

Planning Council Meeting Thursday, June 5, 2025 Non-Profit Center, 89 South St. 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

Alyssa Collaro

Amanda Hart

Barry Callis

Curtis Santos

Daniel Amato

Darren Sack

Shambi Mwandembo

Zeke Russell

Gerry James

Henry Cabrera

Joey Carlesimo

Kim Wilson

Liz Koelnych

Regina Grier

Catherine Weerts

Rick Boyd

Serena Rajabiun

Stephen Batchelder

Steven Spinale

Yvette Perron

Christopher McNally

Members Excused

Hemi Park

Margaret Lombe

Bryan Thomas

Members Absent

Karen White

Luis Rosa

Romini Smith

Damon Gaines

Rudy Wise

Melissa Hector

Milaun Casimir

Staff

Clare Killian
Julia Kirsch
Melanie Lopez
Rebecca Ritterman
Rachel Phillips
Taylor Parent
Alexandria Whittied
Tzuria Falkenberg
Jacqueline Huynh
Esete Fenta

Guests

Shakira Fedna

Topic A: Welcome, Moment of Silence & Group Agreements

The Chair is excused for this meeting so the Chair-Elect 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:

May 8, 2025 Minutes Review & Vote	Review and approve the meeting minutes from May 8th.
Agency Updates	Hear any updates from our agency representatives.
ARC Year End Report, including Allocations Scenarios & Vote on FY24 Carry Over	Listen to ARC's year end report and their FY26 Funding Scenario Recommendations. Vote on the FY24 Carry Over Scenario for faster implementation.
SPEC Year End Report & Vote on AAM Corrective Action Plan	Listen to SPEC's year end report and vote on the Corrective Action Plan for BPHC as a result of the AAM presented in May.
NAC Year End Report	Listen to NAC's year end report.
Vote on MNC Responsibilities Redistribution	Vote on the decision to redistribute MNC tasks between Executive and Consumer, and continue the Nominations Group/Process
PC 2025-2026 Chair-Elect Nominations	Nominate your fellow Council members to be Chair- Elect for 2025-2026!
Announcements, Evaluation & Adjourn	Hear any announcements and adjourn today's meeting.

Topic B: May 8th Meeting Minutes Review & Vote

The Chair-Elect makes a motion to approve the May 8th, 2025 minutes.

Motion to Approve: Rick Boyd

Second: Regina Grier

Result: Minutes are approved. 5 abstentions.

Topic C: Agency Updates

Agency Updates:

- Alison Kirchgasser | MassHealth: My update is that we've been very closely watching what has been going on in Congress in respect to the Budget Reconciliation Bill. The version that passed the House on May 22nd does make a lot of changes and cuts to Medicaid. The bill is now with the Senate, and they're starting their debate. If the Senate makes any changes, it'll go back to the House, which will be a long process. Once it's all said and done, I will connect with PCS to make sure they're aware of the ways that Medicaid may change and how that may impact our work in the Planning Council moving forward.
- Barry Callis | MDPH: We still do not have our funding from the CDC this includes our 5.8 million for core prevention, 1.1 million for HIV surveillance, and 2.3 million for EHE. The start date for this award for year 2 was June first. Without a notice of a grant award in hand, we're in a tough spot. We do not have a timeline yet about when that grant will be released, and we understand there's a great deal of advocacy happening in the form of hill visits to put pressure on the CDC. As soon as we have something to share, I will be in contact with PCS. We still continue to come to work and fund our contracts. It is very challenging for all State health departments across the country, and we'll do everything we can to keep people informed. Unfortunately, I do not have any hopeful news, and we're all predicting a pretty big cut to our grant.
 - Question: Do you know if any other states have received their awards?
- Answer: No. This is a nationwide problem.
- Yvette Perron | NH DHHS: We are in the same boat as Barry here in New Hampshire, so we are in a contingency plan. Another concern we have is that a lot of our clients are communicating that they are afraid of ICE, so that is something that we've been monitoring.
- Question: Isn't there also legislation at the NH state level to keep undocumented folx off of Medicaid
- Answer from Yvette: Undocumented individuals have to live in NH for 5 years before they are eligible for NH Medicaid.
- Answer from Alison: Under Federal law Medicaid programs are required to provide emergency services to undocumented individuals, but otherwise they are not eligible for federally funded Medicaid. Some States, like Massachusetts, cover of some categories of undocumented folks at full State cost.
- Answer from Clare: Ryan White Part A can also serve undocumented people.
- Melissa Hector | Mayoral Liaison: Not present, no updates
- Melanie Lopez | BPHC RW Part A: We have received our second partial. It is not that big, I'm not sure if we're going to get a third partial or not, but we are grateful for what we have received. We are working closely with our leadership to see if we can use EHE dollars to fill any gaps. We've been getting a lot of consistent messages from our PO regarding the state of our funding, which has been very reassuring.

Topic D: Allocation of Resources Committee Year-End Report

The Chair of the Allocation of Resources Committee (ARC) and one of their committee members begins the presentation for the Year-End Report. They thank all ARC members for their hard work this year – Liz Koelnych, Darren Sack, Zeke Russell, Karen White, Rick Boyd, Barry Callis, Gerry James, Alison Kirchgasser, Yvette Perron, and Bryan Thomas. They give a special shout-out to their Ryan White Services Liaison, Rebecca Ritterman. Then they go into the presentation including the Committee Charge,

Projects, and Allocation Scenarios.

The committee's charge is:

- The ARC shall make recommendations to the Planning Council regarding potential federal, state, local, and private resources available to meet unmet service needs and recommend action to the Planning Council as appropriate.
- The ARC shall recommend allocations of Part A funds to allowable service categories in the EMA. The ARC shall develop funding scenarios that will allow for rapid disbursement of funds in the case of level funding, decrease in funding, and increase in funding. The allocation recommendations will use all available information regarding community service needs, current funding for HIV services from all identifiable sources, and other data

ARC's deliverables include: Funding Streams Report, Funding Principles, Allocation Scenarios.

ARC uses several criteria for making funding decisions. They review the previous years' unexpended funds, develop a scenario for potential unexpended funds for the current year, and develop various funding scenarios for the following year based on historical spending and utilization, priorities of PLWH on Council, needs assessment data, and the existing funding environment. This year, they also spent additional time analyzing the changes to the federal environment and federal/state budgets in order to inform their decisions.

Then, the Chair and member present the committee's recommendations for FY24 Carry Over, FY25 Potential Carry Over, and the FY26 Funding Scenarios. First, they present a refresher about what carry over is and how it's to be used. Carry over funds are funds that are unexpended at the end of the fiscal year and are eligible to be carried over into the next fiscal year.

As a committee, ARC reviews last year's recommendation and decide to keep the same or create a new scenario with the FY24 Unexpended or Carry Over amount. They also make tentative recommendations for FY25 Potential Unexpended or Carry Over amount. Carry over cannot be more than 5% of the grant.

FY24 Actual Carry Over

ARC recommends the following allocations for the FY24 Carry Over Scenario:

- 50% to AIDS Drug Assistance Program
- 20% to Food Bank/Home-Delivered Meals/Home-Delivered Meals
- 30% to Emergency Financial Assistance

The justification for this decision includes:

- Money must be quickly absorbed/spent and these categories can do that
- Money cannot be spent on FTEs (Full Time Effort i.e. staff salary)
- Increased ADAP, considering how much was requested from agencies that provide ADAP in the RFP this year
- Removed Medical Nutrition Therapy to make up for increasing ADAP

Question: a member asks, I thought that ADAP had other funding streams available. Why should we give 50% of our money to ADAP?

• Answer from Liz: We aren't giving our 50% of our full award to ADAP, this is more around \$200,000 of the carryover scenario. While ADAP does have access to other sources of funding, the rising costs of medication has made us believe that ADAP would 1. have a great need for these extra

funds and 2. be able to spend the money quickly.

• Another member adds that the other sources of funding for ADAP are federal funds, which we are getting increasingly more worried about.

Ryan White Services would like the Council to vote on the FY24 Carry Over scenario because our project officer requested this information, but the remaining votes will take place on June 26th.

Motion to approve ARC's recommendation for the FY24 Carry Over Scenario to allocate 50% to ADAP, 20% to Food Bank/Home-Delivered Meals/Home-Delivered Meals, and 30% to Emergency Financial Assistance: Gerry James

Second: Daniel Amato

Result: 2 abstain, the rest approve. The motion passes.

FY25 Potential Carry Over

ARC also developed a recommendation for FY25 potential carry over. Knowing that this will be reviewed a year from now, and with the federal landscape changing so rapidly, ARC recommends that we keep the same scenario for FY25 Potential Carry Over for the same reasons listed above.

Next, the Committee Chair presents information on how the committee develops the FY26 scenarios. They always start with FY25 base award - This is the scenario chosen and implemented for the FY25 Part A award - what ARC proposed, and Exec adjusted last year, and what BPHC will implement when they get the full award from HRSA. They use this as an anchor to develop FY26 scenarios.

- 85% of that goes directly to service categories
- 10% of that goes to Administration and Planning Council Support
- 5% of that goes to clinical quality management (including evaluation projects)

ARC then makes recommendations to increase/decrease certain categories based on historical spending and utilization, priorities of PLWH on Council, needs assessment data, and the existing funding environment. They reviewed spending & utilization trends from FY20 – FY24. Then, they discussed the service categories to hold harmless - This means, even if there is a cut in funding, that category will not get cut or reduced. It will remain at the same level.

The remaining scenarios presented are for FY26.

FY26 Level Funding

FY26 Ranking	Service Category	FY25 Base Funding	FY25 Base Proportions	Add or Subtract from FY25 Direct Care	FY26 Level Funding Scenario Allocations
1	AIDS Drug Assistance Program	\$227,980	1.9%		\$227,980
2	Housing Services	\$1,422,068	11.7%		\$1,422,068
3	Medical Case Management	\$4,481,677	36.8%		\$4,481,677
4	Emergency Financial Assistance	\$153,841	1.3%	\$ 50,000.00	\$203,841
5	Food Bank/Home-Delivered Meals	\$1,028,400	8.4%		\$1,028,400
6	Oral Health Care	\$1,427,799	11.7%		\$1,427,799
7	Non-Medical Case Management	\$1,077,139	8.8%		\$1,077,139
10	Medical Transportation	\$161,531	1.3%		\$161,531
12	Psychosocial Support	\$1,086,110	8.9%	\$ (50,000.00)	\$1,036,110
13	Medical Nutrition Therapy	\$893,600	7.3%		\$893,600
15	Health Education/Risk Reduction	\$0	0.0%		\$0
19	Other Professional Services	\$0	0.0%		\$0
22	Linguistics	\$0	0.0%		\$0
	MCM/NMCM Training	\$234,380	1.9%		\$234,380
	Direct Part A Service Total	\$12,194,525	100.0%		\$12,194,525

First, this is ARC's FY26 Level Scenario. This is the scenario if we are to get the same level of funding in FY26 as FY25. ARC decided to reallocate \$50,000 from Psychosocial Support to Emergency Financial Assistance. PSS demonstrates consistent underspending of more than \$50,000 annually, and EFA overspent their allocation by 169% in FY24.

EFA would increase from \$153,841 to \$203,841 and Psychosocial Support would decrease from \$1.08 million to \$1.03 million. All other categories would be levelly funded at the same levels as FY25. We felt this would be important to maintain the continuity across this year to next year since this year was an RFP year.

FY26 75% Core/25% Support (No Waiver)

FY26 Ranking	Service Category	FY25 Base Funding	% of \$1,880,458 to distribute	Add or Subtract from FY25 Base	FY26 75/25 Funding Scenario Allocations	%
1	AIDS Drug Assistance Program	\$227,980	25%	\$470,114	\$698,094	
3	Medical Case Management + CMTP	\$4,716,057	25%	\$470,114	\$5,186,171	75%
6	Oral Health Care	\$1,427,799	25%	\$470,114	\$1,897,913	
13	Medical Nutrition Therapy	\$893,600	25%	\$470,114	\$1,363,714	
2	Housing Services	\$1,422,068	-25%	\$(470,114.44)	\$951,954	
4	Emergency Financial Assistance	\$153,841	0%		\$153,841	
5	Food Bank/Home-Delivered Meals	\$1,028,400	-25%	\$(470,114.44)	\$558,286	
7	Non-Medical Case Management	\$1,077,139	-25%	\$(470,114.44)	\$607,025	25%
10	Medical Transportation	\$161,531	0%		\$161,531	
12	Psychosocial Support	\$1,086,110	-25%	\$(470,114.44)	\$615,996	
15	Health Education/Risk Reduction	\$0	0%		\$0	
19	Other Professional Services	\$0	0%		\$0	
22	Linguistics	\$0	0%		\$0	
	Direct Part A Service Total	\$12,194,525	100% redistributed	\$1,880,458 redistributed	\$12,194,525	100%

On the next slide, PCS describes the purpose of doing a 75% Core and 25% Support Scenario. It is mandated by HRSA that a jurisdiction must invest 75% of the Part A grant into core medical services and 25% into support services. This is meant to prioritize the services like ADAP, outpatient medical care, etc., that result in positive health outcomes. Jurisdictions may apply for a waiver that allows them not to

follow the 75/25 rule. The Boston EMA has gotten this waiver for many years. In the Boston EMA, $\sim 60\%$ of the award is allocated to core medical services, and 40% to support services. ARC developed a scenario this year in case the waiver is not approved or if our EMA cannot get the waiver for any reason. ARC discussed that if this waiver were not approved, we would be able to revisit this scenario before the implementation of the shift, and that it likely would not be an emergency, rapid reallocation. The development of this scenario also came up because of discussion around the apparent shift from the federal administration toward core medical services and being overly cautious about that. For this scenario, ARC had to redistribute \$1.8 million from Support Services and add it to Core Medical Services to make the distribution 75%/25%.

If everything is evenly distributed, ARC would add \$470,114 to each Core Medical Service and take that much out of Housing, Food Bank/Home-Delivered Meals, Non MCM, and Psychosocial, respectively. ARC decided to go with this scenario to have a baseline to adjust from if this were to be a reality.

Another way to explain this is that, as there are four Core Medical service categories, ARC decided to evenly distribute the \$1,880,458 across all categories, with \$470,114 being reallocated to each Core Medical service. Then, \$470,114 would be taken from Housing, Food Bank/Home-Delivered Meals/Home-Delivered Meals, Non-Medical Case Management, and Psychosocial Support each. Emergency Financial Assistance and Medical Transportation would be held harmless as they have less than \$470,114 in their level allocation.

- ADAP would increase to \$698,094
- Medical Case Management and the training program would increase to \$5,186,171
- Oral Health Care would increase to \$1,897,913
- Medical Nutrition Therapy would increase to \$1,363,714
- Housing Services would decrease from \$1.4 million to \$951,954
- EFA would be level funded at \$153,841
- Food Bank/Home-Delivered Meals would be reduced by about half to \$558,286
- Non-Medical Case Management would also be reduced from \$1.07 million to \$607,025
- Medical Transportation would be level funded at \$161,531
- Psychosocial Support would be reduced from \$1.08 million to \$615,996

The Chair reminds the Council that ARC would have time to revisit this, should it be necessary.

Question: I'm concerned about the housing category. Is there a middle ground we could propose with medical case management and housing?

- ARC Chair shares that historically we are not spending a lot in housing in Ryan White Part A. There are not a lot of other places to take from.
- Other members comment that this conversation needs to be more nuanced. PCS suggests that we revisit this specific scenario in the fall.

FY26 \$500,000 Decrease

FY26 Ranking	Service Category	FY25 Base Funding	FY25 Base Proportions	Updated Proportions w/o Categories Held Harmless	Proportional Reduction	Additional Changes	FY26 \$500,000 Decrease Scenario Allocations
1	AIDS Drug Assistance	\$227,980	1.9%	Hold Harmless			\$227,980
2	Housing Services	\$1,422,068	11.7%	Hold Harmless			\$1,422,068
3	Medical Case Management	\$4,481,677	36.8%	43.1%	\$183,311		\$4,298,366
4	Emergency Financial Assistance	\$153,841	1.3%	Hold Harmless		\$5576	\$159,417
5	Food Bank/Home-Delivered Meals	\$1,028,400	8.4%	9.9%	\$42,064		\$986,336
6	Oral Health Care	\$1,427,799	11.7%	13.7%	\$58,400		\$1,369,399
7	Non-Medical Case Management	\$1,077,139	8.8%	10.4%	\$44,057		\$1,033,082
10	Medical Transportation	\$161,531	1.3%	1.6%	\$6,607		\$154,924
12	Psychosocial Support	\$1,086,110	8.9%	10.5%	\$44,424	\$(5576)	\$1,036,110
13	Medical Nutrition Therapy	\$893,600	7.3%	8.6%	\$36,550		\$857,050
15	Health Education/Risk Reduction	\$0	0.0%	0.0%	\$0		\$0
19	Other Professional Services	\$0	0.0%	0.0%	\$0		\$0
22	Linguistics	\$0	0.0%	0.0%	\$0		\$0
	MCM/NMCM Training	\$234,380	1.9%	2.3%	\$9,587		\$224,793
	Direct Part A Service Total	\$12,194,525	100.0%	\$425,000	\$11,769,525	\$ -	\$11,769,525

Next, they present ARC's \$500,000 decrease scenario, which will be a \$425,000 decrease to our direct service category dollars. ARC decided to hold ADAP, Housing, and EFA harmless for this scenario, meaning those categories will remain at level funding. From there, we took a proportional decrease of the remaining scenarios. After that, to maintain similar funding for Psychosocial Support and Emergency Financial Assistance as the FY26 Level Funding Scenario, additional funding was taken from Psychosocial Support to make the overall reduction \$50,000 from that category. That amount was then added to Emergency Financial Assistance.

ARC wanted to make the Psychosocial Support reduction \$50k to match the level funding scenario, but during the meeting, were off on the math by about \$1000. During the meeting, there was a \$48,975 reduction to Psychosocial Support, instead of \$50,000, but now it is a \$50,000 decrease to Psychosocial Support and an addition of \$5576 to EFA.

- ADAP would be held harmless at \$227,980
- Housing would be held harmless at \$1,422,068
- MCM would receive a proportional reduction of \$183,311 from \$4.48 million to \$4.29 million
- EFA would be first, held harmless, then increased by about \$5000 to \$159,417 we determined this additional increase would be able to serve anywhere from 5-10 people depending on the agency and use.
- Food Bank/Home-Delivered Meals would be reduced from \$1.03 million to \$986,336
- Oral Health Care would be reduced by about \$58,400 to \$1.3 million
- Non-Medical Case Management would be reduced by about \$44,057 to \$1,033,082
- Medical Transportation would be reduced by about \$6607 to \$154,924
- Psychosocial Support would be reduced by \$50,000 overall to \$1,036,110
- Medical Nutrition Therapy would be reduced by about \$36,550 to \$857,050
- The Case Management Training Program would be reduced by about \$9587 \$224,793

FY26 \$1 Million Decrease

FY26 Ranking	Service Category	FY25 Base Funding	FY25 Base Proportions	Updated Proportions w/o Categories Held Harmless	Proportional Reduction	Additional Changes	FY26 \$500,000 Decrease Scenario Allocations
1	AIDS Drug Assistance	\$227,980	1.9%	Hold Harmless			\$227,980
2	Housing Services	\$1,422,068	11.7%	Hold Harmless			\$1,422,068
3	Medical Case Management	\$4,481,677	36.8%	43.8%	\$372,410	\$ 80,765.00	\$4,190,032
4	Emergency Financial Assistance	\$153,841	1.3%	Hold Harmless			\$153,841
5	Food Bank/Home-Delivered Meals	\$1,028,400	8.4%	10.1%	\$85,456		\$942,944
6	Oral Health Care	\$1,427,799	11.7%	14.0%	\$118,645		\$1,309,154
7	Non-Medical Case Management	\$1,077,139	8.8%	10.5%	\$89,506		\$987,633
10	Medical Transportation	\$161,531	1.3%	Reduce from Base		\$ (80,765.00)	\$80,766
12	Psychosocial Support	\$1,086,110	8.9%	10.6%	\$90,252		\$995,858
13	Medical Nutrition Therapy	\$893,600	7.3%	8.7%	\$74,255		\$819,345
15	Health Education/Risk Reduction	\$0	0.0%	0.0%	\$0		\$0
19	Other Professional Services	\$0	0.0%	0.0%	\$0		\$0
22	Linguistics	\$0	0.0%	0.0%	\$0		\$0
	MCM/NMCM Training	\$234,380	1.9%	2.3%	\$19,476		\$214,904
	Direct Part A Service Total	\$12,194,525	100.0%	\$850,000	\$11,344,525		\$11,344,525

For the \$1 million decrease scenario, ARC also decided to hold ADAP, Housing, and EFA harmless. From there, we took a proportional decrease of the remaining scenarios. Then, they also decided to hold Medical Transportation harmless, and after that, reduce it by 50% of the base funding for that category. This would reduce Medical Transportation to \$80,765. The remaining \$80,765 was then redistributed back into Medical Case Management to reduce the impact of the proportional reduction on Medical Case Management. Members determined Medical Transportation would be the least impacted by this reduction because there are many other funding streams for it, it does not fund any staff time, and Medical Case Managers are essential for connecting clients with this service anyways, so the committee felt that it was more important to reduce the impact of a proportional reduction on Medical Case Management.

- ADAP would be held harmless at \$227,980
- Housing would be held harmless at \$1,422,068
- Medical Case Management was reduced proportionally by \$372,410 but then from there \$80,765 was added back in to make the final allocation \$4,190,032. The final reduction from level to MCM would be \$291,645.
- Emergency Financial Assistance would be held harmless at \$153,841
- Food Bank/Home-Delivered Meals would be reduced by \$85,456 to \$942,944
- Oral Health Care would be reduced by \$118,645 to \$1,309,154
- Non-Medical Case Management would be reduced by \$89,506 to \$987,633
- Medical Transportation would be reduced by half to \$80,766, which was then distributed back into Medical Case Management
- Psychosocial Support would be reduced by \$90,252 to \$995,858
- Medical Nutrition Therapy would be reduced by \$74,255 to \$819,345
- The Case Management Training Program would be reduced by \$19,476 to \$214,904

FY26 25% Decrease

FY26 Ranking	Service Category	FY25 Base Funding	FY25 Base Proportions	Proportional decreases	25% Reduced Allocation (Proportional)	Additional Changes	FY26 \$3M/25% Decrease Scenario Allocations
1	AIDS Drug Assistance	\$227,980	1.9%	\$56,532	\$171,448	\$ 20,355.50	\$191,803
2	Housing Services	\$1,422,068	11.7%	\$352,630	\$1,069,438		\$1,069,438
3	Medical Case Management	\$4,481,677	36.8%	\$1,111,321	\$3,370,356		\$3,370,356
4	Emergency Financial Assistance	\$153,841	1.3%	\$38,148	\$115,693	\$ 20,355.50	\$136,049
5	Food Bank/Home-Delivered Meals	\$1,028,400	8.4%	\$255,012	\$773,388		\$773,388
6	Oral Health Care	\$1,427,799	11.7%	\$354,051	\$1,073,748		\$1,073,748
7	Non-Medical Case Management	\$1,077,139	8.8%	\$267,098	\$810,041		\$810,041
10	Medical Transportation	\$161,531	1.3%	\$40,055	\$121,476	\$ (40,711.00)	\$80,765
12	Psychosocial Support	\$1,086,110	8.9%	\$269,322	\$816,788		\$816,788
13	Medical Nutrition Therapy	\$893,600	7.3%	\$221,586	\$672,014		\$672,014
15	Health Education-Risk Reduction	\$0	0.0%	\$0	\$0		\$0
19	Other Professional Services	\$0	0.0%	\$0	\$0		\$0
22	Linguistics	\$0	0.0%	\$0	\$0		\$0
	MCM/NMCM Training	\$234,380	1.9%	\$58,119	\$176,261		\$176,261
	Direct Part A Service Total	\$12,194,525	100.0%	\$3,023,874	\$9,170,651	\$-	\$9,170,651

ARC decided to proportionally reduce all categories for the 25% Reduction Scenario. From there, the committee decided to cut Medical Transportation again so it would equal the amount in the \$1 Million Decrease Scenario (\$80,765, a \$40,711 reduction from the proportional decrease). \$20,355, or half of that reduction, was added back into Emergency Financial Assistance and ADAP, respectively, to reduce the burden on these very highly utilized services.

- ADAP would be reduced proportionally, and then increased by \$20,355 to \$191,803 for an overall reduction of \$36,177
- Housing would be reduced by \$352,630 to \$1,069,438
- Medical Case Management would be reduced by \$1.1 million to \$3,370,356
- Emergency Financial Assistance would be reduced proportionally and then increased by \$20,355 to \$136,049 for an overall reduction of \$17,792
- Food Bank/Home-Delivered Meals would be reduced by \$255,012 to \$773,388
- Oral Health would be reduced by \$354,051 to \$1,073,748
- Non-Medical Case Management would be reduced by \$367,098 to \$810,041
- Medical Transportation would be reduced in half to \$80,765 and this reduction is what is redistributed back into EFA and ADAP.
- Psychosocial Support would be reduced by \$269,322 to \$816,788
- Medical Nutrition Therapy would be reduced by \$221,586 to \$672,014
- The Case Management Training Program would be reduced by \$58,119 to \$176,261

ARC wanted to match the reduction to Medical Transportation in this scenario and in the \$1 Million Decrease scenario and then add that reduction back into ADAP and EFA evenly. We were also off by about \$1000 on this formula. To do that, it will first be a proportional decrease from Medical Transportation of \$40,055, then an additional \$40,711 reduction from Medical Transportation to make that category's allocation \$80,765. Then, that additional \$40,711 would be equally distributed to EFA and ADAP (\$20,355 to each). In the meeting, the math was slightly off and that was not divided equally between EFA and ADAP, but that's what was reflected in the dialogue and is reflected on the slide.

FY26 MAI Level Funding

FY26 Rank	Service Category	FY25 Base Funding	FY25 Base Proportions of MAI		FY26 MAI Level Funding Scenario Allocations
1	Medical Case Management	\$199,174	23%		\$199,174
2	Emergency Financial Assistance	\$0	0%	No adjustments were made to the FY26	\$0
3	Non-Medical Case Management	\$345,965	40%	Level Funding Scenario	\$345,965
4	Psychosocial Support	\$186,769	21%		\$186,769
5	Linguistic Services	\$0	0%		\$0
6	Other Professional Services (Legal)	\$137,813	16%		\$137,813
	Direct Service Total	\$869,721	100%		\$869,721

ARC then worked on 2 scenarios for Minority AIDS Initiative that I will go through now. Remember that this is a separate part of funding that is awarded alongside Part A and intended to directly serve racial and ethnic minorities affected by HIV. The Planning Council is required to prioritize it separately (same list of allowable categories, just with the additional MAI label) and allocate the money to the categories. For the FY26 Level Funding Scenario, we decided to keep all services at FY25 base funding levels:

- Medical Case Management at \$199,174
- Non-Medical case management at \$345,965
- Psychosocial Support at \$186,769
- Other Professional Services at \$137,813

FY26 100% MAI Cut

FY26 Ranking	Service Category	FY 2025 Part A Base Funding	FY25 Base Proportions	FY25 MAI Base Allocation	Add or Subtract from FY25 Base	FY26 MAI Reduction Scenario Allocations	FY26 MAI Reduction Scenario Proportions
1	AIDS Drug Assistance	\$227,980	1.9%			\$227,980	1.9%
2	Housing Services	\$1,422,068	11.7%		\$(200,000)	\$1,222,068	10.0%
3	Medical Case Management	\$4,481,677	36.8%	\$199,174	\$100,000	\$4,581,677	37.6%
4	Emergency Financial Assistance	\$153,841	1.3%			\$153,841	1.3%
5	Food Bank/Home-Delivered Meals	\$1,028,400	8.4%			\$1,028,400	8.4%
6	Oral Health Care	\$1,427,799	11.7%		\$(200,000)	\$1,227,799	10.1%
7	Non-Medical Case Management	\$1,077,139	8.8%	\$345,965	\$230,765	\$1,307,904	10.7%
10	Medical Transportation	\$161,531	1.3%		\$(80,765)	\$80,766	0.7%
12	Psychosocial Support	\$1,086,110	8.9%	\$186,769	\$150,000	\$1,236,110	10.1%
13	Medical Nutrition Therapy	\$893,600	7.3%			\$893,600	7.3%
15	Health Education/Risk Reduction	\$0	0.0%			\$0	0.0%
19	Other Professional Services	\$0	0.0%	\$137,813		\$0	0.0%
22	Linguistics	\$0	0.0%			\$0	0.0%
	MCM/NMCM Training	\$234,380	1.9%			\$234,380	1.9%
	Direct Part A Service Total	\$12,194,525	100.0%	\$869,721		\$12,194,525	100%

ARC's second scenario for Minority AIDS Initiative was a scenario for the Part A dollars IF MAI were to be completely cut. For this scenario, we looked at the Part A and MAI portfolios together so that we could see what categories would be impacted if they did not have the extra MAI funds. Ideally, if MAI is cut, Ryan White Services would try to retain those agencies within the Part A budget. That is where the Council comes in, to direct them in doing so in the most effective way possible. Note that the rows highlighted in purple are the ones that receive MAI funding.

For this scenario, ARC used FY25 base as our level funding and then went from there. They reduced Housing and Oral Health each by \$200,000 and then kept the 50% cut to Medical Transportation that we had been doing through the remainder of the scenarios. They added \$100,000 to Medical Case Management, \$230,765 to Non-Medical Case Management, and then \$150,000 to Psychosocial Support. This is a total of \$480,765 being redistributed to offset the potential impact of an MAI cut.

PCS notes that MAI agencies funded in these categories do not also have Part A dollars currently – if they were to be retained in the Part A program, their budgets would just shift into the Part A budget as best as BPHC can do with this scenario.

Additional Guidance to BPHC

Finally, ARC also voted to approve this recommendation for additional guidance to BPHC. ARC recommends that the Council allows BPHC the flexibility to adjust category funding allocations based on emerging needs and the changing environment by up to 25% above or below the levels for each service category, except for categories funded at less than \$500,000 are given up to 50% leeway as established in the FY26 Funding Scenario recommendations."

If BPHC needs additional flexibility, they will notify the Executive Committee as soon as possible.

The Chair reminds the Council that they will be voting on all of these scenarios in 3 parts on June 26th:

- Motion to approve the FY25 potential carry over
- Motion to approve the package of FY26 funding scenarios
- Motion to approve the additional guidance to BPHC

ARC then shares their recommendations for next year's ARC and Council.

Recommendations for 2025-2026 ARC:

- Offer an optional training session before the all-day allocations meeting. This should be required for people who have never done the allocations meeting before, and optional for people who would like a refresher.
- Embed discussions about the direct impact of funding, like "what do the agencies do with this money?", or "how do they implement the services?"
- Continue to explore additional ways to involve more Council members in the Allocations meetings or provide more support to ARC with this process
- Continue to do separate funding streams data presentations Core, Support, Admin or Miscellaneous
- Review FY26 scenarios in each ARC meeting in the 2025-2026 term against the changing federal landscape this was part of our contingency plan to ensure ARC is involved if any decisions need to be made next year before the start of FY26 to review these scenarios.

Recommendations for 2025-2026 Council:

- Casual Coffee Hours focused on the impacts of the federal government or more focused on community building, and less related to the Council work
- Continue to incorporate DEIA efforts into meetings and possibly offer outside trainings Include Accessibility in DEIA efforts!

- Learn more about policy changes or proposed changes, and when those happen, how could they impact decision-making, funding streams, etc.
- Make presentations more active more breakout rooms and group activities, more discussions
- Consider including static visual aids for reference up in the room during sessions where we're tackling larger issues
- A message at the beginning of each meeting that reminds members to silence their cell phones and refrain from side conversations
- Plan at least one meeting with Executive Leadership of BPHC per year (i.e. Dr. Bisola Ojikutu we did this in 2024)

Topic E: Services, Priorities, and Evaluations Committee Year-End Report

Daniel, SPEC Chair, presents the SPEC Year-End Report. He thanks all of his committee members for participating in SPEC this year: Justin Alves, Stephen Batchelder, Alyssa Collaro, Luis Rosa, Romini Smith, Steven Spinale, Milaun Casimir, Rudy Wise, and a special shout out to the committee's Ryan White Services Liaison, Roxy Dai.

PCS reads out the committee charge:

SPEC's charge is to summarize and make recommendations to the Planning Council on HRSA-approved Part A service categories and provide guidance on prioritizing Part A service categories.

SPEC also assesses the efficiency of the administrative mechanism in rapidly allocating funds within the EMA. The committee may also conduct additional evaluation activities, as needed, including evaluating the effectiveness of HIV care strategies in the EMA and of planning activities.

SPEC's deliverables include Service Standards Review & Revisions, Guidance of the Priority Setting Process, and Assessment of Administrative Mechanism.

The Chair then reviews SPEC's projects from the year, starting with the Service Category Review.

Service Category Review

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

- November
 - Review of Core Part A Funded Service Categories and guest presentation by Ryan White Dental
- December
 - o Review of Support Part A Funded Service Categories, Kahoot Review Game, and discussion about Emergency Financial Assistance
- February
 - o Review of Core Non-Part A Funded Service Categories
- March
 - Additional presentation about Emergency Financial Assistance spending, Review of Support Non-Funded Service Categories
- April May
 - Discussion about potential categories to research if large federal funding changes are implemented

Service Standards Revisions

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 Services Team and SPEC.

Edits primarily consisted of:

- Updates to language to match Guidance for Eligibility
- Updates based on HRSA policy clarifications (i.e. security deposit coverage under housing dollars)
- Improvements to incident reporting timelines
- Other minor language edits for clarity
- There are a few language edits to be revisited next year depending on current implementation

FY26 Priority Setting Process

Each year, the Planning Council ranks all 28 service categories according to needs in the EMA. This prioritization helps the Allocation of Resources Committee and BPHC make resource allocation decisions. SPEC is responsible for designing and guiding the priority setting exercise.

This year, SPEC determined:

- The resources to include in binders
- The agenda for the March 13 Priority Setting Meeting
- The addition of the Priority Setting Medicaid Reduction Scenario

Assessment of Administrative Mechanism

The AAM is a federally mandated assessment of how efficiently and rapidly BPHC allocates funds within the EMA. SPEC designs this assessment and distributes the data collection tools to funded agencies that evaluate BPHC's activities, including requests for proposals, contract monitoring, and distribution of funds. The committee also reviews fiscal data from BPHC. The committee is then responsible for reviewing all data and writing a report that includes recommendations on how to improve BPHC's administrative process. In addition, the Committee is responsible for presenting their recommendations to the Planning Council and requesting a motion to vote for the approval of their recommendations.

The Committee Chair reviews the Corrective Action Plan to be voted on:

- A. SPEC requests quarterly updates from BPHC on the metrics from the Fiscal Data Request, rather than only at the end of the year:
 - Contract execution (beginning of the year only)
 - Invoice reimbursement
 - Budget revisions
- B. BPHC staff and SPEC will determine expectations for when any improvements will be made as needed
- C. Invite Planning Council leadership to sit in on SPEC when BPHC presents these updates

Motion: Henry Cabrera Second: Serena Rajabiun

Results: 3 abstain, 1 oppose, the rest approved. Motion passes.

Finally, SPEC reviews their recommendations for 2025-2026.

Recommendations for 2025-2026 SPEC:

• Recommendations for Service Standards:

- Continue to be more intentional with Service Standards edits rather than focusing only on wording/grammar
- o Look into other progressive cities that are similar to the Boston EMA to see what they have in their service standards for inspiration on how to edit ours
- Recommendations for Subsequent AAM Surveys:
 - o Edit the AAM data collection tool earlier so that providers have more time to fill it out
 - o Make emails more direct and official, and continue sending them through the PCS email
- Recommendations for Priority Setting:
 - O Have SPEC members complete the Priority Setting Activity before the full Planning Council so that SPEC members know what to expect and can help answer questions day of the Priority Setting Activity

Recommendations for 2025-2026 Planning Council

- Empower Council members to follow Robert's Rules of Order and make motions to vote on topics/decisions that come up, even if they are not directly tied to a mandated deliverable or activity; encourage more voting/tabling discussions if decisions cannot be made in one meeting
- Encourage more mentorship within the Council

Topic F: Needs Assessment Committee Year-End Report

The NAC Chair, Amanda, and Julia present progress from the Needs Assessment Committee's first official year. PCS appreciates the members for their hard work: Amanda Hart, Regina Grier, Joey Carlesimo, Damon Gaines, Christopher McNally, Serena Rajabiun, Curtis Santos, Shambi Mwandembo, Catherine Weerts, Kim Wilson, Hemi Park, and a special shout out to our Ryan White Services Liaison, Zan Whittied.

The Chair reviews the Committee Charge:

The Needs Assessment Committee shall execute the development and implementation of a needs assessment to identify needs of people living with HIV both receiving care and those out of care to determine:

What medical and support services PLWH need to enter or return to care, stay in care, and reach and maintain HIV viral suppression

To what extent are those needs being met by the current system of care

What kinds of services are most needed and work best for different groups of PLWH – and what disparities in access and services remain for affected subpopulations and historically underserved communities

This process must be objective, ethnically, culturally, and linguistically sensitive. This process may be conducted in collaboration with the recipient. The needs assessment must be representative of the entire EMA.

The committee's main deliverable is the Needs Assessment Report.

The 2024-2025 Council year signified year one, or the "pre-assessment/assessment phase" of the NAC's three-year work plan. The first part of this plan was to review existing needs assessment reports and epidemiological data, then identify focus and main concerns to cover in our needs assessment, key study populations, data collection methods, community partnerships, and training needs. The second part of the plan involved developing a budget, staffing plan, and study questions for each data collection method.

The Committee accomplished a lot this year including:

- Reviewing past/current Needs Assessments
- Reviewing city/state epidemiology data
- Designing focus group discussion and in-depth interview guides for people living with HIV
- Designing provider surveys for Part A providers (they have 39 responses already!)
- Identifying community partners for FGDs and IDIs
- Reviewing budgets and resources needed for this assessment
- Conducting a 2-part FGD and IDI training

A member asks a question concerning the 39 responses: how many responses is NAC aiming to receive?

- PCS answers that there isn't a particular cap on the number of answers, because NAC is aiming to get multiple people from each agency to respond. We do not know how many people in total are eligible to answer the provider survey.

The Chair shares the Committee's recommendations for next year.

Recommendations for 2025-2026 NAC:

- That we can stay on target and continue progress from this term for what we are trying to do for the next steps, and make sure we choose the right agencies to get information from
- Any data collection trainings should be held in person unless there are unavoidable circumstances
- Hold space for NAC members to discuss the political environment at the end of meetings.
- Be mindful about transferring knowledge from this year's NAC cohort to next year's cohort. There will not be a lot of overlap between the members from this year and next year.

Recommendations for 2025-2026 Council:

• Encourage more members to regularly attend and stay engaged during meetings

Topic G: Vote on MNC Responsibilities Distribution

PCS introduces the idea to streamline MNC to distribute the tasks to Consumer and Executive Committee. These changes are reflected below:

Consumer Committee - In addition to their current charge:

- Develop ideas for mentorship program changes, pairings, meetings, etc
- Plan an event for the mentorship mixer
- Advertise and attend recruitment events
- Generate ideas on how to recruit new members

Executive Committee - In addition to or enhancing their current charge:

- Announce member attendance at each meeting (already part of charge per committee)
- Vote on removing members/vote on membership issues (already part of charge, secondary vote to MNC)
- Review and coordinate logistics in meetings about the nominations group
- Continue to review Standard Operating Procedures as they are developed and reviewed by applicable Committees

Nominations Group

• NOT a separate committee, the nominations group will include mid-term members who are eligible to conduct interviews and participate in the nominations meeting

- Eligibility will be announced in the March Planning Council meeting instead of the April meeting
- Responsibilities to include interviewing new member applicants
- Possibly meet halfway through the year to check-in
- Nominations meeting in July

This was proposed by PCS to Exec on 4/28, discussed in MNC on 5/5 and Consumer on 5/8, discussed and approved to move forward to the full Council in Exec on 5/22. The vote is now coming to Planning Council to get a final approval.

In addition to distributing these tasks, we would also introduce a new leadership position: the membership representative. The requirements for this position are as follows:

Required tasks:

- Attend Executive Meetings every month
- Announce updates regarding attendance, retention, votes, recruitment, nominations group, etc.
- Lead/Chair the Nominations Group meeting (at least 1 meeting, end of year to review applicants)
- Meet with the PCS membership liaison every month before Exec to discuss membership updates and issues to bring to Exec as needed
- Connect with and support members regularly
- Member (in partnership with PCS) must be aware of and in tune with membership of the Council during that term, including member satisfaction, needs, challenges, successes, etc.

Optional but encouraged tasks:

- Attend the Consumer Committee to be updated on events and priorities for recruitment
- Attend Orientation
- Attend and promote recruitment events
- Provide suggestions for finding opportunities for recruitment

After finishing the description for the proposal, PCS takes questions from Planning Council members.

Question: Would this leadership position be for one year or two years? Would they be able to be reelected?

Answer: As of right now, one year, similar to committee chairs. They would be able to be re-elected.

Question: I know that Consumer is open to the public, but these are official tasks that outsiders may not be able to partake in. Should we have a ten minute "council business" at the beginning of meetings?

• We can definitely do this, but these Consumer tasks are not sensitive to the public, and guests could contribute ideas if they wanted to.

Comment: I think MNC representative should be a two-year term. It takes a second to get your footing in MNC, and I think this person would benefit from it being a two year role.

Question: Is this person on the Planning Council? This feels redundant because we already have MNC.

• Answer: This proposal would get rid of MNC, and the membership representative would be a person on Planning Council.

Topic H: 2025-2026 Chair-Elect Nominations

PCS explains the responsibilities of the chair-elect:

Preparation for and Participating in Executive Committee Meetings

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

Preparation for and Participating in Planning Council Meetings

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

Meeting Follow Up

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

New Member Orientation

• Attend and participate in new member orientation

Other

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

The timeline for the Chair-Elect position is described below:

- Margaret Lombe is the current Chair and Henry Cabrera is the current Chair-Elect.
- Henry will become the Chair for the 2025-2026 year
- A new Chair-Elect will be nominated and selected on June 26th during the Planning Council Meeting
- This new person will be the Chair Elect for the 2025-2026 year and will be the Chair for the 2026-2027 year.

PCS invites people to nominate other Planning Council members to be considered for the Chair-Elect position.

- Stephen Batchelder nominates Daniel Amato
- Justin Alves nominates Kim Wilson
- Chris McNally nominates Liz Koelynch

There are no other nominations in person, but PCS and the Chair-Elect invite people to email pcs@bphc.org with more nominations.

Topic I: End of Year Survey, Announcements, and Adjourn

PCS reminds all members that instead of an evaluation, there is an End of Year Survey that will be due June 26th. There is a QR code up on the slide or an email will be sent out after the meeting with the link. Planning Council Chair-Elect leads the announcements and adjourns the meeting, thanking everyone for attending.

Council Announcements:

- LAST COUNCIL & END OF YEAR PARTY June 26th, 4 6 PM, BPHC
- Nominate a Chair-Elect by June 13th, candidate statements due June 20th
- Fill out end of year survey by June 26th

• IT'S RECRUITMENT SEASON! Help PCS and MNC recruit for the 2025-2027 Planning Council term. They cannot do it alone. Let PCS know about upcoming events as soon as possible so they can organize their calendar and ensure there is PC presence at necessary community meetings. Click here for: Recruitment info on Basecamp!!!

Motion to Adjourn Motion: Rick Boyd Second: Kim Wilson

The meeting was adjourned at 5:59 pm.









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.

Agenda & Objectives



	- -
May 8, 2025 Minutes Review & Vote Margaret Lombe, PC Chair	Review and approve the meeting minutes from May 8 th .
Agency Updates Agency Representatives	Hear any updates from our agency representatives.
ARC Year End Report, including Allocations Scenarios & Vote on FY24 Carry Over PCS & ARC	Listen to ARC's year end report and their FY26 Funding Scenario Recommendations. Vote on the FY24 Carry Over Scenario for faster implementation.
SPEC Year End Report & Vote on AAM Corrective Action Plan PCS & SPEC	Listen to SPEC's year end report and vote on the Corrective Action Plan for BPHC as a result of the AAM presented in May.
NAC Year End Report PCS & NAC	Listen to NAC's year end report.
Vote on MNC Responsibilities Redistribution PCS & Exec	Vote on the decision to redistribute MNC tasks between Executive and Consumer, and continue the Nominations Group/Process
PC 2025-2026 Chair-Elect Nominations PCS & Margaret Lombe, PC Chair	Nominate your fellow Council members to be Chair- Elect for 2025-2026!
Announcements, Evaluation & Adjourn PCS & Margaret Lombe, Chair	Hear any announcements and adjourn today's meeting.



Agency Updates

Mass Health

MA DPH

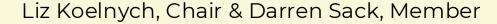
NH DHHS

Ryan White Part A Mayor's Office

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Allocation of Resources Committee Year-End Report







Committee Members

Liz Koelnych -Chair

Darren Sack

Zeke Russell

Karen White

Rick Boyd

Barry Callis

Gerald James

Alison Kirchgasser

Yvette Perron

Bryan Thomas

Rebecca Ritterman – Ryan White Services Liaison

Committee Charge

Bylaws, Article 7, Section 1

The ARC shall make recommendations to the Planning Council regarding potential federal, state, local, and private resources available to meet unmet service needs and recommend action to the Planning Council as appropriate.

The ARC shall recommend allocations of Part A funds to allowable service categories in the EMA. The ARC shall develop funding scenarios that will allow for rapid disbursement of funds in the case of level funding, decrease in funding, and increase in funding. The allocation recommendations will use all available information regarding community service needs, current funding for HIV services from all identifiable sources, and other data

Deliverables: Funding Streams Report, Funding Principles, Allocation Scenarios







ENVIRONMENTAL CHANGES

- Changes to federal and state budgets considering new federal administration
- Agency representative recommendations

INFORMATION SOURCES

- Funding streams data
- 5-year trends for Part A and MAI Spending & Utilization
- Needs Assessment data

PLANNING COUNCIL WORK

- Priority Setting
- Funding Principles
- Input from Council discussions throughout the year – priorities of PLWH on Council





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Allocation of Resources Committee Funding Scenarios

- 1) FY24 Actual Carry Over
- 2) FY25 Potential Carry Over
- 3) FY26 Level Funding
- 4) FY26 75% Core/25% Support (No Waiver)
- 5) FY26 \$500,000 Decrease
- 6) FY26 \$1 Million Decrease
- 7) FY26 25% Decrease
- 8) FY26 MAI Level Funding
- 9) FY26 100% MAI Cut

Reminder!!



Unexpended Funds or Carry Over

Money not spent at the end of the fiscal year which are eligible to be **carried over** into the next fiscal year FY2024

Review last year's recommendation and decide to keep the same or create a new scenario with the FY24 Unexpended or Carry Over amount (No more than 5% of the grant)

FY2025

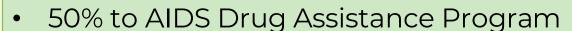
Make tentative recommendations for FY25 Potential Unexpended or Carry Over amount (No more than 5% of the grant)

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FY24 Carry Over

On April 17, 2025, the Allocation of Resources Committee decided to recommend the following allocations for the FY24 Carry Over Scenario:





- 20% to Food Bank/Home-Delivered Meals
- 30% to Emergency Financial Assistance

We will vote on the carry over today – the rest we will vote on on June 26th.







Vote On FY24 Carry Over





Second

Vote via Zoom Poll or show of hands (Approve, Oppose, Abstain)







On April 17, 2025, the Allocation of Resources Committee decided to recommend that the allocations **remain the same** for the FY25 Potential Carry Over Scenario:

- 50% to AIDS Drug Assistance Program
- 20% to Food Bank/Home-Delivered Meals
- 30% to Emergency Financial Assistance







Steps to making funding allocations:

Start with FY25 base award:

- 85% Direct services (what is included on the remaining slides)
- 10% Administration and Planning Council Support
- 5% Quality management (including evaluation projects)

BASE

This is the scenario chosen and implemented for the FY25 Part A award - what ARC proposed, and Exec adjusted last year, and what BPHC will implement when they get the full award from HRSA. We use this as an anchor to develop FY26 scenarios.

Make recommendations to increase/decrease certain categories based on information presented at meetings

- Reviewed Spending & Utilization from FY20 FY24
- Discuss the service categories to <u>hold harmless</u>

HELD HARMLESS

ARC has the authority to hold a category harmless. This means, even if there is a cut in funding, that category will not get cut or reduced. It will remain at the same level.



FY26 Level Scenario

FY26 Ranking	Service Category	FY25 Base Funding	FY25 Base Proportions	Add or Subtract from FY25 Direct Care	FY26 Level Funding Scenario Allocations
1	AIDS Drug Assistance Program	\$227,980	1.9%		\$227,980
2	Housing Services	\$1,422,068	11.7%		\$1,422,068
3	Medical Case Management	\$4,481,677	36.8%		\$4,481,677
4	Emergency Financial Assistance	\$153,841	1.3%	\$ 50,000.00	\$203,841
5	Food Bank/Home-Delivered Meals	\$1,028,400	8.4%		\$1,028,400
6	Oral Health Care	\$1,427,799	11.7%		\$1,427,799
7	Non-Medical Case Management	\$1,077,139	8.8%		\$1,077,139
10	Medical Transportation	\$161,531	1.3%		\$161,531
12	Psychosocial Support	\$1,086,110	8.9%	\$ (50,000.00)	\$1,036,110
13	Medical Nutrition Therapy	\$893,600	7.3%		\$893,600
15	Health Education/Risk Reduction	\$0	0.0%		\$0
19	Other Professional Services	\$0	0.0%		\$0
22	Linguistics	\$0	0.0%		\$0
	MCM/NMCM Training	\$234,380	1.9%		\$234,380
	Direct Part A Service Total	\$12,194,525	100.0%		\$12,194,525

FY26 75%/25% Scenario

Purpose: To have a scenario ready in case our EMA does not receive the current <u>Core Medical Services Waiver</u> that allows us to allocate more toward Support Services.

Steps to making funding allocations:

- Start with FY25 base award
- Look at the \$ to be redistributed from Support to Core

Distribution of FY25 core vs. support <u>with</u> waiver:	Total	%
Core Medical Services	\$7,265,436	60%
Support Services	\$4,929,089	40%
Distribution of FY25 core vs. support <u>without</u> waiver:	Total	%
0 14 1: 16 :		
Core Medical Services	\$9,145,894	75%

	Need to redistribute
	\$1,880,458
I	-\$1,880,458

Core Medical Service Waiver

It is mandated by HRSA that a jurisdiction must invest 75% of the Part A grant into core medical services and 25% into support services. This is meant to prioritize the services like ADAP, outpatient medical care, etc., that result in positive health outcomes. Jurisdictions may apply for a waiver that allows them not to follow the 75/25 rule. The Boston EMA has gotten this waiver for many years. In the Boston EMA, ~60% of the award is allocated to core medical services, and 40% to support services. ARC will develop this scenario this year in case the waiver is not approved.

FY26 75%/25% Scenario

FY26 Ranking	Service Category	FY25 Base Funding	% of \$1,880,458 to distribute	Add or Subtract from FY25 Base	FY26 75/25 Funding Scenario Allocations	%
1	AIDS Drug Assistance Program	\$227,980	25%	\$470,114	\$698,094	
3	Medical Case Management + CMTP	\$4,716,057	25%	\$470,114	\$5,186,171	75%
6	Oral Health Care	\$1,427,799	25%	\$470,114	\$1,897,913	
13	Medical Nutrition Therapy	\$893,600	25%	\$470,114	\$1,363,714	
2	Housing Services	\$1,422,068	-25%	\$(470,114.44)	\$951,954	
4	Emergency Financial Assistance	\$153,841	0%		\$153,841	
5	Food Bank/Home-Delivered Meals	\$1,028,400	-25%	\$(470,114.44)	\$558,286	
7	Non-Medical Case Management	\$1,077,139	-25%	\$(470,114.44)	\$607,025	25%
10	Medical Transportation	\$161,531	0%		\$161,531	
12	Psychosocial Support	\$1,086,110	-25%	\$(470,114.44)	\$615,996	
15	Health Education/Risk Reduction	\$0	0%		\$ 0	
19	Other Professional Services	\$0	0%		\$0	
22	Linguistics	\$0	0%		\$0	
	Direct Part A Service Total	\$12,194,525	100% redistributed	\$1,880,458 redistributed	\$12,194,525	100%

FY26 \$500k Decrease Scenario

FY26 Ranking	Service Category	FY25 Base Funding	FY25 Base Proportions	Updated Proportions w/o Categories Held Harmless	Proportional Reduction	Additional Changes	FY26 \$500,000 Decrease Scenario Allocations
1	AIDS Drug Assistance	\$227,980	1.9%	Hold Harmless			\$227,980
2	Housing Services	\$1,422,068	11.7%	Hold Harmless			\$1,422,068
3	Medical Case Management	\$4,481,677	36.8%	43.1%	\$183,311		\$4,298,366
4	Emergency Financial Assistance	\$153,841	1.3%	Hold Harmless		\$5576	\$159,417
5	Food Bank/Home-Delivered Meals	\$1,028,400	8.4%	9.9%	\$42,064		\$986,336
6	Oral Health Care	\$1,427,799	11.7%	13.7%	\$58,400		\$1,369,399
7	Non-Medical Case Management	\$1,077,139	8.8%	10.4%	\$44,057		\$1,033,082
10	Medical Transportation	\$161,531	1.3%	1.6%	\$6,607		\$154,924
12	Psychosocial Support	\$1,086,110	8.9%	10.5%	\$44,424	\$(5576)	\$1,036,110
13	Medical Nutrition Therapy	\$893,600	7.3%	8.6%	\$36,550		\$857,050
15	Health Education/Risk Reduction	\$0	0.0%	0.0%	\$0		\$ 0
19	Other Professional Services	\$0	0.0%	0.0%	\$0		\$0
22	Linguistics	\$0	0.0%	0.0%	\$0		\$0
	MCM/NMCM Training	\$234,380	1.9%	2.3%	\$9,587		\$224,793
	Direct Part A Service Total	\$12,194,525	100.0%	\$425,000	\$11,769,525	\$ -	\$11,769,525
Total Red	duction			(\$500,000)			

Total Reduction	(\$500,000)
Direct Service Reduction (85% of total reduction, of \$500k)	(\$425,000)
QM Reduction (5%)	(\$25,000)
Admin Reduction (10%)	(\$50,000)

FY26 \$1 Million Decrease Scenario

FY26 Ranking	Service Category	FY25 Base Funding	FY25 Base Proportions	Updated Proportions w/o Categories Held Harmless	Proportional Reduction	Additional Changes	FY26 \$500,000 Decrease Scenario Allocations
1	AIDS Drug Assistance	\$227,980	1.9%	Hold Harmless			\$227,980
2	Housing Services	\$1,422,068	11.7%	Hold Harmless			\$1,422,068
3	Medical Case Management	\$4,481,677	36.8%	43.8%	\$372,410	\$ 80,765.00	\$4,190,032
4	Emergency Financial Assistance	\$153,841	1.3%	Hold Harmless			\$153,841
5	Food Bank/Home-Delivered Meals	\$1,028,400	8.4%	10.1%	\$85 <i>,</i> 456		\$942,944
6	Oral Health Care	\$1,427,799	11.7%	14.0%	\$118,645		\$1,309,154
7	Non-Medical Case Management	\$1,077,139	8.8%	10.5%	\$89,506		\$987,633
10	Medical Transportation	\$161,531	1.3%	Reduce from Base		\$ (80,765.00)	\$80,766
12	Psychosocial Support	\$1,086,110	8.9%	10.6%	\$90,252		\$995,858
13	Medical Nutrition Therapy	\$893,600	7.3%	8.7%	\$74,255		\$819,345
15	Health Education/Risk Reduction	\$0	0.0%	0.0%	\$0		\$0
19	Other Professional Services	\$0	0.0%	0.0%	\$0		\$0
22	Linguistics	\$0	0.0%	0.0%	\$0		\$0
	MCM/NMCM Training	\$234,380	1.9%	2.3%	\$19,476		\$214,904
	Direct Part A Service Total	\$12,194,525	100.0%	\$850,000	\$11,344,525		\$11,344,525
Total Red	duction			(\$1,000,000)			

Total Reduction	(\$1,000,000)
Direct Service Reduction (85% of total reduction, of \$1 Million)	(\$850,000)
QM Reduction (5%)	(\$50,000)
Admin Reduction (10%)	(\$100,000)

FY26 25% Reduction (\$3M) Scenario

Ranking	Service Category	FY25 Base Funding	FY25 Base Proportions	Proportional decreases	25% Reduced Allocation (Proportional)	Additional Changes	FY26 \$3M/25% Decrease Scenario Allocations
1 A	AIDS Drug Assistance	\$227,980	1.9%	\$56,532	\$171,448	\$ 20,355.50	\$191,803
2 H	lousing Services	\$1,422,068	11.7%	\$352,630	\$1,069,438		\$1,069,438
3 N	Medical Case Management	\$4,481,677	36.8%	\$1,111,321	\$3,370,356		\$3,370,356
4 E	mergency Financial Assistance	\$153,841	1.3%	\$38,148	\$115,693	\$ 20,355.50	\$136,049
5	Food Bank/Home-Delivered Meals	\$1,028,400	8.4%	\$255,012	\$773,388		\$773,388
6 C	Oral Health Care	\$1,427,799	11.7%	\$354,051	\$1,073,748		\$1,073,748
7 N	Non-Medical Case Management	\$1,077,139	8.8%	\$267,098	\$810,041		\$810,041
10 N	Medical Transportation	\$161,531	1.3%	\$40,055	\$121,476	\$ (40,711.00)	\$80,765
12 P	Psychosocial Support	\$1,086,110	8.9%	\$269,322	\$816,788		\$816,788
13 N	Medical Nutrition Therapy	\$893,600	7.3%	\$221,586	\$672,014		\$672,014
15 H	lealth Education-Risk Reduction	\$0	0.0%	\$0	\$0		\$0
19 C	Other Professional Services	\$0	0.0%	\$0	\$0		\$0
22 Li	inguistics	\$0	0.0%	\$0	\$0		\$0
ı,	MCM/NMCM Training	\$234,380	1.9%	\$58,119	\$176,261		\$176,261
	Direct Part A Service Total	\$12,194,525	100.0%	\$3,023,874	\$9,170,651	\$ -	\$9,170,651

Total Reduction (25% of total award, using FY25 Base)	(\$3,557,499)
Direct Service Reduction (85% of total reduction)	(\$3,023,874)
QM Reduction (5%)	(\$177,875)
Admin Reduction (10%)	(\$355,750)

FY26 Minority AIDS Initiative Level Funding Scenario

FY26 Rank	Service Category	FY25 Base Funding	FY25 Base Proportions of MAI		FY26 MAI Level Funding Scenario Allocations
1	Medical Case Management	\$199,174	23%		\$199,174
2	Emergency Financial Assistance	\$0	0%	No adjustments were made to the FY26	\$ 0
3	Non-Medical Case Management	\$345,965	40%	Level Funding Scenario	\$345,965
4	Psychosocial Support	\$186,769	21%		\$186,769
5	Linguistic Services	\$0	0%		\$0
6	Other Professional Services (Legal)	\$137,813	16%		\$137,813
	Direct Service Total	\$869,721	100%		\$869,721

Note: Proportions would be the same

FY26 100% Cut to MAI Scenario

FY26 Ranking	Service Category	FY 2025 Part A Base Funding	FY25 Base Proportions	FY25 MAI Base Allocation	Add or Subtract from FY25 Base	FY26 MAI Reduction Scenario Allocations	FY26 MAI Reduction Scenario Proportions
1	AIDS Drug Assistance	\$227,980	1.9%			\$227,980	1.9%
2	Housing Services	\$1,422,068	11.7%		\$(200,000)	\$1,222,068	10.0%
3	Medical Case Management	\$4,481,677	36.8%	\$199,174	\$100,000	\$4,581,677	37.6%
4	Emergency Financial Assistance	\$153,841	1.3%			\$153,841	1.3%
5	Food Bank/Home-Delivered Meals	\$1,028,400	8.4%			\$1,028 <i>,</i> 400	8.4%
6	Oral Health Care	\$1,427,799	11.7%		\$(200,000)	\$1,227,799	10.1%
7	Non-Medical Case Management	\$1,077,139	8.8%	\$345,965	\$230,765	\$1,307,904	10.7%
10	Medical Transportation	\$161,531	1.3%		\$(80,765)	\$80,766	0.7%
12	Psychosocial Support	\$1,086,110	8.9%	\$186,769	\$150,000	\$1,236,110	10.1%
13	Medical Nutrition Therapy	\$893,600	7.3%			\$893,600	7.3%
15	Health Education/Risk Reduction	\$0	0.0%			\$0	0.0%
19	Other Professional Services	\$0	0.0%	\$137,813		\$0	0.0%
22	Linguistics	\$0	0.0%			\$0	0.0%
	MCM/NMCM Training	\$234,380	1.9%			\$234,380	1.9%
	Direct Part A Service Total	\$12,194,525	100.0%	\$869,721		\$12,194,525	100%

Additional Guidance to BPHC

ARC recommends that the Council allows BPHC the flexibility to adjust category funding allocations based on emerging needs and the changing environment by up to **25% above or below** the levels for each service category, except for categories funded at less than \$500,000 are given up to **50% leeway** as established in the FY26 Funding Scenario recommendations."

If BPHC needs additional flexibility, they will notify the Executive Committee as soon as possible.

Votes on June 26th

Motion to approve the FY25 Potential Carry Over Scenario developed and recommended by Allocation of Resources Committee.

Motion to approve the package of FY26 Funding Scenarios developed and recommended by Allocation of Resources Committee:

- 1) FY26 Level Funding
- 2) FY26 75% Core/25% Support (No Waiver)
- 3) FY26 \$500,000 Decrease
- 4) FY26 \$1 Million Decrease
- 5) FY26 25% Decrease
- 6) FY26 MAI Level Funding
- 7) FY26 100% MAI Cut

Motion to approve the additional guidance to BPHC as recommended by Allocation of Resources Committee.

1) Additional Guidance to BPHC



Recommendations for 2025-2026 ARC

- Offer an optional training session before the all-day allocations meeting.
 This should be required for people who have never done the allocations meeting before, and optional for people who would like a refresher.
- Embed discussions about the direct impact of funding, like "what do the agencies do with this money?", or "how do they implement the services?"
- Continue to explore additional ways to involve more Council members in the Allocations meetings or provide more support to ARC with this process
- Continue to do separate funding streams data presentations Core,
 Support, Admin or Miscellaneous
- Review FY26 scenarios in each ARC meeting in the 2025-2026 term against the changing federal landscape





- Casual Coffee Hours focused on the impacts of the federal government or more focused on community building, and less related to the Council work
- Continue to incorporate DEIA efforts into meetings and possibly offer outside trainings – Include <u>Accessibility</u> in DEIA efforts!
- Learn more about policy changes or proposed changes, and when those happen, how could they impact decision-making, funding streams, etc.
- Make presentations more active more breakout rooms and group activities, more discussions
- Consider including static visual aids for reference up in the room during sessions where we're tackling larger issues
- A message at the beginning of each meeting that reminds members to silence their cell phones and refrain from side conversations
- Plan at least one meeting with Executive Leadership of BPHC per year (i.e. Dr. Bisola Ojikutu – we did this in 2024)







Services, Priorities, & Evaluations Committee Year-End Report

Daniel Amato, Chair





Committee Members

Daniel Amato -Chair

Justin Alves

Stephen Batchelder

Alyssa Collaro

Luis Rosa

Romini Smith

Steven Spinale

Milaun Casimir

Rudy Wise

Roxy Dai – Ryan White Services Liaison

Committee Charge

Bylaws, Article 7, Section 1

The SPEC shall summarize and make recommendations to the Planning Council on HRSA-approved Part A service categories and provide guidance on prioritizing Part A service categories.

The SPEC shall assess the efficiency of the administrative mechanism in rapidly allocating funds within the EMA. The committee will conduct additional evaluation activities, including evaluating the effectiveness of HIV care strategies in the EMA and of planning activities.

Deliverables: Service Standards Review & Revisions, Guidance of the Priority Setting Process, Assessment of Administrative Mechanism



Service Category Review

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

November – Review of Core Part A Funded Service Categories and guest presentation by Ryan White Dental

December – Review of Support Part A Funded Service Categories, Kahoot Review Game, and discussion about Emergency Financial Assistance

February – Review of Core Non-Part A Funded Service Categories

March – Additional presentation about Emergency Financial Assistance spending, Review of Support Non-Funded Service Categories

April - May – Discussion about potential categories to research if large federal funding changes are implemented

I

Our Projects



Service Standards Revisions

01 — 02 — 03

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.

04

SPEC voted on final service standard revisions.

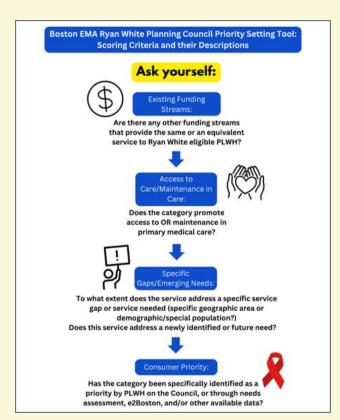
05

SPEC presents revisions to Planning Council for a final vote on Feb 13, 2025. RWS finalized changes and distributed standards to EMA.



Our Projects

FY26 Priority Setting Process



Each year, the Planning Council ranks all 28 service categories according to needs in the EMA. This prioritization helps the Allocation of Resources Committee and BPHC make resource allocation decisions. SPEC is responsible for designing and guiding the priority setting exercise.

This year, SPEC determined:

- The resources to include in binders
- The agenda for the March 13 Priority Setting Meeting
- Priority Setting Medicaid Reduction Scenario

Assessment of Administrative Mechanism

The AAM!

The AAM is a federally mandated assessment of how efficiently and rapidly BPHC allocates funds within the EMA. SPEC designs this assessment and distributes the data collection tools to funded agencies that evaluate BPHC's activities, including requests for proposals, contract monitoring, and distribution of funds. The committee also reviews fiscal data from BPHC.

The committee is then responsible for reviewing all data and writing a report that includes recommendations on how to improve BPHC's administrative process.

SPEC presented this data on May 8th along with our Corrective Action Plan Recommendation.



SPEC requests quarterly updates from BPHC on the metrics from the Fiscal Data Request, rather than only at the end of the year:

- Contract execution (beginning of the year only)
- Invoice reimbursement
- Budget revisions

BPHC staff and SPEC will determine expectations for when any improvements will be made as needed

Invite Planning Council leadership to sit in on SPEC when BPHC presents these updates



Recommendations for 2025-2026 SPEC

A. Recommendations for Service Standards:

- Continue to be more intentional with Service Standards edits rather than focusing only on wording/grammar
- Look into other progressive cities that are similar to the Boston EMA to see what they have in their service standards for inspiration on how to edit ours

B. Recommendations for Subsequent AAM Surveys:

- Edit the AAM data collection tool earlier so that providers have more time to fill it out
- Make emails more direct and official, and continue sending them through the PCS email

C. Recommendations for Priority Setting:

 Have SPEC members complete the Priority Setting Activity before the full Planning Council so that SPEC members know what to expect and can help answer questions day of the Priority Setting Activity

11/1/2/19

Recommendations for 2025-2026 Planning Council



- Empower Council members to follow Robert's Rules of Order and make motions to vote on topics/decisions that come up, even if they are not directly tied to a mandated deliverable or activity; encourage more voting/tabling discussions if decisions cannot be made in one meeting
- Encourage more mentorship within the Council







Needs Assessment Committee Year-End Report

Amanda Hart, Chair & Regina Grier, Vice Chair

Committee Members

Amanda Hart -Chair Regina Grier – Vice Chair

Joey Carlesimo

Damon Gaines

Christopher McNally

Serena Rajabiun

Curtis Santos

Shambi Mwandembo

Catherine Weerts

Kim Wilson

Hemi Park

Zan Whittied – Ryan White Services Liaison

Committee Charge

Bylaws, Article 7, Section 1

The Needs Assessment Committee shall execute the development and implementation of a needs assessment to identify needs of people living with HIV both receiving care and those out of care to determine:

- What medical and support services PLWH need to enter or return to care, stay in care, and reach and maintain HIV viral suppression
- To what extent are those needs being met by the current system of care
- What kinds of services are most needed and work best for different groups of PLWH – and what disparities in access and services remain for affected subpopulations and historically underserved communities

This process must be objective, ethnically, culturally, and linguistically sensitive. This process may be conducted in collaboration with the recipient. The needs assessment must be representative of the entire EMA.

Deliverables: Needs Assessment Report



Year 1 Accomplishments





Reviewed past/current Needs Assessments



Reviewed city/state epidemiology data



Designed focus group discussion and in depth interview guides for PLWH



Designed provider surveys for Part A providers



Identified community partners for FGDs and IDIs



Reviewed budget and resources needed





Conducted a 2-part FGD and IDI training





- That we can stay on target and continue progress from this term for what we are trying to do for the next steps, and make sure we choose the right agencies to get information from
- Any data collection trainings should be held in person unless there are unavoidable circumstances
- Hold space for NAC members to discuss the political environment at the end of meetings.
- Be mindful about transferring knowledge from this year's NAC cohort to next year's cohort. There will not be a lot of overlap between the members from this year and next year.

Recommendations for 2025-2026 Planning Council



 Encourage more members to regularly attend and stay engaged during meetings







Vote on MNC
 Responsibilities
 Redistribution

MNC Redistribution

*Proposed by PCS in Exec on 4/28, discussed in MNC on 5/5 and Consumer on 5/8, discussed and approved to move forward to the full Council in Exec on 5/22

Consumer Committee

In addition to their current charge:

- •Develop ideas for mentorship program changes, pairings, meetings, etc
- •Plan an event for the mentorship mixer
- •Advertise and attend recruitment events
- •Generate ideas on how to recruit new members

Executive Committee

In addition to or enhancing their current charge:

- •Announce member attendance at each meeting (already part of charge – per committee)
- •Vote on removing members/vote on membership issues (already part of charge, secondary vote to MNC)
- •Review and coordinate logistics in meetings about the nominations group
- •Continue to review Standard Operating Procedures as they are developed and reviewed by applicable Committees

Nominations Group

NOT a separate committee, the nominations group will include mid-term members who are eligible to conduct interviews and participate in the nominations meeting

- •Eligibility will be announced in the March Planning Council meeting instead of the April meeting
- •Responsibilities to include interviewing new member applicants
- Possibly meet halfway through the year to checkin
- •Nominations meeting in July



New Leadership Position

MEMBERSHIP REPRESENTATIVE

Required tasks:

- Attend Executive Meetings every month
- Announce updates regarding attendance, retention, votes, recruitment, nominations group, etc.
- Lead/Chair the Nominations Group meeting (at least 1 meeting, end of year to review applicants)
- Meet with the PCS membership liaison every month before Exec to discuss membership updates and issues to bring to Exec as needed
- Connect with and support members regularly
- Member (in partnership with PCS) must be aware of and in tune with membership of the Council during that term, including member satisfaction, needs, challenges, successes, etc.

Optional but encouraged tasks:

- Attend the Consumer Committee to be updated on events and priorities for recruitment
- Attend Orientation
- Attend and promote recruitment events
- Provide suggestions for finding opportunities for recruitment

Vote on MNC Responsibilities Redistribution

Motion to approve the MNC responsibilities redistribution to Consumer and Executive, the continuation of the Nominations Group, as well as the creation of the new leadership position: Membership Representative.









2025-2026 Chair-Elect Nominations!

So, what does the Chair-Elect do?

Preparation for and Participating in Executive Committee Meetings

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

Preparation for and Participating in Planning Council Meetings

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

Meeting Follow Up

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

New Member Orientation

• Attend and participate in new member orientation

Other

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

Chair-Elect Timeline

Margaret is the current Chair





Henry will be the Chair for 2025-2026



NEW Chair-Elect will be elected on June 26th



They will be the Chair for 2026-2027!





Nominations Guidelines

Self nominate or nominate another member today, during the meeting

If you want to nominate yourself or someone else, let PCS know by **June 13**th

All nominees must submit a written statement of candidacy to PCS by **Friday**, **June 20th**, **5 PM**

NO LATE SUBMISSIONS
WILL BE ACCEPTED

Voting will take place on June 26th





End of Year Survey





Announcements & Adjourn!

- RECRUITMENT: We have 13 total applicants and are still accepting more! Please post online and tell your colleagues, friends, and clients to apply! DUE JUNE 13th!
- Nominate a Chair-Elect by June 13th
- Fill out the End of Year Survey by June 26th

During the FINAL Council meeting, we will:

- Hear BPHC's response to the AAM
- VOTE on the FY26 Resource Allocation Scenarios
- Hear the MNC and Consumer Committee Year End Reports
- MNC redistribution VOTE
- VOTE on the 2025-2026 Chair-Elect!

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

