Planning Council Meeting
Thursday February 13, 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
Barry Callis
Catherine Weerts
Damon Gaines
Daniel Amato
Darren Sack
Zeke Russell
Gerry James
Hemi Park
Henry Cabrera
Joey Carlesimo
Karen White
Liz Koelnych
Luis Rosa
Margaret Lombe
Regina Grier
Rick Boyd
Rudy Wise
Serena Rajabiun
Stephen Batchelder
Steven Spinale
Yvette Perron
Milaun Casimir

Members Excused
Justin Alves
Kim Wilson
Melissa Hector
Romini Smith
Shambi Mwandembo
Christopher McNally
Shara Lowe

Members Absent
Carlton Martin
Curtis Santos
Larry Day

Rudy Wise
Shirley Royster

Staff
Clare Killian
Vivian Dang
Julia Kirsch
Melanie Lopez
Zan Whittied
Glenda Morrabal
Rebecca Ritterman
Rachel Phillips
Tzuria Falkenberg
Catherine Fine

Guests
Michael Swaney

Topic A: Welcome, Moment of Silence & Group Agreements

The 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:

1. Review January Minutes and Vote
2. Agency Updates: Hear about any updates from our Agency Representatives and acknowledge the current impact of the federal administration changes
3. Anti-Stigma Campaign & Gala Update
4. FY25 RFP Allocations Executive Committee Vote Overview: Learn about the motion that the Executive Committee passed on behalf of the Planning Council for the FY25 RFP Allocations to address specific needs in the EMA
5. Council Directives: FY26 Funding Principles Review & Vote: Review and vote on the FY26 Funding Principles as recommended by ARC
6. Council Directives: FY25 Service Standards Revision & Vote: Review and vote on the FY25 Service Standard Revisions as recommended by SPEC
7. Priority Setting Activity Information: Learn about the purpose and objectives of the Priority Setting Activity that will take place in the March meeting
8. Announcements, Evaluation, Adjourn

Topic B: January 16th Meeting Minutes Review & Vote

The Chair makes a motion to approve the January 16th minutes.
Motion to Approve: Darren Sack
Second: Rick Boyd
Result: The January minutes were approved with a total of 20 voting yes, and 4 abstentions.

Topic C: Agency Updates and Committee Reports

Barry Callis| MA Department of Public Health

- He acknowledges the words that were on the agenda about the executive orders and the ways in which those executive orders from the new administration are impacting us and most importantly,

impacting people in this room who have HIV, noting that clients in all of our programs are being impacted.

- Mentions that the integrated plan guidance tool that the CDC and HRSA released for City and State Health Departments to help us develop the new integrated plan for the next 5 years- that meeting got postponed and will be rescheduled. He'll eport out on that as soon as the meeting is held.
- Our next Integrated Prevention and Care Committee meeting or MIPSI, Massachusetts Integrated Interview Prevention and Care Committee meeting is meeting on the 20
- 27th of February, and that topic is going to be focusing on our racial health equity work.
- As long as he has something to share about the executive orders, he will report back, noting that it is impacting us and our clients in the future. He mentions that around mid-March, there may be an opportunity to come together and talk about it.
    - A member asks if there can be a virtual option if this meeting occurs, and Barry responds saying yes.

Alison Kirchgasser | MassHealth

- A couple of weeks ago there was a pause in federal funding and it was unclear whether that impacted Medicaid. Shes notes that the federal government did come out and confirm that Medicaid is not subject to this federal funding pause, and that the pause is currently on hold while it's working its way through the courts and that Medicaid is not supposed to be impacted by that.
- Alison continues saying that everyone may also be hearing about conversations on the congressional level, about the Federal budget and some potential Medicaid reforms which could result in some pretty substantial cuts, so she wants everyone to know that she is keeping an eye on that, and will keep the Planning Council updated as MassHealth learns more.

Yvette Perron | NH Department of Health & Human Services

- Mentions that their clients in New Hampshire are very fearful and scared, especially our undocumented clients, so they are trying to tread these waters very lightly and keep an eye on what is going on. The guidance on the IHP has paused and there's a lot of federal websites that they use on a regular basis, such as target HIV. That's also impacting JSI, which is one of the larger contracts with HRSA, so all their websites are also down. That's where they found a lot of their IHP guidance documents. So NHDHHS is in a weird waiting game of waiting for guidance.
- They're still going to continue the work and are drafting the needs assessment right now, and hopefully, they're going to start distributing that next month in New Hampshire
- New Hampshire care program is implementing a 12 month training program to help educate our case managers on HIV and aging. Each month will be a different topic. They just completed the finance piece because they're finding a lot of clients that are retiring are cashing in their 401k's and that their stocks and their bonds. Because of this, it is impacting their enrollment into the program. So they want to make sure that case managers are educated on these topics so they can help guide their clients into the right directions to make sure that there's no lapses in enrollment.

Melanie Lopez | Boston Public Health Commission

- BPHC and Melanie are monitoring situation very closely, she has many meetings with those representative sand the RWSD leadership. Thedy are making action plans for different case scenarios, but for right now they are business as usual and finalizing CQM plans and working with SPEC to finalize Service Standards.
- Will have an updated provider manual client services handbook and health coverage guidebook in the next two weeks. Websites that they are using for reporting are all down, so they are requesting

any documents for the HRSA manual to please send them their way.

Melissa Hector | Mayoral Liaison

- N/A

Acknowledgement regarding federal funding: BPHC, the RWS team, and PCS want to be clear that all activities and operations funded by the Ryan White funds received via grant contracts with the Boston Public Health Commission may continue, including the Planning Council. The federal funding freeze that occurred on Monday evening is currently rescinded after a court in Washington D.C. temporarily halted the enactment of the freeze late on Wednesday.

Despite this, we are now dealing with significant information and data on HIV/AIDS and STIs being removed from government websites such as HIV.gov, the CDC, NIH, etcetera.

As we learn more about the impact of the federal government's actions, we will pass that information on to you. In the interim, please email PCS with any questions you may have.

Let's continue to advocate, to fight, and to show up for our community and other communities we may be part of – especially now.

Topic D: Anti-Stigma Campaign Updates

Consumer Commitee Chair, Rick, asks members to follow the @someoneyounowandlove Instagram if members have Instagram.
Rick gives an update on the Anti-Stigma Campaign. On the slide there are a few screenshots of our Instagram analytics. This means the statistics of who is viewing our Instagram and what posts have gotten the most views. All of the data is from the past 90 days, from Nov 2 – Jan 30.

We have 183 followers, with 22 new followers since November, and Rick notes that this is a great increase.

Of our followers, 8.8% are 18-24 years old, 30.9% or the majority are 25-34, 27% are 35-44, 15.4% are 45-54, 8.8% are 55-64, and 8.2% are 65+. 64.2% of them are women and 35.7% of them are men. Instagram is a little outdated and we do not have data on any nonbinary followers, nor whether or not these men and women are cisgender or transgender!

Out of all of our posts, the top four that got the most views were:

1. World AIDS Day recap post
2. World AIDS Day SPOKE Art event reel (video)
3. Call for Youth Art Submissions
4. A post about the first three art submissions, all by SPOKE Art

On the following slide, Rick shows an Instagram post that showcased the SYKL film in different languages on the website. Rick announces, we just recently were able to complete the translation of our film subtitles into Spanish, Portuguese, Mandarin, Cantonese, Haitian Creole, and Vietnamese. These are available on the SYKL website and Youtube! Rick mentions that the thumbnails of the Someone You Know and Love logo is translated to their respective translated video.

The next slide features the first side of the Someone You Know and Love brochure and Rick describes the image of the brochure, asking members to visualize the brochure as a three folded sheet. Rick says, we are also in the process of finalizing our first ever Someone You Know and Love brochure! This has gone through a few edits and there was about a month for the full Council to provide feedback on our first and second draft. Rick thanks everyone who was able to provide feedback. There are test paper copies of this brochure throughout the room if anyone would like to look at it in person.

Rick mentions that the main messaging of the brochure is an introduction to the campaign and HIV stigma from consumer perspectives. We want this to be an easy to access, easy to look at entry point into the campaign and a deeper conversation about stigma and stigma reduction.

PCS continues onto the next slide, which features the backside of the brochure. Rick continues with his description: here is the inside of the brochure talking about what is HIV stigma and some ways that Planning Council members and consumers define stigma. We also have a QR code to the website, additional quotes from consumers, and our campaigns message in the middle of the center page.

Last consumer meeting and in the feedback, a member suggested creating a pledge that people could sign up and pledge to be part of ending HIV stigma – either on this brochure or just on our website. Maybe this could also happen at the gala!

Rick's last slide is the announcement for the SYKL Gala. He tells the planning council that we are looking forward to seeing everyone at the gala. Unfortunately we are ~almost~ at capacity for the event – if you haven't RSVP'd and you want to go, reach out to PCS as soon as possible.

A member asks: How do you track the age demographic on Instagram?

- It is a feature on Instagram through their accounts

Is there a dress code?

- Semi-formal is encouraged but have fun with it! There will be some of us wearing red, PCS notes.

Topic E: RFP Allocations Discussion and Vote

So as part of our relationship, BPHC and Client Services have to adhere to the rules of allocations that Planning Council provides to them. For those who haven't gone through the allocations process its where we go through scenarios based on the funding amounts and we reflect based on the data presentations that Melanie and her team provide us to determine how much funding should go in each category. From there, Melanie takes those numbers and the priority setting and allocate funding based on the full award. Sometimes there are scenarios in which the Client Services team needs more flexibility, such as this year with an RFP and additional needs so Melanie had to bring this to the Executive Committee for a vote.

PCS says if you did not know this year was an RFP year which is when the agencies funded under Part A and MAI reapply for funding. In this they bid for a certain amount of funding for the service category. After a long external and internal review process, the RWS team has recommendations on how to move forward with the agencies proposals. They use the allocation rules provided to do this.

There are 2 factors at play that make this year a little different. There are services no longer approved for funding (as allowed by the Council which is HERR), and services that did not receive proposals. For that reason, there is a need to reallocate that funding and the RW team does not have guidelines for such.

Another factor at play is a result of federal increase the indirect rate costs. They have seen a proportional increase of 5% across a majority of budgets. Additionally, the RW team received exponential need in various categories that would alter the direct care % significantly which we are unable to accommodate.

Examples of indirect costs are items on the budgets for the success of the grant that are not considering administrative include office space rental, utilities, and clerical and managerial staff salaries. To the extent that indirect costs are reasonable, allowable and allocable, they are a legitimate cost of doing business payable under a U.S. Government assistance award.

Planning Council Vice Chair says that in June of FY 24 (last June), the Council approved BPHC to allocate Health Education/Risk Reduction (HERR) funding proportionally between Medical Case Management (MCM) and Psychosocial Support Services (PSS) because Health Education/Risk Reduction no longer be funded due to underspending and low utilization, as presented to the Council throughout last year.

BPHC also has leeway up to 25% above or below the levels for each service category, except for categories funded at less than $500,000 then BPHC is given 50% leeway as established in the FY 24 Funding Scenario.

Melanie and her team also provided us with notes about major areas of need including ADAP and Housing – they have been presenting data throughout this last year that reflects there is a greater need in these categories. Based on the RFP panel and internal reviews, BPHC has recommendations on how to reasonably allocate agencies in medical transportation, MCM, and PSS with the help of the HERR allocation.

The EXEC committee voted to pass this motion: In addition to the existing 25% and 50% leeway that BPHC is allowed in the respective categories, the Executive Committee motions to allow BPHC to reallocate based on need and RFP results. The final funding amount would become the new base for the allocations process for FY 25 and beyond. This is a one-time vote or override from the standard process.

Please note that the Allocation of Resources Committee (ARC) will be going further in-depth on this vote and the results of it.

Planning Council Vice-Chair asks if there are any questions or concerns.

PCS continues to go over Planning Council-Led Directives, noting that today members will be voting on both the funding principles and service standards, each led by our committees. First, we want to review the purposes and uses of both directives and how they are integral to the planning council's relationship with the recipient, or BPHC. Margaret is going to kick us off with a slide about the organizational chart.

This is our organizational chart that shows where we fit into the bigger picture of ryan white part A services in the EMA. There were a few questions in the mid year survey about the role of RWS, so hopefully the next couple of slides clears some of that up.

PCS shares that HRSA/HIV/AIDS Bureau is at the top of the slide – this is the federal agency that is responsible for administering RW part A funds to cities – then there is an arrow to CEO of EMA or TGA. These funds go to the CEO of each EMA. In our case, the CEO or Chief Elected Officer, is Mayor Wu.

Then there is an arrow to both Recipient or Administrative Agent AND the Planning Council. The Recipient is BPHC, and the Planning Council is us. There is another arrow that goes from the Planning Council to BPHC. This is because we are responsible for many directives to the recipient (BPHC) on how to best deliver HIV services in the EMA.

From BPHC, there's an arrow to subrecipients, which means agencies that apply for RW funding through BPHC and then are awarded part A grants from and managed by BPHC. This application process is called an RFP: Request for Proposals, where agencies bid to receive RW dollars to provide services

Planning Council sets priorities, allocates resources and gives directives to recipient on how best to meet these priorities for services. SPEC and ARC have been reviewing these directives! Reminder that we are responsible for the prioritization and allocation of service categories – not the agencies that bid to provide these services. So, we are responsible for the service categories.

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

When will full council know what awards how is that going to affect RFP proposal and will council also know what allocations will be presented and approved for funding?

- Planning council will not know awards per agency, but we will know the allocation amounts for the service categories. Melanie cannot disclose that since there is still upper leadership discussion, however with this vote, there is more flexibility for service based categories.
-

There is a FOR WHO? section that lists that funding principles are for

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

Service Standards:

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

FOR WHO?

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

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

ARC Chair mentions: The first directives we will talk about today are the funding principles! ARC reviewed these funding principles in our meeting last month. We made a small addition to the preamble that I will review in the coming slides. As a reminder, the funding principles are not presented in any order of importance, and each principle is of equal weight as another.

She notes that ARC members only added this one part to the preamble: In times of reflection and change, the funding principles may be reviewed and modified by the Boston EMA Ryan White HIV/AIDS Services Planning Council to better serve our client base.

A member expresses their excitement about the addition to the preamble, and both PCS and ARC Chair says that it was a good idea to do this and it gives us a bit more flexibility to be immediate, because oftentimes we decide and vote on things that are.

Funding Principles:

1. Providers should ensure that access to services funded by Part A is fair, equitable and just for all eligible persons with HIV/AIDS throughout the EMA.
2. Providers should ensure services meet essential needs of consumers as defined by credible and timely data/needs assessments.
3. Providers funded by Part A should seek input from and/or participation by consumers as critical in reaching their decisions.
4. Providers must be able to demonstrate relevant, established ties to the affected populations they serve. Such ties may be shown through staffing, language/cultural competency, community involvement, and site of services.

A member comments if there is a better way to phrase "cultural competency." Some suggestions from members online and in-person include: cultural awareness, cultural mindfulness, culture humility

ARC Chair says if we want to do a vote to make an edit on this, we can do that, if not, it can go back to ARC for later.

PCS asks members to choose which phrase they prefer by giving it a "like" on Zoom. Options are:

- Cultural awareness
- Cultural humility
- Cultural mindfulness

The phrase cultural humility wins, with five votes on zoom.

What are you doing with those different points with the communities that are changing so much in the past year regarding people who are coming in other countries and if they don't have someone to represent them, how is that going to impact them receiving and accepting services and wanting to engage? There may be a challenge of language as well.

- The RFP is one of those for agencies that want to apply for funding
- Mentions that there is no quick answer to this
- A member also notes that many folks who are coming to MA because of existing communities from where they are coming from, there are already established immigrant communities in the region. Agencies already employ those folks in those communities. Everyone has different needs and agencies and our agencies are able to help and assist and support
    - Is there data to prove that?
        - CQM staff member says I don't know what level of data they have for language capacity, but agencies must have language capacity amongst staff, and we can have an emphasis on agencies that have multicultural staff
        - A member comments that Part A agencies ae a tight knit network
        - It's also a law to have language translations available

A member asks: Are subcontracts a viable option to ensure reach and capacity to serve impacted populations?

- Can Part A agency subcontract to another agency?

- Yes, within limits, must be outlined within RFP And they have to accept both agencies as their service delivery model. This is considered a collaborative proposal. Subcontracts are allowed under Part A, but the agencies would have to apply for funding together as a collaborative proposal and BPHC would have to review and accept both agencies.

5. Providers should demonstrate a commitment to prevent and mitigate stigma to the extent possible within their environments.
6. Providers should be required to demonstrate optimal collaborations.
7. Providers should be encouraged to seek out and maximize the use of all/other funding sources, rather than solely relying on Part A.
8. Providers must demonstrate a willingness to provide services to all eligible, affected populations and an ability to provide appropriate services to the populations they target.
9. Providers should encourage and support self-advocacy among consumers.
10. Providers should design programs tailored to the needs of the population served; to this end, staffing qualifications should not be needlessly inflated to exclude persons from affected populations, who have the requisite skills and lived experience, from being employed in service delivery.
11. Funding decisions should be made in such a way as to encourage the development/maintenance of high quality, user-friendly, innovative services.
12. To ensure continuity of services, there should be a preference for organizations that provide services within the priority areas and demonstrate linguistic/cultural competency and appropriateness.
13. Staff funded by Part A may not solicit or accept personal gifts, travel, meals, or entertainment with a value in excess of $50, from any pharmaceutical company or any person or entity that provides or is seeking to provide goods or services to Part A funded agencies, or that does business with, or is seeking to do business with, a Part A funded agency. Faculty, clinicians, or staff funded by Part A who are expected to participate in meetings of professional societies as part of their continuing professional education should be aware of the potential influence, both direct and indirect, of pharmaceutical companies on these meetings and should use discretion in evaluating whether and how to attend or participate in these educational events, lectures, legitimate conferences, and meetings.

ARC Vice Chair calls for a motion to approve principles that we just reviewed deferring the change in language to principle 4 and 12.

Motion: Rick Boyd
Second: Bryan Thomas
Result: The motion is passed with a total of 22 approved, and 5 abstentions.

The SPEC Chair goes over Service Standards and says that SPEC, alongside, RWS, have been working in collaboration the past few months to edit the Service Standards for Ryan White Part A subrecipients/providers. This a process that occurs every Planning Council year and is one of the main charges of the SPEC committee. Service standards guide subrecipient providers in implementing funded services. They typically address the elements and expectations for service delivery, such as service components, intake and eligibility, personnel qualifications, and client rights and responsibilities.

He summarizes the SPEC process so far:

- SPEC reviewed Service Standards and began to outline changes, beginning with RWS suggestions.
- PCS and SPEC continued to develop changes and rationale to Service Standards.

- Standards review/revision with SPEC and RWS to finalize.
- SPEC voted on final service standard revisions.
- SPEC presents revisions to Planning Council for a final vote (TODAY!).
- RWS finalizes changes and distributes to EMA.

PCS and SPEC Chair reads over the Service Standard edits. There are 12 total edits.

Edits are made to the following:

- Section I: Universal Standards
    - 1.0 Eligibility, Insurance, & Recertification, 1.2 HIV Status
    - 1.0 Eligibility, Insurance, & Recertification, 1.3 Income

    Does no income include no social security benefits or explicitly no income?
    - No income, and this is just one of the options for income eligibility, social security is still included and this was just something added to the list.

    - 1.0 Eligibility, Insurance, & Recertification, 1.4 Boston EMA Residency
- **Edit to government/state issued ID and not just Driver's License in case someone does not have a Driver's License.**
        - **Official edit says "Driver's License/State Issued ID"**

    - 2.0 Intake, Discharge, Transition & Case Closure, 2.3 Rights and Responsibilities and Grievance Policy
        - A member asks "Where is the distinction between major or minor grievance? All grievances should be managed at some point or another"
            - It is important to keep RWSD team on the loop, but not burden them with every grievance. Example made by SPEC Chair: if a client moves out of the EMA and they still want services- this is considered a basic/minor grievance, so he would not send a grievance for something like that, because we can't serve people that don't live in the EMA. If there was a bigger grievance that the client wanted to do, he would send it to RWS , because he would think it would need to be reviewed.
            - A member clarifies that all grievances will be met and handled, but not all grievances will be escalated to Ryan White.
            - A suggestion to the language: "All unresolved grievances should be reported to the Ryan White Services Team at BPHC within 30 days."
            - A member comments that an alternative could be recorded and reviewed upon annual site visits.
            - A member says we should not quantify what a major and minor grievance is.
            - PCS clarifies that this edit was suggested by RWSD. No further edits are currently made here, and SPEC will review this again.
    - 3.0 Client Retention, Re-engagement, and Linkage to Care, 3.7 Refusal of Services Policies & Procedures
    - 5.0 Staff Safety Standards, 5.4 Protocol for Incident Reporting
        - SPEC will review verbiage for this as similar to 2.3
- Section II: Core Medical Services
    - 7.0 ADAP, 7.3 Formulary
    - 8.0 Medical Case Management, HRSA Description, Key Activities, 4th bullet
    - 8.0 Medical Case Management, 8.4 Client Monitoring
- Section III: Support Services

- 11.0 Emergency Financial Assistance, 11.2 Tracking EFA
- 14.0 Housing, Description
- 14.0 Housing, Payment Policies

All reasonings for changes either had to do with
- Grammer and verbiage
- New guidance from HRSA as of 6/2024
- As suggested by RWSD
- To make the edit focus on purpose and linkage of HIV care outcome
- ADAP program should be thoughtful about the medications their patients are on and how to get them for the patient at the lowest cost.
- Accuracy in capturing a patient's refusal of a service, not only if they are refused by the agency and a grammatical edit.
- Updated language to match guidance for eligibility.

Additional comments and specifics can be noted here:
https://docs.google.com/spreadsheets/d/1SDSuuEW_kKS6wOA574A7EPDd6km-7zEvVJlQrugtqN0/edit?gid=0#gid=0

SPEC Chair calls for a motion to approve the FY25 Service Standards as reviewed and approved by the Services, Priorities, and Evaluations Committee, with additional conversation to be had in SPEC about 2.3 and 5.4
Motion: Joey Carlesimo
Second: Bryan Thomas
Result: Motion is passed with a total of 17 total approved votes.

Topic F: Priority Setting

PCS shares what Priority Setting- deciding which HIV services are the most important according to the criteria established in the EMA. All 28 RWHAP Part A services must be prioritized annually [HRSA requirement!]. Priority Setting also informs the recipient of which categories and in what order to allocate and re-allocate funds and helps to eliminate health disparities and strengthens our continuum of care

PCS shares that this year, ARC recommended and voted that the full Planning Council should set priorities for Minority AIDS Initiative service categories. Those 6 MAI categories include (in its FY25 ranking)
- 1 - Case Management, Medical
- 2 - Case Management, Non-Medical
- 3 - Emergency Financial Assistance
- 4 - Psychosocial Support
- 5 - Linguistics Services
- 6 - Other Professional Services (Legal)

PCS notes that FY25 is the upcoming fiscal year (starting March 2025). The priorities that were set last Council year, will go into effect. We are priority setting for FY26 which begins March 1, 2026.

There will be a Basecamp folder in NEXT MONTH's meeting folder with resources to reference while you set priorities! PCS notes that we will have PRINTED hand outs at the meeting:
- Needs Assessment data slides
- Funding Streams overview

- Service utilization overview
- Service Category Cheat Sheet
- Last year's Priority Setting results (FY25!)
- A thought process guide to Priority Setting
- Also you are encouraged to utilize knowldge from your personal and professional experiences to set priorities.

During the meeting....
- We will review all resources together.
- You will have 20 minutes to work on your Priority Setting ballot for both Part A and MAI service categories
- PCS can help but cannot give any input – this must be your individual decision!

There will be 2 versions:
- 1. SurveyMonkey (online)
- 2. Printed PDF (fill out by hand)

You can bring laptops, tablets, etcetera to use your online materials

Topic G: Announcements, Evaluations and Adjourn

Planning Council Chair leads the announcements and adjourns the meeting.

Council Announcements:
- See you at the Someone You Know and Love Gala on February 22nd, from 5-9 PM at the Boston University Metcalf Trustee Center!
- Follow Someone You Know and Love on Instagram!
- March's Council meeting is FULLY IN PERSON! Please communicate with us if you absolutely cannot be there so that we can ensure you can do priority setting.

Motion to Adjourn
Motion: Bryan Thomas
Second: Regina Grier
The meeting was adjourned at 5:57pm.

Planning Council

FEB 13TH, 2025

Margaret Lombe, Chair | Henry Cabrera, Chair-Elect

Moment of Silence

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

Boston EMA Ryan White Planning Council
Group Agreements

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

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

Attendance

Please state here or present when your name is called

Agenda & Objectives

January Minutes Review & Vote	Vote to approve the meeting minutes from January 16th
Agency Updates (Committee Reports sent via e-mail!)	Hear about any updates from our Agency Representatives and acknowledge the current impact of the federal administration changes
Anti-Stigma Campaign Update	Hear about the Anti-Stigma Campaign activities and gala coming up on February 22nd
FY25 RFP Allocations Executive Committee Vote Overview	Learn about the motion that the Executive Committee passed on behalf of the Planning Council for the FY25 RFP Allocations to address specific needs in the EMA
Council Directives: FY26 Funding Principles Review & Vote	Review and vote on the FY26 Funding Principles as recommended by ARC
Council Directives: FY25 Service Standards Revision & Vote	Review and vote on the FY25 Service Standard Revisions as recommended by SPEC
Priority Setting Activity Information	Learn about the purpose and objectives of the Priority Setting Activity that will take place in the March meeting
Announcements, Evaluation & Adjourn	Hear about any announcements, take the meeting evaluation and adjourn the meeting

January 16th Minutes Review & Vote

1. Are there any edits to the meeting minutes from January 16th, 2025?

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

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

Agency Updates

Barry Callis, MDPH

Alison Kirchgasser, MassHealth

Yvette Perron, NH DHHS

Melanie Lopez, BPHC RWSD

Melissa Hector, City of Boston/Mayor's Office

Acknowledgement regarding federal funding:

BPHC, the RWS team, and PCS want to be clear that all activities and operations funded by the Ryan White funds received via grant contracts with the Boston Public Health Commission should continue, including the Planning Council. The federal funding freeze that occurred a couple of weeks ago was rescinded after a court in Washington D.C. temporarily halted the enactment of the freeze.

Despite this, we are also dealing with significant information and data on HIV/AIDS and STIs being removed from government websites such as HIV.gov, the CDC, NIH, etcetera.

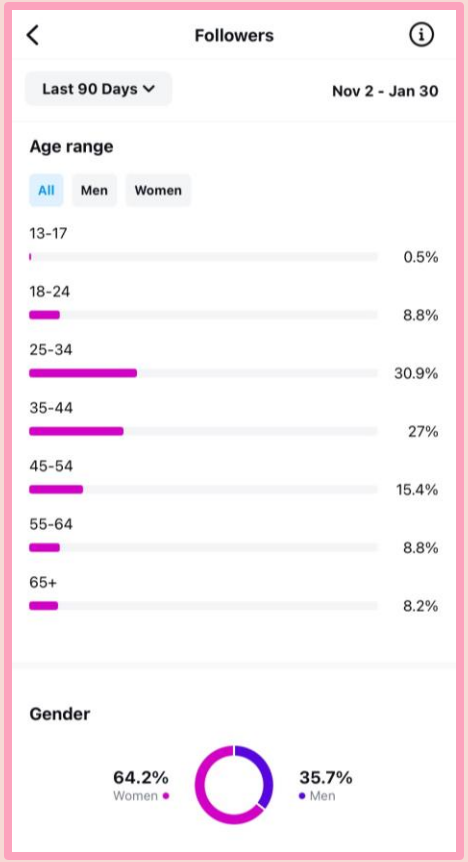
As we learn more about the impact of the federal government's actions, we will pass that information on to you. In the interim, please email PCS with any questions you may have.

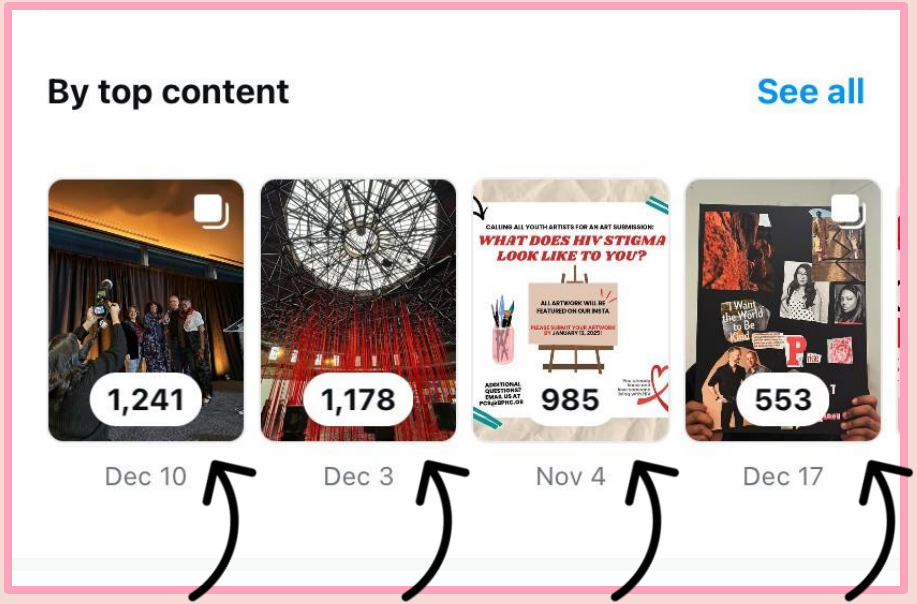
Let's continue to advocate, to fight, and to show up for our community and other communities we may be part of – especially now.

Anti-Stigma Campaign Updates

Social Media Highlights:

- Nov 15 – Feb 12
- 188 Total Followers (+10.5% from Nov 14)
- 27 new followers since Nov 14





World AIDS Day activities recap post

World AIDS Day/SPOKE Art event reel

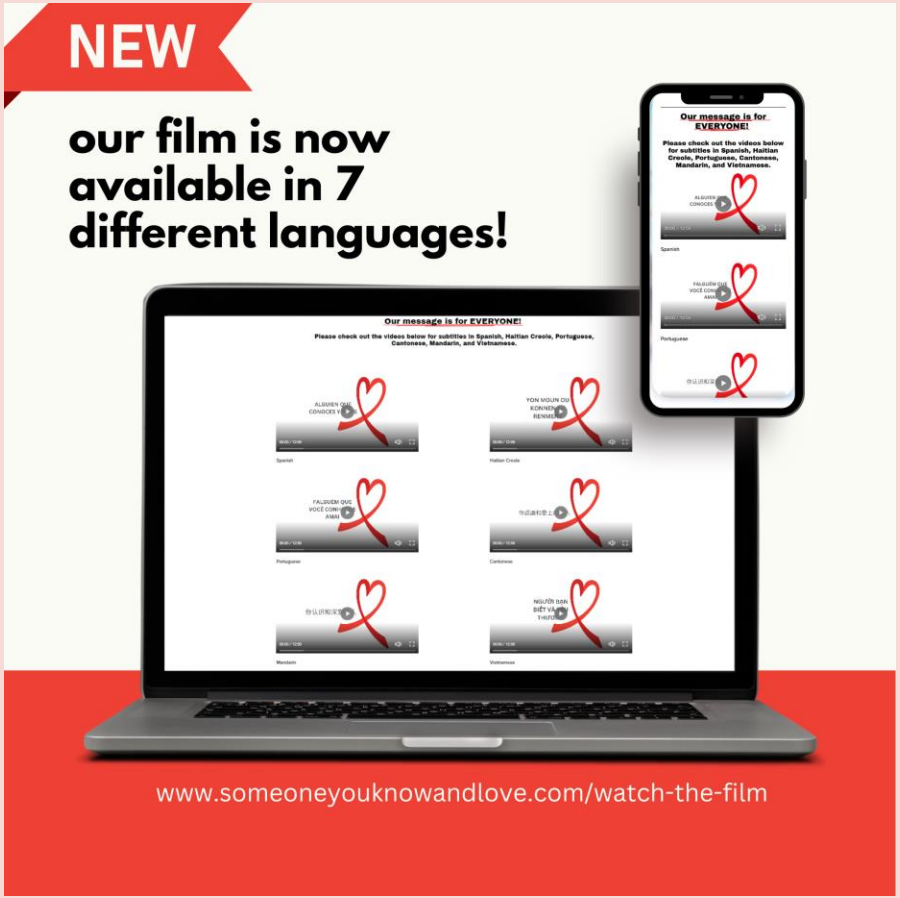
Call for Youth Art Submissions

First three art submissions by SPOKE Art

Anti-Stigma Campaign Updates

The Someone You Know & Love Film subtitles are now available in:

Spanish
Portuguese
Mandarin
Haitian Creole
Cantonese
Vietnamese



All on the Someone You Know & Love website AND YouTube!

SYKL Brochure

WHAT IS THE SOMEONE YOU KNOW & LOVE CAMPAIGN?

Launched in 2021, the Someone You Know and Love Campaign, created by the Boston EMA Ryan White HIV/AIDS Services Planning Council, sends a message about hope, love, and inclusion to people living with HIV in our community.

Campaign Activities & History:

- An award-winning short documentary film
- Community events and education
- Raising public awareness
- Presenting our efforts to reduce stigma at the city, state, and national levels

Want to learn more about the Someone You Know & Love Campaign?

Need resources about HIV testing, treatment, or social supports?

You are not alone!
Check out our website and connect with us via email or Instagram.

www.someoneyouknowandlove.com

@someoneyouknowandlove

Planning Council Support team, pcs@bphc.org

JOIN US!

FIGHT STIGMA. FIND COMMUNITY. MAKE CHANGE.

You already know and love someone living with HIV

BOSTON PUBLIC HEALTH COMMISSION

Boston EMA Ryan White Planning Council

You already
KNOW & LOVE
someone living with HIV

LET'S TALK ABOUT IT

Learning more about the Someone You Know & Love Campaign and HIV stigma

www.someoneyouknowandlove.com

SYKL Brochure

Additional conversation included creating a pledge that people could sign up for and pledge to be part of ending HIV stigma either on this brochure or on our website!

WHAT IS HIV STIGMA?

There are many different definitions of HIV stigma!

The CDC defines HIV stigma as negative attitudes and beliefs about people with HIV.

HIV.gov defines HIV stigma as irrational or negative attitudes, behaviors, and judgments towards people living with or at risk of HIV.

Examples of HIV stigma:

- Believing that only certain groups of people can get HIV
- Making moral judgments about people who take steps to prevent HIV
- Feeling that people deserve to get HIV because of their choices

Stigma harms everyone's health by discouraging access to testing, treatment for HIV, and essential care for a long and healthy life.

Planning Council members define HIV stigma as...

Stigma is judging someone based on a misconception that is generally accepted.

Judgmental language (verbal and body) and assumptions about populations and behaviors associated with HIV.

Stigma is a weapon hurting those you love.

Our campaign's message is that yes, someone you know, and love, may be living with HIV and we can and do live a completely healthy life and participate in society as anyone without HIV does.

WHAT DO PEOPLE LIVING WITH HIV WANT YOU TO KNOW ABOUT STIGMA?

"Stigma causes us to have a lot of internal turmoil without support from family and friends."

"HIV is not a death sentence!"

"It is not just about health... but it is living with long-term, everyday health concerns that affect our jobs, families, mental health, and the social world."

"More education is needed about how HIV is contracted, HIV testing must be normalized, and continued support is needed for people living with HIV."

Learn more at our website:

"I MATTER. WE MATTER"

We hope to see you at the first

Someone You Know & Love

gala

February 22, 2025 ~ 5 - 9 PM ~ Boston University, Metcalf Trustee Center

RFP Allocations Discussion and Vote

Update from the Executive Committee

Background:

- ✓ **RFP YEAR:** This year there was a Request for Proposals that went out for the new Part A grant cycle (FY25 – FY27). Agencies applied to provide various service categories and requested various dollar amounts. A full RFP review process has been conducted over the past couple of months.

There are 2 factors at play due to the RFP year:

1) Shift in Services:

- ✓ There are services no longer approved for funding (HERR - as allowed by the Council last year)
- ✓ Services that did not receive proposals (Linguistics)

2) Increased Need/Costs:

- ✓ Federal increased the indirect rate costs from 10 to 15%
- ✓ Proportional increase of 5% across many of the budgets
- ✓ The RW team received exponential need in various categories that would alter the direct care % significantly which we are unable to accommodate

Background:

- ✓ In June of FY 24, the Council approved BPHC to allocate Health Education/Risk Reduction (HERR) funding proportionally between Medical Case Management (MCM) and Psychosocial Support Services (PSS).
- ✓ BPHC also has leeway up to 25% above or below the levels for each service category, except for categories funded at less than $500,000 then BPHC is given 50% leeway as established in the FY 24 Funding Scenario.
- ✓ In observance of these rules, the RW team has mapped scenarios and recommendations to provide funding that best reflects need.

Major areas of need:

ADAP and Housing – They have been presenting data that reflects this need to Council and ARC throughout the last year.

Based RFP panel and Internal review, BPHC has recommendations on how to reasonably allocate agencies in Medical Transportation, MCM, and PSS with the help of the HERR reallocation.

Executive Committee Decision

In accordance with our Bylaws, Article 7, Section 7.1, the Executive Committee may vote on behalf of the full Planning Council in an emergency or time-sensitive matter such as this one.

In addition to the existing 25% and 50% leeway that BPHC is allowed in the respective categories, the Executive Committee motions to allow BPHC to reallocate based on need and RFP results. The final funding amount would become the new base for the allocations process for FY 25 and beyond. This is a one-time vote or override from the standard process.

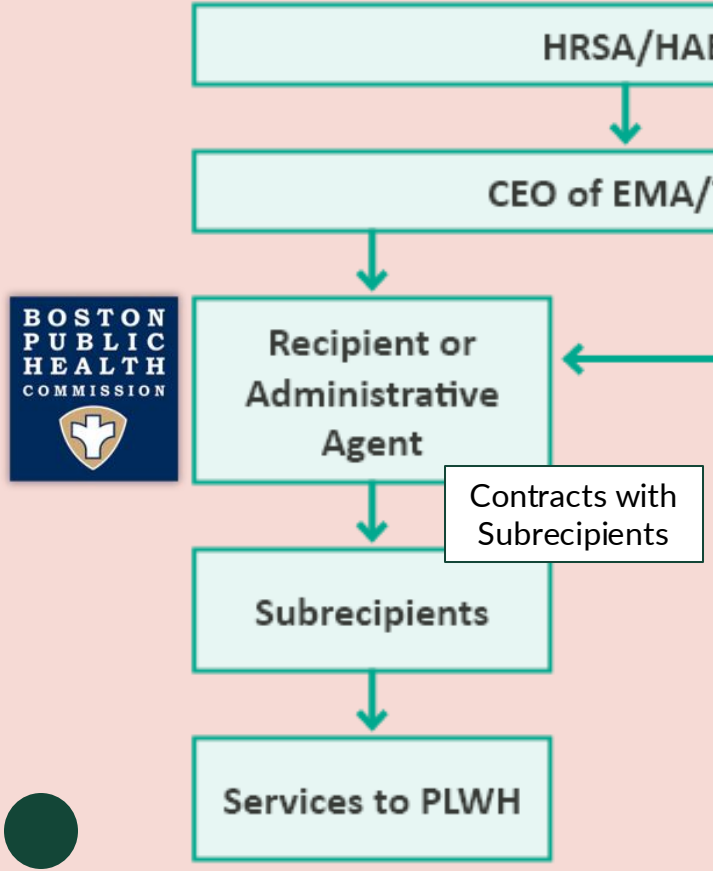
(Previous process from 2019 RFP)

Planning Council-Led Directives

Objectives:

- Review purpose and uses of Funding Principles and Service Standards
- Vote on FY26 Funding Principles with ARC
- Vote on FY25 Service Standard revisions with SPEC

Organizational Chart:



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

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

Funding Principles

WHAT?

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

FOR WHOM?

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

Service Standards

WHAT?

- Expectations for implementing a service category in the EMA and how that is monitored
- Revised for the CURRENT fiscal year
- "If you are providing these services, you must uphold these standards of care"

FOR WHOM?

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

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

FY26 Funding Principles

ARC Task:
Review each principle and present FY26 list of funding principles to the Council

- Review each principle and consider the purpose and audience of the principle.
  - The funding principles are not presented in any order of importance.
  - Each principle is of equal weight as any other.
- After a review of the principles, the committee did not make any major revisions to the principles. We only added a sentence to the preamble.

Preamble:

Each Principle has equal importance, and in the context of Ryan White funding, a “provider” is defined as “a non-profit agency or public entity that is funded for one or more HIV service programs”. **In times of reflection and change, the funding principles may be reviewed and modified by the Boston EMA Ryan White HIV/AIDS Services Planning Council to better serve our client base.**

1. Providers should ensure that access to services funded by Part A is fair, equitable and just for all eligible persons with HIV/AIDS throughout the EMA.
2. Providers should ensure services meet essential needs of consumers as defined by credible and timely data/needs assessments.
3. Providers funded by Part A should seek input from and/or participation by consumers as critical in reaching their decisions.
4. Providers must be able to demonstrate relevant, established ties to the affected populations they serve. Such ties may be shown through staffing, language/cultural competency, community involvement, and site of services.

5. Providers should demonstrate a commitment to prevent and mitigate stigma to the extent possible within their environments.
6. Providers should be required to demonstrate optimal collaborations.
7. Providers should be encouraged to seek out and maximize the use of all/other funding sources, rather than solely relying on Part A.
8. Providers must demonstrate a willingness to provide services to all eligible, affected populations and an ability to provide appropriate services to the populations they target.

9. Providers should encourage and support self-advocacy among consumers.
10. Providers should design programs tailored to the needs of the population served; to this end, staffing qualifications should not be needlessly inflated to exclude persons from affected populations, who have the requisite skills and lived experience, from being employed in service delivery.
11. Funding decisions should be made in such a way as to encourage the development/maintenance of high quality, user-friendly, innovative services.
12. To ensure continuity of services, there should be a preference for organizations that provide services within the priority areas and demonstrate linguistic/cultural competency and appropriateness.

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

VOTE

Summary of Motion:
Motion to approve the FY26 Funding Principles as reviewed and presented by ARC, deferring the change in language to principles 5 and 9 to the ARC.

First & Second

Approve - You agree with the FY26 Funding Principles and any changes.
Oppose - You do not agree with the FY26 Funding Principles and any changes.
Abstain - You wish not to vote on the motion.

FY25 Service Standards

SPEC Task:
Review the Ryan White Part A Program Service Standards

- Service standards guide subrecipient providers in implementing funded services. They typically address the elements and expectations for service delivery, such as service components, intake and eligibility, personnel qualifications, and client rights and responsibilities.
- Developing and reviewing Service Standards is a joint task between the Ryan White Service Division and SPEC

Service Standards

01

SPEC reviewed Service Standards and began to outline changes, beginning with RWS suggestions.

02

PCS and SPEC continued to develop changes and rationale to Service Standards.

03

Standards review/revision with SPEC and RWS to finalize.

04

SPEC voted on final service standard revisions.

05

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

06

RWS finalizes changes and distributes to EMA.

Section I: Universal Standards
1.0 Eligibility, Insurance, & Recertification
1.2 HIV Status

Original Standard	*Edit*	*Reason*
Documentation required for the initial eligibility determination includes: - Diagnosis letter signed by a physician on MD stationery - Lab Test Results - Positive test result from ELISA and/or Western Blot HIV test (not anonymous)	Documentation required for the initial eligibility determination includes: - Diagnosis letter signed by a **licensed medical professional** - Lab Test Results - Positive test result from **HIV antibody and/or antigen testing**	It was discussed that it is tiresome and a burden from a clinic's point of view to find a doctor to sign something, or maybe people who haven't had medical care in a long time might have an older letter that is not signed, and it would be challenging for them to reconnect with their previous provider or getting retested would be challenging.

Section 1: Universal Standards
1.0 Eligibility, Insurance, & Recertification
1.3 Income

Original Standard	*Edit*	*Reason*
Must have an income of 500% or less of the most current FPL. Documentation includes at least one of the following: • State/Federal Tax Return • Current pay stub • Bank statement indicating direct deposited income • Disability award letter • Self-employment affidavit • Support affidavit • MassHealth Verification (i.e. screen shot of EHR face sheet or Virtual Gateway verification) • NH Medicaid Verification • HDAP approval letter	Must have an income of 500% or less of the most current FPL. Documentation includes at least one of the following: • State/Federal Tax Return • Current pay stub • Bank statement indicating direct deposited income • Disability award letter • Self-employment affidavit • Support affidavit • MassHealth Verification (i.e. screen shot of EHR face sheet or Virtual Gateway verification) • NH Medicaid Verification • HDAP approval letter • **Written letter signed by client attesting to no income**	Updated language to match guidance for eligibility.

Section 1: Universal Standards
1.0 Eligibility, Insurance, & Recertification
1.4 Boston EMA Residency

Original Standard	*Edit*	*Reason*
The client must reside within the 10 counties of the Boston EMA. Documentation includes at least one: • Utility Bill • Lease/Mortgage Statement • Support affidavit • Letter from Shelter • MassHealth Verification (i.e. screen shot of EHR face sheet or Virtual Gateway verification)	The client must reside within the 10 counties of the Boston EMA. Documentation includes at least one: • **Driver's License/State Issued ID** • Utility Bill • **Bank Statement** • Lease/Mortgage Statement • Support affidavit • Letter from Shelter • MassHealth Verification (i.e. screen shot of EHR face sheet or Virtual Gateway verification) • **Paycheck or Benefits Statement** • **Written letter signed by client attesting to residency**	Updated language to match guidance for eligibility.

Section I: Universal Standards
2.0 Intake, Discharge, Transition & Case Closure
2.3 Rights and Responsibilities and Grievance Policy

Original Measure	***Edit***	***Reason***
Rights and Responsibilities and Grievance policy signed and dated by client annually, and placed in file.	Rights and Responsibilities and Grievance policy signed and dated by client annually, and placed in file. **All major grievances should be reported to the Ryan White Services Team at BPHC within 30 days.**	As suggested by RWSD.

Section I: Universal Standards
3.0 Client Retention, Re-engagement, and Linkage to Care
3.7 Refusal of Services Policies & Procedures

Original Measure	***Edit***	***Reason***
Written policies and procedures on file at the provider's agency. Documentation of each client that has been refused a service with the **rational** for refusal.	Written policies and procedures on file at the provider's agency. Documentation of each client that has either refused a service themselves or has been refused a service with the **rationale** for refusal.	Accuracy in capturing a patient's refusal of a service, not only if they are refused by the agency and a grammatical edit.

Section I: Universal Standards
5.0 Staff Safety Standards
5.4 Protocol for Incident Reporting

Original Measure	*Edit*	*Reason*
A written safety policy/protocol for incident reporting is on file at the agency location.	A written safety policy/protocol for incident reporting is on file at the agency location **All major incidents should be reported to the Ryan White Services Team at BPHC within 30 days.**	As suggested by RWSD.

Section II: Core Medical Services
7.0 ADAP
7.3 Formulary

Original Standard	*Edit*	*Reason*
ADAP services must include a medication formulary that meets the minimum requirements of all approved classes of medications according to HHS treatment guidelines.	ADAP services must include a medication formulary that meets the minimum requirements of all approved classes of medications according to HHS treatment guidelines. **Decisions about medication costs must be inclusive of the medicine regimen and the way the medication is procured and delivered.**	ADAP program should be thoughtful about the medications their patients are on and how to get them for the patient at the lowest cost.

Section II: Core Medical Services
8.0 Medical Case Management
HRSA Description, Key Activities, 4th bullet

Original Measure	***Edit***	***Reason***
Continuous client monitoring to assess the efficacy of the care plan.	**Regular** client monitoring to assess the efficacy of the care plan.	So the clients do not feel they will be supervised and watched constantly. For this to be a uniform edit, please advise this edit to ***8.4 Client Monitoring*** as well, changing "*continuously" to "regularly"*

Section III: Support Services
11.0 Emergency Financial Assistance
11.2 Tracking EFA

Original Measure	***Edit***	***Reason***
The provider must track dispersal of EFA. This includes creating a tracking system that clearly indicates the date of distribution, client code, and of EFA provided.	The provider must track dispersal of EFA. This includes creating a tracking system that clearly indicates the date of distribution, client code, **and purpose and link to HIV care outcome of EFA provided.**	To make the edit focus on purpose and linkage of HIV care outcome

Section III: Support Services
14.0 Housing
Description

Original Description	*Edit*	*Reason*
Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental deposits, although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS grant awards.	Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental deposits, although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS grant awards. **RWHAP funding may be used to pay for a client's security deposit if the subrecipient has policies and procedures in place to ensure that the security deposit is returned to the RWHAP recipient or subrecipient and not to the RWHAP client.**	New guidance from HRSA as of 6/2024

Original Standard	*Edit*	*Reason*
The agency must have detailed payment policies and procedures. These policies must include, at minimum, Rental Assistance Application Approval Process, Payment Timelines, Payment Tracking NOTE: Ryan White cannot pay more than the Fair Market Rent as set by the U.S. Department of Housing & Urban Development (HUD). Fair Market Rent amounts are available at: https://www.huduser.gov/portal/datasets/fmr.html Additionally, payments cannot be made for security/rental deposits, mortgage payments, and/or directly to clients."	The agency must have detailed payment policies and procedures. These policies must include, at minimum, Rental Assistance Application Approval Process, Payment Timelines, Payment Tracking; **and Payment Return to the subrecipient if money is used for a security deposit.** NOTE: Ryan White cannot pay more than the Fair Market Rent as set by the U.S. Department of Housing & Urban Development (HUD). ….**Additionally, payments cannot be made for mortgage payments and/or directly to clients."**	New guidance from HRSA as of 6/2024 **Section III: Support Services** **14.0 Housing** **14.2 Payment Policies**

VOTE

Summary of Motion:
Motion to approve the FY25 Service Standards as reviewed and approved by the Services, Priorities and Evaluations Committee, with additional conversation to be had in SPEC about 2.3 and 5.4.

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

Priority Setting:
March 13th, 2025

IN PERSON MEETING!

What is Priority Setting?

Priority setting is deciding which HIV services are the most important according to the criteria established in the EMA. **All** 28 RWHAP Part A services must be prioritized annually [HRSA requirement!].

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

Helps to eliminate health disparities and strengthens our continuum of care

Knowledge Check:

Who is the recipient?

Knowledge Check:

Who is the recipient?

Service Priorities are based on…

The size & demographics of the population of PLWH and their needs, including those who are not in care *(Demographic presentations and Needs Assessments!)*

Cost-effectiveness and outcome effectiveness of proposed services/strategies *(Spending & Utilization reports!)*

Our Core Medical Services Waiver which allows us to allocate 60% to Core Services instead of 75%

Availability of other governmental & non-governmental resources in the service area *(Funding Streams Summary!)*

Priorities of people living with HIV who use the services *(Unaligned Consumer Council members and their communities!)*

Coordination of services with programs for HIV prevention & treatment of substance use *(Funding Streams – what existing resources are there?)*

Health care system needs; disparities in the availability of services for PLWH with the highest need *(Needs Assessments, Funding Streams Summary, etc.!)*

NOTE: This is from HRSA, Part A Manual

Something NEW this year...

In addition to the 28 Part A service categories, we will also set priorities for the 6 approved MAI categories in the EMA.

FY25 Ranking

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

Which fiscal year are we setting priorities for?

FEB. 2025

The previous fiscal year (FY24) is about to end.

MAR. 2025

FY25 is the upcoming fiscal year. The priorities that were set last Council year, will go into effect.

MAR. 2026

We are priority setting for FY26 which begins March 1, 2026.

How will we set priorities?

NEXT MONTH – March 13th, 2025
During Planning Council, fully in-person!!!

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

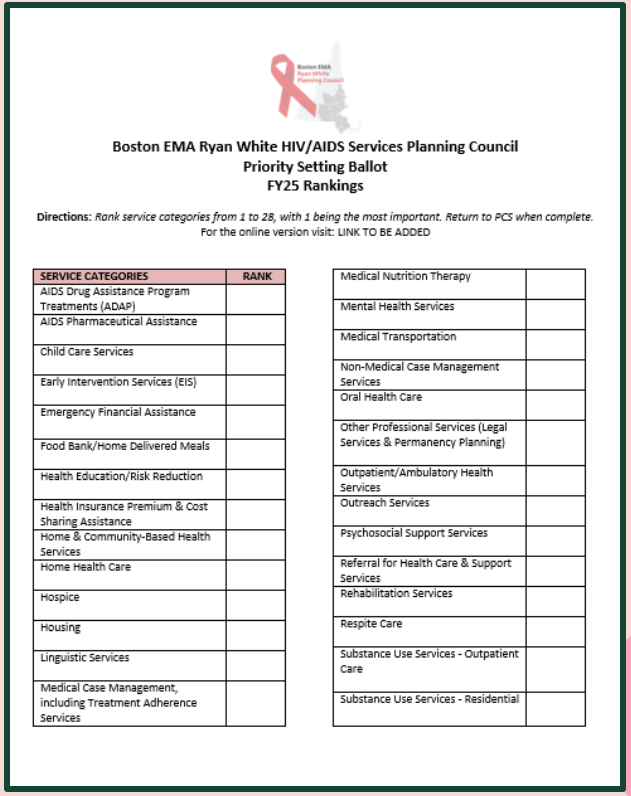
We will also have PRINTED hand outs at the meeting:

- Needs Assessment data slides
- Funding Streams overview
- Service utilization overview
- Service Category Cheat Sheet
- Last year's Priority Setting results (FY25!)
- A thought process guide to Priority Setting

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

During the meeting...

- We will review all resources together.
- You will have 20 minutes to work on your Priority Setting ballot for both Part A and MAI service categories
- PCS can help but cannot give any input – this must be your individual decision!
- There will be 2 versions:
    1. SurveyMonkey (online)
    2. Printed PDF (fill out by hand)
- You can bring laptops, tablets, etcetera to use your online materials



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

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

SERVICE CATEGORIES	RANK
AIDS Drug Assistance Program Treatments (ADAP)	
AIDS Pharmaceutical Assistance	
Child Care Services	
Early Intervention Services (EIS)	
Emergency Financial Assistance	
Food Bank/Home Delivered Meals	
Health Education/Risk Reduction	
Health Insurance Premium & Cost Sharing Assistance	
Home & Community-Based Health Services	
Home Health Care	
Hospice	
Housing	
Linguistic Services	
Medical Case Management, including Treatment Adherence Services	
Medical Nutrition Therapy	
Mental Health Services	
Medical Transportation	
Non-Medical Case Management Services	
Oral Health Care	
Other Professional Services (Legal Services & Permanency Planning)	
Outpatient/Ambulatory Health Services	
Outreach Services	
Psychosocial Support Services	
Referral for Health Care & Support Services	
Rehabilitation Services	
Respite Care	
Substance Use Services - Outpatient Care	
Substance Use Services - Residential	

Announcements & Adjourn

Announcements:

- See you at the Someone You Know and Love Gala on February 22nd, from 5-9 PM at the Boston University Metcalf Trustee Center!
- Follow Someone You Know and Love on Instagram!
- March's Council meeting is **FULLY IN PERSON**! Please communicate with us if you *absolutely* cannot be there so that we can ensure you can do priority setting.