



Planning Council Meeting
Thursday March 13, 2025
1010 Massachusetts Ave.
4:00 PM – 6:00 PM

Highlighted in yellow = action items for PCS to follow up on

Summary of Attendance

Members Present

Alison Kirchgasser
Alyssa Collaro
Amanda Hart
Barry Callis
Bryan Thomas
Catherine Weerts
Daniel Amato
Darren Sack
Zeke Russell
Gerry James
Henry Cabrera
Joey Carlesimo
Karen White
Kim Wilson
Liz Koelnich
Luis Rosa
Margaret Lombe
Regina Grier
Rick Boyd
Serena Rajabiun
Stephen Batchelder
Steven Spinale
Yvette Perron
Milaun Casimir

Members Excused

Justin Alves
Christopher McNally
Curtis Santos
Damon Gaines
Melissa Hector
Romini Smith
Rudy Wise
Hemi Park
Shambi Mwandembo

Members Absent

None

Staff

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

Guests

None

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:

Topic B: February 13th Meeting Minutes Review & Vote

The Chair makes a motion to approve the February 13 minutes.

Motion to Approve: Darren Sack

Second: Regina Grier

Result: 20 approve, 0 abstain

The minutes are passed.

Topic C: Agency Updates and Committee Reports

Barry Callis | MA Department of Public Health

- N/A

Yvette Perron | NH Department of Health & Human Services

- The NH CARE Program is going to start distributing our Needs Assessment on 3/14/25.
- NH CARE Program will no longer be supporting client's Medicare Supplemental plans as of June 1st. The last premiums that will be paid will be in May. The NH CARE Program will still cover copays and deductibles for outpatient medical appointments and medications. We are encouraging clients to sign up for financial assistance through their hospital network for emergency room and inpatient care.

Melanie Lopez | Boston Public Health Commission

- N/A

Alison Kirchgasser | MassHealth

- The Congressional House Energy & Commerce committee is being asking to cut \$880B over 10 years and it is likely most of that would have to come from Medicaid but it is unclear whether the Senate will agree to such a large cut. It is also unclear just how Medicaid would be cut as there are a variety of options on the table such as work requirements, reducing the share of federal

spending, etc. But, since Medicaid provides the majority of funding for many of the core services for PLWH in the state, it's probably a good idea to have a Plan B priority setting in the event of large cuts to Medicaid.

Melissa Hector | Mayoral Liaison

- N/A

Catherine Fine: Interim Bureau Director

- We will aim to get contracts out by the end of next week. The delay is our process – it's taken us a little longer this is the first year we have bid out this work in five years. This process is taking us a little longer to get through. This delay is not due to any changes in the federal government or HRSA, so please do not be worried. The messaging that we are getting from our project officer continues to be business as usual.
- We have a notification of formal award from HRSA and partial award for Ryan White, and that allows us to release the funds.

Q: Will there be any impact on the agencies with this delay?

- We'll need to get back to you on if there will be any impact. I understand and am mindful that this is a concern.

Q: the partial award from HRSA: what is the time frame for that?

- The award is year to year

All committee reports are posted on Basecamp. Details below:

Allocation of Resources Committee (ARC)

Chair: Liz Koelnich

Meeting Date: 2/20/25

Updates:

- Funding Principles Language Vote
- Year End Recommendations Mid-Year Check-In
- Emergency Financial Assistance Data Presentation
- Ryan White Services Team: Review Current Spending Patterns for Part A & MAI
- Funding Streams Summary Part 1: Core Medical Services

Executive Committee

Chair: Margaret Lombe

Chair-Elect: Henry Cabrera

Meeting Date: 2/24/25

Updates:

- Debriefed SYKL Gala
- Reviewed committee meeting evaluations and attendance
- Reviewed Mid-Year Survey Results
- Reviewed Planning Council's agenda for 3/13/25
- Reviewed and voted on language for Policy about Off-Cycle Applicants to Council

Needs Assessment Committee (NAC)

Chair: Amanda Hart

Vice Chair: Regina Grier

Meeting Date: 2/27/25

Updates:

- Reviewed and edited available budget for NAC

- Identified resources needed for each NA data collection method
- Brainstormed community partners for in-depth interviews and focus groups

Membership and Nominations Committee (MNC)

Chair: Kim Wilson

Vice Chair: Stephen Batchelder

Meeting Date: 3/03/25

Updates:

- Discussed Member Attendance
 - Reviewed a few member resignations due to personal issues and voted to remove a member due to attendance
- Discussed what mandatory seats need to be filled for member reflectiveness
- Discussed eligible members for Nominations committee to be announced in April
 - Created plan in case we cannot fill nominations committee with eligible members
- Reviewed calendar of recruitment events and the [Recruitment Events Tracker](#) for members to keep up to date with recruitment events and other efforts

Services, Priorities, and Evaluations Committee (SPEC)

Chair: Daniel Amato

Vice Chair: Carlton Martin

Meeting Date: 3/06/25

Updates:

- Listened to Ryan White Services Team update about internal compliance
 - One agency has been removed from FY25 provider list due to non-compliance
- Listened to Assessment of Administrative Mechanism Update and discussed general timeline for responses
- Listened to Emergency Financial Assistance data presentation (same presentation as from ARC)
- Reviewed non-Part A funded service categories
- Reviewed tools for Priority setting
 - Decided that Council will submit a second ballot for Priority Setting in case Medicaid funding is severely impacted in the coming years

Consumer Committee

Chair: Rick Boyd

Vice Chair: Chris McNally

Meeting Date: 3/13/25

Updates:

- Review Social Media Post about Gala & review gala evaluation responses
- Announced we submitted SYKL film to the 2025 Public Health Film Festival
- Review edits made to SYKL toolkit
- Education Session & Discussion with Adrianna Boulton from Fenway Health
- Announcement from Clare about HIV U=U Campaign with BPHC

Topic D: Meeting Format Discussion and Vote

PCS discusses the current meeting schedule. She notes that PCS and members have tried several different hybrid/fully remote/in person meeting formats and there are equal pros and cons to both. While offering a hybrid option helps with accessibility, it can be difficult to maintain connection when there are members both online and in person. Additionally, members have expressed that in person meetings are better for

retainment of information and to build community, but have also stated the importance of hybrid for when things come up, travel, illness, etc. to ensure members are still able to participate majority of the time.

PCS also mentions that a new committee was added last year, bringing the general numbers of each committee down to about 10 people.

Some things that PCS has noticed specifically with having the smaller committees hybrid:

- Small committees make hybrid more difficult – members that come from far away feel disengaged when only 1-2 people show up in person, much more engagement when the whole group is online or majority are in person/a few online, many members need community and it seems like hybrid and smaller committees are hurting the ability to really create community
- Food waste - we have to order food 2-3 weeks ahead of time, and regularly are scheduling food orders for multiple meetings at a time
- Reduced connection between members (2-3 people in person and everyone else online)
- High administrative burden which contributes to us doing hours of additional work – procuring meeting space and contracting/scheduling, contracting with vendors for food, printing costs, driving, etc. the administrative tasks have to be done every year and we have to rewrite a lot of information year after year which really impacts our ability to focus on the work and the content at hand and be more productive

The proposed solution for next year:

- Commit to attending 1 in-person meeting per month: Planning Council (will remain hybrid for extenuating circumstances)
- All subcommittee meetings will be remote – SPEC, NAC, ARC, MNC, and Executive Committee
- Commit to moving time of Consumer Committee (will remain hybrid)

Note that this will also reduce Council costs if funding is restricted at all.

PCS asks for a motion to approve the solution proposed by Planning Council Support:

- Planning Council & Consumer Committee are in-person with Zoom option for extenuating circumstances
- All subcommittee meetings will be remote – SPEC, NAC, ARC, MNC, and Executive Committee
- Commit to moving time of Consumer Committee (This will be a committee/Council member-led decision!)

Discussions: What is wrong? Why are consumers not being engaged in meetings?

- PCS says that they will ask consumer committee directly and ask this question in the end-of-year survey as well.
- PCS will ask consumer committee about the best time to reschedule.

Why are we weighing consumer as more important than the other subcommittees? Shouldn't they all hold the same weight?

- Multiple council members chime in to say that consumer is where we are trying to build more community, and it is important to have these meetings in person.

There is a lot of confusion about the information presented on the slides. Clare changes the language of the vote to say:

- Planning Council & Consumer Committee are hybrid
- All subcommittee meetings will be remote – SPEC, NAC, ARC, MNC, and Executive Committee

The chair asks for a motion to approve the vote.

Motion: Darren Sack
Second: Joey Carlesimo

PCS passes out paper ballots for members to vote with.

Result: 3 abstain, 3 oppose, 18 approved. The vote is approved.

Topic E: Priority Setting Review

PCS and SPEC Chair reviews the Priority Setting Resources.

Priority Setting- deciding which HIV services are the most important according to the criteria established in the Eligible Metropolitan Area (EMA). All 28 Part A service categories must be prioritized annually [Health, Resources & Services Administration (HRSA) requirement!].

Members will also be setting priorities for the 6 approved Minority AIDS Initiative (MAI) categories in the EMA.

Some acronyms:

EMA = Eligible Metropolitan Area

RWHAP = Ryan White HIV/AIDS Program

HRSA = Health Resources and Services Admin

MAI = Minority AIDS Initiative

Who is the recipient? BPHC = Boston Public Health Commission

PCS clarifies that we are priority setting for the 2026 fiscal year, which begins March 1, 2026. We are going to set priorities for 2 scenarios: 1) priority setting as usual, for both Part A and MAI service categories; 2) priority setting if there is a significant Medicaid reduction, which will be for Part A only

PCS and SPEC chair then review the items that are in the priority setting binders. In order, the handouts are:

1. PDF Ballots – Priority Setting, MAI, Medicaid Scenario
2. Priority Setting Tool
3. Service Category Cheat Sheet
4. Results History FY21-25
5. Needs Assessment Data Slide Deck
6. Funding Streams Summary Slide Deck
7. FY24 Q4 Spending & Utilization Sheet

All of these tools are in the binders as well as on basecamp. PCS and Daniel go through each tool and explain the purpose of each. PCS then goes over the priority setting ground rules, which are as follows:

- ★ Please put your final rankings in either the PDF form and send it to PCS or preferably, in the SurveyMonkey survey. The SurveyMonkey will go directly to PCS.
- ★ **USE YOUR RESOURCES:** Utilize the best available, accurate, and detailed information to identify service gaps/emerging needs and determine how to best use Part A funds to fill gaps in care. The responsibility of the Council is to make recommendations as to Part A resources can be used, and incompleteness of data should not be used as a justification for not deciding.
- ★ **GROUP AGREEMENTS:** Respect the group decision-making process. If your opinion differs from the final decision reached by the group, do not criticize or dismiss the group's final decision as incorrect or misinformed.

- ★ PC BYLAWS: Members are expected to follow the Planning Council's conflict of interest guidelines as defined by the Planning Council's Bylaws.
- ★ When service category scores are tied, the core service is listed above the non-core service.

PCS will tally up the final rankings incorporating all members' votes and present the results for a final vote on April 10th.

Topic F: Priority Setting

PCS invites everyone to start their ballots either online or on their paper ballot. Everyone who is in person fills out their ballot and asks PCS or RWSD questions as they arise.

Topic G: Announcements, Evaluations and Adjourn

Planning Council Chair leads the announcements and adjourns the meeting.

Council Announcements:

- Fill out the meeting evaluation!
- It's RECRUITMENT time!!! Applications for 2025-2026 Council year are due June 13.
- March 22nd – Recruitment opportunity at the Native American Lifelines: National Native HIV/AIDS Awareness Day Round Dance! Join us!
- Community Meeting with Boston Lesbian Urban Foundation about Ending the HIV Epidemic on Thursday, April 3, from 1-3 PM at Lena Park Community Center. Reach out to Curtis with any questions.
- EARLY save the date for Saturday, June 28th for our End of Year Party!

Motion to Adjourn

Motion: Darren Sack

Second: Bryan Thomas

The meeting was adjourned at 6:00 pm.



Planning Council

Priority Setting

March 13, 2025 | 4 – 6 PM
Chair: Margaret Lombe
Chair-Elect: Henry Cabrera



Please
sign in!!!



Moment of Silence

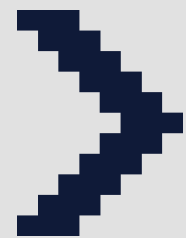
At this time, let us take a moment of silence in remembrance of those who came before us, those who are present, and those who will come after us.

Boston EMA Ryan White Planning Council

Group Agreements

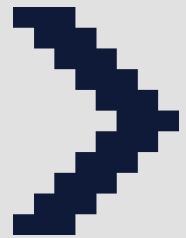
Respect the mission, Respect the space, Respect each other and Respect people living with HIV

- 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.



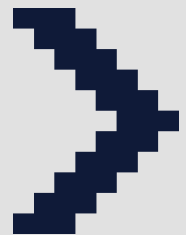
Review Minutes from 2.13.25

Are there any edits?



Motion & Second

Please state your name for the record.



Vote by show of hands

Approve – you approve the minutes as written or with any edits

Oppose – you oppose the minutes as written or with any edits

Abstain – you do not wish to vote

February 13, 2025

Minutes Review & Vote



Today's Agenda & Objectives

Agenda Item	Objective
Agency Updates (Committee Reports sent via email!)	Hear any updates from the agency representatives.
FY25 Allocations Update	Hear an update from BPHC about FY25 Allocations
Meeting Format Discussion & Vote	Discuss a PCS recommendation for next term's in-person vs. remote meeting format and vote to approve or oppose it.
Priority Setting Activity Resources Review	Go through all of the resources available for the Priority Setting Activity and how to use them.
Priority Setting Activity	Complete the Priority Setting Activity – for Part A, MAI, and Part A with reduced Medicaid scenario
Announcements, Evaluation, & Adjourn	Hear any announcements and adjourn the meeting.

Agency Updates

Barry Callis, MDPH

Yvette Perron, NH DHHS

Alison Kirchgasser, MassHealth

Melissa Hector, Mayoral Liaison



FY25 Ryan White Part A Allocations Update

Catherine Fine, Interim Associate Bureau Director





Meeting Format Vote



Current problems with hybrid committees:

- Small committees make hybrid more difficult
- Food waste - we have to order food 2-3 weeks ahead of time
- Reduced connection between members (2-3 people in person and everyone else online)
- High administrative burden

Proposed Solution for next council year:

- Planning Council & Consumer Committee are hybrid
- All subcommittee meetings will be remote – SPEC, NAC, ARC, MNC, and Executive Committee

Meeting Format Vote

**Motion to approve the solution proposed by
Planning Council Support:**

- Planning Council & Consumer Committee are hybrid
- All subcommittee meetings will be remote – SPEC, NAC, ARC, MNC, and Executive Committee

Motion & Second

Please state your name for the record.

Paper Ballot Vote

Approve – you approve the proposal

Oppose – you oppose the proposal

Abstain – you do not wish to vote



Priority Setting

FY26 Updates & Resource Review



What is Priority Setting?

Priority setting is deciding which HIV services are the most important according to the criteria established in the Eligible Metropolitan Area (EMA). **All 28 Part A** service categories must be prioritized annually [Health, Resources & Services Administration (HRSA) requirement!].

We will also be setting priorities for the **6 approved Minority AIDS Initiative (MAI)** categories in the EMA.

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



Which fiscal year are we setting priorities for?

FEB. 2025

The previous fiscal year (FY24) just ended.

MAR. 2025

FY25 is the current fiscal year. The priorities that were set last Council year, went into effect.

MAR. 2026

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

FY = Fiscal Year

Looking forward to FY26

(March 1, 2026 – February 28, 2027)

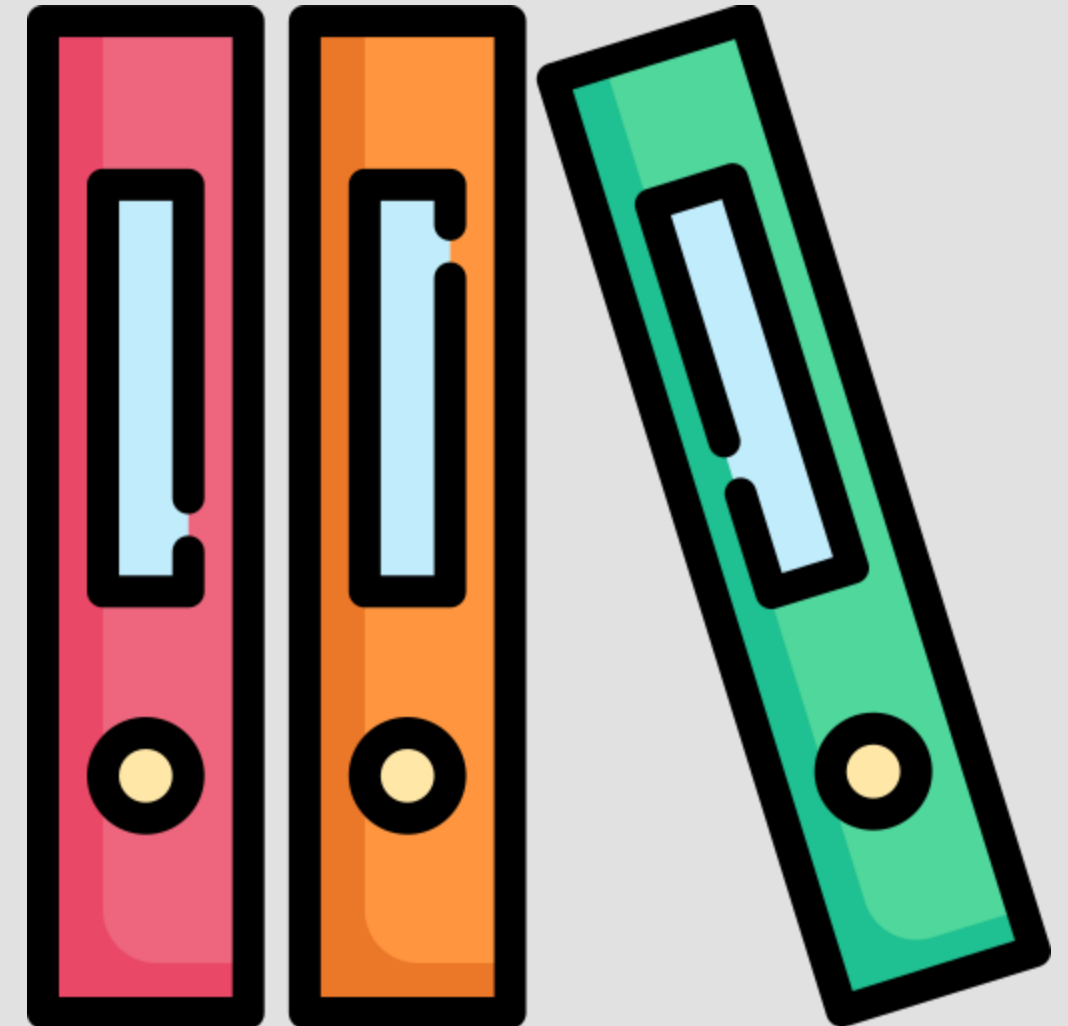
- **Reminder** – Ryan White is payor of last resort, and in the Boston EMA, there are typically a lot of funding streams that cover certain categories so that we can step in for others
- **What is in our control?** – We can respond to changing federal landscape by adjusting our priority setting and resource allocation process, and our directives to the recipient

You are going to complete TWO Priority Setting Ballots:

- 1) Set priorities as usual (Part A and MAI)
- 2) Set priorities if there is a Medicaid reduction (Part A only)

What's in my binder?

1. PDF Ballot
2. Priority Setting Tool
3. Service Category Cheat Sheet
4. Priority Setting Results History FY21-25
5. Needs Assessment Data Slide Deck
6. Funding Streams Summary Slide Deck
7. FY24 Q4 Spending & Utilization Sheet



1. PDF Ballots

What?

- PDF/Printed versions of the Priority Setting Ballot for Part A and MAI categories (you will have 2 copies of the Part A ballot!)

How to use?

- Rank the Part A service categories 1-28 and MAI 1-6 on paper



Boston EMA Ryan White HIV/AIDS Services Planning Council Priority Setting Ballot FY26 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: <https://www.surveymonkey.com/r/FY25PrioritySetting>

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	

2. Priority Setting Tool

What?

- Scoring criteria/thought process map for thinking about Priority Setting

How to use?

- Use the criteria to organize your thoughts around what to factor in when determining a service category's rank and how much weight to give each criteria

Boston EMA Ryan White Planning Council Priority Setting Tool: Scoring Criteria and their Descriptions

Ask yourself:



Existing Funding Streams:

Are there any other funding streams that provide the same or an equivalent service to Ryan White eligible PLWH?



Access to Care/Maintenance in Care:



Does the category promote access to OR maintenance in primary medical care?



Specific Gaps/Emerging Needs:


To what extent does the service address a specific service gap or service needed (specific geographic area or demographic/special population?)
Does this service address a newly identified or future need?



Consumer Priority:


Has the category been specifically identified as a priority by PLWH on the Council, or through needs assessment, e2Boston, and/or other available data?





Existing Funding Streams:

Are there any other funding streams that provide the same or an equivalent service to Ryan White eligible PLWH?

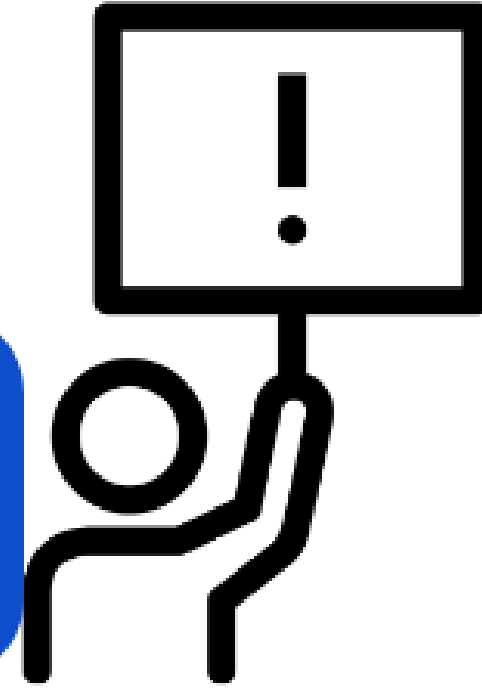


Access to
Care/Maintenance in
Care:



Does the category promote
access to OR maintenance in
primary medical care?

Specific Gaps/Emerging Needs:




To what extent does the service address a specific service gap or service needed (specific geographic area or demographic/special population?)

Does this service address a newly identified or future need?



Consumer Priority:

Has the category been specifically identified as a priority by PLWH through needs assessment, e2Boston, and/or other available data?



3. Service Category Cheat Sheet



What?

- A one-stop shop for information about the Ryan White HIV/AIDS Program Service Categories, how they are prioritized and broadly how they are funded in the Boston EMA in relation to our Part A program

How to use?

- Use this document as a reference guide for all the information you may need about each individual service category organized by whether it is funded by Part A

3. Service Category Cheat Sheet



Organized by funding & type of category for the Boston EMA

- Part A Funded Core Services
- Part A Funded Support Services
- Non-Part A Funded Core Services
- Non-Part A Funded Support Services

Service Category	Definition	Key Activities	FY25 Priority Ranking	Most Recently Reported Funding Streams
Name of the service category	Definition of that service category within the context of the Ryan White HIV/AIDS Program (RWHAP)	Key activities that happen as part of this service category that are not necessarily included in the definition, in the context of the RWHAP	This is the Priority Ranking determined by the Planning Council in April 2024 for Fiscal Year (FY) 2025 which started on March 1, 2025.	The Funding Streams reported are Medicaid, Other Federal Programs, State, RW Parts B, C, D, or F, and RW Part A (allocated by the Council)

4. Priority Setting Results

History – FY21-25

Priority Setting Results History

NOTE: In FY22 and FY21, we only had to rank Part A funded service categories.

Rank	FY25	FY24	FY23	FY22	FY21
1	AIDS Drug Assistance (ADAP/HDAP)	AIDS Drug Assistance (ADAP/HDAP)	AIDS Drug Assistance (ADAP/HDAP)	AIDS Drug Assistance Program (ADAP/HDAP)	Medical Case Management
2	Medical Case Management, including Treatment Adherence Services	Medical Case Management, including Treatment Adherence Services	Medical Case Management, including Treatment Adherence Services	Medical Case Management	AIDS Drug Assistance Program (ADAP/HDAP)
3	Housing Services	Housing Services	Housing Services	Non-Medical Case Management	Housing Services
4	Non-Medical Case Management Services	Non-Medical Case Management Services	Non-Medical Case Management Services	Emergency Financial Assistance	Non-Medical Case Management
5	Oral Health Care	Food Bank/ Home Delivered Meals	Emergency Financial Assistance	Food Bank/Home-Delivered Meals	Oral Health Care
6	Food Bank/Home-Delivered Meals	Emergency Financial Assistance	Food Bank/ Home Delivered Meals	Health Education/Risk Reduction	Medical Transportation
7	Emergency Financial Assistance	Oral Health Care	Psychosocial Support Services	Health Insurance Premium and Cost Sharing	Psychosocial Support
8	Mental Health Services	Mental Health Services	Health Insurance Premium and Cost-Sharing	Housing Services	Food Bank/Home-Delivered Meals

What?

- The results of the Council's Priority Setting Activities for the past 5 years

How to use?

- Use to understand the changes in priorities from FY21 to FY25

5. Needs Assessment Data

Slide Deck

What?

- The results of the Council's most recent Needs Assessment (2020-2022)

How to use?

- Consider needs assessment data when deciding which services are most important to people living with HIV in the Boston EMA

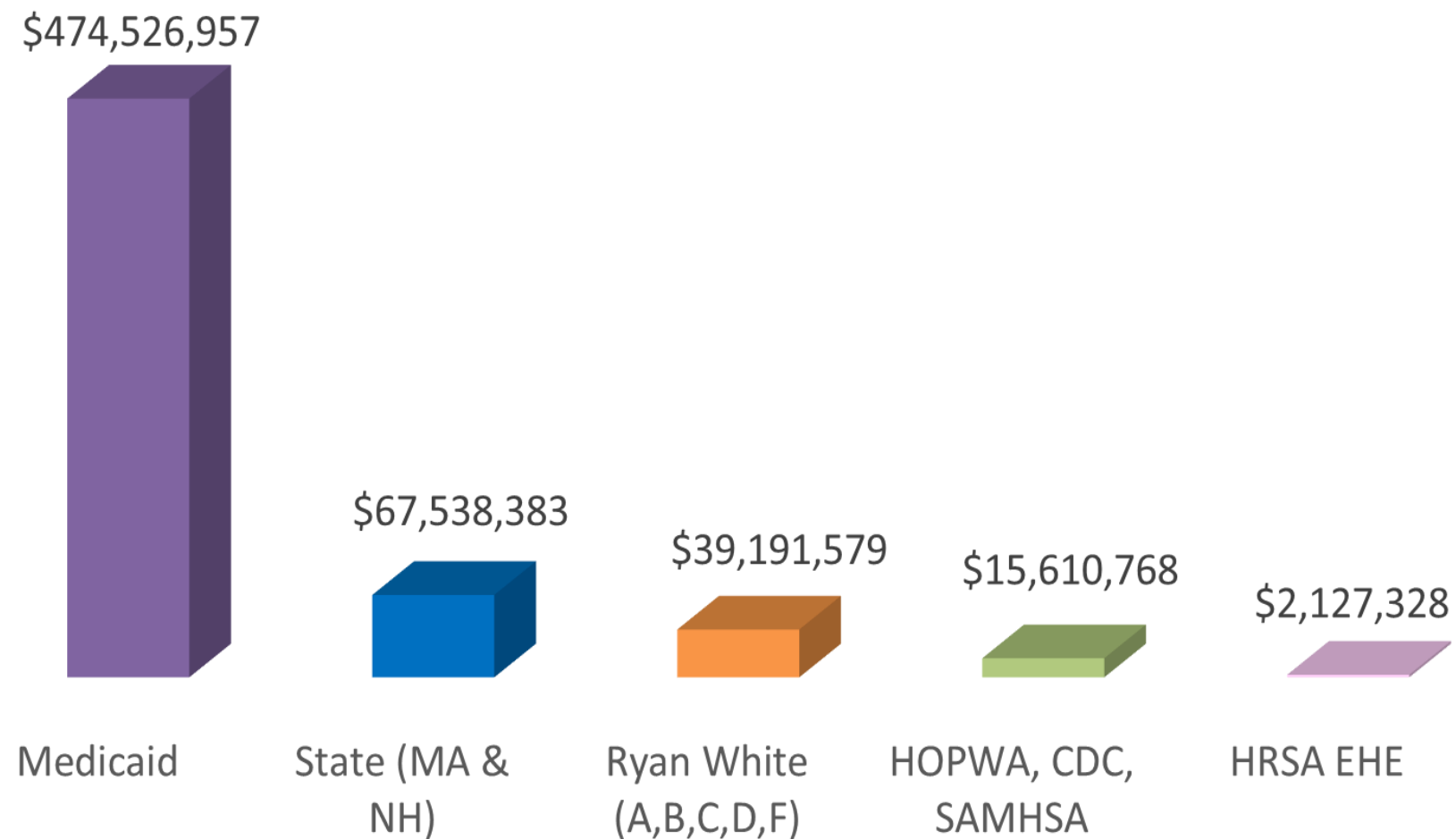


2022-2023 Needs Assessment Report

6. Funding Streams

Summary

Figure 1. Main Funding Streams in the Boston EMA



What?

- An overview of the inventory of identified public funding sources for HIV services in the Boston EMA

How to use?

- Use this overview to understand which core medical and support services are supported by different funding streams and where Part A supports

TOTAL PUBLIC FUNDING IN EMA							
	\$0	\$227,006,357	\$1,453,225	\$470,503	\$24,486,934	\$9,647,009	\$594,228
	AIDS Pharm. Assistance	ADAP/ HDAP	Early Intervention Services	Health Insurance Premium & Cost Sharing Assistance	Home Health Care	Home and Community-Based Health Services	Hospice Services
Federal	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Medicaid	0.0%	91.1%	0.0%	0.0%	100%	100%	100%
State (MA & NH)	0.0%	2.9%	0.0%	0.0%	0.0%	0.0%	0.0%
Ryan White (A, B, C, D, F)	0.0%	>1% Part A* 6.0% Others	100% Others	100% Others	0.0%	0.0%	0.0%

TOTAL PUBLIC FUNDING IN EMA						
	\$11,892,739	\$1,332,954	\$30,599,909	\$4,777,921	\$73,861,518	\$2,330,149
	Medical Case Management	Medical Nutrition Therapy	Mental Health	Oral Health Care	Outpatient / Ambulatory Medical Care	Substance Use Services – Outpatient
Federal	4.5%	0.0%	0.0%	0.0%	0.0%	10.8%
Medicaid	0.2%	0.0%	98.6%	52.4%	97.7%	19.3%
State (MA & NH)	31.5%	15.0%	0.0%	1.0%	0.0%	68.0%
Ryan White (A,B,C,D,F)	31.5% Part A 32.2% Others	74.4% Part A 10.6% Others	1.4% Others	29.4% Part A 17.1% Others	2.3% Others	1.9% Others

TOTAL PUBLIC FUNDING IN EMA								
	\$8,207,493		\$0		\$465,135		\$970,359	
	\$302,108		\$6,875,861		\$1,089,345			
	Non-Medical Case Management	Child Care Services	Emergency Financial Assistance	Food Bank/ Home-Delivered Meals	Health Education/Risk Reduction	Housing Services	Legal Services	
Federal	19.3%	0.0%	61.6%	21.1%	0.0%	79.1%	26.2%	
Medicaid	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
State (MA & NH)	67.1%	0.0%	0.0%	0.0%	0.0%	2.7%	46.4%	
Ryan White (A,B,C,D,F)	11.2% Part A 2.4% Others	0.0%	31.8% Part A 6.6% Others	76.9% Part A 1.9% Others	88.7% Part A* 11.3% Others	14.5% Part A 3.7% Others	3.7% Part A 23.6% Others	
TOTAL PUBLIC FUNDING IN EMA								
	\$24,801		\$9,880,094		\$154,997		\$7,546,131	
	\$6,105		\$630,199		\$0		\$14,217,854	
	Linguistic Services	Medical Transportation Services	Outreach Services	Psychosocial Support Services	Referral for Health Care / Supportive Services	Rehabilitation Services	Respite Care	Substance Use Services - Residential
Federal	0.0%	0.1%	59.6%	0.0%	0.0%	0.0%	0.0%	12.8%
Medicaid	0.0%	97.3%	0.0%	0.0%	0.0%	100%	0.0%	7.9%
State (MA & NH)	0.0%	0.0%	0.0%	88.0%	0.0%	0.0%	0.0%	79.4%
Ryan White (A,B,C,D,F)	64.4% Part A* 35.6% Others	1.8% Part A 0.8% Others	40.4% Others	9.3% Part A 2.8% Others	100% Others	0.0%	0.0%	0.0%

7. FY24 Part A Spending & Utilization Sheet

Ryan White Part A Award

RWSD- BPHC

FY24 Utilization and Spending Report- Q3 + Q4 (YTD)

Medical Case Management (MCM)		
	Part A	MAI
Projected Number of Units	41,480	6,000.75
Completed Units	39,320	6,126.50
Percent of Units Completed	95%	102%
Projected Clients	2,016	225
# Clients Served	1,914	285
# Total Clients Served	2,199	
Total Allocation	\$4,423,210	\$462,576
Total Spent	\$3,874,273.12	\$432,438
Percent Expended	88%	93%

Housing (HOUS)		
	Part A	MAI
Projected Number of Units	5,273	
Completed Units	4,179.25	
Percent of Units Completed	79%	
Projected Clients	417	
# Clients Served	402	
# Total Clients Served	402	
Total Allocation	\$1,136,100	
Total Spent	\$1,068,948.59	
Percent Expended	94%	

Psychosocial Support (PS)		
	Part A	MAI
Projected Number of Units	4,604	420.75
Completed Units	4,821.75	668.75
Percent of Units Completed	105%	159%
Projected Clients	580	77
# Clients Served	432	133
# Total Clients Served	565	
Total Allocation	\$931,765	\$106,287
Total Spent	\$743,864.60	\$84,142
Percent Expended	80%	79%

Non-Medical Case Management (NMCM)		
	Part A	MAI
Projected Number of Units	10,873.75	3,360
Completed Units	10,980.25	3,818
Percent of Units Completed	101%	114%
Projected Clients	830	120
# Clients Served	706	128
# Total Clients Served	834	
Total Allocation	\$974,799	\$226,404
Total Spent	\$848,574.96	\$182,411
Percent Expended	87%	81%

Medical Transportation (MT)		
	Part A	MAI
Projected Number of Units	10,223	
Completed Units	8,476	
Percent of Units Completed	83%	
Projected Clients	1,095	
# Clients Served	654	
# Total Clients Served	654	
Total Allocation	\$211,719	
Total Spent	\$188,026.06	
Percent Expended	89%	

FoodBank/Home-Delivered Meals (FBHDM)		
	Part A	MAI
Projected Number of Units	38,295	
Completed Units	35,065.5	
Percent of Units Completed	92%	
Projected Clients	751	
# Clients Served	682	
# Total Clients Served	682	
Total Allocation	\$857,872	
Total Spent	\$770,499.52	
Percent Expended	90%	

What?

- Spending and Utilization for Part A-funded service categories in the Boston EMA for FY24 (March 1, 2024 – February 28, 2025)

How to use?

- Use as contextual information about the Part A-funded categories while Priority Setting; to understand the spending and utilization trends of agencies funded for these categories over the last year

8. Not in the binder...

YOU!

Use your personal &
professional experience!

Priority Setting Ground Rules

Please put your final rankings in either the PDF form and send it to PCS or preferably, in the SurveyMonkey survey. The SurveyMonkey will go directly to PCS.	
USE YOUR RESOURCES: Utilize the best available, accurate, and detailed information to identify service gaps/emerging needs and determine how to best use Part A funds to fill gaps in care. The responsibility of the Council is to make recommendations as to Part A resources can be used, and incompleteness of data should not be used as a justification for not deciding.	
GROUP AGREEMENTS: Respect the group decision-making process. If your opinion differs from the final decision reached by the group, do not criticize or dismiss the group's final decision as incorrect or misinformed.	
PC BYLAWS: Members are expected to follow the Planning Council's conflict of interest guidelines as defined by the Planning Council's Bylaws.	
When service category scores are tied, the core service is listed above the non-core service.	
PCS will tally up the final rankings incorporating all members' votes and present the results for a final vote on April 10th.	

FY26 PRIORITY SETTING ACTIVITY

**You must complete TWO
Priority Setting Ballots:**

1) Set priorities as usual
(28 Part A categories and 6
Minority AIDS Initiative
categories)

2) Set priorities if there is a
Medicaid reduction
(28 Part A categories only)

PLEASE MAKE SURE YOU DO BOTH!!!



**1) PRIORITY SETTING
BALLOT – AS USUAL**



**2) PRIORITY SETTING
BALLOT – MEDICAID
REDUCTION SCENARIO**

RYAN WHITE PLANNING COUNCIL

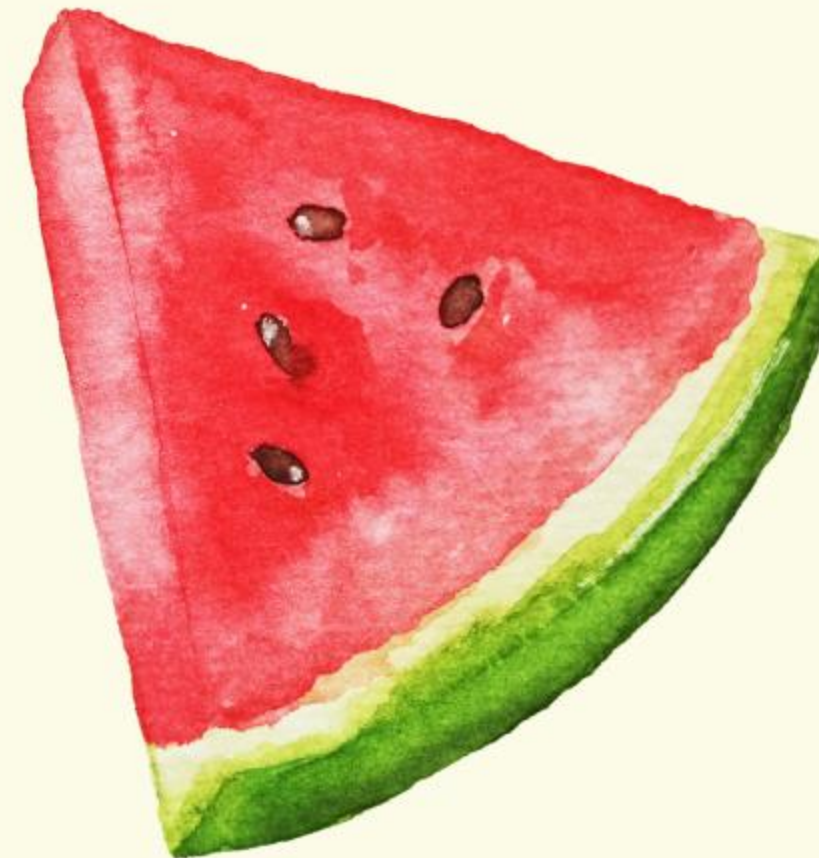


CELEBRATE THE END OF THE
COUNCIL YEAR WITH US!
LOCATION & TIME TBD.

SAT, JUNE 28

SAVE THE DATE

FOR THE END OF YEAR PARTY!



Announcements & Adjourn

PCS will take the average of all members' priority setting and present the results for a final vote on April 10th.

- Fill out the meeting evaluation!
- It's **RECRUITMENT** time!!! Applications for 2025-2026 Council year are due June 13.
- March 22nd – Recruitment opportunity at the Native American Lifelines: National Native HIV/AIDS Awareness Day Round Dance! Join us!
- Community Meeting with Boston Lesbigay Urban Foundation about Ending the HIV Epidemic on Thursday, April 3, from 1-3 PM at Lena Park Community Center. Reach out to Curtis with any questions.
- EARLY save the date for Saturday, June 28th for our End of Year Party!

