



Meeting Agenda - Thursday, September 15, 2022

Location: Old South Church, 645 Boylston Street, 6th Floor, Boston MA 02116

Zoom Meeting Link: <https://us02web.zoom.us/j/9178940335?pwd=R3VRY2t1TTN2SE52ZVcyTDhtbTEvdz09>

Passcode: 20222023

Meeting Focus

- Welcome new Planning Council members!
- Discuss Planning Council meeting processes and Conflict of Interest.
- Review roles and responsibilities of Planning Council members, including committee work.
- Update on the Spending and Client Utilization of Part A services for FY22 Q2.

Agenda Topic	Time Frame
1. Welcome and Moment of Silence <i>Patrick Baum, Chair</i>	4:00pm – 4:05pm
2. Planning Council Member Introductions <i>Planning Council Members</i>	4:05pm – 4:30pm
3. Review and Approval of June 23, 2022 Meeting Minutes <i>Patrick Baum, Chair</i>	4:30pm – 4:35pm
4. Introduction of Agency Representatives <i>Office of Medicaid; New Hampshire Department of Health and Human Services; Massachusetts Department of Public Health; Mayor’s Office; Boston Public Health Commission</i>	4:35pm – 4:40pm
5. Orientation: Planning Council Processes and Timeline <i>Planning Council Support</i>	4:40pm – 5:05pm
6. Planning Council Knowledge Check <i>Planning Council Support</i>	5:05pm – 5:20pm
7. FY22 Q2 Spending and Client Utilization Update <i>Eileen Merisola, BPHC</i>	5:20pm – 5:40pm
8. Integrated Prevention and Care Plan Update <i>JSI</i>	5:40pm – 5:55pm
9. Announcements and Adjourn <i>Patrick Baum, Chair</i>	5:55pm – 6:00pm



Planning Council Meeting
Thursday, September 15th, 2022
Old South Church/Zoom
4:00 - 6:00pm

Summary of Attendance

Members Present

Justin Alves
Daniel Amato
Adam Barrett
Stephen Batchelder
Patrick Baum
Cindi Bell
Lamar Brown-Noguera
Henry Cabrera
Joey Carlesimo
Stephen Corbett
Sandra Custodio
Larry Day
Damon Gaines
Berh Gavin
Robert Giannasca
Jerome Hazen
Darian Hendricks
Brian Holliday
Wendy LeBlanc
Jordan Lefebvre
Kathy Lituri
Margaret Lombe
Allan McClendon
Keith Nolen
Nilmarie O'Reilly
Ericka Olivera
Ethan Ouimet
Mahara Pinheiro
Manuel Pires
Luis Rosa
Nate Ross
Darren Sack
Mairead Skehan Gillis

Michael Swaney
Catherine Weerts
Karen White
Naika Williams
Kim Wilson
Tim Young

Members Excused

Barry Callis
Amanda Hart
Melissa Hector
Alison Kirchgasser
Arielle Pierre
Serena Rajabiun

Members Absent

Lorraine Jones
Bryan Thomas

PCS

Claudia Cavanaugh
Lianne Hope
Abiola Lawson

BPHC Staff

Melanie Lopez
Eileen Merisola

Guests:

Travis Barnhart
Stewart Landers

Topic A: Welcome and Introductions

Patrick Baum, Planning Council Chair, welcomed everyone, led a moment of silence, and reviewed the ground rules and meeting agenda. Claudia Cavanaugh, PCS led member roll call.

Topic B: Review Meeting Minutes

June 23, 2022 minutes were reviewed.

Motion to Approve: Catherine Weerts

Second: Robert Giannasca

Result: The minutes were approved with edits: Wendy LeBlanc was excused not present

Online Poll: 73% Approve; 27% Abstain

Topic C: Agency Updates

Claudia Cavanaugh, PCS introduced representatives from federal and state agencies that will be providing agency reports at each Planning Council meeting:

- Alison Kirchgasser - Massachusetts Medicaid
- Cindi Bell - New Hampshire Department of Health and Human Services (NHDHHS)
- Barry Callis - Massachusetts Department of Health (MDPH)
- Melissa Hector – Mayoral Liaison
- Eileen Merisola - Ryan White Services Division (RWSD), Boston Public Health Commission (BPHC)

NHDHHS REPRESENTATIVE: CINDI BELL – ACTING MANAGER, NH RYAN WHITE CARE & TB FINANCIAL ASSISTANCE PROGRAM/ ADAP COORDINATOR/DATA ANALYST, INFECTIOUS DISEASE PREVENTION, INVESTIGATION & CARE SERVICES

NH DHHS, Bureau of Infectious Disease welcomed a new Bureau Chief, Ryan Tannian.

The Bureau is planning and implementing ongoing activities around Monkeypox information, vaccination, and treatment guidance including new vaccination sites. We have also been hosting virtual provider information sessions. More info can be found here:

<https://www.dhhs.nh.gov/programs-services/disease-prevention/infectious-disease-control/monkeypox>

NH Ryan White Care has staffing updates as follows:

- Welcome Lisa West, our new Quality Specialist. Lisa has expertise in Quality Improvement and joins us from her previous Quality role in corrections.
- NH CARE has recently extended employment offers for the three remaining vacant positions: Program Manager, Oversight & Monitoring Coordinator, and Enrollment Coordinator. Stay tuned for updates and introductions!
- The Integrated HIV Prevention and Care Planning Committee continues to meet and gather stakeholder input and is on target to complete and submit the next 5-year plan to HRSA in December.

- Basecamp - Explore the Basecamp folders for all PC documents. A formal tutorial will be scheduled later in the year.
- Consumer Committee Chair will be elected in October.

Planning Council Timeline

Claudia Cavanaugh, PCS reviewed the Planning Council Timeline and important meeting items and projects from September through June.

Topic F: FY22 Q2 Spending and Client Utilization Update

Eileen Merisola, Ryan White Services Division Director provided an overview of services funded for FY22. The total award was \$15.2M and there are currently 33 funded agencies throughout the EMA.

Program Updates

- Received core medical services waiver
- New Program Coordinator, Roxy Dai starts 9/19
- Interviewing for other PCs for client services and Clinical Quality Management program
- HRSA will be conducting a site visit for BPHC in October
- The team has been working on recorded trainings for the e2Boston data system
- Ending the HIV Epidemic (EHE) funding requests are being accepted for Part A funded providers for FY 22
- HRSA will be hosting a listening session for Part A clients. Consumers not on the Planning Council preferred but not required.

Eileen highlighted services covered, funding allocations and current spending, and projected and actual clients served for the following service categories: Medical Nutrition Therapy and Health Education & Risk Reductio. The spending and client utilization report for all funded service categories as of the second quarter of the fiscal year is included in the meeting handouts. The Fiscal Year is from March 1st – February 28th.

Topic G: JSI Update (MA-Boston IP 2.0 First look: Goals and Objectives)

JSI presented an update on the joint Integrated Prevention and Care Plan for Massachusetts and Boston. The presentation went over the draft goals and objectives that developed from input sessions from the Planning Council, MIPCC and other population health groups. The goal of the presentation is to review the information presented before they become the final goals and objectives included in the plan. JSI will be accepting feedback via email after this meeting.

Creation of Goals/Objectives

- Goals/objectives organized according to the EHE strategies (pillars) – 4 pillars in the National Plan and an additional goal for “Workforce”
- Synthesize findings from all meetings with MIPCC, Boston EMA Planning Council, and population stakeholder groups
- Proposed activities from these meetings then grouped into objectives

Feedback from MA stakeholders mtg 9/12

- Overall, goals/objectives are reflective of input

- Need to be careful with respect to language, especially use of the term “minorities”
- More context is needed especially with respect to racial equity – objectives are lost when spread across strategies (pillars)
- Separate Social Determinants of Health (housing, mental health services) from cultural competency

Goals and Objectives

1. Diagnose - Goal A: Increase the ability to identify new HIV cases

- Objective A1: Move the MA-Boston HIV System to a 100% Status
 - Neutral Approach: A.1.1 Develop guidance on a Status Neutral Approach so that there is "no wrong door" for OHA- and BPHC Ryan White-funded service providers (GM; MIPCC; B; PC)
- Objective A2: Expand a Syndemic Approach to Diagnosis of HIV and other Infectious Diseases among 100% of funded providers
- Objective A3: Implement strategies to ensure equitable access to HIV testing/counseling services by sexual and racial/ethnic minorities made vulnerable to HIV as well as the different geographic areas across the State and the EMA
- Objective A4: Develop protocol for rare use of rapid testing
 - A.4.1 PLACEHOLDER UNTIL GROUP IS CONVENED <Convene group to discuss whether and when rapid tests may be rarely used> (T, MIPCC, PC)
- Objective A5: Increase access to testing for individuals lacking medical and personal homes
- Objective A6: By 2026, achieve a reduction in the proportion of cases reported to Massachusetts HIV Surveillance Program with No Identified Risk (NIR), from 30% to 15% of all reported cases.

2. Treat - Goal B: Improve Health Outcomes for People Living with HIV

- Objective B1: Build upon the EHE effort to boost the "Rapid Start" model with a goal of making it universal
- Objective B2: Increase access to housing, and mental health services to support linkage to and maintenance in care
 - B.2.1 Increase access to mental health treatment that is accessible, linked to existing treatment programs including SSPs, and is culturally and linguistically competent (GM; L; T; MIPCC; PC)
 - B.2.2 Ensure CHWs involved with MH care are adequately trained and supported through ongoing training and clinical supervision (GM; L; T; MIPCC; PC)
 - B.2.3 Working collaboratively with BSAS and other entities, increase availability of low-threshold housing, including sober housing and housing for transgender/non-binary people (B; GM; L; T; MIPCC; PC)
- Objective B3: Increase cultural awareness, competency, and humility to support linkage to and maintenance in care
 - B.3.1 Increase education to providers, integrated prevention and care team staff, consumers and others about "Aging with HIV" to improve health outcomes (GM, MIPCC, PC)
 - B.3.2 Work with BSAS to increase cultural competency on transgender/non-binary health issues for bedded SUD treatment programs (GM; L; T; MIPCC; PC)
- Objective B.4: By 2021, improve rates of viral suppression by 10% for all people with HIV while improving viral suppression rates for racial/ethnic people with HIV to be equivalent to rates in white (non-Hispanic) populations
- Objective B.5 Increase opportunities for peer interaction for people with HIV

- B.5.1 Increase both virtual and in-person resources for peer support while developing guidance for preserving privacy for individuals as needed (B, GM, PC)
- B.5.2 For Boston EMA: Consider support groups for Women who are abused; sex workers; parents/moms who needs support (PC)

3. Prevent - Goal C: Reduce number of new HIV infections and increase HIV awareness and knowledge among the public

- Objective C1: Increase PrEP uptake by 15%
 - C.1.1 Increase provider education to reduce hesitancy and improve screening process in prescribing PrEP, increase utilization of PrEP assistance programs, and limit patient costs (co-pays, monitoring tests) related to PrEP receiving a "Grade A" classification by the USPSTF (B, MIPCC, PC)
- Objective C2: Increase targeted prevention efforts through increased assessments and partnerships
 - C.2.3 Reduce risk for women who have sex with men by increasing prevention among men who have sex with men but may not identify as gay or bisexual (B, L, MIPCC, PC)
- Objective C3: Develop and conduct HIV prevention education campaigns to increase HIV awareness and reduce stigma
 - C.3.1 Create a targeted education campaign for older adolescents and young adults (ages 16-24) regarding the dangers of HIV infection and the oversimplification of all one needs to do is "take a pill every day" and be fine (B, L, PC)
 - C.3.2 For Boston EMA: Collaborate with the Boston public school system to increase HIV education in the schools (PC)
 - C.3.4 Pool resources to support prevention activity on dating sites (Jack'd, Scruff, Grindr) to enable agencies to utilize this important space to provide HIV prevention messages to gay, bisexual, transgender women and other men who have sex with men (B, GM, PC)
 - C.3.5 For Boston EMA: Continue to promote and utilize "Someone You Know and Love" video and messages to combat stigma and increase HIV awareness (PC)
- Objective C4: Develop resource to improve access to information about prevention and other HIV services

4. Respond - Goal D: Improve HIV Respond Functions through Systems Strengthening

- Objective D1: Implement and improve upon cluster and outbreak detection and response plans
 - D.1.2 OHA and BPHC work collaboratively to identify and address clusters in MA and the Boston EMA (B, MIPCC, PC)
- Objective D2: Conduct assessments to create new data sources, strengthen existing data sources, and monitor data sources to anticipate needs of populations vulnerable to outbreaks
 - D.2.1 Conduct assessment of number of transgender/non-binary people in MA including number living with HIV (consider same for Black people, Native Americans, and at-risk women (B, GM, T, PC)
- Objective D3: Strengthen response function at community level and in rural areas
- Objective D4: Increase equity in response to outbreaks by reducing structural racism and strengthening programs that address social determinants of health

5. Workforce - Goal E: Strengthen and expand HIV workforce

- Objective E1: Increase HIV workforce participation and satisfaction through various strategies
 - E.1.4 Re-establish provider networks for support, knowledge exchange, and better care coordination through strategies like "Communities of Practice" (B; GM; L; T; MIPCC; PC; BH, SWCAG)
- Objective E2: Increase racial and ethnic equity in the HIV workforce

- Objective E3: Increase equity in the HIV workforce for the transgender non-binary communities

Next steps

- Incorporate input from this meeting
- Continue writing and editing of the overall IP 2.0
- Provide full draft plan to MIPCC and Boston EMA Planning Council by mid-October
- Review full plan on October 29 and formally request letter of concurrence with PC Exec Board

Questions/Comments:

- Are there any activities for reaching people with unstable housing? All the activities aren't currently listed but addressed in the plan to make sure services are coordinated with housing programs.
- Is there a plan to reach non-English speaking or immigrant population? People not born in the U.S are identified as a priority population and will be addressed in activities
- What's the plan for reaching folks in areas like Mass and Cass in Boston who aren't connected to medical care? Cluster outbreaks and substance use addressed in data section and/or community engagement section. Heard a lot about Mass and Cass in the stakeholder groups and services and opportunities to work with PWH who also inject or use other drugs. Low threshold housing is also part of the discussion, but not centered on Mass Cass.
- For the HIV population in the Mass and Cass area, is there a formalized plan that includes them in the increased testing because there are a lot of people injecting drugs and getting Hepatitis C? Are they included in the plan? Yes.
- Should the Integrated Plan inform our funding recommendations? Yes, this is one of the data points Planning Council members should use to inform the resource allocation process.

Topic H: Announcements, Evaluation & Adjourn

PCS made the following announcements:

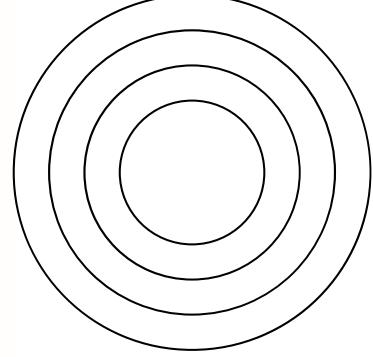
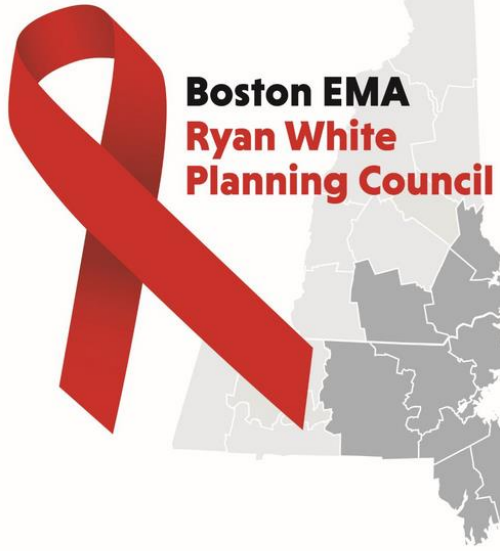
1. AIDS Walk Boston 2022 – On 10/2 at DCR's Carson Beach. Join the Someone You Know and Love Team (link on Basecamp)
2. Upcoming Planning CHATT Session - 9/29 with Patrick and Vicki presenting. Registration will be on Basecamp
3. Complete Forms - Meeting Evaluation Form (Basecamp), Paperless Consent Form, Photo Consent & Conflict of Interest
4. Harbor to the Bay Fundraiser on 9/17

Meeting to Adjourn

Motion: Justin Alves

Second: Wendy LeBlanc

Result: Meeting adjourned



Planning Council Meeting

Patrick Baum, Chair
Darren Sack, Chair-Elect

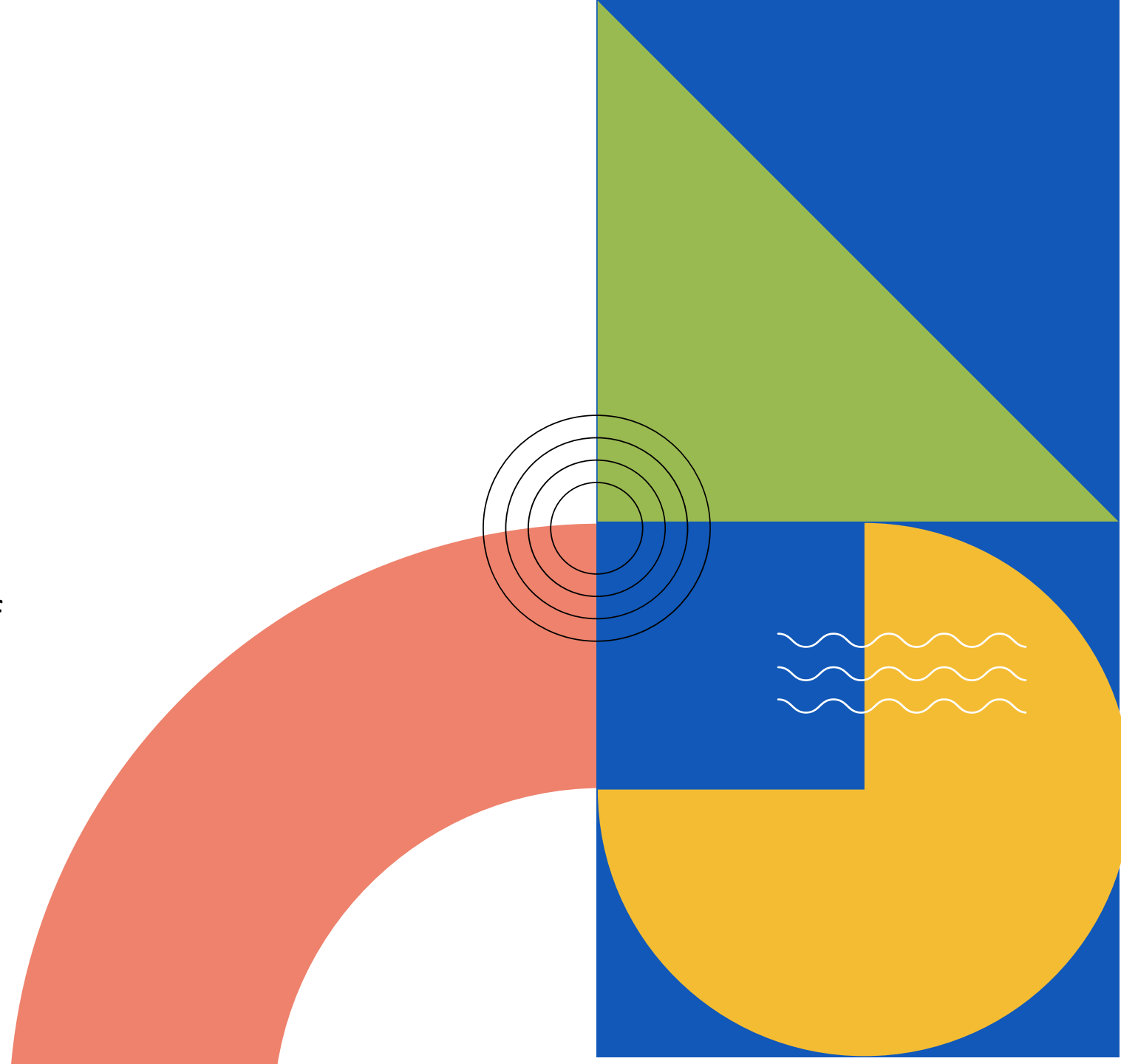
September 15, 2022



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.



Attendance



ROLL CALL

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

Please note: You do NOT have to disclose your status during the introduction if you do not want to.



Ground Rules and Meeting Etiquette

- Be on time
- No side conversations
- Silence cell phones
- Presenters represent agencies- no personal attacks
- Participate
- Don't ask questions that accuse or assume where someone is coming from. Stick to asking questions regarding information.
- Be respectful
- Respect the option for presenters to come back with additional information or answers.
- Agree to disagree
- Send questions with more detailed explanations to the Executive Committee or PCS
- Ask questions
- Whenever possible, enjoy yourself
- Speak up so everyone can hear you
- Don't assume everything is public knowledge
- Raise your hand and wait to be acknowledged by the Chair
- Step up, step back
- Don't interrupt

Overview

TODAY'S AGENDA DISCUSSION TOPICS

- Planning Council Member Introductions
- Approve June's meeting minutes
- Introduction of Agency Representatives
- Orientation: Planning Council Processes & Timeline
- Planning Council Knowledge Check
- FY22 Q2 Spending and Client Utilization Update
- Integrated Prevention and Care Plan Update
- Announcements and Adjourn



Approving Meeting Minutes

June 23rd, 2022

Steps in approving minutes:

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

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



Introduction of Agency Representatives

MAYORAL LIAISON TO RYAN WHITE
PLANNING COUNCIL

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

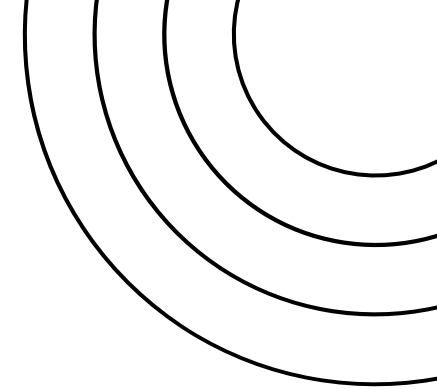


MA OFFICE OF MEDICAID

Alison Kirchgasser

BOSTON PUBLIC HEALTH COMMISSION

Eileen Merisola



Orientation: Planning Council Bylaws and Timeline

Planning Council Support

Boston EMA
Planning Council
Bylaws

- 1 Name
- 2 Area
- 3 Mission & Duties
- 4 Membership
- 5 Meeting Procedures

- 6 Election of Officers
- 7 Committees
- 8 Grievances
- 9 Records
- 10 Amendments

ARTICLE 1: Name

**Boston EMA Ryan White HIV
Services Planning Council**

AKA: The Planning Council



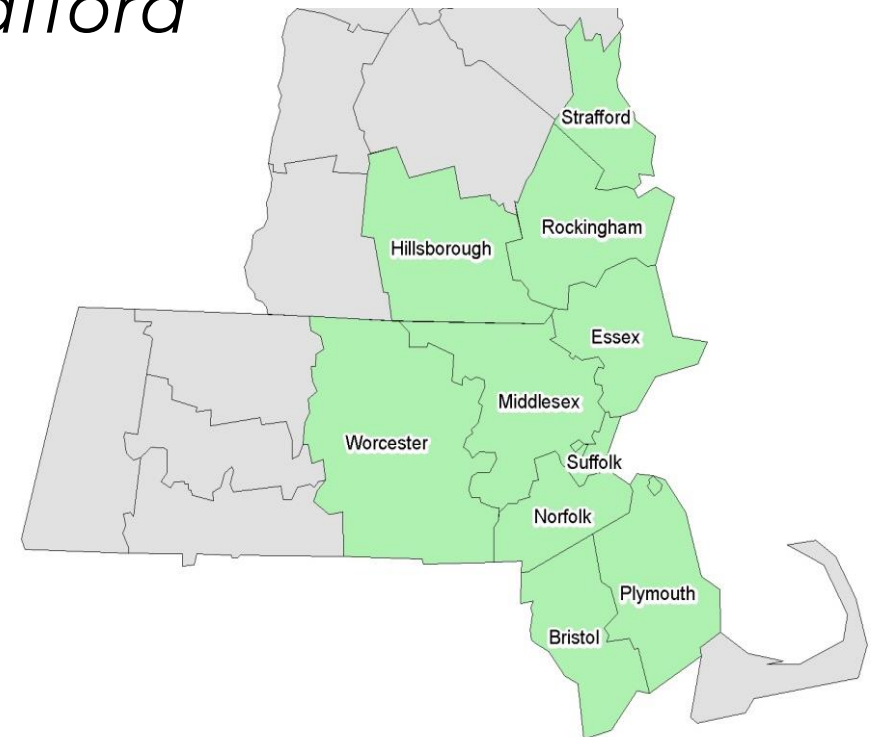
ARTICLE 2: Area

Seven MA Counties

- *Bristol*
- *Essex*
- *Middlesex*
- *Norfolk*
- *Plymouth*
- *Suffolk*
- *Worcester*

Three NH Counties

- *Hillsborough*
- *Rockingham*
- *Strafford*



ARTICLE 3: Mission & Duties

Mission

To improve the quality of the lives of people living with HIV within the EMA

*the Recipient = Boston Public Health Commission (BPHC)

Duties

1. *Execute council responsibilities*
2. *Establish priorities for the allocation of funds*
3. *Execute needs assessment activities*
4. *Conduct the AAM*
5. *Communicate directives to the Recipient**
6. *Develop a Comprehensive Plan*
7. *Work in tandem with BPHC*

ARTICLE 4: Membership

Members

- No less than 33% shall be unaligned consumers
- Shall fill 15 mandated seats
- Council to have 25-50 voting members
- No more than 10% of members employed from the same provider
- No more than 49% of members are Part A providers
- Shall be reflective of the HIV epidemic...



Reflectiveness Chart- Gender

Planning Council Members			Target for Reflectiveness
Gender	Number	Percentage	
Male	26	55.32%	70.91%
Female	21	44.68%	28.55%
Other Gender Identities	0	0.00%	0.54%
Total	47	100%	100%

Reflectiveness Chart- Race/Ethnicity

Planning Council Members			Target for Reflectiveness
Race/Ethnicity	Number	Percentage	
White, non-Hispanic	24	51.06%	40.56%
Black, non-Hispanic	12	25.53%	31.70%
Hispanic	7	14.89%	24.03%
Asian	1	2.13%	2.46%
Multi-racial/Other	3	6.38%	1.24%
Total	47	100%	100%

Reflectiveness Chart- Age

Planning Council Members			Target for Reflectiveness	
Age	Number	Percentage		
<13 years	0	0.00%	<13 years	0.13%
13-19	0	0.00%	13-19	0.31%
20-29	8	17.02%	20-44	27.58%
30-39	13	27.66%		
40-49	7	14.89%	45-64	59.19%
50-59	15	31.91%		
60+	4	8.51%	65+	12.79%
Total	47	100%		100%

ARTICLE 4: Membership Part 2

- Membership term: 2 years
- Estimated time commitment: 6 hours per month
- 3 unexcused absences = warning letter
- 5 absences = removal
- Resignation
- Other types of removal



ARTICLE 4: Membership Part 3

Reimbursement
offered only for
PLWH



Child
Care



Travel



Parking

ARTICLE 4: Membership Part 4

Conflict of Interest

1. PC members are not involved with selection of Part A sub-recipients awards
2. Must disclose conflict before PSRA discussion
3. Abstain from voting on specific services to which there is a conflict



ARTICLE 5: Meetings, Committees, Procedures

PC meetings:

1. Once per month (June = 2 meetings)
2. No meetings in July and August
3. Open to public
4. Dates posted on website & reminders emailed

Roberts Rules: votes require a motion & 2nd

Quorum: 50% + 1

Committee Participation: assigned to 1 committee



ARTICLE 6: Officers & Elections

Officers

- Chair and Chair Elect
- Voting takes place in June
- Cannot hold office for more than 2 consecutive terms

Duties

- Oversee and convene Executive Committee & Planning Council Meetings
- Planning and Follow-up meetings with PCS
- Participate in New Member Orientation
- In Chair's absence, Chair-Elect fills in

ARTICLE 7: Committees

Executive Committee

(Every 4th Thurs, 3pm-5pm)

Needs, Resources, & Allocations Committee (NRAC)

(Every 3rd Thurs, 3pm-5pm)

Services, Priorities, & Evaluation Committee (SPEC)

(Every 1st Thurs, 4pm-6pm)

Consumer Committee

(Every other month- Thurs, 2pm-3:30pm)

Membership and Nominations Committee (MNC)

(Every 1st Mon, 4pm-5:30pm)

ARTICLE 7: Committees

Executive Committee Charge:

- Foster active member participation
- Ensure PC work gets done
- Make decisions on behalf of the Council
- Enforces policies and procedures

THESE MEETINGS ARE VIRTUAL

Members	
Eileen Merisola (Recipient)	Melissa Hector (Mayor's Liaison)
Patrick Baum (PC Chair)	Darren Sack (Chair-Elect)
Catherine Weerts (NRAC Chair)	Margaret Lombe (SPEC Chair)
Consumer Chair	Michael Swaney (MNC Chair)
Kathy Lituri (Member-at-Large)	Optional: Committee Vice Chairs

ARTICLE 7: Committees

NRAC Charge:

- Makes recommendations on available resources to address unmet needs
- Recommends Part A allocations
- Oversee Needs Assessment process

THESE MEETINGS ARE HYBRID

Members	
Catherine Weerts (Chair)	Alison Kirchgasser
Cindi Bell	Wendy LeBlanc
Lamar Brown-Noguera	Jordan Lefebvre
Barry Callis	Allan McClendon
Joey Carlesimo	Pinheiro, Mahara
Stephen Corbett	Serena Rajabiun
Damon Gaines	Nate Ross
Robert Giannasca	Darren Sack
Amanda Hart	Mairead Skehan Gillis
Darian Hendricks	Bryan Thomas
Brian Holliday	Karen White
Naika Williams	Melanie Lopez (Recipient Liaison)

ARTICLE 7: Committees

SPEC Charge:

- Makes recommendations regarding services
- Provides guidance on prioritizing service categories
- Oversees the Assessment of the Administrative Mechanism (AAM)
- Evaluated HIV care strategies

THESE MEETINGS ARE HYBRID

Members	
Margaret Lombe (Chair)	Keith Nolen
Justin Alves	Nilmarie O'Reilly
Daniel Amato	Ericka Olivera
Adam Barrett	Ethan Ouimet
Stephen Batchelder	Arielle Pierre
Henry Cabrera	Manuel Pires
Sandra Custodio	Luis Rosa
Larry Day	Michael Swaney
Beth Gavin	Kimberly Wilson
Jerome Hazen	Tim Young
Lorraine Jones	Recipient Liaison: TBD
Kathy Lituri	

ARTICLE 7: Committees

MNC Charge:

- Outreach
- Recruitment
- Nominations proceedings
- Member training, satisfaction, and retention
- Grievance proceedings

THESE MEETINGS ARE VIRTUAL

Members	
Michael Swaney (Chair)	Kathy Lituri
Stephen Batchelder	Margaret Lombe
Robert Giannasca	Darren Sack
Brian Holliday	Bryan Thomas
	Catherine Weerts

ARTICLE 7: Committees

Consumer Committee Charge:

- Ensures PLWH are empowered/supported to participate in PC activities
- A space to receive education on consumer related topics
- A space to share personal experiences
- Foster consumer leadership

Open to all members!

THESE MEETINGS ARE HYBRID

You already
know and
love someone
living with HIV



ARTICLE 8: Grievances

- **Informal Process:** Work on a resolution with PCS
- **Formal Process:** write a letter. PCS & the Executive Committee will review and determine the need for a private hearing/third party mediation
- Don't get involved with provider grievances



ARTICLE 9: Records

Minutes are taken at all meetings and are posted publicly



ARTICLE 10: Amendments

Planning Council can alter, amend, repeal the bylaws

Written notice 10 days prior to vote
Requires a 2/3 vote for approval

Laptop Program

If anyone doesn't have adequate devices to attend meetings and/or review meeting materials, talk to PCS for iPad rentals

Make a new project Invite people

Pinned & recent below · [View all in a list](#) · Press ⌘J anytime to jump

"Someone You Know & Love" Ad Hoc

AL CC GL LH P

TEAM *Meeting Link

AL AK AH AE BC +43

TEAM Consumer

AL AK AH AE BC BT +37

TEAM EXEC

AL CC DS GL LH +10

HQ HQ Boston RW Planning Council

Council-wide announcements and stuff everyone needs to know

AL AK AH AE BC BC +43

TEAM MNC

AL BT CC DS GL +8

TEAM Needs Assessment Adhoc Group

AL AH CC JC LH

TEAM NRAC

AL AK AH AE BC BT +33

TEAM SPEC

AL AK AH AE BC BT +38



+ New...

Document Library

Unsorted



Ryan White Planning Council Primer

Target HIV Planning Council...

Ryan White Planning Council...

PC Governing Docs

Boston EMA Planning Council...

Memorandum Of Understand...

PARLIAMENTARY PROCEDURE

PC Reports

Boston Needs Assessment Report Jul...

Boston EMA Integrated Plan 2017...

Consumer Reimbursement

Vendor Set Up Form with W9...

Planning Council Travel...

Recruitment & Applications

2022-2024 PC Incumben...

PC Recruitment Flyer...

Standards of Care

HRSA Service Category Definitions...

National Monitoring Standard...

Standards of Care

Clinical Quality Management

Clinical Quality Management Plan

Boston EMA Quality Manaage...

FY 2022-24 Clinical Quality...

Part A Funded Agency Handbook

Final FY20 Client Services...

JSI Integrated Care Plan Advisory Group Sessions

Session 1 (7/14/22)

Planning CHATT Trainings

Session 3

Session 2

Session 1

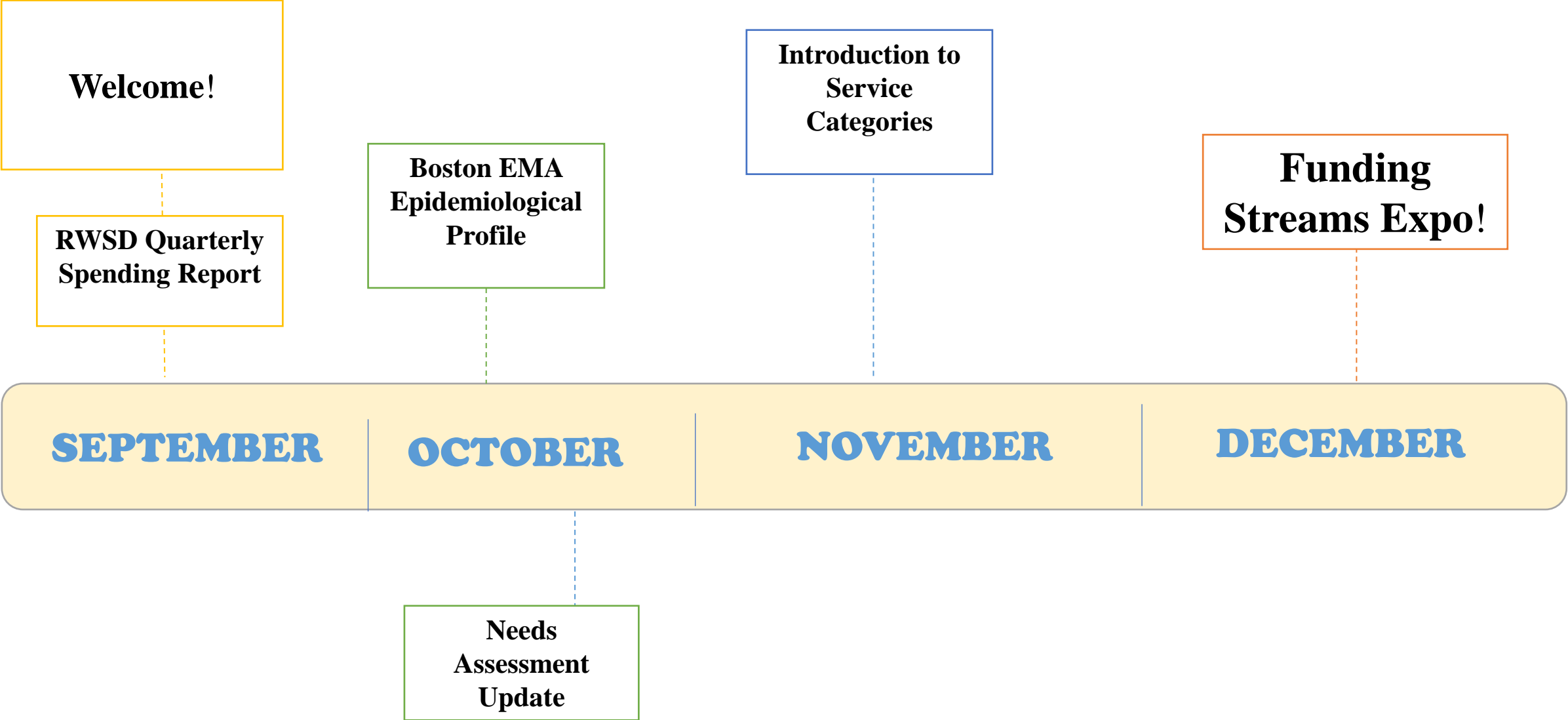


Q | A

Planning Council Timeline

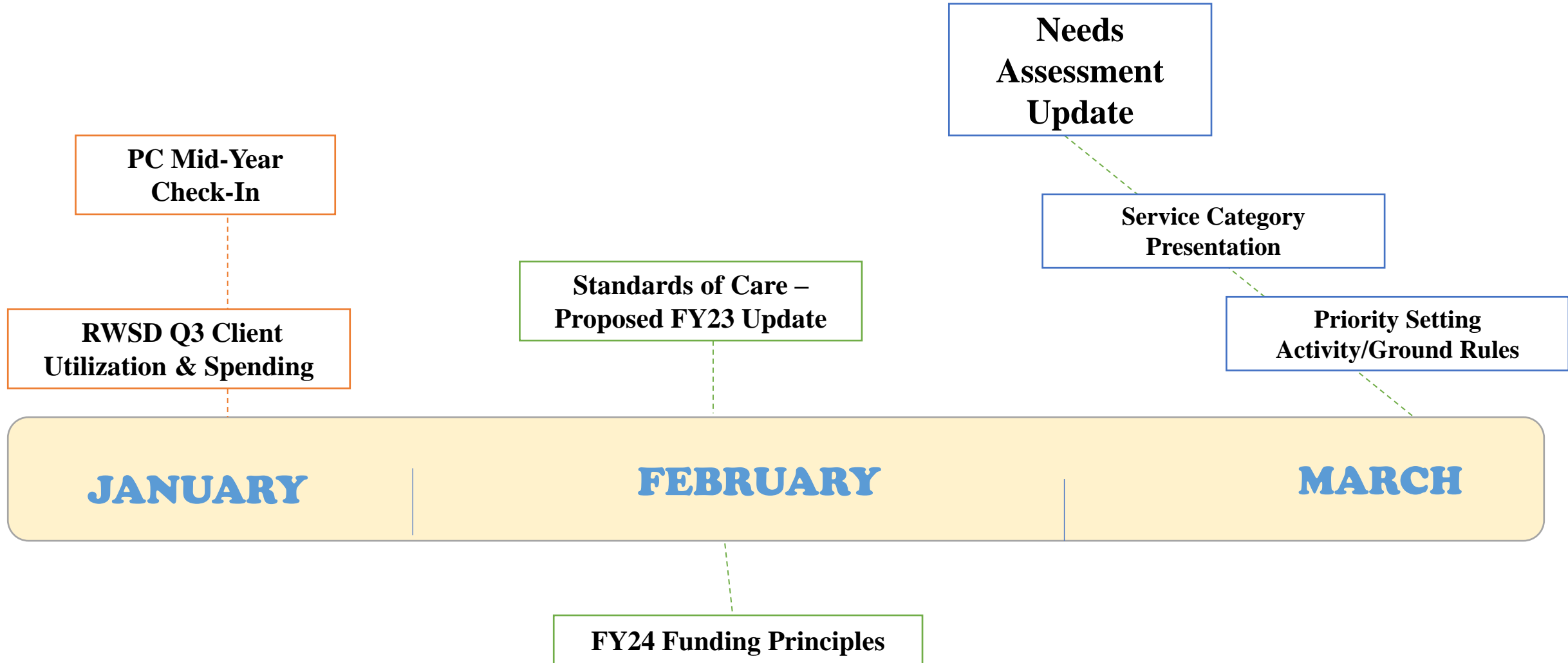


PLANNING COUNCIL TIMELINE

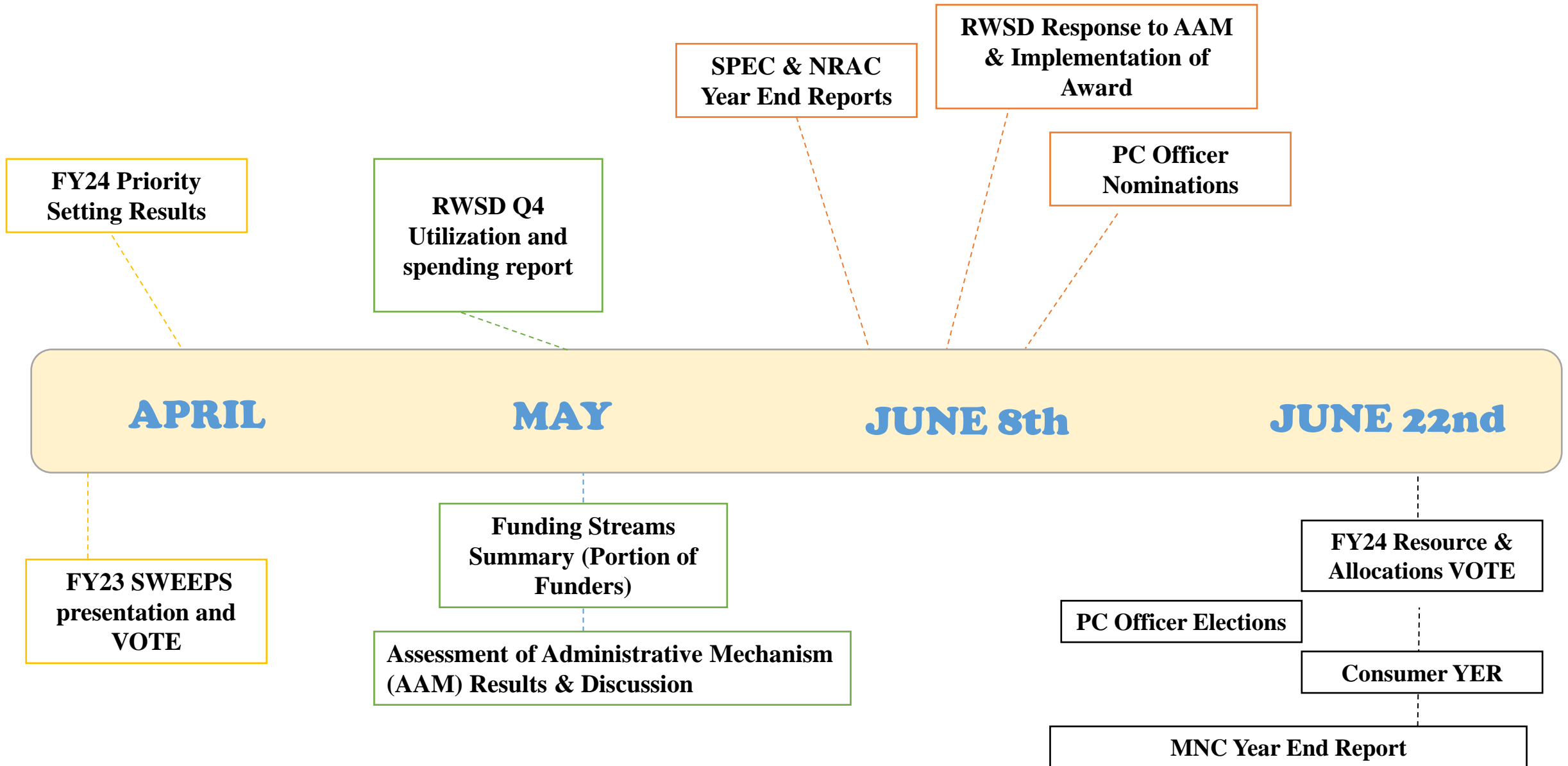


PLANNING COUNCIL TIMELINE

Spring 2023



PLANNING COUNCIL TIMELINE



Knowledge Check

Kahoot! Instructions

1. Open a new browser
2. Type Kahoot.it into your browser
3. Enter the game PIN
4. Enter your name or a nickname
5. Play!



FY22 Q2 Spending and Client Utilization Update

Eileen Merisola, Ryan White Services Division Director



Ryan White Services Division (RWSD)

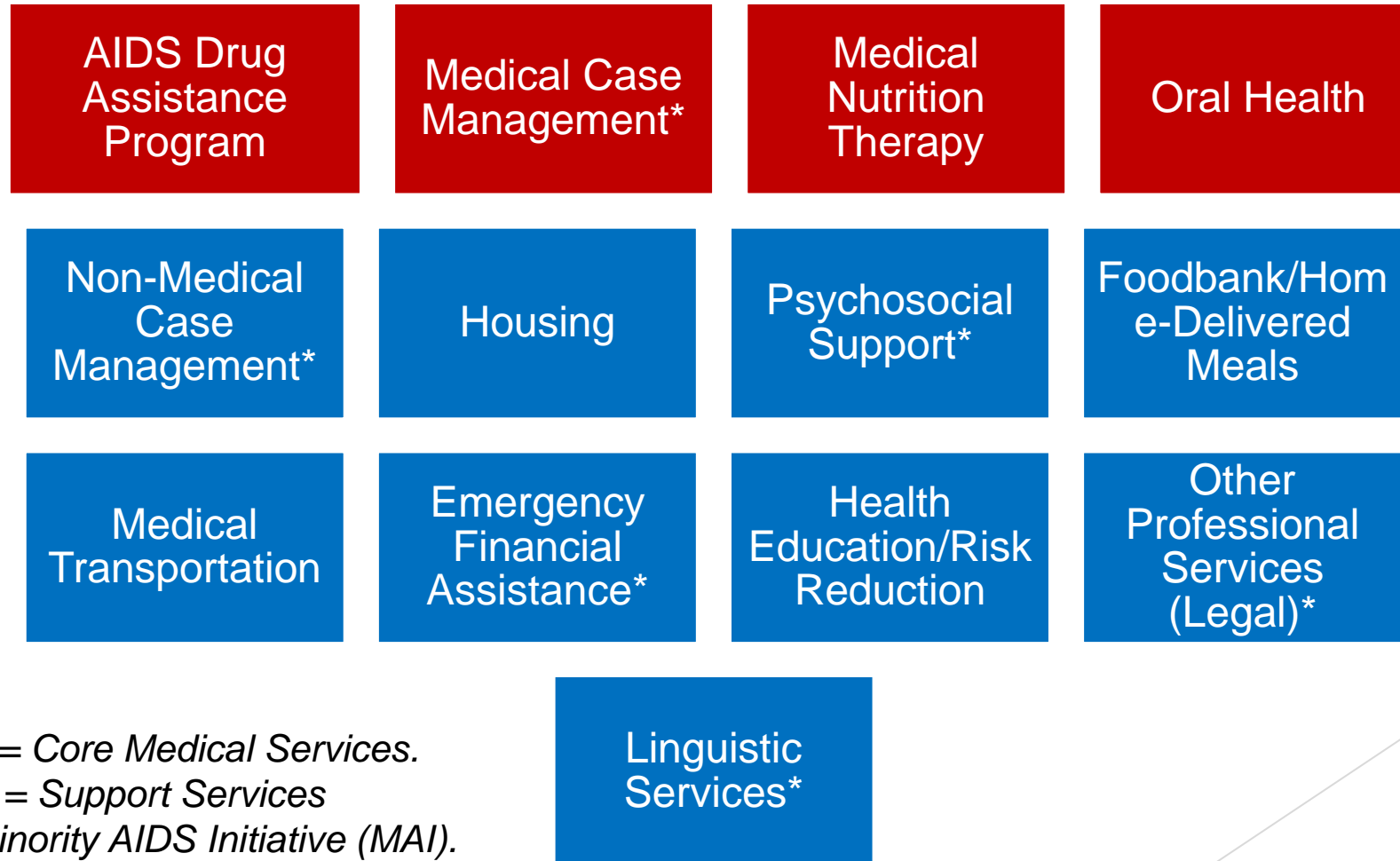
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FY 22 Services

▶ \$15,208,505 total award

▶ 33 funded agencies



- ▶ Red = Core Medical Services.
- ▶ Blue = Support Services
- ▶ * =Minority AIDS Initiative (MAI).

Program Updates

- ▶ New Program Coordinator, Roxy Dai starts 9/19
- ▶ We are interviewing for other PCs for client services and our CQM program
- ▶ HRSA will be conducting a site visit for BPHC in October
- ▶ The team has been working on recorded trainings for the e2Boston data system
- ▶ EHE funding requests are being accepted for Part A funded providers for FY 22



CONSUMERS **NEEDED!**

The Ryan White Services Division (RWSD) are recruiting Part A clients for a listening circle with the Health Resources and Services Administration (HRSA) during the upcoming Site Visit.

This meeting is an opportunity to speak with HRSA about your experience with Part A services. HRSA wants to hear about the program's strengths and challenges directly from consumers.

In terms of confidentiality:

- Clients may use an alias
- No agency or BPHC staff will be present during this meeting
- All information will be recorded and remain anonymous

Eligibility requirements:

- Individual must have received Part A services in the past or are currently enrolled
- Clients cannot be an employee or volunteer for a Part A funded agency
- Consumers not on the Planning Council preferred but not required

Gift cards will be provided to those who participate in the listening session.

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To sign-up, or if you have questions, please contact the RWSD Division Director, Eileen Merisola at emerisola@bphc.org.



Monday

October 24

Time

3:00-4:30 PM

The meeting will be held *virtually* on Zoom. Please let us know if any accommodations are needed.



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Service Spotlight: MNT

Medical Nutritional Therapy provides meals and nutritional supplements under the care of a nutritionist. Services include nutrition coaching, grocery shopping tips, and home delivered meals.

There are two funded MNT sites, but the entire EMA is covered.

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Service Spotlight: MNT

FY22 Q1 & Q2 Spending			
	Allocated	Spent	% Spent
General	\$1,135,818	\$170,453	15%

FY22 Q1 & Q2 Clients Served			
	FY 22 Projection	#Clients Served	%
General	374	247	66%

Service Spotlight: HERR

Health Education & Risk Reduction provides Part A clients with education on health-related topics to improve health outcomes.

There are 7 HERR providers. Their service delivery includes:

- ▶ Sessions with clients and their loved ones
- ▶ Prevention education
- ▶ Group & individual sessions
- ▶ Education on medication usage including PrEP

Service Spotlight: HERR

FY22 Q1 & Q2 Spending			
	Allocated	Spent	% Spent
General	\$345,770	\$82,152	24%

FY22 Q1 & Q2 Clients Served			
	FY 22 Projection	# Clients Served	%
General	411	120	29%

Questions



Integrated Prevention and Care Plan Update

John Snow Inc. (JSI)

Announcements

SHARE WITH THE COUNCIL

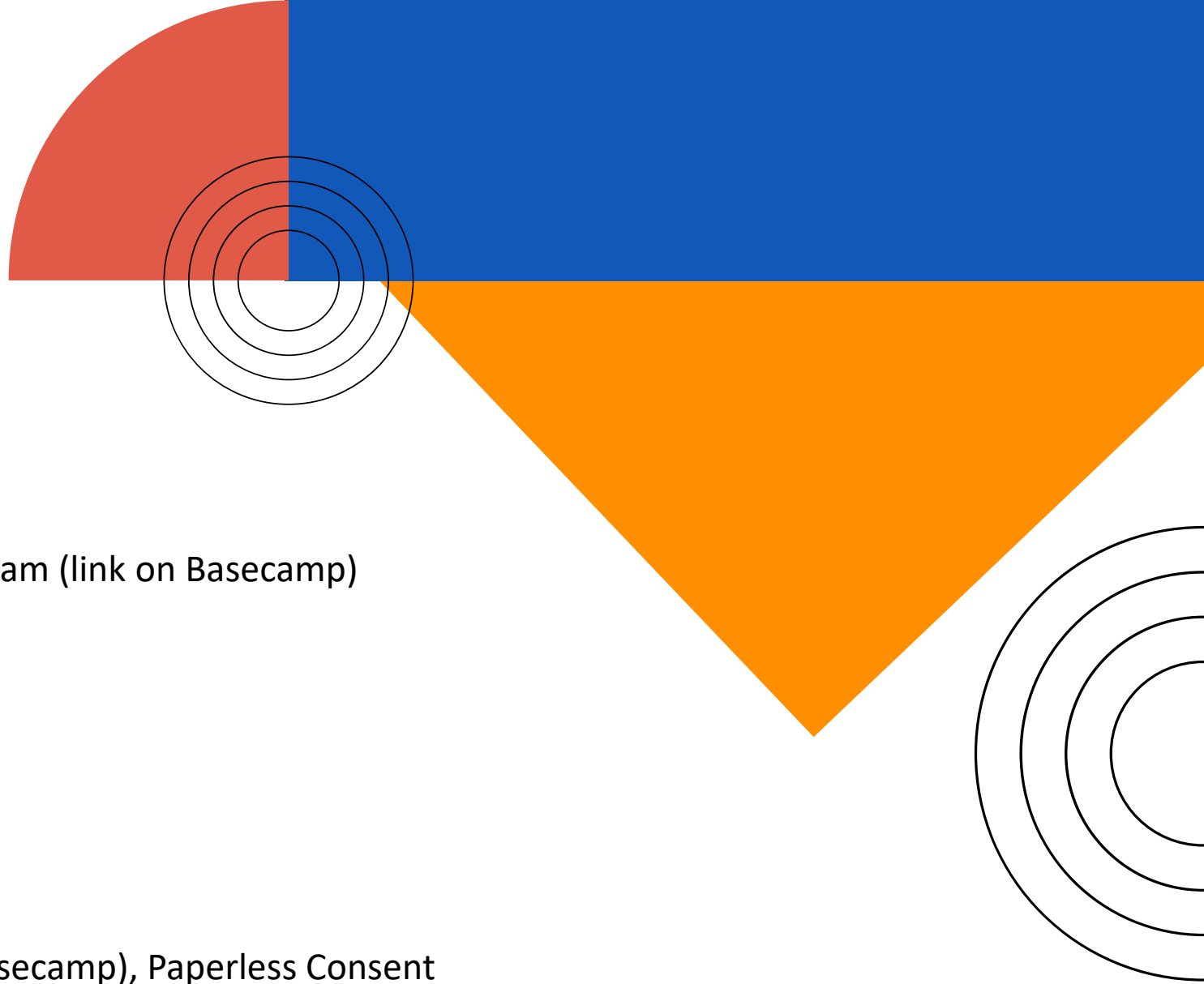
1. AIDS Walk Boston 2022 – 10/2

- DCR's Carson Beach
- Join the Someone You Know and Love Team ([link on Basecamp](#))

2. Upcoming Planning CHATT Session – 9/29

- Use of social media to recruit members
- Registration will be on Basecamp

3. Complete Forms – Meeting Evaluation Form (Basecamp), Paperless Consent Form, Photo Consent & Conflict of Interest





Thank you!

DO NOT FORGET TO SUBMIT YOUR EVALUATION!!!!

