Cuyahoga Regional HIV Prevention and Care Planning Council

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

Kimberlin Dennis, Brian Kimball, Christy Nicholls, Co-Chairs

PSRA Minutes

Wednesday, June 18, 2025

12:00 – 4:00 PM

Full Planning Council Members		Full Planning Council Members		Community Attendees	Recipient Staff	Guest Speakers
1. Kimberlin Dennis, Co-Chair	P	13. Naimah O'Neal	P	Tony Elmore	Lisa-Jean Sylvia	
2. Brian Kimball, Co-Chair	P	14. Julie Patterson	P	Talib Mahdi*	Brittanie Evans	
3. Christy Nicholls, Co-Chair	P	15. Sahara Rivera	A	Brittany Freese	Monica Baker	
4. Biffy Augiriano	A	16. Faith Ross	P	Brooke Willis	Zach Levar	
5. Clinton Droster	P	17. Karla Ruiz	A	Cliff Barnett		
6. Billy Gayheart	P	18. James Stevenson*	A	Sofia Dewey		
7. Tiffany Greene	P	19. Anthony Thomas	A	Chris Krueger*		
8. Barbara Gripshover, M.D.	P	20. Stephanice Washington	A	Cielle Brady*		
9. Deairius Houston	P	21. Leshia Yarbrough-Franklin	P	Jeannie CK		
10. LeAnder Lovett	P			Thom Moyel		
11. Xiomara Merced	P			David Johnson		
12. Lorsonja Moore	P					

Total of 30 present	**P = Present A = Absent O = (Other) – Phone *Non-member Volunteer or Pending PC Member**
Call to Order	**Co-chair, Brian Kimball, called the meeting to order at 12:09 pm.**
Moment of Silence	A moment of silence done in remembering all those past, present, and future in the fight against HIV.
Quorum Determination	15 of 21 PC committee members present - quorum of 12 needed.
Welcome, Introductions & Conflicts of Interest	All members, attendees, and guests welcomed, and asked to state names affiliations, and conflicts of interest in the chat. *Conflicted:* ***Lorsonja Moore*** *– DSAS – Home and Community Based Health Services, Home Health Care* ***Naimah O'Neal*** *– The Centers – Early Intervention Services, Medical Case Management, Oral Health Care, Outpatient Ambulatory Health Services, Emergency Financial Assistance, Medical Transportation* ***Xiomara Merced*** *– MetroHealth – Early Intervention Services, Medical Case Management, Medical Nutrition Therapy, Mental Health Services, Oral Health Care, Outpatient Ambulatory Health Services, Emergency Financial Assistance, Medical Transportation, Non-Medical Case Management, Psychosocial Support Services* ***Talib Mahdi*** *– NLURC – Medical Case Management, Food Bank/ Home Delivered Meals, Medical Transportation, Non-Medical Case Management, Other Professional Services (Legal)* ***Cielle Brady*** *– UH – Early Intervention Services, Medical Case Management, Medical Nutrition Therapy, Mental Health Services, Oral Health Care, Outpatient Ambulatory Health Services, Emergency Financial Assistance, Medical Transportation*

	Chris Krueger *– AIDS Taskforce of Greater Cleveland – Medical Case Management, Food Bank/ Home Delivered Meals, Medical Transportation* ***Brittany Freese*** *– Signature Health – Early Intervention Services, Medical Case Management, Medical Nutrition Therapy, Mental Health Services, Outpatient Ambulatory Health Services, Emergency Financial Assistance, Medical Transportation, Non-Medical Case Management, Psychosocial Support Services* ***Deairius Houston*** *– UH - Early Intervention Services, Medical Case Management, Medical Nutrition Therapy, Mental Health Services, Oral Health Care, Outpatient Ambulatory Health Services, Emergency Financial Assistance, Medical Transportation* ***Barb Gripshover*** *– UH - Early Intervention Services, Medical Case Management, Medical Nutrition Therapy, Mental Health Services, Oral Health Care, Outpatient Ambulatory Health Services, Emergency Financial Assistance, Medical Transportation*
Introduction	Brian Kimball – Every voice in this room matters. Your insight helps ensure that the resources reach those people who need them the most. Thank you for your time, service, and dedication.
PSRA Process	Kimberlin Dennis We start with data presentations, then we rank each category for priority ranking. S&F committee leads this process.
Managing conflict of interest	Billy Gayheart • PC 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 provider. • Members conflicted on a particular issue cannot advocate for or against it, or cast a vote for it, unless presented as a slate vote. They can participate in the discussion and offer technical input and information. • Roll call – all attendees asked to state name, organization, and if conflicted.

The priority ranking process	• PC must prioritize all of the service categories, both funded and non-funded. S&F begins the process.
	• Criteria for ranking includes: Payer of last resort; Access/ maintenance in care; specific gaps/ emerging needs; consumer priority.
	• Scoring system – rate each service category using the 5 decision criteria on a scale of 1 through 8. Each decision criteria is assigned a weighting factor:
	  ○ Payor of last resort/ alternate providers of service = 15%
	  ○ Access to care/ maintenance in care = 35%
	  ○ Special gaps/ needs/ special populations = 25%
	  ○ Consumer priority = 25%
	• Priority Ranking for FY2026 **funded** and *non-funded* categories:
	  1. Medical Case Management
	  2. Outpatient Ambulatory Health Services
	  3. Non-Medical Case Management
	  4. Mental Health Services

	5. Early Intervention Services **6. Emergency Financial Assistance** **7. Medical Transportation** **8. Food Bank/ Home Delivered Meals** **9. Oral Health Care** **10. Psychosocial Support Services** **11. Other Professional Services** **12. Home Health Care** **13. Medical Nutrition Therapy** **14. Home and Community-Based Health Services** **15.** *Housing Services* **16.** *AIDS Drug Assistance Program (ADAP)* **17.** *Health Insurance Premium Cost Sharing Assistance (HIPCSA)* **18.** *Referral for Health Care/ Supportive Services* **19.** *Rehabilitation Services* **20.** *Respite Care Services* **21.** *Local AIDS Pharmaceutical Assistance* **22.** *Treatment Adherence Counseling* **23.** *Hospice Services* **24.** *Substance Abuse Treatment – Outpatient Services* **25.** *Substance Abuse Treatment – Residential Services* **26.** *Health Education/ Risk Reduction* **27.** *Outreach Services* **28.** *Child Care Services* **29.** *Linguistics Services* • Medical Transportation: ○ Non-emergency transportation services and other means to enable a client to access or be retained in core medical and support services ○ There are 10 Ryan White Part A service providers of Medical transportation in the TGA, most of which are located in Cuyahoga County ○ Payer of last resort = 1; Access to care = 8; Specific gaps/ needs = 5; Consumer priority = 8. Total = 6.2 • Foodbank/ Home Delivered Meals: ○ Distribution of hot meals, or a voucher program to purchase food and other essential items to qualified PLWHA. ○ There are 2 RW Part A service providers who provide FB/HDM ○ Payer of last resort = 3; Access to Care = 8; Specific gaps/ needs = 8; consumer priority = 3. Total = 6.0. • Home Health Care Services: ○ Professional nursing or attendant care services provided by a licensed health care worker in a patient's home. ○ There is 1 RW Part A funded service provider of Home Health Care in the TGA – services only available in Cuyahoga County

	○ Payer of last resort = 5; access to care = 5; specific gaps/needs = 3; consumer priority = 1. Total = 3.5 • S&F used this process for every service category. Julie – we chose the 3 categories that we reviewed because we wanted to show one core service, one service that is primarily staff-based, and these were categories that were flagged for deeper discussion. We will also be voting on non-funded service categories. **Motion to accept the FY2026 priority ranking for funded services as listed.** **Motion made by Naimah O'Neal; seconded by Leshia Yarbrough** **In favor: 14; Against: 0** **Motion to accept the non-funded category rankings as listed.** **Motion made by Leshia Yarbrough; seconded by Naimah O'Neal** **In favor: 14; Against: 0**
Directives	• PC has the opportunity to create Directives as a way to shape how services are delivered. Directives must be indicated by data. Directives are the primary responsibility of the QI committee, but any committee can recommend directives. • There are no Directives at this time. • If directives do come up throughout the year, Planning Council can vote on them at any time, not just during PSRA. • Xiomara - Why aren't there any directives? Lj – directives have traditionally come from our deep dive during QI, but the deep dive this year was delayed by the denied data request from ODH.
Spreadsheet Overview	• Allocation scenario worksheet overview • Core and Support services are both on the spreadsheet. Throughout the discussion today, we want to remember that core services must be at least 75% of our total. We will monitor that using row 15 and row 24 on the spreadsheet. • There is FY24 allocation amount as well as percentages. There is also information on FY24 expenditures. • The spreadsheet shows what FY2025 will look like if we receive flat funding (the same amount as last year) • If we increase money in one category, we have to decrease in another category. • Categories in green may be considered for an increase in funding. The category in red may be considered for decreased funding. Blue is for categories that the final expenditure was less than the amount allocated for FY24.
	15 minute break
Resource allocation decision criteria	• Resource allocation determines In FY2026, how will the resources be distributed across the service categories. Planning Council makes this decision together. • This process is led by the S&F committee, but the whole PC determines the allocation during PSRA. Prior to this meeting, S&F committee and resource allocation work group looked at data to prepare for the allocation discussion. • Flagging for discussion – we wanted to take a look at data and see if there was something that would help us bring specific service categories to you for further discussion. We tried to do some preliminary work so that we don't need to discuss every service category at this meeting.

	• Criteria:
	  ○ Items identified by the CLC – there were no items identified this year.
	  ○ Significant increase or decrease in the number of unduplicated clients (20% or more)
	  ○ Significant change in the priority ranking (5 or more steps)
	  ○ Significant increase or decrease in funds expended (25% or more)
	  ○ Significant over or under requesting of funds in the prior grant year
	  ○ Significant increase or decrease in funds reallocated in the prior reallocation process

Flagged Categories for today's discussion	• Green categories may indicate an increase in funding. The Red category may indicate a decrease in funding.
	• Foodbank/ Home Delivered Meals – consider for increased funding.
	  ○ Priority Ranking increased by 6 spots from 14th to 8th
	  ○ Reallocation increased funds by 16%
	• Medical Transportation – consider for increased funding
	  ○ Providers requested 62% more than was allocated
	  ○ Clients in Lorain County reported lack of access to medical transportation due to funds
	• Home Health Care – consider for decreased funding
	  ○ Priority ranking decreased by 6 spots
	  ○ The number of unduplicated clients decreased 19% from 31 to 25
	  ○ Expenditures stayed the same between FY23 and FY24
	• Reminder – if we increase funds in one category, we have to decrease funds in another category.
	• HRSA does not increase Ryan White Part A budgets based on advocacy. Requests for additional funds, even if backed by data, are generally futile. We can move money between categories.
	• The 75% (or more) core/ 25% (or less) support split must be maintained.
	• The changes that were made during PSRA last year have not yet had a chance to make an impact, as the award was just recently received and the allocations are being implemented now.
	• PC can make changes to the allocation, but can also decide to leave things the same.
	• Staff- based vs deliverable-based. Adjusting allocations to staff-based service categories at the beginning of the grant year allows providers to plan and hire staff, if necessary.

Guidelines to make today successful	• Voting members are required to keep cameras on throughout • Please stay on mute when you don't have the floor • Raise your hand when you want to speak • We respect lived experience AND decisions must be data driven • You can participate in the discussion even if you are not a voting member • If you are conflicted, you can't try to influence a decision on a category for which you are conflicted
S&F recommendation	• The resource allocation workgroup met and brought forward service categories for further discussion, and the S&F committee decided to bring forward 3 service categories. • We are deciding on allocations for FY2026, beginning March 1, 2026

	• Billy – Recommended to leave allocations the same. This process has been going on for years and has become very fine-tuned and has been working. We don't know what subrecipients are going to ask for coming into the next year. We can reallocate whenever needed. **Motion to leave the percentages allocated in FY25 remain unchanged for FY26.** **Motion made by Billy Gayheart; seconded by Naimah O'Neal** Discussion: Julie – Recommend taking some money out of Home Health Care, but there isn't much money allocated. Take out $1500 to avoid going below $10,000 for this category. Put all $1500 into Foodbank. Medical transportation is also funded by Ending the HIV Epidemic. However, if we take any money from Home Health Care, the amount allocated might be too low for the provider to apply for that service category. The administrative burden might be too much for the amount of money received. Talib – None of the service categories we flagged for discussion do not have a significant amount of money. If we think a category might run out of money, we should move money. Otherwise, I agree with Billy. Naimah – If we leave the allocations the same for Home Health Care, we have another opportunity to see if there was an increase or decrease next year. If it continues to decrease, I would agree with taking money out of this category. We should consider people aging with HIV - more people may need this service. Xiomara – looking at the consumer survey results, we need more data and information to see if the decrease is a trend, or if it is just for this year. I'm more comfortable leaving things as is. We don't know what is going to happen. Julie – when we looked at Foodbank/ Home Delivered Meals, we saw a lot of other service providers for this category. If we want to put money into foodbank, we can do that later in the grant year during reallocation. Xiomara – did we figure out why the categories in blue did not expend their total amount? Lj – we don't have the capacity to gather all of that data in time for PSRA Xiomara – could we track this information throughout the year, so that we have it for PSRA next year? **In favor: 14; against: 0**
Considerations for decreased funding	If there is a decrease in funding, all categories will be decreased by the same percentage unless PC changes the allocation determinations. • If there is a cut in funding, what is a reasonable threshold that would indicate PC will change allocation decisions? If there is a cut of x%, we want to come back and make a decision on allocations. • If there is a funding cut, what are the key categories that must be maintained? • What service categories can be cut or eliminated, if necessary? **Motion if funding is cut by 20%, we will come back together to discuss reallocation.** **Made by Christy Nicholls, seconded by Naimah O'Neal** Discussion: Naimah - Maybe we could say if the decrease is between 15 – 20%. **Amend motion to change 20% to 15%. If funding is cut by 15% or more, we will come back together to discuss reallocation.** **Made by Naimah O'Neal; seconded by Christy Nicholls.**

	Discussion: Xiomara – do we know what a normal amount for decreased funding is? Zach – in my experience, the award amount has not been decreased but it has increased by less than 1% from year to year. Julie – I think we're assuming that we will know this at the beginning of the grant year, but based on what's going on right now we may not know it at the beginning of the year. Do we want to specify timing in the motion? Zach – it is our duty to let PC know of any expected cuts that we hear about. PC would need to decide at what point they will need to meet. Billy – I will be abstaining from this vote because I am a client of Ryan White services. I believe just hearing the discussion going on, this warrants a lengthy deeper discussion before making a decision. Christy – This is just a precautionary measure. We need to really think about the realities that we are facing. Cielle – has RW ever had to develop an emergency action plan before in response to funding cuts? Zach – in the last 8 or 9 years, I've not seen the Planning Council have to do this. **In favor: 14; Against: 0; Abstained: Billy Gayheart** **Motion to have a deep dive in S&F committee in preparation for possible cuts.** **Made by: Billy Gayheart, seconded by: Xiomara Merced** Discussion: Julie – does the motion need parameters like dates or scope? How will we know if we're successful? Lj – There are two questions that the Recipient identified that would be useful to them: Which categories would be prioritized for maintenance? Which categories would be identified for cuts or possible elimination of funding? **Motion to amend the above motion – S&F would do a deep dive to look at which categories would be identified for maintenance at current levels and which categories would be identified for possible cuts or elimination.** **Made by: Christy Nicholls; seconded by: Naimah O'Neal** Discussion: Billy – I rescind my original motion. Brian – Would like to bring attention to Julie's question about scope and timeline. Julie – we may want to have this ready at the beginning of the grant year. Lj – if we don't have a timeline in the motion, S&F gets to decide. If you want it by a certain time, the motion should say that. Barb – There may be cuts in other funding such as Medicare that would make us want to change our allocations, so maybe we don't need to add a timeline. **Motion to amend the above amended motion: S&F will do a deep dive to look at which categories would be identified for maintenance at current levels and which categories would be identified for possible elimination to be completed by January 31, 2026.** **Motion made by: Christy Nicholls** Discussion: Lorsonja – in the earlier motion, the word "reduction" was there in addition to elimination. Would we be looking at reducing categories? **Motion to amend the above motion to change word "elimination" to "defunding". Amended motion: S&F will do a deep dive to look at which categories would be identified for maintenance at current levels and which categories would be identified for possible defunding or reduction to be completed by Jan. 31, 2026.** **Motion made by: Chirsty Nicholls, seconded by: Naimah O'Neal** **In favor: 15; Against: 0; Abstained: none**

Carry Over	• The goal is to spend every dollar each year. However, there is often some money left over at the end of each fiscal year. Up to 5% of the total award can be carried over and used in the next grant year. • Planning Council must identify possible categories where Carry Over funds will be used. • In November 2024, PC identified MCM and FB/HDM as the categories for Carry Over if funds are added in FY2025. MCM expenditure was 101.01%, FB/HDM expenditure was 105.4% of target. **Motion to keep designated categories for Carry Over for FY2025 as Medical Case Management and Food Bank/Home Delivered Meals** **Made by: Julie Patterson; seconded by: Christy Nicholls** **In favor: 11; Opposed:0 ; Abstained: Barb Gripshover, Deairius Houston, Naimah O'Neal, Xiomara Merced**
PSRA Survey	Take the survey at the link provided in the chat
Announcements	Naimah – memorial for Bryan Jones at Karamu House on June 21st at 3:30 PM. Lj – thank you to everyone who completed the survey poll. There will be a special meeting of the Executive Committee to respond to the site visit report.
Adjournment	**Meeting was adjourned by Brian Kimball at 3:54 pm.**
Reminder: Check your Email or the Website for Minutes and Agendas **Visit the Ryan White HIV/AIDS Homepage at: www.ccbh.net/ryan-white**	