



Planning Council Meeting
Thursday, June 9th, 2022
Zoom
4:00 - 6:00pm

Summary of Attendance

Members Present

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
Lamar Brown-Noguera
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

Members Excused

Kathy Lituri

Members Absent

Bryan Thomas
Darian Hendricks
Lorraine Jones

Staff

Claudia Cavanaugh
Lianne Hope
Melanie Lopez
Fabiola Catulle
Austin Hanna
Sarah Kuruvilla
Paola Rivas

Guests:

Travis Barnhart
Sam Cutaia

Topic A: Welcome and Introductions

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

Topic B: Review Meeting Minutes

May 12, 2022 minutes were reviewed.

Motion to Approve: Darren Sack
Second: Wendy LeBlanc
90% approved
10% abstentions
Result: The minutes were approved.

Topic C: Agency Updates and Committee Reports

Exec Committee (Patrick Baum)- Reviewed attendance and evaluations. Reviewed June PC agendas. Reviewed Year End recommendations for Committee and Council.

NRAC (Darren Sack)- “All-Day” Allocations Meeting, May 19th, 2022. Discussed current funding environment. Reviewed FY19-21 Utilization allocations and expenditure for funded service categories. Developed FY23 funding recommendations for Part A and MAI. Finalized recommendations for the Year End Report.

Mayors Office of Health and Human Services (Melissa Hector) – The Health Commission has test kits available should you need them. There are a lot of outdoor community events, if you need an at-home rapid COVID test they are available.

MA Department of Public Health, Office of HIV/AIDS (Barry Callis)- We continue to work weekly with our integrated prevention and care team, we’re working with JSI on an integrated care plan. This is the first time Massachusetts will be a joint city and state plan, which we think is a good thing for those we serve. We are in the process of scheduling meetings with our advisory groups, specifically for the months of June and July, but that work is progressing and will be continuing over the next couple of months. This plan will be very much influenced by the voices contributing.

NH Department of Health and Human Services, NH Care Program (Cindi Bell)- July 4th is a Holiday, so the office will be closed Monday, we will still have hours where clients can access pharmacy benefits. We’re seeking participants for our Integrated HIV Preventions and Care Plan. We have a statewide plan for integrated HIV prevention and Care, we are also working with a JSI contractor to update our goals for the next 5 years, we need lots of Consumer input. There are 4 dates already planned where participants can join, and a QR code on the flyer. This is a statewide plan, so it is not just the EMA. For prevention, condoms and HIV test kits are available through our newly formatted prevention website for the state of NH. We are still recruiting for 3 positions in the NH Care Program.

BPHC Ryan White Services Division (Eileen Merisola)- We finally received our total award for Part A, so we are in the process of doing our rapid allocation. We are also in the process of doing our core medical waiver documentation, so thank you to everyone who has helped out.

Topic D: Updated FY22 Priority Setting Results + Vote

Lianne gave an update on the FY22 Priority setting results. At the last meeting, PCS informed you that HRSA requested we retroactively go back and prioritize the categories that were not priorities. PCS sent the survey out via SurveyMonkey. There were 13 responses received, less than half of the Planning Council. Lianne asked the group if they would like to just move forward with the 13 responses, or if they would like to take 5 minutes at this meeting to fill out the SurveyMonkey so we have more than 13 participants. If members did choose to go with the 13 results, there is one tie, so we would have to do a poll to break it.

Discussion:

- Several comments from members in the chat to move forward with the 13 responses.

Motion to move forward with the 13 responses: Justin Alves

Second: Wendy LeBlanc

All those in favor to move forward were asked to say aye or raise hand:

The motion was passed, 0 Abstentions, 0 Opposition.

A new poll will be made to break the tie between Child Care Services and Home Health Care. Patrick moved forward with the presentation while Lianne created the new poll.

Topic E: Needs, Resources and Allocations Committee Year End Report.

Wendy LeBlanc and Catherine Weerts gave the NRAC Year End Report presentation.

- ❖ Chair of NRAC was Darren Sack, Vice Chair was Wendy LeBlanc
- ❖ Catherine reviewed NRAC charge, as well as the Needs assessment timeline. We hope to have preliminary results of the Needs Assessment soon.
- ❖ Developing the funding recommendations
 - Considerations for funding decisions included environmental changes, information sources, and the work of the Council.
- ❖ Wendy reviewed Unexpanded Funds (Carry Over)
 - FY21 Actual Unexpended Formula Funds: \$469,816
 - NRAC final recommendation – keep preliminary recommendation

Topic F: FY22 Priority Setting

Claudia explained that HRSA is recommending we prioritize the remaining service categories that were not prioritized for FY22. Will send a link to submit your ranking due May 18?

Questions/Comments:

- The problem with outpatient ambulatory health services in NH has nothing to do with resources. It has to do with capacity. There are not enough providers taking new patients. This is being worked on but money is not going to solve that.

Topic G: Resource Allocation Preparation

A video was played to explain the Resource Allocation process featuring Ayla and Joey. Wendy explained that this year, NRAC will create funding scenarios and allocate funds for FY23. All day meeting takes place on May 19 and the Planning Council will vote to approve the recommendations on June 23.

Topic H: Assessment of Administrative Mechanism

Patrick, Keith, and Tim M. presented the AAM. They discussed what the AAM is, the methodology used, and results. Recommendations were discussed and edited as follows:

- Send out the notice of award letters before the beginning of the fiscal year so that subrecipients are aware that resources will be available to them.
- Adopt benchmarks for reasonable turnaround times for contracts, invoices, and budget revisions.
- Implement a tracking system that is utilized by RWSD and sub-recipients, that provides information about the status of invoice reimbursements, contract execution, and budget revision response. This system should also have an alert system to keep all parties accountable for timely submissions in order to meet the turnaround benchmarks.
- Ensure that documents such as the Service Standards, Provider Handbook, allowable costs, RWSD contacts list, are available on e2boston prior to the start of the fiscal year, and explain to subrecipients where on the site to find them.
- Identify steps in reducing RWSD staff turnover and develop onboarding materials for new RWSD staff that covers both RWHAP information and specific information about the sub-recipients that will be assigned to them.
- Use an electronic invoicing system
- Create a one pager describing the congressional process of appropriating Ryan White funds as a way to explain why the partial award cannot be eliminated. Put the document on the resources page within e2boston.
- Conduct the provider training before contracts begin so that subrecipients are adequately trained prior to managing their programs.

Questions/Comments:

- Providers already have access to the documents discussed on e2boston. They just need to be made aware.
- Can't do away with partial award because has to do with congress and their budget cycle
- Providers always have to front the money since it's a reimbursement system so get rid of that part
- Want to let the group know that the annual provider training was on April 29 last year. This year its on May 18, which is over two months after the beginning of the fiscal year. This means new providers are going 3 months without any training.
- Is e2boston a good system? Yes, it's the easiest data system I've ever used. Subrecipients can't communicate with each other on it, but those resources are under a "resources" tab.

Meeting to Adjourn

Motion to approve recommendations with edits: Margaret Lombe

Second: Kathy Lituri

95% approved

5% abstain

Result: Motion was approved

Topic I: Integrated Plan

Barry explained that the state's integrated care plan is due in December to the CDC and HRSA. The state and city will submit a joint plan for the next 5 years. JSI will assist with the development and writing of the plan. Travis mentioned they met with MPCC, developed a work plan, and have a draft to the Planning Council by September for review. We want the Planning Council's feedback throughout the writing process and will return to your June and September meetings. Celicia and Stewart introduced themselves and their professional experiences.

Questions/Comments:

- The plan is not an isolated act, it's a roadmap for the future procurement for direct prevention and care services. It's our opportunity to propose policies and interventions that will end HIV in MA.
- Does this include NH? Yes, since it includes part A, it will include the three counties in NH.
- Since you have created an integrated plan for other areas, do you believe there is an ability to end HIV anywhere? Yes, from my years of experience, we are on track to end HIV. Integrated plan has more actionable steps and revisiting regularly. Must have a plan to address and reduce structural racism if we are going to end HIV.
- Would like to get updates on viral load in the communities we serve.

Topic J: Announcements, Evaluation & Adjourn

PCS made the following announcements:

- New Member applications are on Basecamp. If you need to renew your term, complete your incumbent applications
- Trying to plan a Planning Council end of the year social. You can vote on two different dates: June 25 and July 9.
- New Director for Education and Community Engagement: Teakia Brown

Questions/Comments:

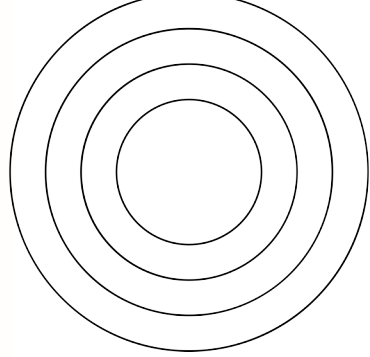
June 25 is the Trans Resistance March on June 25 so Franklin Park may not be available.

Meeting to Adjourn

Motion: Keith Nolen

Second: Stephen Batchelder

Result: The meeting was adjourned at 6:00pm



Planning Council Meeting

Kathy Lituri, Chair
Patrick Baum, Chair-Elect

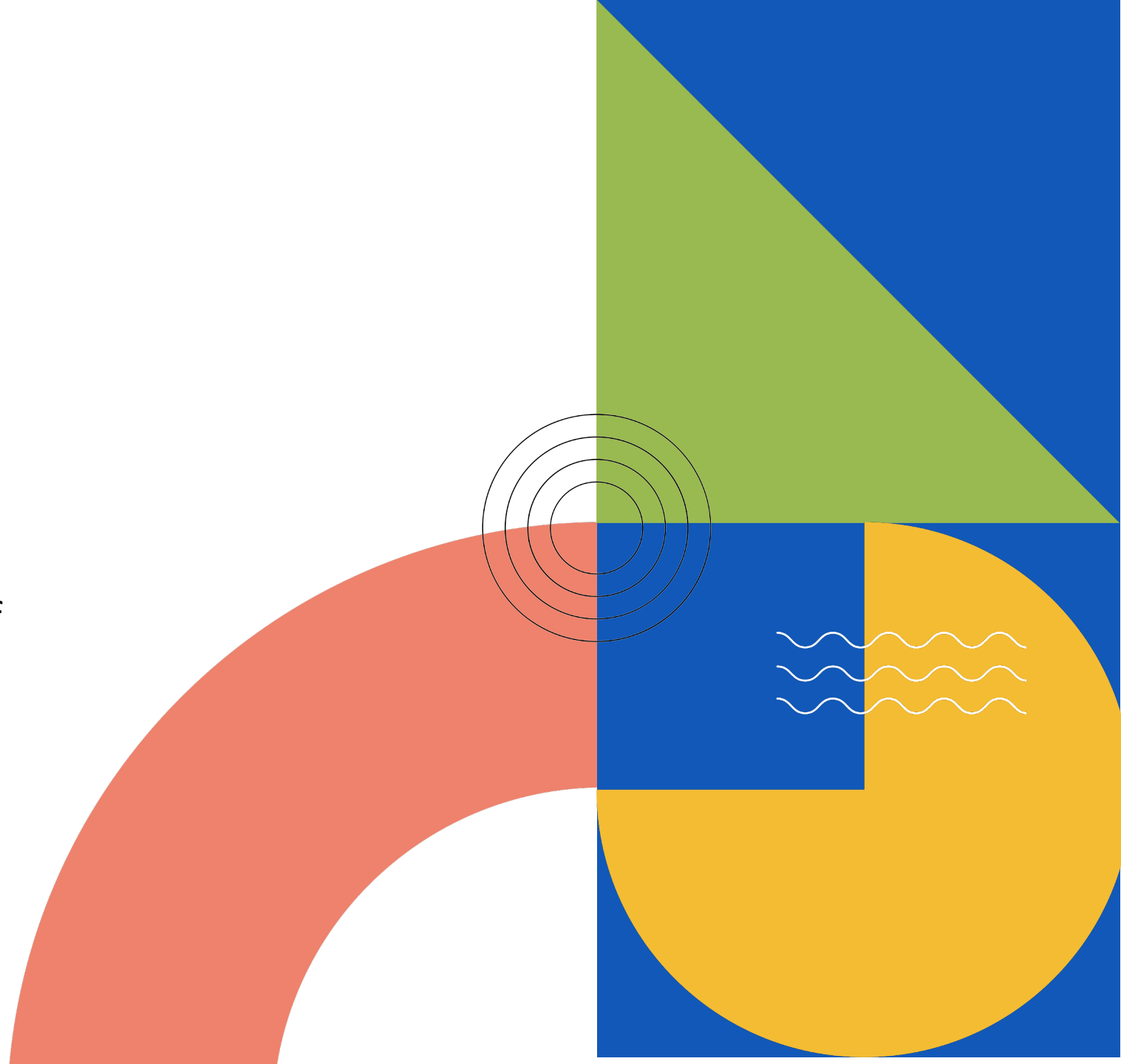
June 9, 2022



Moment of silence



At this moment, let's take a moment of silence in remembrance of those who came before us, those who are present, and those who will come after us. before an audience.



Attendance



ROLL CALL

State “present” when
you hear your name
called for the record

Overview

TODAY'S AGENDA DISCUSSION TOPICS

- Approve May's meeting minutes
- Subcommittee and Agency updates
- Updated FY22 Priority Setting Results Vote
- NRAC Year End Report
- SPEC Year End Report
- MNC Recruitment update
- PC Chair-Elect Nominations
- Integrated Care and Prevention Plan Update



Approving meeting minutes

May 12, 2022

Steps in approving minutes:

- Review minutes
- Make a first and second motion to approve minutes
- Vote (Zoom poll)

- All in Favor: Yes, I approve the minutes
- Opposed: No, I do not approve the minutes
- Abstention: Decline to vote



Subcommittee Updates



NRAC

(Darren Sack)

- “All-Day” Allocations Meeting
- Discussed current funding environment
- Reviewed FY19-21 Utilization, allocations and expenditure for funded service categories
- Developed FY23 funding recommendations for Part A and MAI
- Finalized recommendations for the Year End Report

Executive Committee

(Patrick Baum)

- Reviewed attendance and evaluations
- Reviewed June PC agendas
- Reviewed Year End recommendations for Committee and Council

Agency Updates

MAYOR'S OFFICE OF HEALTH AND HUMAN SERVICES

Melissa Hector

MA DEPARTMENT OF PUBLIC HEALTH,
OFFICE OF HIV/AIDS

Barry Callis

NH DEPARTMENT OF HEALTH AND
HUMAN SERVICES, NH CARE PROGRAM

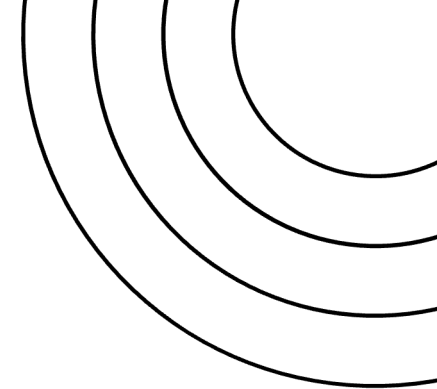
Cindi Bell

MA OFFICE OF MEDICAID

Alison Kirchgasser

BOSTON PUBLIC HEALTH COMMISSION

Eileen Merisola

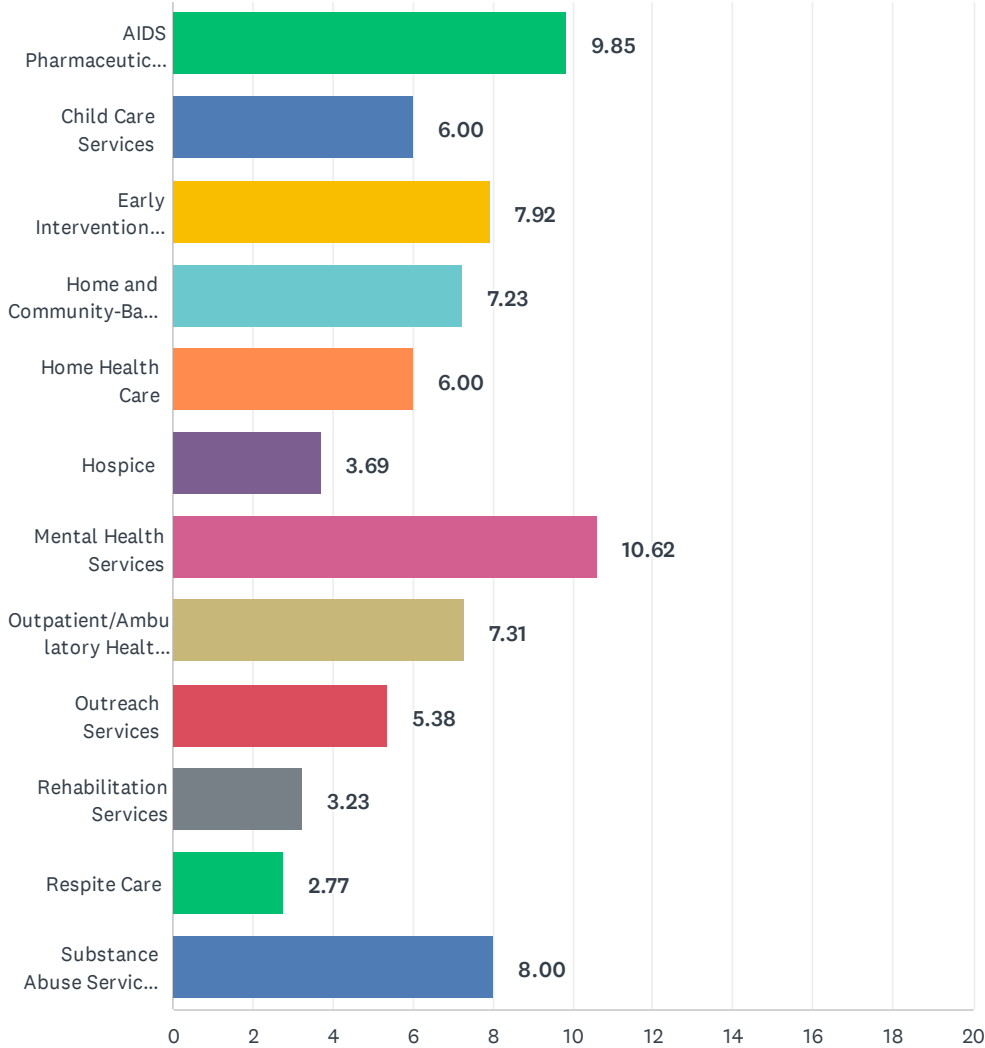


VOTE

Updated FY22 Priority Setting Results

Q1 Please rank the remaining HRSA service categories from 1 to 12 here. They will be added to the FY22 service categories under the previously ranked categories as 17 through 28. To rank, select from the dropdown menu or drag each service category to be in the order you find their priority. For assistance and/or questions, please email pcs@bphc.org.

Answered: 13 Skipped: 0



FY22 Rank	Service Category
1	AIDS Drug Assistance Program (ADAP)
2	Medical Case Management
3	Housing Services
4	Non-Medical Case Management
5	Emergency Financial Assistance
6	Oral Health Care
7	Food Bank/Home-Delivered Meals
8	Psychosocial Support
9	Medical Transportation
10	Health Insurance Premium & Cost-Sharing
11	Health Education / Risk Reduction
12	Medical Nutrition Therapy
13	Substance Abuse, Residential
14	Referral for Healthcare & Support Services

FY22 Rank	Service Category
15	Linguistic Services
16	Other Professional Services (Legal services)
17	Mental Health Services
18	AIDS Pharmaceutical Assistance
19	Substance Abuse Services - Outpatient
20	Early Intervention Services
21	Outpatient/Ambulatory Health Services
22	Home and Community-Based Health Services
23	Child Care Services
23	Home Health Care
25	Outreach Services
26	Hospice Services
27	Rehabilitation Services
28	Respite Care

VOTE

Motion to Approve the Updated FY22 Priority Setting Results

Summary of Motion

Vote to approve the updated FY22 Priority Setting results with the inclusion of 12 additional HRSA service categories.

- | | |
|---------|--------------------------------|
| Yes | I agree with the motion |
| No | I do not agree with the motion |
| Abstain | I wish not to vote |

NEEDS, RESOURCES AND ALLOCATIONS COMMITTEE YEAR END REPORT

WENDY LEBLANC & CATHERINE WEERTS
JUNE 9, 2022



PRESENTATION OVERVIEW

- Committee Members and Charge
- Criteria for Developing Funding Decisions
- FY21 Actual Unexpended Funds
- FY22 Estimated Unexpended Funds
- FY23 Funding Scenarios
- Minority AIDS Initiative
- Additional Guidance to BPHC
- Committee Year-End Recommendations

COMMITTEE LEADERSHIP



Darren Sack
Chair



Wendy LeBlanc
Vice-Chair

Tad Bailey

Ayla Baraka

Cindi Bell

Lamar
Brown-
Noguera

Barry Callis

Joey
Carlesimo

Damon
Gaines

Amanda
Hart

Brian
Holliday

Darian
Hendricks

Alison
Kirchgasser

Wendy
LeBlanc

Mahara
Pinheiro

Serena
Rajabiun

Darren
Sack

Richard
Swanson

Bryan
Thomas

Catherine
Weerts

2021-2022 COMMITTEE MEMBERS

COMMITTEE CHARGE

Execute the development and implementation of a process to identify needs of individuals with HIV/AIDS and their caregivers and assess the impact of Part A funding and programs within the EMA.

Make recommendations to the Planning Council regarding the distribution of funds in consideration of :

- Community service needs
- Current funding for HIV/AIDS services from all identifiable sources
- Trend data

NEEDS ASSESSMENT TIMELINE

Three-Year Needs Assessment Plan (PC Term: Sept-June)			
Component	Year 1 (2020-2021)	Year 2 (2021-2022)	Year 3 (2022-2023)
Epidemiologic Profile	Update current information based on State Surveillance data		
Estimates of PLWH - Unaware - Out of Care	Update current information based on State Surveillance data		
Assessment of Service Needs - PLWH in care - PLWH out of care	1) Develop procurement process for agencies interested in conducting a consumer study within the EMA	Design and implement consumer study	Present final results
	2) Select agency to conduct consumer study		
	3) Analyze current reports, Unmet Need Project, E2Boston data	Present results	
Resource Inventory	Gather information from/about services providers	Organize information	Present results
	Update funding stream data		
Profile of Provider - Capacity - Capability	Develop methodology and implement	Analyze results	Present results
Assessment of Unmet Need/Service Gaps	Summarize data from all other components	Analyze and present results	Create Final Needs Assessment Report (April 2023)

TYPES OF FUNDS FOR ALLOCATION

**UNEXPENDED
(CARRY OVER)**



**FY21
3/1/2021-2/28/2022**

**UNDER-EXPENDED
(SWEEPS)**



**FY22
3/1/2022-2/28/2023**

FUNDING SCENARIOS



**FY23
3/1/2023-2/28/2024**



DEVELOPING THE FUNDING RECOMMENDATIONS

CONSIDERATIONS FOR FUNDING DECISIONS

Environmental changes

- Overall improved stability of ADAP funding
- Federal and State budgets
- Impact of service system changes

Information Sources

- Funding streams data
- Utilization data
- System capacity
- Category performance

Work of the Council

- Priority Setting
- Funding Principles
- Input from Council discussions

HRSA MANDATED ALLOCATION

10% of Total Allocation

- BPHC Administration
- Planning Council Support

5% of Total Allocation

- Quality Management (includes Evaluation)

Minority AIDS Initiative (MAI)

- Formula driven

UNEXPENDED FUNDS *CARRY OVER*

FY21 ACTUAL UNEXPENDED FUNDS RECOMMENDATION

FY21 *Actual* Unexpended Formula Funds: \$469,816

Preliminary Planning Council Recommendation (June 24, 2021):

- 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.

NRAC Final Recommendation:

- 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**.

FY22 Rank (To be updated after PC vote)	Service Category	CORE OR SUPPORT	FY 2022 Base	Calculation %	Δ in FY 2022 Using FY 2021 Unexpended Formula	FY 2022 Revised
1	AIDS Drug Assistance (ADAP/HDAP)	1	\$151,046	20%	\$93,963	\$245,009
2	Medical Case Management, including Treatment Adherence Services	1	\$4,446,987			\$4,446,987
3	Housing Services	2	\$1,362,345			\$1,362,345
4	Non-Medical Case Management Services	2	\$944,196			\$944,196
5	Emergency Financial Assistance	2	\$208,304	30%	\$140,945	\$349,249
6	Oral Health Care	1	\$1,370,653			\$1,370,653
7	Food Bank/Home-Delivered Meals	2	\$757,361	30%	\$140,945	\$898,306
8	Psychosocial Support Services	2	\$870,621			\$870,621
9	Medical Transportation Services	2	\$221,446			\$221,446
10	Health Insurance Premium and Cost-Sharing	1	\$0			\$0
11	Health Education/Risk Reduction	2	\$342,180			\$342,180
12	Medical Nutrition Therapy	1	\$1,095,506	20%	\$93,963	\$1,189,469
13	Substance Abuse Services (Residential)	2	\$0			\$0
14	Referral for Health Care & Support Services	2	\$0			\$0
15	Linguistic Services	2	\$0			\$0
16	Other Professional Services (Legal Services and Permanency Planning Services)	2	\$50,000			\$50,000
	AIDS Pharmaceutical Assistance	2	\$0			\$0
	Mental Health Services	1	\$0			\$0
	Substance Abuse Services (Outpatient)	1	\$0			\$0
	Early Intervention Services (EIS)	1	\$0			\$0
	Home Health Care	1	\$0			\$0
	Outpatient/Ambulatory Health Services	1	\$0			\$0
	Home and Community-Based Health Services	1	\$0			\$0
	Child Care Services (EIS)	2	\$0			\$0
	Outreach Services	2	\$0			\$0
	Hospice	1	\$0			\$0
	Rehabilitation Services	2	\$0			\$0
	Respite Care	2	\$0			\$0
	MCM/NMCM Training	1	\$225,000			\$225,000
	Direct Part A Service Total		\$12,045,645			\$12,515,461
	<i>Part A Quality Management (5% cap)</i>		\$491,728			\$491,728
	Total: QM		\$491,728			\$491,728
	<i>Part A Administration/Planning Council Support (10% cap)</i>		\$1,393,041			\$1,393,041
	Total: Admin/PCS		\$1,393,041			\$1,393,041
	Total Planned Allocation		\$13,930,414			\$14,400,230
	FY 2022 Base Award			Left to Distribute	\$0	
	Total Carry Over			\$469,816*		
	Core Medical Services	\$7,289,192	61%			\$7,477,118
	Health-Related Support Services	\$4,756,453	39%			\$5,038,343

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% to Emergency Financial Assistance.

FUNDING SCENARIOS RECOMMENDATIONS





RECOMMENDATIONS FOR FUNDING SCENARIOS FOR FY23

- A. Level Funding Scenario
- B. \$500,000 decrease below level funding
- C. \$500,000 increase above level funding
- D. Over 500,000 decrease below / increase above level funding



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.

FY23 Rank	Service Category	FY2022 Base	FY2022 % of Direct Care	Results Calculation	\$ Δ FY 2023 Level/ FY2022 Base	FY2023 Level Funding	FY2023 % Direct Care
1	AIDS Drug Assistance (ADAP/HDAP)	\$151,046	1.3%	\$151,046	\$0	\$151,046	1.3%
2	Medical Case Management, including Treatment Adherence Services	\$4,446,987	37%	\$4,446,987	\$0	\$4,446,987	37%
3	Housing Services	\$1,362,345	11.3%	\$1,362,345	\$0	\$1,362,345	11.3%
4	Non-Medical Case Management Services	\$944,196	8%	\$944,196	\$0	\$944,196	8%
5	Emergency Financial Assistance	\$208,304	1.7%	\$208,304	\$0	\$208,304	1.7%
6	Food Bank/Home-Delivered Meals	\$757,361	6%	\$757,361	\$0	\$757,361	6%
7	Psychosocial Support Services	\$870,621	7.2%	\$870,621	\$0	\$870,621	7.2%
8	Health Insurance Premium and Cost-Sharing	\$0	0%	\$0	\$0	\$0	0%
9	Oral Health Care	\$1,370,653	11.4%	\$1,370,653	\$0	\$1,370,653	11.4%
10	Medical Transportation Services	\$221,446	2%	\$221,446	\$0	\$221,446	2%
11	AIDS Pharmaceutical Assistance	\$0	0.0%	\$0	\$0	\$0	0.0%
12	Mental Health Services	\$0	0%	\$0	\$0	\$0	0%
13	Medical Nutrition Therapy	\$1,095,506	9.1%	\$1,095,506	\$0	\$1,095,506	9.1%
14	Health Education/Risk Reduction	\$342,180	3%	\$342,180	\$0	\$342,180	3%
15	Linguistic Services	\$0	0.0%	\$0	\$0	\$0	0.0%
16	Substance Abuse Services (Outpatient)	\$0	0%	\$0	\$0	\$0	0%
17	Substance Abuse Services (Residential)	\$0	0.0%	\$0	\$0	\$0	0.0%
18	Early Intervention Services (EIS)	\$0	0%	\$0	\$0	\$0	0%
19	Home Health Care	\$0	0.0%	\$0	\$0	\$0	0.0%
20	Outpatient/Ambulatory Health Services	\$0	0%	\$0	\$0	\$0	0%
21	Home and Community-Based Health Services	\$0	0.0%	\$0	\$0	\$0	0.0%
22	Child Care Services (EIS)	\$0	0%	\$0	\$0	\$0	0%
23	Other Professional Services (Legal Services and Permanency Planning Services)	\$50,000	0.4%	\$50,000	\$0	\$50,000	0.4%
24	Referral for Health Care & Support Services	\$0	0%	\$0	\$0	\$0	0%
25	Outreach Services	\$0	0.0%	\$0	\$0	\$0	0.0%
26	Hospice	\$0	0%	\$0	\$0	\$0	0%
27	Rehabilitation Services	\$0	0.0%	\$0	\$0	\$0	0.0%
28	Respite Care	\$0	0%	\$0	\$0	\$0	0%
	MCM/NMCM Training	\$225,000	1.9%	\$225,000	\$0	\$225,000	1.9%
Direct Part A Service Total		\$12,045,645	100%	\$12,045,645	\$0	\$12,045,645	100%
	Quality Management (5% cap)	\$491,728	4.25%			\$491,728	4.25%
Total: QM		\$491,728				\$491,728	
	Admin/Planning Council Support (10% cap)	\$1,393,041	10%			\$1,393,041	10%
Total: Admin/PCS		\$1,393,041				\$1,393,041	10%
Total Planned Allocation		\$13,930,414				\$13,930,414	
Total FY 2022 Award (Level, non MAI)		\$13,930,414			Left to Distribute		\$0
Core Medical Services		\$7,289,192	61%				
Health-Related Support Services		\$4,756,453	39%				

\$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

FY23 Rank	Service Category	FY 2022 Level Funding	% of Direct Care	Change \$	Results Calculation	Override (Additional Δ)	FY 2023 \$500k ↓ Funding	% of Direct Care
1	AIDS Drug Assistance (ADAP/HDAP)	\$151,046	1%	\$5,329	\$145,717		\$145,717	1.3%
2	Medical Case Management, including Treatment Adherence Services	\$4,446,987	37%	\$156,901	\$4,290,086	\$40,000	\$4,330,086	37.3%
3	Housing Services	\$1,362,345	11%	\$48,067	\$1,314,278		\$1,314,278	11.3%
4	Non-Medical Case Management Services	\$944,196	8%	\$33,314	\$910,882		\$910,882	7.8%
5	Emergency Financial Assistance	\$208,304	2%	\$7,349	\$200,955		\$200,955	1.7%
6	Food Bank/Home-Delivered Meals	\$757,361	6%	\$26,722	\$730,639		\$730,639	6.3%
7	Psychosocial Support Services	\$870,621	7%	\$30,718	\$839,903		\$839,903	7.2%
8	Health Insurance Premium and Cost-Sharing	\$0	0%	\$0	\$0		\$0	0.0%
9	Oral Health Care	\$1,370,653	11%	\$48,360	\$1,322,293		\$1,322,293	11.4%
10	Medical Transportation Services	\$221,446	2%	\$7,813	\$213,633		\$213,633	1.8%
11	AIDS Pharmaceutical Assistance	\$0	0%	\$0	\$0		\$0	0.0%
12	Mental Health Services	\$0	0%	\$0	\$0		\$0	0.0%
13	Medical Nutrition Therapy	\$1,095,506	9%	\$38,652	\$1,056,854		\$1,056,854	9.1%
14	Health Education/Risk Reduction	\$342,180	3%	\$12,073	\$330,107	(\$20,000)	\$310,107	2.7%
15	Linguistic Services	\$0	0%	\$0	\$0		\$0	0.0%
16	Substance Abuse Services (Outpatient)	\$0	0%	\$0	\$0		\$0	0.0%
17	Substance Abuse Services (Residential)	\$0	0%	\$0	\$0		\$0	0.0%
18	Early Intervention Services (EIS)	\$0	0%	\$0	\$0		\$0	0.0%
19	Home Health Care	\$0	0%	\$0	\$0		\$0	0.0%
20	Outpatient/Ambulatory Health Services	\$0	0%	\$0	\$0		\$0	0.0%
21	Home and Community-Based Health Services	\$0	0%	\$0	\$0		\$0	0.0%
22	Child Care Services (EIS)	\$0	0%	\$0	\$0		\$0	0.0%
23	Other Professional Services (Legal Services and Permanency Planning Services)	\$50,000	0%	\$1,764	\$48,236	(\$20,000)	\$28,236	0.2%
24	Referral for Health Care & Support Services	\$0	0%	\$0	\$0		\$0	0.0%
25	Outreach Services	\$0	0%	\$0	\$0		\$0	0.0%
26	Hospice	\$0	0%	\$0	\$0		\$0	0.0%
27	Rehabilitation Services	\$0	0%	\$0	\$0		\$0	0.0%
28	Respite Care	\$0	0%	\$0	\$0		\$0	0.0%
	MCM/NMCM Training	\$225,000	1.9%	\$7,939	\$217,061		\$217,061	1.9%
Direct Part A Service Total		\$12,045,645	100%	\$425,000	\$11,620,645		\$11,620,645	100%
<i>Quality Management (5% cap)</i>		\$491,728			\$466,728		\$466,728	
Total: QM		\$491,728			\$466,728		\$466,728	
<i>Admin/Planning Council Support (10% cap)</i>		\$1,393,041			\$1,343,041		\$1,343,041	
Total: Admin/PCS		\$1,393,041			\$1,343,041		\$1,343,041	
Total Planned Allocation		\$13,930,414			\$13,430,414		\$13,430,414	
Total FY 2023 Award (\$500k ↓)		\$13,430,414					\$0	

\$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

FY23 Rank	Service Category	FY 2022 Level Funding	% of Direct Care	Percentage Increase	Calculation \$	Results Calc	\$ Δ FY 2023 \$500k ↑ / FY 2022 Level	FY 2023 \$500k ↑ Funding	% of Direct Funding
1	AIDS Drug Assistance (ADAP/HDAP)	\$151,046	1%			\$151,046	\$0	\$151,046	1%
2	Medical Case Management, including Treatment Adherence Services	\$4,446,987	37%	50.45%	\$214,411	\$4,661,398	\$214,411	\$4,661,398	37%
3	Housing Services	\$1,362,345	11%	15.46%	\$65,685	\$1,428,030	\$65,685	\$1,428,030	11%
4	Non-Medical Case Management Services	\$944,196	8%	10.71%	\$45,524	\$989,720	\$45,524	\$989,720	8%
5	Emergency Financial Assistance	\$208,304	2%	2.36%	\$10,043	\$218,347	\$10,043	\$218,347	2%
6	Food Bank/Home-Delivered Meals	\$757,361	6%	8.59%	\$36,516	\$793,877	\$36,516	\$793,877	6%
7	Psychosocial Support Services	\$870,621	7%			\$870,621	\$0	\$870,621	7%
8	Health Insurance Premium and Cost-Sharing	\$0	0%			\$0	\$0	\$0	0%
9	Oral Health Care	\$1,370,653	11%			\$1,370,653	\$0	\$1,370,653	11%
10	Medical Transportation Services	\$221,446	2%			\$221,446	\$0	\$221,446	2%
11	AIDS Pharmaceutical Assistance	\$0	0%			\$0	\$0	\$0	0%
12	Mental Health Services	\$0	0%			\$0	\$0	\$0	0%
13	Medical Nutrition Therapy	\$1,095,506	9%	12.43%	\$52,820	\$1,148,326	\$52,820	\$1,148,326	9%
14	Health Education/Risk Reduction	\$342,180	3%			\$342,180	\$0	\$342,180	3%
15	Linguistic Services	\$0	0%			\$0	\$0	\$0	0%
16	Substance Abuse Services (Outpatient)	\$0	0%			\$0	\$0	\$0	0%
17	Substance Abuse Services (Residential)	\$0	0%			\$0	\$0	\$0	0%
18	Early Intervention Services (EIS)	\$0	0%			\$0	\$0	\$0	0%
19	Home Health Care	\$0	0%			\$0	\$0	\$0	0%
20	Outpatient/Ambulatory Health Services	\$0	0%			\$0	\$0	\$0	0%
21	Home and Community-Based Health Services	\$0	0%			\$0	\$0	\$0	0%
22	Child Care Services (EIS)	\$0	0%			\$0	\$0	\$0	0%
23	Other Professional Services (Legal Services and Permanency Planning Services)	\$50,000	0%			\$50,000	\$0	\$50,000	0%
24	Referral for Health Care & Support Services	\$0	0%			\$0	\$0	\$0	0%
25	Outreach Services	\$0	0%			\$0	\$0	\$0	0%
26	Hospice	\$0	0%			\$0	\$0	\$0	0%
27	Rehabilitation Services	\$0	0%			\$0	\$0	\$0	0%
28	Respite Care	\$0	0%			\$0	\$0	\$0	0%
	MCM/NMCM Training	\$225,000	1.9%			\$225,000	\$0	\$225,000	2%
Direct Part A Service Total		\$12,045,645	100%	100.00%	\$425,000	\$12,470,645	\$425,000	\$12,470,645	100%
<i>Quality Management (5% cap)</i>		\$491,728				\$516,728		\$516,728	
Total: QM		\$491,728				\$516,728		\$516,728	
<i>Administration/Planning Council Support (10% cap)</i>		\$1,393,041				\$1,443,041		\$1,443,041	
Total: Admin/PCS		\$1,393,041				\$1,443,041		\$0	
Total Planned Allocation		\$13,930,414						\$14,430,414	
Total FY 2022 Award (\$500k ↑)		\$14,430,414				Left to Distribute		\$0	

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

MINORITY AIDS INITIATIVE (MAI)



FY23 MINORITY AIDS INITIATIVE (MAI) ALLOCATION

NRAC's FY23 MAI Priority Setting recommendation:

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

FY23 MINORITY AIDS INITIATIVE (MAI) ALLOCATION

Estimated Minority AIDS Initiative (MAI) direct service dollars: **\$877,876**

NRAC FY23 Recommendation (allocation was distributed in percentages, same as FY22):

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

FY21 MAI Carryover - **\$94,516**

FY21 MAI Carryover Recommendation - Allocate **\$30K** to **Linguistics** and **\$64,516** to **EFA** as they are categories that are able to absorb one-time money

FY23 Rank (TBD)	Service Category	FY 2022 Base	% of MAI	Carry Over Calculation %	FY 2022 Funding w/carry over	FY 2023 Funding	FY 2023 % Direct Care
1	MAI - Case Management, Medical	\$442,599	50%		\$442,599	\$442,599	50%
2	MAI - Case Management, Non-Medical	\$171,620	20%		\$171,620	\$171,620	20%
3	MAI - Lingustic Services	\$5,000	1%	\$30,000.00	\$35,000	\$5,000	1%
4	MAI - Psychosocial Support	\$153,554	17%		\$153,554	\$153,554	17%
5	MAI - Emergency Financial Assistance	\$23,810	3%	\$64,516.00	\$88,326	\$23,810	3%
6	MAI - Other Professional Services (Legal)	\$81,293	9%		\$81,293	\$81,293	9%
Direct Service Total		\$877,876	100%	\$94,516.00	\$972,392	\$877,876	100%
<i>Quality Management (5% cap)</i>		\$43,485	4.25%		\$43,485		
<i>Adminstration/Planning Council Support (10% cap)</i>		\$102,373	10%		\$102,373		
Total Planned Allocation		\$1,023,734			\$1,118,250		
Total FY21 MAI Carry Over		\$94,516					
Total FY 2022 MAI Award		\$1,023,734					

FY23

RYAN WHITE PART A
BOSTON EMA
FUNDING SCENARIOS SUMMARY



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 - Linguistic Services	2	\$5,000	\$5,000	\$5,000	\$5,000
3	MAI - Case Management, Non-Medical	2	\$171,620	\$171,620	\$171,620	\$171,620
4	MAI - Psychosocial Support	2	\$153,554	\$153,554	\$153,554	\$153,554
5	MAI - Emergency Financial Assistance	2	\$23,810	\$23,810	\$23,810	\$23,810
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
	Part A Quality Management (5% cap)		\$491,728	\$466,728	\$491,728	\$516,728
	MAI Quality Management (5% cap*)		\$43,485	\$43,485	\$43,485	\$43,485
Total: QM			\$535,213	\$510,213	\$535,213	\$560,213
	Part A Administration/Planning Council Support (10% cap)		\$1,393,041	\$1,343,041	\$1,393,041	\$1,443,041
	MAI Administration (10% cap)		\$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%

ADDITIONAL GUIDANCE TO THE GRANTEE

FY23 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.”

VOTES FOR JUNE 23, 2022

- FY21 Actual Unexpended funds
- FY22 Estimated Unexpended funds
- FY23 Funding Scenarios
- Minority AIDS Initiative – Carry Over and Level Funding
- Additional Guidance to BPHC



NRAC YEAR END RECOMMENDATIONS

RECOMMENDATIONS FOR NRAC

- Annually determine whether a training session is needed prior to the all-day allocations meeting based on member feedback.
- Review spending patterns more often in NRAC
- For the allocation and expenditure slides, add information on costing method for each service category (service unit versus salary based).
- Show a 5-year trend for the utilization, allocation, and expenditure slides
- Add the targeted utilization number on slides

RECOMMENDATIONS FOR PLANNING COUNCIL

- Encourage full participation at virtual meeting by having cameras on.
- Reinstate Virtual Coffee Hours.
- Use Case Studies for the Service Categories and Funding Streams Expo and ensure all parts/services are represented.
- Reinstate volunteer opportunities.





SERVICES, PRIORITIES, AND EVALUATIONS COMMITTEE

YEAR END REPORT

PRESENTED BY: STEPHEN BATCHELDER



SPEC COMMITTEE LEADERSHIP

Chair: Margaret Lombe



Vice-Chair: Omar Martínez González



2021-2022 COMMITTEE MEMBERS

Justin
Alves

Adam
Barrett

Stephen
Batchelder

Patrick
Baum

Stephen
Corbett

Robert
Giannasca

Lorraine
Jones

Margaret
Lombe

Keith
Nolen

Tim
Mercier

Lea
Nelligan

Ericka
Olivera

Manuel
Pires

Michael
Swaney

Tim Young

SPEC COMMITTEE CHARGE



SUMMARIZE AND MAKE
RECOMMENDATIONS TO THE
PLANNING COUNCIL ON
SERVICE CATEGORIES



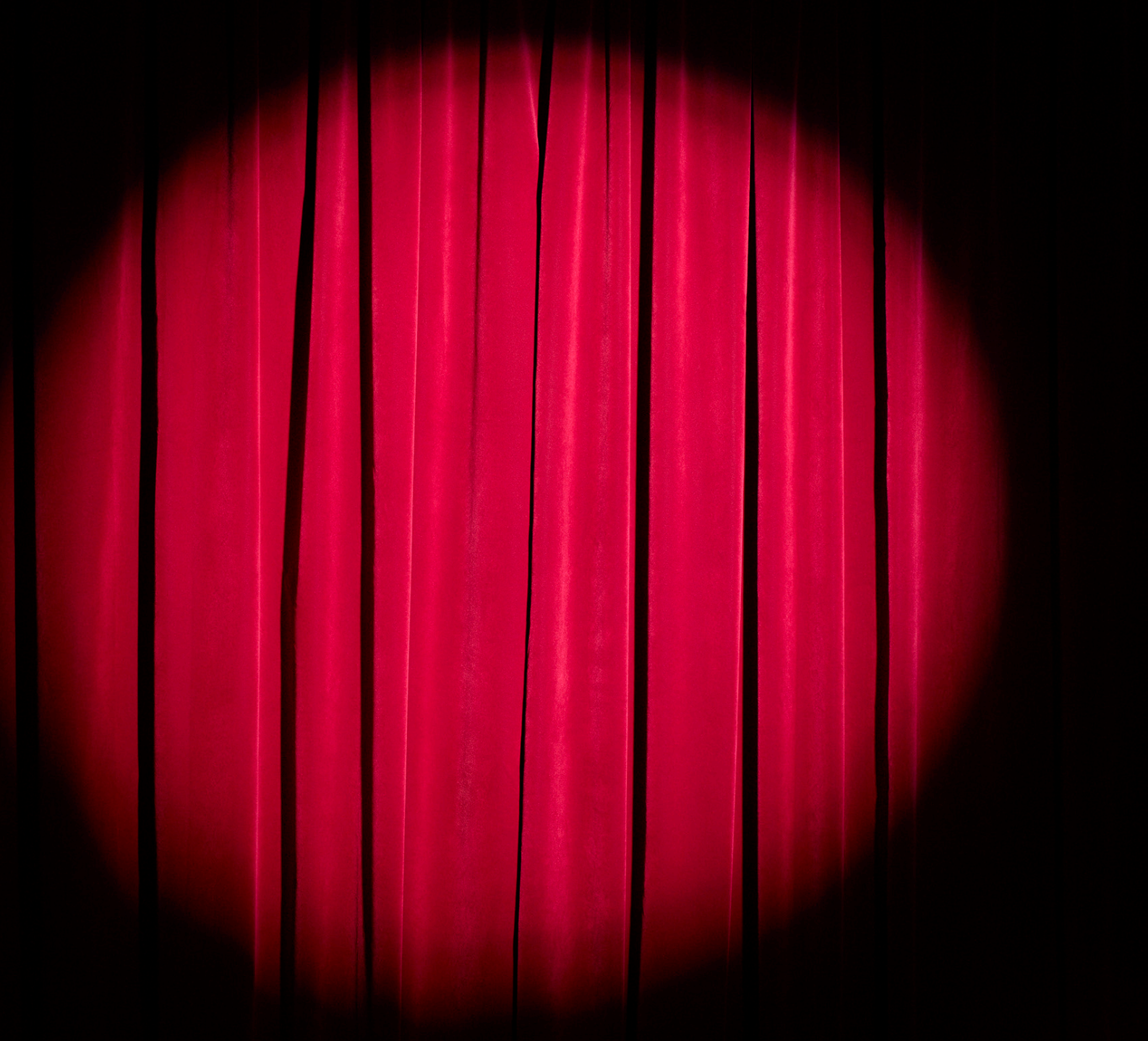
PROVIDE GUIDANCE ON
PRIORITIZING PART A
SERVICE CATEGORIES.



ASSESS THE EFFICIENCY OF
THE ADMINISTRATIVE
MECHANISM IN RAPIDLY
ALLOCATING FUNDS
WITHIN THE EMA

MEMBER SPOTLIGHTS:

- Adam Barrett
- Omar Martínez
González
- Lorraine Jones





2021-2022 PROJECT SUMMARY



2021-2022 PROJECTS

Standards of Care Edits:

The FY22 Standards of Care were modified by SPEC via an ad hoc group. SPEC voted to approve the recommendations, which were then parlayed to the RWSD for implementation.

2022 AAM:

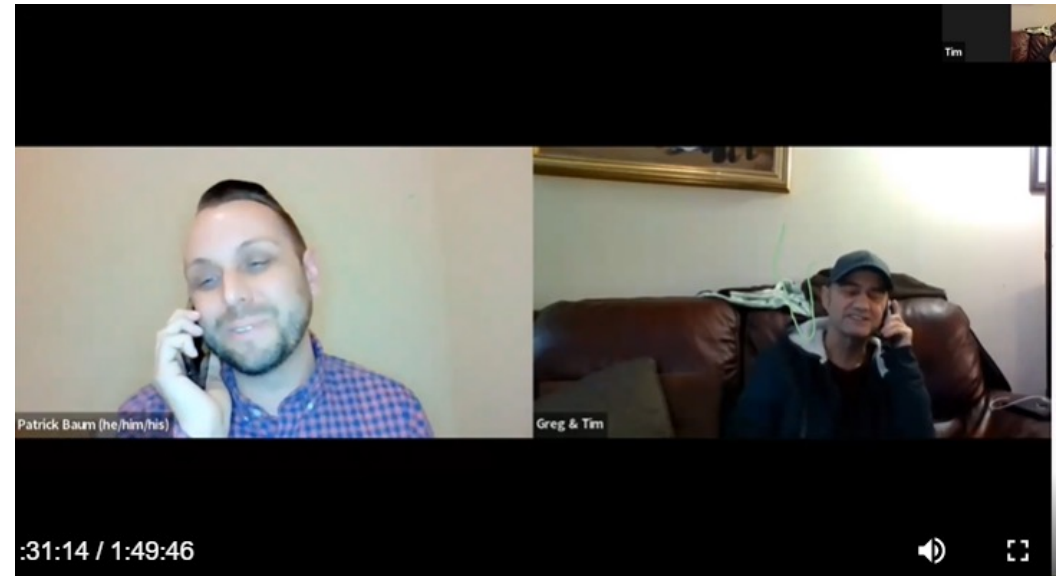
SPEC members worked to edit the Provider Survey, ensuring the questions were clear and useful. Once responses were received, SPEC members analyzed the BPHC questionnaire, finalized recommendations, and chose presenters. A motion was passed to approve the FY22 AAM Recommendations.

Service Category Recommendations:

SPEC members reviewed Service Categories currently funded for FY21, as well as HRSA categories that were not funded. SPEC was responsible for deciding the process for carrying out the priority setting exercise. The committee decided to conduct the ranking exercise via Survey Monkey – service categories were ranked by order of importance.

PC PRESENTATIONS:

- Service Category Presentation: *Patrick Baum and Ericka Olivera*
- Priority Setting Ground Rules Presentation: *Patrick Baum, Tim Young, and Keith Nolen*
- Service Standards Revisions and Vote: *Manuel Pires and Keith Nolen*
- FY22 Assessment of the Administrative Mechanism (AAM): *Patrick Baum, Keith Nolen, and Tim Mercier*





YEAR END RECOMMENDATIONS

SPEC RECOMMENDATIONS

SPEC:

- Continue to expand the Service Standards working group development. The group should be made up of consumers and planning council members. The working group should review the guidelines for EFA. All recommendations made should be reviewed by the Consumer Committee.
- Receive a presentation from MDPH regarding data covering HIV incidence, populations affected by new incidences, and mortality data about PLWH.

PLANNING COUNCIL RECOMMENDATIONS

Planning Council:

- Collect data on mental health within the Needs Assessment and include information on isolation, loneliness, and depression.
- Re-evaluate all sub-committee charges by examining the structures and charges from planning councils in other jurisdictions
- Improve efforts to retain new members and have equitable distribution of new members among subcommittees
- Incorporate hybrid meetings for all meetings except Executive Committee which can stay virtual.
- Encourage guests to attend meetings in order to recruit new members.



QUESTIONS?

PRESENTATION

MNC Recruitment Update

Richard Swanson, MNC Vice-Chair

Recruitment Update



Dear Boston EMA
Planning Council
members

TikTok
@someoneyouknowandlove

Recruitment Update

- Applications have been sent out to past members, Part A-funded agencies, MDPH and NEAETC distribution lists
- PC Members – request to distribute widely to friends and colleagues
- Application deadline - June 20th, 2022
- Special prize for members who recruit the most applicants



The Boston EMA Planning Council Presents...

HIV COMMUNITY HEALTH AND WELLNESS FAIR

We invite the HIV community including PLWH, service providers, and advocates to join us for an afternoon of food, conversation, resource sharing, and learning!



Dr. Bisola O. Ojikutu, MD, MPH
Executive Director
Boston Public Health Commission
Welcoming Remarks



Dr. Sarimer M. Sánchez, MD, MPH
Infectious Diseases Bureau Director
Boston Public Health Commission
Keynote Speaker



Wednesday, June 15th, 2022



Old South Church
645 Boylston St, Boston, MA 02116



4:00 PM - 6:30 PM

[Register Here](#)

For more information, contact pcs@bphc.org



Planning Council Recruitment Event

Wednesday, June 15th, 4-6:30pm
@ Old South Church

➤ **Spread the word - Bring a guest!**

➤ **Volunteers needed for:**

- **Set up and Registration**
- **Member Panel**
- **Guest Engagement**

N O M I N A T I O N S

Planning Council Officers

Kathy Lituri, PC Chair
PCS

Nomination Guidelines



Self nominate or nominate a Planning Council member today, during the meeting. Or...



If you want to toss someone else's hat into the ring, inform that person and PCS staff by **June 15th**



If you want to throw your own hat into the ring, inform PCS staff by **June 20th**



All nominees must submit a written statement of candidacy to PCS by **June 22nd**

REVIEW PLANNING COUNCIL BYLAWS, ARTICLE 6 – OFFICERS AND ELECTION OF OFFICERS FOR MORE INFORMATION ON OFFICER DUTIES

CHAIR-ELECT TIMELINE

YEAR
2021-2022

CHAIR
Kathy Lituri

CHAIR-ELECT
Patrick Baum

YEAR
2022-2023

CHAIR
Patrick Baum

CHAIR-ELECT
TBD - VOTE IS JUNE 23rd

YEAR
2023-2024

CHAIR

CHAIR-ELECT

Integrated Plan Update

JSI

Announcements

SHARE WITH THE COUNCIL

1. Registration is open for AIDS Walk Boston 2022
DCR's Carson Beach - October 2nd
Planning Council Team*
2. End of Year Social – June 25th or July 9th, Moakley Park (8 Responses, 50/50) 
3. Planning Council Group Picture



Thank you!

DO NOT FORGET TO SUBMIT YOUR EVALUATION!!!!

