marketing (MRM)

Quality Improvement (QI)

Other Business - none

^{*}Response: S. Harris – Yes, that will be provided.

^{*}Comment: R. Watkins – Recommend adding Prevention Committee reports to the Full PC agendas.



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Announcements

N. O'Neal announced that her daughter is getting married. Everyone expressed congratulations and sent best wishes for their happiness.

Adjournment - Motion: C. Droster Seconded: N. O'Neal

Note: Exec committee was on hold beg March 20, 2020 and resumed Combined with PC beg Jan 2021.

		Jan	Feb	Mar	Apr	May	June	Aug	Sep	Oct	Nov
	Executive Committee		2020				PSRA		2021		
1	Kimberlin Dennis – Co-Chair	10	10						10		
2	Terry Allan – Co-Chair	10	10						10		
3	Brian Kimball – Co-Chair	10	10						10		
4	Naimah O'Neal	10	10						10		
5	Clinton Droster	10	10						10		
6	Brenda Glass	10	10						10		
7	Chris Ritter	10	10						0		
8	Jason McMinn	10	10						10		
9	Robert Watkins	10	10						10		
10	Clifford Barnett	10	10			·			0		
	Total in Attendance	10	10			·			8		

PC Members: B. Gayheart, B. Gripshover, F. Ross, L. Yarbrough-Franklin, W. Simpson, J. Citerman-Kraeger **Staff:** M. Halko, Z. Levar, S. Harris, T. Mallory