

Cuyahoga Regional HIV Prevention and Care Planning Council

Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina

Clinton Droster - Chair

Strategy and Finance Committee Minutes

Wednesday, November 2, 2022

1: 00 pm to 2:30 pm



Start: 1:05 pm

End: 2:29 pm

Facilitator: C. Droster

Moment of Silence

Welcome and Introductions

***Please note:** PC members who have a conflict of interest must inform the committee at the beginning of each meeting. A Conflict of Interest, as it pertains to the Ryan White Planning Council Bylaws, is defined as "an interest (actual or perceived) by a Planning Council member in an action that may result in personal, organizational, or professional gain for the member or his/her spouse, domestic partner, parent, child, or sibling."*

Approval of Agenda: November 2, 2022

Addendum:

Motion: K. Dennis **Seconded:** C. Barnett

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

Approval of the Minutes: October 5, 2022

Addendum:

Motion: C. Barnett **Seconded:** J. McMinn

Vote: In Favor: All Opposed: 0 Abstained: J. Citerman-Kraeger

Recipient Report – November 2022 – Planning Council

1. Recipient Report
 - a. ODH State Integrated Plan – Next statewide meeting will occur 11/17, Planning Council has been asked to sign a letter of concurrence with the Integrated Plan. Will run through QI Committee as lead on Integrated Plan for PC
 - b. Clinical Quality Management Committee- Wrapped up TA with HRSA in October, will look to re-launch committee in 1st quarter 2023
 - c. Next edition of CCBH HIV Services Newsletter aiming to be released on World AIDS Day 2022
 - d. FY2022 trainings held by Recipient:
 - a. **(PC Directive)** Cultural Competency for Dental Providers – held 9/20/22 in coordination with AETC
 - b. Stigma Training - TBA
 - e. Part A Medical Case Manager Network Meeting - next quarterly meeting to be held 1/17/23
 - f. CCBH submitted Ryan White Program Services Report (RSR) in March 2022 to comply with data reporting requirements of HRSA – currently conducting monthly data checks to prepare for CY2022 submission
 - g. **Part A Funding** – presenting reallocation recommendations to S&F in November
 - h. **Ending the HIV Epidemic Funding** - The following projects are continuing in FY2022:
 - a. Social media campaigns (Pride, Hispanic Heritage Month, Black History Month focused campaigns)
 - 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
 - g. Peer Navigator program
 - i. FY2022 Monitoring – Part A office has resumed onsite monitoring visits for the first time since pre-COVID, will share outcome summary with PC at conclusion of visits
 - j. RFPs released for Direct services FY2023/FY2024 and for Planning Council Facilitation and Management:
<https://www.ccbh.net/rfqs/> - pre-proposal conferences to be held on 11/3

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Administrative Update - Z. Levar

- The Statewide Integrated plan meeting is Nov 17th and a draft letter of concurrence is to follow.
- Clinical Quality Management Committee- Wrapped up TA with HRSA in October, will look to re-launch committee in 1st quarter 2023 and re-engage providers and get quality projects going.
- Part A funding, reallocation starting and today PC will for vote on recommendations from S&F.
- We are monitoring our 14 sub-recipients, only a couple left, and we will share outcome data.
- RFP's (Request for Proposal) for 2023-24 were released for both direct services and PC facilitation and management, and there will be a Q&A bidders meeting tomorrow.

***Question: J. Patterson** – Any update on projects newly funded from EtHE (Ending the HIV Epidemic) Prevention?

***Response: Z. Levar** – No, but we will look into this. We will also re-engage the group in January for more community facing on projects being funded, and we may meet quarterly after that.

Fiscal Report –Z. Levar

FY2022 Part A Grant: Current Expend split - 78.46% Core, 21.54% Support, Exp 50.69%, 7 months (58.33% target)

We are looking to 58% spent, now at 51%, which is reason for reallocation. Different from last year, we are trending low in oral health, as more are requesting dental care.

New/Old Business

Refresher Training – Reallocation & Carryover Processes – S. Harris

1. Reallocation – This is the process of moving funds across services categories after initial allocations are made. This may occur right after the grant award, since the award is usually higher or lower than the amount requested in the application, and during the program year when funds may be underspent in some service categories and/or require additional funding in others. The role of Planning Council is to approve all allocations with few adjustments.

2. Carryover – This is the estimated amount of the Unobligated RW, 2.8 mil, Part A formula grant funds that remain at the end of the grant budget year. The recipient must submit an Estimated Carryover Request, along with estimated Unobligated Balances (UOB), 60 days before end of the grant year or by December 31st of each year. Also, penalties exist if UOB's exceed 5% of the formula award.

Review/Discuss Reallocation Proposal

***Question: N. O'Neal** - If an agency needs funding how does that work?

***Response: S. Harris** - They come to the recipient, present their proposal, and the recipient makes the decision on whether funding is available to give them.

***Question: J. Patterson** - Is there a limit between categories?

***Response: S. Harris** – There is no percentage limit, but the recipient makes the decision.

***Question: J. Patterson** - Regarding leaving money on table and penalties, if we don't spend 95%, is it that we may not get carryover and lose money for our region?

***Response: S. Harris** - Yes, if not spending at least 95% on formula grant, HRSA may not give same next year, figuring it's not needed. The objective is to always spend what is asked, keeping in mind, we are only allowed to carryover five percent.

***Comment: Z. Levar** - The formula hovers around 2.8 mil. We are only subject to penalties if we don't spend the larger portion. In our office, we prioritize spending the largest part of the formula first.

***Question: C. Droster** - For med transport, will it be on target with over-utilizing?

***Response: Z. Levar** - Yes, we are putting extra in that and will be able to fully award all those requests. Also, our new split under the recommendation is still safe at 79% core and 20.6% support.

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FY2022 Carryover Request Discussion

***Question: J. Patterson** - With the carryover column, is there a way to involve some PSRA criteria?

***Response: Z. Levar** - This is hard to predict, as many things happen between last year and 2022 when the request was submitted. The idea was to propose the potential estimated carryover, using the current spreadsheet, showing after PSRA and everything was submitted.

***Comment: J. McMinn** – Our recipient does a fantastic job and we are blessed to have an administration that gives us flexibility to change.

***Comment: C. Barnett** - Recommend carryover for med case mgmt. and other professional services.

***Comment: S. Harris** – Also, a lot went to oral health in previous allocation, may not need to add there.

Approval of Reallocation Proposal as presented.

Motion: To Approve the Reallocation Proposal as presented.

Motion: K. Dennis Seconded: N. O'Neal

Vote: In Favor: 8 Opposed: 0 Abstained: 0

Approval of Carryover Proposal as presented.

Motion: To Approve Carryover for Medical Case Management for Core Services and Other Professional/ Legal for Support Services.

Motion: K. Dennis Seconded: J. Patterson

Vote: In Favor: 7 Opposed: 0 Abstained: 2

Approval of 2023 S&F Work Plan

Motion: To Approve the 2023 Strategy & Finance (S&F) Work Plan as written.

Motion: K. Dennis Seconded: N. O'Neal

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

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

This is something HRSA requires that we do annually. It is not a difficult process, but rather something designed to make sure the recipient is on track with funding and that providers are being paid on time.

1. Assessment Definition/Intro

The assessment of the Efficiency of the Administrative Mechanism is an evaluation by the Planning Council of how rapidly Part A funds are allocated to the areas of greatest need within the TGA. Planning Councils have a legislative requirement to conduct an annual AEAM, which includes:

- Providing a narrative that describes the results of the Planning Council's assessment.
- Ensuring timely allocation/contracting of funds and payments to contractors are made.
- Identifying deficiencies (if any) and ensuring recipient response and corrective actions.

2. Assessment Questions

Q1: Were Part A funds were expended in a timely manner?

Q2: Were Part A contracts with service providers signed in a timely manner?

Q3: During the FY, did the TGA have less than 5% carryover in Part A funds?

Q4: Were Part A resources reallocated in a timely manner to ensure the community needs were met?

Q5: Did the Part A Programs that were funded in the fiscal year, match the service categories and percentages identified during the Council's Priority Setting & Resource Allocation process?

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Standing Business

Training Opportunities for S&F Committee Members - Tabled

Parking Lot

Review & Approve 2024-25 PSRA Work Plan - Tabled

Next Steps - Takeaways

C. Droster - We will discuss in January the next steps for the PSRA workgroup, as we want to get back to meetings, same as before, the fourth Wednesday of each month at 4:00 pm. The current members are Clinton, Clifford Julie, Naimah, Jason, and Jeannie to be added.

Announcements

S. Harris -There will be a special co-chair training in the 4:00 pm Exec Committee time slot on Nov 16th.

Adjournment: Motion: K. Dennis Seconded: J. McMinn

Attendance

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

PC Members: K. Dennis, B. Gayheart, A. Thomas

Attendees: J. Brubaker

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