

Cuyahoga Regional HIV Prevention and Care Planning Council

Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina

Clinton Droster, Julie Patterson – Co-Chairs

Strategy and Finance Committee Minutes

Wednesday, September 6, 2023

1: 00 pm to 2:30 pm



Start: 1:08 pm

End: 2:28 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: September 6, 2023

Addendum:

Motion: K. Dennis

Seconded: J. Patterson

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

Approval of the Minutes: August 2, 2023

Addendum:

Motion: J. Citerman-Kraeger Seconded: J. McMinn

Vote: In Favor: 7 Opposed: 0 Abstained: 1- A. Thomas

Recipient Report – September 2023

Fiscal Report Review – Z. Levar

We have spent about 31% so far, however, not all charges are included as some invoices are still coming through. We want to be at 41%, which is about 10% off track, but that should make us whole when the remaining invoices come. The accurate count of clients served is usually 3,200 a year, and we are still in the safe zone with 75% core, and less than 25% support. This is thanks to the good work done in Strategy & Finance with PSRA, keeping us in a safe zone at all times.

The current award split is slightly off, as there is an error in the report which cannot change unless advised by the committee. However, we are still valuable with the expenditures from March through July, close to being caught up on both ends with invoices coming in and fiscal lags. We will be closing in on finishing July and then will be on pace next month so as to provide an updated fiscal report. As we are also closing in on reallocation, we always need the first two months of invoices to see where we can move things to make everybody whole. Next month we will be asking providers to get invoices in so we can make recommendations for committee approval.

***Comment: J. McMinn** – As part of the deep dive with oral health and trying to get Metro’s help on exceptions, we more than ever are looking to find ways to work together with the Part A office to make movements on exceptions, as if we can get exceptions this information could be brought back to PC.

***Response: Z. Levar** - Oral health only one that can fluctuate. Oral health exceptions rule is what can be spent in oral health and anything exceeding this, UH and Metro must submit exception requests. This would be limited to certain procedures where most require lengthy processes, which often exceed the grant year of funding. Last year we tried to grant some approvals early in the year to allow those longer

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procedures to be carried out. This issue still needs to be sorted out with deep dives, in real-time feedback going through this process, and we will approve requests when there is money for exceptions, unless folks find care elsewhere.

***Question: C. Droster** - Are we trying to do year round exceptions?

***Response: Z. Levar** - Yes, and then just monitor them more closely. We tried doing this earlier in the year by monitoring in Strategy & Finance when we see oral health in the red and slowing down on approving. The goal is to continue the process so as to reach more clients who need oral health services in a 12 month period.

***Question: C. Droster** - Do we take carryover into consideration?

***Response: Z. Levar** - Yes, we prioritize during S&F and alert on recommendations for reallocation.

***Comment: J. Patterson** –Always prefer more **red (green -rev. 10/4/23)** in categories to show we're spending the money.

***Comment: Z. Levar** - For reallocation, it will start in November. However, in the first week or two when we look at the next invoices, we will present updates to S&F and start asking what the committee sees they will need for the greater good of the RW program.

New/Old Business

Assessment of the Efficiency of the Administrative Mechanism (AEAM) – L.J. Sylvia

The AEAM (Assessment of the Efficiency of the Administrative Mechanism) is a federally mandated evaluation PC needs to do each year on how grant funds are allocated to areas of greatest need within the TGA. Additionally, Planning Council have a legislative requirement to conduct an annual AEAM.

The Legislative Language

The Planning Council is required by law to assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the TGA, and to provide a narrative that describes the results of the assessment in terms of:

- *Assessment of Recipient activities to ensure timely allocation/contracting of funds and payments to contractors*
- *If any deficiencies are identified by the Planning Council, what were the deficiencies, what was the Recipient's response, and what is the current status of the Recipient's corrective actions?*

Assessment Questions

Q1: Part A funds were expended in a timely manner.

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

Q3: During FY 2022 the TGA had less than 5% carryover in Part A funds?

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

Q5: Part A Programs funded in FY 2022 matched the service categories & percentages identified during the Council's Priority Setting & Resource Allocations Process?

Responses to Assessment Questions:

Q1. There was a net 30-day average for invoice processing and payments during grant year 2022.

Q2. The contractual process for FY2022 was completed rapidly in 2022. The budget was established, and contracts were executed mainly in March and April, with amendments created in June upon receipt of full award from HRSA. The average timeframe was roughly three weeks once the program staff obtained the signed document to when the contract was approved by the contract review committee or the full board depending on the contract amount.

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Q3. Yes, the FY 2022 grant had a 4.95% carryover. The total amount spent was \$159,493, in which we were eligible to carryover \$145,087.

Q4. The Part A resources were reallocated at two times in FY2022. In November 2022, the main reallocation occurred, where Planning Council approved substantial movement of funds between service categories to address community needs. In February 2023, the Recipient conducts a smaller reallocation at the sub-recipient level, where agencies can move unspent dollars between categories in the final month of the grant year to allow for maximization of spending and needs being met.

Q5. Yes, Planning Council allocations matched disbursed awards by the Recipient. The contract amounts matched the Planning Council percentages approved during the June 2021 resource allocation meeting.

Questions/Comments

***Comment: C. Droster-** As a note, net 30, is a timely manner or 30-day average for processing invoices.

***Question: J. Patterson** - Why wasn't it the full percentage?

***Response: Z. Levar** – One thing that was peculiar is we carried over 4.9% (\$145,000). It's unknown why it wasn't 1.45 %. However, we do know we are only allowed to carryover formula funds, which we did and are happy with this figure, as it means that only \$14,000 went away, out of the \$5,000,000. To give definition of the funding: 1. Formula Funds are based on HIV prevalence in our region and are usually around 2.5%. 2. Supplemental Funds are based on HRSA's decision to disburse however they decide, and can vary, up or down, depending on how our formula pot is being spent.

***Comment: C. Droster-** We always look at where we are, if we go over 5% HRSA may not give money.

***Comment: Z. Levar** - That \$145,087 is the actual figure requesting to bring forward this year, or that will be coming into our possession within the next month for direct services.

Discussion about PCAT for FY 2024 – Moving into the New Year what, if any, adjustments need to be made to our work plan? – L.J. Sylvia

The PCAT (Planning Council Activities Timeline) is usually done by November, but we are beginning now so it can be ready for next year. It has been a useful guide for the new facilitator in planning, and we want to look at suggestions for improving the process of both the overall PCAT and for each of the subcommittee work plans. We will begin looking at behind the scene items within the documents and will keep everyone updated on these changes.

***Comment: J. McMinn** – Perhaps there is a better way to display the PCAT, maybe easier reading, as this format appears too busy, and doesn't have clear details on the work to be done.

C. Droster – We will try to work on a new PCAT so we can make sure we take care of things needed.

Standing Business - None

Parking Lot - None

Announcements

Kimberlin – Things going well with the Ministry of Hope Program, a couple slot still left.

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

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Attendance

		Jan	Feb	Mar	Apr	May	June PSRA	Aug	Sep	Oct	Nov
	S & F Members										
1	Clinton Droster, Co-chair	0	20	20	20	20	20	20	20		
2	Julie Patterson, Co-chair	20	20	20	20	20	20	20	20		
3	Michael Deighan	20	0	0	20	0	0	20	20		
4	Jeannie Citerman-Kraeger	0	0	10	10	20	20	20	20		
5	Biffy Aguiriano							20	20		
6	Anthony Thomas							0	20		
7	Naimah O'Neal	10	10	10	10	10	10	10	0		
8	Jason McMin	10	10	10	10	10	10	10	10		
9	Faith Ross	10	10	10	10	10	10	10	0		
10	Anthony Forbes						10	0	0		
	Total in Attendance	5	5	6	7	6	7	8	7		

PC Members: K. Dennis

Attendees: none

Staff: Z. Levar, L.J. Sylvia, T. Mallory