# 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 26, 2024, 12:00 PM - 4:00 PM (EDT)**

**Minutes**

**Start:** 12:06 **End:** 3:51 pm **Facilitator: B. Kimball**

**12:00 pm - Welcome and Introductions - Kimberlin Dennis, Planning Council Executive Co-Chair**
Attendees gave introductions and provided Part A affiliations and/or conflicts in the chat.

**12:15 pm – Overview of 2024-2025 PSRA Process- Julie Patterson, Co-Chair, Strategy & Finance (S&F) Committee**
**PSRA (Priority Setting & Resources Allocation), or dividing this into two parts, "PS" (Priority Setting) "RA" (Resources Allocation), is our biggest meeting of the year.** Working our way using data we've collected, as we always want to be data-driven, **we will begin discussing the things that took place in "PS" over the past year in S&F committee and our workgroup meetings that led up to today. For the last part of the meeting, we will talk as a group on the resources allocation "RA" portion, and then make final our final decisions** for the 2025-26 Ryan White grant allocations. Last, as this is the most important meeting in the year for us, we especially want to thank those in attendance who may not be PC members, but have taken time to join us today.

**12:20 pm - Managing Conflicts of Interest - Billy Gayheart, Chair, Membership, Retention & Marketing (MRM) Committee**
We manage conflicts of interest to make sure that decisions about service priorities and funding allocations are based on community and client needs, NOT on the financial interests of individual service providers or the personal or professional interests of individual planning council members.
**- A Planning Council member or guest is considered conflicted if they are a Board member, staff, consultant or volunteer who works at least 20 hours per week at a Ryan White Part A-funded service provider.**
**- 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.** 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:* L.J. Sylvia** –Basically, if you don't work for Part A (CCBH), and you are not a volunteer, consultant, or board member with Part A, you are not considered conflicted.

**12:25 pm- Consumer Input/Consumer Survey Findings- Naimah O'Neal, Faith Ross, Co-Chairs, Community Liaison Committee (CLC)**
**N. O'Neal** - **Thanks to all for your help in creating and giving clients, our 2023-24 survey. We were successful in increasing the number from last year by 80%, (totaling 232, data-driven surveys**), as this increases the voice in the community, making sure we go to where persons living with HIV (PLWH) are located. For an overall summary:
- The majority of respondents, 173, were from Cuyahoga and 35 were from Lorain.
- Most responders were over 60 years of age, which indicates our need to reach younger people and that PLWH are getting older. Also, the majority responded 20 years or more since being diagnosed.
- For Core Services, Primary Medical Care, or seeing a doctor, Medical Case Management, and Oral Health, or dental, was the top three most important services. For Support Services, Medical Transportation, Emergency Financial Assistance (EFA), and Non-Medical Case Management (housing assistance) ranked highest in priority.

- On the question of challenges experienced over the last 12 months, the responses were mostly regarding issues related to gaps in services, such as them not being able to effectively access or navigate services.

***Comment:* M. Baker** – To clarify, the difference between core and support services is core closely relates to overall health and well-being services, whereas support services are more like supportive resources that compliment core services.

***Comment:* Z. Levar** - That's the reason for the 75/25 split, as the services are weighted to always make sure the majority of Ryan White funds go to core services, such as Medical Case Management, and not to support services, like Food Bank/Home Delivered Meals.

***Comment:* N. O'Neal** – Also, while HRSA decides how to split the money, these services may coincide in that person often need core and support services at the same time.

***Comment*: J. Mazo** – It was surprising Mental Health was not more prevalent in weight of the data.

**N. O'Neal** – Some may take care of mental health needs through support groups, not necessarily with a counselor or medication. We will look further into this and see what people do for their mental health.

**L.J. Sylvia** – Mental Health issues with depression made the list on the question of challenges experienced for depression and mental health. We incorporated this in a couple places in order to get this data in real-time for PSRA and afterwards, and we will see how this will work in the decision-making process.

## 1:00 pm- Review/Final Vote on Service Priority Rankings – Clinton Droster, Co-Chair, Strategy & Finance (S&F) Committee

All the work done in Strategy & Finance Committee, goes into priority settings. As part of the PSRA process, all service categories must be prioritized. Before the June PSRA meeting, the Strategy & Finance Committee leads the priority setting process during Strategy & Finance Committee meetings, and the final ranking is voted on by the full Planning Council at the June PSRA meetings.

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

| Core | *Support* |
|---|---|
| **1. Medical Case Management** | **9. Medical Nutrition Services** |
| **2. Outpatient Ambulatory Health Services (OAHS)** | *10. Psychosocial Support Services* |
| **3. Oral Health Services** | *11. Other Professional Services* |
| **4. Early Intervention/Outreach Services** | *12. Emergency Financial Assistance (EFA)* |
| *5. Non-Medical Case Management Services* | **13. Home & Community-Based Health Care Services** |
| **6. Home Health Care Services** | *14. Food Bank/Home Delivered Meals* |
| **7. Mental Health Services** | |
| *8. Medical Transportation Services* | |

*__Core Services__ are listed in **Bold** text. *Support Services* are in *Italics*.

### Non-Funded Services Category Rankings (15)

*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, Outreach Services, Child Care Services, Linguistics services*

### Scoring System - Medical Case Management – Core Service

| Service Category | Payer of Last Resort | Access to Care/Mtce. in Care | Specific Gaps/Needs | Consumer Priority | Total |
|---|---|---|---|---|---|
| **Criteria Factor** | (x15%) | (x35%) | (x25%) | (x25%) | Notes/Recommendations |
| **Scale** | **8** | **8** | **8** | **8** | **8** |
| **MCM** | Part A -9<br>Other Funders: Part B, Medicaid (some support) | Direct correlation with linkage and retention. | Essential for retention in primary medical care. | 2024 Survey=2nd priority for Core Listed 2nd in "top 3 services that help PLWH stay healthy." | **$1,152,911.08** or *98.82%* of funds used in FY22. Utilization trends"- FY18-1,098, FY19-886, FY20-1,022, FY21-1,132, FY-22-1,107 |

# Cuyahoga Regional HIV Prevention and Care Planning Council

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

**Scoring System – Psychosocial Services – Support Service**

| Service Category | Payer of Last Resort | Access to Care/Mtce. in Care | Specific Gaps/Needs | Consumer Priority | Total |
|---|---|---|---|---|---|
| **Criteria Factor** | (x15%) | (x35%) | (x25%) | (x25%) | **Notes/Recommendations** |
| **Scale** | **8** | **5** | **5** | **3** | **4.95** |
| **Psychosocial Support** (*Support Groups)* | Part A -4<br>Other funders: AIDS Funding Collaborative - 1 | | For "Challenges in the past 12 months" Mental Health-2nd, Stigma=4th, Isolation=11th | 2024 Survey=3rd priority for support (tied), tied 7th in "Top 3 services that help you stay healthy" | $76,788.88 or 103.03% of funds used in FY22. Utilization trends: FY18-132, FY19-150, FY20-73, FY21-95, FY22-97 |

***Comment:* J. Patterso**n - The federal government set standards for core and support services, but not necessarily specific to our region in this language. In viewing the chart, it shows we have the ability to do our own priority setting in a way that is tailored to our area.

***Comment:* N. O'Neal** – Also, we can't have support services allocated higher than what we allocate for core services, as we have guidelines for these requirements, although they don't always seem to make sense.

***Response*: J. Patterson** – Agree it doesn't always map exactly on the chart with the funding. However, while we can't change the split, we can think more in a directive way in our priority setting.

***Question:* B. Willis** – What is the difference in Home Health and Home Community-Based Care service?

***Response:* J. McMinn** – Home Health Care is professional medical care, provided by a registered nurse, whereas Home Community-Based Care is in-home health care assistance from a home health aide, who helps with things such as: personal hygiene, dressing, meals preps, and light household duties.

***Comment*: Dr. Gripshover** - One is a nurse and the other is a home health aide.

***Comment:* B. Willis** - By presenting them in committee as a list of non-funded categories, it's possible that you are biasing discussion to keep the list that way for the future.

***Response:* C. Droster** - For the non-funded services, we must rank them every year, in case we ever need to fund them in the future, because unless we show their importance in ranking, they won't be considered for funding.

***Comment:* Z. Levar** - QI Committee is a great committee to discuss non-funded categories and the landscape/need surrounding them through 'deep-dive' discussions.

***Response:* J. McMinn** – We are a small TGA and can only do so much, as HRSA likes to remind us. Based on our community needs, we got down to 14 categories without cutting down too much. With that, we saw Early Intervention covering most gaps, and that Medicaid was covering substance abuse areas and did not need RW funds. However, this is something we can again look into more closely and supported by data on needs.

***Comment*: L.J. Sylvia** - We are also charged with doing a needs assessment, and we are currently working on this. This would help see people who both are, and who are not getting services.

**Motion: For Full Slate Approval of the Final Ranking and Scoring of Non-Funded and Funded Part A Services for the 2025-26 Grant Year.**

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

Vote: In Favor: 18 Opposed: 0 Abstained: 0

*Motion passes*.

**1:40 pm- Review/Final Vote 2025-2026 Directives – Jason McMinn, Chair, Quality Improvement (QI) Committee**

One of our duties is to vote on approved directives, or helpful things in the way of improving the quality of RW services, that we would like the recipient to do. Throughout the year, this lives in QI but any committee can pose a directive. Over the past year, we did a deep dive in growing older with HIV, which gave us ideas on the landscape of our TGA for those over 50 and on how to prepare ourselves with this population. The results of this deep dive produced three new directives. Additionally, with directives, we must keep in mind that they can have cost implications so, in working with the Part A office, we don't want to put forth one that could cost too much money. Last, over the next year, the recipient will report back on the follow up with these directives, in which we will try to improve upon or make adjustments to them if needed.

# Cuyahoga Regional HIV Prevention and Care Planning Council

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

**Quality Improvement Committee Directives for the 2025-2026 Grant Year**

| | | |
|---|---|---|
| 1. The Recipient will provide training for Ryan White Agencies on Resources for Aging - Include detailed presentations from the Department of Senior and Adult Services and Benjamin Rose. | 2. The Recipient will promote socialization through marketing of senior centers and support groups for 60 plus via newsletters, Medical Case Manager Meetings, and other appropriate Ryan White Agency Meetings. | 3. The Recipient will provide training for Ryan White Agencies on advanced directives, long-term care issues, transition to Medicare, funeral and burial planning. |

**Motion: For Full Slate Approval of the Planning Council Directives for the 2025-2026 Grant Year.**

Motion: B. Gripshover Seconded: F. Ross

Vote: In Favor: 18 Opposed: 0 Abstained: 0

***Motion carries.***

**1:50 pm – PSRA Allocation Overview, Julie Patterson, Strategy & Finance (S&F) Committee Co-Chair**

We have had a robust committee this past year, but in the end, it is the full committee that makes the decision. In S&F and our workgroup, we looked at different data in deciding what categories would be "flagged" for further discussion, as we believe in looking at certain changes in data helps us see how much is going into a category. These are the six criteria we use for flagging items, although we did not need to use all of them for this time.

**Criteria for "Flagging"**

| |
|---|
| *1. Items identified by the Community Liaison Committee (CLC) of the Planning Council* |
| *2. A significant change in the priority ranking of a service category* |
| *3. Significant increase or decrease in the number of unduplicated clients in a service category* |
| *4. Significant increase or decrease in funds expended in a service category* |
| *5. Significant OVER/UNDER-requesting of funds allocated in the prior grant year RFP process for a service category* |
| *6. Significant increase or decrease in funds reallocated in the prior "reallocation" process for a service category* |

The two items we "flagged" for further discussion this year are: Psychosocial Support and Mental Health services. The idea behind flagging them was that Psychosocial providers asked for 100% more money than was allocated, but ended up spending 28% less in FY23 compared to FY 22. Mental Health, providers asked for 23% less money than was allocated, and during PSRA last year, the allocation was decreased by $50,000. In summary, Mental Health providers potentially scaled back, and we scaled back the money for that service last year, and for Psychosocial services, we increased this funding last year.

**Things to Remember**

HRSA does not increase our RW budgets based on advocacy, and we can't control that or request more money. To increase money in a category, we must move it from another category, keeping in mind the split, which is 75% of funding going to core services, and no more than 25% to support services. On another note, the changes made during PSRA last year have not yet had a chance to make an impact, as it is important to recognize this timing. Last, Planning Council doesn't have to make any changes to the allocation, and can just decide to leave things the same.

***Question:* B. Willis** - Are those two categories mutually exclusive?

***Response:* J. Patterson** - They could overlap, as people could possibly receive services of both kinds. With mutually exclusive, it may be more of the service having its own pot.

***Response*: M. Baker** - In observing, Mental Health services are geared more towards counseling, and one-on-one referrals, whereas Psychosocial services is more support groups funded by that category.

***Response*: L. Yarbrough-Franklin** - Mental Health is licensed clinical service, vs. Psychosocial support groups.

***Response:* Z. Levar** – Mental Health is a full-time, 40-hour/week therapist, whereas Psychosocial is support groups, for five percent of time, and for the other time, a case worker, or a person on the side for some other duty.
***Comment:* J. Patterson** - This is relevant as both categories are looked at as being based on staffing, versus deliverable-based services. In S&F, we are looking at whether to make changes and, if so, finding the best time to do this. For staff-based categories, it is best to make changes at the beginning of the grant year, so providers can plan for staffing needs. In November, it is easier to move money on deliverable-based services, such as with dental services for things like implants, bridges, etc., which takes time to complete. However, the two flagged items for discussion today were staff-based.
***Question:* S. Washington** - Will there ever be recovery support for people living with HIV, especially with youth?
****Response:* L.J. Sylvia** - We need to look at this more in CLC, and also invite people to participate when we're out at events, so we can share these issues as well as inform them of PC.
***Comment:* K. Ruiz** - SAMHSA and Ohio Department of Mental Health and Addictions has put a lot of recovery resources in the community, as there has been a recent influx.
***Comment:* J. Toombs** – The Jordan Community Resource Center works with mental health services, and they also receive funding from the ADAMHS Board.
***Comment: L. Yarbrough-Franklin** – The ADAMHS Board will see people free of charge.

**Determine 2025-2026 Allocation Amounts – (All) PC Members – Facilitation: Clinton Droster, Co-Chair, Strategy & Finance (S&F) Committee**

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 on if 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, which now brings us to the process where we take recommendations for moving money.

***Comment:* L.J. Sylvia** - We are doing an exercise using the dollar amounts from 2025, starting out with the same amount and talk through moving money, if needed. If we do, the current percentages will change, and that allocation is what the recipient will use when the allocation is received.
***Comment:* J. Patterson** – In our discussions, we went through six sets of data in making changes. A couple things we factored in was keeping in mind when seeing an asterisk, that the service is based on staff. We also discussed for deliverables on whether to bring this now in PSRA, or in the November cycle, particularly as there are only small amounts of money.
***Question:* M. Deighan** - Are the 2025-2026 numbers Strategy & Finance's recommendations for funding?
***Response:* L.J. Sylvia** - The numbers are just copied from the previous year, so we can have the discussion. There has not yet been a recommendation by Strategy & Finance.
***Comment:* N. O'Neal** – EFA (Emergency Financial Assistance) may is a good example, because it has decreased over the years, but helps more people so we don't have to use RW funds.
***Comment:* J. Patterson** - It was meant that some categories are smaller in what was allocated to them.
***Comment:* Dr. Gripshover** – Focusing on places where we either spent way more money than was allocated, or way less than was allocated, may be the areas to look into.
**Comment: B. Gayheart** – In understanding the up and down with numbers, we get a better sense of the "why" in all this in "flagging" specific categories. Also, throughout the grant year, we reallocate or make adjustments as they're needed anyway. So, in keeping things the way they are, rather than trying to speculate down the road, a motion is to leave the percentages alone.
***Response:* N. O'Neal-** Second the motion to leave this alone, we should take the opportunity to have the motion.
***Comment:* Z. Levar** – The whole process is that PC does this once a year, so it's not just starting from scratch. This is after several years of tweaking, in which there is always a possibility you can come out not moving anything. However, for those less familiar, these percentages are from things talked about at length for years, which are now getting to where we want to be at this point.

***Comment:* J. Patterson** - Also looking at things, it reinforces what was said in that we've used a lot of data to get to this configuration now. It has been our job to think on all these things, and we've had robust discussions, wherein we could leave things as they are and feel good about that.
***Comment:* L.J. Sylvia** - We also want to make space for folks to ask questions or make comments.
***Comment:* C. Droster** - We have money in MH and EIS that they don't need and that can be moved. Also, it was pointed out that our split is off, so if we take two percent of our award, it's another $80,000 we can move around.
***Comment:* L. Yarbrough-Franklin** – Agree $80,000 too much to leave as is, as something could be done with that.
***Comment:* J. Mazo –** We have a motion to leave them as they stand and, from a community perspective, there is an opportunity later in the fiscal year to make appropriate changes based on Ryan White guidelines.

**B. Kimball** – The motion on the floor is to leave things as they are, the motion has been seconded, and now requires a vote.

**Motion & Vote to Approve the Part A Allocations for Grant Year 2025-2026 - All PC Members**
**Motion: To keep the Resource Allocation percentages the same for the upcoming 2025-26 grant year, as they were written for the current 2024-2025 grant year, as some things may require being moved around again at a later time.**
**Motion**: B. Gayheart Seconded: N. O'Neal
Vote: In Favor: 9 Opposed: 4 Abstained: 5
***Motion passes.***

**3:05 pm - PSRA *Online* Feedback Survey**
**L.J. Sylvia –** This is to be completed by all PC members on the line today.

**3:10 pm – Announcements**
**L.J. Sylvia -** Annual forms for the 2024-25 fiscal year are due. If needed, please let Lj know and it will be sent. Also, there is an upcoming volunteer opportunity available in August at CCBH, for a PC/PLWH panel presentation to medical students from CWRU.
**M. Baker -** Last year, we had a group of panelists from PC share their experiences with CWRU students, and we are looking to do this again. This is an opportunity to use your voice on determining how medical providers can provide best practices in treating people with chronic illnesses. We will need a count by the first week in August, so as to put things together. Also, we are off in July we will have a new schedule and times beginning in August.

**3:20 pm - Public Comments**
**N. O'Neal –** In visiting Ashtabula Pride, and seeing it to be a very rural area, perhaps we can consider going into our TGA areas such as this one more often. The invitation is to come join CLC in these events, as it helps all of us learn how others live in their community.
**J. McMinn -** As this is my last PSRA and having been a part of it on both sides, it is unsure how to make it better other than to perhaps voice what is being experienced during that time, and if you understand the process, so that we can make it better.
**D. Houston –** As this meeting varies from year to year, it may be best in the future to have PSRA in-person, if not any other meeting, at least this one.
**B. Kimball -** Thanks to Jason McMinn for all the many years on council, and for your leadership and commitment. We wish all the best on your upcoming retirement.

**3:30 pm - Motion to Adjourn**
**Motion**: C. Nicholls **Seconded**: J. Toombs

# Cuyahoga Regional HIV Prevention and Care Planning Council

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

**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 Aguiriano | 0 | 20 | 20 | 20 | 0 | 20 | | | | |
| 5 | Jeannie Citerman-Kraeger | 20 | 0 | 0 | 0 | 0 | 20 | | | | |
| 6 | Cielle Brady (new applicant) | | | | | | 0 | | | | |
| 7 | Michael Deighan | 20 | 20 | 20 | 20 | 20 | 20 | | | | |
| 8 | Clinton Droster | 20 | 20 | 20 | 20 | 0 | 20 | | | | |
| 9 | Billy Gayheart | 20 | 20 | 20 | 20 | 20 | 20 | | | | |
| 10 | Tiffany Greene | 20 | 0 | 20 | 0 | 20 | 20 | | | | |
| 11 | Barbara Gripshover, MD | 20 | 20 | 20 | 20 | 20 | 20 | | | | |
| 12 | Deairius Houston | 20 | 20 | 20 | 20 | 0 | 20 | | | | |
| 13 | Bryan Jones | 20 | 20 | 20 | 20 | 20 | 0 | | | | |
| 14 | Danielle LeGallee (new applicant) | | | | | | 20 | | | | |
| 15 | LeAnder Lovett | 0 | 0 | 0 | 0 | 0 | 20 | | | | |
| 16 | Talib Mahdi (new applicant) | | | | | | 20 | | | | |
| 17 | Xiomara Merced (new applicant) | | | | | | 20 | | | | |
| 18 | Jason McMinn | 20 | 20 | 20 | 20 | 20 | 20 | | | | |
| 19 | Lorsonja Moore | 20 | 20 | 20 | 20 | 20 | 20 | | | | |
| 20 | Naimah O'Neal | 0 | 20 | 0 | 20 | 0 | 20 | | | | |
| 21 | Julie Patterson | 20 | 20 | 20 | 20 | 20 | 20 | | | | |
| 22 | Sahara Rivera (new applicant) | | | | | | 20 | | | | |
| 23 | Faith Ross | 20 | 20 | 20 | 0 | 20 | 20 | | | | |
| 24 | Karla Ruiz | 20 | 20 | 0 | 0 | 20 | 20 | | | | |
| 25 | James Stevenson | 20 | 20 | 20 | 20 | 0 | 20 | | | | |
| 26 | Anthony Thomas | 20 | 20 | 20 | 20 | 20 | 0 | | | | |
| 27 | Joye Toombs | 0 | 20 | 0 | 20 | 0 | 20 | | | | |
| 28 | Stephanice Washington | 20 | 0 | 0 | 0 | 0 | 20 | | | | |
| 29 | Leshia Yarbrough-Franklin | 20 | 20 | 20 | 20 | 20 | 20 | | | | |
| | **Total in Attendance** | **21** | **20** | **18** | **19** | **15** | **26** | | | | |

Attendees: B. Willis, C. Krueger, J. Mazo, B. Freese

Staff: M. Baker, Z. Levar, M. Hansen, B. Evans, L.J. Sylvia, T. Mallory