

Cuyahoga Regional HIV Prevention and Care Planning Council

Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina

Clinton Droster - Chair

Strategy and Finance Committee Minutes

Wednesday, April 6, 2022

1: 00 pm to 2:30 pm



Start: 1:03 am

End: 2:32 pm

Facilitator: C. Droster

Moment of Silence

Welcome and Introductions

Approval of Agenda: April 6, 2022

Addendum:

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

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

Approval of the Minutes: March 2, 2022

Addendum:

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

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

Recipient Report – April 2022 – Planning Council

1. Recipient Report
 - a. ODH State Integrated Plan – at the 3/17 meeting, nine (9) affinity groups were set up to direct some of the discussions related to the Integrated Plan. Sign up for affinity groups was completed recently. For more information please contact Kate Shumate at katherine.shumate@odh.ohio.gov; next meeting April 21st
 - b. Clinical Quality Management Committee- currently working with HRSA staff to revise CQM plan
 - 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. FY2022 trainings held by Recipient:
 - a. **(PC Directive)** Clinical Bias Training – February 24th
 - b. Stigma Training – TBD
 - c. **(PC Directive)** Cultural Competency for Dental Providers - TBD
 - f. Part A Medical Case Manager Network Meeting - next quarterly meeting will occur on 4/19 with discussion surrounding HIV criminalization in Ohio and supporting versus enabling clients
 - g. CCBH submitted Ryan White Program Services Report(RSR) in March 2022 to comply with data reporting requirements of HRSA
 - h. Prevention Committee – Next meeting occurring June 1st 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; all direct service provider partial contracts were sent out on March 1st
 - j. **Ending the HIV Epidemic Funding** - The following projects are continuing in FY2022:
 - a. Social media campaigns (topic TBD)
 - 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:
 - Anti-Stigma campaign: <https://www.loveleadshere.org/yourewelcome/>

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Administrative Update- Z. Levar

- The ODH Integrated Plan has shifted to monthly meetings for the next few months. Last meeting was March 17 and the next one is April 21, 2022. There are nine affinity groups set up to provide direction and discussion on the integrated plan, ranging from a wide variety of topics. Kate sent a survey for those interested in joining one or more of the affinity groups.

- The Part A medical case manager meeting is also quarterly and the next meeting is April 19. They will discuss HIV criminalization laws their impact on our community, how to draw the line for case managers in supporting and enabling clients, and Naimah O'Neal will give a presentation update on a new PC consumer survey.

- We submitted our RSR report, met all deadlines, and are preparing for next year. There is no update on Part A funding, as we are still operating with a partial ward and awaiting the balance sometime between now and May. The overall dollar amount is in, but it has not filtered down through all the channels.

***Question: N. O'Neal** - Can you gauge how the marketing is working for the EtHE Anti-Stigma campaign?

***Response: Z. Levar** - We have not received results yet, but we do get social media reports. We are also able to view the number of clicks on the loveleadshere.com site and can report that soon.

Fiscal Report Review - Z. Levar

FY2021 Part A Grant:

Current Expenditure split - 78.82% Core - 21.16% Support

Expenses are at 92.70% for 12 months (100% target)

We are at or near the end of the 2021 grant year. We are getting in a couple more invoices as Feb 28 marks the end of the fiscal year and it takes a couple months to finalize direct service costs. The expenditures between core and support are in the safe zone, as of end of year. We were able to serve 3,280 clients across the TGA eligible for services, and over 3.9 mil was spent, so we are close to where we want to end up and should be at 4 mil for the end of the year. We are doing better getting funding out the door and out to the community to apply to client care. We will hover around 94% spending and we will try to get closer to 100% going into the next fiscal year.

***Comment: C. Droster** - In core services, the two lowest categories Oral Health 65% and Early Intervention Services (EIS) at 80.75%, pointing out both will be corrected and higher.

***Comment: Z. Levar** - EIS is more salary-based whereas oral health is more procedural-based so the committee may want to keep an eye on that.

***Question: J. McMinn** - There was talk about color-coding support services vs core-based services, are we still planning that?

***Response: Z. Levar** - Yes, we want to implement that on the FY22 report in the next couple of months.

***Comment: J. McMinn** - It is easier to see the agency vacancies on the employee-based services.

***Comment: Z. Levar** - We may want more S&F conversation on where we want that threshold.

***Comment: S. Harris** - It may be a discussion for the workgroup, as they are looking at flagged items.

***Comment - Z. Levar** - We are excited about the workgroup doing things not normally done in PC's around the country. Flagging items is great and we are looking forward to the next discussion.

New/Old Business

Data Presentation#5 - Part A Client Utilization and Spending Trends- S. Harris

C. Droster - The client utilization trends figure into our resource allocation process.

S. Harris - We need to pay closer attention at oral health trends. QI did a good job on doing a deep dive on this and Covid affected spending in some categories, especially oral health.

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***Comment- J. Patterson** – We have been trying to emphasize the flagging for further discussion that in some cases, you may have a decrease, but it does not mean we would decrease funding just to discuss a category.

***Question: N. O’Neal** – There is not a discussion of other payers and we need to figure ways to help people know about other resources. We want to spend RW money, but we should use what is available first because we are payers of last resort.

***Response: J. McMinn** - This comes from staff positions and not billing for RW appointments.

***Comment: C. Droster** – Also, due to Covid, we almost doubled in mental health services clients. It seems like more used this, but do not know if it will go down.

***Comment: N. O’Neal** - Because of the aging population, we may need to look at adding money to this.

***Comment: S. Harris** - This is a little tricky, but the workgroup can talk it through.

***Comment: J. McMinn** - When something is in place to identify problems and you find it, the same with aging population, and it makes you wonder how much we have screened for and how much more we need to and/or add resources.

***Comment: Z. Levar** – Parking and bus passes went into medical transportation.

***Comment: N. O’Neal** – Also, some were pushing tele-visits and Lyft because people did not want to ride buses.

***Comment: J. McMinn** - On EFA, the state put a hold on cancelling Medicaid, so on situations where people were cancelled, being reviewed again and possibly closed out, this service may rise again.

***Comment: S. Harris** – So, maybe closer to funding like 2019.

***Comment: J. McMinn** - Maybe yes.

***Comment: S. Harris**- Once the 2021 numbers are in, we can factor that and discuss more in workgroup.

***Comment: C. Droster** - Clinton – believe 2021 was same as 2020.

***Comment: Z. Levar** – We encourage you to consider as we look at the end of year safety net, then look later in the year and adjust if needed at the six-month mark. We will assess as we go along. It is funds in a bucket at the beginning of the year and we move them around as needed.

***Comment: S. Harris** - Psycho-social support may drop.

***Comment: Z. Levar** - Anything that has a group aspect probably was not happening in 2020, so we would not put extra thought in that.

***Comment: S. Harris** - For legal we want to pay close attention as this pays for FTE’s.

***Question: J. Patterson** – Looking for the percentages too see which had 10%, were they presented?

***Response: S. Harris** – We just wanted to present something today. We will calculate those figures for our next discussion.

Takeaways: Think about what the workgroup is discussing now, looking at increases/decreases and where we want them to land.

Progress Report from the PSRA Work Group

C. Droster - We did record the meeting for those not able to attend. We went over EFA and oral health trending low. The next meeting will be Thursday, April 28, 2022 at 10:00 am.

J. Patterson - The trick is the November reallocation process, needing data for that, and giving Zach time to pull this together.

S. Harris - We will confirm the data needed.

J. Patterson – If anything can be done on the survey in the CLC workgroup to help get PSRA data, we would like that also.

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N. O'Neal – There is also a quarterly meeting on the 19th for case managers and we will push the paper and online survey information and will engage them on the importance of getting consumer input.

J. McMinn – If this aligned with our provider showcase, we would have had all their ears.

Begin Priority Setting for Non-Funded Ryan White Services - C. Droster

We will start the ranking process today for the non-funded services (listed below) and see how far we get from the list of services sent out to all.

AIDS Drug Assistance Program (ADAP)

Health Insurance Premium Cost Sharing Assistance

Local AIDS Pharmaceutical Assistance

Hospice Services

Substance Abuse Services - Outpatient

Criteria for Ranking

Payer of Last Resort, Access/Maintenance in Care, Specific Gaps/Emerging Needs, Consumer Priority

Z. Levar – Not sure on understanding the payer of last resort thinking. It feels like 8 should be “no, there are not funding sources” and then go down to “many others”.

J. McMinn – It feels like the wording is a little long.

C. Droster - We went over three times and this is what we decided.

S. Harris – Thinking of ways to make it clearer, or defining this in better terms is always welcomed.

J. McMinn - Like how Julie said payers.

J. Patterson - For 8, it would be “no other payers”

S. Harris - Would same criteria apply to the other categories?

Committee: Yes.

J. Patterson - Maybe 5 could be “numerous other sources”, 1-2 “payers”, and 3 for “sufficient payers”.

Z. Levar – Perhaps 5 should be “a little but not a lot”.

S. Harris – So, the final agreement is:

- *8= no other payers; 5= few other payers; 3=sufficient payers; 1= numerous payers*

AIDS Drug Assistance Program (ADAP)

Payer of Last Resort - 5

Access/Maintenance in Care - 8

Specific Gaps/Emerging Needs - 8

Consumer Priority - 8

Health Insurance Premium Cost Sharing Assistance

Payer of Last Resort -

Access/Maintenance in Care -

Specific Gaps/Emerging Needs -

Consumer Priority –

C. Droster - We will pick this up at next meeting.

S. Harris - We will send the ranking criteria out to all, as we have to move right away and on to funded categories. In May, we will finish for all non-funded service categories (*both core and support categories*) and start on the funded categories and see how far we get.

Standing Business

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Training Opportunities for S&F Committee Members - Tabled

Parking Lot - None

Announcements - None

Adjournment

Motion: C. Barnett Seconded: J. Patterson

Attendance

	S & F Members	Jan	Feb	Mar	Apr	May	June PSRA	Aug	Sep	Oct	Nov
1	Clinton Droster, Chair	20	20	20	20						
2	Julie Patterson	20	20	20	20						
3	Michael Deighan	20	20	20	20						
4	Naimah O'Neal	10	10	10	10						
5	Clifford Barnett	20	20	20	10						
6	Jeff Mazo	0	0	0	0						
7	Jeannie Citerman-Kraeger	10	10	10	10						
	Total in Attendance	6	6	6	6						

PC Members: K. Dennis, B. Gayheart, D. Houston, J. McMinn

Attendees: none

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