

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, April 1, 2026 – 2:00 - 3:30 pm

S&F Committee Members		Planning Council Members	Community Attendees	Presenter(s)
1. Julie Patterson, Chair		P	Naimah O’Neal	Kenyetta Cloud*
2. Kimberlin Dennis		P	Tony Elmore	Andrea Oliver
3. Tiffany Greene		P	Billy Gayheart	Dr. Luther Walls
4. Xiomara Merced		P	Lisa Navracruz	Anita Crews
5. Anthony Thomas		A	Lorsonja Moore	Kent Cicerchi*
6. Leshia Yarbrough-Franklin		P	LeAnder Lovett	
7. Talib Mahdi		P	Deairius Houston	
8. Chris Krueger*		P	Christy Nicholls	
Total of in attendance		P = Present A = Absent O (Other) = Phone *Non-Member Volunteer or Pending PC Member		
Call to Order		Julie Patterson called the meeting to order at 2:02 pm.		
Moment of Silence		In remembering all those past, present, and future in the fight against HIV/AIDS.		
Quorum Determination		7 of 8 S&F committee members present - quorum of 4 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; Talib Mahdi – NLURC; Lisa Navracruz – Neighborhood Family Practice; Chris Krueger – AIDS Taskforce; Lorsonja Moore – DSAS; Deairius Houston - UH</i>		
Approval of Agenda		S&F Committee reviewed and approved the agenda for April 1, 2026. Motion made by Xiomara Merced, seconded by Talib Mahdi In favor: all; Opposed: 0; Abstained: none		
Approval of Minutes		S&F Committee reviewed and approved the minutes from March 4, 2026. Motion made by Talib Mahdi, seconded by Tony Elmore In favor: all; Opposed: 0; Abstained: Chris Krueger, Lorsonja Moore, Christy Nicholls, LeAnder Lovett		
Recipient Report		Anastassia Idov:		

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Priority		Category	Target	October	November	December	January	February	YTD	%	2/28/2026
			100%	66.67%	75%	83.33%	91.67%	100%			CAREWare
		CORE SERVICES TOTAL	\$ 3,453,501.00	\$ 316,258.41	\$ 259,733.37	\$ 209,248.65	\$ 219,261.55	\$ 191,020.27	\$ 3,289,273.26		
2	*	OUTPATIENT/AMBULATORY HEALTH SERVICES	\$ 1,190,747.00	\$ 103,079.11	\$ 89,314.04	\$ 92,402.31	\$ 80,659.04	\$ 66,215.64	\$ 1,120,607.84	94.11%	2249
1	*	MEDICAL CASE MANAGEMENT	\$ 1,149,059.00	\$ 119,305.14	\$ 88,464.51	\$ 45,927.58	\$ 65,985.83	\$ 62,800.09	\$ 1,138,119.03	99.05%	951
3		ORAL HEALTH CARE	\$ 235,342.00	\$ 21,111.76	\$ 19,418.00	\$ 14,398.04	\$ 4,721.00	\$ 14,255.61	\$ 226,642.04	96.30%	297
7	*	MENTAL HEALTH SERVICES	\$ 361,267.00	\$ 30,471.13	\$ 26,567.37	\$ 25,287.90	\$ 33,810.00	\$ 21,452.55	\$ 337,840.37	93.52%	583
9	*	MEDICAL NUTRITION THERAPY	\$ 72,876.00	\$ 7,559.24	\$ 5,607.66	\$ 4,827.68	\$ 696.30	\$ 560.35	\$ 55,972.10	76.80%	151
4	*	EARLY INTERVENTION SERVICES	\$ 373,374.00	\$ 28,038.38	\$ 23,739.19	\$ 23,656.59	\$ 33,305.22	\$ 25,736.03	\$ 339,255.88	90.86%	630
6	*	HOME HEALTH CARE SERVICES	\$ 14,844.00	\$ 1,403.75	\$ 1,403.67	\$ 1,408.24	\$ 84.16	\$ -	\$ 14,844.00	100.00%	21
13	*	HOME/COMMUNITY BASED HEALTH CARE	\$ 55,992.00	\$ 5,289.90	\$ 5,218.93	\$ 1,340.31	\$ -	\$ -	\$ 55,992.00	100.00%	21
		SUPPORT SERVICES TOTAL	\$ 776,495.00	\$ 63,545.01	\$ 61,340.57	\$ 53,565.69	\$ 59,491.49	\$ 69,836.15	\$ 743,141.74		
8		MEDICAL TRANSPORTATION	\$ 91,293.00	\$ 9,521.22	\$ 4,897.17	\$ 8,454.09	\$ 5,899.60	\$ 2,549.28	\$ 71,643.29	78.48%	795
12		EMERGENCY FINANCIAL ASSISTANCE	\$ 11,266.00	\$ -	\$ -	\$ 320.32	\$ -	\$ -	\$ 1,297.53	11.52%	3
5	*	NON-MEDICAL CASE MANAGEMENT SERVICES	\$ 374,224.00	\$ 30,428.28	\$ 26,387.49	\$ 20,491.20	\$ 24,871.95	\$ 27,327.28	\$ 360,033.67	96.21%	1370
10	*	PSYCHOSOCIAL SUPPORT	\$ 64,781.00	\$ 4,366.58	\$ 4,579.11	\$ 3,111.46	\$ 9,605.39	\$ 7,198.50	\$ 70,299.40	108.52%	134
14		FOOD BANK/HOME DELIVERED MEALS	\$ 83,331.00	\$ 5,235.79	\$ 5,399.77	\$ 7,049.03	\$ 6,840.88	\$ 18,258.45	\$ 88,267.85	105.92%	358
11	*	OTHER PROFESSIONAL SERVICES	\$ 151,600.00	\$ 13,993.14	\$ 20,077.03	\$ 14,139.59	\$ 12,273.67	\$ 14,502.64	\$ 151,600.00	100.00%	122
		TOTAL	\$ 4,229,996.00	\$ 379,803.42	\$ 321,073.94	\$ 262,814.34	\$ 278,753.04	\$ 260,856.42	\$ 4,032,415.00	95.33%	3231

	Total Award	YTD Exp	% Exp	Award % Split	YTP Exp % Split
Core Services	\$ 3,453,501.00	\$ 3,289,273.26	95.24%	81.64%	81.57%
Support Services	\$ 776,495.00	\$ 743,141.74	95.70%	18.36%	18.43%
Total Award	\$ 4,229,996.00	\$ 4,032,415.00	95.33%		

OVERUTILIZED ON TARGET UNDERUTILIZED

- We are looking at the end of the year report. We are currently at 95.33% expended. We are still waiting on one invoice from a hospital system.
- You will notice that Psychosocial Support and Food Bank/ Home Delivered Meals are overspent. This is due to movement of funds during rapid reallocation, which is a process where the subrecipients let us know if they would like to move some unspent funding in one category, to another category. Funds were likely moved into these two categories.
- In terms of the award split, we are at 81.57% core and 18.43% support. We must spend at least 75% of the funds on core services.
- Q: where did the overage come from for Psychosocial support and Food Bank? A: the overage came from the request that we received from our subrecipients during the rapid reallocation process.
- Billy – you’re waiting on invoices? Do you have any anticipation that it will spend the rest of the funds? A: No, we expect to have some carryover. Carryover is the money left at the end of the grant year.
- Talib – Can you explain how much the carryover is? A: Depending on the year, it will be different. Carryover can be up to 5% of the formula award. This year, because we had so many contracts and people were doing their best to plan their expenditures, some of them estimated conservatively. The amount is usually around \$150,000 for carryover.

New/Old Business

a. Begin to prioritize funded categories

- Managing conflict of interest is done to make sure that service priorities and funding allocations are based on community and client needs. You are considered conflicted if: You are an employee, board member, volunteer, or consultant who works at least 20 hours per week for an agency that receives Part A funds.
- 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. People who are conflicted can participate in discussion to offer technical input.
- As part of the PSRA process, we have to rank the service categories, or Priority Setting. Before the June PSRA meeting, this committee leads the priority setting process. The final ranking will be approved by Full PC in June at the PSRA meeting.
- We need to rank both funded and non-funded categories.

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Non-Funded Category Rankings

Housing Services	15
AIDS Drug Assistance Program (ADAP)	16
Health Insurance Premium Cost Sharing Assistance (HIPCSA)	17
Referral for Health Care/Supportive Services	18
Rehabilitation Services	19
Respite Care Services	20
Local AIDS Pharmaceutical Assistance	21
Treatment Adherence Counseling	22
Hospice Services	23
Substance Abuse Treatment - Outpatient Services	24
Substance Abuse Treatment - Residential Services	25
Health Education/Risk Reduction	26
Outreach Services	27
Child Care Services	28
Linguistics Services	29

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- We have kept the same prioritization for the last 2 years for the non-funded category rankings. Part of the reason we did that, is that we don't have the same amount of data on the non-funded categories as we do on the funded categories. We don't ask about the non-funded categories in the survey.

Motion to accept the ranking of Non-Funded categories as shown.

Motion made by Xiomara Merced, seconded by Chris Krueger

Yes: all; No: 0; abstained: none

Part A Services Funded in the TGA

CORE

1. Medical Case Management
2. Outpatient Ambulatory Health Services (OAHS)
3. Mental Health Services
4. Early Intervention/Outreach Services
5. Oral Health Services
6. Home Health Care Services
7. Medical Nutrition Services
8. Home & Community Base Care

SUPPORT

1. Non-Medical Case Management Services
2. Emergency Financial Assistance
3. Medical Transportation Services
4. Food Bank/Home Delivered Meals
5. Psychosocial Support Services
6. Other Professional Services

Within each category (Core and Support), Services are shown in order of their rank, as determined in June of 2025.

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- Today, we are looking at the Support Categories.
- Payer of Last Resort – other funding sources must be exhausted before using Ryan White funds.
- Criteria for ranking – the higher the score, the higher the priority

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- Payer of Last Resort: Are there any other funding sources that provide the same or any equivalent service to Ryan White eligible PLWH? 8 = no other source; 5 = few other sources; 3 = sufficient sources; 1 = numerous sources
 - Access/ Maintenance in Care: Does this service provide access to care or maintenance in primary medical care? 8 = fully promotes access & maintenance in care; 5 = mostly; 3 = somewhat; 1 = does not
 - Specific Gaps/ Emerging Needs: to what extent do Part A services address a specific service gap or service need? Does this service address a newly identified or projected future need? 8 = highest need or gap; 5 = moderate need or gap; 3 = low need or gap; 1 = no need or gap
 - Consumer Priority: Has the category been specifically identified as a priority by PLWHA through needs assessment data and/or other data as important and/or in need of additional funding? 8 = highest priority; 5 = priority; 3 = somewhat a priority; 1 = not a priority
- Scoring System – each criteria is weighted. Payer of last resort = 15%; Access to care = 35%; Special gap/ needs = 25%; Consumer Priority = 25%
- **Non-Medical Case Management**
 - In our TGA, we primarily use this for housing case managers and benefit coordinators. There are 3 Part A funded service providers for NMCM.
 - Payer of last resort: other funders include Part B, C, D; AIDS Funding Collaborative; HOPWA. However, funders may be limited to Cuyahoga County. Score = 5
 - Access to Care: score = 8
 - Specific gaps/ needs: score = 8
 - Consumer Priority: score = 5
- **Emergency Financial Assistance**
 - In our TGA, it only covers short-term prescriptions and eyeglasses
 - There are 5 Ryan White Part A providers of EFA
 - Payer of last resort: other funders offer EFA, but not for the same items as Part A. Score = 5
 - Access to Care: score = 8
 - Specific Gaps/ Needs: Changes to Medicaid and SNAP will likely create a need for medication. Providers have other resources for getting medications for patients. Score = 5
 - Consumer Priority: score = 8
- **Medical Transportation**
 - There are 10 Part A providers of MT in our TGA, mostly in Cuyahoga County.
 - Payer of Last Resort: score = 1
 - Access to Care: score = 8
 - Specific gaps/ need: score = 8
 - Consumer Priority: score = 8
- **Food Bank/ Home Delivered Meals**
 - There are 2 Part A providers of FB/HDM in our TGA.
 - Payer of last resort: score = 1
 - Access to Care: score = 5

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	b. Resource Allocation workgroup meeting is April 14, 2026 from 12:30 to 2:00 pm. This is a workgroup to help shape funding recommendations by reviewing data and identifying service categories for deeper discussion during the June PSRA meeting.
Parking Lot	
Announcements	Lj – If you have not already registered for the April 29 th event, please RSVP. Julie – AIDS Funding Collaborative community briefing is on Tuesday, April 28 th at The Centers
Adjournment	Meeting was adjourned by Julie Patterson at 3:33 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 Next Meeting: May 6, 2026 2:00 – 3:30 PM	