

Cuyahoga Regional HIV Prevention and Care Planning Council



Ashtabula, Cuyahoga, Geauga, Lake, Lorain and Medina

Clinton Droster, Julie Patterson – Co-Chairs

STRATEGY & FINANCE COMMITTEE (S&F) COMMITTEE

Meeting Minutes

Wednesday, October 1, 2025 – 2-3:30 pm

S&F Committee Members		Planning Council Members	Community Attendees	Presenter(s)
1. Clinton Droster, Co-Chair	A	Billy Gayheart	Jeannie Citerman-Kraeger	
2. Julie Patterson, Co-Chair	P	Naimah O’Neal	Kim Rodas	
3. Kimberlin Dennis	P	Deairius Houston	Michael Gierlach	
4. Tiffany Greene	P	Tony Elmore*	Michelle Jackson Rollins	CCBH Staff
5. Xiomara Merced	P	Karla Ruiz	Jimmy Garcia	Lisa-Jean Sylvia
6. Anthony Thomas	P			Brittanie Evans
7. Leshia Yarbrough-Franklin	A			Anastassia Idov
8. Talib Mahdi*	A			Zach Levar
9. Chris Krueger*	P			
Total of 20 in attendance	P = Present A = Absent O (Other) = Phone *Non-Member Volunteer or Pending PC Member			
Call to Order	Co-chair, Julie Patterson, called the meeting to order at 2:05 pm.			
Moment of Silence	In remembering all those past, present, and future in the fight against HIV/AIDS.			
Quorum Determination	6 of 9 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. <i>Conflicted: Naimah O’Neal – The Centers; Xiomara Merced – MetroHealth; Kim Rodas – NLURC; Chris Krueger – AIDS Taskforce of Greater Cleveland; Deairius Houston - UH ; Jimmy Garcia – NLURC</i>			
Approval of Agenda	S&F Committee reviewed and approved the agenda for October 1, 2025. Motion made by Xiomara Merced, seconded by Kimberlin Dennis Any discussion or objections to the agenda? None. Motion is approved.			
Approval of Minutes	S&F Committee reviewed and approved the minutes from September 3, 2025. Motion made by Kimberlin Dennis, seconded by Xiomara Merced Is there any discussion or objections? None. The minutes are approved. Abstained: Tiffany Greene, Chris Krueger, Naimah O’Neal, Jimmy Garcia, Deairius Houston, Tony Elmore			
Recipient Report	Fiscal Report review – Anastassia Idov:			



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Priority	Category	Target	March	April	May	June	July	August	YTD	%	9/30/2025
		100%	8.33%	16.67%	25%	33.33%	41.67%	50%			CAREWare
	CORE SERVICES TOTAL	\$ 3,409,531.00	\$ 242,670.91	\$ 207,387.91	\$ 229,197.83	\$ 405,047.32	\$ 138,815.56	\$ 79,804.52	\$ 1,302,924.05		
2	* OUTPATIENT/AMBULATORY HEALTH SERVICES	\$ 1,174,247.00	\$ 77,930.48	\$ 86,753.77	\$ 69,675.65	\$ 136,142.03	\$ 62,718.75	\$ 27,416.76	\$ 460,635.43	39.23%	1769
1	* MEDICAL CASE MANAGEMENT	\$ 1,150,559.00	\$ 94,716.85	\$ 67,838.78	\$ 112,835.01	\$ 124,471.75	\$ 32,568.74	\$ 29,735.30	\$ 462,166.43	40.17%	816
3	* ORAL HEALTH CARE	\$ 234,342.00	\$ 19,770.31	\$ 13,692.59	\$ 2,553.10	\$ 33,071.07	\$ 2,203.83	\$ 3,538.90	\$ 74,829.80	31.93%	196
7	* MENTAL HEALTH SERVICES	\$ 350,687.00	\$ 19,438.96	\$ 9,379.22	\$ 11,517.37	\$ 62,560.88	\$ 17,365.74	\$ 603.57	\$ 120,865.74	34.47%	437
9	* MEDICAL NUTRITION THERAPY	\$ 67,256.00	\$ 2,342.91	\$ 3,610.77	\$ 8,263.65	\$ 5,564.76	\$ 241.43	\$ 760.69	\$ 20,774.21	30.89%	101
4	* EARLY INTERVENTION SERVICES	\$ 375,624.00	\$ 24,365.38	\$ 22,095.51	\$ 20,256.29	\$ 39,551.31	\$ 23,719.07	\$ 17,749.31	\$ 147,736.87	39.33%	321
6	* HOME HEALTH CARE SERVICES	\$ 11,844.00	\$ 807.05	\$ 807.05	\$ 803.54	\$ 803.54	\$ -	\$ -	\$ 3,221.18	27.20%	18
13	* HOME/COMMUNITY BASED HEALTH CARE	\$ 43,992.00	\$ 3,298.97	\$ 3,210.22	\$ 3,293.22	\$ 2,891.98	\$ -	\$ -	\$ 12,694.39	28.86%	18
	SUPPORT SERVICES TOTAL	\$ 821,465.00	\$ 52,297.18	\$ 39,981.15	\$ 65,403.74	\$ 65,919.86	\$ 60,273.49	\$ 15,622.57	\$ 299,497.99		
8	* MEDICAL TRANSPORTATION	\$ 91,368.00	\$ 5,911.66	\$ 4,093.29	\$ 6,076.50	\$ 4,239.37	\$ 7,486.96	\$ 993.11	\$ 28,800.89	31.52%	580
12	* EMERGENCY FINANCIAL ASSISTANCE	\$ 12,266.00	\$ -	\$ 52.21	\$ -	\$ -	\$ -	\$ -	\$ 52.21	0.43%	1
5	* NON-MEDICAL CASE MANAGEMENT SERVICES	\$ 375,624.00	\$ 24,621.33	\$ 24,911.57	\$ 38,696.63	\$ 32,089.08	\$ 30,428.36	\$ 6,968.70	\$ 157,715.67	41.99%	885
10	* PSYCHOSOCIAL SUPPORT	\$ 62,181.00	\$ 4,010.57	\$ 550.04	\$ 3,661.02	\$ 14,038.13	\$ 4,612.16	\$ 1,205.70	\$ 28,077.62	45.15%	99
14	* FOOD BANK/HOME DELIVERED MEALS	\$ 83,331.00	\$ 6,564.02	\$ 3,441.15	\$ 9,266.22	\$ 7,880.20	\$ 6,503.73	\$ 6,455.06	\$ 40,110.38	48.13%	262
11	* OTHER PROFESSIONAL SERVICES	\$ 196,695.00	\$ 11,189.60	\$ 6,932.89	\$ 7,703.37	\$ 7,673.08	\$ 11,242.28	\$ -	\$ 44,741.22	22.75%	78
	TOTAL	\$ 4,229,996.00	\$ 294,968.09	\$ 247,369.06	\$ 294,601.57	\$ 470,967.18	\$ 199,089.05	\$ 95,427.09	\$ 1,602,422.04	37.88%	2694

	Total Award	YTD Exp	% Exp	Award % Split	YTP Exp % Split	YTP Exp % Split
Core Services	\$ 3,408,531.00	\$ 1,302,924.05	38.23%	80.58%	81.31%	81.31%
Support Services	\$ 821,465.00	\$ 299,497.99	36.46%	19.42%	18.69%	18.69%
Total Award	\$ 4,229,996.00	\$ 1,602,422.04	37.88%			

- There are 2 categories over target – Psychosocial support and Food Bank.
- The expenditure split is 81.31% core and 18.69% support.
- Why are Home Health Care and Home/Community Based Health Care under spent? Anastassia – this is due to missing invoices.

New/Old Business

A. Assessment of the Efficiency of the Administrative Mechanism Wrap Up

- Cuyahoga County Board of Health has a fiscal agent – Cuyahoga County. Once it goes to the County, it is no longer in our control.
- In the past, subrecipients were able to wait until their full award contract to submit invoices for the year. Beginning last year, the recipient has been requiring subrecipients to submit invoices when they receive their partial award. This cuts down on the amount of invoices being received all at once.
- The grant supervisor began to meet with the account clerk within the past year.
- Beginning with the new supervisor this year, there will be a programmatic review of the budget before sending it to accounting. They have also created a budget tracker.
- Julie – is the budget tracker for each subrecipient? Anastassia – it’s a tracker for our internal budget process for each subrecipient so that we stay organized.
- Anastassia – Some new ideas we were brainstorming include:
 - 1. asking the County for their input.
 - 2. The County closes the books in the winter months, so everything submitted after December 1st is not processed until they open the books. This is out of our control, but we can be more intentional about reminding subrecipients of these dates.
 - 3. Internally at CCBH, we have a system of tracking the average invoice payment processing time. The fiscal department tracks this data. The questions is, can we have the metrics throughout the program year, perhaps quarterly, rather than once per year?
- Zach – Legislation for the 30-day invoicing timeline has been around forever. We rely on the County for distributing the checks, so we can refine our internal process as much as possible to minimize the amount of time that the invoices are in house here at CCBH, but the part of the process that we don’t own is sometimes the most lengthy.

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- Xiomara – I like the approach of looking at what you can control, because some of it is out of your hands. My question is for organizations that are not submitting their invoice on time, are you tracking that on your end? Do you have a process in place for when organizations are consecutively submitting their invoices late?
- Zach – It is something that can turn into a finding during our annual monitoring site visit if it is repeatedly missed. For this year, with the transition of requiring our subrecipients to build partial budgets and submit partial invoices, that is a complexity that has been added to the process. It has been causing some changes at the fiscal level for our subrecipients as well as our internal fiscal level. It is asking for more administrative work from our subrecipients. When I talk about the administrative burden of these partial awards, this is where it hits home. In the past, we have had folks not meeting deadlines and we have required corrective action in those instances. We are also working internally with our fiscal department to determine what documentation is needed for invoicing.
- Billy – When you say it goes to the County, is that the County Council or another entity? Zach – it's the County Fiscal Department. They are trying to figure out how to modernize their payment systems and move to direct deposit instead of paper checks.

Motion to move forward the Assessment of the Efficiency of the Administrative Mechanism to Executive Committee.

Motion made by Billy Gayheart, seconded by Kimberlin Dennis

Is there any discussion or objections? None.

The motion passes.

B. Deep Dive: Identifying Service Categories to be preserved and categories that could be reduced or defunded if funding is reduced

- At PSRA in June, we decided that if there is a 15% decrease in funding, we want to revisit how funding is allocated across the service categories rather than decreasing funding evenly across all categories.
- Julie – We still have to be mindful of the expenditure split. If we wanted to move a lot of money from core services into support services, we need to keep the 75% core/ 25% support split.
- This committee makes a recommendation. Then it goes to executive committee, then full planning council.
- Is there an amount small enough where the administrative burden of the grant wouldn't be worth it for an agency? Anastassia – In my previous roles, I experienced that issue. At a certain point, the administrative burden is just too high to accept a small award.
- Zach – If we're looking at a decrease, our main goal is to keep people alive and healthy. Right now we have the opportunity to address that person's whole health and HRSA kind of does the legwork in dividing the services into core medical and support. At the end of the day, we want to make sure people are alive and they have medications and they're well – can they live without psychosocial support groups or something like that? This is another way to think about it. What categories do we feel absolutely must stay in Cleveland?

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	<ul style="list-style-type: none"> • Lj – Instead of removing funding from categories, other planning councils have changed eligibility for certain categories. Naimah – Was that like when Part B went from a certain poverty level and then some people weren't eligible because they were over 300% poverty level? Is that what you're talking about maybe changing eligibility? Lj – That is what this other planning council did so they could maintain some services for certain things. I imagine that would require some sort of additional administrative burden. Naimah – I would rather see that than see a whole category go away. For example, if there was a different requirement for support services vs core services. • Xiomara – Which category has specific gaps, which category has less resources or too many resources? Can we consolidate that? Medical Case Management is a huge need and there's not a lot of options out there. If you look at other categories, it's hard to choose what's more important than another. • Lj – As an exercise, what if there was a 50% cut? How would you add more money to primary medical care? Naimah – I would take money from Food Bank/ Home Delivered Meals because there are other resources in the community. We would have to have a toolbox of other places that people could go that provide the same service. Lj – where else? Naimah – Psychosocial support. Julie – Looking at deliverable based categories, like medical transportation. • Lj – Taking from support services seems a little bit easier than taking from core services. It is interesting that the categories that are lowest priority – Home Health Care, Medical Nutrition Therapy, Home Community Based Health Services - are not the categories that people want to take funding from in this scenario. • Xiomara – Home Health Care served 25 clients and Home/ Community Based served 24 clients last year. Naimah – we know that people are getting older with HIV, so the need for this category may increase. What are the other payers for these categories? Does insurance cover nutrition? • Zach – There's no easy way to have this discussion. Just looking at client counts, just keep in mind that some of the lower categories, the value of the care for those individuals could trump the numbers in another category. For example, the home health care for somebody that's disabled with HIV that can't get out of their house is invaluable, whereas medical transportation could just give you free parking at a parking garage for somebody that's able to go and access care. The lower client numbers may be the most vulnerable folks that we serve.
Parking Lot	None
Announcements	<p>Kimberlin – Ministry of Hope is having a Lunch & Learn at the Harvard Community Center on October for HIV positive women.</p> <p>Naimah – November 18th there will be a webinar continuing the conversation about aging with HIV. The flyer will be out soon.</p> <p>Lj – HRSA is hosting a community engagement listening session on October 8 for PC chairs and members focused on engaging those with HIV who are out of care.</p>
Adjournment	Meeting was adjourned by Julie Patterson at 3:33 pm
<p align="center">Reminder: Check your Email or the Website for Minutes and Agendas Visit the Ryan White HIV/AIDS Homepage at: www.ccbh.net/ryan-white</p>	

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Next Meeting: November 5, 2025 2:00 – 3:30 PM