



# 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, November 6, 2024

2: 00 pm to 3:30 pm

Start: 2:05 pm

End: 3:33 pm

Facilitator: J. Patterson

Moment of Silence

Welcome and Introductions

Approval of Agenda: November 6, 2024

Addendum:

Motion: K. Dennis      Seconded: T. Mahdi

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

Motion passed.

Approval of the Minutes: October 2, 2024

Motion: K. Dennis      Seconded: T. Mahdi

Vote: In Favor: 11      Opposed: 0      Abstained: 2- J. Citerman-Kraeger, T. Greene

## Fiscal Report Review – M. Baker- Part A Program – Cleveland TGA YTD Expenses by Service Category

Priority Ranking	Category	Total Awarded	YTD Spending %	YTD Spending Total	Unduplicated 10/31/2024
	<b>Core Services Total</b>	<b>\$3,386,270.00</b>		<b>\$2,034,411.28</b>	
5	Outpatient/Ambulatory Health Services	1,166,577.00	62.08%	724,235.20	2062
6	Medical Case Management	1,143,044.00	64.77%	740,301.35	832
1	Oral Health Care	232,811.00	60.87%	141,701.02	250
11	Mental Health Services	348,376.00	50.92%	177,376.93	391
14	Medical Nutrition Therapy	66,817.00	59.75%	39,921.55	97
8	Early Intervention Services	373,174.00	47.54%	177,409.85	272
12	Home Health Care Services	11,766.00	53.63%	6,310.48	24
13	Home/Community Based Health Care	43,705.00	62.13%	27,154.90	23
	<b>Support Services Total</b>	<b>\$816,099.00</b>		<b>\$531,713.80</b>	
3	Medical Transportation	90,771.00	75.91%	68,900.86	1016
15	Emergency Financial Assistance	12,187.00	6.07%	739.95	3
7	Non-Medical Case Management Services	373,170.00	58.27%	217,435.27	1072
9	Psychosocial Support	61,774.00	95.74%	59,143.32	76
16	Food Bank/Home Delivered Meals	82,787.00	58.72	48,613.15	321
4	Other Professional Services	195,410.00	70.05	136,881.25	143
	<b>All Totals</b>	<b>\$4,202,369.00</b>	<b>61.06%</b>	<b>\$2,566,125.08</b>	<b>2960</b>

OVERUTILIZED ON TARGET UNDERUTILIZED

## Fiscal Report Review November 2024 – Z. Levar

We give an overview every month on Ryan White expenditures across our fourteen (14) service categories. Our goal is to spend 66.3%, and we are currently at 61% which is fairly on target. The categories with low utilization at this point are: Mental Health and Early Intervention Services (EIS), and Emergency Financial Assistance (EFA), and the three most utilized categories are: Medical Transportation, Psychosocial Support, and Other Professional Services (legal assistance). The asterisk (\*) items indicate full-time staff categories, in which the majority of those funds are for case managers,

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physicians, etc., as opposed to service-based funded categories like Medical Transportation and Food Bank/Home Delivered Meals.

**\*Comment: J. Patterson-** It may help to explain why some staff-based items are over expended.

**\*Response: Z. Levar -** This helps give better idea where money should be. Our sub-recipients can be funded at one amount versus another. However, we recommend them to front-load their salary expenditures all at once and, if necessary, we can adjust them at reallocation as needed. This is done so as not to back track on funding.

**\*Comment: K. Ruiz –** We're always noting the cost of living, in wanting staff to sustain their lives while working for the program.

**\*Comment: Z. Levar –** In getting in all the invoices, we plan to have full data by the end of month. Also, as noted on the two yellow bar, support and core, HRSA defines the services and dictates on all Ryan white as to what should be spent. The core services are the most important services in the community, and we must spend 75% or more of our award on them. Support services are things that compliment or wrap around the core services such as, transportation and foodbank, but not to a level that would exceed 25%, and we regularly track our split (75/25) to make sure we spend in those thresholds.

**\*Comment: K. Ruiz -** HRSA definitions:

*-Core services must be consistent with U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as other pertinent clinical and professional standards.*

*- Support Services are evidence-based or evidence informed best practices and the guidelines for each intervention is developed by the state and local government following HRSA Monitoring Standards.*

### New/Old Business

#### Training – Reallocation Process – L.J. Sylvia

**REALLOCATION** is the process of moving program funds across service categories after the initial allocations are made. This may occur right after grant award, since the award is usually higher or lower than the amount requested in the application, and during the program year, when funds are underspent in some service categories and additional needs exist in other service categories. The Planning Council must approve such allocations.

*\* Reallocation occurs after funds have been awarded, often at several times during the program year.*

*\* Under the 2009 Ryan White legislation, the EMA/TGA will lose future funding if it does not spend at least 95% of its formula grant. The Recipient/Grantee must carefully monitor provider expenditures. If it becomes clear that one provider cannot spend all the funds, the Recipient has the authority to reallocate funds within the service category. But if more funds are needed in a different service category, the Recipient must come back to the PC and get its approval for reallocating funds to a different category.*

*\* The Recipient will often provide recommendations, but the PC should review them and available cost and utilization data and then vote on reallocations.*

#### Review, Discuss, and Vote on the Reallocation Proposal – Z. Levar

This spreadsheet is on the reallocation process. Every year, PC is in charge of what we fund on each category. Each column is what PC should look to review for reallocation. PC selects both the category, as well as the percentage that it should be funded. This is so the recipient office when getting the award, can designate or formulate it in the categories. We put funds where PC says, then as year goes, it gets spent, see where gaps are, then EOY tell if things should be allocated. Goal is to spend every dollar and

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that services are delivered well across each category. A recommendation is then given to PC for the reallocation of the remaining funds.

Also, we look at if any funding in our internal budget, contracts, salaries, and see if money there.

Example on a conference in New Orleans, in which was a hurricane, and money became unobligated and was funneled back into the funds for community.

**\*Question: X. Merced-** Any reason why carryover column is empty?

**\*Response: Z. Levar** – As this process, in general, is for PC to decide the right moves for the community, we as the recipient do our part in making the recommendations for reallocations, based on current expenditures and past trends and data, then present this information on spreadsheets to discuss. As for the carryover column, it is empty because we were not granted the carryover funding for this year.

**\*Comment: J. Patterson** – Maybe we can also discuss column four, which we looked at in planning where/how to move money.

**\*Response: Z. Levar** – This basically involves two different PSRA processes, as PSRA is the overall big picture on what we want to fund, and on what level. The first process is “PS”, or Priority Setting, in which the S&F committee looks at how to designate, based on priority, the funding of RW services throughout the year. They then bring those priority setting decisions to the full committee at the June PSRA meeting for voting. At this point, where we usually are in November, is in looking at the “RA”, or Resources Allocations, process, in which we try to spend down all the funds that have been allocated, by the end of the year.

**\*Comment: A. Idov** – We look at several things. One, is the info from the accounting department on expenses, which are mostly on the sub-recipient level. With that, we get an idea on what’s being spent and then compare that to the previous two years. Afterwards and prior to the reallocations, the sub-recipients receive a form from accounting on what they think they will need, by service category, for the remainder of the year. After we get this info back, we review the actual budgets that were approved for each agency, prioritizing staff salaries in whether there were vacancies, changes in full time versus part time, promotions, etc. Often it’s a mixed bowl in designating, as some may be in salaries and also in deliverables, like labs. We may not cover the entire category, but we always try to keep people and labs in place.

**\*Comment: L.J. Sylvia** – There was a question was on a category (oral health) where more funded was requested, but instead there was a decrease in funding.

**\*Response: Z. Levar** – Some of this involves budget requests on what is needed for end of year, and our role in deciding if the requests can be done.

**\*Question: T. Mahdi** - Mental Health and EIS seems reduced and MCM increased. Is this in the reviewing of what’s been used in their requests?

**\*Response: Z. Levar** - Yes, this is what we are currently reviewing in our suggestions on what would need additional funding.

**Motion: To move forward the Reallocation Recommendation to the Executive Committee, as presented here onscreen.**

Motion: T. Mahdi      Seconded: L. Yarbrough-Franklin

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

*Motion passed.*

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### Training – Carryover Process – L.J. Sylvia

**CARRYOVER** refers to the estimated amount of the Unobligated RW Part A formula grant funds remaining at the end of the grant budget year. Recipients are required to submit an Estimated Carryover Request together with the estimated Unobligated Balances (UOB) 60-days before the end of the grant year or by December 31<sup>st</sup> of each year. There are statutory penalties specific to UOB that exceeds 5% of the formula award, as failure to submit a timely carryover request and an estimated UOB in HRSA's Electronic Handbook (EHB) portal can result in a grantee being eligible to receive RW HIV/AIDS Part A formula carryover funds. RW legislation requires a waiver to request carryover of unobligated formula funds before the end of each fiscal year as necessary regardless of the amount of remaining funds. The request must contain the following information:

1. *Estimated unobligated balance at the end of the grant year.*
2. *Estimated amount of funds projected to be available for carryover & the methodology used for estimating the carryover amount.*
3. *Source of the unexpended carry over funds (administrative, direct service, program support, certain provider categories).*
4. *Proposed use*
5. *Justification for use of funds*
6. *Time period proposed for use of funds and ability to use.*
7. *Capability of the grantee/recipient to make funds availability for use and of the entities to utilize such funds in the designated time period.*

*\* If a Recipient does not request a waiver, and later identifies and reports unobligated Part A formula funds in the Final Federal Financial Report (FFR), the Recipient will not be able to carryover any UOB.*

*\*A carryover waiver request, submitted and approved by HRSA, allows the Recipient to expend the UOB in accordance with the purpose stated in the application.*

*\* If approved funds are not expended in the carryover year, the funds will be cancelled and cannot be used in subsequent years. (if you don't use them, you lose them).*

### Review, Discuss, and Vote on Carryover Proposal – Z. Levar

This is where we discuss submitting to HRSA what we anticipate having as a carryover. As this is due on December 31<sup>st</sup>, we will look now at selecting the categories to give additional money to bring forward. To add, this year the carryover request was rejected, due to the carryover funds not being spent at the point of review. As the December 31<sup>st</sup> deadline is only for a half carryover request, in May or June we will re-visit these two categories again, so as to make sure we get that money into the community.

**\*Comment: L.J. Sylvia** - Also, when selecting categories, look at positive numbers, in which they may have had money added and may be ones to consider for carryover.

**\*Comment: Z. Levar** – In decisions, consider the split, picking one each in core and support categories.

**\*Question: J. Patterson** - What is the UOB?

**\*Response: L.J. Sylvia** – The UOB is an estimate of unobligated balances of funds that are not accounted for, or have not already been previously designated.

**\*Comment: Z. Levar** – We budget every dollar, but when unforeseen things happen that free up dollars not earmarked for anything, they become unobligated fund, as the max for carryover is five percent (5%), and anything under that is a successful year to bring forward any dollars you didn't spend.

**\*Comment: J. Patterson** – Also, this is money that won't be able to be spent at the end of year, as it's impossible to spend every penny, thus making carryover a fact of life.

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**\*Comment: J. Patterson** – For now, we want to pick no more than two categories, as doing more makes things difficult, and if what we have is okay, we will proceed with voting and revisit in June if needed.

**\*Comment: B. Gayheart** – A motion is made for Medical Case Management (MCM) as the core category and Foodbank/Home Delivered meals, as the support category for the carryover.

**Motion: To recommend Medical Case Management (MCM) as the Core Service and Foodbank/Home Delivered Meals as the Support Service, for the 2024 Carryover categories for next year, as written.**

Motion: B. Gayheart      Seconded: J. Citerman-Kraeger

**Vote:** In Favor: 9                      Opposed: 0      Abstained: 4

*Motion passed.*

**Vote on 2025 Work Plan - Tabled**

**Motion: To table the S&F 2025 Work Plan to the January 8, 2025 meeting, as written.**

Motion: T. Mahdi              Seconded: K. Ruiz

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

*Motion passed.*

**Standing Business** - None

**Parking Lot**- None

**Announcements**

CLC will join participation in the World AIDS Day event at CWRU on December 2, 2024.

**Adjournment:**

**Motion:** C. Droster              **Seconded:** J. Citerman-Kraeger

**Attendance**

		Jan	Feb	Mar	Apr	May	June PSRA	Aug	Sep	Oct	Nov
	<b>S &amp; F Members</b>										
1	Clinton Droster, Co-chair	20	0	20	20	20	20	20	20	20	20
2	Julie Patterson, Co-chair	20	20	20	20	20	20	20	20	20	20
3	Jeannie Citerman-Kraeger	20	20	0	0	0	20	0	0	0	20
4	Biffy Aguiriano	20	20	20	20	0	20	20	0	0	0
5	Anthony Thomas	0	20	20	0	20	0	20	0	20	20
6	Leshia Yarbrough-Franklin							0	20	20	20
7	Tiffany Greene							20	0	0	20
8	Kimberlin Dennis	10	0	0	10	10	10	10	10	10	10
9	Talib Mahdi									10	10
	<b>Total in Attendance</b>	<b>7</b>	<b>7</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>7</b>	<b>4</b>	<b>6</b>	<b>8</b>

**PC Members:** B. Gayheart, X. Merced, N. O’Neal, K. Ruiz, D. Houston

**Attendees:** A. (guest), J.L. Kasambayi, C. Davis

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