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Sent: Tuesday, December 3, 2019 6:04 PM
To: mgordon@city.cleveland.oh.us; Walker Minor, Natoya <NWalker@city.cleveland.oh.us>; Sosiak, Persis <PSosiak@city.cleveland.oh.us>
Cc: Acton, Amy <Amy.Acton@odh.ohio.gov>; Kennedy, Russ <Russ.Kennedy@odh.ohio.gov>; Hurst, Mark <Mark.Hurst@odh.ohio.gov>
Subject: CDPH - HIV/STD decision rationale

Merle, Natoya, and Persis,

I am writing to follow up on your request during the Thanksgiving holiday week for a written explanation as to why Cleveland Department of Public Health (CDPH) was not awarded the HIV/STI grant for the next budget period beginning January 1, 2020. As ODH worked closely with CDPH and provided extensive technical assistance throughout the year, it is regrettable that CDPH was unable to provide minimum essential services to the high risk population in the northeast region.

ODH fiscal and program staff talked with CDPH leadership on November 22, 2019 to explain the reasons CDPH was not being funded. During that telephone call, ODH shared that your grant application did not achieve the combined/average score of 70% to be eligible for funding and that CDPH did not satisfy the Plan of Correction (POC) that it was placed on in February, 2019. The grant scoring sheets were also provided for your review after the call.

In addition, and at CDPH's request, numerous ODH staff, including Director Acton, met with you on November 26, 2019 in Columbus for over two hours to discuss CDPH's previous performance and ODH's rationale for not continuing to fund CDPH for this important program. We agreed during that meeting that efficient and effective delivery of services to at-risk populations was our shared priority. At the conclusion of that meeting, we discussed extending the grant period for one month to allow for continuity of services and a smooth transition to a new grant recipient. The next day, on November 27th, ODH emailed CDPH with the process for the grant extension and details for the required budget revision.

ODH based its decision on the following facts and performance data:

- CDPH's grant application did not achieve the combined/average score of 70% to be eligible for funding, based on three independent scorers. The average score of the three reviewers was 54%, well below the minimum expectation.
- The Plan of Correction had several areas that also fell below minimum expectations: Contracting, Staff Vacancies, DIS Performance Measures, HIV Performance Measures, and Data Reporting.
 - Contracts were eventually all executed, but some were not in place by the deadline. Contracting delays have been pervasive and often lead to lapsed funding.
- DIS vacancies are now filled but were not filled by the deadline designated in the POC. A critical vacancy that remains is the Program Manager.
- DIS Performance Measures have consistently been lower than the standard.
 - In 2019 CDPH did not meet 6 of the 9 STD related performance measures.
 - CDPH has failed to meet the most important measures consistently since 2015, these include following missed measures that are the cornerstone of DIS work:

- All syphilis cases are interviewed within 14 calendar days from the date of field record assignment;
 - Syphilis records under the age of 10 years old will be dispositioned within 7 calendar days from the date of field record assignment; and,
 - Partner index for HIV; and partner index for Syphilis.
- HIV Performance Measures are also lower than standard.
- One of the most important measures for DIS work has been consistently missed over these years.
 - Newly diagnosed persons are interviewed for partner services within 30 days of the confirmed HIV-positive test date.
- CDPH's HIV positivity rate is below the 1% CDC standard (in 2018 - .29%).
- CDPH was also expected to shift testing to those in highest risk categories.
 - By June 30, 2019, 40% of tests should include MSM. Due to incomplete data reporting, it was difficult to ascertain this outcome.
 - In 2018, only 12.4% of tests were being provided to MSM, and 73.18% were being provided to Heterosexuals.
- HIV Prevention Data Reporting has been deficient.
 - Program reporting (Opiscans) were incomplete or of low quality to accurately calculate program performance.

As we indicated during the meeting on November 26th, ODH values our partnership and looks forward to working with CDPH on our shared public health priorities. However, as we have discussed and noted above, ODH is unable to continue to fund CDPH for this specific grant program.

If you have any questions during this transition, please do not hesitate to contact Laurie Rickert at (614) 466-1411 or Jennifer McCauley at (614) 728-7402.

Sincerely,

Lance D. Himes

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