



Planning Council Meeting
Thursday January 16, 2025
89 South St., Boston, MA 02111 and Zoom
4:00 PM – 6:00 PM

Summary of Attendance

Members Present

Alison Kirchgasser
Alyssa Collaro
Amanda Hart
Catherine Weerts
Curtis Santos
Damon Gaines
Daniel Amato
Darren Sack
Shambi Mwandembo
Zeke Russell
Gerry James
Hemi Park
Henry Cabrera
Joey Carlesimo
Kim Wilson
Liz Koelnich
Luis Rosa
Melissa Hector
Regina Grier
Rick Boyd
Romini Smith
Rudy Wise
Serena Rajabiun
Shara Lowe
Stephen Batchelder
Steven Spinale
Yvette Perron
Milaun Casimir

Members Excused

Barry Callis
Blaise Conway
Bryan Thomas
Carlton Martin
Christopher McNally
Karen White
Margaret Lombe

Members Absent

Justin Alves
Larry Day
Shirley Royster

Staff

Clare Killian
Vivian Dang
Julia Kirsch
Melanie Lopez
Zan Whittied
Glenda Morrabal
Roxy Dai
Rebecca Ritterman
Rachel Phillips
Tzuria Falkenberg

Guests

Heather Trites representing Office of HIV AIDS

Topic A: Welcome, Moment of Silence & Group Agreements

The Vice-Chair of the Planning Council opens the meeting, calls the meeting to order, leads a moment of silence, and reminds members of the group agreements.

PCS takes attendance as reflected above and reviews the agenda and objectives for the meeting:

Members will hear updates from agency representatives and learn about how the committees have gone during the past month, will hear from RWS about the most recent Part A-funded agencies' utilization and spending, will learn about the demographics of clients who use EFA, Medical Transportation, or Psychosocial Support, and will check in on how the year is going so far and learn about the mid-year survey.

Julia Kirsch, the new PCS Program Coordinator gives an introduction about herself.

Topic B: December 12th Meeting Minutes Review & Vote

The Vice Chair makes a motion to approve the December 12, 2024 minutes.

Motion to Approve: Catherine Weerts

Second: Rick Boyd

Result: The December minutes were approved with a total of 22 members voting yes, and 2 abstention.

Topic C: Agency Updates and Committee Reports

Melissa Hector | Mayoral Liaison

- **There is a grant funding opportunity for nonprofits and coalitions. Last July the Boston Public Health Commission received a partnership opportunity to partner with the Hs. Health Equity Foundation** where 10 million dollars will be distributed over a series of years for health equity, economic mobility work in Boston.
 - o The project is called Live Long and Well, and the agenda is essentially to target neighborhoods in Boston, where there have been premature mortality.
 - o For example, Dorchester, Roxbury, and Mattapan.
 - o There is a grant opportunity coming out where organizations who can form coalitions can receive up to 5 million dollars. Deadline for that grant opportunity is March 12, and she

will make sure PCS has the information to share and give updates as there is more news about the grant.

Barry Callis, represented by Heather Trites | MA Department of Public Health

- MDPH received the new integrated planning guidance from CDC and HRSA for the 2017 through 2031 years. One of the main things that Heather is personally doing in the community engagement unit is working on recruitment specifically for those new key collaborators that were named in the plan and that she is looking to find people to potentially join one of their advisory groups to fill the key collaborator roles and to strengthen the advisory system, which is a key part of the integrated planning.
 - o There will be an info session on January 23rd going over that guidance. And if that's something that anyone is interested in, she has information about that and can forward it to members
- MIPCC (Massachusetts Integrated Planning and Coordination Committee) and EHE (Ending the HIV Epidemic) have both been looking at MDPH's new testing initiatives, including some at home testing and the implementation of the SXT partner notification messaging tool, which is a new tool being implemented to work alongside the field epidemiologists to update people about if they have been exposed so that's something that the partners can do anonymously.
- MDPH just got more information about the implementation and the rollout of that, and also working on a Q&A based on what MDPH have heard from members at both the MIPCC and EHE steering committee meetings.
- Next MIPCC meeting is going to focus on the strategic plan to advance racial equity, which will be happening at the end of next month in February

Yvette Perron | NH Department of Health & Human Services

- They are working on an integrated HIV plan. Her program's role in the whole planning process is helping with the needs assessment in New Hampshire and they are going to start working on that, as well as also working on an HIV and aging project.
 - o This is going to be a 2 year project to make sure that the case managers in New Hampshire have all the resources they need, as their clients are getting older.
- Another big project that just was completed is the HIV education kits. They have a public health education detailing team and they communicated to 380 different organizations, mostly to infection preventionist or to practice managers, where they speak to a practice manager like they're going to one network this week, and they're going to distribute it to all their providers. NHDHHS's information on HIV and their Ryan White Care program is getting distributed to many people throughout the state.
 - o what really triggered that activity is that they were notified where a mom had a baby and was breastfeeding in the hospital. Her whole care team wasn't fully supportive of the new mom breastfeeding, and someone in the hospital network called DCYF (Department of Children, Youth and Families). To stop situations like that, NHDHHS started educating a lot of healthcare organizations, OBGYNs, primary care, and really try to spread the word. They want to expand it to more than just HIV and breastfeeding and they want to talk about the Ryan White Care program HIV prevention activities and HIV so that information was once again sent out to 380 different organizations.
- They've been running into a lot of insurance problems. They discovered that HCA Healthcare for America are no longer accepting Blue Cross Blue Shield, the 10 most common plans, and that is a huge problem. Mass General is not accepting Ambetter, which is a problem for New Hampshire hospitals that are under the Mass General umbrella and Harvard Pilgrim is not covering HIV

medications. NHDHHS are trying to get creative on how to overcome these major insurance issues.

Alison Kirchgasser | MassHealth

- Mass office launched 3 new websites for specific groups of members to learn more about their coverage and benefits and eligibility, ones for children and young adults, ones for members experiencing homelessness, and one for members recently released from jails or prisons, and she will put the links to all 3 of those in the chat.
 - o Links: [MassHealth for Children and Young Adults | Mass.gov](#)
 - o [MassHealth members who are experiencing homelessness | Mass.gov](#)
 - o [MassHealth members recently released from jail or prison | Mass.gov](#)
- There is a new form that people can fill out to request that the MassHealth education and information team come out to give you information about MassHealth, noting that it's a very complicated program, so she will include the link to that form if anyone is interested in having that type of presentation at their organization.
- MassHealth posted that they are looking for stakeholders to join the MassHealth Program Advisory Committee or MPAC. The the deadline to apply is tomorrow.

Melanie Lopez | Boston Public Health Commission

- **Hired a Senior Program Manager who starts on February 10, and they have experience working with both part A and part B, as well as specifically with Medicaid and also were previously a lead case manager in the Iowa, Illinois EMA.**
- Recently released cold weather resources for our EMA, divided up by County that Rachel, the newest coordinator, sent out.
- RFP update- had 3 external reviews, and one week of internal reviews, and the decisions were sent up for higher up review. They are currently waiting for decisions to release to the email.

Membership & Nominations Committee (MNC)

Kim Wilson & Stephen Batchelder

- Finalized the Mid-Year Survey! Please take it at the end of this meeting; due Jan. 30
- Discussed recruitment activities
- Followed up about member attendance and the mentorship program

Services, Priorities, and Evaluations Committee (SPEC)

Daniel Amato & Carlton Martin

- Continued to review the Service Standards and organize revisions – Council will vote on these in February!
- Reviewed and edited the AAM survey; data collection will start after the February SPEC meeting

Allocation of Resources Committee (ARC)

Liz Koelnich & the Vice Chair has not been elected yet

- Overview of the Minority AIDS Initiative funding
- Reviewed the Funding Streams Report components
- Reviewed the Service Category Cheat Sheet and played a scavenger hunt game

Needs Assessment Committee (NAC)

Amanda Hart & Regina Grier

- 10/24/24
- Reviewed potential data collection methods and divided up tasks for the November meeting
 - o In-depth interviews with PLWH who are out of care

- Focus group discussions with PLWH who are Part A clients
- Surveys to Part A providers
- Committee members are reviewing these drafts before the next meeting (4 people reviewing each method)
- Worked on the definition of 'out of care' and will finalize that at our next meeting

Consumer Committee

Rick Boyd & Chris McNally

- Reviewed the Anti-Stigma Campaign brochure
- Reviewed Someone You Know and Love merchandise
- Updates about the Gala – Please RSVP by the end of the week!

MNC Chair asks mentors and mentees how the mentorship program is going and if they have been talking amongst each other and making sure mentors and mentees have been checking in with each other.

Topic D: RWS Presentation: Client Utilization & Spending Update

Melanie Lopez gives an update on the Client Utilization & Spending Update. This presentation will review the Data Terms Refresher, Outlining Data Pull, and Year to Date Review. She reviews definitions of Utilization, Service, and Units.

Utilization- the usage of service

Service- one of the 13 funded activities funded

Units- how many times a service has been performed

Melanie gives an explanation of units and defining what the definitions are (from HRSA), followed by examples.

Time-Based

- 15 minutes = .25 unit
- 30 minutes = .5 unit

Unit Based

- 1 voucher = 1 unit
- 1 ride = 1 unit

Melanie notes that she added unit costs per service category, but as we go through these, her recommendation is to use this mostly on service based category. Delivering unit based units rather than personnel based categories because there are additional conditions such as salary or how much time each individual is using so time based, and then also the award amounts. She marked any of those edits with a star. She mentions that ones that she thinks are the most useful is the unit cost breakdown, which is noted with a star on the left hand side next to the name.

Methodology

At the beginning of each fiscal year, the Client Services and Fiscal Year collects all projected information, then continuously monitors utilization and spending to ensure allowability and trends per service category.

Program

- They get the projected number of clients and units delivered from the annual scope of services from the agencies. They submit this at the beginning of the year for each service category that they're funded for. They project how many clients that they're going to serve, and how many units of services they're going to serve, and they pull that and use it to track throughout the year

- Then E2Boston, run the most up to date values for each of those services on there
- Fiscal
- have their annual budgets, agency invoices, and service accounting sheet. There was a data run on 1/15/25 on e2Boston, and Melanie notes that Q3 data and invoices are up to date and no back logs identified. There is expected to see 65-85% Utilization across categories.

A/HDAP

Part A

- 100% Units Completed
- 232 Clients Served
- 100% Funds Spent

Melanie notes there is still a high need due to cost of medications. Melanie also mentions that one of the agencies under this category does not input due to state versus federal conflicts, so they do not have the value for this slide.

Oral Health

Part A

- 81% Units Completed
- 2143 Clients Served
- 90% Funds Spent
- \$614.36/ Unit

Melanie notes that due to rate matching, procedures have costed more this FY and anticipate high need high spend in the next FY.

Medical Case Management

Part A

- 80% Units Completed
- 1829 Clients Served
- 73% Funds Spent
- \$696/ Unit

MAI

- 61% Units Completed
- 185 Clients Served
- 83% Funds Spent
- \$667/ Unit

Melanie notes that there is much improvement with case manager retention in the EMA this last Q.

Medical Nutritional Therapy

Part A

- 124% Units Completed
- 472 Clients Served
- 77% Funds Spent
- \$6.87/ Unit

Emergency Financial Assistance

Part A

- 38% Units Completed
- 141 Clients Served
- 44% Funds Spent
- \$1,225/ Unit

MAI

- 180% Units Completed
- 36 Clients Served
- 86% Funds Spent
- \$661/ Unit

Melanie notes that EFA is mostly on rent, utilities, groceries, and transportation (in that order), and there is expectation to see larger increase due to winter expenses. MAI under projected how many units, and 1 agency funded under MAI.

Melanie gives a reminder that, unit costs can be different per agency based on:

- client-identified needs
- agency MOU/As
- service delivery model selected for EFA at the agency,
- and most importantly award amount.

This is also the same scenario for other service-based categories as well

Foodbank/Home Delivered Meals

Part A

- 83% Units Completed
- 679 Clients Served
- 82% Funds Spent
- \$23.88/ Unit

There is more delivered meals via instacart/Grocery store to increase access and accommodations. This cycle is something that is new this fiscal year.

Health Education/Risk Reduction

Part A

- 38% Units Completed
- 263 Clients Served
- 72% Funds Spent
- \$187/ Unit

There is still underutilization and the most underutilized this year.

Housing

Part A

- 72% Units Completed
- 340 Clients Served
- 85% Funds Spent
- \$1,305/ Unit

There is an overwhelming need for affordable housing and a lack of capacity to fulfill those needs.

Linguistics

Part A

- 126% Units Completed
- 36 Clients Served
- 30% Funds Spent
- \$24/ Unit

Medical Transportation

Part A

- 66% Units Completed
- 577 Clients Served
- 77% Funds Spent
- \$32.59 Unit

Non-Medical Case Management

Part A

- 90% Units Completed
- 690 Clients Served
- 72% Funds Spent
- \$430.64/ Unit

MAI

- 98% Units Completed
- 123 Clients Served
- 62% Funds Spent
- \$806/ Unit

Unlike MCM, NMCM has had more difficulties retaining staff this FY. MAI is more staffed than Part A, which is why there is a higher unit cost.

Other Professional Services-Legal

Part A

- 90% Units Completed
- 690 Clients Served
- 72% Funds Spent
- \$430.64/ Unit

MAI

- % Units Completed
- Clients Served
- 91% Funds Spent
- \$-/ Unit

Services most utilized on evictions, obtaining legal paperwork, and seeing an increase trend of serving clients with an undocumented status. *Reminder that MAI OPS closed at the beginning of the FY.

Psychosocial Support Services

Part A

- 85% Units Completed
- 300 Clients Served
- 67% Funds Spent
- \$211.20/ Unit

MAI

- 136% Units Completed
- 153 Clients Served

- 67% Funds Spent
- \$268/ Unit

Staffing turnover has impacted spending and utilization but still meets spending and utilization expectations. Groups trend higher than individual sessions.

Melanie concludes the presentation and asks members if they have any questions.

A member asks to go back to the EFA units completed table and mentions as a note to Council that this is a wide variety, that EFA can be used for many things like food and transportation, etc. She is wondering if we can do a deeper dive and see how much things (housing, food, etc) costs so we can do more planning into categories.

- Melanie responds by saying they can start reviewing trends for unit costs in more detail so members can figure out where allocation should go to
 - o The member wants to know if certain units can be specified, such as if it is usage for housing or food, so there can be an easier explanation of the unit costs.
 - o Melanie says we can do trend analysis by agency or service category

Another member says there may be a way to do this without identifying agencies. He asks if it would be beneficial to put in the amount of money that was used for what service and says an example: out of ten agencies, could Melanie put together \$8,000 was used towards housing and \$3,000 was used towards medication. We want put money into different categories and not overall EFA.

- Melanie says she can do this but it will take some time. POS will review this with Melanie and figure out a timeline of when to get this done by, and PCS will provide support for this matter

Topic E: Part A Services Demographics Report – EFA, Medical Transportation, Psychosocial Support

Zan (Sr. Performance Measurement Coordinator) and Tzuria (Sr. Quality Improvement Coordinator) from the Ryan White Clinical Quality Management team gives a presentation on the Part A Demographics Report.

The presentation objectives aim to the Boston EMA Ryan White Planning Council, with demographic data about planned service categories, so that members can

- Make data-informed decisions about Ryan White Part A services,
- Offer feedback to the CQM team
- Share your insights as co-producers of knowledge.

Zan explains that E2Boston = cloud-based data system that captures all the data. They ran this for the fiscal year up until the 13th and did it again for EFA, Psychosocial Support, and Medical Transportation, as well as adding Part A and MAI services.

Demographic Slide Review

Zan mentions that in the upcoming slides, they will review the data for the following demographics:

- Gender
- Race/Ethnicity
- Relevant demographics to service category.
 - For example, Exposure Category, Housing Status etc.
- They will also provide additional context for the data per demographic!

Emergency Financial Assistance

Gender and Race of EFA Clients (n=174)

- 57% identify as male, 40% of clients identify as female, and 3% identify as transgender
- More women and trans clients receiving EFA funds compared to the EMA women 40% vs 30% and Trans 3% vs 1.5%
- More younger clients in the 20-44 age group 38% vs 26%

Race of EFA Clients (n=174)

Emergency Financial Assistance data shows

- Less White clients received EFA funds compared to clients served in FY 24. (25.9% vs 47.9%)
- Significantly more Black clients received EFA funding in FY 24 compared to all clients served. (51.7% vs 33.50%)
- More EFA clients reported their race as unknown or unreported. (19% vs 14.9%)

Ethnicities of EFA Clients (n=174)

Emergency Financial Assistance data shows

- A greater percentage of Hispanic clients served compared to all clients in FY 24. (44.30% vs 30.4%)
- Slightly more Hispanic women (12.10% vs 8.7%) and non-Hispanic women (27.6% vs 21.6%) received EFA funds.

Income of Emergency Financial Assistance Clients (n=174)

EFA data shows

- Significantly more clients reported "equal to or below the FPL" compared to all clients served in FY 24. (67.8% vs 48.6%)
- Slightly more EFA clients reported being "101-200% FPL" (18.4% vs 17.70%)
- 99% of incomes are reported compared to only 83% of FY 24 clients.

Question from a member: Why is there a percentage from the 500% (0.3% for greater than 500% FPL)

- She cannot recall the answer, but thinks that don't actually know the answer to that. I think that it is a very small number. If it's 0% for EFA, and it's 0.3% for the EMA overall and that could be due to some typos in some cases or to the way people's incomes fluctuate. It could also be due to people's household size changing, and she mentions that there's a lot of variables that go into the way someone's income is calculated for this.

Medical Transportation

Gender and Age of Medical Transportation Clients (n=571)

- Gender: Medical Transportation serves a much higher proportion of women and transgender clients, and a lower proportion of men than the EMA services overall.
- (Women: 45.4% vs. 33.2% for the EMA overall; Trans clients: 3.5% vs. 1.6% for the EMA overall; Men: 51.1% vs. 65.1% for the EMA overall)
- Age: Medical Transportation serves a higher proportion of clients aged 45-64, and a slightly higher proportion of clients aged 65+ than EMA services overall. $\frac{3}{4}$ of MT clients are 45 or older, compared to $\frac{2}{3}$ of EMA clients overall.

Age:

- 0-12: 0%
- 13-19: 0.5%
- 20-44: 24.7%
- 45-64: 55.2%
- 65+: 19.6%

Race of Medical Transportation Clients (n=571)

- Served fewer White clients compared to the EMA. (28% vs. 45%)
- Served more Black clients compared to the EMA. (47.8% vs 38.5%)

- Did not serve any American Indian clients.
- More clients didn't report a race compared to the EMA overall (20.8% vs 12.6%) – 86% of those clients identified as Hispanic/Latinx.
- Zan notes that these numbers do not get to explain the entire population, but only a set number of clients, and hope that there will be a better way to gauge the data in the future.

Ethnicities of Medical Transportation Clients (n=571)

- Significantly more women compared to all clients served in FY 24.
- Hispanic Women (17.5% vs 8.7%)
 - o Non-Hispanic Women (27.3% vs 21.6%)
 - o Slightly more Transgender clients compared to all services in the EMA. (3.6% vs.1.3%)
- More Hispanic/Latinx clients than the EMA overall (40.3% vs. 35.5%), in particular, more Hispanic/Latina women (17.5% vs. 10.5%) and more trans Hispanic/Latinx clients (2.1% vs. 0.8%)
- Fewer Hispanic/Latinx men than the EMA overall (20.7% vs. 24.2%)
- More non-Hispanic women than the EMA overall (27.3% vs. 22.2%), and fewer non-Hispanic men than the EMA overall (30.3% vs. 40.2%)

Exposure Category of Medical Transportation Clients (n=571)

Medical Transportation Serves:

- Less MSM transmissions compared to all clients served in FY 24 (23.8% vs 37.5%)
- Significantly more Heterosexual transmissions compared to those served in FY 24. (56.2% vs 43.30%)
- More IDU transmissions compared to all clients served in FY 24. (18% vs 10.4%)

Psychosocial Support Services

Gender and Age of PSS Clients (n=439)

- PSS serves a similar proportion of male and female clients to the EMA overall, and a slightly higher proportion of transgender clients (3.6% vs. 1.6%)
- Age: PSS serves slightly more clients over the age of 65 than the EMA overall, and fewer clients aged 20-44. Similar to the EMA overall, about half of PSS clients are aged 45-64.

Race of PSS Clients (n=439)

- A similar proportion of Black clients to the EMA overall
- Slightly fewer white clients than the EMA overall (42.6% vs. 44.7%)
- More clients who didn't report their race than the EMA overall (14.4% vs. 12.6%)
- As with Medical Transportation, the vast majority of PSS clients (87%) who didn't report a race identified as Hispanic/Latinx.

Ethnicities of PSS Clients (n=439)

- Slightly more Hispanic men compared to the EMA (28.5% vs 24.2%) and fewer non-Hispanic men compared to the EMA overall (34.2% vs. 40.2%)
- Slightly more Transgender people who are Hispanic and/or Latino compared to the EMA. (2.7% vs 0.8%)
- Relatedly, a higher proportion of PSS clients reported Spanish as their primary language compared to the EMA overall (31% vs. 20%).

Housing Status of PSS Clients (n=433)

- A higher proportion of PSS clients reported "temporarily staying at a family/friend's residence" compared to the EMA overall (14.3% vs 9.6%).
- A lower proportion of PSS clients reported living in permanent housing than EMA clients overall (76.2% vs. 83.5%).

A member asks: Are clients who are not permanently housed not connecting with PS?

- They're seeing more clients who aren't permanently housed getting connected. She mentions she is not sure, but that is something they will be asking Council members in their next set of questions.

There are questions asked to Council members.

Why do you think more women are being represented in EFA services?

- They are more active to engage in delivery services.
- I think at least in the department they work with,
- Women are more likely to hold the responsibility of figuring out what EFA pays for, like food and transportation and those that are adjacent to caretaking for children, they hold more responsibility in making sure EFA services are used.

What are barriers that contribute to people needing medical transportation?

- Housing costs are having people move farther away of public transportation
- Transportation unreliability
- Safety concerns of taking public transport, people have been getting assaulted
- Not able to afford a car
- Pharmacy deserts
- Cost of parking
- Medical industry only cares about you being at the appointment within 15-20 minutes, and unreliability of transportation can cause them to get there late, while the hospital still receives those services paid and keeps tabs on no-shows.
- PT1 transportation can make you wait 4-6 hours to pick up and return pick up. Is there any data on those clients on how they spread out the time of pick up and drop off?
 - o PT1 is run by Medicaid agencies, so they do not have the answer for that and it makes it difficult to receive answers
 - o Much of the problem with PT1 is that you have to schedule it and get a time for it and they have to pick up so many people because that it is difficult for someone to go to their medical appointment, and finds that it is not accessible for going to these services.

What do you think is a driving factor behind more PSS clients temporarily staying with family and friends compared to being permanently housed?

- It is the market in Boston. For folks that live within marginalized communities, they think that it is better to share the over cost of rent.
 - o Tzuria clarifies that this question refers to someone that may not have a lease shared with family or friends.
- We call this "doubled up" and a lot of places they work with has been double up, and think that folks that are vulnerable have more difficulty finding access to market rate housing, he also thinks that people who are unstably housed situations are more likely to need the support.
 - o A member shares that people who are doubled up are more receptive to use psychosocial support services because one it's an easy meal, it's a way to get out of people's hair, it's not always comfortable being another person's space and always feeling like a burden. So being able to escape for 2 hours and being able to have a community to be able to talk to about your stresses and being able to have a secure meal that you're not mooching off the person who you're living with.

Additional questions:

- This is more of an observation: curious about the unknown/unreported numbers compared to unknown/unreported numbers last year
 - o 12.7% last year, as similar to this years.

- A member comments that it is important to see where is the decrease and increase in this data.

The Ryan White Clinical Quality Management (CQM) concludes their presentation by saying that their program now offers CQM technical assistance appointments for Ryan White Part A providers and other stakeholders. A link is shared in the Zoom chat to schedule a meeting with a CQM staff member.

Topic F: Mid-Year Check-In

PCS goes over the Planning Council Timeline:

January

- Mid-Year Check In
- Part A Services Demographics Report – EFA, Medical Transportation, Psychosocial Support Services
- RWSD S&U Update

February

- Anti-Stigma Campaign Update
- Vote on FY26 Council Directives (SS & FP)
- CQM Updates
- Learn about Priority Setting activity

March

- FY25 starts March 1st
- Needs Assessment Update & Data Collection Tool Review
- Priority Setting Activity!
- FY25 starts March 1st

April

- Part A Services Demographics Report - Medical Nutrition Therapy, Linguistics, Other Professional Services (Legal)
- RWSD S&U Update
- Vote on Sweeps
- Vote on Priority Setting
 - PCS reminds members to please come to these meetings so we can have more input and votes
- Quarter 3 Meeting Evaluation Report

May

- Funding Streams Summary
- Discussion & Vote on AAM Results and SPEC Recommendations
- RWSD FY24 Year End S&U Report

June Meeting 1

- FY26 Resource Allocation Report
- SPEC, ARC & NAC Year End Reports
- Planning Council Chair-Elect Nomination

June Meeting 2

- Vote on FY26 Resource Allocation Recommendations
- BPHC's Response to the AAM
- Planning Council Chair-Elect Election
- Consumer & MNC Year End Reports
- End of Year Survey Report

PCS says that the Mid-Year Survey January 30th and mentions that it will has questions about members' experience on Council so far, knowledge of Basecamp, questions about in-person/virtual meeting formats,

and more. It will be in SurveyMonkey format, and members can start and stop the survey at any time, and it will save the answers until full completion. PCS will send email reminders over the next few weeks to those that have not filled it out.

MNC Chair reminds people to keep up with their participation because their participation matters

A member suggests to make an acronym list for new and existing members, and PCS responds with saying that we do have one and if there needs to be any updates, to please let PCS know. PCS will send a follow up email with an acronym list.

Topic G: Announcements, Evaluations and Adjourn

Council Announcements

- No meeting evaluation today – please complete your mid-year survey - Due January 30th!
- RSVP for the Someone You Know & Love Gala on February 22nd
<https://syklgala2025.eventbrite.com>
- Reminds members that priority plus ones are for Council members, and for members to let PCS know if they will bring a plus one, but PCS has been keeping track.

Motion to Adjourn

Motion: Milaun Casimir

Second: Catherine Weerts

The meeting was adjourned at 5:52pm.

The slide features four decorative corner elements. The top-left corner has a black square with a small orange semi-circle and a few blue dots. The top-right corner is a cluster of squares containing a purple atom symbol, a sunburst, a red heart, a green square with a black figure-eight, and a red and black striped heart. The bottom-left corner is a larger cluster of squares with a sunburst, atom symbols, red hearts, a green square with a black figure-eight, a blue circle, and a black circle. The bottom-right corner has a red and black striped heart and a green square with a black figure-eight.

January 16th, 2025

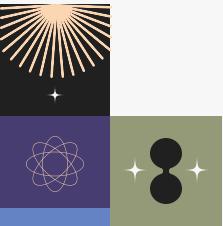
Planning Council

Chair: Margaret Lombe
Vice Chair: Henry Cabrera



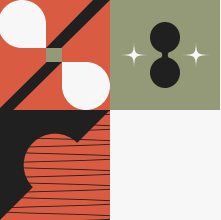
Moment of Silence

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



Attendance & Icebreaker

When we call your name, state “here” or
“present” for the record!



Today's Agenda & Objectives

December 12th Minutes Review & Vote	Vote to approve the meeting minutes from December 12th
Introduce new PCS Coordinator	Welcome Julia Kirsch, our new PCS Program Coordinator, and learn a few things about her
Agency Updates & Committee Reports	Hear updates from our agency representatives and learn about how the committees have gone this past month
RWS Presentation: Client Utilization & Spending Update	Hear from RWS about the most recent Part A-funded agencies' utilization and spending
Part A Services Demographics Report – EFA, Medical Transportation, Psychosocial Support	Learn about the demographics of clients who use EFA, Medical Transportation, or Psychosocial Support
PC Mid-Year Check-In	Check in on how the year is going so far and learn about the mid-year survey



Meeting Minutes Review & Vote

1. Are there any edits to the meeting minutes
from December 12th, 2024?

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

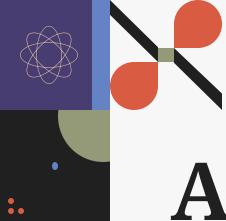
3. Raise of hands and Zoom poll to approve
December 12th meeting minutes.

Hi, I'm Julia!

- Just moved from the Bay Area, CA!
- Graduated 2024 from University of Rochester with a B.A. in Health, Behavior, and Society
- Experience in harm reduction / syringe exchange, global health qualitative research (in mountain communities in Italy & India), social media marketing & business development for a women's health startup!
- Interests outside of work: photography, yoga, reading, skiing, knitting, weightlifting, pottery, rug-tufting, glassblowing, & 60s/70s/80s music



P.S. Please send me book recommendations!



Agency Updates

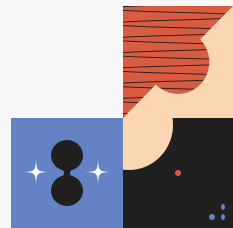
Barry Callis, MDPH

Alison Kirchgasser, MassHealth

Yvette Perron, NH DHHS

Melanie Lopez, BPHC RWS

Melissa Hector, City of Boston/Mayor's Office





Committee Reports

SPEC

- Continued to review the Service Standards and organize revisions – Council will vote on these in February!
- Reviewed and edited the AAM survey; data collection will start after the February SPEC meeting

ARC

- Overview of the Minority AIDS Initiative funding
- Reviewed the Funding Streams Report components
- Reviewed the Service Category Cheat Sheet and played a scavenger hunt game

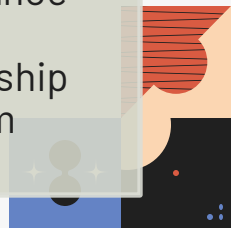
NAC

- Finalized the provider survey data collection method
- Reviewed progress against work plan

Consumer

- Reviewed the Anti-Stigma Campaign brochure
 - Reviewed Someone You Know and Love merchandise
 - Updates about the Gala – Please RSVP by the end of the week!!!
- (QR code on next slide!)

MNC

- Finalized the Mid-Year Survey! Please take it at the end of this meeting; due Jan. 30
 - Discussed recruitment activities
 - Followed up about member attendance and the mentorship program
- 



Someone You Know & Love *Gala*

February 22, 2025 | 5 - 9 PM

Boston University, Metcalf Trustee Center

You're invited!



RSVP today!

REMINDER:

How are the mentorship pairings going?

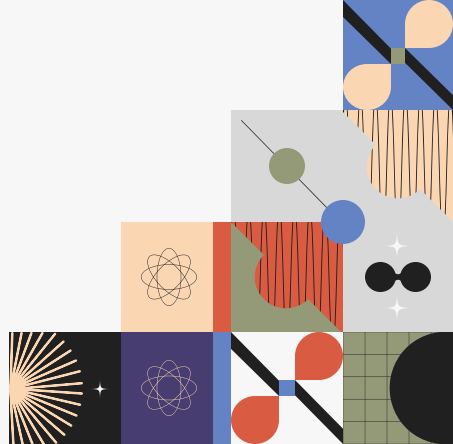

Have you all been checking in with your mentors/mentees?





Utilization & Spending Update

Melanie Lopez
Director of Client Services



FY 24 Demographics Report: Emergency Financial Assistance (EFA), Medical Transportation(MT), and Psychosocial Support Services (PSS)

Alexandria Whitted, MPH – Sr. Performance Measurement Coordinator

Tzuria Falkenberg – Sr. Quality Improvement Coordinator

AGENDA



- Objective
- E2Boston Report Metrics
 - Emergency Financial Assistance (EFA) Demographics
 - Medical Transportation (MT) Demographics
 - Psychosocial Support Services (PSS) Demographics
- Questions for the Council
- Questions for the CQM



Objective

This presentation aims to provide you, the Boston EMA Ryan White Planning Council, with demographic data about planned service categories, so that you can

- Make data-informed decisions about Ryan White Part A services,
- Offer feedback to the CQM team, and
- Share your insights as co-producers of knowledge.

E2Boston Report Metrics

☐ View All Clients

☐ Filter Clients By Outcomes

☒ Filter Clients By Services

* Specify Provider(s):

45 selected ▼

Service Date Range:

* From Date:

03/01/2024



* To Date:

01/13/2025



Today

or Select:

This Fiscal Year to Date

Specify Service
Category(s):

Emergency Financial Assistance ▼

* Specify Funding
Type:

☐ All

☐ Part A Only

☐ MAI Only

☒ Part A + MAI

☐ EHE Only

* Eligible

☒ All Services

☐ Only Eligible Services

☐ Only Non-Eligible Services

* Dental Client Pool:

RWCA Clients ▼

* Newly Diagnosed:

☒ All Clients

☐ Newly Diagnosed Clients ?

* County:

19 selected ▼

Zip:

Type to search

TeleHealth Status:

– Please Select – ▼

Run Report

Data in this report was run from the Visual Analytics (Demographics) Report for FY 2024 March 1, 2024 through January 13, 2025.

DEMOGRAPHIC SLIDE OVERVIEW

In the upcoming slides, we will review the data for the following demographics:

- Gender
- Race/Ethnicity
- Relevant demographics to service category.
 - For example, Exposure Category, Housing Status etc.
- We will also provide additional context for the data per demographic!



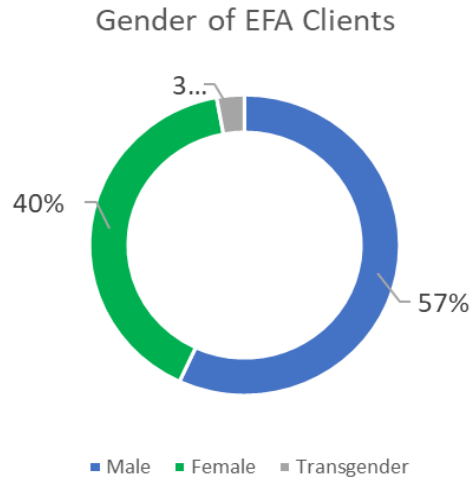
Emergency Financial Assistance

Additional demographic:
Income

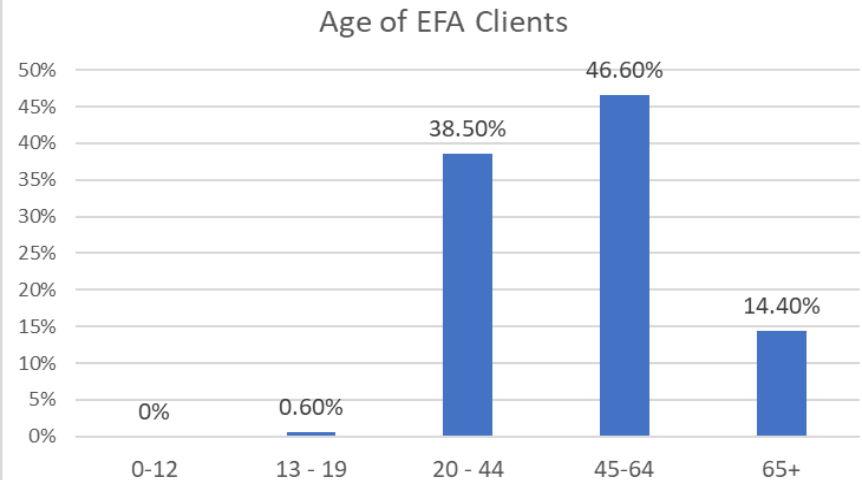


Gender and Race of EFA Clients (n=174)

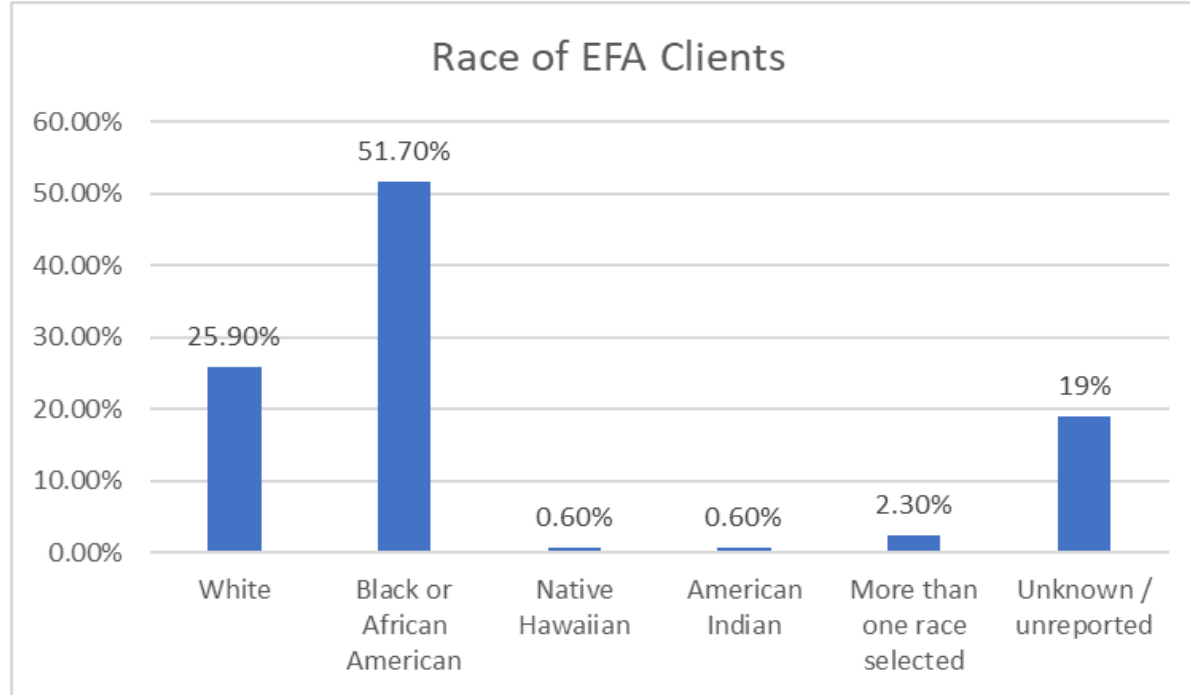
GENDER



AGE



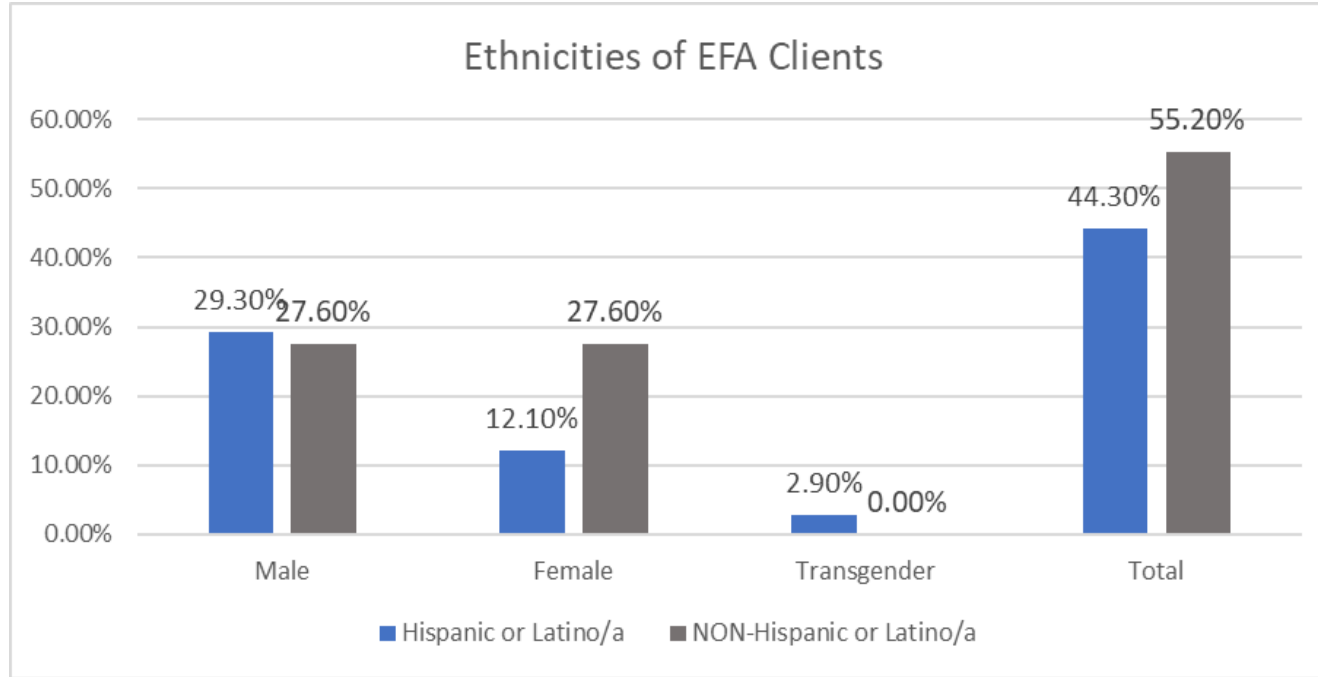
Race of Emergency Financial Assistance Clients (n=174)



Emergency Financial Assistance data shows

- Less White clients received EFA funds compared to clients served in FY 24. (25.9% vs 47.9%)
- Significantly more Black clients received EFA funding in FY 24 compared to all clients served. (51.7% vs 33.50%)
- More EFA clients reported their race as unknown or unreported. (19% vs 14.9%)

Ethnicities of EFA Clients (n=174)

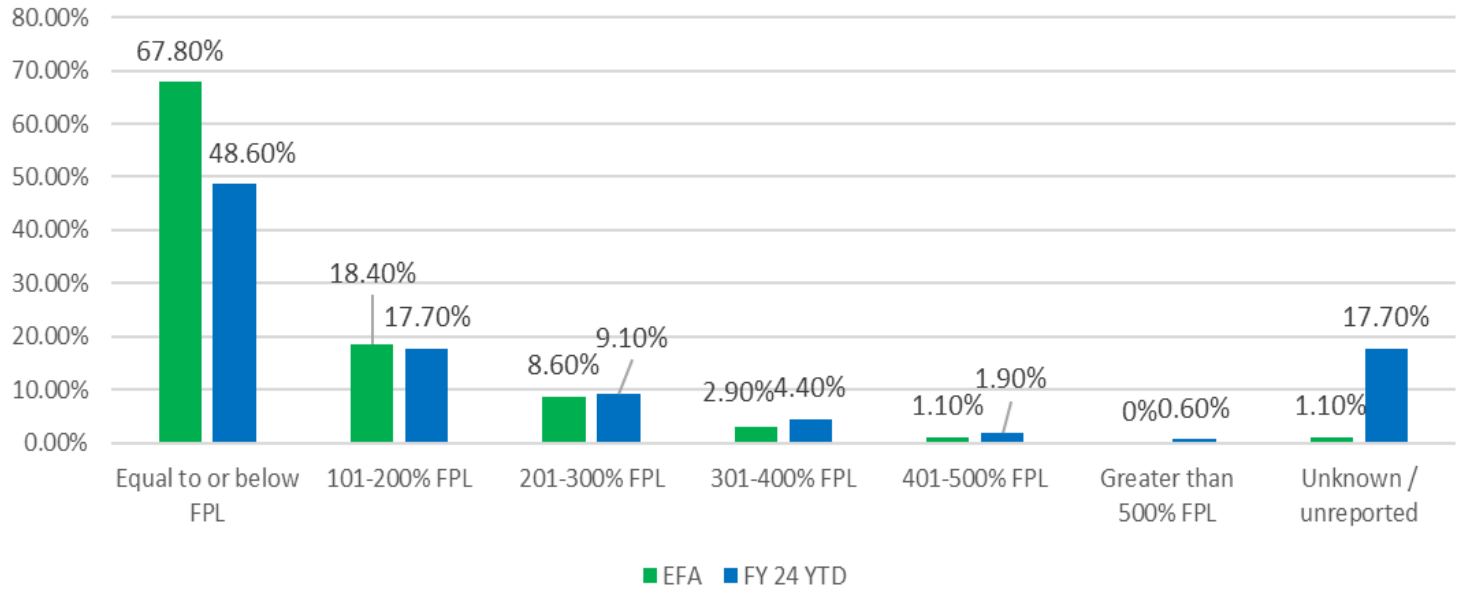


Emergency Financial Assistance data shows

- A greater percentage of Hispanic clients served compared to all clients in FY 24. (44.30% vs 30.4%)
- Slightly more Hispanic women (12.10% vs 8.7%) and non-Hispanic women (27.6% vs 21.6%) received EFA funds.

Income of Emergency Financial Assistance Clients (n=174)

Income Comparison of EFA Clients



EFA data shows

Significantly more clients reported "equal to or below the FPL" compared to all clients served in FY 24. (67.8% vs 48.6%)

Slightly more EFA clients reported being "101-200% FPL" (18.4% vs 17.70%)

99% of incomes are reported compared to only 83% of FY 24 clients.

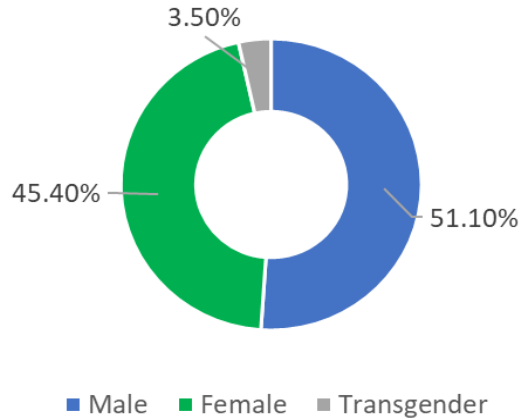
Medical Transportation

Additional demographic:
Exposure Category

Gender and Age of Medical Transportation Clients (n=571)

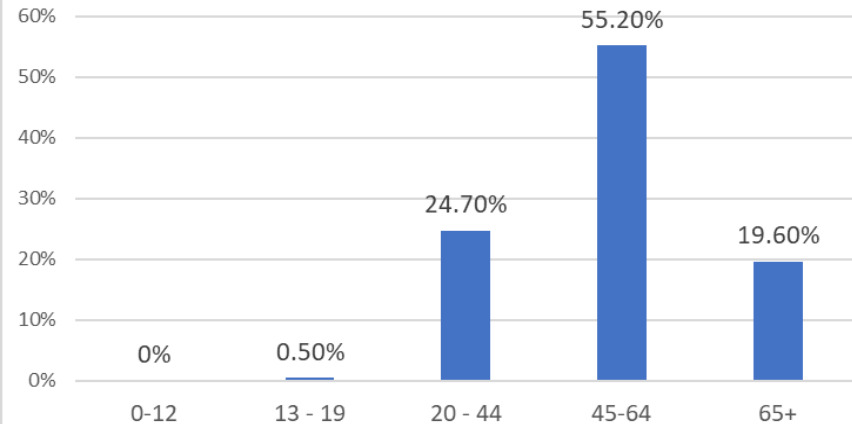
Gender

Gender of Medical Transportation Clients

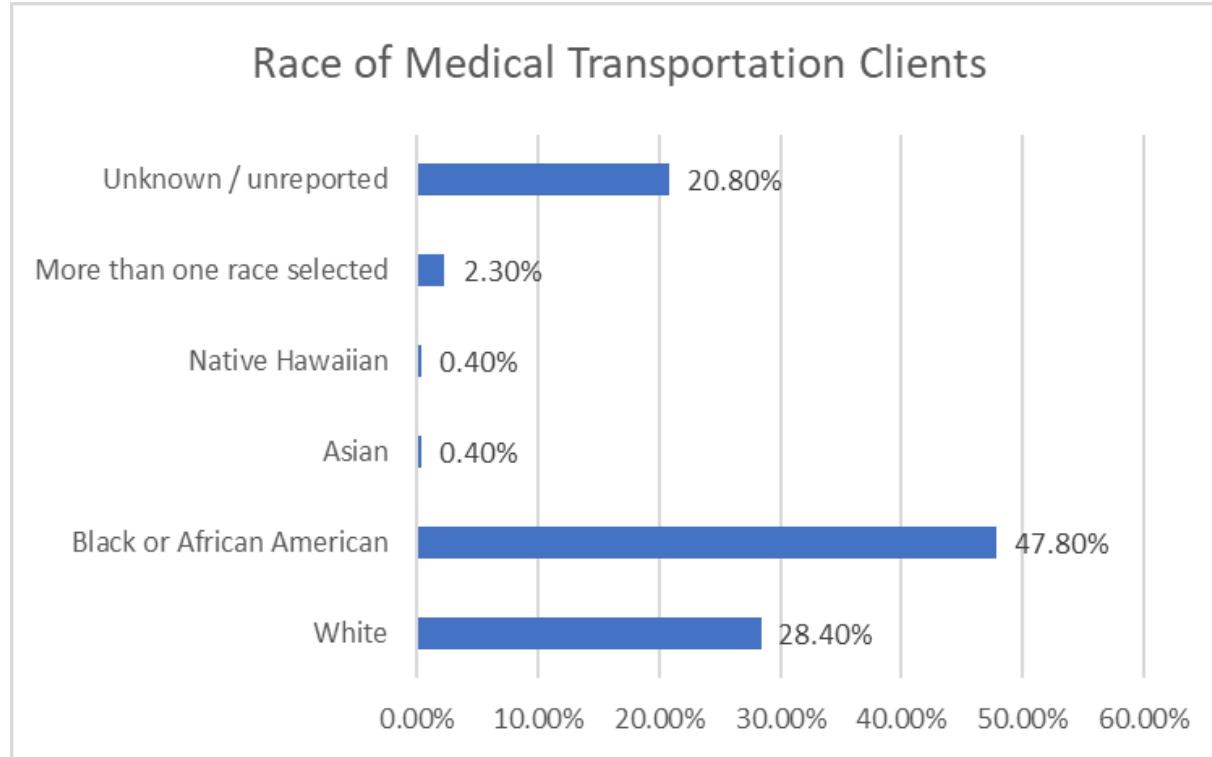


Age

Ages of Medical Transportation Clients



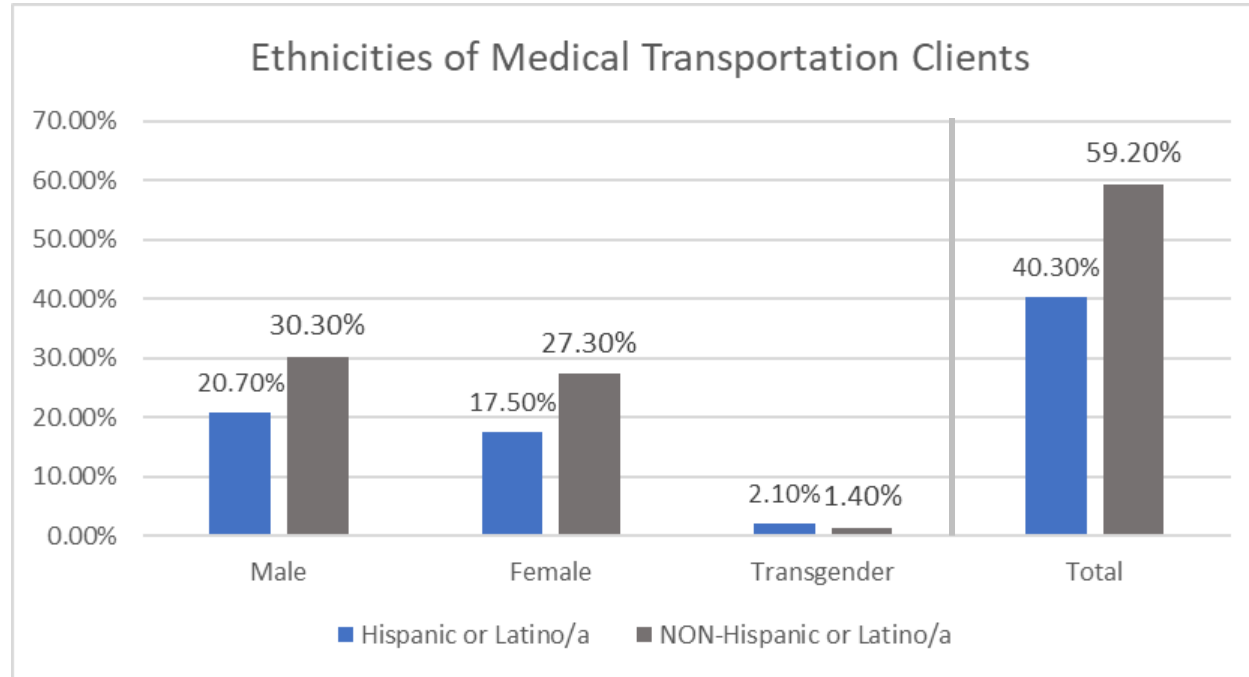
Race of Medical Transportation Clients (n=571)



Medical Transportation

- Served fewer White clients compared to the EMA. (28% vs. 45%)
- Served more Black clients compared to the EMA. (47.8% vs 38.5%)
- Did not serve any American Indian clients.
- More clients didn't report a race compared to the EMA overall (20.8% vs 12.6%) – 86% of those clients identified as Hispanic/Latinx.

Ethnicities of Medical Transportation Clients (n=571)

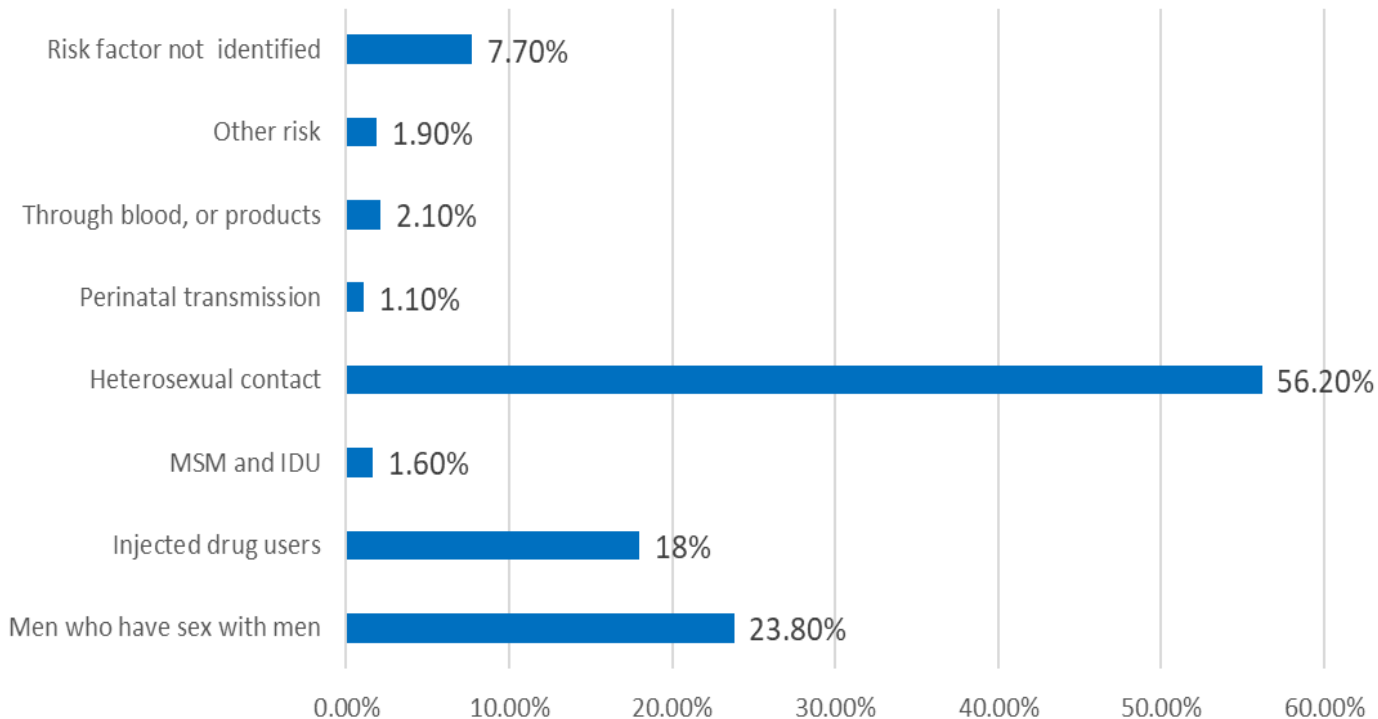


Medical Transportation Serves:

- Significantly more women compared to all clients served in FY 24.
 - Hispanic Women (17.5% vs 8.7%)
 - Non-Hispanic Women (27.3% vs 21.6%)
- Slightly more Transgender clients compared to all services in the EMA. (3.6% vs.1.3%)

Exposure Category of Medical Transportation Clients (n=571)

Exposure Categories of Medical Transportation Clients



Medical Transportation Serves:

- Less MSM transmissions compared to all clients served in FY 24 (23.8% vs 37.5%)
- Significantly more Heterosexual transmissions compared to those served in FY 24. (56.2% vs 43.30%)
- More IDU transmissions compared to all clients served in FY 24. (18% vs 10.4%)

Psychosocial Support Services

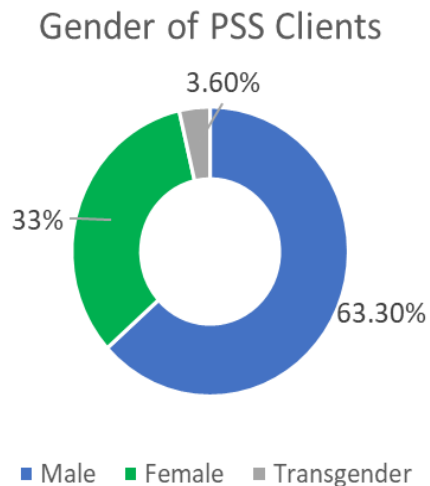
Additional demographic:

- Housing / Living Arrangement

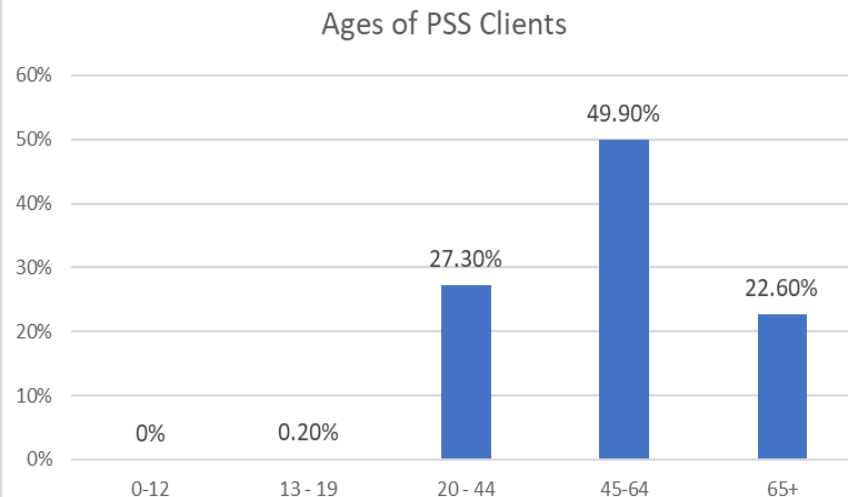


Gender and Age of PSS Clients (n=439)

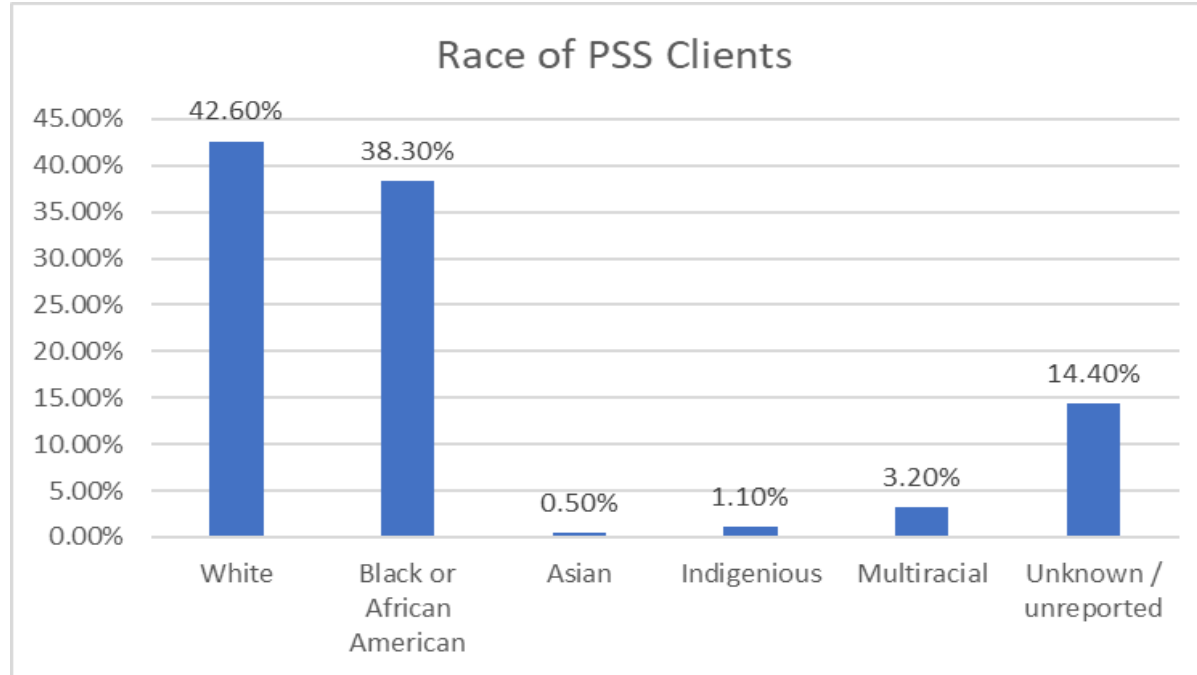
Gender



Age



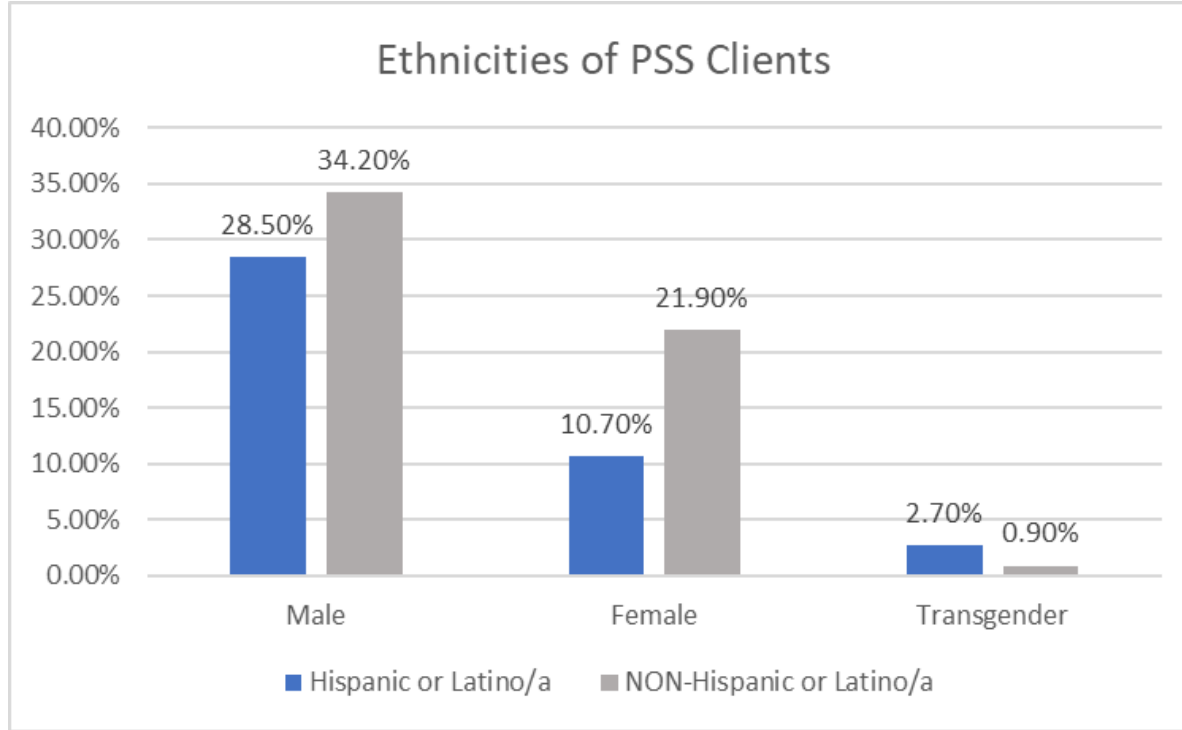
Race of PSS Clients (n=439)



Psychosocial Support serves:

- A similar proportion of Black clients to the EMA overall
- Slightly fewer white clients than the EMA overall (42.6% vs. 44.7%)
- More clients who didn't report their race than the EMA overall (14.4% vs. 12.6%)

Ethnicities of PSS Clients (n=439)

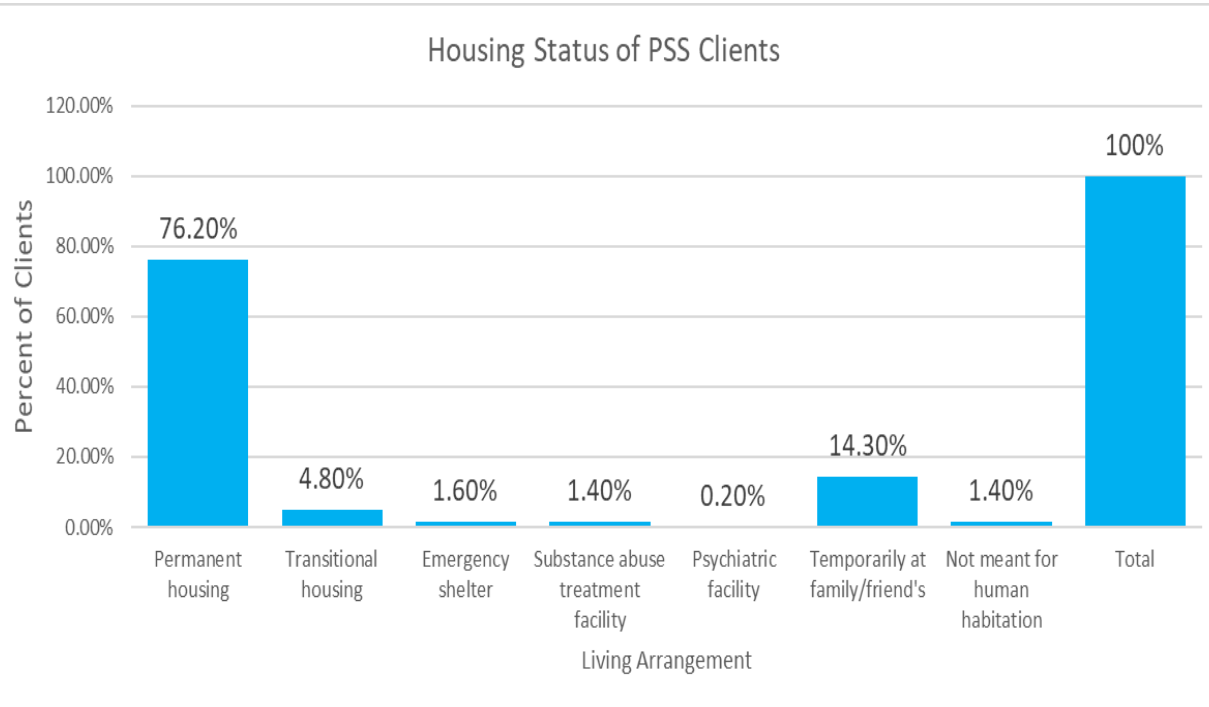


PSS serves:

- Slightly more Hispanic men compared to the EMA (28.5% vs 24.2%) and fewer non-Hispanic men compared to the EMA overall (34.2% vs. 40.2%)
- Slightly more Transgender people who are Hispanic and/or Latino compared to the EMA. (2.7% vs 0.8%)

Relatedly, a higher proportion of PSS clients reported Spanish as their primary language compared to the EMA overall (31% vs. 20%).

Housing Status of PSS Clients (n=433)



- A higher proportion of PSS clients reported "temporarily staying at a family/friend's residence" compared to the EMA overall (14.3% vs 9.6%).
- A lower proportion of PSS clients reported living in permanent housing than EMA clients overall (76.2% vs. 83.5%).

Questions for the Planning Council

Emergency Financial Assistance (EFA)

Why do you think more women are being represented in EFA services?

Medical Transportation

What are barriers that contribute to people needing medical transportation?

Psychosocial Support Services (PSS)

What do you think is a driving factor behind more PSS clients temporarily staying with family and friends compared to being permanently housed?

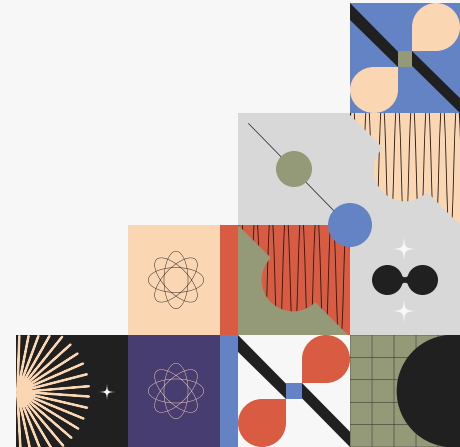
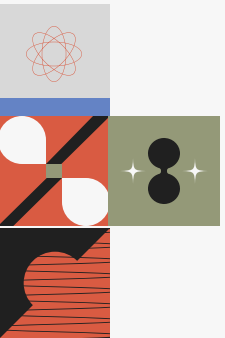
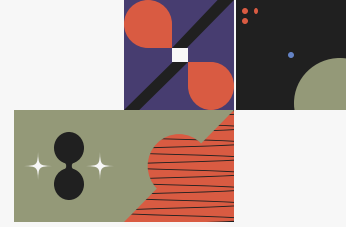
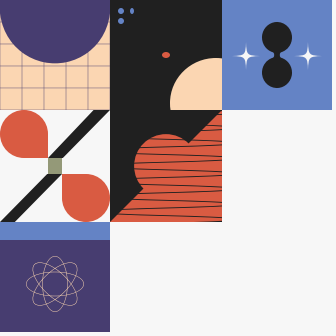
Thank you!!!!!!!



The Ryan White Clinical
Quality Management
(CQM) program now offers CQM
technical
assistance appointments for
Ryan White Part A providers
and other stakeholders!
Please click the link in the chat to
schedule a meeting with a CQM
staff member.



Mid-Year Check-in!



PLANNING COUNCIL TIMELINE

Mid-Year
Check In

Anti-Stigma
Campaign Update

Part A Services Demographics
Report - Medical Nutrition Therapy,
Linguistics, Other Professional
Services (Legal)

Part A Services Demographics
Report - EFA, Medical
Transportation, Psychosocial
Support Services

Vote on FY26 Council
Directives (SS & FP)

Needs
Assessment
Update & Data
Collection Tool
Review

RWSD S&U Update

CQM Updates

Vote on Sweeps

RWSD S&U
Update

Learn about Priority
Setting activity

**Priority Setting
Activity!**

Vote on Priority
Setting

JANUARY

FEBRUARY

MARCH

APRIL

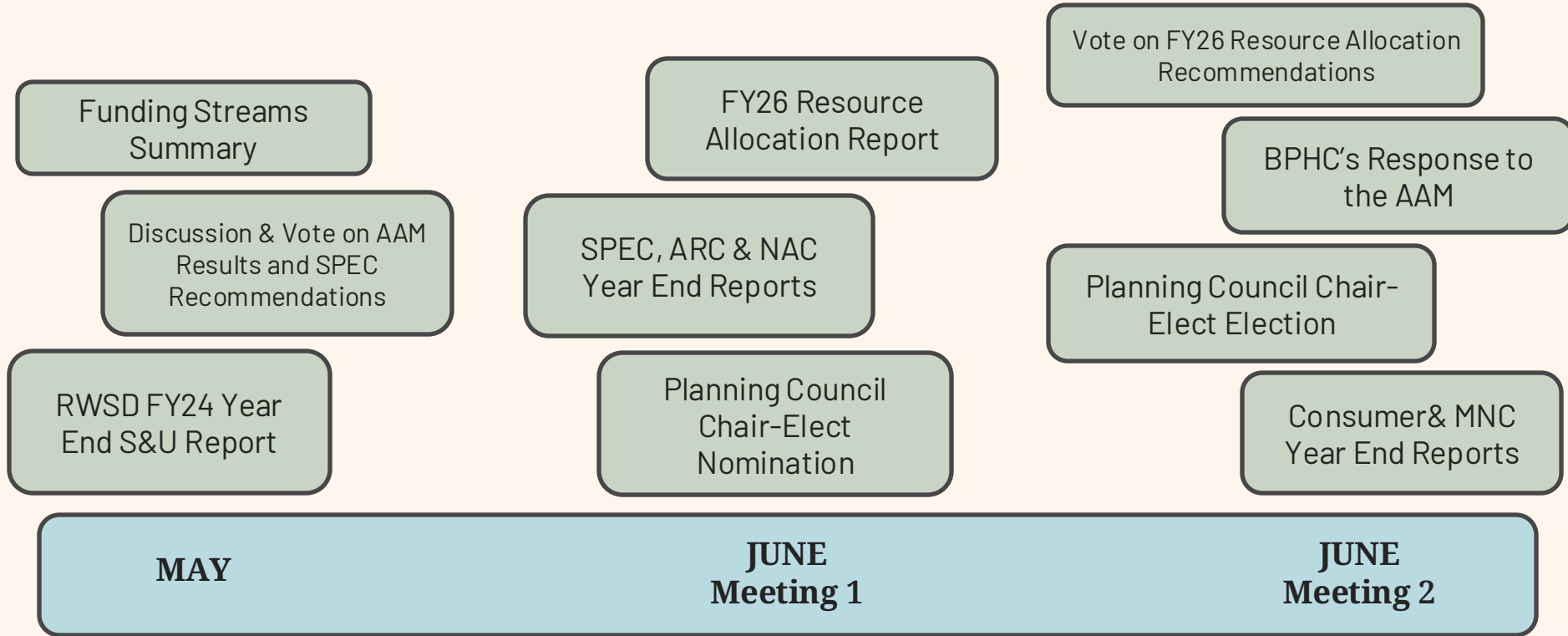
Mid Year Survey Report

FY25 begins
March 1st

Recruitment
officially begins

Quarter 3 Meeting
Evaluation Report

PLANNING COUNCIL TIMELINE



Quarter 3 Meeting
Evaluation Report

End of Year Survey Report

Mid-Year Survey

- Questions about your experience on Council so far, knowledge of Basecamp, questions about in-person/virtual meeting formats, and more!
- SurveyMonkey format, you can start and stop the survey, and it will save your answers!
- PCS will send email reminders over the next few weeks to those that have not filled it out.
- **Due January 30th!**

Announcements & Adjourn

- No meeting evaluation today – please complete your mid-year survey – **Due January 30th!**
- RSVP for the Someone You Know & Love Gala on February 22nd – <https://syklgala2025.eventbrite.com/>
- Welcome again to Julia!
- HAPPY BIRTHDAY VIVIAN!!!

Any other community announcements?