2023-2024

Planning Council Meeting

Thursday, February 8th, 2024
4:00 pm - 6:00 pm
Non Profit Center
89 South St., Boston, MA 02111

ZOOM LINK:
https://us02web.zoom.us/j/9178940335?pwd=bk94emJRZmZnSy9ONUJvZmhTMEM0QT09

Welcome & Moment of Silence — 4:00 pm

Darren Sack, PC Chair

Attendance — 4:05 pm

PCS

January 11th Minutes Review & Vote — 4:15 pm

Darren Sack, PC Chair

Agency Updates & Committee Reports — 4:20 pm

Agency Representatives & Committee Chairs

Planning Council Led Directives: — 4:35 pm

- **Quick Review of Purposes**
- **FY25 Funding Principles Review & Vote (NRAC)**
- **FY24 Service Standards Revisions & Vote (SPEC)**

PCS and Committee Representatives

Clinical Quality Management Updates — 5:00 pm

Sarah Kuruvilla & Claire Karafanda, CQM

Priority Setting Activity Information — 5:30 pm

PCS and SPEC

Announcements, Evaluations, Adjourn! — 5:50 pm

Darren Sack, PC Chair

Planning Council

FEB 8TH, 2024

Darren Sack, Chair | Margaret Lombe, Vice Chair

Moment of Silence

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

Boston EMA Ryan White Planning Council
Group Agreements

Respect the mission, Respect the space, Respect each other and Respect people living with HIV

- **I will use "I" statements rather than "you" statements.**
- **I will share my thoughts with care, be aware of my own possible biases and remember that there's a difference between intention and impact. As Council members sharing a common goal, we will assume good intentions of each other.**
- **I will listen to understand, not to respond. I will be reflective rather than reactive.**
- **I will provide space so everyone in the group can participate.**
- **I will remember my role as a participant and raise my hand to talk, say the facilitator's name out loud, or put my thoughts in the chat (if on Zoom). The facilitators are responsible for calling on us and monitoring the conversations.**
- **I will maintain confidentiality of all Council members' stories and situations.**
- **I will respect and empower other participants' identities – including consumer status, race, gender, sexuality, class, religion, ethnicity, physical or mental abilities.**
- **If I am called in on unintentional harmful comments/behavior, I will listen and learn from the experience.**

Attendance

Please state here or present when your name is called!
No icebreaker today to save some time ☺

Today's Agenda

January 11th Minutes Review & Vote

Darren Sack, PC Chair

Agency Updates & Committee Reports

Agency Representatives & Committee Chairs

Planning Council Led Directives:

- **Quick Review of Purposes**
- **FY25 Funding Principles Review & Vote (NRAC)**
- **FY24 Service Standards Revisions & Vote (SPEC)**

PCS and Committee Representatives

Clinical Quality Management Updates

Sarah Kuruvilla & Claire Karafanda, CQM

Priority Setting Activity Information

PCS and SPEC

Announcements, Evaluations, Adjourn!

Darren Sack, PC Chair

January 11th Minutes Review & Vote

1. Are there any edits to the meeting minutes from January 11th, 2024?

2. First and second motion to approve minutes as written or with any edits.

3. Raise of hands and Zoom poll to approve meeting minutes.

Agency Updates

Barry Callis, MDPH

Alison Kirchgasser, MassHealth

Yvette Perron, NH DHHS

Tegan Evans, BPHC RWSD

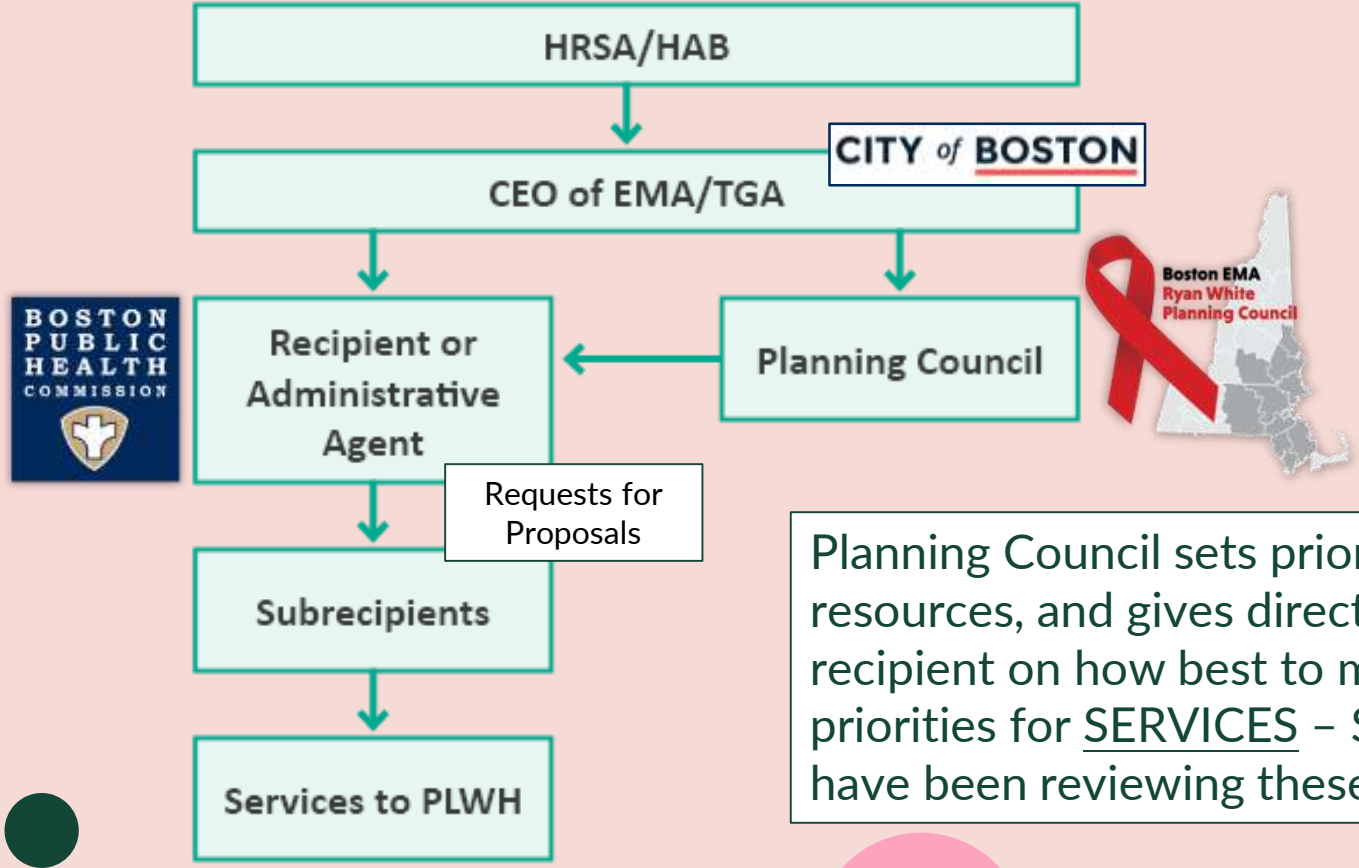
Melissa Hector, City of Boston/Mayor's Office

Planning Council-Led Directives

Objectives:

- Review purpose and uses of Funding Principles and Service Standards
- Vote on FY25 Funding Principles with NRAC
- Vote on FY24 Service Standard revisions with SPEC

Organizational Chart:



REMINDER:
We are responsible for the prioritization and allocation of SERVICE CATEGORIES – **NOT** the agencies that bid to provide the services!

Planning Council sets priorities, allocates resources, and gives directives to recipient on how best to meet these priorities for SERVICES – SPEC and NRAC have been reviewing these directives!

What is the RFP?

RFP = Request for Proposal

A request for proposal (RFP) is a document that announces a project, describes it, and solicits bids from qualified contractors to complete it. Most organizations prefer to launch their projects using RFPs, and many governments use them. It is a LONG process, often many years!

For BPHC, an RFP is a way for us to announce to agencies:
"We have Ryan White Part A dollars for these services, you can apply to receive this funding to provide these services!"

During the RFP process and after when agencies begin to contract with BPHC, BPHC makes Funding Principles and Service Standards available to agencies, so they know the expectations of them while they provide services funded by Part A dollars.

And that is where Planning Council comes in!

Funding Principles

WHAT?

- Directives of the expectations of services funded by Ryan White Part A dollars allocated by the Planning Council
- Decided for the NEXT fiscal year
- "If you are requesting our funding, you must uphold these principles"

FOR WHO?

- **Planning Council/NRAC –** Guide the creation of funding recommendations that NRAC will present to the Planning Council
- **BPHC** - Uses these when contracting funded services and monitoring agencies, embedded in the Request for Proposal (RFP) process to ensure the agencies that apply for funding from BPHC are following these principles

Service Standards

WHAT?

- Guidelines for agencies around the elements and expectations for implementing a service category in the EMA
- Revised for the CURRENT fiscal year
- "If you are providing these services, you must uphold these standards of care"

FOR WHO?

- **Planning Council/SPEC** – Help us know what activities are being provided and how, and guide how we advocate for high quality HIV services
- **BPHC** - Uses these when contracting and monitoring agencies, written into Requests for Proposals (RFPs), subrecipient contracts, and monitoring (i.e. site visits!) to ensure agencies are following Planning Council-led standards

Both are led by the Planning Council to help BPHC hold agencies accountable for providing high quality services!

Questions??

FY25 Funding Principles

NRAC Task:
Review each principle and present FY25 list of funding principles to the Council

- Review each principle and consider the purpose and audience of the principle.
  - The funding principles are not presented in any order of importance.
  - Each principle is of equal weight as any other.
- After a review of the principles, the committee voted on revising a couple of the Funding Principles for FY25 to present to you today!

Principle #1:

- Originally “Services funded by Part A should provide for fair, equitable and just access for all eligible persons with HIV/AIDS throughout the EMA.”
- Edited to, “**Providers should ensure that services funded by Part A** should provide for fair, equitable and just access for all eligible persons with HIV/AIDS throughout the EMA.”
- PCS RECOMMENDATION TO EDIT THE GRAMMAR: ***Providers should ensure that access to services funded by Part A*** *is fair, equitable and just for all eligible persons with HIV/AIDS throughout the EMA.*

Principle #2:

- Originally “Services should meet essential needs of consumers as defined by credible and timely data/needs assessments.”
- Edited to, “**Providers should ensure services** meet essential needs of consumers as defined by credible and timely data/needs assessments.”

Principle #3:

- Providers funded by Part A should seek input from and/or participation by consumers as critical in reaching their decisions.

Principle #4:

- Providers must be able to demonstrate relevant, established ties to the affected populations they serve. Such ties may be shown through staffing, language/cultural competency, community involvement, and site of services.

Principle #5

- Providers should demonstrate a commitment to prevent and mitigate stigma to the extent possible within their environments.

Principle #6:

- Providers should be required to demonstrate optimal collaborations.

Principle #7:

- Originally, “Providers should be encouraged to seek out and maximize the use of all funding sources, rather than solely relying on Part A.”
- Edited to, “Providers should be encouraged to seek out and maximize the use of **all/other** funding sources, rather than solely relying on Part A.”

Principle #8:

- Providers must demonstrate a willingness to provide services to all eligible, affected populations and an ability to provide appropriate services to the populations they target.

Principle #9

- Providers should encourage and support self-advocacy among consumers.

Principle #10:

- Providers should design programs tailored to the needs of the population served; to this end, staffing qualifications should not be needlessly inflated to exclude persons from affected populations, who have the requisite skills and lived experience, from being employed in service delivery.

Principle #11

- Funding decisions should be made in such a way as to encourage the development/maintenance of high quality, user-friendly, innovative services.

Principle #12

- To ensure continuity of services, there should be a preference for organizations that provide services within the priority areas and demonstrate linguistic/cultural competency and appropriateness.

Principle #13

- Staff funded by Part A may not solicit or accept personal gifts, travel, meals, or entertainment with a value in excess of $50, from any pharmaceutical company or any person or entity that provides or is seeking to provide goods or services to Part A funded agencies, or that does business with, or is seeking to do business with, a Part A funded agency. Faculty, clinicians, or staff funded by Part A who are expected to participate in meetings of professional societies as part of their continuing professional education should be aware of the potential influence, both direct and indirect, of pharmaceutical companies on these meetings and should use discretion in evaluating whether and how to attend or participate in these educational events, lectures, legitimate conferences, and meetings.

VOTE

Summary of Motion:
Vote to approve the FY25 Funding Principles as reviewed and presented by NRAC.

Approve - You agree with the FY25 Funding Principles and any changes.
Oppose - You do not agree with the FY25 Funding Principles and any changes.
Abstain - You wish not to vote on the motion.

Service Standards

01

SPEC reviewed Service Standards and began to outline changes

02

Working group met to take a deep dive into the Standards and potential changes

03

Standards review/revision with SPEC and RWSD, working group met again to finalize

04

SPEC voted on final service standard revisions

05

SPEC presents revisions to Planning Council for a final vote (TODAY!)

06

RWSD finalizes changes and distributes to EMA

VOTE: Motion to allow SPEC to finalize service standard revisions on March 7th for the following standards

- 3.7 Refusal of Services Policies & Procedures

Original Language	Edited Language	Rationale
Standard: Provider has policies and procedures in place for documenting clients who have been refused a service.	Provider has policies and procedures in place for documenting clients who have been/ who elect to refuse(d) a service.	For the refusal of care, to include in the policy when an agency must refuse service for any reason but also for the client to be able to have the autonomy to decline a service when applicable.

- 18.1 Professional Services Staff Qualifications

Original Language	Edited Language	SPEC Rationale
Standard: All legal counsel services must be performed by trained professional staff. Attorneys must be current members of the Massachusetts Bar by the Board of Bar Overseers or other similar body in the relevant state.	All legal counsel services must be performed by trained professional staff. Attorneys must be current members of the Massachusetts Board of Bar Overseers and/or New Hampshire Bar Association.	The original text only included Massachusetts and not New Hampshire. Edit includes both states residing in the EMA.

Approve = SPEC can finalize standards 3.7 and 18.1 on March 7th.

Oppose = SPEC should not finalize standards 3.7 and 18.1 on March 7th. These will be moved to next year.

Abstain = I do not wish to vote on this motion.

Service Standards Edits

Revisions were made by the Service Standards Working Group and were reviewed during SPEC meeting on 1.4.24 and 2.1.4

Section: 3.0 Client Retention, Re-Engagement, and Linkage and Access to Care

3.8 Engagement of Income-eligible Clients

Original Language	Edited Language	SPEC Rationale
Standard: Provider conducts specific activities and/or maintains promotional materials that are used to engage low-income clients and to promote awareness of Ryan White services.	Provider conducts specific activities and/or maintains promotional materials that are used to engage income-eligible clients and to promote awareness of Ryan White services. ***this edit has been corrected throughout the Service Standards***	"Income eligible" is more inclusive and holds less stigma.

Section: 2.0 Intake, Discharge, Transition & Case Closure

2.2 Confidentiality Policy

Original Language	Edited Language	RWSD Rationale
Measure: Release of Information policy reviewed, signed, and dated by client annually, and placed in file	Confidentiality Policy and Release of Information Policy reviewed, signed, and dated by client annually, and placed in file	Including Confidentiality Policy in the measure section to enhance clarity.

Section: 4.0 Staff Credentials, Training, and Supervision

4.3 Supervision of Service Delivery of Funded Service Categories

Original Language	Edited Language	RWSD Rationale
Standard: 4.3 Supervision of Service Delivery of Funded Service Categories All staff will receive relevant supervision of services rendered under the funded service category	4.3 Supervision of Service Delivery of Funded Service Categories to 4.3 Supervision of Funded Services	Language is straight forward and less wordy/confusing.

Section: 5.0 Staff Safety Standards

Original Language	Edited Language	SPEC Rationale
Standard: 5.0 Staff Safety Standards 1. Safety protocol for staff and clients 2. Anti-bullying, discrimination, and sexual harassment 3. Staff safety on community and home visits 4. Protocol for incident reporting	5.0 Staff Safety Standards 1. Safety Protocol for Staff and Clients 2. Anti-bullying, Discrimination, and Sexual Harassment 3. Staff Safety on Community and Home Visits 4. Protocol for Incident Reporting *capitalizing the title of each substandard in this section	This is the only standards section that is lowercase. Capitalizing the first letter of each main word so it is uniform with the other sections.

Section 5.0: Staff Safety Standards

5.4 Protocol For Incident Reporting

Original Language	Edited Language	SPEC Rationale
Standard: The agency must have policies in place for staff to report incidents.	The agency must have policies in place for staff to report incidents. Policies must contain a timeframe of when the incident occurred to when the follow up report is expected to happen. *specific timeframe is determined by the agencies, with adherence to BPHC's grievance and incident policies.	Allows for reports to be done in a timely manner and for incidents to be reviewed and concluded.

Universal Standards:
6.0: File Maintenance & Data Security
6.3 Archiving

Original Language	Edited Language	SPEC Rationale
Standard: Subrecipient will archive client files for a minimum of three years after the completion of the grant	Subrecipient will archive client files that meets the minimum requirements in accordance with state regulations.	Changing the language ensures that state regulations are met even if year minimums change over time.

Service Category Standards:
16.0 Medical Transportation
16.4 Mobility Accomodations and Ride Accessibility

Original Language	Edited Language	SPEC Rationale
Standard: 16.4 Mobility Impaired & Other Special Needs All clients must be accommodated under the medical transportation funds. The agency must seek alternative methods for transporting clients who cannot be accommodated with the agency's primary transportation service delivery method.	16.4 Mobility Impaired & Other Special Needs to 16.4 Mobility Accommodations and Ride Accessibility	Language used is more inclusive.

Service Category Standards:
16.0 Medical Transportation
16.3 Agency Drivers

Original Language	Edited Language	SPEC Rationale
Standard: All drivers transporting clients must hold a valid Massachusetts or New Hampshire driver's license and automobile insurance consistent with state minimum requirements. All drivers must be aware of their responsibility in the event of an accident.	All drivers transporting clients must hold a valid driver's license and automobile insurance consistent with state minimum requirements. All drivers must be aware of their responsibility in the event of an accident. ***same edit for 12.3 (Agency Drivers for Food Bank/Home Delivered Meals service category)**	Drivers could be residing from a different state and go into Massachusetts and New Hampshire for work. This allows for the driver to be from any state as long as they have the minimum requirements, the license and the automobile insurance.

VOTE

Summary of Motion:
Vote to approve the FY24 Service Standards as reviewed and approved by the Services, Priorities and Evaluations Committee and Ryan White Services Division.

Approve - You agree with SPEC's revisions to the Service Standards
Oppose - You do not agree with SPEC's revisions to the Service Standards
Abstain - You wish not to vote on the motion

Clinical Quality Management (CQM) Program Update

RYAN WHITE SERVICES DIVISION | BOSTON PUBLIC HEALTH COMMISSION
SARAH KURUVILLA AND CLAIRE KARAFANDA
FEBRUARY 8, 2024

BOSTON PUBLIC HEALTH COMMISSION

Priority Setting: March 14th, 2024

IN PERSON MEETING!

What is Priority Setting?

The process of ranking **all 28 service categories** in order of importance to PLWH in the Boston EMA

Informs the recipient (BPHC) of which categories and in what order to allocate and re-allocate funds

Helps to eliminate health disparities and strengthens our continuum of care

Which fiscal year are we setting priorities for?

FEB. 2024

The previous fiscal year (FY23) is about to end.

MAR. 2024

FY24 is the upcoming fiscal year. The priorities that were set last Council year, will go into effect.

MAR. 2025

We are priority setting for FY25 which begins March 1, 2025.

How will we set priorities?

NEXT MONTH – March 14th, 2024

4 – 6 PM during Planning Council

Fully in-person!!!

There will be a Basecamp folder in NEXT MONTH's meeting folder with resources for you to reference while you set priorities!

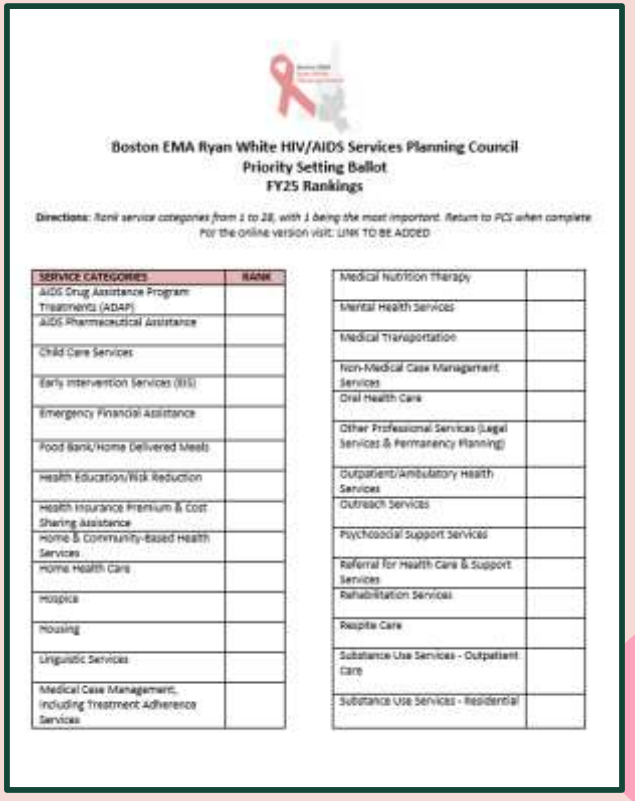
We will also have PRINTED hand outs for you to review during the meeting:

- Needs Assessment data slides
- Funding Streams overview
- Service utilization overview
- Service Category Cheat Sheet
- Last year's Priority Setting results (Currently in place for FY24!)
- A thought process guide to Priority Setting

You are encouraged to utilize knowledge from your personal and professional experiences!

During the meeting...

- You will have a full 60 minutes to work on your Priority Setting ballot.
- PCS can help but cannot give any input – this must be your individual decision!
- There will be 2 versions:
    1. SurveyMonkey (online)
    2. Printed PDF (fill out by hand)
- You can bring laptops, tablets, etcetera in order to review online materials



Boston EMA Ryan White HIV/AIDS Services Planning Council
Priority Setting Ballot
FY25 Rankings

Directions: *Rank service categories from 1 to 28, with 1 being the most important. Return to PCS when complete*
For the online version visit: LINK TO BE ADDED

SERVICE CATEGORIES	RANK
AIDS Drug Assistance Program Treatments (ADAP)	
AIDS Pharmaceutical Assistance	
Child Care Services	
Early Intervention Services (EIS)	
Emergency Financial Assistance	
Food Bank/Home Delivered Meals	
Health Education/Risk Reduction	
Health Insurance Premium & Cost Sharing Assistance	
Home & Community-Based Health Services	
Home Health Care	
Hospice	
Housing	
Linguistic Services	
Medical Case Management, including Treatment Adherence Services	

Medical Nutrition Therapy	
Mental Health Services	
Medical Transportation	
Non-Medical Case Management Services	
Oral Health Care	
Other Professional Services (Legal Services & Permanency Planning)	
Outpatient/Ambulatory Health Services	
Outreach Services	
Psychosocial Support Services	
Referral for Health Care & Support Services	
Rehabilitation Services	
Respite Care	
Substance Use Services - Outpatient Care	
Substance Use Services - Residential	

Announcements

Someone You Know and Love Activities:

- THANK YOU to everyone who came to our event at Suffolk last night and Consumer Committee today!
- Look out for the campaign on the MBTA!

REMINDER: Connect with Hana if you'd like to schedule a 1 on 1 to honor a loved one or tell us your story for the Someone You Know and Love website.

This is also on Basecamp in Announcements & Newsletters folder!

Adjourn!

See you IN PERSON next month!
March 14th, 2024, 4 – 6 PM
Priority Setting Activity

Please take the meeting evaluation!!!

Planning Council Meeting
Thursday, February 8, 2024
Non-Profit Center and Zoom
4:00 PM - 6 PM

Summary of Attendance

Members Present
Daniel Amato
Mitchell Barys
Stephen Batchelder
Barry Callis
Joey Carlesimo
Mose Choi
Stephen Corbett
Larry Day
Robert Giannasca
Regina Grier
Amanda Hart
Melissa Hector
Darian Hendricks
Gerald James
Allison Kirchgasser
Liz Koelnych
Jordan Lefebvre
Margaret Lombe
Ericka Olivera
Manuel Pires
Yvette Perron
Serena Rajabiun
Shirley Royster
Darren Sack
Mairead Skehan Gillis
Romini Smith
Michael Swaney
Catherine Weerts
Kim Wilson

Members Excused
Henry Cabrera
Beth Gavin
Amanda Hart
Shara Lowe
Christopher McNally
Carlton Martin
Nate Ross
Bryan Thomas

Members Absent
Justin Alves
Damon Gaines
Ethan Ouimet
Luis Rosa
Manuel Pires

Staff
Vivian Dang
Claudia Cavanaugh
Clare Killian
Hana Wallen
Sarah Kuruvilla
Melanie Lopez
Roxy Dai
Tegan Evans

Guests

Topic A: Welcome and Introductions

The Chair of the Planning Council called the meeting to order and led a moment of silence. PCS team took roll call.

Topic B: Review 1.11.24 Meeting Minutes

Motion to Approve: Darian Hendricks
Second: Mairead Skehan Gillis
Result: The 1.11.23 meeting minutes were approved with 6 approved in person, 15 approved on Zoom and 1 abstained.

Topic C: Agency Updates and Committee Reports

Agency representatives give updates from their agencies.

- Barry Callis, MDPH
    - The 9th of February, they are expecting the CDC to release their funding of notice opportunities to health departments. This is the funding opportunity that funds MDPH's prevention work, HIV/AIDS surveillance work, and ending the HIV epidemic (EHE) resources. Barry says they are not sure if the money will be the same, but will figure that out when it is released tomorrow. Barry notes that these services are complimentary to Part A services and are often used by NRAC and other working groups used to identify gaps

- Alison Kirchgasser, MassHealth
    - January 24, governor came out with a budget proposal for the state fiscal year that starts in July. First year in some time that there is budget challenge for MassHealth due to the additional federal funding during the covid public health emergency has ended but health care costs continue to rise. There is a proposal that the administration has made is to tighten up eligibility for the MassHealth Personal Care Assistance Program.
        - Alison says she is not sure if that proposal would impact Ryan White since she doesn't believe the PCA service is coved by Ryan White Part A, but wanted to inform Planning Council members
    - Link to budget briefing for MassHealth: https://budget.digital.mass.gov/govbudget/fy25/budbriefpdf/12-fy25h2_bb_masshealth.pdf#:~:text=FY25%20House%202%20funds%20MassHealth%20at%20%2420.3%20billion,known%20as%20the%20Federal%20Medical%20Assistance%20Percentage%20%28FMAP%29.
        - First part to a long process to set the state budget for next year.
-
- Yvette Perron, NH DHHS
    - New Hampshire is also working on the HIV Prevention and Surveillance NOFO. We have completed our site visits.

- Tegan Evans, BPHC RWSD
    - Completed 27/31 site visits. Waiting on the approved service standards. Wrapping up fiscal year. Trying to get people to spend out and use funds so that they are spending as much as possible. Wrapping up interviews and focused groups and analysis of HIV needs assessment.
    - Funding new initiatives with EHE dollars, doing prevention "talk test and treat" Boston wide campaigns to increase knowledge about HIV prevention services that are available.

- Melissa Hector, City of Boston/Mayor's Office
    - The mayor's office is announcing youth summer jobs program for young people to apply for summer jobs.
    - Typically ask for host organizations, but sometimes there is wiggle room, so if your organization is interested in hosting students in the summer reach out to Melissa
    - Creating health career pathway program, not too much info now but wanted to give everyone a heads up.

MNC (2/5/24) Chair: Kim Wilson

- Finalized the new member application and flyer for this year
- Reviewed the Mid-Year Survey data collected at January's Planning Council meeting
- Talked about outreach opportunities for recruitment this upcoming spring
- New Member Application and Flyers will be posted here: https://3.basecamp.com/4260210/buckets/13124190/vaults/5722194466

SPEC (2/1/24)
Chair: Henry Cabrera

- Reviewed Service Standard revisions and voted to move 8 revisions through to the Council and continue to work on 2 additional revisions
- Finalized the Assessment of Administrative Mechanism survey that PCS will begin to send out (deadline for SPEC additional comments is Feb. 8th)
- Introduced the Priority Setting process and reviewed the tools provided by PCS to do the activity (Reminder: Priority Setting is during Planning Council on March 14th and is mandatory in person)

Executive (1/25/24)
Chair: Darren Sack

- Reviewed and debriefed each committee meeting, including the attendance and evaluations from each
- Discussed the February Planning Council agenda and additional items to be added to the discussion to add context to the purpose of Funding Principles and Service Standards
- Determined the first date for the Council's training with YW Boston (February 29th from 5:30-7:30 PM on Zoom! Stay tuned for a calendar invitation from PCS)

NRAC (1/18/24)
Chair: Amanda Hart

- Reviewed and approved FY25 Funding Principles to be presented to Council
- Reviewed the Resource Allocation process
- Provided an update on the Needs Assessment progress
    - We discussed that more personal conversations with both providers and PLWH may provide real life experiences with the system that aren't fully grasped by paper/online survey. The working group also talked about how do access people who aren't regularly in care, reaching people who we typically struggle to reach. Because of this, suggestion

to do in-depth interviews with consumers and focus group discussions with providers. This would help us focus on receiving qualitative data.

- PCS will be providing the working group with a mini-training on how to collect this data and what that would look like in practice and what steps we would need to take as a group to make this happen.

Topic D: Planning Council-Led Directives

PCS introduces the different directives that will be covered today:

- Review purpose and uses of Funding Principles and Service Standards
- Vote on FY25 Funding Principles with NRAC
- Vote on FY24 Service Standard revisions with SPEC

Chair goes over an organizational chart that shows where Planning Council fits into the bigger picture of Ryan White Part A Services in the EMA. The organizational chart is read out in detail:
HRSA/HIV/AIDS Bureau is at the top – this is the federal agency that is responsible for administering RW part A funds to cities – then there is an arrow to CEO of EMA or TGA
These funds go to the CEO of each EMA. In our case, the CEO or Chief Elected Officer, is Mayor Wu. There is a City of Boston logo next to this box.
Then there is an arrow to both Recipient or Administrative Agent AND the Planning Council. The Recipient is BPHC, and the Planning Council is us! There is another arrow that goes from the Planning Council to BPHC. This is because we are responsible for many directives to the recipient (BPHC) on how to best deliver HIV services in the EMA.
From BPHC, there's an arrow to subrecipients, which means agencies that apply for RW funding through BPHC and then are awarded part A grants from and managed by BPHC. This application process is called an RFP: Request for Proposals, where agencies bid to receive RW dollars to provide services (more on that on the next slide)
From Subrecipients, there is an arrow to 'services to PLWH' – agencies provide the services.

Chair goes over the RFP process

- *RFP stands for Request of Proposal*
- During the RFP process, which typically occurs every 5 years, and after when agencies begin to contract with BPHC, BPHC makes Funding Principles and Service Standards available to agencies, so they know the expectations of them while they provide services funded by Part A dollars.

Tegan says that sometimes it's easier to think of a RFP as an application for funding.

Vice-Chair continues explaining what the RFP Process is.

- A request for proposal (RFP) is a document that announces a project, describes it, and solicits bids from qualified contractors to complete it. Most organizations prefer to launch their projects using RFPs, and many governments use them.
- For BPHC, an RFP is a way for us to announce to agencies: "We have Ryan White Part A dollars for these services, you can apply to receive this funding to provide these services!"

- Agencies have to demonstrate that they have the capacity, qualifications, etc. to provide these services and monitor the provision of services in a way that is aligned with our service standards and funding principles and overall priorities of the program.
- During the RFP process, which typically occurs every 5 years, and after when agencies begin to contract with BPHC, BPHC makes Funding Principles and Service Standards available to agencies, so they know the expectations of them while they provide services funded by Part A dollars.

PCS goes over Funding Principles and what Service Standards are
Funding Principles

- WHAT?
    - Directives of the expectations of services funded by Ryan White Part A dollars allocated by the Planning Council
    - Decided for the NEXT fiscal year
    - "If you are requesting our funding, you must uphold these principles"
- FOR WHO?
    - Planning Council/NRAC – Guide the creation of funding recommendations that NRAC will present to the Planning Council
    - BPHC - Uses these when contracting funded services and monitoring agencies, embedded in the Request for Proposal (RFP) process to ensure the agencies that apply for funding from BPHC are following these principles

Service Standards

- WHAT?
    - Guidelines for agencies around the elements and expectations for implementing a service category in the EMA
    - Revised for the CURRENT fiscal year
    - "If you are providing these services, you must uphold these standards of care"
- FOR WHO?
    - Planning Council/SPEC – Help us know what activities are being provided and how, and guide how we advocate for high quality HIV services
    - BPHC - Uses these when contracting and monitoring agencies, written into Requests for Proposals (RFPs), subrecipient contracts, and monitoring (i.e. site visits!) to ensure agencies are following Planning Council-led standards

A member asks: Who decides people can only get it one time and can only get "$500" (number used was an example)

- Answer by PCS and RWSD staff: That is determined by the agency, there is a policy that is determined by the service standards called the EFA Limitation Policy, so the agencies depending on their full award amount has to allocate that appropriate based to last year trends, that is how they will disperse the EFA funds for clients equitable and make sure clients that use those funds most frequently
    - Each agency is funded with different EFA amounts

Follow up question, for Rental Assistance, if limited to 3 months, is that from agency?

- There has to be limitations to it and that is something that is required. The short term aspect is outlined by the legislation, but because there is such high need, there needs to be a cap.

So there has to be a limitation to it, and that is something they require. The short term aspect is outlined in legislations, but agency may say because they are at high need, they can only cap it at this much for equity purposes.

A member says we as a Planning Council can influence this (such as in Service Standards), and it is not always just at agency level.

- RWSD says that this may not always be the case, although this is true.

A member from NRAC goes over the Funding Principle revisions. *She notes that the funding principles are not presented in any order of importance and each principle is of equal weight as another. There were a few revisions made.*

There are 13 Funding Principles, with some having small edits.
Principle 1:
- NRAC edited this principle to say "Providers should ensure that services funded by Part A should provide for fair, equitable and just access for all eligible persons with HIV/AIDS throughout the EMA."

PCS recommends to edit the grammar slightly so that it is clear that access is the subject of this principle: Providers should ensure that access to services funded by Part A is fair, equitable and just for all eligible persons with HIV/AIDS throughout the EMA.

Principle 2:
- NRAC edited this one to say "Providers should ensure services meet essential needs of consumers as defined by credible and timely data/needs assessments."

Principle 3:
- Providers funded by Part A should seek input from and/or participation by consumers as critical in reaching their decisions

Principle 4:
- Providers must be able to demonstrate relevant, established ties to the affected populations they serve. Such ties may be shown through staffing, language/cultural competency, community involvement, and site of services.

Principle 5:
- Providers should demonstrate a commitment to prevent and mitigate stigma to the extent possible within their environments.

Principle 6:
- Providers should be required to demonstrate optimal collaborations.

Principle 7:
- NRAC edited this one to say: "Providers should be encouraged to seek out and maximize the use of all/other funding sources, rather than solely relying on Part A." This principle is about using Part A as payor of last resort, so we wanted to make that clear

Principle 8:

- Providers must demonstrate a willingness to provide services to all eligible, affected populations and an ability to provide appropriate services to the populations they target.

Principle 9:
- Providers should encourage and support self-advocacy among consumers.

Principle 10:
- Providers should design programs tailored to the needs of the population served; to this end, staffing qualifications should not be needlessly inflated to exclude persons from affected populations, who have the requisite skills and lived experience, from being employed in service delivery.

Principle 11:
- Funding decisions should be made in such a way as to encourage the development/maintenance of high quality, user-friendly, innovative services.

Principle 12:
- To ensure continuity of services, there should be a preference for organizations that provide services within the priority areas and demonstrate linguistic/cultural competency and appropriateness.

Principle 13: This is the final funding principle
- Staff funded by Part A may not solicit or accept personal gifts, travel, meals, or entertainment with a value in excess of $50, from any pharmaceutical company or any person or entity that provides or is seeking to provide goods or services to Part A funded agencies, or that does business with, or is seeking to do business with, a Part A funded agency. Faculty, clinicians, or staff funded by Part A who are expected to participate in meetings of professional societies as part of their continuing professional education should be aware of the potential influence, both direct and indirect, of pharmaceutical companies on these meetings and should use discretion in evaluating whether and how to attend or participate in these educational events, lectures, legitimate conferences, and meetings.

Vote to approve the FY25 Funding Principles as reviewed and presented by NRAC.
Motion: Catherine Weerts
Second Motion: Michael Swaney

This motion passed with 5 voted yes in person, 1 opposed, and 13 votes of yes on Zoom, zero opposed.

Service Standards
PCS shares the timeline of the service standards process so far.

The Chair then talks about the two service standards that were not completed during the last SPEC meeting. They've discussed with Ryan White Services Division and they said it would be okay if to have until March 8 (the day after the next SPEC) to review these final standards before RWSD sends out the standards to the agencies as there is not enough time to review these in SPEC again and still bring them back to the Council as this is already an extended deadline. Chair asks council if they would like to ask for a vote to allow SPEC to finalize service standard revisions on March 7th for standards 3.7 Refusal of Services Policies & Procedures and 18.1 Professional Services Staff Qualifications.

If this vote is a tie, Exec will vote on it at the end of this month. If the motion does not pass, then they will continue on without editing these 2 standards for this year and it will be be addressed next year. If it does pass, then SPEC would have the final vote on March 7th for just these 2 standards.

Motion to allow SPEC to finalize service standard revisions on March 7th for the following standards
Motion: Stephen Corbett
Second: Kim Wilson

100% approved this.

PCS goes over Service Standard edits that were approved by SPEC.

The following sections from the Service Standards that were edited and the rationale:
Section: 3.0 Client Retention, Re-Engagement, and Linkage and Access to Care
3.8 Engagement of Income-eligible Clients
In this service standard, the following edit replaces "low-income" with "income-eligible". Ryan White Services Division noted that they will make sure it gets corrected throughout the entire Service Standards.

Section: 2.0 Intake, Discharge, Transition & Case Closure
2.2 Confidentiality Policy
For this edit, the measure is edited to say "Confidentiality Policy and Release of Information Policy reviewed, signed, and dated by client annually, and placed in file". This edit was suggested to enhance clarity and to include the Confidentiality Policy into the measure, because the original edit did not include it.

Section: 4.0 Staff Credentials, Training, and Supervision
4.3 Supervision of Service Delivery of Funded Service Categories
For this edit under the Supervision of Service Delivery of Funded Service Categories, the standard is suggested to be changed to "Supervision of Funded Services" to simplify the text.

Section: 5.0 Staff Safety Standards
Section 5.0 Staff Safety Standards is the only standard section that does not have the first letter of each main word capitalized. This edit is to ensure that it is uniform with the other standards.

Section: 5.0 Staff Safety Standards
5.4 Protocol For Incident Reporting
SPEC suggested including a timeframe in the standard so that reports can be done in a timely manner and for incidents to be reviewed and concluded. Timeframes would be determined by the agencies, with adherence to BPHC's grievance and incident policies., so there is an asterisk noting that specific timeframe is determined by the agencies, with adherence to BPHC’s grievance and incident policies.

Section:6.0: File Maintenance & Data Security
6.3 Archiving
The edited language states: Subrecipient will archive client files that meets the minimum requirements in accordance with state regulations.
SPEC discussed and will make a vote to edit the language to say, “Subrecipient will archive client files that meets the minimum requirements in accordance with state, federal, or other legal regulations.”

Section: 16.0 Medical Transportation
16.4 Mobility Accommodations and Ride Accessibility
Language is changed from "Mobility Impaired & Other Special Needs" to "Mobility Accommodations and Ride Accessibility" for more inclusive language.

Section: 16.0 Medical Transportation
16.3 Agency Drivers
Edit the language to say "valid driver's license because drivers could be residing from a different state and go into Massachusetts and New Hampshire for work. This allows for the driver to be from any state as long as they have the minimum requirements, the license and the automobile insurance.

Vote to approve the FY24 Service Standards as reviewed and approved by the Services, Priorities and Evaluations Committee and Ryan White Services Division, with following edits from 6.3.
Stephen Corbett made a motion, and it was seconded.
Members approved this vote, with 17 voting yes and 1 abstention.

Topic E: Clinical Quality Management Updates

Sarah Kuruvilla and Claire Karafanda presents the Clinical Quality Management updates for Ryan White Services Division.

Presentation objectives is to give a refresher on what the CQM program is. More on e2Boston.

Sarah goes over screenshots of what quality management means to members from earlier in the year. Themes on thinking of staff turnover and continuity of care, health outcome improvements, and time spent with your providers.

What is Clinical Quality Management (CQM)?
In summary CQM is the coordination of activities that aim to improve clients' care, health outcomes, and satisfaction.

Sarah and Claire talks about goals for CQM.
Goal 1: To promote and sustain a culture of continuous Quality Improvement throughout the Ryan White HIV/AIDS Program in the Boston EMA.
What CQM has done to reach the goal:

- Incorporated Quality Improvement and Performance Measurement into the monthly contract management calls with funded providers
- Improved/expanded data displays and included a feedback process for them
- Created an 'Intro to CQM' module for Case Management New Hire training

Goal 2: To increase the viral suppression rate among People Living with HIV/AIDS in the Boston EMA.
IMPROVING DATA QUALITY

- Improved relevance and applicability of Performance Measures for most utilized services, starting with Oral Health
- Began revision of Outcomes Reporting and Data Importing policies, starting with gathering input from data enterers
- Trained EMA in e2Boston use and host quarterly e2Boston office hours
- Created summary info sheets for performance measures discussed in monthly calls

IMPROVING 30-DAY LINKAGE TO CARE RATE

- Planned FY24 revisions in e2Boston to Linkage to Care data fields

REDUCING STIGMA

- Convened a BPHC Stigma Reduction Committee and began creating an organizational plan to address HIV stigma

For e2Boston updates, there were a few edits:

- Made reports exportable and created client drilldowns.
- Added 'Newly Diagnosed', county and zip code, exposure category, multi-select Quality of Life indicators.
- e2Boston no longer asks for a client's outcomes if the service inputted was "Client Communication".

Some challenges that were discussed include:

- Limited program capacity
- Finalized new job descriptions
- Were two-thirds staffed
- Less focus on quality improvement work and capacity building
- Data quality
    - Dedicated a lot of effort to continuing to improve outcomes data quality
    - Big focus on increasing data enterers' engagement with data

Sarah concludes the presentation with future directions. CQM hopes to expand and have a bigger team and renew focus on Quality Improvement work and training/coaching such as a QI Learning Collaborative, an Organizational Stigma Reduction Plan, more useful ways of sharing program data with key stakeholders, etc.

Sarah shared a flyer to join the Ryan White Quality of Care Committee, kick off meeting on Feb 13th.

Topic F: Priority Setting Activity Information

PCS introduces Priority Setting and explains what it is.

- The process of ranking all 28 service categories in order of importance to PLWH in the Boston EMA
- PS informs the recipient (BPHC) of which categories and in what order to allocate and re-allocate funds, and helps to eliminate health disparities and strengthens our continuum of care.

PCS mentions that next meeting, March 14th, is a mandatory in person meeting for doing the Priority Settings. Resources will be provided on Basecamp, as well as printed in person.

- Notes that members are encouraged to utilize knowledge from your personal and professional experiences.
- There will be 60 minutes to work on the Priority Setting, and there will be two options to take it, on Surveymonkey and ballots to fill out in person.

Topic G: Announcements, Evaluations, Wrap Up

Announcements:

- In person meeting March 14th to do the Priority Setting Process

Meeting to Adjourn

Motion: Stephen Corbett
Second: Robert Giannasca
Result: The meeting was adjourned at 6:00pm.