

Cuyahoga Regional HIV Health Services Planning Council

Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina

Strategy and Finance Committee Minutes

Wednesday, October 6, 2021

1: 00 pm to 2:30 pm



Start: 1:10 pm

End: 2:33 pm

Co-chair: C. Droster

Moment of Silence

Welcome and Introductions

Approval of Agenda: October 6, 2021

Addendum:

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

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

Approval of the Minutes: September 1, 2021

Motion: N O'Neal Seconded: R. Watkins

Vote: In Favor: 9 Opposed: 0 Abstained: 1-C. Barnett

Grantee Report - October 2021 – Planning Council

1. Grantee Report

- a. ODH State Integrated Plan – due December 2022; next steering committee meeting is October 7th, 9:00 am - 12:00 pm
- b. Clinical Quality Management committee continues to meet with the efforts focusing on disparities in viral suppression. – Grantee currently conducting Q3 follow up meetings, preparing for November 15th CQMC meeting
- 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. Next HIV Services newsletter will be issued on World AIDS Day, December 1st, Sharron will be looking for PC input in the coming weeks
- 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. Upcoming - HIV Stigma Training – November 4th
 - i. **(PC Directive)** Upcoming – Clinical Bias Training – Jan/Feb TBD
- 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 occurred Sept. 2nd, next will occur early 2022

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- 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 – Next meeting occurring December 8th from 4-5:30
- i. **Part A Funding** – Reallocation process currently ongoing, provider reallocation requests were due to Grantee on October 5th, received Carryover request of \$144,259 to be used in MCM/OAHS as decided by PC in November 2020
- 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
 - e. Medical Transportation for non-VLS client's program
 - f. Rapid Start of ART program
- k. Ending the Epidemic Plan update:
 - Advisory group will be meeting to discuss direction of Stigma campaign, with a goal of launching campaign on World AIDS day
 - Ending the Epidemic Site Visit occurring October 19-20
- l. HRSA site visit completed in mid-September – grantee office currently waiting for Findings Report (can take up to 45 days)
- m. Part A grant application submitted on October 4th for FY2022-2024 grant years

FY2021 Part A Grant:

Current Expenditure split - 79.10% Core - 20.90% Support

Expenses are at 48.28% for 6 months (50% target)

Administrative Update – Z. Levar

We are always trying to get input on QI feedback

No updates on the Needs Assessment

Next HIV newsletter on World AIDS Day, Dec 1st, will work with PC for input

Needs Assessment next meeting email will be sent to all

Working on reallocation process, already requested that all subrecipients identify services where additional funds are needed, and services where funds are expected to be unspent. Their reply was due yesterday. We also received the \$144,259 carryover request.

For EtHE, all were invited to stigma listening session, comprised a group of Prep users and PLWH. This will launch on Dec 1st, World AIDS day.

The EtHE site visit is Oct 19 and 20th, thanks to those participating. Eight have been confirmed and the call is Oct 20th. The list has been sent from HRSA to those persons who will get the link.

The handful of findings from the HRSA visit and will be shared when we receive the report.

The grant application for 2022-24 was submitted on Monday.

Fiscal Report Review- Z. Levar

All invoices are caught up and we are at the mid-way point of the year.

We are trending low in oral health, but it is recommended not to take money from this service category.

EIS, EFA, and Food Bank are also trending low. We are at the mid-point at or around 50% of funds being spent across core categories.

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**Question:* N. O'Neal – Home meals, being only for those in need and not like everybody can get them like with a pantry, as people drop off, what is the likelihood we will really use that?

**Response:* Z. Levar – We would have to look at which agencies are trending low and take closer look at other organizations that provide food and pantries.

**Question:* R. Watkins – Psycho-social support, 71 clients showing, is this a trend?

**Response:* Z. Levar – It seems psycho-social is booming right now and we may have to move funds in that area. Also, some groups may be purchasing things early in the year.

**Question:* C. Droster – With meals, can we look at that trend over the last couple years?

**Response:* Z. Levar – We have to take a closer look at the categories of Food Banks, vs Home-delivered meals.

New/Old Business

HRSA Visit Overview

**Comment:* C. Droster –The longest time was with S&F, and they seemed happy with what we do. We are in the forefront of other TGA's. Overall, they said we're doing a good job.

They also asked what we knew about our PC budget, do we make a budget, and what we do with the money.

**Comment:* N. O'Neal – They also asked if we knew what our budget was and if we knew and if we had input.

**Comment:* C. Droster – We just need to know what it is.

**Response:* Z. Levar – We did develop a budget that is part of our administrative funds. It is put together at the beginning of the year. It includes our PC support contractor, gas cards, PC food, the consumer chrome books, Internet access, and PC support time. The PC does have a budget and dollar amounts that we will share.

**Response:* S. Harris – It can be added to the November agenda to be presented at that meeting?

**Comment:* M. Halko – PC should be more engaged in that going forward. It's in the manual.

**Comment:* S. Harris – The PC was initially involved in evaluating proposals for your current technical support.

**Response:* K. Dennis – Yes, it was our current facilitator and another agency we evaluated.

**Comment:* C. Droster – Maybe we just need more transparency and maybe put it on a PCAT.

**Question:* C. Barnett – Are we adding it to November's meeting?

**Response:* Z. Levar – Yes, it's all set up and will be brought to the November meeting.

**Comment:* C. Droster – We also have reallocation presentation to PC in November.

**Comment:* C. Droster – Another item was the grantee title changing to be called "Recipient."

**Response:* Z. Levar – We answer to HRSA as such, just as with other agencies.

**Comment:* C. Droster – We also talked about an automatic waiver given each year. The waiver if ever in dire need and bordering the 75/25 split. We do a good job, so not planning to use this. Also, for leftover money, we got chrome books, and had costs for mailing for PC items, which takes up money. It was also mentioned about getting phones for potential PC members and incentives for non-PC members.

**Comment:* S. Harris – HRSA has been using the term grantee/recipient for the last couple years, we can update the Agenda to "Recipient" Report instead of grantee. It's still the same on who administers the grant. Also, with the waiver issue, we will do a power point presentation on how that works. This waiver

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requires writing a full application, justifying why you want to award less than 75% of funding in non-core services.

**Comment:* N. O’Neal – We also talked about that because trends are showing some support services are more important than core services. They thought it should be looked at so we don’t stay rigid on moving funds if needed.

**Comment:* S. Harris – We will need to consider data that would support that request.

**Response:* J. McMinn – Years ago when we did an application, it was so taboo and only a few did that. Maybe it has to do with Medicaid expansion in many states.

**Response:* Z. Levar – For reference, we’ve already passed the opportunity for next year, it’s usually submitted with grant app. It’s not something we can submit anytime. It’s a very forward-thinking process and we must give reasons for requesting a waiver.

**Comment:* S. Harris – For non-members, funds are limited to purchase smart phones, particularly for those with no real accountability to PC. HRSA’s regulations are strict on how funds can be used.

**Question:* J. Patterson – Who was that HRSA person?

**Response:* S. Harris – He is a consultant for HRSA, Jim McCarthy.

**Comment:* C. Barnett – A change would throw a wrench in what we’ve been doing so far.

C. Droster – We will await HRSA’s Site visit report in a month or so.

Review of Trends in Utilization and Spending by October Annually – S. Harris

We’re having the exercise because PC wanted to know what we are spending. This chart shows a series of years (2015-2019). If trends show increase, we don’t want to move funding out of that service, if trends show a steady decrease in spending and utilization, we can consider moving funds, if needed. We look at each category funded to determine if any changes are needed or ask the grantee if they are aware of any special circumstances impacting a provider related to service spending.

**Comment:* N. O’Neal – Sometimes it’s hard to get people in marketplace health plans, non-eligible for Medicaid, so it’s always factors into why we would need to keep the EFA service category funded.

**Comment:* S. Harris – We always need to make sure we don’t leave out funding for services that are needed and not base decisions on the past COVID year, which was an abnormal year.

**Comment:* C. Droster – In the HRSA meeting, they said no one has done anything like this, we would be the first. We can brainstorm on other ways to improve resource allocation to make it an easier and more structured process and involve all PC. It should be everyone participating.

**Comment:* C. Barnett – One committee we would like more engaged is CLC and questions surrounded about actual client feedback to use for the ranking process.

**Response:* N. O’Neal – We thought that was the reason for starting surveys, to get community input for part of the numbers to use with that process.

**Response:* R. Watkins – Correct, it is a process where PC lines up as a team rather than individually. CLC is most important as it represents PLWH, rather than going on what we feel.

**Response:* N. O’Neal – It was we felt, we just thought we could get more if we reached out to community. It is growing, but maybe we need to do more individual things, because it’s hard to do surveys. We don’t want to not overwhelm people with surveys but come up with a clever way to be involved. Maybe we could do one comprehensive survey that would capture voices of the community.

**Comment:* C. Droster – Utilization trends address how we allocate money and want people to pay attention because we’re doing reallocation next month. We want all to understand process better.

**Comment:* S. Harris – Regarding the discussion of staff funding vs units of service, we will coordinate with the grantee and work to bring this to committee next month.

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**Comment: Z. Levar – We will also add something on that with the expenditure report.*

Action Steps for Better Overall PC PSRA Participation

1. Use criteria with some other standards. - C. Droster
2. Review key parts of a plan and invite all for input. – S. Harris
3. Three months prior to PSRA, go over strategies. – C. Droster

**Comment: N. O’Neal – People are invited. If it’s important maybe set aside time for this discussion. Also, the agendas and minutes are on the website. There are a lot of opportunities to participate.*

**Comment: C. Barnett – Agreed, and we always discuss this at very meeting.*

**Comment: J. Patterson – Last year’s format was good. Usually, people will come if something concerns them. We were on the right path like last year, doing a short presentation at full PC so they get a taste and see how we’re using data. Also, suggesting a half day retreat and shorten the discussion.*

**Comment: S. Harris – S&F should have the rationale to decide what gets further attention and why.*

C. Droster – Next month, we will discuss how much PC needs to be involved in the resource allocation process.

Standing Business

S&F Committee Training Opportunities- Tabled

Parking Lot - Tabled

Announcements

N. O’Neal – The Marilyn Kaminsky nomination award information will be sent out soon. Also, We Think 4 A Change has an upcoming webinar in April about Making Plans for Your Sunset while you still have control. CEU’s may be available and PLWH may qualify for a gift card. More details to come

Adjournment

Motion: C. Barnett 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	20	
2	Clifford Barnett, Co-chair	20	20	20	20	20	20	20	0	20	
3	Michael Deighan	20	20	20	20	20	20	0	0	0	
4	Naimah O'Neal	10	10	10	10	10	10	10	10	10	
5	Julie Patterson	20	20	20	20	20	20	20	20	20	
6	Jeff Mazo	0	20	20	0	0	0	0	0	0	
	Total in Attendance	5	6	6	5	5	5	4	3	4	

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

Attendees: Thomas M.

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