Planning Council Meeting
Thursday April 10, 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
Justin Alves
Alison Kirchgasser
Amanda Hart
Bryan Thomas
Damon Gaines
Daniel Amato
Darren Sack
Shambi Mwandembo
Hemi Park
Henry Cabrera
Joey Carlesimo
Karen White
Kim Wilson
Liz Koelnych
Luis Rosa
Margaret Lombe
Melissa Hector
Regina Grier
Rick Boyd
Serena Rajabiun
Stephen Batchelder
Steven Spinale
Yvette Perron
Milaun Casimir

Members Excused
Barry Callis
Catherine Weerts
Curtis Santos
Zeke Russell
Gerry James
Alyssa Collaro

Members Absent
Christohper McNally
Romini Smith

Rudy Wise
Karen White

Staff
Clare Killian
Vivian Dang
Julia Kirsch
Melanie Lopez
Rebecca Ritterman
Rachel Phillips
Taylor Parent
Roxy Dai
Esete Fenta
Alexandria Whittied
Glenda Morrabal
Jacqueline Huynh

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:

- Minutes Review and Vote
- FY26 Priority Setting Results and Vote
- FY25 Sweeps Presentation and Vote
- RW Client Services Year End Prep
- CQM Part A Demographics Report
- Announcements, Evaluation, and Adjourn

Clare gives an update on the federal landscape: Updates on April 9th from Linda Goldman, Director of Office for HIV/AIDS, Massachusetts Department of Public Health:

- Last week's federal "Reduction in Force" eliminated 5 out of 10 branches of CDC's Division of HIV Prevention (DHAP): HIV Prevention Capacity Development, HIV Research, Prevention Communication, Quantitative Sciences, and Behavioral and Clinical Surveillance.
- The Behavioral and Clinical Surveillance Branch oversaw the National HIV Behavioral Surveillance/Brief HIV Bio-Behavioral Assessment (NHBS/BHBA) initiative which MDPH implements in MA. The DHAP branches that oversee MDPH's core CDC HIV prevention, surveillance, and cluster detection and response work survived this round of cuts.
- The U.S. Department of Health and Human Services (HHS) Office of Infectious Disease and HIV Policy was eliminated. This office was overseeing the national Ending the HIV Epidemic (EHE) initiative as well as the Minority HIV/AIDS Fund.
- **As of now, all of MDPH's CDC and HRSA resources, including EHE, Minority AIDS Initiative, and NHBS/BHBA funds, are intact. BPHC's Ryan White, EHE, and MAI funds are also intact as of now.** HHS has been directed to do additional cuts across all HHS divisions (inclusive of CDC and HRSA) by up to 35% later this month, and they will be monitoring that situation.

- MA is part of 23 states and Washington, D.C. that filed a lawsuit to halt HHS's termination of critical public health grants. Losing this funding would result in a loss of $118 million to our state. The U.S. District Court of Rhode Island granted the coalition's request, giving us a reprieve, at least temporarily.
- We know that many of us may also have concerns regarding the potential impact of tariffs on the cost of medications, harm reduction supplies, and other necessary items. MDPH would like to keep track of if/when you start to see cost increases; so we will continue this conversation and please continue to share feedback about what you are seeing in your communities.

Topic B: March 13th Meeting Minutes Review & Vote

The Chair makes a motion to approve the March 13th, 2025 minutes.

Motion to Approve: Daniel Amato
Second: Henry Cabrera

Result: 7 approve in room, 11 approved online, 7 abstain
The minutes are passed.

Topic C: Agency Updates and Committee Reports

Clare reads an email update from MDPH regarding federal funding. The email will be sent out to Council after today.

Agency updates:

- Melissa Hector: the Mayors Neighborhood Coffee Hours just got announced/released and I would like to share about this: https://www.boston.gov/departments/parks-and-recreation/neighborhood-coffee-hours

Topic D: Priority Setting Results and Vote

Timeline for Priority Setting:

1. February: preparation in SPEC and Council
2. March: SPEC reviewed and finalized the process, Priority Setting was on March 13
3. Priority Setting Votes TODAY = standard, Medicaid reduction, MAI

Priority Setting Standard Vote:

- BLUE highlighted = Part A or MAI funded, Core Medical Services
- RED highlighted = Part A or MAI funded, Support Services
- Asterisk = Part A or MAI approved, but not funded FY25
- Not highlighted = not part A funded

[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]

Emergency Financial Assistance	[illegible]	4
Food Bank/Home Delivered Meals	[illegible]	5
Oral Health Care	[illegible]	6
Non-Medical Case Management	[illegible]	7
Health Insurance Premium & Cost Sharing	[illegible]	8
AIDS Pharmaceutical Assistance	[illegible]	9
Medical Transportation Services	[illegible]	10
Mental Health Services	[illegible]	11
Psychosocial Support Services	[illegible]	12
Medical Nutrition Therapy	[illegible]	13
Early Intervention Services	[illegible]	14
Health Education/Risk Reduction	[illegible]	15
Home & Community Based Health Services	[illegible]	16
Home Health Care	[illegible]	17
Child Care Services	[illegible]	18
Other Professional Services (Legal)	[illegible]	19
Outpatient/Ambulatory Health Services	[illegible]	20
Substance Use Services (Outpatient)	[illegible]	21
Linguistic Services	[illegible]	22
Substance Use Services (Residential)	[illegible]	23
[illegible]	[illegible]	24
Hospice	[illegible]	25
Outreach Services	[illegible]	26
Rehabilitation Services	[illegible]	27
Respite Care	[illegible]	28

Notable Changes:

- Housing moved up again (1 spot each for the past 2 years) and is now ranked higher than Med Case Management
- Emergency Financial Assistance moved from 7 to 4
- Non-Med Case Management moved from 4 to 7
- Childcare moved from 22 to 18
- Mental Health moved from 8 to 11

A member comments that they are surprised to see EFA moved up so high, considering it's not defined that well for what is covered

Child Care Services hasn't moved up even though it's been brought up several times

Clarifying question- what are the nonhighlighted without asterisk? Means they are funded by other funding streams, not Part A.

Priority Setting Rankings are distinct and separate from dollar amounts

FY26 Priority Setting Results Vote
Motion: Bryan Thomas
Second: Joey Carlesimo
Result: Approved

Minority AIDS Initiative

Service Category	Average	Rank
Medical Case Management	1.90625	1
Emergency Financial Assistance	2.4375	2
Non-Medical Case Management Services	3	3
Psychosocial Support Services	3.96875	4
Linguistic Services	4.65625	5
Other Professional Services (Legal Services)	5.03125	6

Notable Changes:

- Emergency Financial Assistance and Non-Medical Case Management switched places.

FY26 MAI Priority Setting Results Vote
Motion: Milaun Casimir
Second: Darren Sack
Result: Approved

Medicaid Reduction Scenario for FY26 Priority Setting

Service Category	Average	Rank
AIDS Drug Assistance (ADAP/HDAP)	1.346153846	1
Medical Case Management, including Treatment Adherence Services	8.076923077	2
Housing Services	8.076923077	3
Oral Health Care	9.538461538	4
Emergency Financial Assistance	9.692307692	5

Non-Medical Case Management Services	9.923076923	6
Mental Health Services	9.961538462	7
Food Bank/Home-Delivered Meals	10.30769231	8
Medical Transportation Services	11.53846154	9
AIDS Pharmaceutical Assistance	11.73076923	10
Outpatient/Ambulatory Health Services	11.84615385	11
Health Insurance Premium and Cost-Sharing	11.92307692	12
Home Health Care	12.80769231	13
Home/Community-Based Health Services	13.07692308	14
Psychosocial Support Services	13.28	15
Medical Nutrition Therapy	14.73076923	16
Health Education/Risk Reduction*	15.15384615	17
Early Intervention Services (EIS)	15.38461538	18
Substance Use Services (Outpatient)	17.15384615	19
Hospice	18.42307692	20
Child Care Services	18.5	21
Substance Use Services (Residential)*	18.73076923	22
Other Professional Services (Legal Services)	19	23
Rehabilitation Services	20.57692308	24
Linguistic Services*	21.03846154	25
Referral for Health Care & Support Services	21.26923077	26
Outreach Services	22.23076923	27
Respite Care	24.5	28

Note: This scenario will only kick in if the Council determines that there is a significant enough reduction in Medicaid to warrant this!

- That would be determined via a voting process of the Council.

Notable changes from Standard Scenario:

- Mental Health Services moved from 11 to 7
- Outpatient/Ambulatory Health Services moved from 20 to 11
- Home Health Care moved from 17 to 13
- Home/Community-Based Health Services moved from 16 to 14
- Hospice moved from 25 to 20

PCS reminds members that this Medicaid Reduction Scenario was ranked just in case, and that the Planning Council can always vote to change things.

Medicaid Representative: I just wanted to note that the significant changes are the services that Medicaid covers. People really understood what the impact might be of a large Medicaid reduction. I just want to note that knowing what a Medicaid reduction would look like would definitely take some time. Congress is still negotiating their budget. Even once they finalize their budget, the cuts wouldn't necessarily be, for example, to take out 100 million from oral health care, instead, it would likely be a reduction in the Federal funding that Massachusetts would receive, and then the Massachusetts Legislature would potentially have to pass a bill or a new budget that says MassHealth needs to cut XYZ. And so, it's just going to be a way down the road, and I just want to make sure folks are aware of that, and certainly I and others will continue to monitor. I am very glad to see the results, and where the changes were, because I think it really reflects an understanding of what the impact would be if MassHealth does need to make some cuts.

PCS notes: Medical Case Management and Housing are the exact same- at the 10th decimal point. When that happens, if it's a core and a support service, the core service always is ranked before the support service.

A member comments that they are pleased with the results and the attention to detail and thought into the rankings

RWSD: Observing the language used in similar grants to MAI, it wouldn't not be a be beneficial practice to do just in case.

FY26 Medicaid Scenario Priority Setting Results Vote
Motion: Stephen Batchelder
Second: Kim Wilson
Result: Approved

A member comments: I'd like to commend SPEC and this council as well as our partners for having these discussions and preparing for some potentially very difficult issues that could face us and our community. Really proactive and appropriate work!

A member asks: Is there any update that is being done locally in MA about people going to speak their concerns as to what the government is doing in DC about how this is affecting us, and if it continues down this road, we are going to die without getting out medication.

- RWSD answers: There has been listening session opportunities shared to RWSD. They note they have not been getting too many, but when they do, they will share it to Council members.

Topic E: Sweeps Presentation and Vote

Clare shows an organizational chart that demonstrates where BPHC and the Planning Council fit into the funding process.

- HRSA/HIV/AIDS Bureau is at the top – this is the federal agency that is responsible for administering RW part A funds to cities – then there is an arrow to the CEO of EMA or TGA
- These funds go to the CEO of each EMA. In our case, the CEO, or Chief Elected Officer, is Mayor Wu. There is a City of Boston logo next to this box.
- Then there is an arrow to both the 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. From Subrecipients, there is an arrow to 'services to PLWH' – agencies provide the services!
- The Planning Council sets priorities, allocates resources, and gives directives to recipient on how best to meet these priorities for services. Reminder that we are responsible for the prioritization and allocation of service categories – not the agencies that bid to provide these services. We are voting on priority setting today, and then in May, ARC will be going through the Resource Allocation process for FY26. **Today we are voting to allow BPHC to conduct one of the funding processes: Sweeps.**

There are three types of funds for annual allocation.

- Unexpended funds are carry-over funds. They are carried over at the end of one fiscal year to the next fiscal year. For UNEXPENDED funds (Carry over) that is carried from the previous year, so FY24 – just ended Feb 28, 2025.
- There may be some consequences to having carry-over funds:
- Reduction in future awards if greater than 5%
- Less flexibility to reallocate dollars
- Requires a request to HRSA to get the money back
- Reduces time to spend money if the request is granted
- Reduces services in the Boston EMA
- Under-expended funds are sweeps funds. Those are reallocated throughout the fiscal year, due to underutilization. For UNDEREXPENDED (sweeps), those are swept throughout this current year, so FY25
- What causes underspending that leads to sweeps?
- Start-up delays in new programming
- Staffing vacancies
- Utilization of other sources of funding
- Changes in the funding environment
- What are the benefits of Sweeps?
- Maximizes services in the Boston EMA
- Maintains local control and flexibility of dollars
- Responds to changes in the EMA
- Respects the work of the Council by following funding priority
- Rapidly re-allocates money
- How are Sweeps Allocated?
- The recipient (RWS) will keep the sweeps dollars within the service category they came from if that category can absorb them (i.e. spend them effectively and quickly).
- Based upon need within and among service categories, distribute the remaining dollars in the categories according to the priorities established by the Planning Council for the current year, FY25
- Finally, the funding scenarios that we will create during the All-Day Allocations meeting, will outline a plan on how to allocate money during the next fiscal year, planning for various award amount scenarios. We will go through several different scenarios to account for any unanticipated changes to the funding environment.

- Finally, the funding scenarios that we will create during the all-day allocations meeting are for the next fiscal year, so FY26. which starts on March 1, 2026. We are going to go more in-depth on these on the next slide.

A member asks: What is the maximum amount carryover can be for a given year? Want call attention to that as the sweeps are so critical to keep the carryover amount as small as possible and not to hit the threshold where we would lost unexpended funds.

- RWSD answers: 5%

RWSD Sweeps Presentation

- Fiscal Year starts 3/1
- RWS aims to issue contracts 45 days after the start of the fiscal year, but this year is delayed
- RWS checks for spending compliance quarterly
- ARC liaison provides spending updates to ARC 4-6 times a year
- RWS uses PC scenarios to allocate underspent funds

Stages of Sweeps

- Start of FY: Send out contracts and agencies start billing
- Q1: First Q check in with PC
- Q2: First Compliance meetings internally with RWS and 2nd Q check-in with PC
- Q3: Sweeps, Amendments sent out within 2 weeks, 3rd Q check-in with PC
- Q4: EOY check in with PC, Final compliance notice with agencies post site visits

Allocation of Resources Committee's recommendation:
The Allocation of Resources Committee's recommendation for FY25 Under-Expended dollars is:

- Spend the sweeps dollars first within the category from which they came, if the category can absorb them.
- Based upon need within and among categories, distribute the remaining dollars in categories according to the priorities established by the Planning Council for the current year, FY25

ARC Chair calls for a vote te to accept the Allocation of Resources Committee recommendation for FY25 Under-Expended dollars, as presented:

- Expend the sweeps dollars first within the category from which they came, if the category can absorb them.
- Based upon need within and among categories, distribute the remaining dollars in categories according to the priorities established by the Planning Council for the current year, FY25.

Motion: Joey Carlesimo
Second: Bryan Thomas
Results: Approved

E2Boston Report Metrics

FY24 Data Elements
In the upcoming slides, there will be a review of the data for the following demographics:

- Gender
- Race
- Ethnicity
- Another demographic relevant to the service category, i.e. Exposure Category, Housing Status, etc.

Updated Gender Identity Options

Topic F: Year End Prep

Melanie from RWSD present a slide talking about allocations, closeout briefing, methodology refresher, until cost data review.

Allocations Timeline

- RFP closed mid- December and directly after started the external review.
- RWS completed a 2 week supplementary internal review. Completed beginning of January.
- RWS began allocations based on RFP results. Completed beginning of January.
- Executive Leadership review of results and preliminary allocations started mid January.
- New Administration started end of January. Executive Committee Vote for allocations end of January.
- Executive Leadership further review and Legal analysis of BPHC confirmation of results and allocations. BPHC provided Allocations Planning Council end of March.

Close Out
Where are we at?

- As a reminder, this year due to high spending, we did not do a SWEEPS.
- Final Billing was due 3/31.
- Currently at 93% spent on the grant and continuing to process invoices!
- Agencies who have spent their allocation will receive a close out letter to confirm that their PO for FY24 is closed.

What is left?

- BPHC will continue to process final invoices and supplementals.
- Will use any AAM results to review and update practices, as applicable.
- Submit Final Federal Reporting to HRSA at the end of June.
- BPHC will begin to send out contracts for FY25.

Methodology Refresh

- Unit cost= how much 1 unit of service costs out of the total allocation
- Most useful for unit-based services that are not related to staff time!
- For the staff-based services, it is mostly ran on the individual agency basis to review costs associated with their service delivery model is.
- On each slide, there will be:
- Unit Cost Amount
- Unit Type

Unit costs = how much one unit of services costs

Unit Cost Review
Core Services

Service Category	Funding Stream	Allocation	Unit Type	Unit Cost
ADAP	Part A	$157,344	Unit	$3986.84*
Oral Health Care	Part A	$1,427,799	Unit	$425
Medical Nutritional Therapy	Part A	$1,173,860	Both	$5.74

Medical Case Management	Part A	$4,423,209	Both	$551.36
	MAI	$462,576	Both	$302.83

Support Services

Service Category	Funding Stream	Allocation	Unite Type	Unit Cost
Food Bank Home Delivered Meals	Part A	$857,872	Unit	$20.57
Housing	Part A	$1,136,100	Both	$1,217.73
Medical Transportation	Part A	$211,719	Unit	$24.70
Emergency Financial Assistance	Part A	$201,133	Unit	$518.16
	MAI	$45,498	Unit	$566.90
Non-Medical Case Management	Part A	$974,799	Both	$349.31
	MAI	$226,404	Both	$660.71
Psychosocial Support Services	Part A	$931,755	Time	$169.81
	MAI	$106,287	Time	$99.74
Other Professional Services	Part A	$52,964	Both	$184.65
	MAI	$27,655	Both	-

Member comment: Would we have the capacity and allow to let HDAP pick up a medication that would be covered because of that change in Medicare.

- So ADAP does review the medication approved list, and to see how they can support that is on an annual review. They do that

Topic G: Demographics Report

The Clinical Quality Management Team does a presentation on the Demographics Report for Medical Nutrition Therapy, Linguistics, and Other Professional Services (Legal)

Presentation Overview:

- Objective
- E2Boston Report Metrics
- Update: Expanded Gender Identity Options
- Services:
    - Medical Nutrition Therapy (MNT)
    - Linguistics
    - Other Professional Services - Legal (OPS-L)
- Questions for the Council
- Questions for the CQM Team

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

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

E2Boston Report Metric

- Where they collect all of the data for the EMA and these services as they've been doing. This will encompass all of FY24 data, and they broke it out by Part A and MAI services. Notes that they excluded dental clients.

Updated Gender Identity Options

- This rolled out at the beginning of the fiscal year.
- Male became cisgender male
- Female became cisgender woman
- Transgender female to male is transgender male
- Transgender male to female is transgender female

Medical Nutrition Therapy (MNT)

Zan shows two tables and graphs on age and gender.

- Ages 45-64 are at 50.7% within their 511clients
- 64% Cisgender Man, 34% Cisgender Woman
- 40.9% White, 35.4% Black or African American, 19.6% unknown/unreported
- 78.3% Non-Hispanic/Latino

Exposure Categories of MNT Clients (n=511)

- More likely to not have reported risk factors compared to the EMA. (30% vs. 12%)
- More likely to report perinatal transmission compared to the EMA. (6% vs. 2%)
- Less likely to report heterosexual transmission compared to the EMA. (30% vs 43%)
- Least likely to report MSM transmission compared to the EMA. (26% vs 37%)

Tzuria continues the presentation with Linguistics data.

Linguistics

- Linguistic services were provided by one agency during FY 24. Each unit of translation represents the initial translation of a document, which may be reused for additional clients, who are not counted in our data.
- 18 total clients were served.
- 38.9% were Hispanic or Latino
- 72.2% were Black or African American

FY 24 Primary Languages Spoken (n=5219)

- Data included from the whole Boston EMA = 5219 clients
- 48.4% primary language was English, 19,6% primary language was Spanish, 6.9% Haitian Creole, 7.1% Portuguese, .7% Cape Verdean (less translation services for Crioulo), 2.6% Other, and 14.7% Unknown/Unreported.
- About 3% identified a different primary language than the ones listed, and about 15% did not report their primary language. And in comparison to the EMA wide data, there are some additional bars on some of these categories for the linguistics clients. As you might expect, the number of linguistics, clients who reported a primary language of English was none. But the biggest 2 languages for linguistics were Spanish and Cape Verdean and Creole, each at around 40% of linguistics clients speaking those languages. And then another 11% each for Haitian Creole, and Portuguese. So these ratios of languages do you know the languages represented here

match up fairly well with the other language, with the languages other than English spoken in our EMA, but the ratios are a little different in part, just because the number of clients served was very small and it's possible also that the big gap between 1% of EMA clients speaking Cape Verdean and Creole and 40% of linguistics clients speaking Cape Verdean and Creole is that there's a lot less translation resources for Cape Verdean and Creole out there in the world than for Spanish, Portuguese, and Haitian Creole. And so linguistic services is potentially a much more important source of that support than people that people can't really get in a lot of other places

Other Professional Services Legal

Gender and Age of Part A OPS-Legal Clients (n=63)

- 55.6% Cisgender Male, 39.7% Cisgender Female
- 25.4% clients were 20-44 years of age, 60.3% were 45-64, 14.3% were 65+

Housing of OPS-Legal (n=63)
Data Analysis Notes:

- OPS-L clients are less likely to be permanently housed compared to all clients served in the EMA. (70% vs. 84%)
- OPS-L clients are almost 6x more likely to be in transitional housing compared to others in the EMA. (19% vs 3.2%)
- More OPS-L clients are in SUDs treatment facilities (1.6% vs 0.7%)

Zan asks members two questions:

1) Why do you think MNT clients do not have reported risk factors in line with trends in the EMA?

- I think it is an invasive question, a lot of our patients do not want to provide information that are superfluous,

Question from member:

- Tzuria's response: I think there was a fairly recent HRSA program letter about criminal record expungement as something that Ryan White funds could be used for. My understanding is that the vast majority of what OPS is doing is housing, which primarily eviction and reasonable accommodations and then benefits. Cases are the next biggest type of case. So like benefits, denials, appeals for social security.

- Zan response: In E2Boston, the sub services that we have for this are legal casework, legal representation and legal services, assessment. We don't get specific data on what they are working on

Melanie confirms those two repsonses from RWSD: It is mostly housing related legal concerns and or fees to identification. While it is possible, we have not seen those case works in their services yet.

Tzuria: The legal matter does not need to be explicitly related ot HIV. They can take HIV discrimination cases, but the housing issue does not have to be specific to HIV for the case to be taken to lawyer.

A member makes a comment raising concerns on the nutrition medical therapy that you provided. There was no age difference. "I think older adults really have issues of nutrition"

Are there any concerns regarding clients who are transitionally housed while receiving OPS(L) Services?

- Members did not have any questions or answers raised for this question.

H: Announcements, Evaluations and Adjourn

Planning Council Chair leads the announcements and adjourns the meeting.

Council Announcements:

- It’s RECRUITMENT SEASON! We already have 8 new member applications, but we need your help to get the word out!!
- April 12th – Join the Planning Council table at the Bayard Rustin Community Breakfast Saturday, April 12, 2025 from 8:30 - 11:30 AM at John F. Kennedy Presidential Library and Museum
- April 30th – Join PCS for lunch and tabling at Boston Living Center!
- PCS has heard the request for a scheduled Federal Admin Vent Sesh – we are working on scheduling this!

Motion to Adjourn
Motion: Stephen Batchelder
Second: Henry Cabrera
The meeting was adjourned at 5:58 pm.

April 10, 2025

Planning Council

Margaret Lombe, Chair | Henry Cabrera, Chair-Elect

Moment of Silence

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

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.

Quick notes on the federal landscape

Updates on April 9th from Linda Goldman, Director of Office for HIV/AIDS, Massachusetts Department of Public Health:

- Last week's federal "Reduction in Force" eliminated 5 out of 10 branches of CDC's Division of HIV Prevention (DHAP): HIV Prevention Capacity Development, HIV Research, Prevention Communication, Quantitative Sciences, and Behavioral and Clinical Surveillance.
- The Behavioral and Clinical Surveillance Branch oversaw the National HIV Behavioral Surveillance/Brief HIV Bio-Behavioral Assessment (NHBS/BHBA) initiative which MDPH implements in MA. The DHAP branches that oversee MDPH's core CDC HIV prevention, surveillance, and cluster detection and response work survived this round of cuts.
- The U.S. Department of Health and Human Services (HHS) Office of Infectious Disease and HIV Policy was eliminated. This office was overseeing the national Ending the HIV Epidemic (EHE) initiative as well as the Minority HIV/AIDS Fund.
- **As of now, all of MDPH's CDC and HRSA resources, including EHE, Minority AIDS Initiative, and NHBS/BHBA funds, are intact. BPHC's Ryan White, EHE, and MAI funds are also intact as of now.** HHS has been directed to do additional cuts across all HHS divisions (inclusive of CDC and HRSA) by up to 35% later this month, and they will be monitoring that situation.
- MA is part of 23 states and Washington, D.C. that filed a lawsuit to halt HHS's termination of critical public health grants. Losing this funding would result in a loss of $118 million to our state. The U.S. District Court of Rhode Island granted the coalition's request, giving us a reprieve, at least temporarily.
- We know that many of us may also have concerns regarding the potential impact of tariffs on the cost of medications, harm reduction supplies, and other necessary items. MDPH would like to keep track of if/when you start to see cost increases; so we will continue this conversation and please continue to share feedback about what you are seeing in your communities.

Agenda & Objectives

Agenda Item	Objective
Minutes Review & Vote	Review and vote to approve the March 13, 2025 meeting minutes
FY26 Priority Setting Results & Vote	Review the three priority setting slates and vote on each one
FY25 Sweeps Presentation & Vote	Learn from ARC about the Sweeps process and vote to authorize it
RW Client Services Year End Prep	Hear an update from Melanie about the Allocations and year-end close out process for subrecipients, then review the unit cost per service for year to date (FY24)
CQM Part A Demographics Report	Hear about the demographics of PLWH who receive Medical Nutrition Therapy, Linguistics, or Other Professional Services in the Part A program
Announcements, Evaluation, and Adjourn	Hear any announcements from PCS and fellow Council members and adjourn the meeting!

Attendance

Please say "here" or "present" when your name is called

March 13th Minutes Review & Vote

Any Edits?

Does anyone have any edits to the March 13th minutes?

Motion to Vote

First and Second Motion to approve the minutes

Poll

Zoom poll & raise hands to approve the minutes

Nominations Committee Announcement

New Process from MNC!

WHAT?

Eligible members will be able to opt-in to participate in the 2025 Nominations Committee meeting

WHY?

MNC wants to involve a more diverse group of Council members in the review and nominations of new members!

HOW?

To participate in the Nominations Committee, a member will:

1. Be a mid-term member not at their term limit
2. Not be an existing member of MNC
3. Not be the current Chair or Chair-Elect
4. Be able to commit to a minimum of 3 hours for the Nominations Meeting at the end of June or early July

HOW? Continued…

Eligible members must submit interest in the Nominations Committee to PCS and/or the MNC Chair. PCS and the MNC Chair will randomly select 8 individuals to serve on the Nominations Committee.

Info will go out after this meeting – respond by May 5th at 4 PM

Ever wanted to know what it's like to be on MNC??? Now's your chance to try it out!

FY26 Priority Setting Results & Votes

FY26 Priority Setting Process

What was the timeline for Priority Setting?

February
- Preparation in SPEC and Council

March
- SPEC reviewed and finalized the process
- Priority Setting Meeting took place on March 13th during Planning Council

Priority Setting VOTES today!
- Standard, Medicaid Reduction, MAI

The results are in!!! Priority Setting (Standard):

Service Category	Average	Rank
AIDS Drug Assistance (ADAP/HDAP)	1.787878788	1
Housing Services	5.515151515	2
Medical Case Management	5.727272727	3
Emergency Financial Assistance	6.96969697	4
Food Bank/Home-Delivered Meals	8.363636364	5
Oral Health Care	8.727272727	6
Non-Medical Case Management	9.515151515	7
Health Insurance Premium & Cost-Sharing	11.3030303	8
AIDS Pharmaceutical Assistance	11.39393939	9
Medical Transportation Services	11.78787879	10
Mental Health Services	11.93939394	11
Psychosocial Support Services	12.06060606	12
Medical Nutrition Therapy	13.63636364	13
Early Intervention Services	13.84375	14

Service Category	Average	Rank
Health Education/Risk Reduction*	14.60606061	15
Home & Community-Based Health Services	15.51515152	16
Home Health Care	16.42424242	17
Child Care Services	17.36363636	18
Other Professional Services (Legal) *MAI only*	18.45454545	19
Outpatient/Ambulatory Health Services	18.75757576	20
Substance Use Services (Outpatient)	18.81818182	21
Linguistic Services*	19.45454545	22
Substance Use Services (Residential)*	19.78787879	23
Referral for Health Care & Support Services	20.5	24
Hospice	20.81818182	25
Outreach Services	21.45454545	26
Rehabilitation Services	22.15151515	27
Respite Care	25	28

Notable changes:
Housing moved up again (1 spot each for the past 2 years) and is now ranked higher than Med Case Management
Emergency Financial Assistance moved from 7 to 4
Non-Med Case Management moved from 4 to 7
Childcare moved from 22 to 18
Mental Health moved from 8 to 11

Key:
BLUE highlighted = Part A or MAI funded, Core Medical Services
RED highlighted = Part A or MAI funded, Support Services
Asterisk = Part A or MAI approved, but not funded FY25

FY26 Priority Setting Results Vote

Steps in approving FY26 Priority Setting (standard scenario):

Make a first and second motion:

- “I motion to approve the priority setting results for the standard FY26 scenario as determined by the averages of all Planning Council members who voted independently and as discussed in this Planning Council meeting.”
- “I second the motion” – Say your name!

Vote (Zoom poll & show of hands in person)

Approve: Yes, I approve the FY26 Standard Priorities.
Oppose: No, I do not approve the FY26 Standard Priorities.
Abstain: I decline to vote.

The results are in!!! Minority AIDS Initiative

Service Category	Average	Rank
Medical Case Management	1.90625	1
Emergency Financial Assistance	2.4375	2
Non-Medical Case Management Services	3	3
Psychosocial Support Services	3.96875	4
Linguistic Services	4.65625	5
Other Professional Services (Legal Services)	5.03125	6

Notable changes:
Emergency Financial Assistance and Non-Medical Case Management switched places.

FY26 MAI Priority Setting Results Vote

Steps in approving FY26 Minority AIDS Initiative Priority Setting:

Make a first and second motion:

- "I motion to approve the FY26 MAI priority setting results as determined by the averages of all Planning Council members who voted independently and as discussed in this Planning Council meeting."
- "I second the motion" – Say your name!

Vote (Zoom poll & show of hands in person)

Approve: Yes, I approve the FY26 MAI Priorities.
Oppose: No, I do not approve the FY26 MAI Priorities.
Abstain: I decline to vote.

The results are in!!! MEDICAID REDUCTION SCENARIO

Service Category	Average	Rank
AIDS Drug Assistance (ADAP/HDAP)	1.346153846	1
Medical Case Management, including Treatment Adherence Services	8.076923077	2
Housing Services	8.076923077	3
Oral Health Care	9.538461538	4
Emergency Financial Assistance	9.692307692	5
Non-Medical Case Management Services	9.923076923	6
Mental Health Services	9.961538462	7
Food Bank/Home-Delivered Meals	10.30769231	8
Medical Transportation Services	11.53846154	9
AIDS Pharmaceutical Assistance	11.73076923	10
Outpatient/Ambulatory Health Services	11.84615385	11
Health Insurance Premium and Cost-Sharing	11.92307692	12
Home Health Care	12.80769231	13
Home/Community-Based Health Services	13.07692308	14

Service Category	Average	Rank
Psychosocial Support Services	13.28	15
Medical Nutrition Therapy	14.73076923	16
Health Education/Risk Reduction*	15.15384615	17
Early Intervention Services (EIS)	15.38461538	18
Substance Use Services (Outpatient)	17.15384615	19
Hospice	18.42307692	20
Child Care Services	18.5	21
Substance Use Services (Residential)*	18.73076923	22
Other Professional Services (Legal Services)	19	23
Rehabilitation Services	20.57692308	24
Linguistic Services*	21.03846154	25
Referral for Health Care & Support Services	21.26923077	26
Outreach Services	22.23076923	27
Respite Care	24.5	28

Notable Changes from Standard Scenario:
Mental Health Services moved from 11 to 7
Outpatient/Ambulatory Health Services moved from 20 to 11
Home Health Care moved from 17 to 13
Home/Community-Based Health Services moved from 16 to 14
Hospice moved from 25 to 20

This scenario will only kick in if the Council determines that there is a significant enough reduction in Medicaid to warrant this!

That would be determined via a voting process of the Council.

FY26 Priority Setting Results: Medicaid Reduction Scenario Vote

Steps in approving FY26 Priorities:

Make a first and second motion:

- “I motion to approve the priority setting results for the FY26 Medicaid Reduction scenario as determined by the averages of all Planning Council members who voted independently and as discussed here in this Planning Council meeting.”
- “I second the motion” – Say your name!

Vote (Zoom poll & show of hands in person)

Approve: Yes, I approve the FY26 Priorities - Medicaid Scenario.
Oppose: No, I do not approve the FY26 Priorities - Medicaid Scenario.
Abstain: I decline to vote.

Review Criteria for FY25 under-expended (Sweeps) funds

ARC presentation and recommendation to Council

Liz Koelnych and Bryan Thomas

Funding Process Overview

HRSA/HAB

CEO of EMA/TGA

CITY of BOSTON

Recipient or Administrative Agent

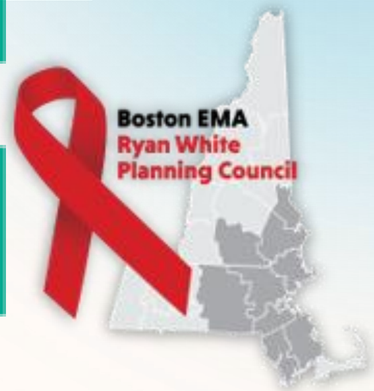
Planning Council

Contracts with Subrecipients

Subrecipients

Services to PLWH

BOSTON PUBLIC HEALTH COMMISSION



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.

Types of Funds for Annual Allocation

Unexpended Funds

Money not spent at the end of the fiscal year which are eligible to be **carried over** into the next fiscal year

Under-Expended Funds

Money that is reallocated or **swept** into categories due to underutilization during the fiscal year to maximize expenditure

Funding Scenarios

The plans created by ARC and approved by Council for how to allocate money during the next fiscal year

Types of Funds for Annual Allocation

FY2024

Unexpended Funds

Money not spent at the end of the fiscal year which are eligible to be **carried over** into the next fiscal year

FY2025

Under-Expended Funds

Money that is reallocated or **swept** into categories due to underutilization during the fiscal year to maximize expenditure

FY2026

Funding Scenarios

The plans created by ARC and approved by Council for how to allocate money during the next fiscal year

What happens if money is left over at the end of the grant year?

(Carry-over)

Leftover money is called Carry-Over. There may be some consequences to having carry-over funds:

- Reduction in future awards if greater than 5%
- Less flexibility to reallocate dollars
- Requires a request to HRSA to get the money back
- Reduces time to spend money if the request is granted
- Reduces services in the Boston EMA

What causes underspending?

(Leads to Sweeps)

- Start-up delays in new programming
- Staffing vacancies
- Utilization of other sources of funding
- Changes in the funding environment

What are the benefits of Sweeps?

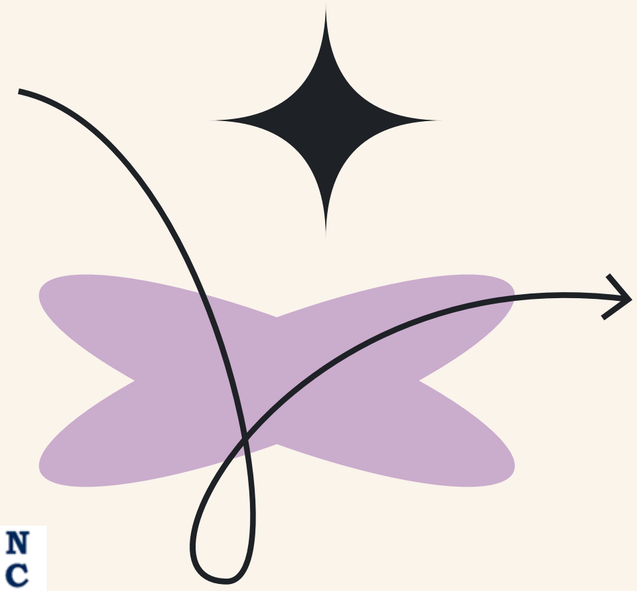
- Maximizes services in the Boston EMA
- Maintains local control and flexibility of dollars
- Responds to changes in the EMA
- Respects the work of the Council by following funding priority
- Rapidly re-allocates money

How Sweeps are allocated:

The recipient (RWS) will keep the sweeps dollars within the service category they came from if that category can absorb them (i.e. spend them effectively and quickly).

Based upon need within and among service categories, distribute the remaining dollars in the categories according to the priorities established by the Planning Council for the current year, FY25.

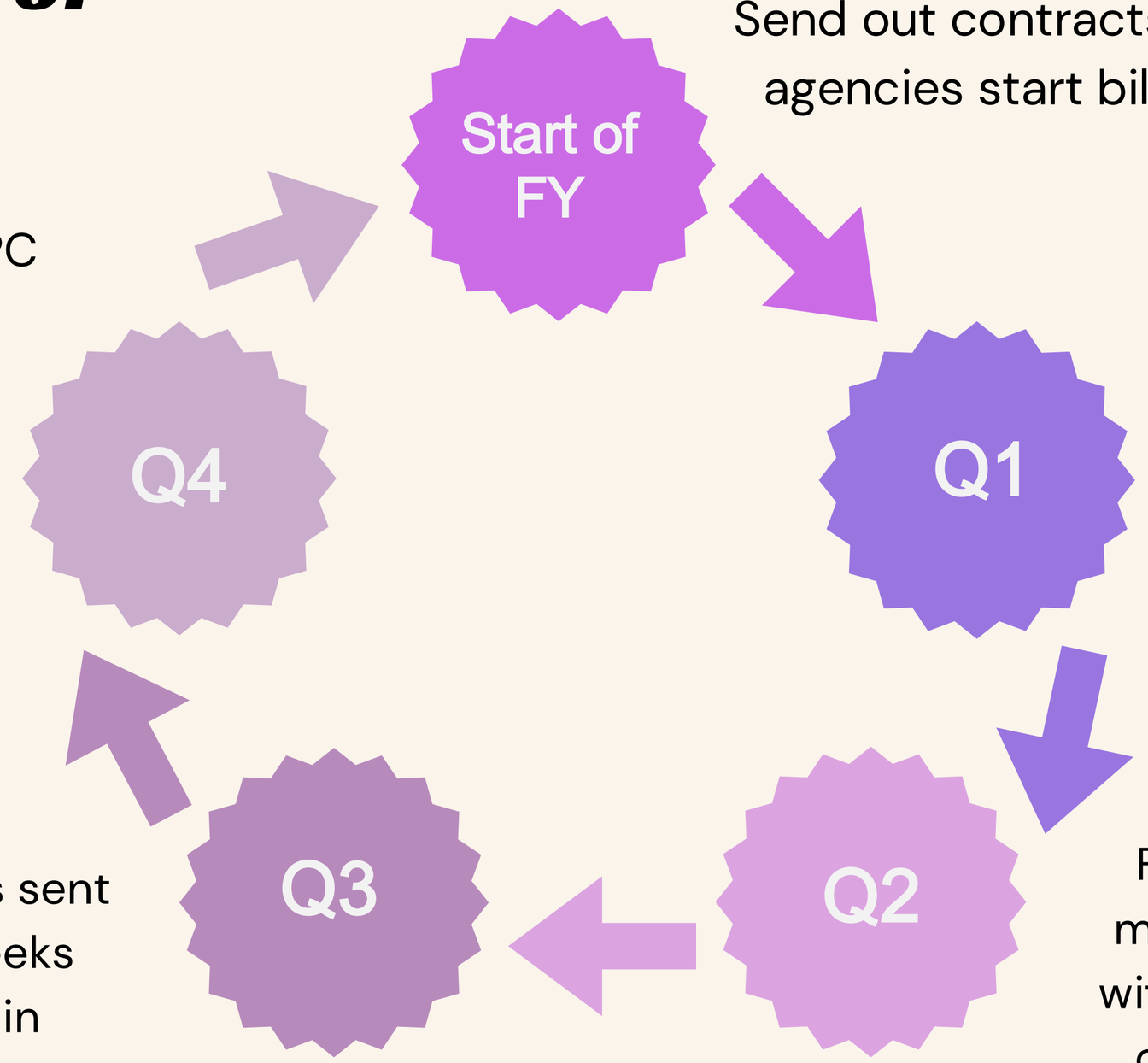
Reminders



1. Fiscal Year starts 3/1
2. RWS aims to issue contracts 45 days after the start of the fiscal year, but this year is delayed.
3. RWS checks for spending compliance quarterly.
4. ARC liaison provides spending updates to ARC 4-6 times a year.
5. RWS uses PC scenarios to allocate underspent funds.

BOSTON PUBLIC HEALTH COMMISSION

The Stages of SWEEPS



Send out contracts and agencies start billing.

First Q check-in with PC.

First Compliance meetings internally with RWS and 2nd Q check-in with PC

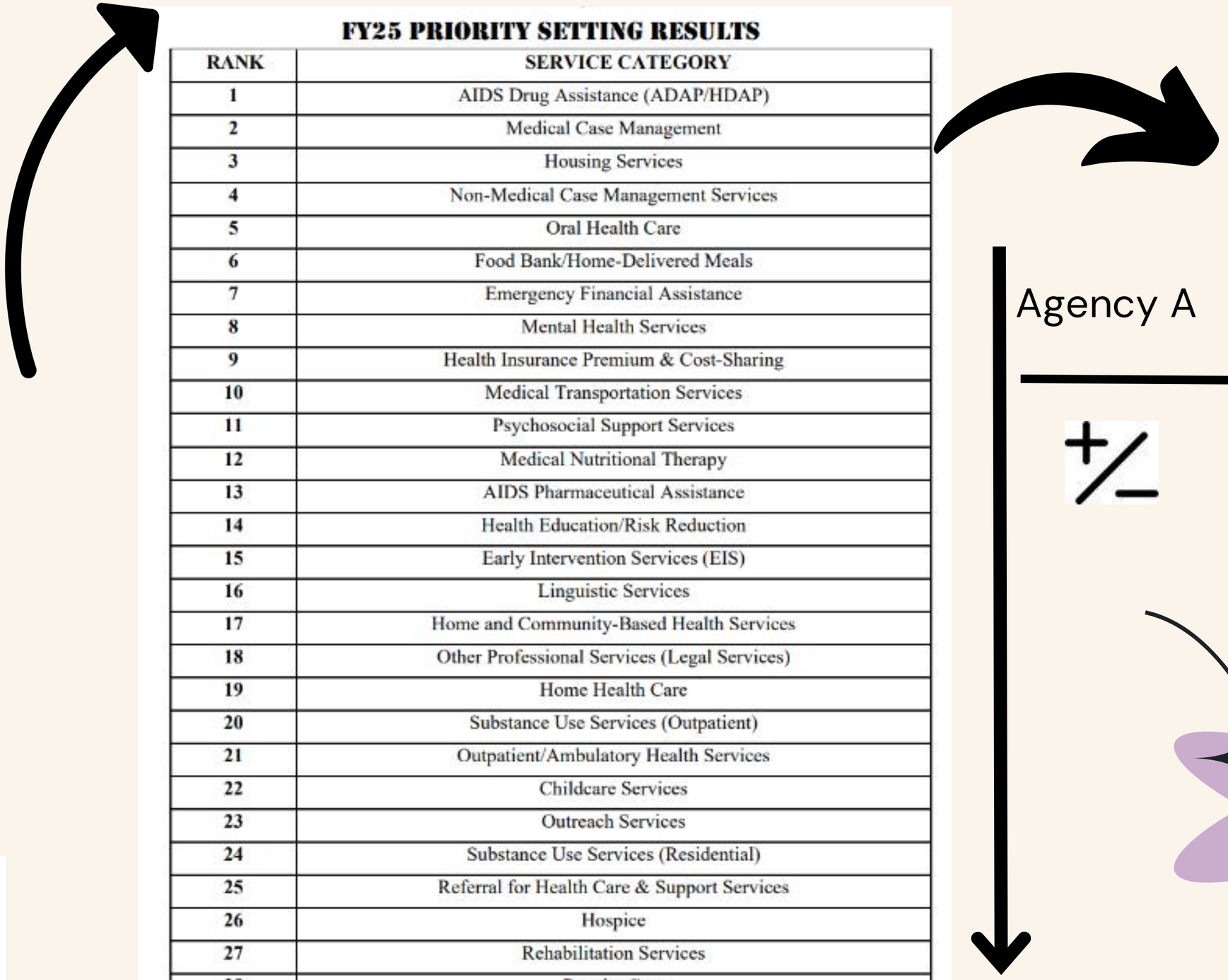
- SWEEPS
- Amendments sent out w/in 2 weeks
- 3rd Q check-in with PC

- EoY Check-in with PC
- Final compliance notice w/ agencies post site visits

BOSTON PUBLIC HEALTH COMMISSION

FY25 PRIORITY SETTING RESULTS

RANK	SERVICE CATEGORY
1	AIDS Drug Assistance (ADAP/HDAP)
2	Medical Case Management
3	Housing Services
4	Non-Medical Case Management Services
5	Oral Health Care
6	Food Bank/Home-Delivered Meals
7	Emergency Financial Assistance
8	Mental Health Services
9	Health Insurance Premium & Cost-Sharing
10	Medical Transportation Services
11	Psychosocial Support Services
12	Medical Nutritional Therapy
13	AIDS Pharmaceutical Assistance
14	Health Education/Risk Reduction
15	Early Intervention Services (EIS)
16	Linguistic Services
17	Home and Community-Based Health Services
18	Other Professional Services (Legal Services)
19	Home Health Care
20	Substance Use Services (Outpatient)
21	Outpatient/Ambulatory Health Services
22	Childcare Services
23	Outreach Services
24	Substance Use Services (Residential)
25	Referral for Health Care & Support Services
26	Hospice
27	Rehabilitation Services
28	Respite Care



BOSTON PUBLIC HEALTH COMMISSION

So, what is the Allocation of Resources Committee's recommendation?

The Allocation of Resources Committee's recommendation for FY25 Under-Expended dollars is:

Spend the sweeps dollars first within the category from which they came, if the category can absorb them.

Based upon need within and among categories, distribute the remaining dollars in categories according to the priorities established by the Planning Council for the current year, FY25.

VOTE on Allocation of Resources Committee's Recommendation:

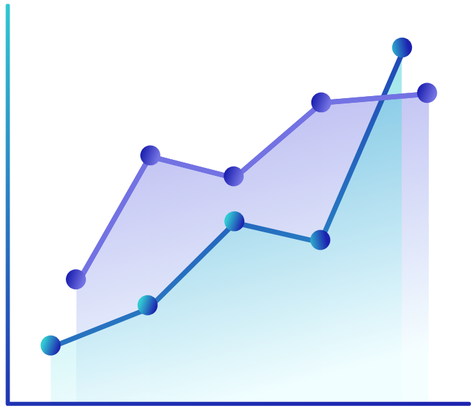
Motion and second to accept the Allocation of Resources Committee recommendation for FY25 Under-Expended dollars, as presented:.

Spend the sweeps dollars first within the category from which they came, if the category can absorb them.

Based upon need within and among categories, distribute the remaining dollars in categories according to the priorities established by the Planning Council for the current year, FY25.

Approve – You support the ARC recommendation.
Oppose - You are against the ARC recommendation.
Abstain – You do not wish to vote.

YEAR END PREP



Melanie Lopez

Director of Client Services

Data Pulled 4/8

BOSTON PUBLIC HEALTH COMMISSION

Slides are on Canva!

Demographics Report

Services: Medical Nutrition Therapy (MNT), Linguistics, and Other Professional Services (Legal)

Ryan White Services

Clinical Quality Management Team

April 10, 2025

BOSTON PUBLIC HEALTH COMMISSION

Presentation Overview

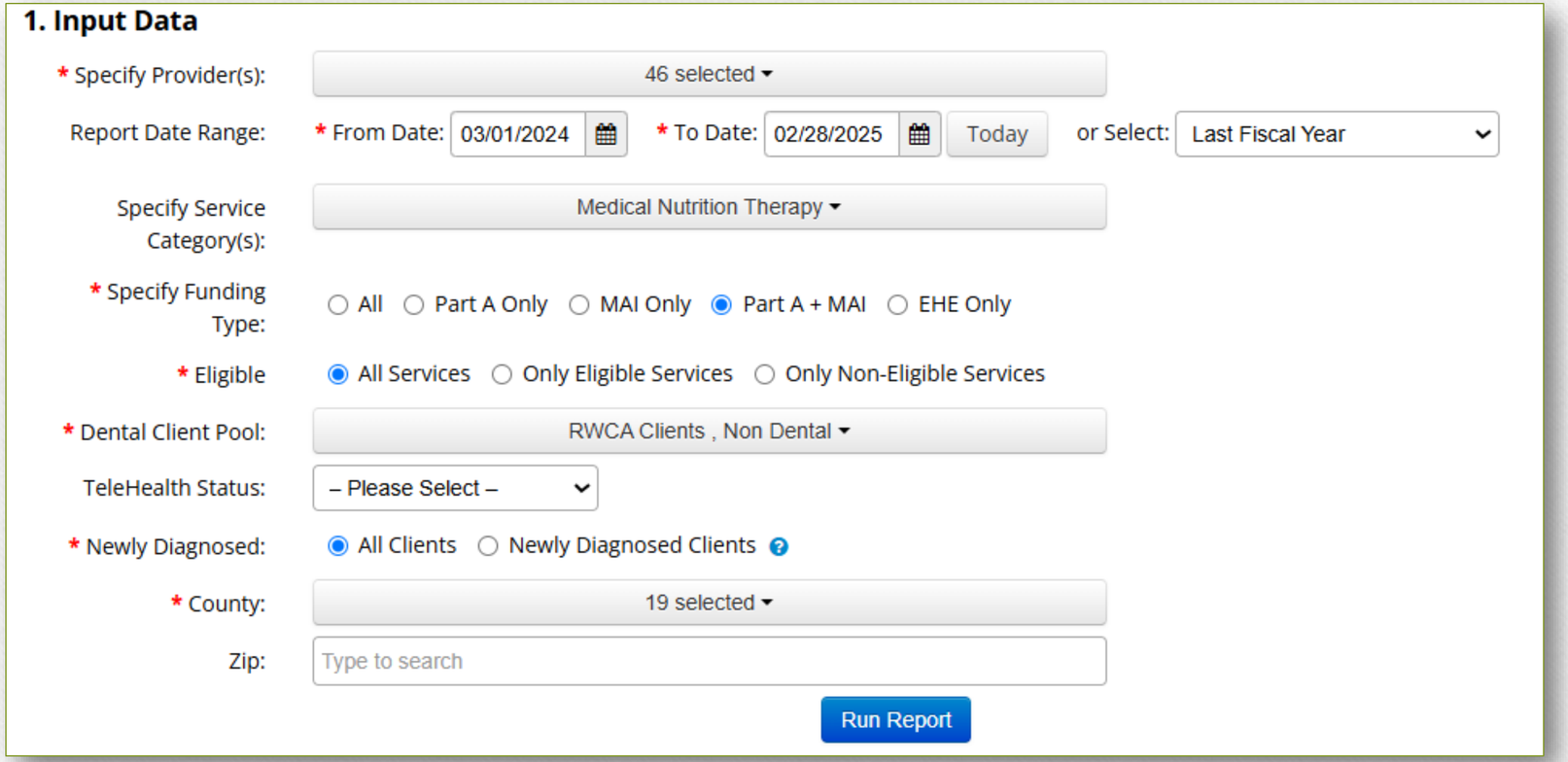
- Objective
- E2Boston Report Metrics
- Update: Expanded Gender Identity Options
- **Services:**
  - **Medical Nutrition Therapy (MNT)**
  - **Linguistics**
  - **Other Professional Services - Legal (OPS-L)**
- Questions for the Council
- Questions for the CQM Team

Objective of Demographics Reports

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

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

E2Boston Report Metrics



BOSTON PUBLIC HEALTH COMMISSION

FY 24 Data Elements

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

- Gender
- Race
- Ethnicity
- Another demographic relevant to the service category, i.e. Exposure Category, Housing Status, etc.

We will also provide additional context for the data per demographic!

Updated Gender Identity Options

Male	Female	Transgender Female to Male	Transgender Male to Female
Cisgender Man	**Cisgender Woman**	**Transgender Man**	**Transgender Woman**

+

Non-Binary	**Don't Know**	**Prefer Not To Say**	**Not Listed Above**

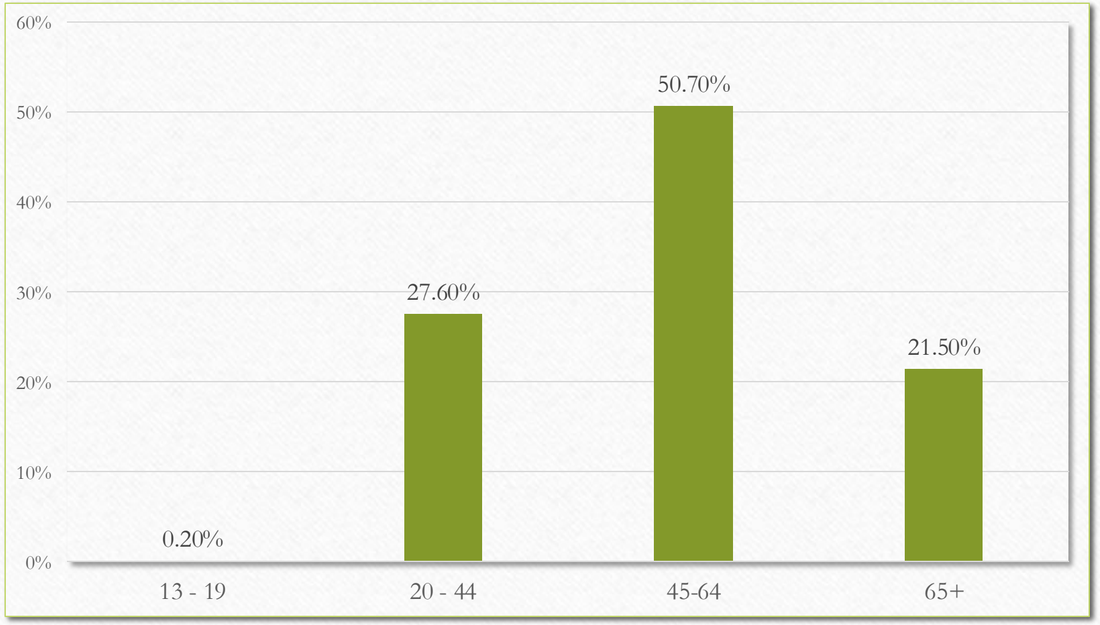
Medical Nutrition Therapy (MNT)

Additional Demographic:

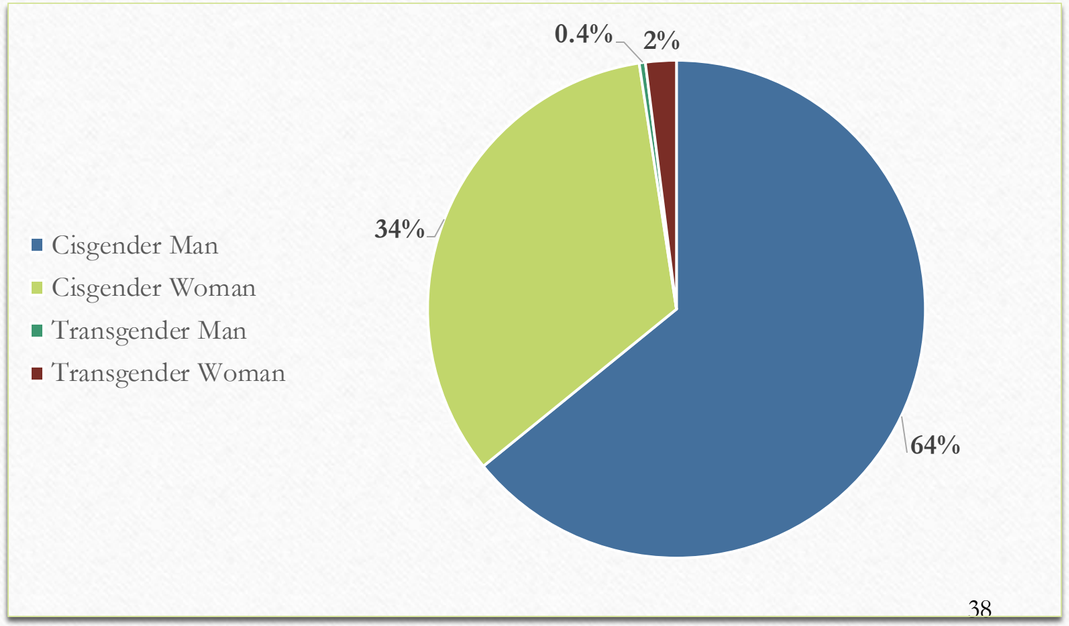
Exposure Category

Age and Gender of MNT Clients (n=511)

Age

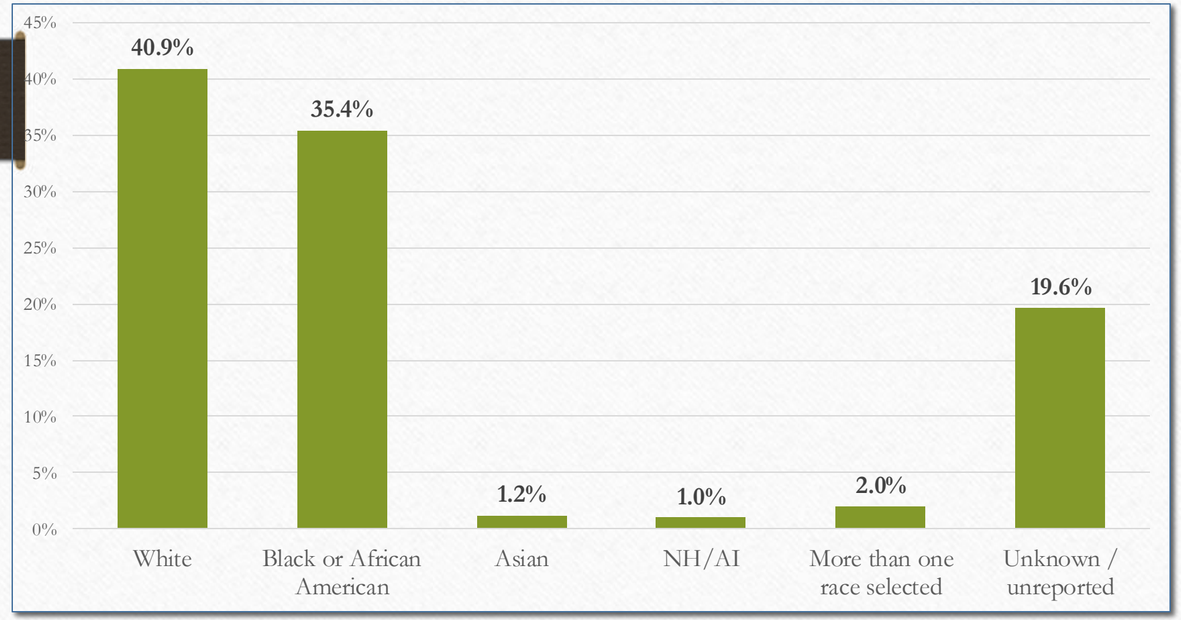


Gender

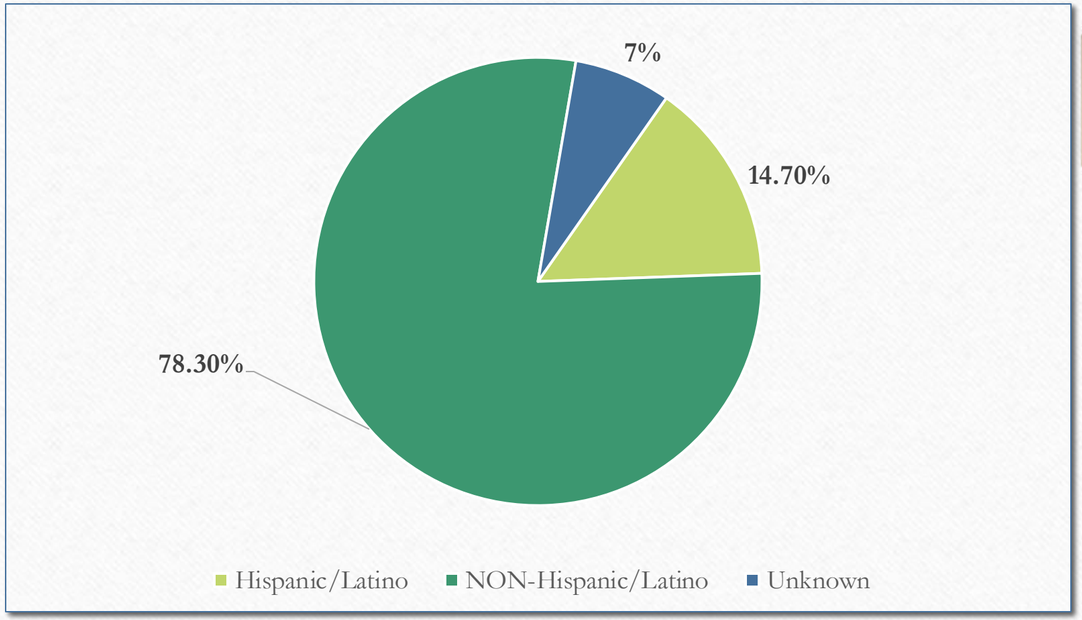


Race and Ethnicities of MNT Clients (n=511)

Race



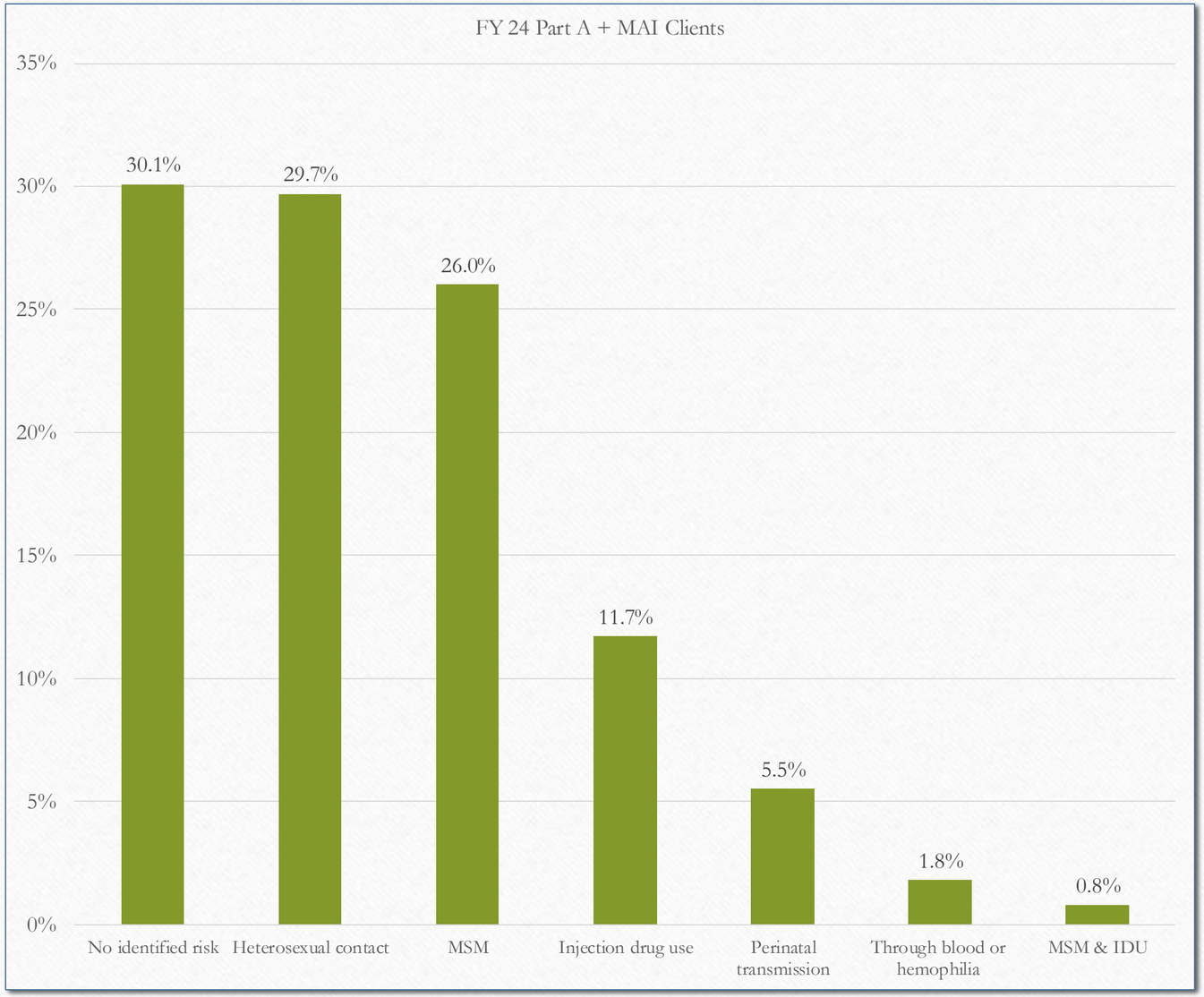
Ethnicity



BOSTON PUBLIC HEALTH COMMISSION

Exposure Categories of MNT Clients (n=511)

- More likely to <u>not</u> have reported risk factors compared to the EMA. (30% vs. 12%)
- More likely to report perinatal transmission compared to the EMA. (6% vs. 2%)
- Less likely to report heterosexual transmission compared to the EMA. (30% vs 43%)
- Least likely to report MSM transmission compared to the EMA. (26% vs 37%)



BOSTON PUBLIC HEALTH COMMISSION

Linguistics

Additional Information:

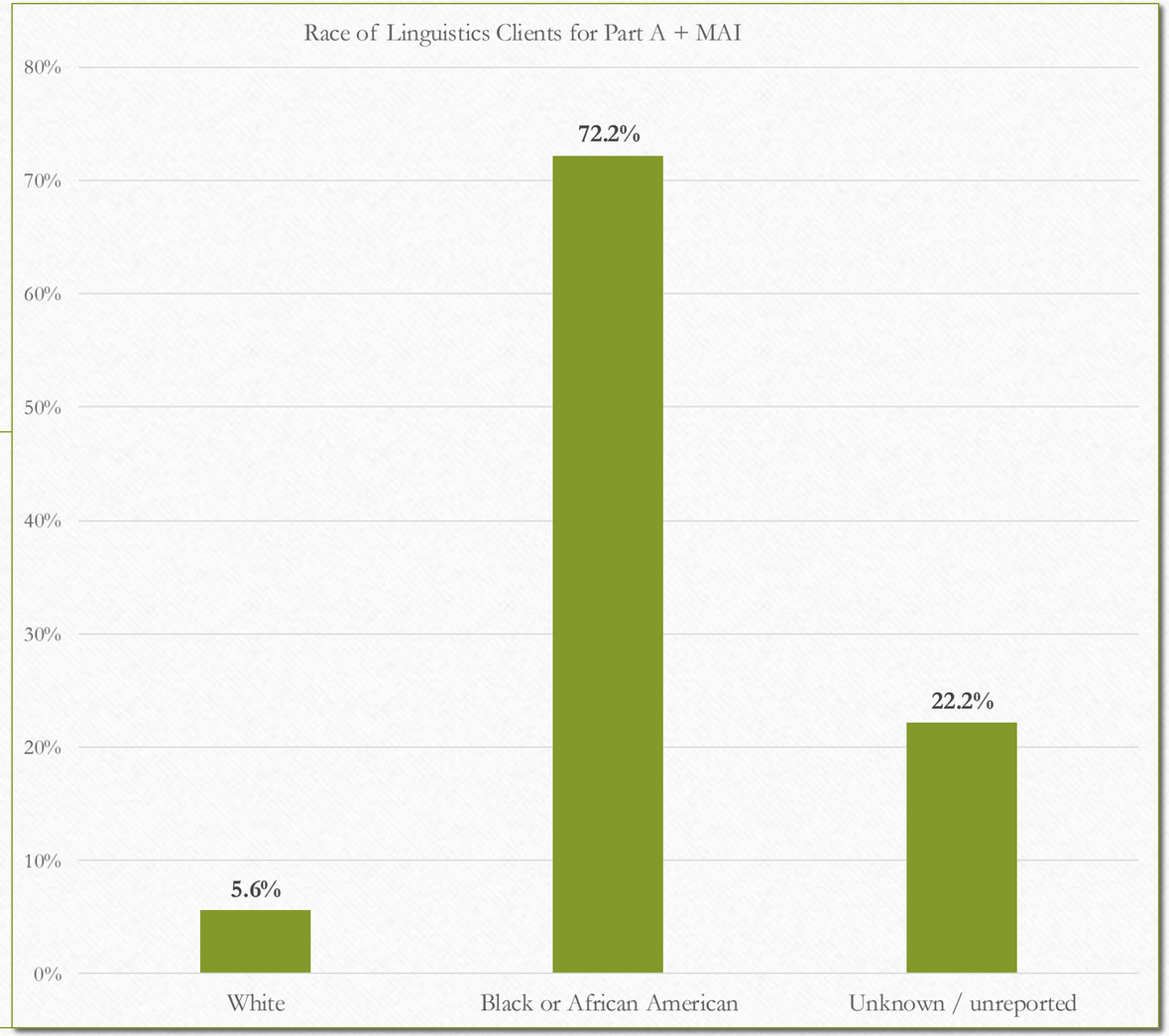
- Data Explainer
- Primary Languages Spoken for FY 24

BOSTON PUBLIC HEALTH COMMISSION

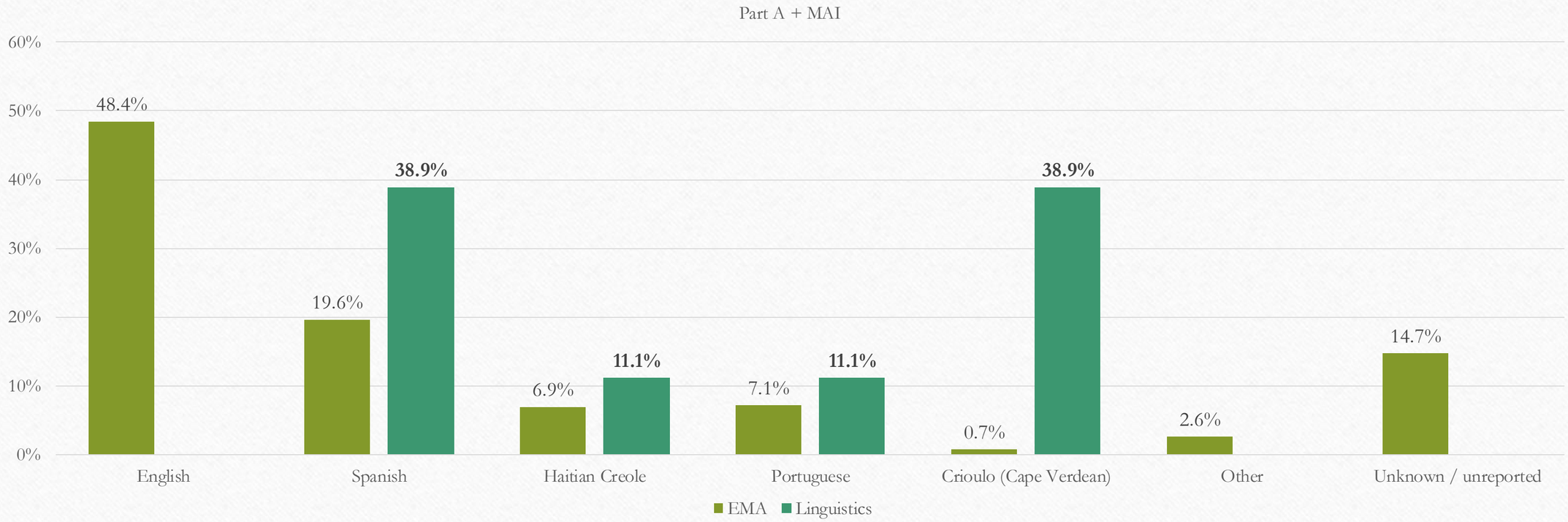
Linguistics Services in FY24

Linguistic services were provided by one agency during FY 24. Each unit of translation represents the initial translation of a document, which may be reused for additional clients, who are not counted in our data.

- 18 total clients were served
- 38.9% were Hispanic or Latino



FY 24 Primary Languages Spoken (n=5219)



BOSTON PUBLIC HEALTH COMMISSION

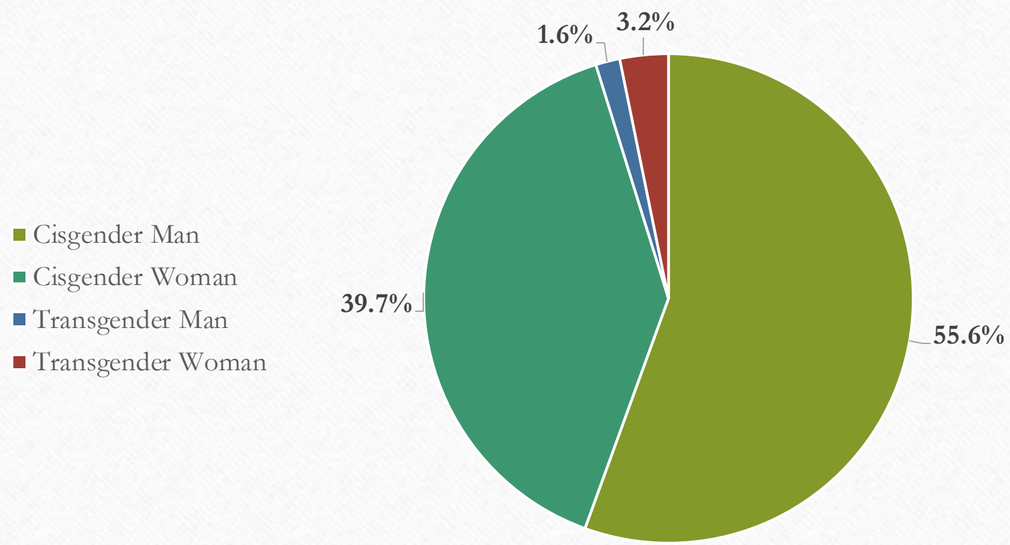
Other Professional Services (Legal)

Additional Demographics

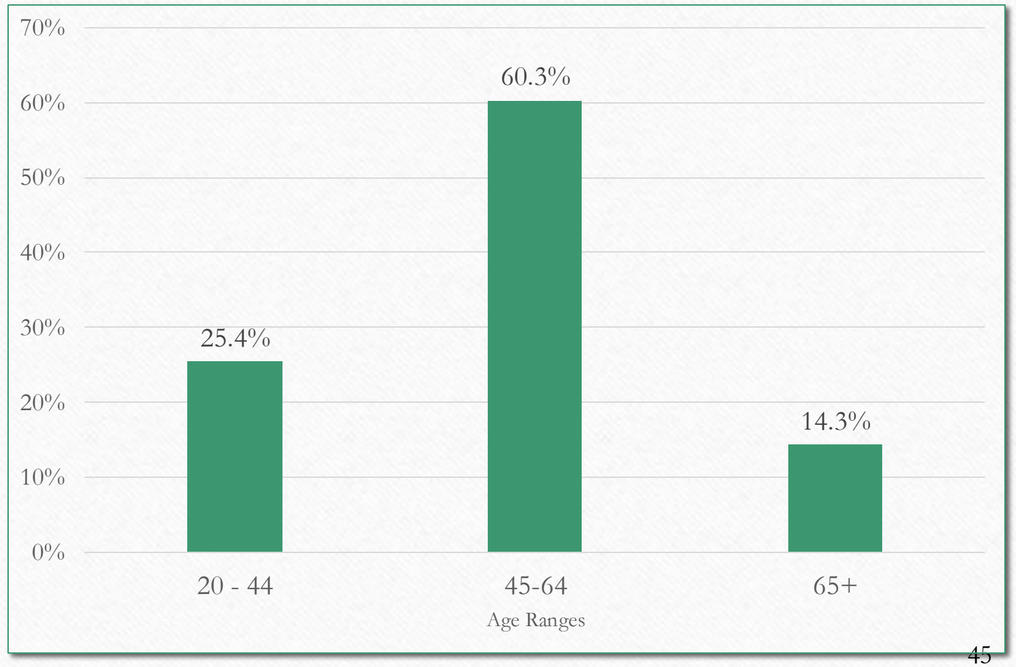
- Housing

Gender and Age of Part A OPS-Legal Clients (n=63)

Gender

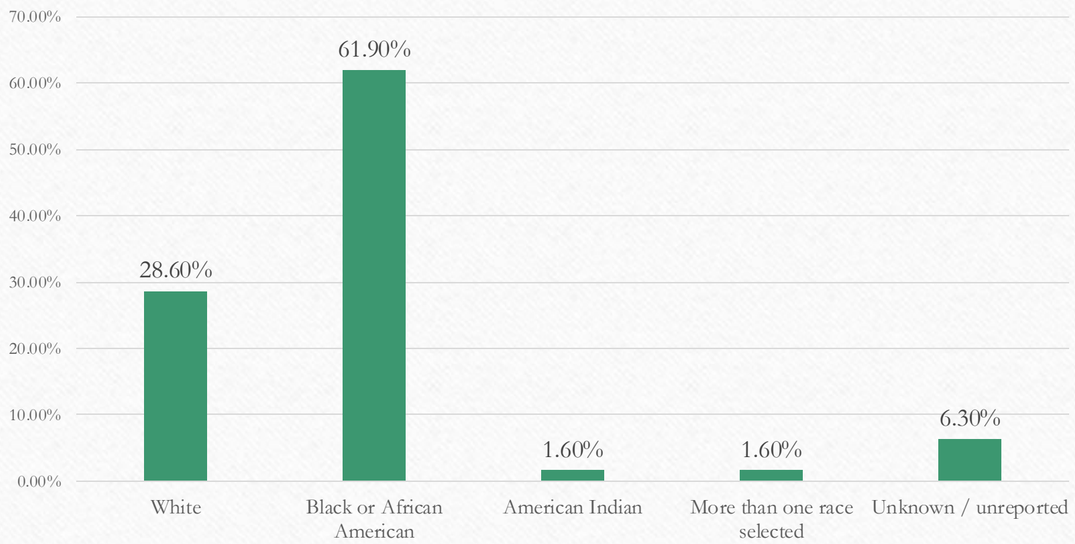


Age

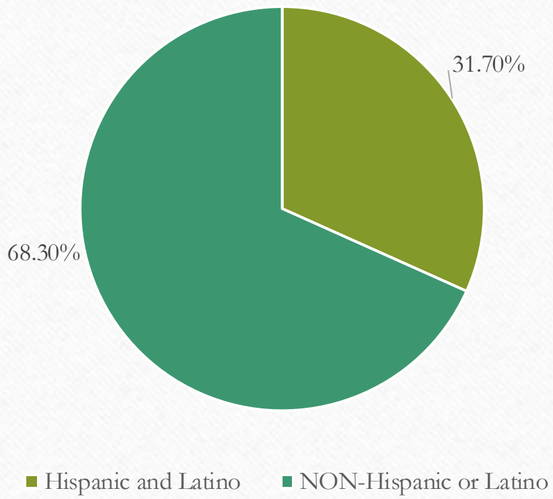


Race and Ethnicity of OPS-Legal (n=63)

Race

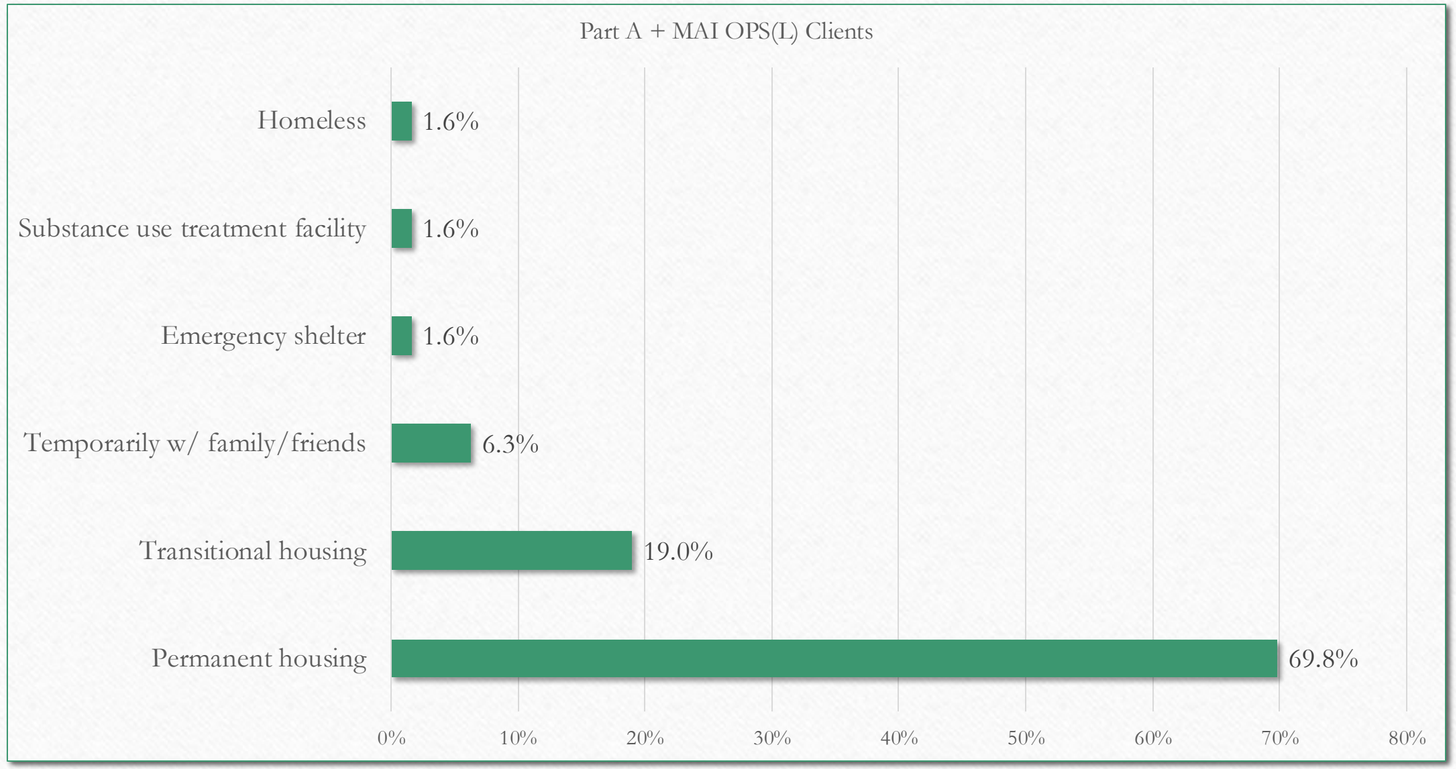


Ethnicities



BOSTON PUBLIC HEALTH COMMISSION

Housing of OPS-Legal (n=63)



Data Analysis Notes:

- OPS-L clients are **less likely to be permanently housed** compared to all clients served in the EMA. (70% vs. 84%)
- OPS-L clients are almost 6x **more likely to be in transitional housing** compared to others in the EMA. (19% vs 3.2%)
- More OPS-L clients are in SUDs treatment facilities (1.6% vs 0.7%)

Questions for the Council

Why do you think MNT clients do not have reported risk factors in line with trends in the EMA?

Are there any concerns regarding clients who are transitionally housed while receiving OPS(L) Services?

Any questions for CQM?

The Ryan White Clinical Quality Management (CQM) program now offers CQM technical assistance appointments for Ryan White Part A providers and other stakeholders!

Please click the link in the chat to schedule a meeting with a CQM staff member.

Announcements & Adjourn

It's **RECRUITMENT SEASON!** We already have 8 new member applications, but we need your help to get the word out!!

- April 12th – Join the Planning Council table at the Bayard Rustin Community Breakfast
  Saturday, April 12, 2025 | 8:30 - 11:30 AM
  John F. Kennedy Presidential Library and Museum

- April 30th – Join PCS for lunch and tabling at Boston Living Center!

Only 2 more months left of Planning Council meetings!

Are you in good standing with attendance? Do you need to make up any meetings from the last month? **DO IT NOW!**

- April 17 – ARC; April 24 – NAC; April 28 – Exec
- May 1 – SPEC; May 5 – MNC; May 8 – Consumer/Council; May 15 – ARC Allocations Meeting; May 22 – NAC; May 29 – Exec
- PCS will send out June calendar invites this week.

Meeting Evaluation

PCS has heard the request for a scheduled Federal Admin Vent Sesh – we are working on scheduling this!