Cuyahoga Regional HIV Prevention and Care Planning Council

Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina Counties

Priority Setting & Resource Allocation (PSRA) *Virtual* Meeting

Wednesday, June 21, 2023, 12:00 PM - 4:00 PM (EDT)

Minutes

Start: 12:04 pm **End:** 3:46 pm **Facilitator: K. Dennis**

12:00 pm - Welcome and Introductions - Kimberlin Dennis, Planning Council Executive Co-Chair

All attendees announced their attendance and affiliation (if any) with the Part A Program.

12:15 pm – PSRA 2023-24 Overview - Strategy & Finance (S&F) Committee- Julie Patterson, Co-Chair

As the first time doing PSRA as a co-chair, welcome everyone and we are excited you are here. One of our main goals is to make sure you all feel like you are coming along with us in this process and that you understand what we are doing. **This is our biggest meeting for priority setting and resource allocation, or in breaking the letters down, PS (Priority Setting) and RA (Resources Allocation). We will discuss PS for the first part, then talk as a group as we do the RA piece. We also want to thank all who had a part in leading us up to today, we hope everyone can follow along, and with the leadership of Kimberlin chairing, we expect to do a great job.** To summarize the past grant year, some of our subcommittees conducted several workgroups, separate from our regular subcommittee meetings, which helped us make good decisions to bring to the full committee. We also had data presentations on the CLC survey, as well as other presentations like Epi data, HOPWA, and the AIDS Funding Collaborative. Also, the QI committee created and approved Part A Directives for the 2023-24 grant year. The latter part of the meeting will be to discuss the resources allocation piece, which was based on the ranking of categories for funded and non-funded services in our TGA, finalized at the May 3rd S&F meeting. Last, we will we decide the amount of resources that will go into each of the eight (8) core and six (6) support service categories, then make the final vote to approve.

12:20 pm - Managing Conflicts of Interest - Membership, Retention & Marketing (MRM) Committee- Billy Gayheart, Co-Chair

A Planning Council member or guest is considered conflicted, or closely affiliated with the Ryan White Part A program, if they are a Board member, staff, consultant or volunteer who works at least 20 hours per week for either the Part A Recipient CCBH (Cuyahoga County Board of Health), or one their sub-recipient, Part A-funded service providers.

- Being a client of a Part A-funded provider is not considered a conflict of interest.

- Members that are conflicted on a particular issue cannot advocate for/against it, or cast a vote for it, unless presented on the ballot as a slate vote. However, they can participate in the discussion and offer technical input and information.

- If Planning Council members think there may be a possible conflict of interest with an attempt to vote, they can bring that to the attention of the committee so it can be addressed.

***Comment:* Z. Levar** – This relates more to allocation decisions and moving money, as it's best practice for all members to give input in discussions, but must inform of conflicts as there may be need to refrain from a vote.

12:25 pm- Consumer Input/Survey Findings -Community Liaison Committee (CLC)–Faith Ross, Co-Chair

A new survey was created by the CLC Committee this year. We set out to collect 100 responses, surpassed our goal for a total of 128. We want to thank everyone who helped with the 2023 consumer survey, especially the case managers, as we could not have done this without you! We also want to thank all PC members and everyone else who went above and beyond to get to the responses. Also, if anyone is interested in getting the responses from the survey, please reach out to L.J. and she will provide that info.

CLC Consumer Survey Findings: Cuyahoga County received the most responses at (87), Lorain County (25), Ashtabula seven (7), and Medina one (1). For the ages of respondents, the majority (39.8%), were age 50-64, the second highest (21.1%) age 65 plus, and the lowest, tied at (11.7%), for ages 20-29 and 40-49. With Core Services - Primary Medical Care ranked highest as being extremely important, tied with Dental and Medical Case Management. For Support Services - Emergency Financial Assistance (EFA), ranked highest in extreme importance, with Medical Transportation second, and Non-Medical Case Management third.

***Comment: J.* Patterson** – How was scoring determined, as it seems those on left would have scored higher. Next year in ranking, we'll be looking for the most important question in the CLC survey.
***Response:* L.J. Sylvia** – The ones on the left had more responses. We didn't review data separately and average it out. Maybe next time we will ask that way so as to get a clearer data outcome for the ranking process.

1:00 pm- Review/Final Vote on Priority Ranking of Services - Strategy & Finance (S&F) Committee- Julie Patterson, Co-Chair

The Strategy & Finance (S&F) Committee conducts the ranking process for the 14 Part A funded services in our TGA, each month in our subcommittee meetings. As our Part A Ryan White grant year runs from March 1st and goes through the end of February, we are currently in a grant year that completed its priority setting and resources allocation decisions about a year ago. However, today's PSRA decisions are for the next grant year, 2024-25. For the services provided, all core and support services funded in our transitional grant area, or TGA, are determined at the federal level by HRSA (Health Resources Services Administration) on whether they are considered core or support. We have no say in that. The difference between core and support is that core services are more highly valued by HRSA, who mandates that three quarters of the funding must go to core services and the remaining funds, to support services. Overall, our TGA funds 14 service categories, and we provide resource information for 14 other services, which we rank in priority setting, but are not Part A funded.
***Comment* – Z. Levar** – For the non-funded services, we must rank them every year, in case we ever need to fund them in the future, as unless we show their importance in ranking, they cannot be considered for funding.
***Comment:* J. Patterson** - For criteria, we look at the scoring sheet that shows the criteria on how scores are based, with calculated results at end and, for ties, we look at utilization data to break them.
***Question*: L.J. Sylvia** - What is meant by utilization?
***Response:* J. Patterson** – That would be utilization of services for the grant year in that category.
***Comment:* L.J. Sylvia** – In the chat, 'If necessary, could non-funded services be funded in reallocation?"
***Response:* J. Patterson** – We do not currently fund the non-funded categories in out TGA, although some have been funded in the past. That is interesting, in that something could change in the grant year. We are, however, able as a Part A program to shift money, but only for the services funded in the grant year. In November, we can vote on something before end of the grant year in February, but to add, would be a more complicated process.
***Response:* Z. Levar** – Technically, as it may be allowable, it also may be difficult in that reallocation happens in a nine-month grant year, in which we'd have to both move money and get a provider to perform that service. That would take time to get going and we would most likely run out of time in the grant year. In an emergency, we would want to identify someone in June, so as to be implemented in the following year.
***Comment:* B. Glass** - PSRA is about data in looking at what services to fund or not to fund, and we would still need time to get data to show relevancies in this time period.
***Comment:* Z. Levar -** We'd have to expedite to those changes for next year and do our best to make the changes. The hope is we don't deal with any of those travesties, which is why we rank them on the back burner, in case we need them. CLC Co-chair, Faith, went over the consumer data and how it's used, and the best way is to grab as much consumer survey data as possible and to design questions better to populate that data. That data will helps us in the S&F ranking process on knowing what consumer feedback was most impactful.

Funded Part A Services in the TGA – Total (14)

Core	*Support*
1. Outpatient Ambulatory Health Services (OAHS)	*1. Medical Transportation Services*
2. Medical Case Management	*2. Emergency Financial Assistance (EFA)*
3. Oral Health Services	*3. Non-Medical Case Management Services*
4. Mental Health Services	*4. Psychosocial Support Services*
5. Medical Nutrition Services	*5. Food Bank/Home Delivered Meals*
6. Early Intervention/Outreach Services	*6. Other Professional Services*
7. Home Health Care Services	
8. Home & Community-Based Care	

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Non-Funded Services Category Rankings (14)

Housing Services, AIDS Drug Assistance Program (ADAP), Health Insurance Premium Cost Sharing Assistance (HIPCSA), Referral for Health Care/Supportive Services, Rehabilitation Services, Respite Care Services, Local AIDS Pharmaceutical Assistance, Treatment Adherence Counseling, Hospice Services, Substance Abuse Treatment-Outpatient Services, Substance Abuse Treatment-Residential Services, Health Education/Risk Reduction, Child Care Services, Linguistics services

Criteria for Ranking

Each Service Category is ranked using a five-decision criteria on a scale of (1) through (8), with each decision criteria assigned a weighting factor. Payer of last resort/alternate providers of service = 15%, Access to care/maintenance in care = 35%, Special gaps/needs/special populations = 25%, and Consumer Priority = 25%

1. Payer of Last Resort -Are there any other funding sources that provide the same or any equivalent service to Ryan White eligible PLWHA? - Rank: 8 = no other sources; 5 = few sources; 3 = sufficient sources; 1 = numerous sources

2. Access/Maintenance in Care -Does the category promote access to OR maintenance in primary medical care? - Rank: 8 = fully promotes access & maintenance in care; 5 = mostly; 3 = somewhat; 1 = does not

3. Specific Gaps/Emerging Needs -To what extent do Part A-funded services address a specific service gap or service need? - Does this service address a newly identified or projected future need?
Rank: 8 = fully addresses need/gap; 5 = mostly addresses need/gap; 3 = somewhat; 1 = does not address need or gap

4. Consumer Priority - Has the category been specifically identified as a priority by PLWHA through needs assessment data and/or other data as important and/or in need of additional funding?
Rank: 8 = highest priority; 5 = priority; 3 = somewhat a priority; 1 = not a priority

Motion: For Full Slate Approval of the Final Ranking and Scoring of Part A Services for the 2023-24 Grant Year.
Motion: J. Patterson Seconded: F. Ross
Vote: In Favor: All Opposed: 0 Abstained: 0
Motion passed.

1:40 pm- Review/Final Vote 2023-2024 Directives - Quality Improvement (QI) Committee – Jason McMinn, Chair

Directives are instructions that the Planning Council gives to our Recipient, the Part A Office, on things we see through the year in our deep dives into service categories. We then come up with ideas, proposals and suggestions for different service categories and turn them into directives. As chair of Quality Improvement, our committee holds the responsibility of coming up with directives for the Part A program by looking at ways we can improve access, reduce barriers, and provide quality service to our Ryan White customer. Having attended many meetings on discussions to formulate directives, all committees are encouraged to provide ideas and suggestions for new that can be shared. As directives can also have cost implications, we work to have good discussions with our recipient on what is appropriate and what can be done. This year, the deep dive was in Psychosocial Support and Mental Health, looking at Covid's impact in these areas. We found that we are doing a great job with psychosocial supports, and in mental health we offer a lot of support groups and services for PLWH (People Living with HIV) in our area. With that, we came up with the following two (2) directives:

1. The Recipient will develop a TGA wide calendar promoting groups, events, forums, or other educational opportunities on the CCBH RW website. Agencies are responsible for updating CCBH staff with additions and/or changes to their schedule.
2. In the next RFP, the recipient will encourage evening groups, social groups, provide healthy food options during groups for psychosocial support service category.

***Question:* F. Ross** – Are there options considered when buying healthy food for those with certain dietary needs?
***Response:* J. McMinn** - Some agencies ask, not sure how much is to put into RFP's (Request for Proposal) on this.

Motion: For Full Slate Approval of the Two (2) Planning Council Directives for the 2023-24 Grant Year.
Motion: Dr. Gripshover Seconded: L. Yarbrough-Franklin
Vote: In Favor: All Opposed: 0 Abstained: 0
Motion passed.

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1:50 pm – PSRA Overview / Determine 2023-2024 Resources Allocation Amounts – (All) PC Members

The resource allocation process of the planning council takes place during a meeting of all PC members in June each year. The process is led by the Strategy and Finance (S&F) Committee. In our workgroups this year, we talked mostly on decision criteria, and when we increase in one category, we have to go down in another. We did this staying mindful of maintaining the split needed between core and support services, where 75% of funds go to core and no more than 25% into support services. For support services, it can be less than 25%, but not more. We also discussed possibilities in seeking a waiver, and found that to be a lengthy (six months to a year) process. Also, last year, we began a flagging process in our workgroup and will present today what we came up with on determining what to flag, based on criteria. One flagging area was in significant changes in priority ranking of a service category, over or under requesting of funds allocated, and we also looked at significant changes in trends. We saw two changes in the last couple years for over-requests (not enough money to fund those requests), Outpatient Ambulatory and Medical Case Management, and two, Mental Health and EIS for under-requests, meaning people didn't ask for money and it was left on the table. Overall, it is our job to help recipients spend all the money allotted to our grant area, and to use it wisely so we can continue to receive that amount in future years. HRSA does not increase Ryan White Part A budgets based on advocacy, and requests for additional funds, even if backed by data, are generally futile.

***Question:* M. Deighan** - For over and under, is this by individuals or providers not requesting money, as, if misunderstand, you'd think people were not asking for service.
***Response:* J. Patterson** - Yes, it is the provider agencies, clinics, and hospitals, not individuals, good question, and that's why the survey is so helpful in priority ranking.
***Comment:* N. O'Neal** - Maybe people didn't understand EIS in the survey or they may already be in care, as to why EIS may have taken a step down.
***Question:* M. Deighan** – Can we get a description on what each category does?
***Response:* Z. Levar** – OAHS (Outpatient Ambulatory Health Services) is salaries for medical providers to help PLWH access primary med care, MCM (Medical Case Management) is for social workers, Mental Health Services helps everyone receive mental health care, and is a gap filler, and EIS (Early Intervention Services) is more on outreach, getting people into care, and providing them with resources.
***Comment:* J. McMinn** - With the survey, mental health going up may have caused increased sensitivity to this category, and not having someone to define the categories may have been confusing. Maybe the next one can be changed to better fit those taking the survey.
Response: N. O'Neal - We will change up, as the survey may not have captured what was most important.
***Comment*: L.J. Sylvia –**For priority changes, we're looking at past data, for the survey, it's on including definitions.
***Comment:* J. Patterson** – The full priority ranking is everything, the survey piece is just one part of the process.
***Comment*: L.J. Sylvia** - That's where timing on data comes, next year we can review back and see more numbers.
***Comment:* N. O'Neal** - Stigma around mental health, where if people don't need they won't ask. Also, many other providers offer MH services, so do we need to spend our dollars or just direct people where to find help.
***Response:* M. Baker** - We're seeing a lag behind in which more interest in MH may be due to effects of Covid.
***Comment/Question:* M. Deighan** - With MH, so as not to confuse provider requests with actual needs, are there indeed enough therapists to provide services for those who may be interested?
***Comment:* L. Yarbrough-Franklin** – Agreeing with Naimah, there are a lot of options out there, and with the reduction in staffing, that may be throughout our system.
***Comment:* J. Patterson** – On the spreadsheet breakdown on FTE's (full-time paid staff) vs. Deliverables (services), most of this is on staff funding or FTE's. So, if looking at changes, think more on costs for staffing versus actual deliverable costs, like bus tickets.
***Question:* L.J. Sylvia** – As it sounds common for providers to ask for more money than we can provide, when historically is money being put into categories or is there a feedback loop?
***Response:* Z. Levar** - We don't necessarily need to take money out of a category but, if so, that's our role as Part A. We basically want to ensure coverage for all services across our network, through small clinics, large hospitals, and other agencies, making sure care is accessible and offered in a variety of ways. On the RFP process, we don't

give specifics on how bidders should apply, we just state an ideal picture of what is needed to provide services to our community. As RFP's are every three years, dollars in waiting may not go anywhere if within that cycle.
***Question:* L.J. Sylvia** - Are you saying they can use the money for this year?
***Response:* Z. Levar** - Yes.
***Comment:* D. Harris** - A lot now of my generation in need of mental health. It's really opening up and can see why more are saying it's important.
***Comment:* Z. Levar** – We're basically picking up where we left off last June with the spreadsheet, which has been tweaked over the years, and tailored to our needs. It doesn't have be changed, it can stay as written.
***Question:* K. Dennis** - If we choose to keep things the same, will we get the five percent extra?
***Response:* Z. Levar** - HRSA determines the ceiling amount, based on incidences of HIV in jurisdictions, and we can apply for up to five mil. Every year when HRSA gives us a sheet on the max we can apply for and we, as the recipients, always apply for the maximum amount of five mil. So we use this more realistic approach, rather than trying to factor in HRSA giving us an extra five percent over the set max amount, as this is the money we know we have, right now, and anything beyond this would be an added bonus.

Suggestions:
***C. Droster …**
- Take $90,000 from Mental Health (MH), to go into Medical Case Management (MCM).
- Take $65,000 from Early Intervention Services (EIS), to go into Outpatient Ambulatory Health Services (OAHS).
- Take 10,000 from Emergency Financial Assistance (EFA), to go $5,000 each in Transportation and Legal services.
If we don't do this now, we can't hire new staff later in the year.

***J. Patterson**
-Take $100,000 out of EIS and put $50,000 into OHAS and $50,000 into MCM.
If we look at the difference between final expenditures and what was awarded this year, means it could be $90,000 to $100,000.

***Comment:* Z. Levar** - Allocation from last year may have been different because we increased our budget.
***Comment:* J. Citerman-Kraeger** - Non-Medical in support service is where HOPWA helps pay for services for clients. HOPWA pays for four housings services, case management and Part A pays for three, for a total of seven, and the non-medical is the housing case manager.
***Comment:* Z. Levar** – Also, non-medical case management pays for housing navigation staff.
***Comment:* J. Patterson** – Concerned taking from mental health, seeing how it moved up in consumer priority ranking and not driven by what providers are requesting. Maybe build out more for mental health services.
***Comment:* Dr. Gripshover** – Also, not sure that this funding covers food-related costs.
***Response:* Z. Levar** – Yes, psychosocial can support and does support costs related to support groups. A lot were funding FTE's and other items, so we had to take what the majority covers, which is FTE's. Also, a decrease in EIS of $100,000 would take us to $327,000, which is currently under our most recent expenditures of $359,000.
***Comment:* L.J. Sylvia** - Moving money now is more important than doing in November. Moving money out of some categories is good, where it's not used or requested, and moves money into categories that need them now.
***Comment: J. Patterson** - MCM and OAHS were ranked #1 and #2 in our priority ranking this year and they are our most highly prioritized services.
***Comment:* D. Harris** - With Mental Health, seeing we took $50,000 from that even though it's a third priority.
***Response:* C. Droster** - Last year we used $310,000, this year asking extra, as always ask for more and don't use.
***Response:* B. Glass** – People also not asking because there are other payers, RW being a last resort.

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2:50 pm - Motion & Vote to Approve the Part A Allocations for Grant Year 2023-2024 - All PC Members

Motion: For Full Slate Approval of the PSRA Allocations on the Allocation Scenario Worksheet, for the 2024-2025 Grant Year, with today's revisions, as written.

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

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

Motion passed.

3:05 pm - PSRA *Online* Feedback Survey

L.J. Sylvia – This is available online, email or hard-copy.

K. Dennis – Please consider doing the survey soon as possible and return to L.J.

3:10 pm – Announcements

L.J. Sylvia – The COR forms need to be completed and returned. Please email or call for a form. Also reminder Lorain Pride is this weekend, Saturday at 10:00 a.m., and there will be some PC members in attendance.

F. Ross - We would appreciate all who can come.

C. Droster - Thanks to all co-chairs and PC members on the great work done at PSRA today, and Happy Birthday to Zach and best wishes.

3:20 pm - Public Comments - None

3:30 pm - Motion to Adjourn

Motion: J. Patterson Seconded: F. Ross

Attendance

	Planning Council Members	Jan	Feb	Mar	Apr	May	June PSRA	Aug	Sep	Oct	Nov
1	**Kimberlin Dennis – Co-Chair**	20	20	20	20	20	20				
2	**Brian Kimball – Co-Chair**	20	20	20	20	20	20				
3	**Christy Nicholls- Co-Chair**	20	20	20	20	20	20				
4	Biffy Aguriano	0	0	0	0	0	0				
5	Jeannie Citerman-Kraeger	20	20	20	20	20	20				
6	Michael Deighan	20	20	20	20	20	20				
7	Clinton Droster	20	20	20	20	20	20				
8	Anthony Forbes	20	20	20	20	20	20				
9	Billy Gayheart	20	20	20	20	20	20				
10	Brenda Glass	20	20	0	20	0	20				
11	Barbara Gripshover, MD	20	20	20	20	20	20				
12	Daytona Harris	20	20	20	20	20	20				
13	Deairius Houston	20	20	20	20	20	20				
14	Bryan Jones	20	20	0	20	20	0				
15	LeAnder Lovett	0	20	0	20	20	20				
16	Tina Marbury	0	20	20	20	20	20				
17	Jeffrey Mazo	0	0	0	0	0	0				

18	Jason McMinn	20	0	20	20	20	20				
19	Naimah O'Neal	20	20	0	20	20	20				
20	Julie Patterson	20	20	20	20	20	20				
21	Faith Ross	20	20	20	20	20	20				
22	Karla Ruiz	20	0	20	20	20	20				
23	Peter Scardino	0	0	0	0	0	0				
24	David Smith (Lorsonja Moore)	0	20	0	20	0	20				
25	James Stevenson	20	20	0	20	0	20				
26	Anthony Thomas	20	20	20	0	20	0				
27	Joye Toombs	20	20	0	20	20	20				
28	Stephanice Washington	0	20	0	20	0	0				
29	Rhonda Watkins	20	0	0	0	0	0				
30	Leshia Yarbrough-Franklin	20	20	20	20	20	20				
	Total in Attendance	**21**	**23**	**18**	**25**	**22**	**23**				

Attendees: F. Allen, K. Rodas, T. Greene, B. Anderson-Freese, A. Misley, C. Jackson, J. Yax, K. Mattox
Staff: M. Baker, Z. Levar, A. Idov, D. LaGallee, L.J. Sylvia, T. Mallory