

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, February 7, 2024

1: 00 pm to 2:30 pm



Start: 1:05 pm

End: 2:29 pm

Facilitator: J. Patterson

Moment of Silence

Welcome and Introductions

Approval of Agenda: February 7, 2024

Addendum:

Motion: F. Ross **Seconded:** J. Citerman-Kraeger

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

Motion passed.

Approval of the Minutes: January 3, 2024

Addendum:

Motion: F. Ross **Seconded:** N. O'Neal

Vote: In Favor: 10 Opposed: 0 Abstained: 1- A. Thomas

Motion passed.

Recipient Report – February 2024 - Fiscal Report Review – M. Baker

This is the Ryan White Part A Expenditure report, as of today February 7, 2024. We are currently around 71.5% in expenses and, although the goal for January is 91.67%, we are getting closer to the mark and should not have any issues reaching that goal at the end of the grant period. Also, this is a year-to-date amount, not monthly, as we are still receiving invoices on a regular basis. However, once those invoices are caught up, we will provide what is available at that time. For the underutilized category, this column is more a reflection of services that have not been captured, due to outstanding invoices, rather on services not being utilized. Again, most things should be utilized by the end of the grant cycle, and if not, they will be carried over for the next grant cycle.

***Question: J. Patterson** - We did a process with reallocation in November, when looking at December numbers, is it based on post-reallocation?

***Response: M. Baker** - Correct, these are the recent numbers, based on those reallocations.

***Question: L.J. Sylvia** - How does this relate to the target amounts?

***Response: M. Baker** - The target, yellow columns are for the year breakdown, which does not change.

***Comment: Z. Levar** – As for whether the columns changed with allocations, yes, we did change those after reallocation.

***Comment: J. McMinn** - As a non-budget person, this is a role for PC in looking at how to spend money better and with billing being behind, is somewhat frustrating in figuring ways of suggestions on what can be done to keep things in order. As CCBH was applauded for coming up with this chart, maybe now we can look to CCBH again to help provide an even better picture on this.

***Response: M. Baker** - We will look at ways to better tell the story more fully in the reports, maybe looking at breaking down the sheet into quarters, so as to be less overwhelming and giving a more accurate picture.

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***Comment: Z. Levar** - Understand the frustration, it will always be somewhat like that as we get invoices after the fact. One thing that may bring us closer in this process, may be to put in tentative dollar amounts before receiving the invoices, as that may give a better depiction of where we are and would only be a few dollars off here and there from the invoices when they are received.

***Comment: L.J. Sylvia** - In the chat, it was noted perhaps adding FTE-based (full-time staff) vs. service-based amount, and looking more at the end point or quarter, where most happens, rather than the first quarter.

J. Patterson – We appreciate, trust the process and feel good about what we are seeing, as even though behind in invoices, it does not appear we are behind in tracking.

RYAN WHITE PART A PROGRAM - CLEVELAND TGA YTD EXPENSES BY SERVICE CATEGORY – 2023-2024

Priority Ranking	Category	Total Awarded	YTD Spending %	YTD Spending Total	Unduplicated
	Core Services Total	\$3,545,646.00		\$2,443,223.62	
5	Outpatient/Ambulatory Health Services	\$1,259,597.00	70.69%	\$890,401.21	2224
6	Medical Case Management	\$1,221,912.00	69.01%	\$843,289.19	898
1	Oral Health Care	\$302,252.00	66.37%	\$201,260.77	272
11	Mental Health Services	\$280,500.00	72.55%	\$203,505.20	695
14	Medical Nutrition Therapy	\$79,993.00	63.39%	\$50,703.89	170
8	Early Intervention Services	\$334,310.00	56.23%	\$187,981.36	372
12	Home Health Care Services	\$11,896.00	98.49%	\$11,716.82	29
13	Home/Community Based Health Care	\$54,186.00	100.33%	\$54,365.18	25
	Support Services Total	\$848,090.00		\$697,907.15	
3	Medical Transportation	\$110,170.00	75.47%	\$83,146.59	1191
15	Emergency Financial Assistance	\$5,200.00	29.07%	\$1,511.76	3
7	Non-Medical Case Management Services	\$345,620.00	80.61%	\$278,604.28	1211
9	Psychosocial Support	\$54,000.00	81.22%	\$43,858.78	89
16	Food Bank/Home Delivered Meals	\$88,100.00	86.73%	\$76,406.98	397
4	Other Professional Services	\$245,000.00	87.50%	\$214,378.76	138
	All Totals	\$4,393,736.00	71.49%	\$3,141,130.77	3064

OVERUTILIZED ON TARGET UNDERUTILIZED

New/Old Business

AIDS FUNDING COLLABORATIVE (AFC) – J. Patterson

As Director of the **AIDS FUNDING COLLABORATIVE** (AFC), this presentation is being given to provide a brief overview of the agency and its mission, which is to strengthen the community's response to HIV/AIDS as a public/private partnership providing advocacy, funding, leadership, and coordination in the Greater Cleveland area. We believe in community involvement and leadership, and since 1994, the AFC has mobilized nearly \$13 million in funding for the HIV response, with an average of \$425,000 allocated in grants and initiatives each year during the past five years.

Funding Partners Include:

The **ADAMHS** Board of Cuyahoga County, **CDPH** Cleveland Department of Public Health, **County of Cuyahoga, Ohio**, The George Gund Foundation, **CLEVELAND foundation**, **MT. SINAI HEALTH FOUNDATION**, and the **AIDS FUNDING COLLABORATIVE**.

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2023 Programs Funded		
Grant Category	Number of Grants Awarded	Total
Discretionary	7	\$20,000
Catalyst	3	\$60,000
Responsive	6	\$240,000
Targeted	5	\$114,000
Totals	21	\$434,000

AFC Advisory Committee Members 2024

There are currently 15 members of the AFC Advisory Committee, which include the current AFC Chair, Amy Main Morgenstern, of the Mt. Sinai Health Foundation and Brian Kimball, AFC Vice-Chair, Assistant Director of the Cleveland Department of Public Health.

AIDS FUNDING COLLABORATIVE (AFC) Contact Information

Julie Patterson

Director, AIDS Funding Collaborative

Member, Cuyahoga Regional HIV Prevention and Care Planning Council

Co-Chair and Member, Strategy & Finance (S&F) Committee

Email address: jpatterson@communitysolutions.com and www.aidsfundingcollaborative.org

Q&A's

***Question: B. Gayheart** - Do you get a lot of feedback on AFC?

***Response: J. Patterson** - We get feedback on what we're doing and how things line up with the data we collect. It's important to let people know how things tie in, although it's not always easy answers.

***Question: J. McMinn** - How does AFC handle small entities with short-term funding requests, or does AFC get involved?

***Response: J. Patterson** - It is a difficult road and an ongoing struggle with smaller entities, particularly if they're involved with PC, RW, or other possible areas of conflict like with support groups.

***Question: L.J. Sylvia** - What is important in this presentation, looking at PSRA?

***Response: J. Patterson** - In doing the weighing process for data prioritizing, there is a column on looking at categories outside of RW, and when that conversation comes up, that's where we can discuss other resources and/or funders that can provide those services.

***Question: X. Merced** - How do we keep track of this or know when it's time to bring this to PSRA?

***Response: J. Patterson** - We look to Lj to bring us the info, remind us of what's need, and we look to all of us working on this together, throughout the year.

HOPWA Utilization – T. Greene

What is HOPWA? - Housing Opportunities for Persons with AIDS

The goal of the HOPWA program is to ensure that clients are living in stable housing, improve access to health care and related supportive services, and reduce the risk of homelessness.

- Only federal program dedicated to the housing needs of people living with HIV/AIDS

- Managed by HUD's Office of HIV/AIDS - HUD makes grants to local communities, states, and nonprofit organizations for projects that benefit low-income persons living with HIV/AIDS and their families.

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HOPWA ELIGIBILITY

- Low-income persons (at or below 80 percent of the area median income)
- Medically diagnosed with HIV/AIDS
 - Families eligible for HOPWA-funded assistance.
- Within the Cleveland Metropolitan Statistical Area (MSA): Cuyahoga, Geauga, Lake, Lorain, Medina

People Living with AIDS (PLWA) can go to a community partner to sign up for HOPWA housing subsidy assistance.

HOPWA PARTNER AGENCIES

AIDS Taskforce of Greater Cleveland (ATGC)	Emerald Development & Economic Network, Inc. (EDEN)	Joseph's Home (Joe HM)	Northeast Ohio Coalition for the Homeless (NEOCH)	Nueva Luz Urban Resource Center (NLURC)
Community-Based Independent Housing (CBIH)	Tenant Based Rental Assistance (TBRA)	Acute Case Management	Short-Term Support Housing (STSH)	Housing Case Management (HCM)
Nutrition	Permanent Housing Placement (PHP)	Housing Case Management	Supportive Services	Nutrition
Short-Term Rental, Mortgage, Utility Assistance (STRMU/ARAP)				

HOPWA SERVICES AND DEFINITIONS

Services & Definitions:

- **STRMU - Short-Term Rental, Mortgage, Utility Assistance**
- Designed to be a short-term, needs-based intervention to prevent homelessness
- Rental Assistance (rent and mortgage)
- Utility Assistance (electric, gas, (water, sewer) phone and Internet)
- ***Limit to no more than 21-weeks in any 52-week period***
- **STSH - Short-Term Supported Housing**
- Intended to provide temporary shelter to eligible individuals to prevent homelessness
- Allow an opportunity to develop an individualized housing and service plan
- Guide the client's linkage to permanent housing
- ***Limit to no more than 60 days in any six-month period***

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Supportive Services:

- Activities which can be directly related to enabling housing stability for clients:
(Assistance with Daily Living, **Assessment & Case Management**, **Health Assessment**, Housing Research & Placement, Job Training & Placement, **Meals/ Nutritional Services**, Mental Health Treatment, Substance Abuse Treatment and Transportation)

***Case Management** - A collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote patient safety, quality of care, and cost-effective outcomes.

***Nutrition** – Services for the nutritional wellbeing of clients.

(Note: Services & Definitions taken from 3/2/2022 presentation by JCK)

HOPWA DEMOGRAPHIC DATA RECEIVED HIV SERVICES

Total Number of Households	
1. For Project Sponsors that provided HOPWA Housing Subsidy Assistance: Identify the total number of households that received the following HOPWA-funded services:	
a. Housing Subsidy Assistance (duplicated) - TBRA, STRMU, PHP, Facility-Based Housing, and Master Leasing	507
b. Case Management	1129
c. Adjustment for duplication	1037
Total households served by Project Sponsors with Housing Subsidy Assistance -(Rows A + B, minus Row C =)	599
2. Total HOPWA Case Management	
a. HOPWA Case Management	1129
b. Total households served by Project Sponsors <u>without</u> Housing Subsidy Assistance	772

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HOPWA DEMOGRAPHIC DATA

AREA MEDIAN INCOME

Percentage of Area Median Income	Households Served with HOPWA Housing Subsidy Assistance
1. 0-30% of area median income (extremely low)	109
2. 31-50% of area median income (very low)	385
3. 51-80% of area median income (low)	13
4. Total (sum of rows 1-3)	507

CONTACT INFO

Tiffany Greene, HIV/STI Project Coordinator
75 Erieview Plaza, Cleveland, OH 44114
Phone: (216) 664-4876, Email: tgroene@clevelandohio.gov

Q&A's

***Question: L.J. Sylvia** - Can you tell more about what HOPWA services are and what exactly they do?

***Response: T. Green** - HOPWA basically tries to get PLWH in housing. There are case managers to help place them and they provide utility assistance, short-term rental assistance, and other services, done through various partner agencies.

***Comment: N. O'Neal** – Wondering why we wait until people get in trouble before helping them. It just seems we put them in jeopardy in having to get disconnect or eviction notices first.

***Response: T. Greene** – No specific answer, but will look into and update if possible.

***Question: X. Merced** - With short-term, do we have other temp housing?

***Response: T. Greene** - That falls under short-term housing services.

***Question: L.J. Sylvia** - What is nutrition and support services?

***Response: J. Patterson** - We will circle back on that, as now recalling a handshake agreement some time ago between RW Part A, HOPWA, and the City of Cleveland on how to provide housing services, in which the agreement was to look at RW to provide housing services around non-medical case management and the housing piece to HOPWA. This is important information when we start ranking categories one at a time, and when we get to housing we can speak as to why we don't fund this.

***Comment: J. McMinn** – Also recall where RW could spend money on housing to free-up some of HOPWA dollars to help out back at that time. Also maybe look at a consumer-advocacy groups to give feedback, guidance, suggestions, etc., as it may be helpful, hearing from front-line people on what they experience and/or need in the HOPWA world.

***Comment: T. Greene** - We will be re-starting PAHA (Positive Action Housing Alliance) meetings again.

L.J. Sylvia - To recap, historically an agreement was that RW non-medical case management dollars would support HOPWA dollars, and that RW dollars would not be used other than that for housing. It was also heard in listening sessions that navigating through case managers in getting help accessing housing services is important, and in finding who/where to get the info needed. Last, with folks in Ashtabula, how can we know if we are meeting that housing need, or how to measure that?

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Submit Formal Data Request for Priority Setting to Recipient (by end of February)- J. Patterson

This relates to the resource allocation data we would be requesting.

***Comment: L.J. Sylvia** - Not clear on what we need to submit.

***Comment: J. Patterson** – In chat, is a question on how metrics are done on housing, such as how many people we are serving and are receiving services?

***Response: L.J. Sylvia** - We will look into this and discuss it with S&F and Part A.

***Comment: F. Ross** - We are trying to start the surveys earlier, so as to get in the summer pride events. Hopefully, next year we have more data for PSRA.

Finalize PSRA Evaluation/Feedback Survey – Tabled.

Standing Business

Determine whether there is a need for a work group meeting this month – J. Patterson

There will be no workgroup meeting for February.

Parking Lot - None

Announcements

B. Gayheart – As we prepare for the upcoming in-person orientation, we encourage all to attend MRM meeting whenever possible.

Adjournment:

Motion: F. Ross

Seconded: J. McMinn

Attendance

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

PC Members: C. Nicholls, B. Gayheart, T. Greene, S. Washington

Attendees: X. Merced, J. Garcia, T. Mahdi

Staff: M. Baker, A. Idov, Z. Levar, L.J. Sylvia, T. Mallory