

2023 - 2024



# Planning Council Meeting

Thursday, May 9th, 2024

4:00 pm - 6:00 pm

Non Profit Center

89 South St., Boston, MA 02111

ZOOM LINK:

<https://us02web.zoom.us/j/9178940335?pwd=bk94emJRZmZnSy9ONUJvZmhTMEM0QT09>

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## Welcome & Moment of Silence

4:00 pm

Darren Sack, PC Chair

## April 11th Minutes Review & Vote

4:05 pm

Darren Sack, PC Chair

## Agency Updates

4:10 pm

Agency Representatives

## Needs Assessment Committee Vote

4:20 pm

Restructuring & Governing Docs Working Group

## Year in Review: Anti-Stigma Campaign Presentation

4:30 pm

PCS and Consumer Committee

## RWSD Year End Report

4:45 pm

RWSD

## Funding Streams Summary

5:00 pm

PCS

## AAM Results, Recommendations & Vote

5:30 pm

SPEC

## Announcements, Evaluations, Adjourn!

5:50 pm


Darren Sack, PC Chair



# Planning Council

May 9<sup>th</sup>, 2024

Darren Sack, Chair  
Margaret Lombe, 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.**

# Agenda



# Objectives



Minutes Review & Vote	Vote on April meeting minutes
Agency Updates	Hear any updates from Agency representatives
Needs Assessment Committee Vote	Vote on the proposed creation of a Needs Assessment Committee
Year in Review; Anti -Stigma Campaign Presentation	Hear about the Anti -Stigma Campaign activities from this past year and engagement metrics
RWSD Year End Spending & Utilization Report	Continue the presentation from last month from RWSD about FY23 spending & utilization
Funding Streams Summary Presentation	Gain a general understanding of the funding streams available to HIV services throughout the Boston EMA counties and understand the context in which Part A exists and funds services.
Assessment of Administrative Mechanism Results, Recommendation & Vote	Hear about the results from this year's AAM and vote on SPEC's recommendations to BPHC as a result of the AAM

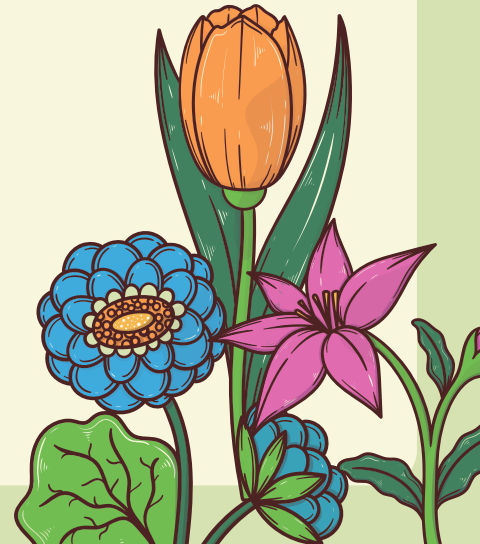


# Minutes Review & Vote

## April 11<sup>th</sup>, 2024

Steps to approve minutes:

1. Review 4.11.24 Minutes (on Basecamp and sent out in reminder email!)
2. State your name and make a first motion then another person states their name and makes a second motion.
3. Vote via show of hands or Zoom poll
  - Approve: Yes, approve minutes
  - Oppose: No, do not approve minutes
  - Abstain: Absent from previous meeting/Decline to vote



# Agency Updates



Massachusetts Dept. of Public Health | Barry Callis

New Hampshire Dept. of Health & Human Services | Yvette Perron

MassHealth | Alison Kirchgasser

BPHC/Ryan White Services Division | Tegan Evans

City of Boston/Mayor's Office | Melissa Hector

Committee Reports will be posted on Basecamp in today's meeting folder.

# Needs Assessment Committee Vote

The Restructuring and Governing Docs Working Group and Executive Committee propose the addition of a new committee: The Needs Assessment Committee.

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 those needs are 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, and 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.



# Needs Assessment Committee Vote

Motion to approve the creation of this new committee as presented and discussed along with the proposed language to be added to the Bylaws.

*(Please state your name when you make a motion and when you second!)*


Vote via Zoom poll OR in-person ballots:

- Approve: Yes , I approve the Needs Assessment Committee
- Oppose: No, I do not approve the Needs Assessment Committee
- Abstain: I decline to vote



# *Anti-Stigma Campaign Impressions*

In this section we will:

- **Review** Anti-Stigma Campaign efforts and accomplishments from the 2023-2024 council year.
  - **Analyze** data collected from campaign events, advertising, website, and outreach.
  - **Reflect** on campaign successes, challenges, and goals for the future.
- 

**You already  
know and  
love someone  
living with HIV**



# Initiative #1: Internship



- Hana Wallen
- Internship Responsibilities:
  - SYKL website and social media
  - Branding and merchandising
  - Outreach Events
  - Data tracking
- Pay accounted for about 11% of total funding award
- Future Considerations



# Initiative #2: Marketing & Merchandise





# Initiative #3: Website & Social Media

## Anti-Stigma Resource Library

You found our campaign, now how can we help you find resources you may need? Click through the drop-down menus below to see what is available to you in our area. This section is a hub for a variety of resources.

Please reference "["HIV Services and Testing Centers."](#)" for more specific resources.

**Anti-Stigma Education** +

**BIPOC Resources** +

**Community Spaces** +

**Disability Services** +



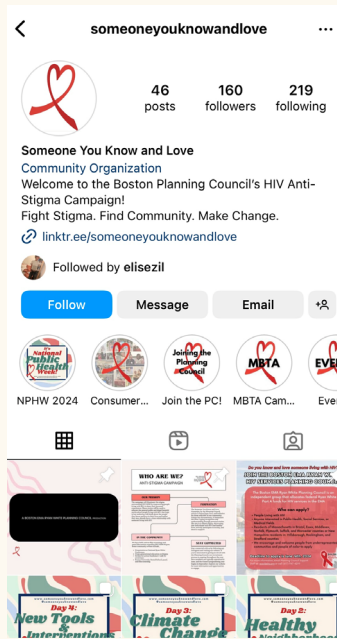
[Home](#) [About us](#) [Watch the Film](#) [Resources](#) [Get Involved](#) [Community Highlights](#) [Contact](#)

## Someone You Know and Love

Boston EMA Ryan White Planning Council Anti-Stigma Campaign

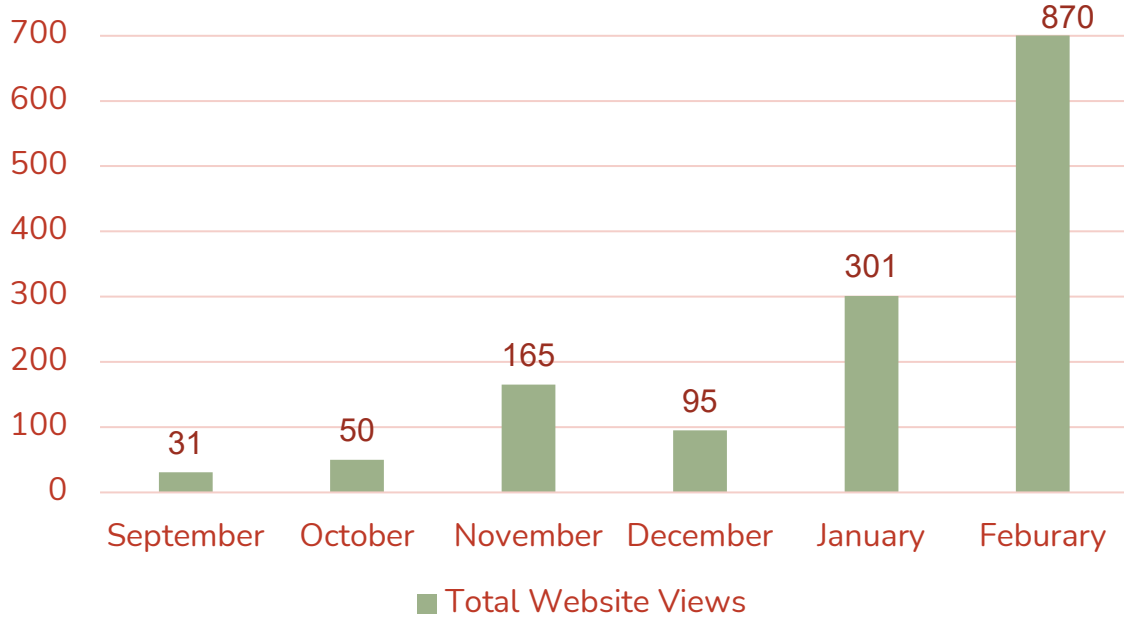
Fight Stigma. Find Community. Make Change.

[Watch the Full Film](#)

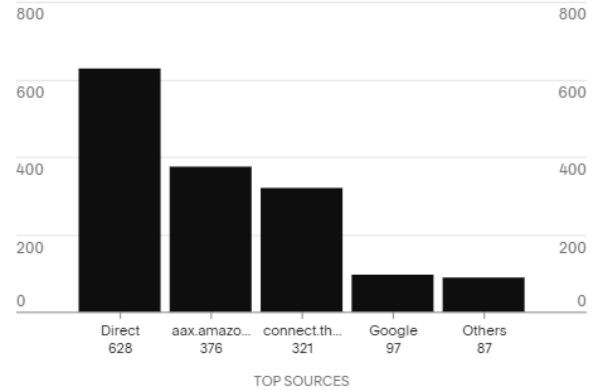


# Overall Monthly Website Growth and Impressions

## Total Website Views



## Top Sources by Visits VIEW SOURCES







# Initiative #5: University Outreach Events








# Looking Forward



- Consumer Committee planning of 2024-2025 campaign directives
    - Feedback Survey, Consumer Committee planning
  - Submit scope of work
    - Outline of plans for EHE funding (by end of Council year, but can be changed after funding is awarded to Council)
- 

Thank you! Questions?





# Fiscal Year 2023 Year-End Report

*March 1, 2023 – February 29, 2024*

**Ryan White Services Division  
Infectious Disease Bureau  
Boston Public Health  
Commission**

# Spending Update



## 75 – 80%

- Non-Medical Case Management

## 81 – 86%

- Medical Transportation
- Psychosocial Support Services
- Emergency Financial Assistance - MAI

## 87 – 91%

- Medical Case Management
- Health Education Risk Reduction
- Other Professional Services Legal- MAI

## 92- 95%

- Housing
- Psychosocial Support Services – MAI
- Other Professional Services Legal- MAI

## 96- 100%

- Medical Nutrition Therapy
- Oral Health
- Other Professional Services- Legal
- Medical Case Management – MAI
- Emergency Financial Assistance\*
- AIDS Drug Assistance Program \*
- Foodbank/Home-Delivered Meals\*
- Non- Medical Case Management – MAI\*
- Linguistic Services – MAI\*

# Part A Utilization Update- Units



Service Category	Number of Units Completed
AIDS Drug Assistance Program	32
Emergency Financial Assistance	481
Foodbank/Home-Delivered Meals	40,352
Health Education and Risk Reduction	2,584
Housing	5,143
Linguistic Service	24
Medical Case Management	46,064
Medical Nutrition Therapy	191,758
Medical Transportation	10,461
Non-Medical Case Management	11,474
Oral Health	8,605
Other Professional Services – Legal	1,291.25
Psychosocial Support Services	4,762

*Data pulled from the Utilization Summary report on e2boston 5/7/24.*

# Part A Utilization Update- Clients



Service Category	Number of Clients Served
Oral Health	2,295
Medical Case Management	1,890
Medical Transportation	762
Non-Medical Case Management	760
Foodbank/Home-Delivered Meals	727
Medical Nutrition Therapy	551
Housing	422
Psychosocial Support Services	371
Emergency Financial Assistance	319
Health Education and Risk Reduction	317
Other Professional Services – Legal	98
AIDS Drug Assistance Program	25
Linguistic Service	24



# MAI Utilization Update- Clients

Service Category	Number of Clients Served
Emergency Financial Assistance	314
Medical Case Management	276
Non-Medical Case Management	127
Psychosocial Support Services	82
Linguistic Service	34
Other Professional Services – Legal	-



# MAI Utilization Update- Units

Service Category	Number of Units Completed
Emergency Financial Assistance	34
Linguistic Service	34
Medical Case Management	6,565.75
Non-Medical Case Management	3,534
Other Professional Services – Legal	-
Psychosocial Support Services	603.3



# Successes, Challenges & Observations

- Updated Contracting Process to reflect multi-year funding
  - “Sent out contract amendments within 45 days of NoA in FY24.”
- Completed Site Visits to ensure compliance with programmatic and fiscal policies.
- Staffing retention continues to be a challenge across the EMA.
- Full award release schedule continues to impact invoicing timelines.
- MassHealth redetermination conflicts.
- Increased number of undocumented clients from Haiti, Brazil, and Mexico.





**Thank you  
Questions?**

Melanie Lopez  
Senior Program  
Manager

[mlopez@bphc.org](mailto:mlopez@bphc.org)

# Funding Streams

# Summary

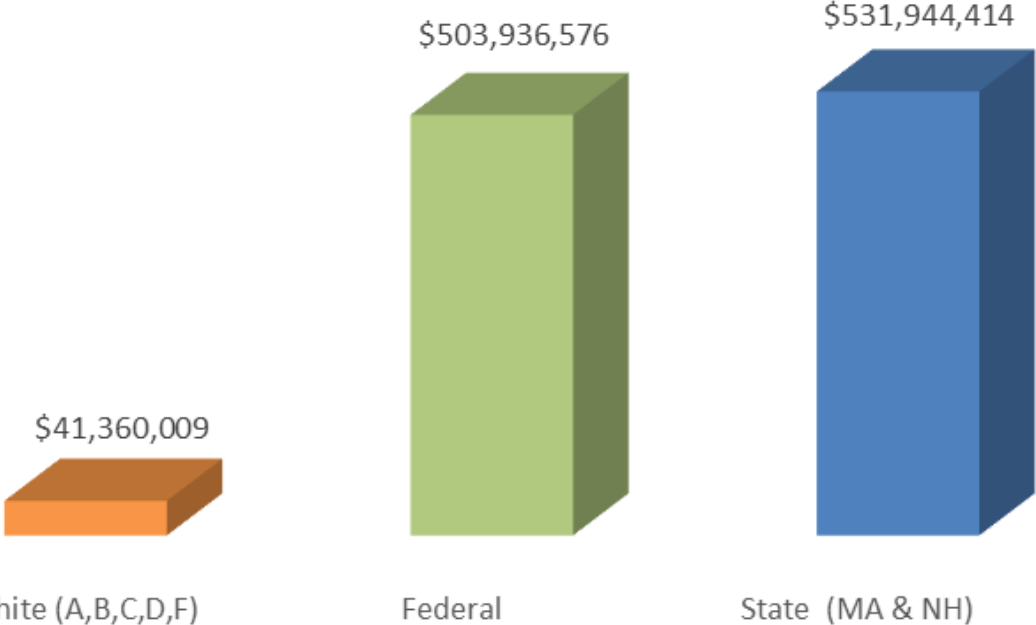
## 2023-2024

The objectives of this presentation are:

- For you to gain a general understanding of the funding streams available to HIV services throughout the Boston EMA counties
- To understand the proportions of each funding source for particular service categories
- To ask questions and learn something new!

# Current Funding Environment

Figure 1. Main Funding Streams in the Boston EMA



# Limitations

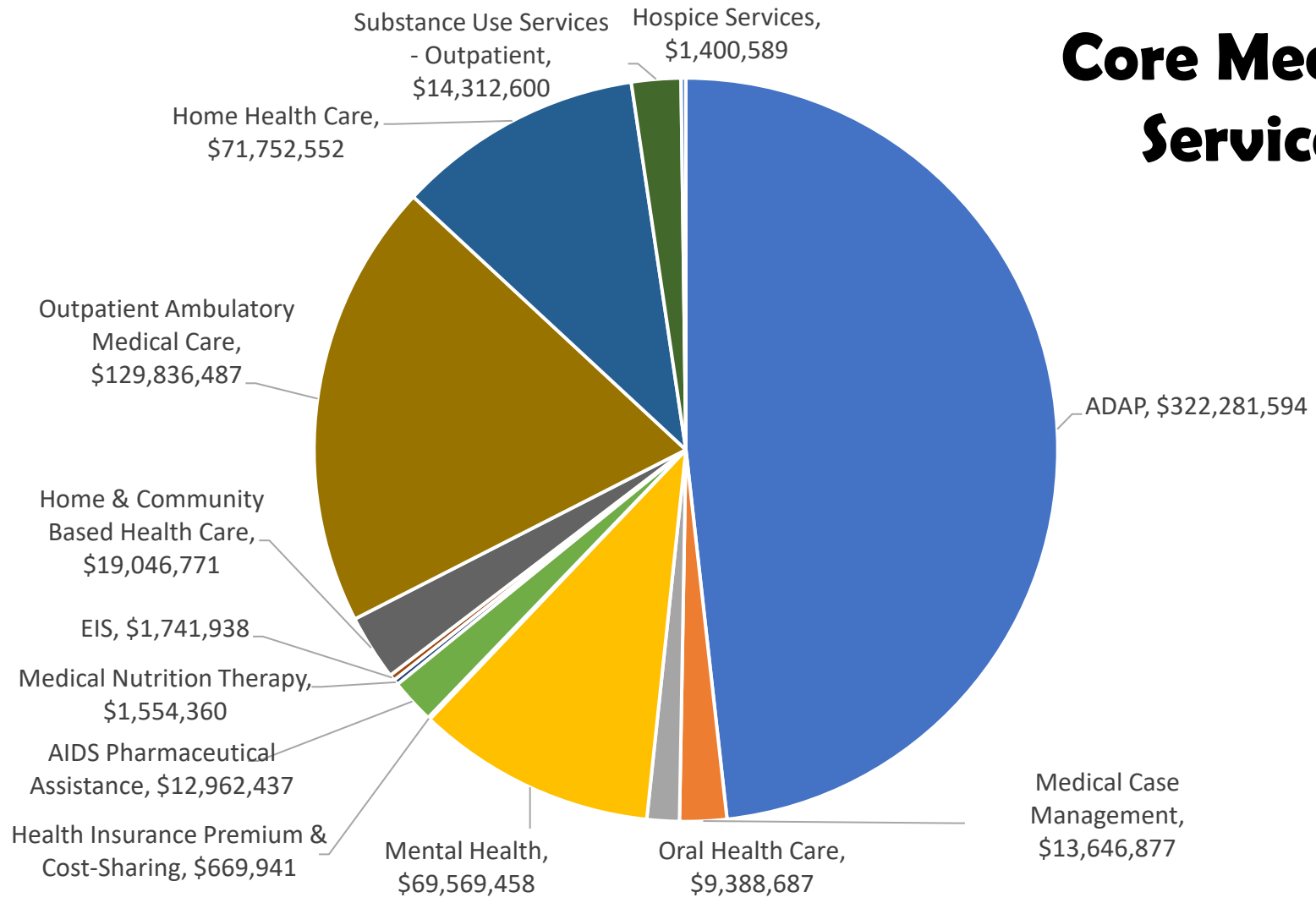
- Response rate – 66.07% response (37/56)
- Fiscal years – Agencies operate on different fiscal years, the dollars reported here are from 2022-2023, 2023-2024, and 2024-2025 depending on the most recent available data and when each agency's fiscal year started
- Potentially missing the full scope of EHE awards, other smaller awards for individual programs and private funding
- Keep in mind that many of the large, Federal agencies can only report to us about the dollars spent in the full state (i.e. CDC dollars in NH are for the entire state)

<b>Table 2: 2023 -2024 Funding Stream Breakdown in the Boston EMA</b>		
<b>Funding Stream</b>	<b>Total Allocation</b>	<b>Percentage</b>
Part A	\$ 15,228,608	1.4%
Part B	\$ 18,122,549	1.7%
Part C	\$ 4,902,979	0.5%
Part D	\$ 1,331,393	0.1%
Part F	\$ 1,774,480	0.2%
HOPWA	\$ 7,738,259	0.7%
CDC	\$ 4,782,604	0.4%
Federal Medicaid (MassHealth & NH)	\$ 473,731,130	44.0%
EHE Funding	\$ 1,246,301	0.1%
SAMHSA	\$ 16,101,365	1.5%
Other Federal	\$ 336,917	0.0%
State Contribution - MassHealth	\$ 462,538,755	42.9%
MA General Funds	\$ 32,952,538	3.1%
MDPH - BSAS	\$ 22,640,328	2.1%
MA Other	\$ 538,489	0.0%
NH State General Funds	\$ 7,400,904	0.7%
NH State Rebate Funds	\$ 5,873,400	0.5%
Other Public Funding	\$ 351,600	0.0%
Private Funding	\$ 161,350	0.0%
<b>TOTAL</b>	<b>\$ 1,077,753,949</b>	<b>100.0%</b>

Table 2: 2023 -2024 Funding Stream Breakdown in the Boston EMA			
<b>Funding Stream</b>	<p style="text-align: center;"><b>KNOWLEDGE CHECK:</b></p> <p style="text-align: center;">What is the biggest payor of HIV services in the Boston EMA???</p> <p>A. MassHealth</p> <p>B. Ryan White Part B</p> <p>C. EHE Funding</p>		
Part A			
Part B			
Part C			
Part D			
Part F			
HOPWA			
CDC			
Federal Medicaid (MassHealth & NH)			
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Other Federal			
State Contribution - MassHealth			
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MA Other			
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Other Public Funding			
Private Funding			
<b>TOTAL</b>	\$	<b>1,077,753,949</b>	<b>100.0%</b>

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Part A			
Part B			
Part C			
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HOPWA			
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<b>TOTAL</b>	\$	<b>1,077,753,949</b>	<b>100.0%</b>

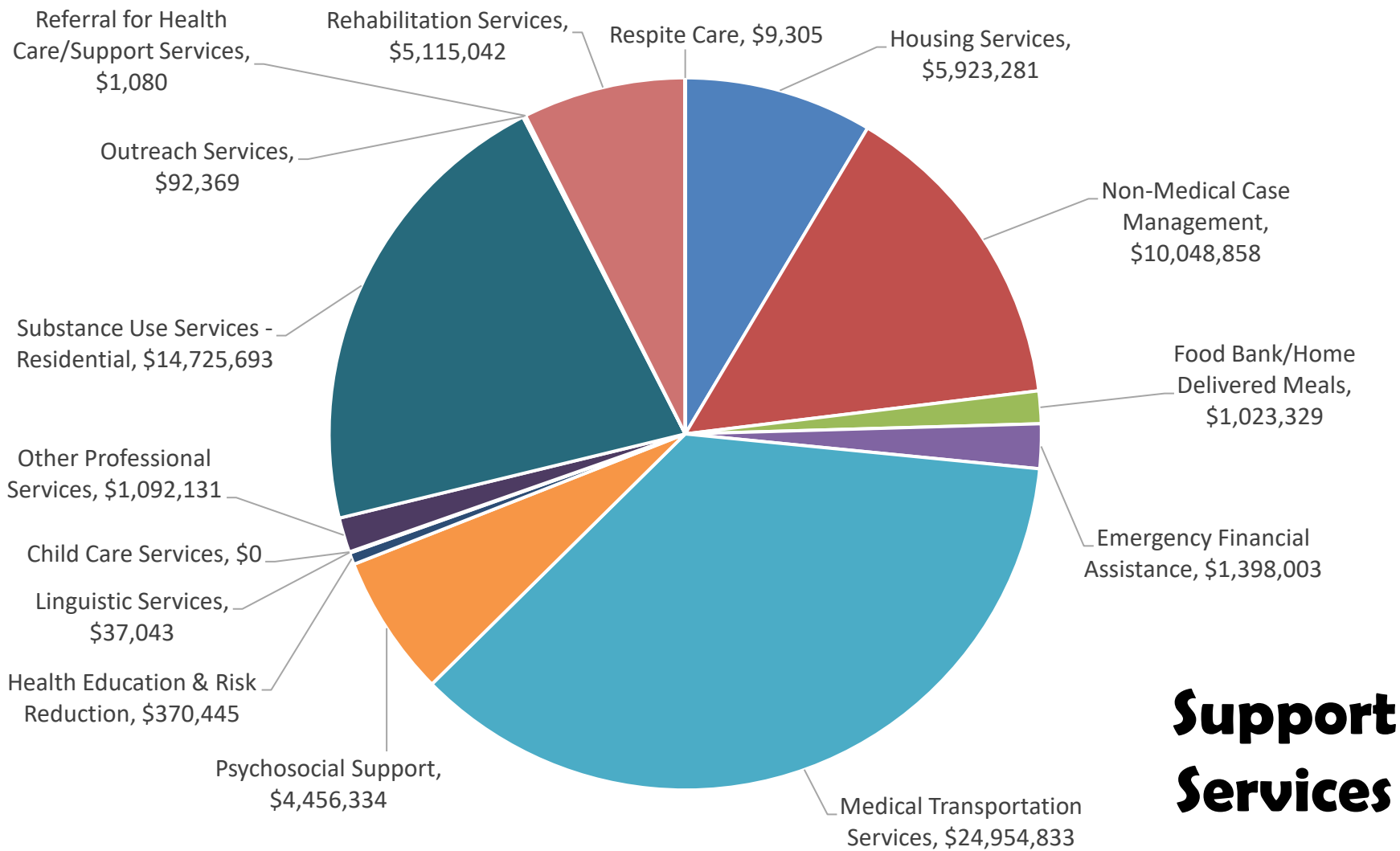
# Core Medical Services





<b>Total Public Funding in the EMA</b>						
	<b>\$12,962,437</b>	<b>\$322,281,594</b>	<b>\$1,741,938</b>	<b>\$669,941</b>	<b>\$71,752,552</b>	<b>\$19,046,771</b>
	<b>AIDS Pharm. Assistance</b>	<b>ADAP/ HDAP</b>	<b>EIS</b>	<b>Health Insurance Premium &amp; Cost Sharing Assistance</b>	<b>Home Health Care</b>	<b>Home and Community-Based Health Services</b>
<b>Federal</b>	0%	48%	1%	0%	50%	52%
<b>State</b>	0%	52%	1%	0%	50%	48%
<b>Ryan White (All Parts)</b>	100%	0%	98%	100%	0%	0%

	<b>\$1,400,589</b>	<b>\$13,646,877</b>	<b>\$1,554,360</b>	<b>\$69,569,458</b>	<b>\$9,388,687</b>	<b>\$129,836,487</b>	<b>\$14,312,600</b>
	<b>Hospice Services</b>	<b>Medical Case Management</b>	<b>Medical Nutrition Therapy</b>	<b>Mental Health</b>	<b>Oral Health Care</b>	<b>Outpatient / Ambulatory Medical Care</b>	<b>Substance Use Services – Outpatient</b>
<b>Federal</b>	50%	7%	1%	50%	37%	49%	89%
<b>State</b>	50%	31%	14%	50%	37%	50%	10%
<b>RW</b>	0%	63%	85%	1%	26%	1%	0%



**Not Funded!**

**Total Public Funding in the EMA**

	\$10,048,858	\$0	\$1,398,003	\$1,023,329	\$370,445	\$5,923,281	\$1,092,131	\$37,043
	Case Management, Non-Medical	Child Care Services	Emergency Financial Assistance	Food Bank / Home-Delivered Meals	Health Education / Risk Reduction	Housing Services	Legal Services	Linguistic Services
<b>Federal</b>	23%	#DIV/0!	79%	11%	1%	67%	16%	1%
<b>State</b>	65%	#DIV/0!	0%	0%	1%	3%	46%	0%
<b>Ryan White (All Parts)</b>	12%	#DIV/0!	21%	89%	98%	29%	37%	99%

	\$24,954,833	\$92,369	\$4,456,334	\$1,080	\$5,115,042	\$9,305	\$14,725,693
	Medical Transportation Services	Outreach Services	Psychosocial Support Services (i.e., Peer Support)	Referral for Health Care / Supportive Services	Rehabilitation Services	Respite Care	Substance Use Services - Residential
<b>Federal</b>	49%	100%	16%	0%	50%	50%	15%
<b>State</b>	49%	0%	62%	0%	50%	50%	85%
<b>RW</b>	1%	0%	23%	100%	0%	0%	0%



Typically Respite Care is listed as NOT FUNDED – but MassHealth reported \$9305 towards Respite Care

Service Category	Federal	State (MA & NH)	Ryan White Part A	Ryan White (Parts B,C,D,F)	Total
ADAP	47.85%	52.10%	0.05%	0.00%	\$ 322,281,594.00
Medical Case Management	6.66%	30.59%	36.32%	26.43%	\$ 13,646,877.00
Housing Services	67.44%	3.18%	23.69%	5.69%	\$ 5,923,281.00
Case Management, Non-Medical	22.71%	64.83%	11.12%	1.34%	\$ 10,048,858.00
Food Bank/Home-Delivered Meals	10.94%	0.00%	85.73%	3.32%	\$ 1,023,329.00
Emergency Financial Assistance	78.65%	0.00%	19.92%	1.43%	\$ 1,398,003.00
Oral Health Care	36.63%	37.35%	16.27%	9.75%	\$ 9,388,686.84
Mental Health	49.70%	49.69%	0.00%	0.61%	\$ 69,569,457.57
Health Insurance Premium & Cost Sharing	0.00%	0.00%	0.00%	100.00%	\$ 669,940.65
Medical Transportation Services	49.44%	49.39%	0.85%	0.32%	\$ 24,954,833.00
AIDS Pharmaceutical Assistance	0.00%	0.00%	0.00%	100.00%	\$ 12,962,437.00
Psychosocial Support	15.58%	61.85%	22.35%	0.22%	\$ 4,456,334.00
Medical Nutrition Therapy	0.66%	14.17%	76.68%	8.49%	\$ 1,554,359.75
Health Education/Risk Reduction	1.14%	1.14%	93.57%	4.16%	\$ 370,445.00
Early Intervention Services	1.01%	1.01%	0.00%	97.99%	\$ 1,741,938.00
Linguistic Services	0.66%	0.00%	97.79%	1.55%	\$ 37,043.00
Home & Community-Based Health Services	51.80%	48.20%	0.00%	0.00%	\$ 19,046,770.58
Outpatient Ambulatory Medical Care	49.13%	49.79%	0.00%	1.08%	\$ 129,836,487.42
Home Health Care	50.00%	50.00%	0.00%	0.00%	\$ 71,752,552.00
Substance Use Services - Outpatient	89.40%	10.35%	0.00%	0.25%	\$ 14,312,600.15
Child Care Services	0%	0%	0%	0%	\$ -
Other Professional Services (Legal & Permanency)	16.42%	46.29%	12.35%	24.93%	\$ 1,092,131.00
Substance Use Services - Residential	15.01%	84.99%	0.00%	0.00%	\$ 14,725,693.00
Outreach Services	100.00%	0.00%	0.00%	0.00%	\$ 92,369.00
Referral for Health Care/Supportive Services	0.00%	0.00%	0.00%	100.00%	\$ 1,080.00
Hospice Services	50.00%	50.00%	0.00%	0.00%	\$ 1,400,589.00
Rehabilitation Services	49.94%	49.94%	0.00%	0.11%	\$ 5,115,042.00
Respite Care	50.00%	50.00%	0.00%	0.00%	\$ 9,305.00
<b>Total</b>	<b>\$ 503,936,576.00</b>	<b>\$ 531,944,414.00</b>	<b>\$ 15,228,608.00</b>	<b>\$ 26,131,400.96</b>	<b>\$ 1,077,240,998.96</b>

Service Category	Federal	State (MA & NH)	Ryan White Part A	Ryan White (Parts B,C,D,F)	Total
ADAP					
Medical Case Management					
Housing Services					
Case Management, Non-Medical					
Food Bank/Home-Delivered Meals					
Emergency Financial Assistance					
Oral Health Care					
Mental Health					
Health Insurance Premium & Cost Sharing					
Medical Transportation Services					
AIDS Pharmaceutical Assistance					
Psychosocial Support					
Medical Nutrition Therapy					
Health Education/Risk Reduction					
Early Intervention Services					
Linguistic Services					
Home & Community-Based Health Services					
Outpatient Ambulatory Medical Care					
Home Health Care					
Substance Use Services - Outpatient					
Child Care Services					
Other Professional Services (Legal & Permanency)					
Substance Use Services - Residential					
Outreach Services					
Referral for Health Care/Supportive Services					
Hospice Services					
Rehabilitation Services					
Respite Care					
Total	\$ 503,936,576.00	\$ 531,944,414.00	\$ 15,228,608.00	\$ 26,131,400.96	\$ 1,077,240,998.96

## KNOWLEDGE CHECK:

Which is the most expensive Service Category?

- A. Medical Case Management
- B. Outpatient/Ambulatory Medical Care
- C. ADAP

Service Category	Federal	State (MA & NH)	Ryan White Part A	Ryan White (Parts B,C,D,F)	Total
ADAP					
Medical Case Management					
Housing Services					
Case Management, Non-Medical					
Food Bank/Home-Delivered Meals					
Emergency Financial Assistance					
Oral Health Care					
Mental Health					
Health Insurance Premium & Cost Sharing					
Medical Transportation Services					
AIDS Pharmaceutical Assistance					
Psychosocial Support					
Medical Nutrition Therapy					
Health Education/Risk Reduction					
Early Intervention Services					
Linguistic Services					
Home & Community-Based Health Services					
Outpatient Ambulatory Medical Care					
Home Health Care					
Substance Use Services - Outpatient					
Child Care Services					
Other Professional Services (Legal & Permanency)					
Substance Use Services - Residential					
Outreach Services					
Referral for Health Care/Supportive Services					
Hospice Services					
Rehabilitation Services					
Respite Care					
Total	\$ 503,936,576.00	\$ 531,944,414.00	\$ 15,228,608.00	\$ 26,131,400.96	\$ 1,077,240,998.96

## KNOWLEDGE CHECK:

Which is the most expensive Service Category?

~~A. Medical Case Management~~

~~B. Outpatient/Ambulatory Medical Care~~

**C. ADAP**

# Key Takeaways

- A total of \$1,077,753,949 was reported to us that funds HIV services (including administrative costs) in the Boston EMA
- Only funding direct to Ryan White Program-specific service categories inclusive of private funding reported - \$737,550,786
- ADAP, Outpatient/Ambulatory Health Services, Home Health Care, Mental Health Services and Medical Transportation were the five highest funded service categories among all funding streams.
- State funding is the highest payer of Ryan White services in the Boston EMA (Mostly thanks to MassHealth!)

# Assessment of Administrative Mechanism Results & Discussion

Services, Priorities and Evaluations Committee





# What is the AAM? Why do we do it?

A federally mandated evaluation the Planning Council is required to complete annually

Assesses how rapidly and efficiently the Recipient (BPHC) disburses the Part A funds to the areas of greatest need within the Boston EMA

To fulfill a HRSA requirement

To help BPHC improve their administrative process

**Total Response Rate:** 24/32 Part A Funded Agencies = 75%

## How many employees does your agency have and how many clients with HIV did your agency serve in the last year?

Number of employees	Number of HIV Clients in the last year						
	Less than 100	101-200	201-300	301-400	401-500	Over 500	Grand Total
Less than 50 Employees	1	1	3	1		3	9
101-250 Employees					1		1
251-500 Employees	3	2	1			1	7
More than 500 Employees	1	2		1		3	7
<b>Grand Total</b>	5	5	4	2	1	7	24

Majority of agencies have over 500 clients and over 251 employees.

# BPHC provides potential agencies with adequate information on applying for funding.

Number of employees						
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Grand Total
Less than 50 Employees		1*	1*	5	2	9
101-250 Employees				1		1
251-500 Employees			2	4	1	7
More than 500 Employees			1	6		7
		1	4	16	3	24

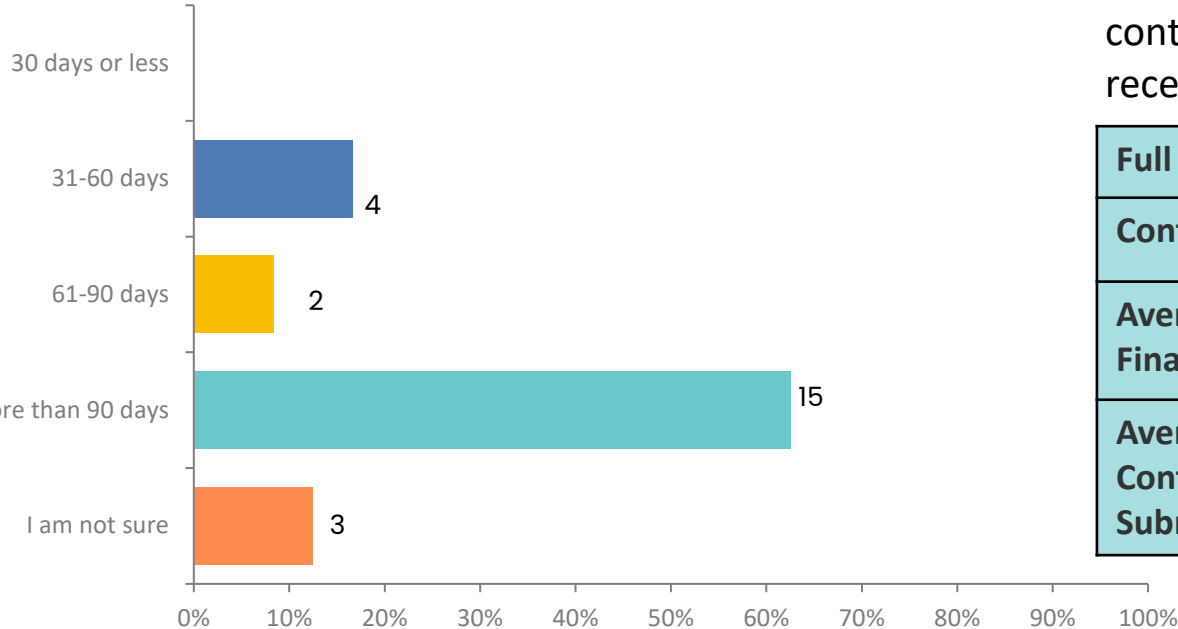
66.7% said agree, across all sizes of agencies

# Provider Survey: In your experience, how long does it take BPHC to finalize contracts with your agency?

## BPHC Data Request

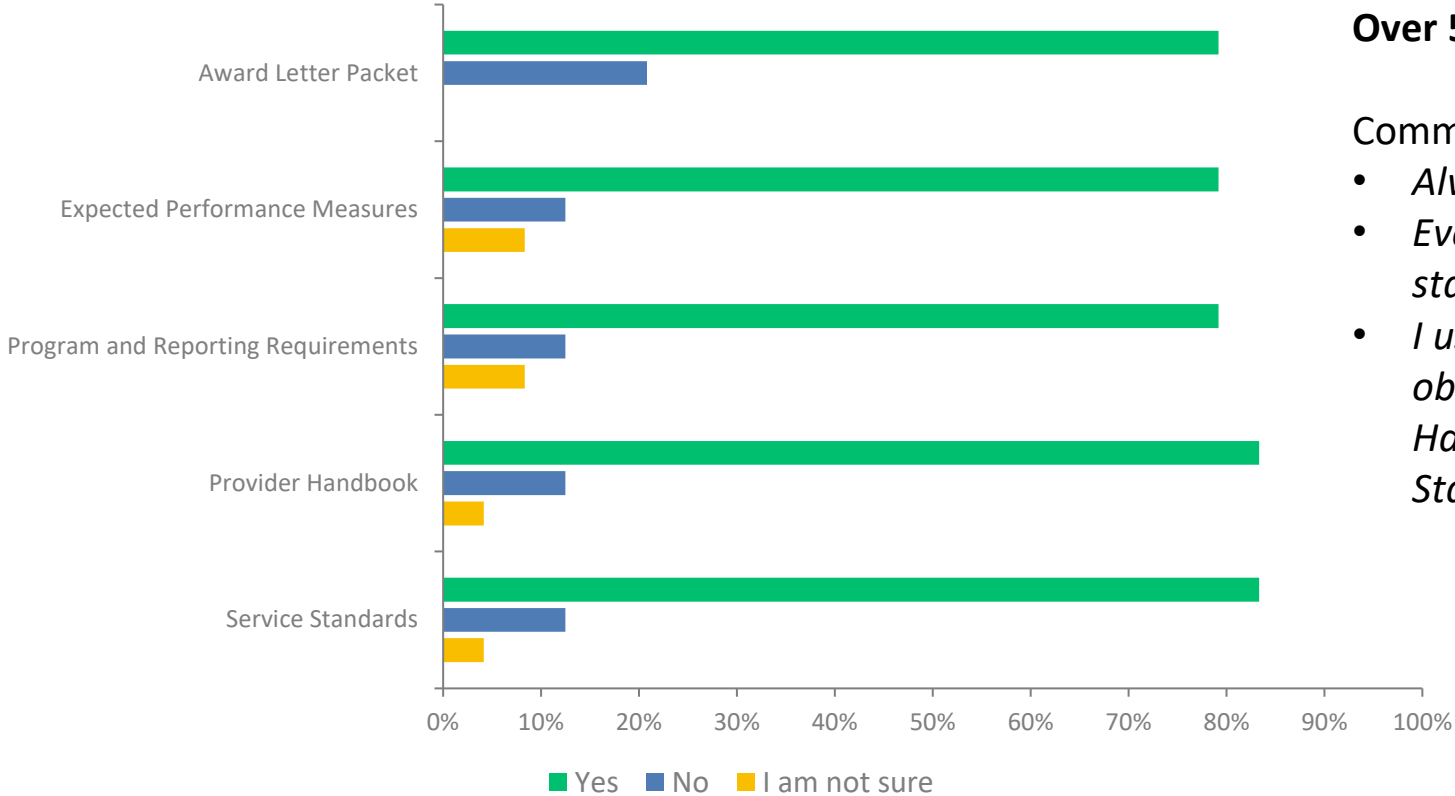
How long did it take to finalize Part A contracts in FY23 once full award was received?

<b>Full Award Date</b>	<b>4/13/23</b>
<b>Contract Sent to Subrecipient</b>	<b>11/13/23</b>
<b>Average Length of Time to Finalize Contracts</b>	<b>70 Days</b>
<b>Average Days to Fully Execute Contracts Post Returned from Subrecipients</b>	<b>42 Days</b>



\*Please note that in FY23, BPHC's contract documents went through an extensive editing process post the HRSA findings/TA recommendations which included Grants, Finance, Legal and Exec. Offices. All of which affected when contracts were ready to be submitted to our subrecipients.

# At the start of FY23, did you receive each of the following documents?



**Over 500 employees:**

Comments-

- *Always delayed*
- *Eventually, but not at the start of the FY*
- *I usually go online to obtain the Provider Handout and Service Standards*

# How satisfied are you with the accessibility and availability of the above documents and others related to your contract with BPHC?

Less than 50 Employees:

Number of employees	Satisfaction with accessibility and availability of documents					
	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Grand Total
Less than 50 Employees	1*		1	6*	1	9
101-250 Employees				1		1
251-500 Employees			2	4	1	7
More than 500 Employees		1*	2	4		7
Grand Total	1	1	5	15	2	24

•\*Very Dissatisfied: Contracts were not executed until the last quarter of FY23. Instructions on completing the packet were not provided until after the contracts were submitted back to BPHC.  
 •\*Satisfied: Except for contract. Still not rec'd for FY23

**More than 500 employees:**

•\*Dissatisfied: Need to get a contract to ensure timely invoicing to do necessary budget amendments

# Do you feel that you had adequate technical assistance from BPHC to execute your contract and do budget revisions?

Number of employees	Adequate technical assistance with budget revisions			
	No	Yes	Skipped	Grand Total
Less than 50 Employees	2*	6*	1*	9
101-250 Employees		1		1
251-500 Employees	2*	5		7
More than 500 Employees	1*	6		7
Grand Total	5	18		24

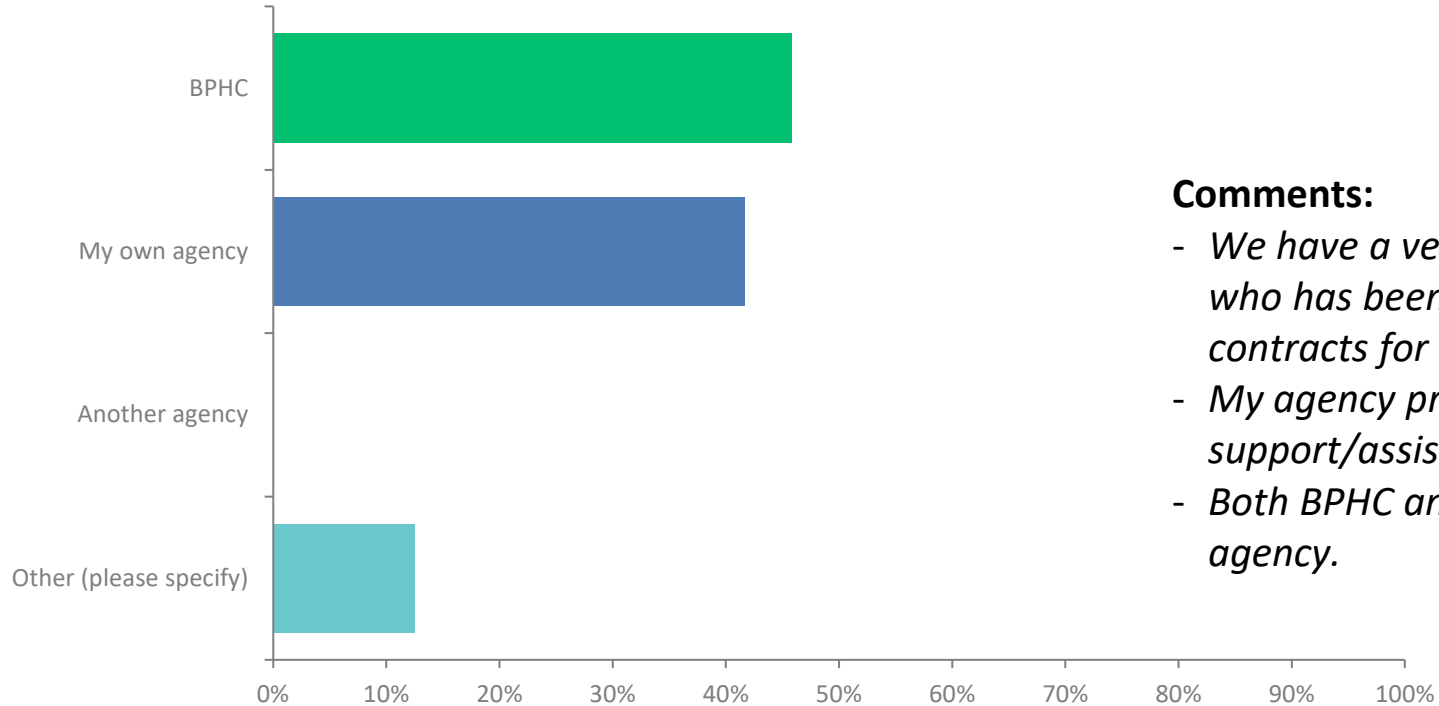
### Less than 50 Employees:

- \*Skipped: *More technical assistance on preparing for site visits and developing comprehensive policies and procedures*
- \*No: *I did not have the correct invoice template. I received the invoice template, then after submitting the invoice was told that there was a revised template. I am not sure if/when I was supposed to have received the updated invoice template.*
- \*Yes: *We requested an indirect amount that took many months to finalize.*

### 251-500 Employees:

\*No: *The budget revisions are painful compared to other contracts and take really long to process. I manage 60+ contracts and the budget revisions are the most elaborate by far due to resumes needed job offer letters etc.*

# Who typically trains your agency on contracting and budgeting?



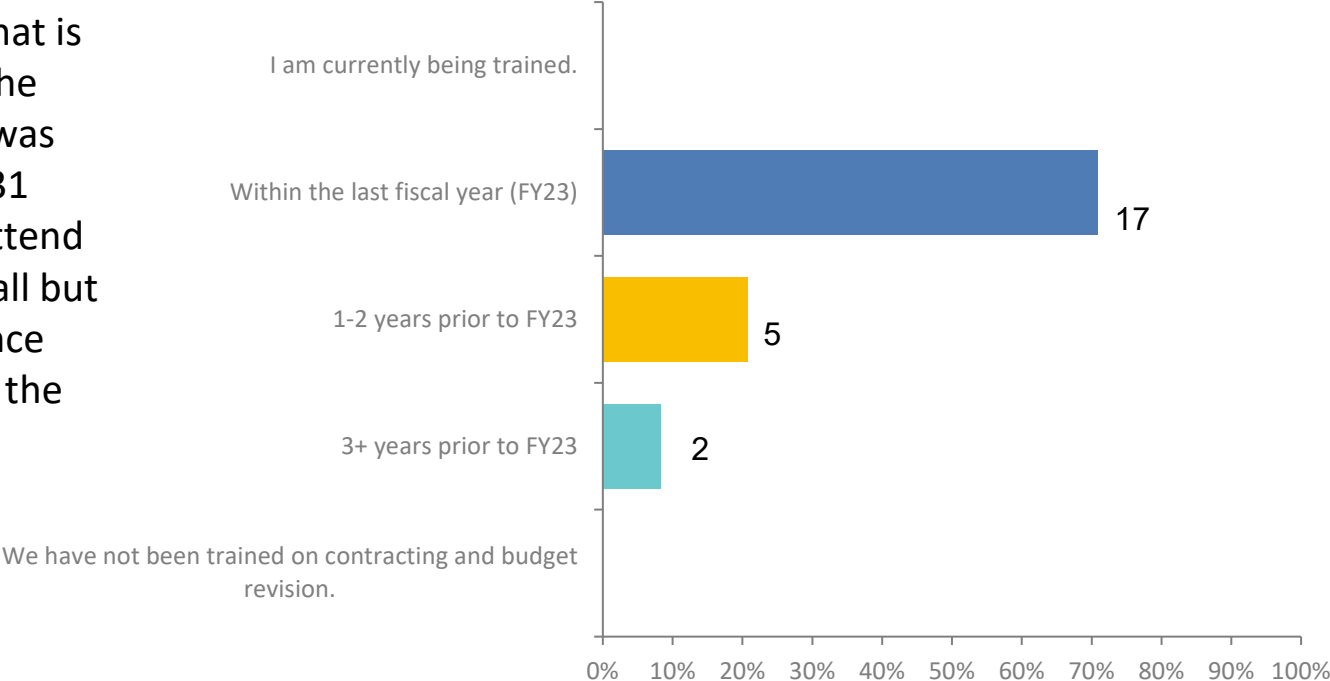
## Comments:

- *We have a very seasoned team who has been working on BPHC contracts for over a decade*
- *My agency provides me with support/assistance*
- *Both BPHC and my own agency.*



# When were you or someone from your agency last trained on contracting and budget revision?

BPHC trains on contracting and budget revision during the annual provider meeting that is recorded and sent out to the agencies. The last session was held **May 1 – 2, 2024**. All 31 agencies are required to attend the provider meeting and all but one with an excused absence were in attendance during the last provider meeting.



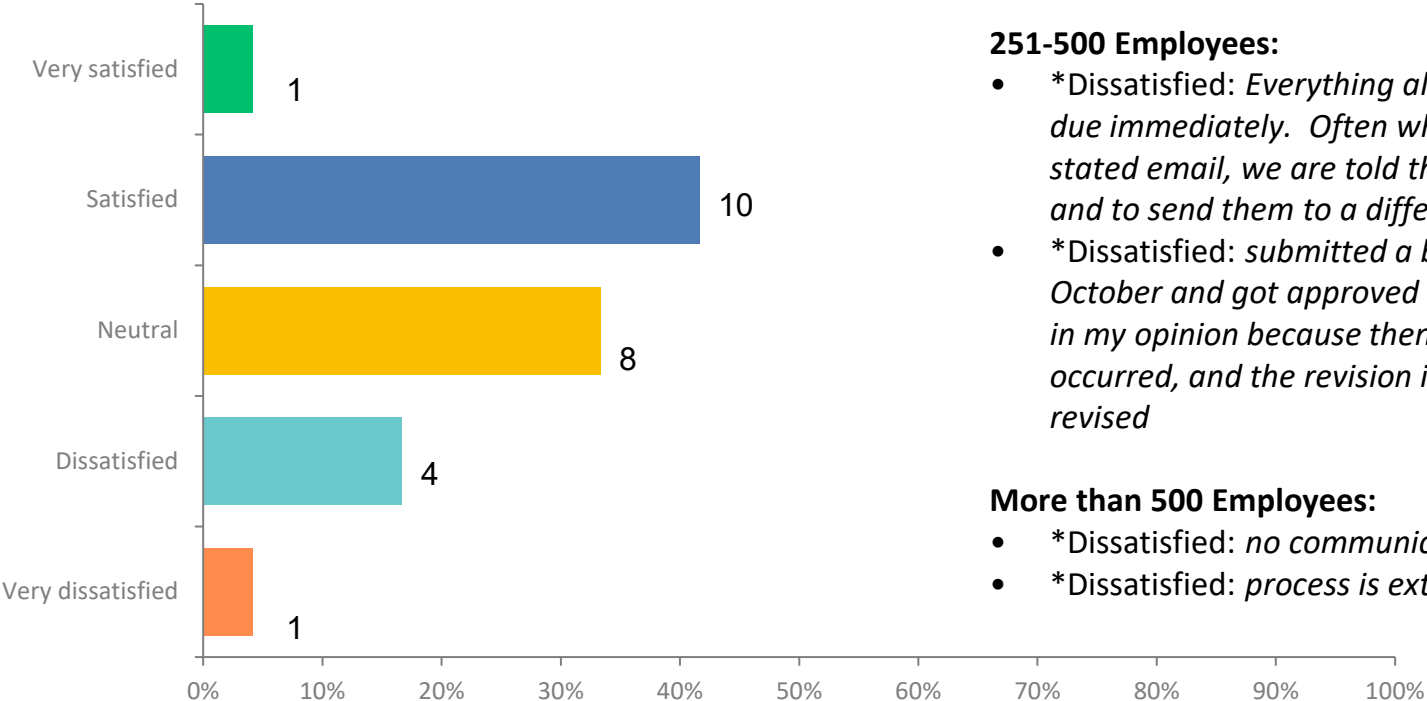
## Please list your agency's top three gaps in funding in regard to Ryan White Part A services if applicable.

Common Gaps in Funding:
Additional funds for salaries
EFA increase
Housing
Not enough funds for services
Food resources

### Additional comments from agencies with less than 50 employees:

- *Additional MCM staff [are] needed to provide quality services. We are funded for a half-time psychosocial support person, and we have a need for a full-time person. With the rise in food prices, our clients have a great need [for] grocery gift cards or vouchers.*
- *We eventually received an indirect allocation however it took many months.*
- *Many clients are experiencing food stamp cuts, and with the amount of funding we receive it is difficult to meet the need.*
- *Level funding results in a loss each year due to other rising costs. It is difficult to give any type of raise when there are no increases.*

# Provider Survey: How satisfied are you with BPHC's communication about changes with contracting or budget revisions?



### Less than 50 Employees:

- *\*Very dissatisfied: Contract is sent out very late.*

### 251-500 Employees:

- *\*Dissatisfied: Everything always feels last minute and due immediately. Often when we send things to the stated email, we are told they haven't been received and to send them to a different email*
- *\*Dissatisfied: submitted a budget revision at end of October and got approved in February. To long of a gap in my opinion because then other variables have occurred, and the revision is now stale and needs to be revised*

### More than 500 Employees:

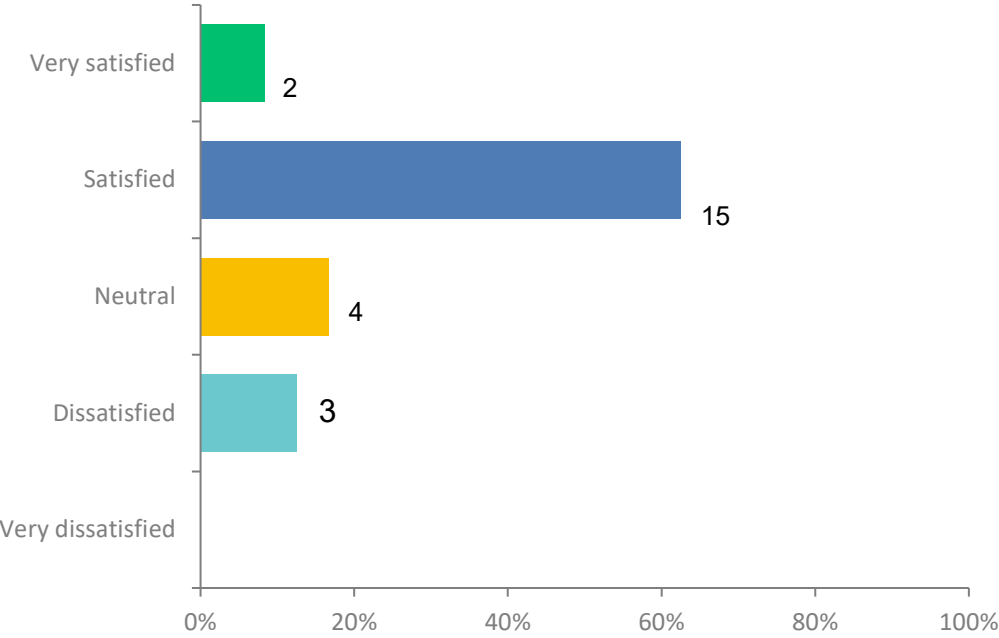
- *\*Dissatisfied: no communication about contract delays*
- *\*Dissatisfied: process is extremely slow*

# BPHC Data Request: Budget Revisions

**Question:** How long did it take to finalize the most recent round of budget revisions in FY23?

**Answer:** Fiscal no longer tracks this data. RWSD should have the process data (which is done via Microsoft List); no more date tracking. Revisions are now done in scheduled meetings between Client Services and Fiscal.

# Provider Survey: Overall, how satisfied are you with BPHC's administration of Part A funds?



## BPHC Data Request

On average, how quickly were invoices paid in FY23?

Average	<b>31 days</b>
Standard Deviation	<b>36 days</b>
Minimum	<b>1 day</b>
Maximum	<b>375 days</b>
Median	<b>21 days</b>
Sample Size	<b>821</b>

### Less than 50 Employees:

- \*Dissatisfied: *They have been slow to pay and slow to respond to inquiries*

### More than 500 Employees:

- \*Dissatisfied: *Contracting takes forever. Often receive contract right before FY is about to end*
- \*Dissatisfied: *No cost-of-living adjustments; no ability to carry over funding year-to-year*

## Provider Survey:

**Is there any other feedback you'd like to share about your experience working with BPHC's Ryan White Services Division?**

General themes from comments and feedback:

- Invoices/contracts take a long time to process
- Appreciation of partnership and support from BPHC
- Gaps in communication between RWSD and agencies

9 out of 24  
respondents left  
additional  
comments

# **SPEC's AAM Recommendation**

Requesting BPHC to have a mitigation strategy for when there are outliers in the data, specifically with contracting and invoicing, and if there is one, share with Council more detailed information on how this mitigation plan is used and context for such varied data.

# SPEC's AAM Recommendations Vote

Motion to approve the recommendations to Ryan White Services Division as presented by SPEC and discussed today.

*(Please state your name when you make a motion and when you second!)*

Vote via Zoom poll OR in-person ballots:

- Approve: Yes, I approve the recommendations
- Oppose: No, I do not approve the recommendations
- Abstain: I decline to vote



# Announcements, Evaluation & Adjourn

- Please fill out the meeting evaluation.
- IT IS RECRUITMENT SEASON!!! Please share, share, share our application or let us know about any upcoming recruitment events. Recruitment materials are [HERE](#) on Basecamp.
- Incumbent applicants – If you are an incumbent member, you will receive an application in the next week!
- Any other community announcements?





Planning Council Meeting  
Thursday, May 9, 2024  
Non-Profit Center and Zoom  
4:00 PM - 6 PM

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**Summary of Attendance**

**Members Present**

Daniel Amato  
Stephen Batchelder  
Henry Cabrera  
Barry Callis  
Joey Carlesimo  
Mose Choi  
Stephen Corbett  
Robert Giannasca  
Regina Grier  
Amanda Hart  
Darian Hendricks  
Gerald James  
Alison Kirchgasser  
Liz Koelnich  
Margaret Lombe  
Shara Lowe  
Carlton Martin  
Christopher McNally  
Ericka Olivera  
Yvette Perron  
Manuel Pires  
Nate Ross  
Darren Sack  
Romini Smith  
Michael Swaney  
Bryan Thomas  
Catherine Weerts  
Kim Wilson  
Damon Gaines  
Larry Day  
Shirley Royster  
Jordan Lefebvre

**Members Excused**

Melissa Hector  
Serena Rajabiun  
Mairead Skehan Gillis

**Members Absent**

Justin Alves  
Mitchell Barys  
Beth Gavin  
Luis Rose  
Ethan Ouimet

**Staff**

Claudia Cavanaugh  
Clare Killian  
Vivian Dang  
Melanie Lopez  
Tzuria Falkenberg

Alexandria Whitted  
Tegan Evans  
Glenda Morrabal

**Guests**

### **Topic A: Welcome and Introductions**

The Chair of the Planning Council called the meeting to order and led a moment of silence and reminded members of the group agreements. The Chair shared that PCS conducted silent attendance today to cut unnecessary time from meetings to ensure as much discussion can happen as possible.

### **Topic B: Review 4.11.24 Meeting Minutes**

**Motion to Approve:** Stephen Batchelder

**Second:** Bryan Thomas

**Result:** The 4.11.24 meeting minutes were unanimously voted in person, but one decline

### **Topic C: Agency Updates**

Mass. Dept. of Public Health, Barry Callis

- Last week, they submitted their notice of funding opportunity response to the CDC for EHE resources and prevention resources and HIV surveillance resources. All of those resources were put into one procurement, the only challenge is that it was 20 pages, which is a lot of content to respond to.

New Hampshire Dept. Of Health & Human Services, Yvette Perron

- NH Care program has implemented four more work groups to focus on integrated HIV Plan. Recruited 38 new members, kick off meeting was last week. Hopeful that these four groups will plan a lot of activities and projects.

MassHealth, Alison Kirchgasser

- Submitted an amendment to their 1115 demonstration waiver which allows them to do a lot of innovative and different things that aren't normally allowable under Medicaid law. Federal government CMS approved the amendment on April 19, and there's a number of exciting things in the amendment including the 90 days of pre-release MassHealth coverage for people coming out of correctional facilities.

BPHC/RWSD, Tegan Evans

- Last month, all of their annual documents went out. Just finished their provider meeting with great turn out, with over 100 people during day one, around 75 day two. Reviewed their site visits and evaluation surveys and learned on where they can make improvements. Have yet to receive full award.

City of Boston/Mayor's Office, Melissa Hector

- If any, updates will be shared and updated on Basecamp.

PCS and the Chair noted that Committee Reports from this month were posted on Basecamp prior to this meeting.

### **Topic D: Needs Assessment Committee Vote**

The Chair and the lead of the Restructuring & Governing Docs Working Group introduced the vote on the creation of a needs assessment committee and the proposed language to be added to the Bylaws.

Language for the Bylaws:

- 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:
  - o What medical and support services PLWH need to enter or return to care, stay in care, and reach and maintain HIV viral suppression
  - o To what extent those needs are being met by the current system of care
  - o 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, and 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.

**Motion to Approve:** Stephan Corbett

**Second:** Bryan Thomas

**Result:** Motion was approved.

*(Votes taken via Zoom poll and in-person paper ballots)*

### **Topic E: Year End Review: Anti-Stigma Campaign**

PCS gave an overview of the Anti-Stigma Campaign efforts and accomplishments of the 2023-2024 year, and analyzed collected data from campaign events, advertising, website, and outreach. There were five initiatives- Internship, Marketing and Merchandise, Website and Social Media, MBTA Advertisements, and University Outreach Events

#### **Initiative #1- Internship**

There was an intern role from September 2023 – February 2024, and their primary responsibilities were to support the campaign through updating the website and social media, assisting in the creation of updated branding and merchandising, assisting in the coordination and implementation of anti-stigma campaign events and conducting outreach for all campaign activities. She also assisted in the tracking of campaign data, helping to better evaluate each initiative and their overall impressions.

11% of the total funding award was paid out to the intern. The total funding award was \$54,000 for reference.

#### **Initiative #2- Marketing and Merchandise**

The final decisions for merchandise were enamel pins and stickers with multiple different logo designs. There were 200 of each items ordered in October of 2023. At the end of April, there were approximately 252 total pieces of merchandise distributed, which is about 63%. The remaining merchandise are expected to be shared during Pride and recruitment events throughout the summer.

Marketing and merchandise accounted for approximately 3.8% of our total budget.

A member suggested asking social media influencers that relate to the health/HIV field, and to send them merchandise to help promote the campaign and Planning Council.

#### **Initiative #3- Website and Social Media**

The majority of social media campaigning took place on Instagram, so that is what I'll focusing on today.

The SYKL website was transferred to SquareSpace from its original platform prior to the start of Hana's internship. The website was previously hosted via Wild Apple. It was important to have an easily

accessible website, that multiple people could be trained how to use for upkeep of resources and Council information and that can remain in ownership of PCS staff and Anti-Stigma Campaign participants. Having a completed website is essential to build trust in a campaign, making it look more official and established. It was also the hope of the Consumer Committee for the SYKL website to better serve as a resource for PLWH in the community who may be looking for information, community, and more.

There were significant traffic to the website from January to February, which increased after the Suffolk University panel, in addition to the MBTA ads for the campaign that ran in January and February.

Difference sources from the website traffic came from referral, direct, search, and social. Top views in Jan and Feb coming from referral. Referral represents websites that link to your content that don't fit under other channels. NOTE: This includes any QR codes and where our website is linked on other sites (i.e. Instagram, Boston.gov, etc.)

Top sources by visits: The 2nd and 3rd bars are both from QR codes and can be attributed to the MBTA ads.

#### **Initiative #4- MBTA Advertisements**

PCS shares pictures that council members shared to PCS. All were selfies or pictures that included the MBTA Advertisements, which were included at train stations and on the trains themselves.

Advertisements are taken down from the stations, but still on the trains until they are forcefully removed.

There were many impressions from the MBTA ads- with over 4 million impressions at Park Street and Downtown Crossing. Red line and orange line trains had over 2 million impressions.

Click Through Rate (CTR) = Total Clicks/Booked Impressions. According to the data, Tuesday/Wednesday had highest CTR performance. There were highest impressions around Downtown and Park Street, South End, South Boston, East Boston, and Chelsea. There were not a lot of CTR in Mattapan, Dorchester, Hyde Park, and Roxbury.

Suggestions were made by members to think about advertisement on bus routes in areas we are targeting, as well as commuter rails.

#### **Initiative #5- University Outreach Events**

***Someone You Know and Love: An Anti-HIV Stigma Campaign Film Screening and Panel Discussion.***

Where- Boston University School of Dental Medicine

When- November 28th, 2023, 5 - 7 PM.

We conducted a pre and post survey (created by BU MSW students) with students to evaluate knowledge, attitudes, and takeaways before watching the panel and film discussion, and after. (Convenience sampling)

Total attendees: (63) total responses to survey: (18) – 28.5%

Majority of attendees were students from the BU school of dental medicine, follow by social work students.

***“Someone You Know and Love: A Black Woman's Perspective” in collaboration with the Suffolk University Black Student Union and Center for Student Diversity and Inclusion to address the critical issue of HIV stigma***

When and Where: February 7th, 2024, 5-7pm, Suffolk University Law School.

Total attendees: (70) Total responses to survey (39) – 55.7%

Majority of attendees were students (16) from SU College of Arts and Sciences  
Looking forward:

- Consumer Committee planning of 2024-2025 campaign directives
  - Feedback Survey, Consumer Committee planning
- Submit scope of work
  - Outline of plans for EHE funding (by end of Council year, but can be changed after funding is awarded to Council)

Members mention their appreciation for the MBTA advertisements, and notes how the campaign has made many improvements with continuity and progress.

### Topic F: RWSD FY23 Year End Report

Melanie from RWSD goes of the Year End Report for FY23.



She mentions that it was a good spending year with the smallest amount being 75% spent. Ones with stars specifically (ADAP, Food Bank/Home-Delivered Meals, Emergency Financial Assistance, Non-Medical Case Management- MAI, Linguistics Services- MAI) are 100% spent for the 96-100% bracket, which is 96, 97, 98 and 99 % respectively. There are still some changes coming up from final invoices.



## Part A Utilization Update- Units



Service Category	Number of Units Completed
AIDS Drug Assistance Program	32
Emergency Financial Assistance	481
Foodbank/Home-Delivered Meals	40,352
Health Education and Risk Reduction	2,584
Housing	5,143
Linguistic Service	24
Medical Case Management	46,064
Medical Nutrition Therapy	191,758
Medical Transportation	10,461
Non-Medical Case Management	11,474
Oral Health	8,605
Other Professional Services – Legal	1,291.25
Psychosocial Support Services	4,762

Data pulled from the Utilization Summary report on e2boston 5/7/24.

Utilization units are discussed. Melanie mentions that we can't compare utilization of units so much because it's time based vs unit based, but she still wanted to show to council the end values.

## Part A Utilization Update- Clients



Service Category	Number of Clients Served
Oral Health	2,295
Medical Case Management	1,890
Medical Transportation	762
Non-Medical Case Management	760
Foodbank/Home-Delivered Meals	727
Medical Nutrition Therapy	551
Housing	422
Psychosocial Support Services	371
Emergency Financial Assistance	319
Health Education and Risk Reduction	317
Other Professional Services – Legal	98
AIDS Drug Assistance Program	25
Linguistic Service	24

Data pulled from the Utilization Summary report on e2boston 5/7/24.

This chart is organized by a large of number of clients served to the smallest number. The two smallest are not because they are not doing the work, it how the service is calculated. In FUY23, there was a total of 5270 who were connected to care.

## MAI Utilization Update- Units



Service Category	Number of Units Completed
Emergency Financial Assistance	34
Linguistic Service	34
Medical Case Management	6,565.75
Non-Medical Case Management	3,534
Other Professional Services – Legal	-
Psychosocial Support Services	603.3

A member asks what the number of units with decimal points mean?

- It means part units. (I.e, .75 would be 45 minutes in how long the service was competed)

## MAI Utilization Update- Clients



Service Category	Number of Clients Served
Emergency Financial Assistance	314
Medical Case Management	276
Non-Medical Case Management	127
Psychosocial Support Services	82
Linguistic Service	34
Other Professional Services – Legal	-

Melanie goes over the successes, challenges, and observations from the fiscal year.

- Updated Contracting Process to reflect multi-year funding
- “Sent out contract amendments within 45 days of NoA in FY24.”
- Completed Site Visits to ensure compliance with programmatic and fiscal policies.
- Staffing retention continues to be a challenge across the EMA.
- Full award release schedule continues to impact invoicing timelines.
- MassHealth redetermination conflicts.
- Increased number of undocumented clients from Haiti, Brazil, and Mexico.

For agencies, it’s mostly about competitive salaries and some of it are things that are out of their control, they can’t set the rates, and they advocate for the division in making sure the notice of award is released on time, that we get increases in grants every year. Some things are just out of their hands, but from what Melanie has heard, it is about the competitive salary.

MAI is funded every year in FY23 in addition to funding for Part A.

Notes from Tegan: RFP is done every 5 years, and that is a competitive process where their subrecipients and existing and new subrecipients will apply for dollars for a 5 year period. What BPHC has done

historically is that within that 5 year period, every year, they give a new contract and BPHC has to do multiple contracts throughout the year, which is a lot of administrative burden because the process has to be signed by multiple levels, and administrative burden on their partners. They have been working on a multi-year contract.

Because BPHC does not know how agencies will allocate the dollars and how much money they will get, there is a contract amendment with the exact dollar amount. Once BPHC gets the partial, they will give agencies 4-6 months of money, and once BPHC gets the full award, there will be another contract amendment, and these would be all within one page versus many pages of things to sign. Moving forward, people will receive a contract of their entire funding period

### **Topic G: Funding Streams Summary**

PCS began the overview of the Funding Streams Summary presentation for this year. The Funding Streams Summary is a data collection process and presentation that PCS conducts every year to demonstrate the majority of funding sources for HIV services in the EMA and to give Council members a picture of what the funding environment looks like to make decisions about where Part A funds can be most beneficial. Members all have access to a larger slide deck with all this information in it and more details about each part in Basecamp. NRAC members will have a more expansive version of this deck as handouts during the resource allocations meeting.

The objectives of this presentation are:

- For members to gain a general understanding of the funding streams available to HIV services throughout the Boston EMA counties
- Understand the proportions of each funding source for particular service categories
- Ask questions and learn something new!

Throughout this presentation, PCS presented 3 different pots of money: the Ryan White Program, Federal Funding, and State Funding for both NH and MA.

They discussed the limitations of this specific data collection activities including:

- Response rate – 66.07% response (37/56)
- Fiscal years – Agencies operate on different fiscal years, the dollars reported here are from 2022-2023, 2023-2024, and 2024-2025 depending on the most recent available data and when each agency's fiscal year started
- Potentially missing the full scope of EHE awards, other smaller awards for individual programs and private funding
- Keep in mind that many of the large, Federal agencies can only report to us about the dollars spent in the full state (i.e. CDC dollars in NH are for the entire state) and we noted this where possible.

They then presented a table outlining the funding stream and total allocation breakdown in the Boston EMA. There were a few things to make note of:

- Federal Medicaid (MassHealth & NH) is the highest payer of HIV services in the Boston EMA. The Medicaid program is jointly funded by the federal government and states. The federal government pays states for a specified percentage of program expenditures, called the Federal Medical Assistance Percentage (FMAP).
- Reported here is not exactly split 50/50 because dollars for NH Medicaid are reported all under federal Medicaid, but there ARE both state and federal contributions to Medicaid! We do not have access to that breakdown. So likely, the state line would be a little bit more than it is right now and they would be closer to 50/50.

- Part A represents 1.4% - This seems small, but the people served by this funding and the services are an incredibly important and vulnerable population, this is very important funding!!
- This is spending – how much organizations estimate they spend on services for PLWH within the Boston EMA.

Knowledge Check #1: What is the biggest payor of HIV services in the Boston EMA

- MassHealth
- Ryan White Part B
- EHE Funding

Answer: A

PCS then presented a closer look at specific service categories starting with Core Medical Services. ADAP is the most expensive service, with \$322 million funding ADAP services in the EMA from all sources.

- Alison from MassHealth noted that ADAP includes MassHealth spending on prescription drugs.

The next biggest is Outpatient/Ambulatory Medical Care at \$129 million. And the 3rd most expensive service is Home Health Care at \$71 million.

The next slide outlined each Core Medical Service with what percentage of that service was funded by Federal, State or Ryan White funds.

- AIDS Pharmaceutical Assistance is 100% funded by Ryan White Parts (NOT Part A)
- ADAP is 47.85% funded federally, 52.1% state and 0.05% Ryan White Part A
- Early Intervention Services is 98% funded by other Ryan White Parts (NOT Part A)
- Health Insurance Premium and Cost Sharing is 100% funded by other Ryan White Parts (NOT Part A)
- Home Health Care is 50%/50% funded federal and state
- Home and Community Based Health Services are 52% federally funded and 48% state funded
- Hospice Services are 50%/50% funded federal and state
- Medical Case Management is funded 7% federally, 31% by the states, and 63% by Ryan White Parts (including A)
- Medical Nutrition Therapy is funded 1% federally, 14% by the states, and 77% Ryan White Part A and 8% other Ryan White Parts
- Mental Health is funded almost 50/50 by federal and state, with almost 1% by other Ryan White Parts (NOT Part A)
- Oral Health Care is funded 37% federal and 37% state and then 26% other Ryan White Parts (including A)
- Outpatient/Ambulatory Medical Care is 49% federally funded, 50% by the states, and 1% by other Ryan White parts (NOT Part A)
- Substance Use Services – Outpatient are 89% federally funded, about 10% funded by the states and less than 1% funded by other Ryan White Parts (NOT Part A)

Barry Callis shares on Zoom: Fenway/AAC, Linda Goldman (OHA Director) and Emily Levine (Acting Director, Health Promotion and Disease Prevention Unit) from the Office of HIV/AIDS are working with them to navigate new homes for HIV prevention and care services. We recognize this is of great concern, particularly for HIV+ people/clients. I understand a formal communication is forthcoming from Fenway on these changes.

Question from a member: what is the difference between AIDS pharmaceutical assistance and ADAP/HDAP

- A state-administered program authorized under Part B of the Ryan White Program to provide FDA-approved medications to low-income clients living with HIV who have limited or no health care coverage. Program funds may also be used to purchase health insurance for eligible clients and for services that enhance access to, adherence to, and monitoring of antiretroviral therapy.
- Includes local pharmacy assistance programs implemented by Part A or B grantees to provide medications when an ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria.

As long as someone is otherwise eligible for MassHealth, MassHealth will cover people who have insurance through work and may help pay the premiums for that insurance.

Next, PCS presented the Support Services. Medical Transportation, Substance Use Services – Residential, and Non-Medical Case Management are the top 3 most expensive services in the Boston EMA.

The next slide outlined the Support Services similarly to the Core Medical Services.

- Non-Medical Case Management is 23% federally funded, 65% state funded and 12% Ryan White funded, 11% of which is Part A
- Child Care Services are not funded by any stream here in the EMA.
- Emergency Financial Assistance is 79% federally funded and 21% Ryan White funded, 20% of which is Part A
- Food Bank and Home Delivered Meals are 11% federally funded, 85% Part A funded and 4% funded by other Ryan White parts.
- Health Education/Risk Reduction is almost 100% funded by Ryan White Part A, with a little from other Ryan White parts and about 2% from federal and state.
- Housing Services are 67% federally funded, 3% state funded, and 29% funded by Ryan White Parts, 24% Part A and 6% other Ryan White Parts
- Other Professional Services – Legal are 16% federally funded, 46% state funded and 37% Ryan White funded. 12% of that 37 is Part A and the rest is other Ryan White Parts
- Linguistic Services are almost entirely funded by Ryan White Part A, with about 1.5% other Ryan White Parts and less than 1% federal.
  - o These services are specific for people related for PLWH.
- Medical Transportation Services are almost 50/50 split state and federal funding, with about 1% from Ryan White Part A and other parts.
  - o State pays half, federal government pays half.
- Outreach Services are 100% federally funded
- Psychosocial Support Services are 16% federally funded, 62% state funded, and 23% Ryan White funded, 22% of which is Part A
- Referral for Health Care/Supportive Services are 100% funded by other Ryan White Parts (NOT Part A)
- Rehabilitation Services are funded 50/50 state and federally
- Respite care is typically listed as not funded in our EMA, but MassHealth reported \$9305 towards Respite Care this year
  - o Is it possible to know how many people in HIV care are using respite and hospice services?
    - MassHealth says they cannot break it down per person, but according to this number (\$9305), it may be one person, however it is data run on someone they think is a person living with HIV (based on health status and report)
- Substance Use Services – Residential are funded 15% federally and 85% by the states.

The next slide was another table. The first column is Federal, the second is State, the 3rd is Ryan White Part A (our funding!) and the last is other Ryan White Parts (B, C, D, and F all together). PCS noted the following trends:

- Ryan White Part A pays over 50% of the total available funding a lot for very important services – Medical Nutrition Therapy, Linguistics, Health Education/Risk Reduction, Food Bank/Home Delivered Meals.
- Medical Case Management is very evenly paid for between all Ryan White Parts and State funds.
- Other Ryan White Parts step in 100% or almost 100% for Early Intervention Services, Referral for Health Care/Supportive Services, AIDS Pharmaceutical Assistance, and Health Insurance Premium and Cost Sharing.
- State and/or Federal dollars cover majority of ADAP, Outreach Services, Home and Community Based Health Services, Outpatient Ambulatory Care, and Home Health Care.
- State/Federal also step in heavily with Housing, Emergency Financial Assistance and Psychosocial Support – but these are very important services that Part A also covers for many people. This is an example of why it is important to be strategic in looking at where State/Federal may cover, but not as comprehensively as the Ryan White program can.

Knowledge Check #2: Which is the most expensive service category?

- a) Medical Case Management
- b) Outpatient/Ambulatory Medical Care
- c) ADAP

Answer: C

Finally, PCS shared some key takeaways from this summary:

- A total of \$1,077,753,949 was reported to us that funds HIV services (including administrative costs) in the Boston EMA
- Only funding direct to Ryan White Program-specific service categories inclusive of private funding reported - \$737,550,786
- ADAP, Outpatient/Ambulatory Health Services, Home Health Care, Mental Health Services and Medical Transportation were the five highest funded service categories among all funding streams.
- State funding is the highest payer of Ryan White services in the Boston EMA (Mostly thanks to MassHealth!)

The most important purpose of this is to give members context for where Part A funds fit into everything and NRAC will use this context to help inform their recommendations during the allocations meeting next week.

## **Topic H: Assessment of Administrative Mechanism Results & Discussion**

PCS and members from SPEC presented the results from the AAM as well as their recommendations to BPHC to address issues that arose during the AAM.

To recap, the AAM is a federally mandated evaluation the Planning Council is required to complete annually that assesses how rapidly and efficiently the Recipient (BPHC) disburses the Part A funds to the areas of greatest need within the Boston EMA.

As recommended and suggested, some of the data from the provider survey were stratified according to agency size. The first couple of questions from the survey asked about agency size and how many clients with HIV did the agency serve. Majority of agencies have over 500 clients and over 251 employees.

The next question is a statement that agencies had to pick from strongly agree to strongly disagree. The statement reads "BPHC provides potential agencies with adequate information on applying for funding." 66.7% agreed across all agencies.

The next question in the provider survey asked, "in your experience, how long does it take BPHC to finalize contracts with your agency?". There were 15 agencies that said it took BPHC more than 90 days to finalize contracts. There were some agencies that were able to get some contracts 31-60 days, but never 30 days or less. According to BPHC's data, the average length of time to finalize contracts was 70 days and average days to fully execute contracts was 42 days.

Providers were asked if at the start of FY23, they received each of the following documents- an award letter packet, expected performance measures, program and reporting requirements, provider handbook, and service standards. The majority of agencies across all sizes received the documents. There were three agencies that stated they did not receive the documents, with multiple comments saying it is always delayed.

Majority of agencies across all agency sizes are satisfied with the accessibility and availability of the previous stated documents and other documents related to their contract with BPHC. For agencies that were not satisfied, common themes in comments reflected that contracts and invoices were provided late.

Most providers selected that they had adequate technical assistance from BPHC to execute contracts and do budget revisions. There were comments from providers that selected no, with a theme that it takes a lot of time to get back to budget revisions and that the budget revision process is difficult.

When asked who typically trains their agencies on contracting and budgeting, most said BPHC, and the other half were from their own agency. A provider selected "other" noted that they receive training from both their own agency and from BPHC.

When asked when the provider or someone from their agency last trained on contracting and budget revision, many received fiscal training in the last fiscal year. 5 other agencies were trained 1-2 years prior to FY23, and a couple that were trained 3+ years prior to FY23. BPHC reported that on May 1st and 2nd, they provided contracting and budgeting revision training during a required annual provider meeting. All agencies were in attendance, with one excused absence.

When asked to list the agency's top three gaps in funding in regard to the Ryan White Part A services, common themes across all agency sizes housing services, food resources, and overall, not having enough funds. Some comments read "Additional MCM staff are needed to provide quality services. We are funded for a half-time psychosocial support person, and we have a need for a full-time person" Another comment said "Level funding results in a loss each year due to other rising costs. It is difficult to give any type of raise when there are no increases."

A majority of the providers are satisfied with BPHC's communication about changes with contracting and budget revisions. Almost the same number of providers were neutral, and a handful of providers dissatisfied or very dissatisfied. There were comments with themes around contracts being sent out very late, slow, and that everything feels last minute. SPEC also asked BPHC how long it took to finalize the most recent round of budget revisions in FY23, and they responded saying that fiscal no longer tracks this data and that Ryan White Services Division Client Services processes these and that these revisions are done in scheduled meetings between Client Services and Fiscal.

Many agencies said they were satisfied with BPHC's administration of Part A funds. Common themes in the comments include that the contracting process takes a while and that payment is slow, and this appears to be an issue with big and small agencies. From BPHC's Data Request, SPEC learned that it took 31 days on average to get invoices paid in FY23.

The very last part of the AAM survey asked for any other feedback providers wanted to share about their experience working with BPHC's Ryan White Services Division. A huge theme from the comments are that invoices take a very long time to process, agencies appreciating the partnership and support from BPHC, and gaps in communication between RWSD and agencies.

To conclude, SPEC noticed that looking at the data and stratifying it by agency size and based on the results, it showed that there was not a significant difference between the satisfaction of agencies with less than 50 employees versus agencies of 500 or more employees, and that these issues with how long the process takes and what agencies need are all common across all agency sizes. From the data collected by BPHC fiscal team and the provider survey, there was a lot of variances in the data, and it was all skewed throughout all agencies.

SPEC's recommendation to BPHC RWSD:

- Based on the data given from BPHC's fiscal team, there were many outliers and varied data coming from when invoices were paid and when contracts were provided (i.e, how invoices can take up to 375 days to be reimbursed, versus invoices getting paid within a week) and there doesn't seem to be any correlation to size of agency or number of clients. So, SPEC's AAM recommendation is for BPHC to have a mitigation strategy for when there are outliers in the data, specifically with contracting and invoicing, and if there is one, share with Council more detailed information on how this mitigation plan is used and context for such varied data.

SPEC called for a motion to approve the recommendations to BPHC RWSD as presented by SPEC and discussed during this meeting.

**Motion:** Michael Swaney

**Second:** Carlton Martin

**Result:** The motion was passed with unanimous vote online and in person, with one abstention.

*(Votes taken via Zoom poll and in-person paper ballots)*

### **Topic I: Announcements, Evaluations and Adjourn**

- Please fill out the meeting evaluation.
- IT IS RECRUITMENT SEASON!!! Please share, share, share our application or let us know about any upcoming recruitment events. Recruitment materials are [HERE](#) on Basecamp.
- Incumbent applicants – If you are an incumbent member, you will receive an application in the next week!

Question from a member: Does JRI still do training?

- JRI is still BIDLS/OHA funded to provide e-learning and in-person trainings for staff of funded programs.
- They also do training on special topics for providers as well.

**Motion to adjourn:** Bryan Thomas

**Second:** Kim Wilson

**Result:** The meeting ended at 6:01PM