



MEETING AGENDA - Thursday, June 23, 2022

Meeting Focus

- Learn about how the Part A full award was implemented
- NRAC will ask for a Resource Allocation vote
- Find out how the RWSD will respond to the AAM Recommendations
- Hear about MNC and Consumer Committee's Year End Reports
- Vote for your next Chair Elect

Agenda Topic	Time Frame
1. Welcome and Introductions <i>Kathy Lituri, Chair</i>	4:00pm – 4:05pm
2. Review and Approve June 9, 2022 Meeting Minutes <i>Kathy Lituri, Chair</i>	4:05pm – 4:08pm
3. Agency Reports <i>Office of Medicaid; NHDHHS; MDPH; Mayor's Office; BPHC</i>	4:08pm – 4:15pm
4. FY22 Part A Award Implementation <i>Eileen Merisola, RWSD</i>	4:15pm – 4:30pm
5. Assessment of Administrative Mechanism- RWSD Response <i>Eileen Merisola, RWSD</i>	4:30pm – 4:50pm
6. FY23 Resource Allocation- VOTE <i>Richard Swanson</i>	4:50pm – 4:55pm
7. Needs Assessment Intern Report <i>Clark Azubuikie</i>	4:55pm – 5:05pm
8. MNC Year End Presentation <i>Kathy Lituri</i>	5:05pm – 5:25pm
9. Consumer Committee Year End Presentation <i>Darren Sack</i>	5:25pm – 5:45pm
10. Chair-Elect Elections <i>Lianne Hope, PCS</i>	5:45pm – 5:55pm
11. Announcements and Adjourn <i>Kathy Lituri, Chair</i>	5:55pm – 6:00pm



Planning Council Meeting
Thursday, June 23rd, 2022
Zoom
4:00 - 6:00pm

Summary of Attendance

Members Present

Kathy Lituri
Ayla Baraka
Stephen Batchelder
Patrick Baum
Joey Carlesimo
Stephen Corbett
Robert Giannasca
Brian Holliday
Lorraine Jones
Eileen Merisola
Alison Kirchgasser
Wendy LeBlanc
Kathy Lituri
Keith Nolan
Ericka Olivera
Tim Mercier
Mahara Pinheiro
Darren Sack
Margaret Lombe
Cindi Bell
Tim Young
Barry Callis
Michael Swaney
Manuel Pires
Amanda Hart
Serena Rajabiun
Richard Swanson
Melissa Hector
Catherine Weerts
Tad Bailey
Lea Nelligan

Damon Gaines
Justin Alves
Darian Hendricks
Lorraine Jones

Members Excused

Ericka Olivera

Members Absent

Bryan Thomas
Lamar Brown-Noguera
Keith Nolan
Manuel Pires

Staff

Claudia Cavanaugh
Lianne Hope
Celicia Boykin
Clark Azubuike
Melanie Lopez
Tatiana Ramos
Travis Barnhart

Guests:

Vicki lee
Celicia Boykin
Clark Azubuike
Melanie Lopez
Tatiana Ramos
Travis Barnhart

Topic A: Welcome and Introductions

Meeting called to order by Kathy Lituri, Chair. A moment of silence was observed to honor those infected with and affected by HIV/AIDS. Kathy reviewed the Council's ground rules & the agenda.

Topic B: Review Meeting Minutes

June 9, 2022 minutes were reviewed.

Motion to Approve: Brian Thomas

Second: Richard Swanson

84% approved

16% abstained

Result: The minutes were approved.

Topic C: Agency Updates and Committee Reports

MA Department of Public Health, Office of HIV/AIDS (Barry Callis)- We do have our JSI integrated care team colleagues with us today. They're looking to schedule 2 input session with this body, one in July and one in August. They are proposing to go with the usual 2nd Thursday, 4-6pm. They will work with pcs to schedule this meeting and send out calendar invites. JSI folks are on the call and will circle back with pcs to schedule official meeting invites.

NH Department of Health and Human Services, NH Care Program (Cindi Bell)- Cindi's report was shown. Cindi explained the update on Medicaid – New Hampshire is currently under a Public Health Incident Declaration which will remain in effect until June 30th, 2022. HHS has renewed the PHE declaration in 90-day increments, the maximum period permitted under federal law. It is unclear whether another extension will be issued (although we expect so). Clients are encouraged to be proactive and complete redetermination for benefits now to avoid a gap in your medical coverage.

Topic D: FY 22 Implementation of Award

Eileen presented the FY22 Implementation of Award

- ❖ Full award was received
- ❖ Ideal award timeline: Federal budget, full award, Part A fiscal year
- ❖ Actual award timeline: Federal budget in continuing resolution, partial BPHC award, partial/capped subrecipient awards, federal budget approved, full BPHC and subrecipient awards
- ❖ January 2022: received partial awards for 5M. Period of March 1-May 31. Spending cap of 33%.
- ❖ June 2022: received full award for 15.2M. Period of March 1-February 28. No spending cap.
- ❖ What changed with HRSA award?

- Full FY full award is \$15,208,505 with a total of approximately 1.7% or \$254,357 in increased funding.
- Increase in MAI for FY 2022 of \$39,355. FY 2021 MAI had been decreased.
- ❖ Approach to Changes
 - Did not reduce any agency awards
 - Used FY 22 Level Funding and FY 22 \$500k increase scenarios to guide allocations
 - Completed process based on Planning Council's prioritization of services
- ❖ Eileen showed excel spreadsheet and gave breakdown of allocations

Questions/Comments:

- ❖ No questions

Topic E: RWSD Response to the 2020-2021 Assessment of Administrative Mechanism (AAM)

Eileen presented the AAM Response.

- ❖ Response to Recommendation 1:
 - There is no set timeline HRSA gives RWSD partial and full award. In FY 2023, RWSD will provide formal written communication to subrecipients ahead of 3/1/2023 with this information. The FY 2022 NOFO provided RWSD with a 3-year grant for the first time. We will work with our Project Officer to determine how HRSA funding notifications will change in FY 2023.
- ❖ Response to Recommendation 2:
 - Invoices: Due dates are in the Provider Manual and BPHC payment terms for all complete and accurate invoices is Net 30 days from the invoice date.
 - Contracts: The contracting process timeline is not in RWSD or IDB's control but we are requesting support from BPHC to pilot 2 key organizational change including the integration of electronic living wage forms and the use and expansion of existing software to store and update vendor profiles.
 - Budget Revisions: There is a Standard Operating with timeline for review and approvals from the contract management team. RWSD will work with IDB Fiscal to create a reasonable timeline for the final processing and communicate delays immediately.
- ❖ Response to Recommendations 3&6:
 - These systems are not in place at BPHC. With the limited budget that RWSD operates on, the funds to develop the systems are not available. Due dates are in the Provider Manual, reviewed in Provider meeting, and communicated during monthly monitoring calls. For FY 22 RWSD will be sending letters for overdue invoices and data.
- ❖ Response to Recommendation 4:
 - Service Standards and Provider Manual are sent directly to the subrecipient staff who participate in monthly monitoring calls. Both are posted on the RWSD page on the BPHC website. RWSD will update the Provider Manual SOP to include a timeline to post on e2Boston.

- ❖ Response to Recommendation 5:
 - There is a hiring and retention plan in place but Boston residency requirement is a big barrier to hiring that RWSD does not have the ability to change. New staff training materials and plans are in place and required for new hires. Part of the onboarding is to review monitoring call notes and scopes and service to get an understanding of the organization.
- ❖ Response to Recommendation 7:
 - Why a partial award is being given is noted in the partial award letters and monthly calls. RWSD will include the recommended one-pager as part of this communication to further explain.
- ❖ Response to recommendation 8:
 - Subrecipients should have internal training plans on Part A services. There are the Part A funded Psychosocial Services and Case Management Training Programs, and office hours with the CQM team.
 - RWSD is currently developing a recorded training on e2Boston basics as well as training resource guide. This guide will provide Part A funded staff with resources on topics such as HIV Basics, Health Equity, and Trauma Informed Care.

Questions/Comments:

- ❖ Nice presentation, thank you Eileen.
- ❖ No questions.

Topic F: Fy23 Funding Scenarios Vote (NRAC)

Richard presented on the FY23 Funding Scenarios and conducted votes.

Overview - Council members will vote on the following:

- ❖ FY21 Actual Unexpended funds
- ❖ FY22 Estimated Unexpended funds
- ❖ FY23 Funding Scenarios (including MAI)
- ❖ Additional Guidance to BPHC

Vote – Recommendations #1

FY21 Actual Unexpended Funds Recommendation

- NRAC Recommendations: Allocate 20% of FY21 Unexpended funds to ADAP, 20% to Medical Nutrition Therapy, 30% to Food Bank/Home Delivered Meals, and 30% to Emergency Financial Assistance.

Motion: Tad Bailey

Second: Bryan Thomas

Motion Passed: 89% approved, 4% abstained

Vote – Recommendation #2

FY22 Estimated Unexpended Funds Recommendations

- Allocated 20% of FY22 Unexpended funds to ADAP, 20% to Medical Nutrition Therapy, 30% to Food Bank/Home delivered meals, and 30% to Emergency Financial Assistance

Motion: Bryan Thomas

Second: Tad Bailey

Motion Passed: 92% approved

Vote – Recommendation #3

FY23 Funding Scenarios

- ❖ Level Funding Scenario - Keep allocations the same, no adjustment
- ❖ \$500,000 decrease below level funding – proportionally decrease all service categories. Take additional 20k from Health Education and Risk Reduction, additional 20k from Other Professional Services (OPS), and put that money back into Medical Case Management
- ❖ \$500,000 increase above level funding – Proportional increase above 6 categories, including: Medical Case Management, Housing, Non-Medical Case Management, EFA, Food Bank/Home Delivered Meals, and Medical Nutrition Therapy
- ❖ Over \$500,000 decrease below or increase above level funding – Proportionally increase or decrease
- ❖ Minority AIDS Initiative (MAI) Funds – The Planning Council votes to adopt the package of FY23 funding scenarios and MAI recommendations as presented to the Council on June 9, 2022

Motion: Stephen Batchelder

Second: Patrick Baum

Motion Passed: 96% Approval, 1 Abstention

Vote – Recommendation #4

Additional Guidance to BPHC

Recommendation:

- To allow BPHC the flexibility to adjust category funding allocations based on emerging needs and the changing environment by up to 25% above or below the levels for each service category, **with the exception of categories funded at less than \$500,000 are given up to 50% leeway as established in the FY23 Funding Scenario recommendations.**

Motion: Richard Swanson

Second: Bryan Thomas

Motion Passed: 96% Approval, 1 Abstention

Topic G: Needs Assessment Update

Clark Azubuike, Needs Assessment Intern, gave an update on the Needs Assessment.

- ❖ RWPC is conducting a needs assessment study of PLWH
 - of the study is to determine the barriers to accessing care, treatment and medication adherence
 - The pandemic brought important changes to how services were accessed and delivered over the last two years
 - This year's survey takes these new changes into cognizance and assesses their perceived benefits
 - These include the greater adoption of telehealth and virtual health services for treatment
- ❖ Study design: mixed method study using both qualitative and quantitative methods to assess services and care needs in the Boston EMA
 - This is geared towards gaining the perspectives of consumers, case managers, primary care providers and organizations providing care for PLWH
 - Surveys designed and emailed to 95 organizations in the Boston EMA to engage with consumers
 - Survey translated into Spanish to gain a wider reach. Weekly email reminders sent to the organizations with electronic and printed survey options
- ❖ As of 6/22/22 – 31 responses received
 - Hosted 5 focus group discussions with the consumers, 4 in English, 1 in Spanish
 - 4 virtual, 1 in person

- ❖ Clark will continue to collect data and analyze them using statistical software (R for the quantitative survey and Nvivo for the qualitative data). Final report will be available October 2022.

Questions/Comments:

- ❖ How many surveys were sent out?
 - CA: I've been emailing the agencies every Monday and Wednesday. I email the survey to the 95 agencies that I compiled a list of
- ❖ When its sent to the organization, is it sent to just one person?
 - CA: Yes, I send it to one person in the organization, but I've gotten some emails from other people and project managers at the organizations.
- ❖ It seems there would be a lot more applications received than 31.
 - RS: It was a tough year. We had to rebuild some things and then to get our focus groups, we were a little behind. Part of our goal was to put everything in place so it could be a project that we got started, and could be continued. Getting attendance to these virtually was definitely a challenge.
- ❖ I want to echo what RS said. This has been a challenge, and it will be an ongoing effort. We were definitely a bit behind where we wanted to be. I have to give credit to the ad hoc committee because they pulled it together quickly. Between remote and everything else, it has been a different year.
- ❖ Thanks, Clark, for your work this year! Do you know if the responses are coming from certain organizations? I'm wondering if we can work on a more targeted plan.
 - CA: From the back end of the survey monkey, it's hard to tell where it's coming from exactly. We do have the information geographically.
 - LH: In my experience, it's difficult getting people to fill out online surveys. Something we did in Oakland was to actually go to the agencies. You go in person and hand people the paper surveys. That's something I think we can think about as we move forward.
- ❖ To what extent can this information be used for the JSI Integrated Plan? Can they inform or overlap with each other?
 - DS: That's an excellent point. As we start doing the collaboration with Barry and JSI that will absolutely be shared.
- ❖ It seems a lot of organizations are short-staffed. People are overwhelmed with the case load they have. For some people, it may not be a priority right now.
 - RS: We've been trying to achieve a statistically-sound sample. The goal is create some sort of database. We'd like to get 310, but 31 (responses) is getting us closer and closer.
- ❖ People I talk to are saying they are drowning at work. With Covid, I think we should be grateful for the 31 responses.
- ❖ In NH, we were about a year behind in our 2020 needs assessment, which is a similar process. We weren't even able to do focus groups. As a point of encouragement, you have to be flexible and accept that it's going to be a different type of process than you were accepting.
- ❖ Are we incentivizing people?
 - LH: We incentivized the focus group participants. For the surveys we are not.

Topic H: Membership and Nominations Committee Year End Report

Michael Swaney presented the MNC Year End Report.

- ❖ Reviewed committee report

- ❖ Leadership: Michael Swaney, Chair, and Richard Swanson, Vice-Chair
- ❖ MNC is tasked with member updates and 1:1 support. There are also mentor liaisons.
- ❖ Recruitment and outreach events included the Bayard Rustin Breakfast, provider training, statewide consumer advisory group meeting, MIPPC, Boston Living Center lunches, HIV community health and wellness fair, and the end of year social.
- ❖ Nominations Committee will have last meeting (Nominations meeting), where incumbent and new applications are reviewed. The committee will review incumbent attendance and contributions, as well as the experiences of new applicants and general reflectiveness of the council

Recommendations for the 2022-2023 MNC:

- MNC should remain fully virtual in 2022-2023
- Reimplement a standardized, electronic exit-interview to send to members who have resigned.
- More outreach in the community, namely in counties where representation is lacking.
- Increase member diversity of MNC. Make effort to include newer PC members.

Recommendations for the 2022-2023 Planning Council:

- Discontinue Learning Circles. Instead, increase use of small group work within meetings. Ensure small groups have pre-assigned a facilitator.
- Mentor Liaisons to continue to provide support for members in SPEC and NRAC

Nominations Update

- ❖ Received 11 new member applications and 15 incumbent applications. Interviews are being conducted this week.
- ❖ Preparing for MNC meeting on June 28th to nominate members
- ❖ There will be a prize for the member/s who recruit the most new members.

Thanks to MNC for a great year!

Questions/Comments:

- ❖ Are electronic exit interviews still occurring? Or if not, what happened to those?
 - There used to be survey monkey a few years ago that went out.

Topic I: Consumer Committee Year End Presentation

Darren Sack presented the Consumer Committee Year End Report.

- ❖ Reviewed Consumer Committee charge.

- ❖ Leadership included Adam Barret, Chair, and Lorraine Jones, Vice-Chair.
- ❖ Reviewed presentations and member spotlights from the year.
- ❖ The Consumer Committee had several accomplishments and activities this year, including Anti-Stigma Campaign Launch, the Someone You Know and Love Team at the Boston AIDS Walk, International Conference of Stigma Art Contest (first prize), the Ryan White National Conference Presentation, and the High School Storytelling Sessions
- ❖ Darren reviewed student evaluations from the High School storytelling sessions.

Consumer Committee Recommendations for 2022-2023:

- Re-examine committee charge and meeting structure
- Continue including guest speakers in meetings and discussing topics of interest.
- Continue social media work within the Anti-Stigma Campaign. Encourage members to make TikTok videos during Consumer Meetings.
- Examine EFA from a Consumer Perspective and the services that are covered within the category.

Recommendations for Planning Council:

- ❖ Increase member representation from counties where we have none, including service providers and community members from those counties

Questions/Comments:

- ❖ I've been given the go-ahead from BU Med Campus to plan an Anti-Stigma campaign event. This could be in the fall – we can show the film and have a panel, and have dental, public health, and medical students.

Topic J: Anti – Stigma Campaign Reflections and Recommendations

Anti-Stigma Campaign intern, Vicki Lee, discussed her internship experience.

- ❖ Outline of tasks/accomplishments:
 - Discussed best practices for a social media strategy, especially for TikTok.
 - Set up TikTok account. Identified potential ideas. Recorded 3 TikToks so far.
 - Assisted with 4 high school HIV storytelling sessions.
 - Created social media communication plan and mock-ups for future reference
- ❖ Vicki showed a TikTok she made of the HIV Storytelling Sessions. Showed examples of how TikToks can be used to educate against HIV stigma. Showed a mock-up infographic showing ways you can reduce HIV stigma.
- ❖ Shared panel lessons learned and takeaways, as well as final thought and recommendations.

Questions/Comments:

- ❖ What were students' views on PrEP/HIV testing?
 - VL: A lot of teenagers are hesitant to talk about sex in front of strangers. We talked about PrEP on two of the panels, and I think students are really interested in learning more about it. There was a disconnect between education and access (how to get PrEP, where to get it, etc.).
- ❖ We were there to show a group of people and show that we are still here living with HIV. I think next steps would be showing where they can get access to resources.
- ❖ LH: The school faculty were so thrilled with the panels, and want to do it every year. If you want to be a part of the panels in the future, give me your name and Heather will do the rest.

Topic H: Planning Council Chair-Elect Nominees

Lianne introduce the Planning Council Chair-Elect Nomination. Lianne gave each of the nominees time to make a statement about why they'd like to be Chair of Planning Council.

Nominees: Darren Sack, Catherine Weerts, Michael Swaney.

Members voted on a Zoom poll for Chair-Elect.

Darren Sack was voted as chair-elect.

Topic I: Announcements & Adjourn

Kathy thanked the Planning Council for her year as Chair, and thanked members who are not returning for serving on Council.

Richard thanked everyone for his last 6 years on Council. He asked PCS to send him calendar invites so he can join a meeting from time to time to visit.

PCS made the following announcements:

- ❖ Community Research Initiative (CRI) changed name to AccessHealth MA
- ❖ Poll: AIDS Walk Boston – October 2nd
 - Results were split, a few more for “yes.” PCS will let Executive Committee make final decision.
- ❖ Poll: If we change the end of year party to July 16th, how many folks would come?
 - Results: Members were fine with either option, July 9th or 16th. Lianne will let PC know final decision.

Questions/Comments:

- ❖ Thank you, Kathy, for all of your hard work this year!
- ❖ Thank you, PCS staff!

- ❖ Thank you for your work as chair-elect, Patrick!
- ❖ If you've moved recently, let PCS know so they have your address for certificates.

Meeting to Adjourn

Motion: Richard Swanson

Second: Patrick Baum

Result: The meeting was adjourned.

FY23 FUNDING SCENARIOS VOTE



NEEDS, RESOURCES
AND ALLOCATIONS
COMMITTEE

JUNE 23, 2022

OVERVIEW

COUNCIL MEMBERS WILL VOTE ON THE FOLLOWING

- × FY21 Actual Unexpended funds
- × FY22 Estimated Unexpended funds
- × FY23 Funding Scenarios (including MAI)
- × Additional Guidance to BPHC

VOTE - RECOMMENDATION #1

FY21 ACTUAL UNEXPENDED FUNDS RECOMMENDATION

NRAC Recommendation:

- Allocate 20% of FY21 Unexpended funds to ADAP, 20% to Medical Nutrition Therapy, 30% to Food Bank/Home delivered meals, and 30% Emergency Financial Assistance.

All in Favor: you support the recommendation |

Opposed: you are against the recommendation

Abstention: you decline to vote

VOTE- RECOMMENDATION #2

FY22 ESTIMATED UNEXPENDED FUNDS RECOMMENDATION

NRAC Recommendation (same as FY21):

- Allocate 20% of FY22 Unexpended funds to ADAP, 20% to Medical Nutrition Therapy, 30% to Food Bank/Home delivered meals, and 30% Emergency Financial Assistance.

All in Favor: you support the recommendation |

Opposed: you are against the recommendation

Abstention: you decline to vote

VOTE - RECOMMENDATION #3

FY23 FUNDING SCENARIOS

- A. Level Funding Scenario
- B. \$500,000 decrease below level funding
- C. \$500,000 increase above level funding
- D. Over \$500,000 decrease below or increase above level funding
- E. Minority AIDS Initiative (MAI) Funds

FY23 Rank	Service Category	Core or Support	FY 2022 Base	FY 2023 \$500k ↓	FY 2023 Level Funding	FY 2023 \$500k ↑
1	AIDS Drug Assistance (ADAP/HDAP)	1	\$151,046	\$145,717	\$151,046	\$151,046
2	Medical Case Management, including Treatment Adherence Services	1	\$4,446,987	\$4,330,086	\$4,446,987	\$4,661,398
3	Housing Services	2	\$1,362,345	\$1,314,278	\$1,362,345	\$1,428,030
4	Non-Medical Case Management Services	2	\$944,196	\$910,882	\$944,196	\$989,720
5	Emergency Financial Assistance	2	\$208,304	\$200,955	\$208,304	\$218,347
6	Food Bank/Home-Delivered Meals	2	\$757,361	\$730,639	\$757,361	\$793,877
7	Psychosocial Support Services	2	\$870,621	\$839,903	\$870,621	\$870,621
9	Oral Health Care	1	\$1,370,653	\$1,322,293	\$1,370,653	\$1,370,653
10	Medical Transportation Services	2	\$221,446	\$213,633	\$221,446	\$221,446
13	Medical Nutrition Therapy	1	\$1,095,506	\$1,056,854	\$1,095,506	\$1,148,326
14	Health Education/Risk Reduction	2	\$342,180	\$310,107	\$342,180	\$342,180
23	Other Professional Services (Legal Services and Permanency Planning Services)	2	\$50,000	\$28,236	\$50,000	\$50,000
	MCM/NMCM Training	1	\$225,000	\$217,061	\$225,000	\$225,000
1	MAI - Case Management, Medical	1	\$442,599	\$442,599	\$442,599	\$442,599
2	MAI - Case Management, Non-Medical	2	\$171,620	\$171,620	\$171,620	\$171,620
3	MAI - Emergency Financial Assistance	2	\$23,810	\$23,810	\$23,810	\$23,810
4	MAI - Psychosocial Support	2	\$153,554	\$153,554	\$153,554	\$153,554
5	MAI - Lingustic Services	2	\$5,000	\$5,000	\$5,000	\$5,000
6	MAI - Other Professional Services (Legal)	2	\$81,293	\$81,293	\$81,293	\$81,293
Direct Service Total			\$12,923,521	\$12,498,521	\$12,923,521	\$13,348,521
<i>Part A Quality Management (5% cap)</i>			\$491,728	\$466,728	\$491,728	\$516,728
<i>MAI Quality Management (5% cap*)</i>			\$43,485	\$43,485	\$43,485	\$43,485
Total: QM			\$535,213	\$510,213	\$535,213	\$560,213
<i>Part A Adminstration/Planning Council Support (10% cap)</i>			\$1,393,041	\$1,343,041	\$1,393,041	\$1,443,041
<i>MAI Administration (10% cap)</i>			\$102,373	\$102,373	\$102,373	\$102,373
Total: Admin/PCS			\$1,495,414	\$1,445,414	\$1,495,414	\$1,545,414
Total Planned Allocation			\$14,954,148	\$14,454,148	\$14,954,148	\$15,454,148
FY 2022 Funding Scenarios			\$14,954,148	\$14,454,148	\$14,954,148	\$15,454,148
Core Medical Services			\$7,731,791	\$7,514,610	\$7,731,791	\$7,999,022
Health-Related Support Services			\$5,191,730	\$4,983,911	\$5,191,730	\$4,914,222
% Core Medical Services			60%	60%	60%	62%
% Health-Related Support Services			40%	40%	40%	38%

VOTE - RECOMMENDATION #3

FY23 FUNDING SCENARIOS

The Planning Council votes to adopt the package of FY23 funding scenarios and MAI recommendations as presented to the Council on June 9, 2022

All in Favor: you support the recommendation |

Opposed: you are against the recommendation

Abstention: you decline to vote

VOTE - RECOMMENDATION #4

ADDITIONAL GUIDANCE TO BPHC

Recommendation:

“ To allow BPHC the flexibility to adjust category funding allocations based on emerging needs and the changing environment by up to 25% above or below the levels for each service category, **with the exception of categories funded at less than \$500,000 are given up to 50% leeway** as established in the FY23 Funding Scenario recommendations.”

All in Favor: you support the recommendation |

Opposed: you are against the recommendation

Abstention: you decline to vote



APPENDIX

FY23 Funding Scenarios



FY23 LEVEL FUNDING

- If level funded, NRAC has decided to keep allocations as FY22. |
- There were no allocation adjustments made to any of the categories.
|

\$500K DECREASE BELOW FY22 LEVEL FUNDING

- × NRAC decided to proportionally decrease all funded service categories, take an additional \$20k from Health Education/Risk Reduction and another \$20k from Other Professional Services and transfer back into MCM.
- Rationale: A proportional decrease would create less of a significant reduction for any one service category. The additional cuts to Health Education Risk Reduction and Other Professional Services – Legal was recommended due to some underspending

\$500K INCREASE ABOVE FY22 LEVEL FUNDING

- Proportionally increase across 6 categories Medical Case Management, Housing, Non-Medical Case Management, Emergency Financial Assistance, Food Bank/Home Delivered Meals, and Medical Nutrition Therapy
- Rationale: These categories were identified as services in need of additional funds for staffing and to meet rising need and costs of food and housing

OVER \$500K INCREASE
ABOVE OR DECREASE
BELOW FY22 LEVEL
FUNDING

- If the increase or decrease in the award exceeds \$500,000, the committee recommends a proportional increase/decrease to all direct service categories

FY23 MINORITY AIDS INITIATIVE (MAI) ALLOCATION

NRAC Recommendation (allocation was distributed in percentages):

1. 50% Medical Case Management (MCM)
2. 20% Non Medical Case Management (NMCM)
3. 3% Emergency Financial Assistance (EFA)
4. 17% Psychosocial Support
5. 1% Linguistics
6. 9% Other Professional Services, Legal