

Cuyahoga Regional HIV Prevention and Care Planning Council

Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina

Julie Patterson, Chair



STRATEGY & FINANCE COMMITTEE (S&F) COMMITTEE

Meeting Minutes

Wednesday, January 7, 2026 – 2:00 - 3:30 pm

S&F Committee Members		Planning Council Members	Community Attendees	Presenter(s)
1. Julie Patterson, Chair	P	Lisa Navracruz*		
2. Kimberlin Dennis	P	Billy Gayheart		
3. Tiffany Greene	P	Tony Elmore*		
4. Xiomara Merced	P	Deairius Houston		CCBH Staff
5. Anthony Thomas	A	Naimah O'Neal		Lisa-Jean Sylvia
6. Leshia Yarbrough-Franklin	P	Karla Ruiz		Brittanie Evans
7. Talib Mahdi*	P			Anastassia Idov
8. Chris Krueger*	A			Zach Levar
				Elly Falter
Total of 17 in attendance	P = Present A = Absent O (Other) = Phone *Non-Member Volunteer or Pending PC Member			
Call to Order	Chair, Julie Patterson, called the meeting to order at 2:00 pm.			
Moment of Silence	In remembering all those past, present, and future in the fight against HIV/AIDS.			
Quorum Determination	6 of 8 S&F committee members present - quorum of 5 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. <hr/> <i>Conflicted: Naimah O'Neal – The Centers; Xiomara Merced – MetroHealth; Deairius Houston - UH ; Talib Mahdi – NLURC; Lisa Navracruz – Neighborhood Family Practice</i>			
Approval of Agenda	S&F Committee reviewed and approved the agenda for January 7, 2026. Motion made by Naimah O'Neal, seconded by Xiomara Merced In favor: all; Opposed: 0			
Approval of Minutes	S&F Committee reviewed and approved the minutes from November 5, 2025. Motion made by Kimberlin Dennis, seconded by Billy Gayheart In favor: all; Opposed: 0; Abstained: Leshia Yarbrough-Franklin, Lisa Navracruz, Tony Elmore, Naimah O'Neal, Karla Ruiz			

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Priority	Category	Target	October	November	December	January	February	YTD	%	1/7/2026
		100%	66.67%	75%	83.33%	91.67%	100%			CAREWare
	CORE SERVICES TOTAL	\$ 3,408,531.00	\$ 200,231.50	\$ 134,218.41	\$ -	\$ -	\$ -	\$ 2,396,505.07		
2	* OUTPATIENT/AMBULATORY HEALTH SERVICES	\$ 1,174,247.00	\$ 66,940.40	\$ 48,927.32	\$ -	\$ -	\$ -	\$ 804,805.42	68.54%	2120
1	* MEDICAL CASE MANAGEMENT	\$ 1,150,559.00	\$ 73,276.39	\$ 38,443.32	\$ -	\$ -	\$ -	\$ 862,903.90	75.00%	900
3	* ORAL HEALTH CARE	\$ 234,342.00	\$ 5,940.76	\$ 9,432.00	\$ -	\$ -	\$ -	\$ 168,110.39	71.74%	256
7	* MENTAL HEALTH SERVICES	\$ 350,667.00	\$ 20,859.25	\$ 19,313.68	\$ -	\$ -	\$ -	\$ 240,424.35	68.56%	521
9	* MEDICAL NUTRITION THERAPY	\$ 67,256.00	\$ 220.07	\$ 515.44	\$ -	\$ -	\$ -	\$ 37,456.38	55.69%	136
4	* EARLY INTERVENTION SERVICES	\$ 375,624.00	\$ 17,658.63	\$ 12,166.24	\$ -	\$ -	\$ -	\$ 232,208.29	61.82%	468
6	* HOME HEALTH CARE SERVICES	\$ 11,844.00	\$ 2,948.70	\$ 1,146.65	\$ -	\$ -	\$ -	\$ 10,472.11	88.42%	20
13	* HOME/COMMUNITY BASED HEALTH CARE	\$ 43,992.00	\$ 12,387.30	\$ 4,273.76	\$ -	\$ -	\$ -	\$ 40,124.23	91.21%	20
	SUPPORT SERVICES TOTAL	\$ 821,465.00	\$ 63,492.36	\$ 17,136.90	\$ -	\$ -	\$ -	\$ 515,983.29		
8	* MEDICAL TRANSPORTATION	\$ 91,368.00	\$ 9,468.57	\$ 4,358.88	\$ -	\$ -	\$ -	\$ 54,140.58	59.26%	722
12	* EMERGENCY FINANCIAL ASSISTANCE	\$ 12,266.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 977.21	7.97%	2
5	* NON-MEDICAL CASE MANAGEMENT SERVICES	\$ 375,624.00	\$ 30,428.28	\$ 4,403.83	\$ -	\$ -	\$ -	\$ 265,359.58	70.65%	1140
10	* PSYCHOSOCIAL SUPPORT	\$ 62,181.00	\$ 4,366.58	\$ 3,868.57	\$ -	\$ -	\$ -	\$ 49,673.51	79.89%	124
14	* FOOD BANK/HOME DELIVERED MEALS	\$ 83,331.00	\$ 5,235.79	\$ 4,505.62	\$ -	\$ -	\$ -	\$ 55,225.34	66.27%	325
11	* OTHER PROFESSIONAL SERVICES	\$ 196,695.00	\$ 13,993.14	\$ -	\$ -	\$ -	\$ -	\$ 90,607.07	46.06%	99
	TOTAL	\$ 4,229,996.00	\$ 263,723.86	\$ 151,355.31	\$ -	\$ -	\$ -	\$ 2,912,488.36	68.85%	3039

	Total Award	YTD Exp	% Exp	Award % Split	YTP Exp % Split
Core Services	\$ 3,408,531.00	\$ 2,396,505.07	70.31%	80.58%	82.28%
Support Services	\$ 821,465.00	\$ 515,983.29	62.81%	19.42%	17.72%
Total Award	\$ 4,229,996.00	\$ 2,912,488.36	68.85%		

OVERUTILIZED
 ON TARGET
 UNDERUTILIZED

The target used for this report is the October target at 66.67%. As of right now, we are missing 1 invoice for September, 2 from October, and we have received 6 for November. It would appear that we are on target for OAHs, Mental Health, and Food Bank. We are over target for some categories, but we are going by October targets and this includes some November invoicing from large hospital systems. The current split is 82.28% Core and 17.72% Support.

New/Old Business

a. Vote to finalize allocation recommendations should funding be reduced by 15% or more in the coming fiscal year.

- Julie – the task for us today is to come up with a recommendation. Then, it will go to Executive committee and Full Planning Council. If there is a funding cut of 15% or more, a discussion will still be had at Full Planning Council before anything is changed. This is a recommendation.
- Lj – We really have no way of knowing year to year what amount of funding we will get. We just operate on the assumption that it will be flat funding. If we don't make a decision and there is a cut to funding, then all categories will get reduced by the same amount. In the priority list, the two lowest priority items are Home/Community Based Health and Home Health Care Services. Although these are lowest priority, for the people who receive these services, it is very important.
- Naimah – I think that transportation should be core. We never talked about Part B and making that distinction between if they lose the ability to help people, should we be looking at emergency medication assistance.
- Billy – Have you already received your letter of award from HRSA? Anastassia – No. Billy – I don't like the idea of saying defunded or preserved. I really think it should be worded differently. Julie – as we're coming to a vote, we can be cautious about the language that we use.
- Julie – The whole Ryan White system is built on this core versus support services. I thought about taking a higher percentage from support services across the board and distributing it across core, so that the majority of the cut is experienced in support categories. We should consider the administrative burden of the grant, so that if a category falls below a certain threshold such as \$10,000 it might make sense to zero out that category.
- Naimah – if we had to reduce support services by 50%, are there community resources that would help? Julie – EHE is one example.

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	<ul style="list-style-type: none"> • Lj – non-medical case management is the 3rd priority and it would be cut dramatically if we cut support services by 50%. • Xiomara – looking at the priority order in support service categories, a strategy could be to pick 2 support categories to prioritize over the others. Transportation and housing are barriers to care that I hear about all the time. • Lisa – most of our other payers are not paying for medical transportation. • Julie – we can make a proposal that relies on our prioritization. During our prioritization process, we discussed things like consumer priority and if there are other payers. • Billy – As we’re having this conversation and we’re looking at service categories, hypothetically speaking if Lake County provides 4 services in that county and those 4 services are cut, Lake County no longer has services. We should look at which services are provided in each County. • Naimah – We have to remember that some of the categories that are in support are categories that are needed for people getting older with HIV and they will be needed in the future. • Zach – We’ve been operating for several years with a roughly \$4 million budget, with which we can healthily fund 14 services. The question would be, do you think you can still healthily fund 14 service categories with a significant (+15%) funding cut? It’s not fun to look at decreasing the number of service categories we currently have, but it is something to think about. • Billy – Would this require a deeper dive into what providers are providing? What if they can do it in a cheaper way? How do we look at the effectiveness of the service being provided? • Lj – are we able to make a recommendation on safeguarding some categories? <p>Motion: In a reduced funding scenario, we will limit cuts to core services to no more than a 10% cut, making up those cuts by reducing support services. Motion made by Kimberlin Dennis; seconded by Naimah O’Neal Yes: 7; No: 0; Abstained: Billy Gayheart</p> <p>b. Vote to approve the 2026 Work Plan Motion to table the vote for the work plan until the next meeting. Motion made by Kimberlin Dennis, seconded by Billy Gayheart In favor: all; Opposed: none; Abstained: none</p>
Parking Lot	None
Announcements	Billy – New member orientation is next Wednesday.
Adjournment	Meeting was adjourned by Julie Patterson at 3:30 pm
<p>Reminder: Check your Email or the Website for Minutes and Agendas Visit the Ryan White HIV/AIDS Homepage at: www.ccbh.net/ryan-white Next Meeting: February 4, 2026 2:00 – 3:30 PM</p>	