



2023 - 2024

# Planning Council

**Thursday, June 13th, 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=bk94emJRZmZnSy9ONUJvZmhTMEMOQT09>

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<b>Welcome &amp; Moment of Silence</b>	4:00 pm
Darren Sack, PC Chair	
<b>May 9th Minutes Review</b>	4:05 pm
Darren Sack, PC Chair	
<b>Agency &amp; Consumer Committee Updates</b>	4:10 pm
Agency Representatives & Darian Hendricks, Consumer Chair	
<b>RWSD Request for Proposal Vote</b>	4:20 pm
Melanie Lopez, RWSD	
<b>NRAC FY25 Funding Scenarios &amp; Year End Report</b>	4:30 pm
NRAC & PCS	
<b>SPEC Year End Report</b>	4:55 pm
SPEC & PCS	
<b>MNC Recruitment Updates</b>	5:15 pm
MNC & PCS	
<b>2024-2025 Chair-Elect Nominations</b>	5:25 pm
Darren Sack, PC Chair & Margaret Lombe, 2023-2024 Chair-Elect	
<b>End of Year Survey Introduction</b>	5:45 pm
Darren Sack, PC Chair	
<b>Announcements &amp; Adjourn!</b>	5:50 pm
Darren Sack, PC Chair	



# PLANNING COUNCIL

Darren Sack, Chair | Margaret Lombe, Chair-Elect

June 13<sup>th</sup>, 2024



# MOMENT OF SILENCE

At this time, let us take a moment of silence to remember 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 & 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.

# JUNE 13

# AGENDA & OBJECTIVES

<b>Agenda Item</b>	<b>Objective</b>
May 9 <sup>th</sup> Minutes Review	List any edits to the May 9 <sup>th</sup> Meeting Minutes & vote to approve them.
Agency & Consumer Committee Updates	Hear any relevant updates from Agency Representatives; hear an update from the Consumer Committee.
Request for Proposal Vote	Vote to allow the grantee (BPHC) to use historical performance, from previous grant cycles and the last 5 years, to change up to two (2) services that are approved for the EMA
NRAC FY25 Funding Scenarios & Year End Report	Review the FY25 funding recommendations from NRAC to inform your vote on June 20 <sup>th</sup> ; hear about their accomplishments and recommendations for next year.
SPEC Year End Report	Hear from SPEC about their accomplishments & recommendations for next year.
MNC Recruitment Update	Hear from MNC about recruitment efforts this far & learn how you can help!
2024-3035 Chair-Elect Nominations	Nominate yourself or your fellow Council members for the Chair-Elect position for the 2024-2025 Council year!
Year End Survey	Understand the importance of participating in the year end survey, ways you can take it, & when it is due to PCS.



May 9<sup>th</sup>

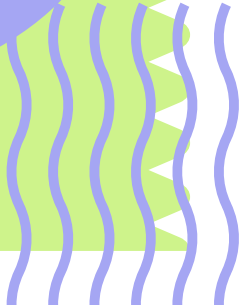
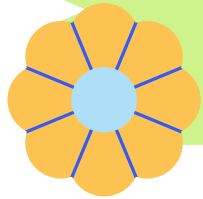


# MINUTES REVIEW & VOTE

1) Are there any edits to the May 9<sup>th</sup> Minutes?

2) First & Second Motion to Approve Minutes

3) Vote on May 9<sup>th</sup> Minutes – Zoom poll or show of hands



# AGENCY UPDATES

Barry Callis

**MDPH**



**NH DHHS**

Yvette Perron

Alison Kirchgasser

**Mass Health**

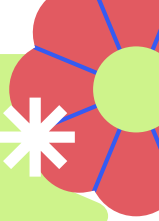


**Mayor's Office**

Melissa Hector

Melanie Lopez

**BPHC**



# CONSUMER COMMITTEE

FY24 EHE  
Proposal has  
been submitted  
to RWSD

You already  
know and  
love someone  
living with HIV



Committee met  
today to discuss the  
year end report and  
wrap up our  
discussions!

# UPDATES

Consumer Year  
End Report  
presentation on  
June 20th



# Request for Proposal Vote

**BOSTON  
PUBLIC  
HEALTH  
COMMISSION**

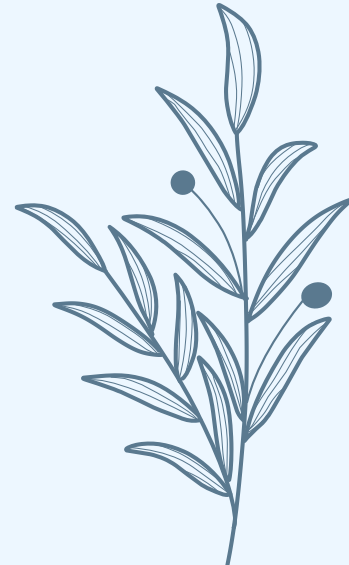


# Background

Request for Proposals (RFPs) occur every 5 years.

During this process:

- BPHC takes the approved and funded Planning Council services and post them for agencies to bid.
- Once all proposals are submitted, RWSD and an RFP Review Committee, review, approves, and funds agencies/services based on the PCS priority setting.



# Background

- Currently we are only allowed to bid and fund the services listed within the priority setting list that was done during the Allocations meeting.
- There is 1 service that is approved in the EMA that is not funded: Substance Use-Residential.



# Request Vote

Historically, Council votes to allow the grantee (BPHC) to use historical performance, from previous grant cycles and the last 5 years, to change up to two (2) services that are approved for the EMA.

Ex: Swap one of the services currently allocated in the Priority Setting sheet for Substance Use - Residential.



# Request Vote

Why:

- 1.To bid services that reflect the highest need for clients in the EMA.
- 2.To avoid rebidding poorly performing services.
- 3.To reduce the amount of unspent funding year to year.
- 4.There is always the potential the RWSD doesn't swap, post the services we currently have listed, and no one bids for a particular service:
  - a. Fewer services funded for the EMA
  - b. Reallocate funds across priority-setting



# Request Vote

Remember: The allocations sheet is formula-based! If RWSD chooses this route, we would use the priority setting PCS set and the Excel would proportionally adjust based on the award amount. The RWSD cannot change priorities.

## Questions?



## VOTING PROCESS

Motion to allow the grantee (BPHC) to use historical performance, from previous grant cycles and the last 5 years, to change up to two (2) services that are approved for the EMA.

Second

Zoom Poll/Paper Ballots

# Needs, Resources & Allocations Committee Year End Report

Robert Giannasca & Claudia Cavanaugh





# PRESENTATION OVERVIEW

1. Committee Members and Charge
2. Criteria for Developing Funding Decisions
3. FY23 Actual Unexpended Funds
4. FY24 Estimated Unexpended Funds
5. FY25 Funding Scenarios
6. Minority AIDS Initiative
7. Additional Guidance to BPHC
8. Committee Year-End Recommendations to NRAC and Council

# Committee Members

Barry Callis

Joey  
Carlesimo

Stephen  
Corbett

Damon  
Gaines

Robert  
Giannasca

Chair

Amanda Hart

Darian  
Hendricks

Gerald James

Alison  
Kirchgasser

Shara Lowe

Yvette Perron

Serena  
Rajabiun

Nate Ross

Shirley Royster

Mairead  
Skehan Gillis

Vice  
Chair

Michael  
Swaney

Bryan Thomas

Catherine  
Weerts

# 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 as identified in the needs assessment
- Current funding streams for HIV/AIDS services from all identifiable sources
- Spending & utilization trend data

# Types of Allocation Scenarios

**UNEXPENDED**  
*(CARRY OVER)*



**FY23**

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

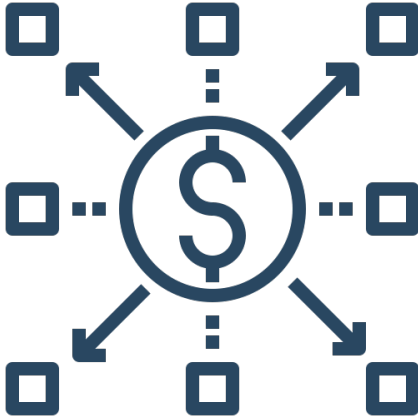
**UNDER-EXPENDED**  
*(SWEEPS)*



**FY24**

**3/1/2024-2/28/2025**

**FUNDING SCENARIOS**



**FY25**

**3/1/2025-2/28/2026**

# Criteria for Funding Decisions



## ENVIRONMENTAL CHANGES

- Federal and state budgets
- Transition away from pandemic emergency funding



## INFORMATION SOURCES

- Funding streams data
- Spending & Utilization data from RWSD
- Needs Assessment data



## PLANNING COUNCIL WORK

- Priority setting
- Funding principles
- Input from Council discussions throughout the year

# HRSA Mandated Proportions

## 10% of Total Allocation

- BPHC Administration
- Planning Council Support

## Up to 5% of Total Allocation

- Quality Management (includes Evaluation)

## Part A Funded Categories

- Formula driven, based on NRAC Allocation Recommendations

## Minority AIDS Initiative (MAI)

- Formula driven, based on NRAC Allocation Recommendations

# FY23 Actual Unexpended Funds Recommendation

On June 8, 2023, NRAC recommended that the Council direct BPHC to allocate:

20% to ADAP

20% to Medical Nutrition Therapy

30% to Food Bank/Home Delivered Meals

30% to Emergency Financial Assistance

FY23 Actual Unexpended Funds: **\$481,558**

On May 16, 2024, NRAC recommended to change the proportions for the FY23 Actual Unexpended (Carry Over) Funds:

30% to ADAP (10% Increase from FY22)

30% to Emergency Financial Assistance

20% to Food Bank/Home-Delivered Meals (10% Decrease from FY22)

20% to Medical Nutrition Therapy

FY23

481,558.00

Actual unexpended

FY23 Rank	Service Category	CORE OR SUPPORT	FY 2023 Actual Allocation	Calculation %	Change in FY 2023 Unexpended Formula	FY 2023 Revised
1	AIDS Drug Assistance (ADAP/HDAP)	1	\$157,344	30%	\$144,467	\$301,811
2	Medical Case Management, including Treatment Adherence Services	1	\$4,392,794			\$4,392,794
3	Housing Services	2	\$1,422,068			\$1,422,068
4	Non-Medical Case Management Services	2	\$958,012			\$958,012
5	Emergency Financial Assistance	2	\$216,987	30%	\$144,467	\$361,454
6	Food Bank/Home-Delivered Meals	2	\$801,448	20%	\$96,312	\$897,760
7	Psychosocial Support Services	2	\$907,365			\$907,365
9	Oral Health Care	1	\$1,427,799			\$1,427,799
10	Medical Transportation Services	2	\$211,719			\$211,719
13	Medical Nutrition Therapy	1	\$1,141,860	20%	\$96,312	\$1,238,172
14	Health Education/Risk Reduction	2	\$346,609			\$346,609
15	Linguistic Services*	2	\$22,725			\$22,725
23	Other Professional Services (Legal and Permanency Planning)	2	\$51,873			\$51,873
	MCM/NMCM Training		\$234,380			\$234,380
Direct Part A Service Total			\$12,292,983			\$12,774,541
Part A Quality Management (5% cap)			\$500,238	\$30		\$500,238
Total: QM			\$500,238			\$500,238
Part A Administration/Planning Council Support (10% cap)			\$1,421,469			\$1,421,469
Total: Admin/PCS			\$1,421,469			\$1,421,469
Total Planned Allocation			\$14,214,690			\$14,696,248
FY 2023 Base Award				FY23 Actual Unexpended	\$481,558	
Total Carry Over						
Core Medical Services		\$7,119,797	58%			\$7,360,576
Health-Related Support Services		\$4,938,806	40%			\$5,179,585



# FY24 Estimated Unexpended (Carry Over) Funds

On May 16, 2024, NRAC recommended to keep the proportions that were changed for the FY23 Actual Unexpended (Carry Over) Funds:

30% to ADAP (10% Increase from FY22)

30% to Emergency Financial Assistance

20% to Food Bank/Home-Delivered Meals (10% Decrease from FY22)

20% to Medical Nutrition Therapy

# RECOMMENDATIONS FOR FUNDING SCENARIOS FOR FY25

1. Level Funding Scenario
2. \$500,000 decrease below level funding
3. \$500,000 increase above level funding
4. Over 500,000 decrease below/increase above level funding

# FY25 Level Funding Scenario

FY25 Rank	Service Category	CORE OR SUPPORT	FY 2024 Potential Base Funding	FY 2024 % of Direct Care (values)	Add or Subtract from FY24 Direct Care	Redistribution Calculation %	Amount Adjusted	Change in FY 2025 Level from FY 2024 Base	FY 2025 Level Funding	FY 2025 % Direct Care
1	AIDS Drug Assistance	1	\$157,344	1.3%		1.3%	\$157,344	\$0	\$157,344	1.3%
2	Medical Case Management	1	\$4,392,794	35.7%	\$ (15,000.00)	35.6%	\$4,377,794	(\$15,000)	\$4,377,794	35.6%
3	Housing Services	2	\$1,422,068	11.6%	\$ 20,000.00	11.7%	\$1,442,068	\$20,000	\$1,442,068	11.7%
4	Non-Medical Case Management	2	\$958,012	7.8%		7.8%	\$958,012	\$0	\$958,012	7.8%
5	Oral Health Care	1	\$1,427,799	11.6%		11.6%	\$1,427,799	\$0	\$1,427,799	11.6%
6	Food Bank/Home-Delivered Meals	2	\$801,448	6.5%	\$ 40,000.00	6.8%	\$841,448	\$40,000	\$841,448	6.8%
7	Emergency Financial Assistance	2	\$216,987	1.8%	\$ 20,000.00	1.9%	\$236,987	\$20,000	\$236,987	1.9%
10	Medical Transportation	2	\$211,719	1.7%	\$ (28,535.00)	1.5%	\$183,184	(\$28,535)	\$183,184	1.5%
11	Psychosocial Support	2	\$907,365	7.4%	\$ (40,000.00)	7.1%	\$867,365	(\$40,000)	\$867,365	7.1%
12	Medical Nutrition Therapy	1	\$1,141,860	9.3%	\$ 50,000.00	9.7%	\$1,191,860	\$50,000	\$1,191,860	9.7%
14	Health Education/Risk Reduction	2	\$346,609	2.8%	\$ (46,465.00)	2.4%	\$300,144	(\$46,465)	\$300,144	2.4%
16	Linguistics	2	\$22,725	0.2%		0.2%	\$22,725	\$0	\$22,725	0.2%
18	Other Professional Services	2	\$51,873	0.4%		0.4%	\$51,873	\$0	\$51,873	0.4%
	MCW/NMCM Training		\$234,380	1.9%		1.9%	\$234,380	\$0	\$234,380	1.9%
<b>Direct Part A Service Total</b>			\$12,292,983	100%		100%	\$12,292,983	\$0	\$12,292,983	100%

Quality Management and Administration	Level Funding	Proportion
Quality Management (5% cap)	\$500,238	3.52%
<b>Total: QM</b>	<b>\$500,238</b>	
Admin/Planning Council Support (10% cap)	\$1,421,469	10%
<b>Total: Admin/PCS</b>	<b>\$1,421,469</b>	

# FY 2024 \$500k Decrease Funding Scenario

FY25 Rank	Part A Service Category	CORE OR SUPPORT	FY 2024 Potential Base Funding	FY 2024 % of Direct Care (values)	Proportional decreases	Results Calculation (FY24 Base - Prop. Decrease)	FY 2025 \$500k Decrease Funding	% of Direct Care	Change in FY 2025 \$500k Decrease Scenario from FY 2024 Level Funding
1	AIDS Drug Assistance	1	\$157,344	1.3%	\$5,440	\$151,904	\$151,904	1.3%	(\$5,440)
2	Medical Case Management	1	\$4,392,794	35.7%	\$151,870	\$4,240,924	\$4,240,924	35.7%	(\$151,870)
3	Housing Services	2	\$1,422,068	11.6%	\$49,165	\$1,372,903	\$1,372,903	11.6%	(\$49,165)
4	Non-Medical Case Management	2	\$958,012	7.8%	\$33,121	\$924,891	\$924,891	7.8%	(\$33,121)
5	Oral Health Care	1	\$1,427,799	11.6%	\$49,363	\$1,378,436	\$1,378,436	11.6%	(\$49,363)
6	Food Bank/Home-Delivered Meals	2	\$801,448	6.5%	\$27,708	\$773,740	\$773,740	6.5%	(\$27,708)
7	Emergency Financial Assistance	2	\$216,987	1.8%	\$7,502	\$209,485	\$209,485	1.8%	(\$7,502)
10	Medical Transportation	2	\$211,719	1.7%	\$7,320	\$204,399	\$204,399	1.7%	(\$7,320)
11	Psychosocial Support	2	\$907,365	7.4%	\$31,370	\$875,995	\$875,995	7.4%	(\$31,370)
12	Medical Nutrition Therapy	1	\$1,141,860	9.3%	\$39,477	\$1,102,383	\$1,102,383	9.3%	(\$39,477)
14	Health Education/Risk Reduction	2	\$346,609	2.8%	\$11,983	\$334,626	\$334,626	2.8%	(\$11,983)
15	Linguistic Services	2	\$22,725	0.2%	\$786	\$21,939	\$21,939	0.2%	(\$786)
18	Other Professional Services	2	\$51,873	0.4%	\$1,793	\$50,080	\$50,080	0.4%	(\$1,793)
	<i>MCM/NMCM Training</i>		\$234,380	1.9%	\$8,103	\$226,277	\$226,277	1.9%	(\$8,103)
<b>Direct Part A Service Total</b>			<b>\$12,292,983</b>	<b>100%</b>	<b>\$425,000</b>	<b>\$11,867,983</b>	<b>\$11,867,983</b>	<b>100%</b>	<b>(\$425,000)</b>

Quality Management and Administration	Level Funding	Decreased
<i>Quality Management (5% cap)</i>	\$500,238	\$475,238
<b>Total: QM</b>	<b>\$500,238</b>	<b>\$475,238</b>
<i>Admin/Planning Council Support (10% cap)</i>	\$1,421,469	\$1,371,469
<b>Total: Admin/PCS</b>	<b>\$1,421,469</b>	<b>\$1,371,469</b>

# FY 2023 \$500k Increase Scenario

FY25 Rank	Part A Service Category	CORE OR SUPPORT	FY 2024 Potential Base Funding	FY 2024 % of Direct Care (values)	Proportional Increase	Results Calculation (FY24 Base + Prop. Increase)	Override (Additional Δ)	Results Calculation (FY24 Base OR proportional decrease + Override)	FY 2025 + \$500k Funding	% of Direct Care	\$ Δ FY 2025 + \$500k / FY 2024 Level
1	AIDS Drug Assistance	1	\$157,344	1.3%	\$5,440	\$162,784		\$162,784	\$162,784	1.3%	\$5,440
2	Medical Case Management	1	\$4,392,794	35.7%	\$151,870	\$4,544,664	(\$50,000)	\$4,494,664	\$4,494,664	35.3%	\$101,870
3	Housing Services	2	\$1,422,068	11.6%	\$49,165	\$1,471,233		\$1,471,233	\$1,471,233	11.6%	\$49,165
4	Non-Medical Case Management	2	\$958,012	7.8%	\$33,121	\$991,133		\$991,133	\$991,133	7.8%	\$33,121
5	Oral Health Care	1	\$1,427,799	11.6%	\$49,363	\$1,477,162	\$50,000	\$1,527,162	\$1,527,162	12.0%	\$99,363
6	Food Bank/Home-Delivered Meals	2	\$801,448	6.5%	\$27,708	\$829,156		\$829,156	\$829,156	6.5%	\$27,708
7	Emergency Financial Assistance	2	\$216,987	1.8%	\$7,502	\$224,489		\$224,489	\$224,489	1.8%	\$7,502
10	Medical Transportation	2	\$211,719	1.7%	\$7,320	\$219,039		\$219,039	\$219,039	1.7%	\$7,320
11	Psychosocial Support	2	\$907,365	7.4%	\$31,370	\$938,735		\$938,735	\$938,735	7.4%	\$31,370
12	Medical Nutrition Therapy	1	\$1,141,860	9.3%	\$39,477	\$1,181,337		\$1,181,337	\$1,181,337	9.3%	\$39,477
14	Health Education/RISK Reduction	2	\$346,609	2.8%	\$11,983	\$358,592		\$358,592	\$358,592	2.8%	\$11,983
15	Linguistic Services	2	\$22,725	0.2%	\$786	\$23,511		\$23,511	\$23,511	0.2%	\$786
18	Other Professional Services	2	\$51,873	0.4%	\$1,793	\$53,666		\$53,666	\$53,666	0.4%	\$1,793
	MCM/NMCM Training		\$234,380	1.9%	\$8,103	\$242,483		\$242,483	\$242,483	1.9%	\$8,103
Direct Part A Service Total			#####	\$12,292,983	100%	\$425,000	\$12,717,983		\$12,717,983	100%	\$425,000

Quality Management and Administration	Level Funding	Increased
Quality Management (5% cap)	\$500,238	\$525,238
<b>Total: QM</b>	<b>\$500,238</b>	<b>\$525,238</b>
Admin/Planning Council Support (10% cap)	\$1,421,469	\$1,471,469
<b>Total: Admin/PCS</b>	<b>\$1,421,469</b>	<b>\$1,471,469</b>

# Minority AIDS Initiative: PART 1, FY23 Unexpended/Carry Over

FY25 Rank	Service Category	FY24 Potential Base	FY24 Base % of MAI	FY23 % of Unexpended Funds		FY23 Carry Over PC Recommendation	FY24 Base + FY23 Carry Over Funding
1	MAI - Case Management, Medical	\$462,576	53%	0%		\$ -	\$462,576
2	MAI - Case Management, Non-Medical	\$179,490	20%	0%		\$ -	\$179,490
3	MAI - Emergency Financial Assistance	\$45,498	5%	67%	\$ 74,601	\$ 74,600.66	\$120,099
4	MAI - Psychosocial Support	\$106,287	12%	0%		\$ -	\$106,287
5	MAI - Lingustic Services	\$0	0%	33%	\$ 37,300	\$ 37,300.33	\$37,300
6	MAI - Other Professional Services (Legal)	\$82,995	9%	0%		\$ -	\$82,995
	<b>Direct Service Total</b>	<b>\$876,846</b>	<b>100%</b>		<b>\$111,901</b>	<b>\$876,846.00</b>	<b>\$988,747</b>
	<i>Quality Management (5% cap)</i>	\$35,681	3.52%			\$35,681.00	
	<i>Administration/Planning Council Support (10% cap)</i>	\$101,392	10%				
	<b>Total Planned Allocation</b>	<b>\$1,013,919</b>					
	<b>Total FY 2024 MAI Award*</b>	<b>\$1,013,919</b>					
					<b>FY23 MAI Unexpended Funds</b>	<b>\$111,901</b>	

# Minority AIDS Initiative: PART 2, FY25 MAI Level Funding

FY25 Rank	Service Category	FY24 Potential Base Funding	FY24 Base % of MAI	Change in FY 2025 Level from FY 2024 Base	FY 2025 Level Funding
1	MAI - Case Management, Medical	\$462,576	53%	\$0	\$462,576
2	MAI - Case Management, Non-Medical	\$179,490	20%	\$0	\$179,490
3	MAI - Emergency Financial Assistance	\$45,498	5%	\$0	\$45,498
4	MAI - Psychosocial Support	\$106,287	12%	\$0	\$106,287
5	MAI - Lingustic Services	\$0	0%	\$0	\$0
6	MAI - Other Professional Services (Legal)	\$82,995	9%	\$0	\$82,995
Direct Service Total		\$876,846	100%		\$876,846
	<i>Quality Management (5% cap)</i>	\$35,681	3.52%		
	<i>Adminstration/Planning Council Support (10% cap)</i>	\$101,392	10%		
Total Planned Allocation		\$1,013,919			
Total FY 2024 MAI Award*		\$1,013,919			

# Summary Part A Scenarios

Rank	Service Category	FY 2024 Base	FY 2025 \$500k ↓	FY 2025 Level Funding	FY 2024 \$500k ↑
1	AIDS Drug Assistance	\$157,344	\$151,904	\$157,344	\$162,784
2	Medical Case Management	\$4,392,794	\$4,240,924	\$4,392,794	\$4,494,664
3	Housing Services	\$1,422,068	\$1,372,903	\$1,422,068	\$1,471,233
4	Non-Medical Case Management	\$958,012	\$924,891	\$958,012	\$991,133
5	Oral Health Care	\$1,427,799	\$1,378,436	\$1,427,799	\$1,527,162
6	Food Bank/Home-Delivered Meals	\$801,448	\$773,740	\$924,378	\$829,156
7	Emergency Financial Assistance	\$216,987	\$209,485	\$216,987	\$224,489
10	Medical Transportation	\$211,719	\$204,399	\$150,254	\$219,039
11	Psychosocial Support	\$907,365	\$875,995	\$845,900	\$938,735
12	Medical Nutrition Therapy	\$1,141,860	\$1,102,383	\$1,203,325	\$1,181,337
14	Health Education/Risk Reduction	\$346,609	\$334,626	\$285,144	\$358,592
16	Linguistics	\$22,725	\$21,939	\$22,725	\$23,511
18	Other Professional Services	\$51,873	\$50,080	\$51,873	\$53,666
	<b>MCM/NMCM Training</b>	\$234,380	\$226,277	\$234,380	\$242,483



# Summary MAI Scenarios: FY23 Carry Over

FY25 Rank	Service Category	FY24 Potential Base	FY24 Base % of MAI	FY23 % of Unexpended Funds		FY23 Carry Over PC Recommendation	FY24 Base + FY23 Carry Over Funding
1	MAI - Case Management, Medical	\$462,576	53%	0%		\$ -	\$462,576
2	MAI - Case Management, Non-Medical	\$179,490	20%	0%		\$ -	\$179,490
3	MAI - Emergency Financial Assistance	\$45,498	5%	67%	\$ 74,601	\$ 74,600.66	\$120,099
4	MAI - Psychosocial Support	\$106,287	12%	0%		\$ -	\$106,287
5	MAI - Linguistic Services	\$0	0%	33%	\$ 37,300	\$ 37,300.33	\$37,300
6	MAI - Other Professional Services (Legal)	\$82,995	9%	0%		\$ -	\$82,995
<b>Direct Service Total</b>		<b>\$876,846</b>	<b>100%</b>		<b>\$111,901</b>	<b>\$876,846.00</b>	<b>\$988,747</b>
	<i>Quality Management (5% cap)</i>	\$35,681	3.52%			<b>\$35,681.00</b>	
	<i>Administration/Planning Council Support (10% cap)</i>	\$101,392	10%				
<b>Total Planned Allocation</b>		<b>\$1,013,919</b>					
<b>Total FY 2024 MAI Award*</b>		<b>\$1,013,919</b>					
					<b>FY23 MAI Unexpended Funds</b>	<b>\$111,901</b>	

# Summary MAI Scenarios: FY24 Level Funding

Rank	Service Category	FY 2024 Base	FY 2025 \$500k ↓	FY 2025 Level Funding	FY 2024 \$500k ↑
1	MAI - Case Management, Medical	\$462,576	\$462,576	\$462,576	\$462,576
2	MAI - Case Management, Non-Medical	\$179,490	\$179,490	\$179,490	\$179,490
3	MAI - Emergency Financial Assistance	\$45,498	\$45,498	\$45,498	\$45,498
4	MAI - Psychosocial Support	\$106,287	\$106,287	\$106,287	\$106,287
5	MAI - Lingustic Services	\$0	\$0	\$0	\$0
6	MAI - Other Professional Services (Legal)	\$82,995	\$82,995	\$82,995	\$82,995

# Summary

FY24 Base:  
\$15,228,609

FY25 \$500K  
Reduction:  
\$14,728,609

FY25 Level:  
\$15,228,609

FY25 \$500K  
Increase: \$15,728,609

Rank	Service Category	FY 2024 Base	FY 2025 \$500k ↓	FY 2025 Level Funding	FY 2024 \$500k ↑
1	AIDS Drug Assistance	\$157,344	\$151,904	\$157,344	\$162,784
2	Medical Case Management	\$4,392,794	\$4,240,924	\$4,392,794	\$4,494,664
3	Housing Services	\$1,422,068	\$1,372,903	\$1,422,068	\$1,471,233
4	Non-Medical Case Management	\$958,012	\$924,891	\$958,012	\$991,133
5	Oral Health Care	\$1,427,799	\$1,378,436	\$1,427,799	\$1,527,162
6	Food Bank/Home-Delivered Meals	\$801,448	\$773,740	\$924,378	\$829,156
7	Emergency Financial Assistance	\$216,987	\$209,485	\$216,987	\$224,489
10	Medical Transportation	\$211,719	\$204,399	\$150,254	\$219,039
11	Psychosocial Support	\$907,365	\$875,995	\$845,900	\$938,735
12	Medical Nutrition Therapy	\$1,141,860	\$1,102,383	\$1,203,325	\$1,181,337
14	Health Education/Risk Reduction	\$346,609	\$334,626	\$285,144	\$358,592
16	Linguistics	\$22,725	\$21,939	\$22,725	\$23,511
18	Other Professional Services	\$51,873	\$50,080	\$51,873	\$53,666
	<b>MCM/NMCM Training</b>	\$234,380	\$226,277	\$234,380	\$242,483
1	MAI - Case Management, Medical	\$462,576	\$462,576	\$462,576	\$462,576
2	MAI - Case Management, Non-Medical	\$179,490	\$179,490	\$179,490	\$179,490
3	MAI - Emergency Financial Assistance	\$45,498	\$45,498	\$45,498	\$45,498
4	MAI - Psychosocial Support	\$106,287	\$106,287	\$106,287	\$106,287
5	MAI - Linguistic Services	\$0	\$0	\$0	\$0
6	MAI - Other Professional Services (Legal)	\$82,995	\$82,995	\$82,995	\$82,995
	<b>Direct Service Total</b>	<b>\$13,169,829</b>	<b>\$12,744,829</b>	<b>\$13,169,829</b>	<b>\$13,594,829</b>
	<i>Part A Quality Management (5% cap)</i>	\$500,238	\$475,238	\$500,238	\$525,238
	<i>MAI Quality Management (5% cap)</i>	\$35,681	\$35,681	\$35,681	\$35,681
	<b>Total: QM</b>	<b>\$535,919</b>	<b>\$510,919</b>	<b>\$535,919</b>	<b>\$560,919</b>
	<i>Part A Administration/Planning Council Support (10% cap)</i>	\$1,421,469	\$1,371,469	\$1,421,469	\$1,471,469
	<i>MAI Administration (10% cap)</i>	\$101,392	\$101,392	\$101,392	\$101,392
	<b>Total: Admin/PCS</b>	<b>\$1,522,861</b>	<b>\$1,472,861</b>	<b>\$1,522,861</b>	<b>\$1,572,861</b>
	<b>Total Planned Allocation</b>	<b>\$15,228,609</b>	<b>\$14,728,609</b>	<b>\$15,228,609</b>	<b>\$15,728,609</b>
		<b>FY24 Base</b>	<b>FY25 \$500K Decrease</b>	<b>FY25 \$500K Level</b>	<b>FY25 \$500K Increase</b>
	<b>FY 2025 Funding Scenarios</b>	<b>\$15,228,609</b>	<b>\$14,728,609</b>	<b>\$15,228,609</b>	<b>\$15,728,609</b>
	<b>Part A Service Proportions</b>				
	Core Medical Services	\$7,119,797	\$6,873,647	\$7,181,262	\$7,365,947
	Health-Related Support Services	\$4,938,806	\$4,768,059	\$4,877,341	\$5,109,553
	% Core Medical Services	59%	59%	60%	59%
	% Health-Related Support Services	41%	41%	40%	41%

# Additional Guidance to BPHC

## **Recommendation:**

“To allow BPHC the flexibility to adjust category funding allocations based on emerging needs and the changing environment by up to 25% above or below the levels for each service category, **with the exception of categories funded at less than \$500,000 are given up to 50% leeway** as established in the FY25 Funding Scenario recommendations.”

# **Votes on June 20<sup>th</sup>**

**FY23 Actual Unexpended Funds**

**FY24 Estimated Unexpended Funds**

**FY25 Funding Scenarios**

**Minority AIDS Initiative FY23 Carry Over**

**Minority AIDS Initiative FY25 Level Funding**

**Additional Guidance to BPHC**

## **NRAC Year End Recommendations:**

1. Offer optional training session prior to all-day allocations meeting. This should be required for people who have never done the allocations meeting before, and options for people who would like a refresher.
2. Keep updates to spending and utilization data presentation, as well as 5-year trends for funding streams.
3. Hear more about direct impact of funding, like “What do the agencies do with this money or how do they implement the services.”
4. Discuss whether to have the full Planning Council vote on MAI Priority Setting
5. Name change from NRAC to Allocations and Resources Committee (ARC)

## NRAC Year End Recommendations:

1. Make decision about coffee hours at beginning of PC year based on interest and necessity. If we do have these, it should be better marketed and in various times. These should also be more focused on community building, and less related to the Council work.
2. Incorporate DEI efforts into meetings, and possibly offer outside trainings (how BPHC incorporates DEI into their organization, etc.).
3. Continue to read the group agreements at the beginning of meetings.
4. Priority setting should occur in person again.
5. Continue hybrid meetings.
6. Continue offering volunteer opportunities (i.e. Community Servings)
7. Add action item into the email subject line for improved engagement with emails. Show people how to shut off notifications from Basecamp to prevent double emails.
8. Learn more about policy changes or proposed changes and when those happen – could impact decision making, funding streams, etc.
9. Make presentations more active- more breakout rooms and group activities, more discussions.



# **SERVICES, PRIORITIES, AND EVALUATIONS COMMITTEE**

SPEC Year End Report  
Presented by Henry Cabera and Carlton Martin



# SPEC COMMITTEE LEADERSHIP

**Chair: Henry Cabrera**



**Vice-Chair: Carlton Martin**



# 2023 - 2024 SPEC Members

Justin Alves	Daniel Amato	Mitchell Barys	Stephen Batchelder	Henry Cabrera
Mose Choi	Larry Day	Beth Gavin	Regina Grier	Liz Koelnych
Jordan Lefebvre	Margaret Lombe	Carlton Martin	Christopher McNally	Ericka Olivera
Ethan Ouimet	Manuel Pires	Luis Rosa	Romini Smith	Kim Wilson

# **Member Spotlights**

**Regina Grier  
Sandra Custodio  
Mitchell Barys  
Henry Cabrera**

# Committee Charge

The Services, Priorities, and Evaluation Committee (SPEC) is one of the Planning Council's standing committees. The Planning Council's bylaws state the committee charge is:

- *The SPEC committee shall summarize and make recommendations to the Planning Council on HRSA approved Part A service categories and provide guidance on prioritizing Part A service categories.*
- *The committee shall assess the efficiency of the Administrative Mechanism in rapidly allocating funds within the EMA. The committee will conduct additional evaluation activities including evaluating effectiveness of HIV care strategies in the EMA and evaluate the effectiveness of planning activities.*

# Committee Projects

Service Category Review

Service Standards Revisions

Assessment of Administrative  
Mechanism (AAM)

Priority Setting Exercise for  
FY25

# Committee Projects Descriptions

- **Service Category Review**

The Health Resources and Services Administration (HRSA) outlines the types of services to which funding are allowable. SPEC is responsible for reviewing these service categories and relevant EMA data and recommending which categories are needed for PLWH in the Boston EMA.

- **Service Standards Revisions**

The Service Standards are the minimum requirements that programs are expected to meet when providing HIV services funded by Ryan White Part A. The Service Standards Working Group, made up of SPEC members, goes through the Service Standards each year and makes suggestions on what to edit and change to best meet the clients' needs. After presenting these edits to SPEC, the Committee votes on the suggested edits, SPEC presents these edits to Planning Council, and a request for a motion to vote for the approval of the Service Standard edits are made. The edits are later shared with Ryan White Services Division for final review.

- **FY25 Priority Setting Process**

Each year, the Planning Council ranks the approved Boston EMA service categories according to needs in the EMA. This prioritization helps the Needs, Resources and Allocations Committee (NRAC) and the Boston Public Health Commission (BPHC) make resource allocation decisions. SPEC is responsible for designing the priority setting exercise and guiding the Council through the process.

- **Assessment of Administrative Mechanism (AAM)**

The AAM is a federally mandated assessment of how efficiently and rapidly BPHC allocates funds to the areas of the greatest need within the EMA. SPEC was tasked with distributing a survey to funded agencies that would evaluate BPHC's activities including request for proposals, contract monitoring, and distribution of funds. The committee is then responsible for reviewing survey results and writing a report that includes recommendations (if necessary) on how to improve BPHC's administrative process. In addition, the Committee is responsible for presenting their recommendations to the Planning Council and requesting a motion to vote for the approval of their recommendations.

# Planning Council Presentations

Service Standards  
Revision and Vote

FY25 Priority Setting  
Results and Vote

AAM Results,  
Recommendations,  
and Vote

# SPEC Recommendations for 2024

- 2025

## ***Recommendations for Meeting Logistics:***

- Continue talking about EFA guidelines, as this is an important category that is constantly changing.
- Keep presenting historical data as it's helpful to newer members.
- Put more dialogue into the meetings so there is more room for conversation amongst members.

## ***Recommendations for Service Standards:***

- More intentional service standards editing: Service standards editing can feel repetitive, especially when RWSD asks us to edit small grammar/wording related things

## ***. Recommendations for Subsequent AAM Surveys:***

- Ask what the agency's budget is (in form of a Likert scale) to see what their form of capacity is.
- Include question on AAM that says, "How long have you worked at your agency?" to understand experience level of person answering the question.

## ***Recommendations for Priority Setting:***

- Doing a sign up for Priority Setting instead of making it mandatory in-person
- Include a format like all-day allocations meeting for Priority Setting.
- Clearly define "last resort" and ensure we're using that definition for future processes such as Priority Setting.



# Planning Council Recommendations 2024 - 2025

- Talking about plans and objectives for PC at the beginning of the year
- Continue adding objectives/“By the end of the meeting we will...” to the beginning of meetings
- Idea to include media recommendations into the newsletters, such as podcast episodes, books, movies/tv shows, etcetera
- Bring in guest speakers from agencies who can explain the day-to-day process of what it’s like to provide services at that agency/for a specific patient population, to help better understand the specific processes that agencies and services do
- Have a microphone in the room so members who are virtual can hear people in person.
- Collaborate more with other Planning Councils
- Reinvigorating historical context and involving media to motivate people who are burnt out and have been working in the field for a long time

## ***Recommendations for Assisting New Members:***

- Provide an environment for new members to ask questions and really understand things that are not necessarily on the agenda for the day
- Developing resource guide for other types of groups available to members
- Continue to develop the Mentorship Program to facilitate this and to check in with new members more regularly
- Potentially conduct a mid-year check in or mid-year meeting with new members

# MNC Recruitment Updates

New Members	Incumbent Members
9 new applicants	13 incumbent members

## Recruitment Events:

- March 24<sup>th</sup> - Native American Lifelines: National Native HIV/AIDS Awareness Day
- April 13<sup>th</sup> - Bayard Rustin Community Breakfast
- May 1<sup>st</sup> – Part A Provider Meeting Presentation
- May 29<sup>th</sup> – East Boston Neighborhood Coffee Hours
- May 29<sup>th</sup> - Boston Lesbigay Urban Foundation & Harvard Center for AIDS Research Listening Session
- June 1<sup>st</sup> – AIDS Response Seacoast Pride Kick Off Party
- June 3<sup>rd</sup> – Boston City Hall Pride Kick Off
- June 4<sup>th</sup> – AIDS Project Worcester Women’s Support Group
- June 6<sup>th</sup> – PCS Recruitment Tour to Agencies and APW Men’s Support Group
- June 8<sup>th</sup> – Boston Pride Festival



# MNC Digital Outreach + Recruitment

**Sent various recruitment info to different organizations and people including, but not limited to:**

- Part A Funded Agencies and other Ryan White Programs
- Previous Planning Council Members
- People that have shown interest in applying in the past, but not getting the chance to apply yet.
- Multicultural AIDS Coalition
- Trans Community of New England (TCNE)
- MA Trans Political Coalition
- The Boston Alliance of Lesbian Gay Bisexual Transgender Queer Youth (BAGLY)
- Boston Lesbigay Urban Foundation
- Beth Israel Deaconess Hospital- Plymouth
- And many more!

# MNC Digital Outreach: Social Media

New Member Applications and Flyers have been shared across the Someone You Know and Love Instagram account, where recruitment information has been shared as a post and as stories (which are posts that share someone's update in the last 24 hours).

On the screenshot is an Instagram friendly version of the recruitment flyer, with a text box that states that we are still recruiting for new Council members!



someoneyouknowandlove 2h

**We are still recruiting for new Council members!**

*Do you know and love someone living with HIV?*

**JOIN THE BOSTON EMA RYAN WHITE HIV SERVICES PLANNING COUNCIL!**

The Boston EMA Ryan White Planning Council is an independent group that allocates federal Ryan White Part A funds for HIV services in the EMA

**Who can apply?**

- People Living with HIV
- Anyone interested in Public Health, Social Services, or Medical Fields
- Residents of Massachusetts in Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties or New Hampshire residents in: Hillsborough, Rockingham, and Strafford counties
- We encourage and welcome people from underrepresented communities and people of color to apply

**Deadline to apply is June 14th, 2024**

For more information, email Planning Council Support Staff at: [pcse@bphc.org](mailto:pcse@bphc.org) or call (617)-947-4299

 Boston EMA Ryan White Planning Council

WHO WILL BE OUR 2024-2025

# CHAIR-ELECT?

NOMINATIONS ON JUNE 13TH,  
VOTES ON JUNE 20TH

Provide leadership & advice!

Prepare for and assist leading Council & Executive meetings!

Learn the ropes of how to be Council Chair!

**SEND YOUR STATEMENT OF INTEREST TO:**

[pcs@bphc.org](mailto:pcs@bphc.org)  
by June 18th!

## 2024 - 2025 CHAIR-ELECT NOMINATIONS



# CHAIR -ELECT DUTIES



## **The Planning Council Chair-Elect's duties include:**

### *Preparation for and Participating in Executive Committee Meetings*

- Assist the Chair with agendas and review action items from committees
- In the absence of the Chair, chair the meeting
- Provide leadership and advice as needed

### *Preparation for and Participating in Planning Council Meetings*

- Assist the Chair with agenda and review action items from Executive Committee
- Assist the Chair on any issues and possible concerns and preparations to address them
- In the absence of the Chair, chair and manage the meeting
- Provide leadership and advice as needed
- In presiding in the absence of the Chair, vote only when there is a tie

### *Meeting Follow Up*

- Assist the Chair in meeting with people on behalf of the Planning Council as needed

### *New Member Orientation*

- When possible, attend and participate in new member orientation

### *Other*

- In the absence of the Chair, serve as spokesperson for the Planning Council



# Chair - E l e c t T i m e l i n e



# NOMINATIONS GUIDELINES

Self nominate or nominate another member today, during the meeting

If you want to nominate yourself, let PCS know by **June 17th**

If you want to nominate someone else, let that person know and PCS know by **June 17th**

All nominees must submit a written statement of candidacy to PCS by **June 18<sup>th</sup>, 5 PM**

Voting will take place on June 20th



# End of Year Survey

**Via this QR  
Code or via  
e-mail!**



**Due June  
20<sup>th</sup>!**




# ANNOUNCEMENTS & ADJOURN

- New Member Applications DUE TOMORROW (June 14<sup>th</sup>!)
- Nominations on June 26<sup>th</sup>
- Chair-Elect Nominations & Statements of Interest due June 18<sup>th</sup>
- End of Year Survey due June 20<sup>th</sup>
- Last Council meeting for the 2023-2024 year is June 20<sup>th</sup>, 4-6 PM
- End of the Year Party on July 14<sup>th</sup> – stay tuned for more fun info 😊



BPHC has A LOT of job postings available!  
Including Program Manager for the Case  
Management Training Program

During the FINAL Council meeting, we will:

- Hear BPHC's response to the AAM
  - VOTE on the FY25 Resource Allocations
  - Hear the MNC and Consumer Committee Year End Reports
  - VOTE on the 2024-2025 Chair-Elect!
- 

We hope you join us in person for our final Council meeting!



Planning Council Meeting  
Thursday, June 13, 2024  
Non-Profit Center and Zoom  
4:00 PM - 6 PM

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**Summary of Attendance**

**Members Present**

Justin Alves  
Daniel Amato  
Stephen Batchelder  
Henry Cabrera  
Stephen Corbett  
Regina Grier  
Amanda Hart  
Darian Hendricks  
Melissa Hector  
Gerald James  
Liz Koelnych  
Carlton Martin  
Ericka Olivera  
Luis Rosa  
Darren Sack  
Mairead Skehan Gillis  
Michael Swaney  
Kim Wilson  
Damon Gaines  
Shirley Royster

**Members Excused**

Margaret Lombe  
Serena Rajabiun  
Alison Kirchgasser  
Mose Choi  
Barry Callis  
Robert Giannasca  
Ethan Ouimet  
Nate Ross

**Members Absent**

Mitchell Barys  
Beth Gavin  
Jordan Lefebvre  
Larry Day  
Catherine Weerts  
Bryan Thomas  
Romini Smith  
Joey Carlesimo  
Shara Lowe  
Christopher McNally  
Yvette Perron  
Manuel Pires

**Staff**

Claudia Cavanaugh  
Clare Killian  
Vivian Dang

Melanie Lopez  
Tzuria Falkenberg  
Alexandria Whitted  
Glenda Morrabal  
Rebecca Ritterman

**Guests**

### **Topic A: Welcome and Introductions**

The Chair of the Planning Council called the meeting to order and led a moment of silence and reminded members of the group agreements. PCS conducted silent attendance to cut unnecessary time from meetings to ensure as much discussion can happen as possible. The agenda is shared, and the Chair moves forward to go over May minutes.

### **Topic B: Review 5.9.24 Meeting Minutes**

**Motion to Approve:** Stephen Batchelder

**Second:** Carlton Martin

**Result:** The 5.9.24 meeting minutes were approved unanimously online and in person, with one abstention.

### **Topic C: Agency Updates**

Mass. Dept. of Public Health, Barry Callis

- N/A

New Hampshire Dept. Of Health & Human Services, Yvette Perron

- N/A

MassHealth, Alison Kirchgasser

- Effective March 1, 2024, assets and resources are no longer considered for eligibility for Medicare Savings Programs (through which MassHealth helps with Medicare costs)
- Effective April 1, 2024 pharmacy copays are no longer charged.

BPHC/RWSD, Melanie Lopez

- All partial awards have been executed, on track to fully execute all of the contracts.
- They are in full RFP planning mode.

City of Boston/Mayor's Office, Melissa Hector

- If any, updates will be shared and updated on Basecamp.

Consumer Committee Chair updates:

- FY24 EHE Proposal has been submitted to RWSD
- Committee met today to discuss the year end report and wrap up our discussions!
- Consumer Year End Report presentation on June 20th

### **Topic D: Request for Proposal Vote**

Melanie from RWSD goes over Request for Proposal.

Request for Proposals (RFPs) occur every 5 years. During this process:

- BPHC takes the approved and funded Planning Council services and post them for agencies to bid.
- Once all proposals are submitted, RWSD and an RFP Review Committee, review, approves, and funds agencies/services based on the PCS priority setting.
- Currently we are only allowed to bid and fund the services listed within the priority setting list that was done during the Allocations meeting.

- There is 1 service that is approved in the EMA that is not funded: Substance Use-Residential.

Melanie explains that historically, Council votes to allow the grantee (BPHC) to use historical performance, from previous grant cycles and the last 5 years, to change up to two (2) services that are approved for the EMA.

Ex: Swap one of the services currently allocated in the Priority Setting sheet for Substance Use - Residential.

Why this is done:

- To bid services that reflect the highest need for clients in the EMA.
- To avoid rebidding poorly performing services.
- To reduce the amount of unspent funding year to year.
- There is always the potential the RWSD doesn't swap, post the services we currently have listed, and no one bids for a particular service:
- Fewer services funded for the EMA
- Reallocate funds across priority-setting

A member asked: Would it be possible to be part of the RFP process to see what it means when something is not being bid on. There are certain categories that are not fund or are not listed, it would be nice if there is some way where we can review the RFP process, possibly during Consumer Committee.

- This is something that has been brought up and is up for discussion

**Motion to allow the grantee (BPHC) to use historical performance, from previous grant cycles and the last 5 years, to change up to two (2) services that are approved for the EMA.**

**Motion:** Michael Swaney

**Second:** Carlton Martin

**Results:** The motion was approved with 13 approved, 2 abstentions, and 1 opposed.

## **Topic E: Year End Reports**

### **Needs, Resources, & Allocations Committee Year End Report**

The NRAC Chair, Vice Chair, and PCS goes over the Year End Report for NRAC. Agenda is as follows:

- Committee Members and Charge
- Criteria for Developing Funding Decisions
- FY23 Actual Unexpended Funds
- FY24 Estimated Unexpended Funds
- FY25 Funding Scenarios
- Minority AIDS Initiative
- Additional Guidance to BPHC
- Committee Year-End Recommendations to NRAC and Council

NRAC Chair mentions that the Council works on funds spanning 3 different years:

- Unexpended funds (CARRY OVER) – formula money that is not spent at the end of the fiscal year.
- Under-expended funds (SWEEPS) – sweeps money that is moved around during the current fiscal year due to underspending
- Funding Scenarios – A plan on how to allocate money for the next fiscal year, in this case, FY25

The rest of the presentation, NRAC goes over the recommendations made for unexpended funds and funding scenarios.

Criteria for funding decisions:

- Environmental Changes
  - o Federal and state budgets
  - o Transition away from pandemic emergency funding
- Information Sources
  - o Funding streams data
  - o Spending & Utilization data from RWSD
  - o Needs Assessment data
- Planning Council Work
  - o Priority setting
  - o Funding principles
  - o Input from Council discussions throughout the year

HRSA Mandated

- 10% of the total award is allocated towards administration (i.e. PCS and Grantee)
- 5% of the total award is allocated for quality management.
- And there is a separate allocation process for Minority AIDS Initiative funds which are specifically set aside for minorities

FY23 Actual Unexpended Funds Recommendation

On June 8, 2023, NRAC recommended that the Council direct BPHC to allocate:

- 20% to ADAP
- 20% to Medical Nutrition Therapy
- 30% to Food Bank/Home Delivered Meals
- 30% to Emergency Financial Assistance

FY23 Actual Unexpended Funds: \$481,558

On May 16, 2024, NRAC recommended to change the proportions for the FY23 Actual Unexpended (Carry Over) Funds:

- 30% to ADAP (10% Increase from FY22)
- 30% to Emergency Financial Assistance
- 20% to Food Bank/Home-Delivered Meals (10% Decrease from FY22)
- 20% to Medical Nutrition Therapy

FY24 Estimated Unexpended (Carry Over) Funds

On May 16, 2024, NRAC recommended to change the proportions for the FY23 Actual Unexpended (Carry Over) Funds:

- 30% to ADAP (10% Increase from FY22)
- 30% to Emergency Financial Assistance
- 20% to Food Bank/Home-Delivered Meals (10% Decrease from FY22)
- 20% to Medical Nutrition Therapy

A member was concerned about why more money was taken away from food delivered meals and that more was given to ADAP.

- Money was not taken away from the base funding, it is only taking unspent funds and allocating it appropriately. This is leftover money that is being spent.
- May be helpful for the next cycle to have data on food delivery, it would be important to use this for the next carryover vote.



## **Recommendations for Funding Scenarios for FY25**

### ***FY25 Level Funding Scenario***

On May 16, 2024, NRAC recommended that we make the following changes to the FY25 Level Funding Scenario based on FY24 Base Funding:

- Take \$15,000 from Medical Case Management, \$28,535 from Medical Transportation, \$40,000 from Psychosocial Support and \$46,465 from Health Education/Risk Reduction
- Reallocate \$20,000 to Housing Services, \$40,000 to Food Bank/Home Delivered Meals, \$20,000 to Emergency Financial Assistance, and \$50,000 to Medical Nutrition Therapy.
- This will result in a total of \$130,000 reallocated across 4 service categories.
- This recommendation will be voted on at the Planning Council meeting on June 20, 2024

### ***FY 2025 \$500k Decrease Funding Scenario***

On May 16, 2024, after significant analysis and testing out different scenarios during the all-day meeting, NRAC recommended that we proportionally decrease the funding from each service category.

- This will result in a direct service reduction in \$425,000, a \$50,000 reduction to Administration/PCS, and a \$25,000 reduction to Quality Management, for a total reward reduction of \$500,000.
- By proportionally decreasing the funding, not any one particular service category will have more burden on it than another due to a decrease.
- This recommendation will be voted on by Planning Council on June 20, 2024.

### ***FY 2025 \$500k Increase Scenario***

On May 16, 2024, NRAC recommended that we proportionally increase the funding from each service category, then take \$50,000 from Medical Case Management and add that to Oral Health Care. MCM will increase only \$101,870 instead of the proportional increase of \$151,870. Oral Health Care will increase proportionally, plus an additional \$50,000 to equal a \$99,363 increase.

- This will result in a direct service increase in \$425,000, a \$50,000 increase to Administration/PCS, and a \$25,000 increase to Quality Management, for a total reward increase of \$500,000.
- This recommendation will be voted on by Planning Council on June 20, 2024.

### ***Minority AIDS Initiative: PART 1, FY23 Unexpended/Carry Over***

HRSA guidance states there should be a separate process for MAI funds, therefore the committee performed a priority setting exercise for the MAI service categories

- Here are our final rankings:
- Medical Case Management
- Non-Medical Case Management
- Emergency Financial Assistance
- Psychosocial Support
- Linguistic Services

NRAC developed 2 scenarios for MAI funds – carry over and then FY25 Level MAI Funding.

On May 16, 2024, NRAC recommended that we allocate the FY23 MAI Unexpended Funds (\$111,901) to Linguistic Services (33%) and Emergency Financial Assistance (67%). This would increase Linguistics by \$37,300 and Emergency Financial Assistance by \$74,601.

This recommendation will be voted on by Planning Council on June 20, 2024.

**Minority AIDS Initiative: PART 2, FY25 MAI Level Funding**

On May 16, 2024, after significant analysis and discussion, NRAC recommended that we do not make any changes to FY25 Level Funding for MAI based on FY24 Potential Base Funding.

This recommendation will be voted on by Council on June 20, 2024.

Final summary:

- **The FY24 base funding is \$15,228,609 which is what our FY25 scenarios are based off of and would be FY25 level scenario.**
- **FY25 \$500,000 reduction would be \$14,728,609 and FY25 \$500,000 increase would be \$15,728,609**

NRAC adds additional guidance to BPHC:

*“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 FY25 Funding Scenario recommendations.”*

NRAC Year End Recommendations:

1. Offer optional training session prior to all-day allocations meeting. This should be required for people who have never done the allocations meeting before, and options for people who would like a refresher.
2. Keep updates to spending and utilization date presentation, as well as 5-year trends for funding streams.
3. Hear more about direct impact of funding, like “What do the agencies do with this money or how do they implement the services.”
4. Discuss whether to have the full Planning Council vote on MAI Priority Setting
5. Name change from NRAC to Allocations and Resources Committee (ARC)

NRAC Recommendations for Planning Council

1. Make decision about coffee hours at beginning of PC year based on interest and necessity. If we do have these, it should be better marketed and in various times. These should also be more focused on community building, and less related to the Council work.
2. Incorporate DEI efforts into meetings, and possibly offer outside trainings (how BPHC incorporates DEI into their organization, etc.).
3. Continue to read the group agreements at the beginning of meetings.
4. Priority setting should occur in person again.
5. Continue hybrid meetings.
6. Continue offering volunteer opportunities (i.e. Community Servings)
7. Add action item into the email subject line for improved engagement with emails. Show people how to shut off notifications from Basecamp to prevent double emails.
8. Learn more about policy changes or proposed changes and when those happen – could impact decision making, funding streams, etc.
9. Make presentations more active- more breakout rooms and group activities, more discussions.

**Services, Priorities, and Evaluations Committee**

SPEC Chair, Vice Chair, and PCS introduces SPEC with listing out the SPEC roster, highlights members that did Member Spotlight, the Committee Charge, Committee Projects, and goes over Recommendations.

The Planning Council's bylaws state that SPEC's committee charge is: That SPEC committee shall summarize and make recommendations to the Planning Council on HRSA approved Part A service categories and provide guidance on prioritizing Part A service categories, and that SPEC shall access the efficiency of the Administrative Mechanism in rapidly allocating funds within the EMA, and conduct additional evaluation activities including evaluating effectiveness of HIV care strategies in the EMA and evaluate the effectiveness of planning activities.

SPEC worked on Committee Projects throughout the year that includes: the Service Category Review, Service Standards Edits, the Assessment of Administrative Mechanism, and the Priority Setting Exercise for FY25.

#### Service Category Review

- The Health Resources and Services Administration (HRSA) outlines the types of services to which funding are allowable. SPEC is responsible for reviewing these service categories and relevant EMA data and recommending which categories are needed for PLWH in the Boston EMA.

#### Service Standards Revisions

- The Service Standards are the minimum requirements that programs are expected to meet when providing HIV services funded by Ryan White Part A. The Service Standards Working Group, made up of SPEC members, goes through the Service Standards each year and makes suggestions on what to edit and change to best meet the clients' needs. After presenting these edits to SPEC, the Committee votes on the suggested edits, SPEC presents these edits to Planning Council, and a request for a motion to vote for the approval of the Service Standard edits are made. The edits are later shared with Ryan White Services Division for final review.

#### FY25 Priority Setting Process

- Each year, the Planning Council ranks the approved Boston EMA service categories according to needs in the EMA. This prioritization helps the Needs, Resources and Allocations Committee (NRAC) and the Boston Public Health Commission (BPHC) make resource allocation decisions. SPEC is responsible for designing the priority setting exercise and guiding the Council through the process.

#### Assessment of Administrative Mechanism (AAM)

- The AAM is a federally mandated assessment of how efficiently and rapidly BPHC allocates funds to the areas of the greatest need within the EMA. SPEC was tasked with distributing a survey to funded agencies that would evaluate BPHC's activities including request for proposals, contract monitoring, and distribution of funds. The committee is then responsible for reviewing survey results and writing a report that includes recommendations (if necessary) on how to improve BPHC's administrative process. In addition, the Committee is responsible for presenting their recommendations to the Planning Council and requesting a motion to vote for the approval of their recommendations.

#### SPEC Recommendations for 2024

Recommendations for Meeting Logistics:

- Continue talking about EFA guidelines, as this is an important category that is constantly changing.
- Keep presenting historical data as it's helpful to newer members.
- Put more dialogue into the meetings so there is more room for conversation amongst members.

#### Recommendations for Service Standards:

- More intentional service standards editing: Service standards editing can feel repetitive, especially when RWSD asks us to edit small grammar/wording related things

#### Recommendations for Subsequent AAM Surveys:

- Ask what the agency's budget is (in form of a Likert scale) to see what their form of capacity is.
- Include question on AAM that says, "How long have you worked at your agency?" to understand experience level of person answering the question.

#### Recommendations for Priority Setting:

- Doing a sign up for Priority Setting instead of making it mandatory in-person
- Include a format like all-day allocations meeting for Priority Setting.
- Clearly define "last resort" and ensure we're using that definition for future processes such as Priority Setting.

#### Planning Council Recommendations for 2024-2025

- Talking about plans and objectives for PC at the beginning of the year
- Continue adding objectives/"By the end of the meeting we will..." to the beginning of meetings
- Idea to include media recommendations into the newsletters, such as podcast episodes, books, movies/tv shows, etcetera
- Bring in guest speakers from agencies who can explain the day-to-day process of what it's like to provide services at that agency/for a specific patient population, to help better understand the specific processes that agencies and services do
- Have a microphone in the room so members who are virtual can hear people in person.
- Collaborate more with other Planning Councils
- Reinvigorating historical context and involving media to motivate people who are burnt out and have been working in the field for a long time

#### Recommendations for Assisting New Members:

- Provide an environment for new members to ask questions and really understand things that are not necessarily on the agenda for the day
- Developing resource guide for other types of groups available to members
- Continue to develop the Mentorship Program to facilitate this and to check in with new members more regularly
- Potentially conduct a mid-year check in or mid-year meeting with new members

### **Topic F: MNC Recruitment Update**

There are a total of 8 new member applicants, with one or two members pending their application status, and 13 incumbent applications.

Some recruitment events that MNC have done (not all listed)

- March 24th - Native American Lifelines: National Native HIV/AIDS Awareness Day
- April 13th - Bayard Rustin Community Breakfast
- May 1st – Part A Provider Meeting Presentation
- May 29th – East Boston Neighborhood Coffee Hours
- May 29th - Boston Lesbigan Urban Foundation & Harvard Center for AIDS Research Listening Session
- June 1st – AIDS Response Seacoast Pride Kick Off Party
- June 3rd – Boston City Hall Pride Kick Off
- June 4th – AIDS Project Worcester Women’s Support Group
- June 6th – PCS Recruitment Tour to Agencies and APW Men’s Support Group
- June 8th – Boston Pride Festival

Sent various recruitment info to different organizations and people including, but not limited to:

- Part A Funded Agencies and other Ryan White Programs
- Previous Planning Council Members
- People that have shown interest in applying in the past, but not getting the chance to apply yet.
- Multicultural AIDS Coalition
- Trans Community of New England (TCNE)
- MA Trans Political Coalition
- The Boston Alliance of Lesbian Gay Bisexual Transgender Queer Youth (BAGLY)
- Boston Lesbigan Urban Foundation
- Beth Israel Deaconess Hospital- Plymouth
- And many more!

MNC Digital Outreach: Social Media

- New Member Applications and Flyers have been shared across the Someone You Know and Love Instagram account, where recruitment information has been shared as a post and as stories (which are posts that share someone's update in the last 24 hours).
- On the screenshot is an Instagram friendly version of the recruitment flyer, with a text box that states that we are still recruiting for new Council members!

### **Topic G: 2024-2025 Chair Elect Nominations**

Planning Council Chair reads out responsibilities and duties of the Chair-Elect.

The Planning Council Chair-Elect’s duties include:

Preparation for and Participating in Executive Committee Meetings

- Assist the Chair with agendas and review action items from committees
- In the absence of the Chair, chair the meeting
- Provide leadership and advice as needed

Preparation for and Participating in Planning Council Meetings

- Assist the Chair with agenda and review action items from Executive Committee
- Assist the Chair on any issues and possible concerns and preparations to address them
- In the absence of the Chair, chair and manage the meeting
- Provide leadership and advice as needed
- In presiding in the absence of the Chair, vote only when there is a tie

Meeting Follow Up

- Assist the Chair in meeting with people on behalf of the Planning Council as needed

#### New Member Orientation

- When possible, attend and participate in new member orientation

#### Other

- In the absence of the Chair, serve as spokesperson for the Planning Council

There is discussion on if we should require the Chair and Chair-Elects should be in person.

- We should be able to vote as a council, not mandate whether or not they should be in person or not.
- A member expresses that leadership should have commitment to showing up
- A member also mentions that we should put our Chair-Elect on a higher standard

A different conversation revolves around allowing people to do things online and not just mandate them to be in person, especially if it depends on their responsibilities and accessibility. Being online does not project and your opinions any less.

#### Nomination Guidelines

- Self nominate or nominate another member today, during the meeting
- If you want to nominate yourself, let PCS know by June 17th
- If you want to nominate someone else, let that person know and PCS know by June 17th
- All nominees must submit a written statement of candidacy to PCS by June 18th, 5 PM

Voting will take place on June 20<sup>th</sup>!

#### **Topic H: Announcements, Evaluations and Adjourn**

- New Member Applications DUE TOMORROW (June 14th!)
- Nominations on June 26th
- Chair-Elect Nominations & Statements of Interest due June 18th
- End of Year Survey due June 20th
- Last Council meeting for the 2023-2024 year is June 20th, 4-6 PM
- End of the Year Party on July 14th – stay tuned for more fun info
- BPHC has A LOT of job postings available! Including Program Manager for the Case Management Training Program

During the FINAL Council meeting, we will:

- Hear BPHC's response to the AAM
- VOTE on the FY25 Resource Allocations
- Hear the MNC and Consumer Committee Year End Reports
- VOTE on the 2024-2025 Chair-Elect!

Planning Council Chair formally ended the meeting at 5:57pm.