



2023 - 2024

Planning Council Meeting

Thursday, April 11th, 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>

Welcome & Moment of Silence

4:00 pm

Darren Sack, PC Chair

Attendance

4:05 pm

PCS

March 14th Minutes Review & Vote

4:10 pm

Darren Sack, PC Chair

FY25 Priority Setting Results & Vote

4:15 pm

PCS and SPEC

FY24 Sweeps Presentation & Vote

4:30 pm

PCS and NRAC

Q4 Spending & Utilization Update

4:45pm

RWSD

Needs Assessment Committee Informational Presentation

5:25pm

Restructuring & Governing Docs Working Group

Announcements, Evaluations, Adjourn!

5:50 pm

Darren Sack, PC Chair

Planning Council

April 11, 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.

Attendance

Please state here or present when your name is called.

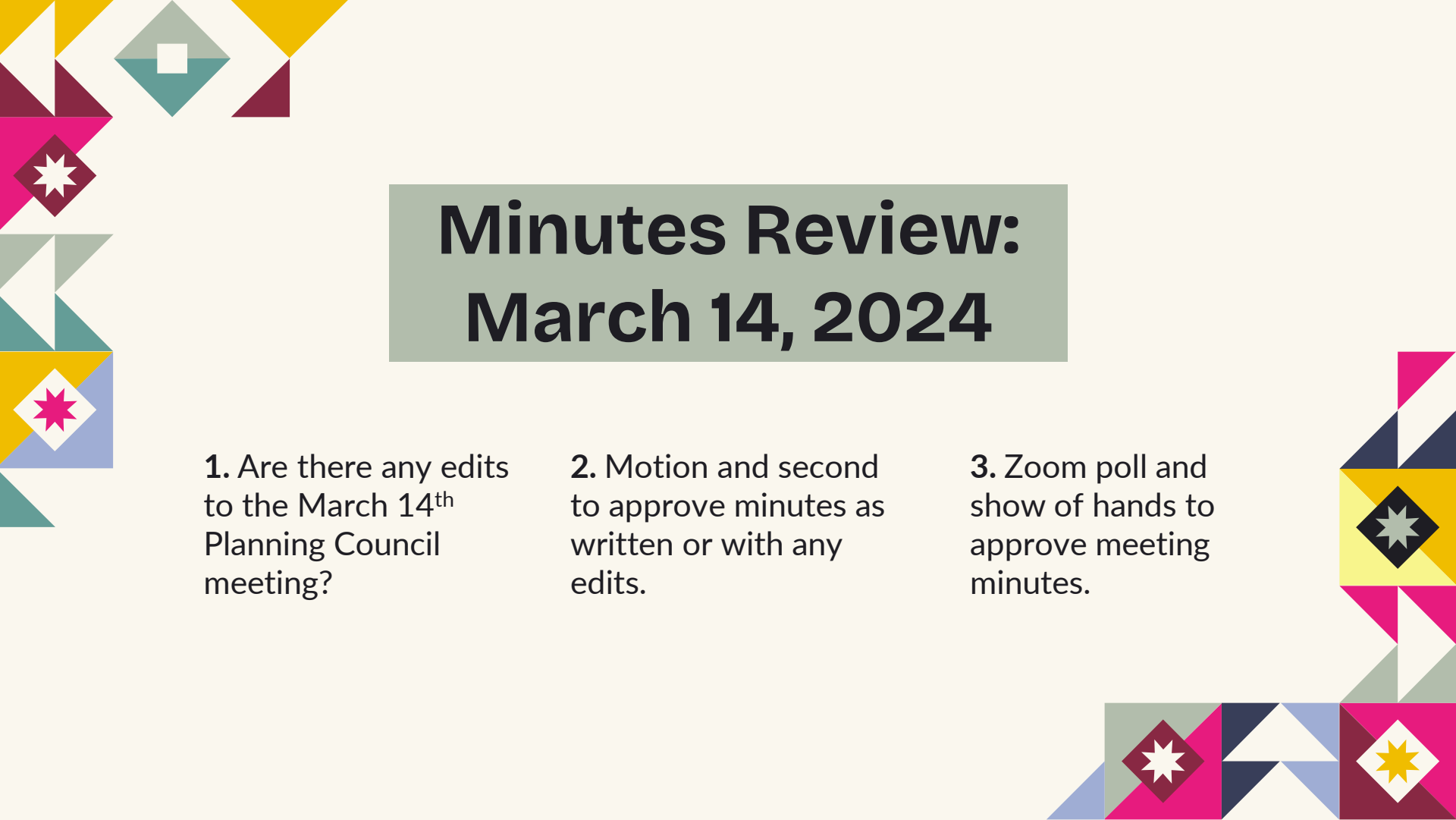
Introduction: Tzuria Falkenberg, CQM Coordinator





Today's Agenda & Objectives

1	March Minutes Review
2	FY25 Priority Setting Results and Vote <i>- Review final priority setting ranking and vote</i>
3	FY24 Sweeps Presentation and Vote <i>- Understand what Sweeps are and how they are allocated and vote</i>
4	Q4 Spending & Utilization Update <i>- Understand how FY23 ended including demographic information of Part A clients using these services</i>
5	New Committee: Needs Assessment Committee Informational Presentation <i>- Hear about the creation of the new committee to inform your vote in April</i>
6	Announcements, Eval and Adjourn



Minutes Review: March 14, 2024

1. Are there any edits to the March 14th Planning Council meeting?


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

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



FY25 Priority Setting Results

**What was the
timeline for
Priority
Setting?**

- February
 - Preparation in SPEC and Council
 - Optional review session
 - March
 - SPEC reviewed and finalized process
 - Priority Setting Meeting took place on March 14th during Planning Council
 - Priority Setting VOTE today!
 - 33 Responses (82.5% of Council)
- 

RESULTS!

Service Category	Average Rank	Rank
AIDS Drug Assistance (ADAP/HDAP)	2.545	1
Medical Case Management	3.000	2
Housing Services	5.182	3
Non-Medical Case Management Services	6.242	4
Oral Health Care	7.818	5
Food Bank/Home-Delivered Meals	7.970	6
Emergency Financial Assistance	8.455	7
Mental Health Services	9.909	8
Health Insurance Premium & Cost-Sharing	11.091	9
Medical Transportation Services	11.545	10
Psychosocial Support Services	12.424	11
Medical Nutrition Therapy	12.879	12
AIDS Pharmaceutical Assistance	13.576	13
Health Education/Risk Reduction	14.424	14

Service Category	Average Rank	Rank
Early Intervention Services (EIS)	15.485	15
Linguistic Services	16.273	16
Home and Community-Based Health Services	16.303	17
Other Professional Services (Legal Services)	17.636	18
Home Health Care	17.848	19
Substance Use Services (Outpatient)	18.061	20
Outpatient/Ambulatory Health Services	18.182	21
Childcare Services	20.152	22
Outreach Services	20.576	23
Substance Use Services (Residential)	20.879	24
Referral for Health Care & Support Services	21.667	25
Hospice	23.848	26
Rehabilitation Services	24.333	27
Respite Care	26.394	28

Notable changes:

Oral Health Care from 7 to 5

Outpatient/Ambulatory Health Services from 18 to 21

Other Professional Services (Legal) from 22 to 18



FY25 Priority Setting Results Vote

Steps in approving FY25 Priorities:


- Make a first and second motion:
- “I motion to approve priority setting results as determined by the averages of all Planning Council members who voted independently and as discussed here in this Planning Council meeting.”
- “I second the motion” – Say your name!
- Vote (Zoom poll & show of hands in person)

Approve: Yes, I approve the FY25 Priorities.

Oppose: No, I do not approve the FY25 Priorities.


Abstain: I decline to vote.





FY23 Sweeps Funding Recommendation

Needs, Resources and Allocations Committee
(NRAC)



Funding Process Review



HRSA
Health Resources & Services Administration

- Awards \$\$ to the Boston EMA to spend during the FY



- Directs BPHC to allocate award to specific service categories.



- Awards \$\$ to providers according to Council directives.

Terms Used



Unexpended Funds (CARRY OVER): Money left over from the grant at the end of the year



Under-expended Funds (SWEEPS): Money from agencies spending at a rate less than they are supposed to that can be 'swept up' and reallocated to other agencies that can spend it.



Consequences of Unexpended Money

(Carry over)

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



Causes of Under-Spending

(Sweeps)

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





Benefits of Sweeps Process

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

Types of Funds for Annual Allocation



Unexpended Funds

Money not spent at the end of the fiscal year, can be carried over into the next fiscal year



Under-Expended Funds

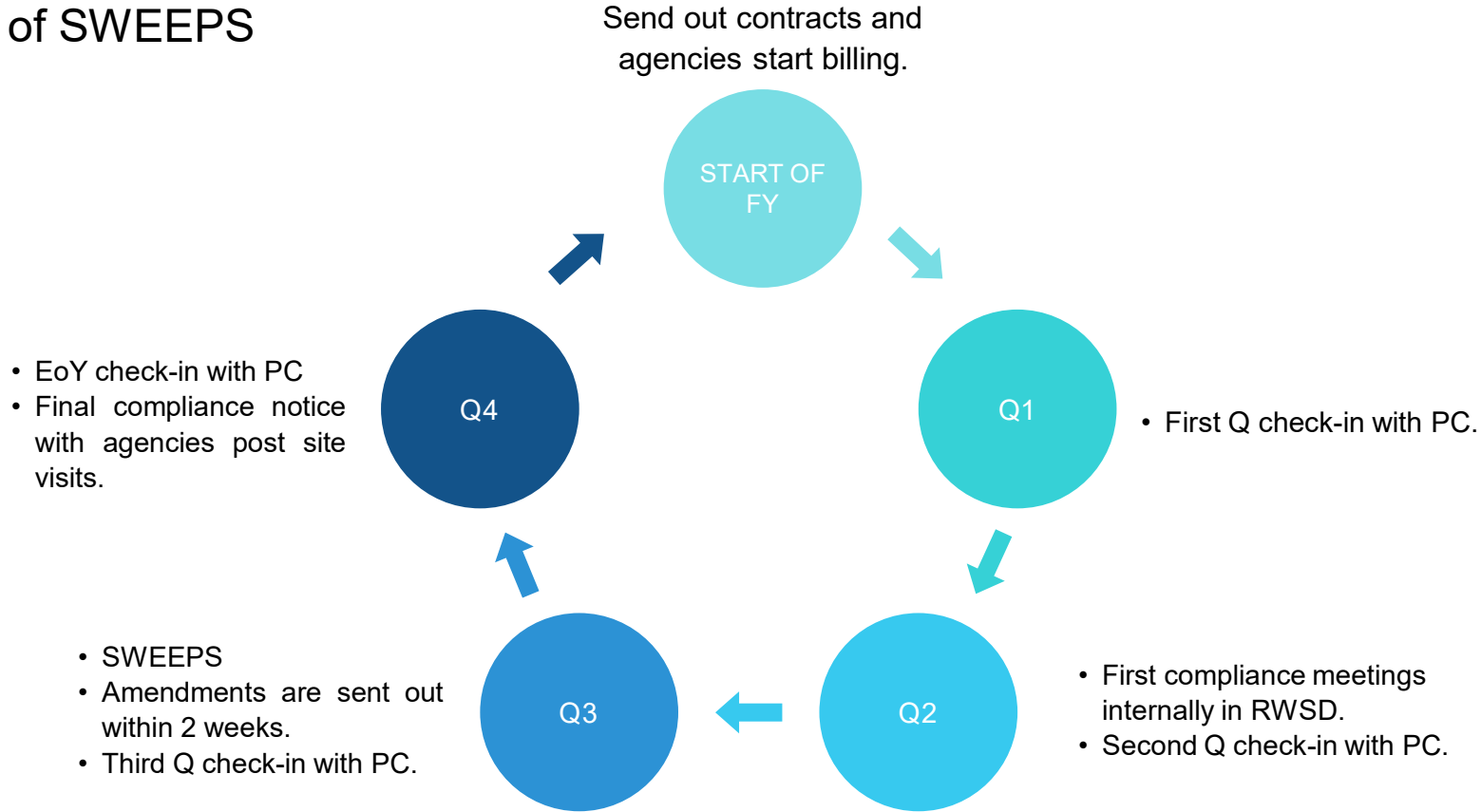
Money that is reallocated due to underutilization during the fiscal year to maximize expenditure



Funding Scenarios

The plan on how to allocate money during the next fiscal year – All Day Allocations Meeting!

The Stages of SWEEPS





Needs, Resources & Allocations Committee (NRAC) recommendation for FY24 Under-Expended (Sweeps) dollars:

- Expend the sweeps dollars first within the category from which they came, if the category can absorb them.
- Expend sweeps based upon need within and among categories, feed the remaining dollars in categories in accordance with the priorities established by the Planning Council for the current year, FY24.





Sweeps Vote

First and Second motion to approve the acceptance of the Needs, Resources & Allocations Committee (NRAC) recommendation for FY24 Under-Expended dollars, as presented:

- Expend the sweeps dollars first within the category from which they came, if the category can absorb them.
- Based upon need within and among categories, feed the remaining dollars in categories in accordance with the priorities established by the Planning Council for the current year, FY24.

Approve: Yes, I approve the recommendation.

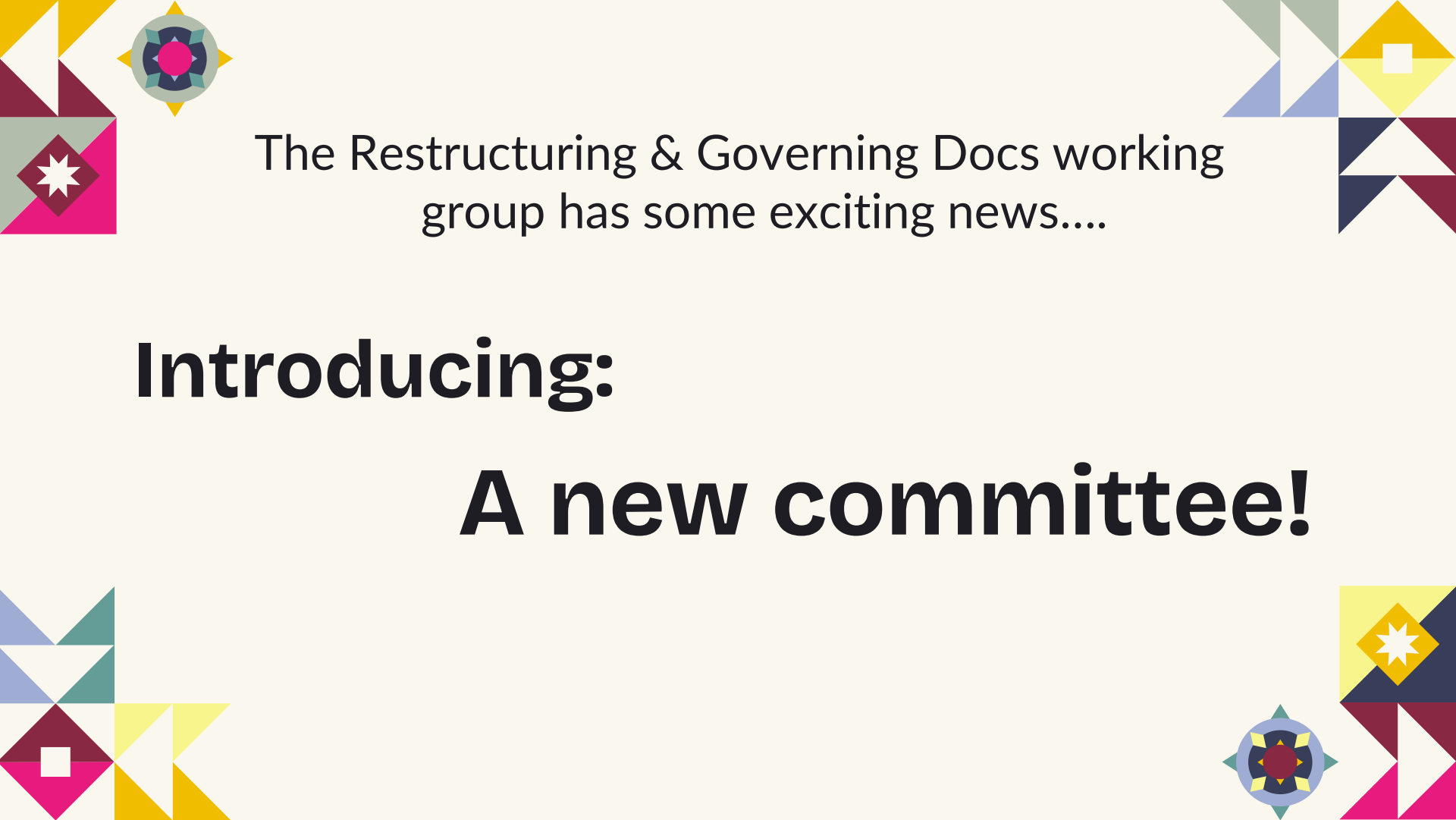
Oppose: No, I do not approve the recommendation.

Abstain: I decline to vote.

Q4 Spending & Utilization Update

Ryan White Services Division



The slide features four decorative geometric patterns in the corners. The top-left pattern consists of a central pink circle with a blue and green starburst, surrounded by yellow and maroon triangles. The top-right pattern is a yellow diamond with a white square, surrounded by blue, maroon, and white triangles. The bottom-left pattern is a yellow diamond with a white square, surrounded by blue, maroon, and white triangles. The bottom-right pattern is a yellow diamond with a white star, surrounded by blue, maroon, and white triangles.

The Restructuring & Governing Docs working group has some exciting news....

Introducing:

A new committee!

The image features four decorative geometric patterns in the corners, each composed of various colored triangles and squares. The top-left pattern includes yellow, maroon, and pink triangles with a central pink circle and blue dots. The top-right pattern features a yellow square with a white square inside, surrounded by blue, maroon, and white triangles. The bottom-left pattern consists of blue, teal, maroon, and yellow triangles with a white square in the center. The bottom-right pattern includes a yellow square with a white star, surrounded by blue, maroon, and pink triangles, with a central blue circle and yellow dots.

The Needs Assessment Committee!

WHY?

Lighten the load for NRAC	Attention to Needs Assessment
<ul style="list-style-type: none">● More equitable division of tasks between committees (SPEC & NRAC)● Reduce strain on NRAC● Reduce need for ad hoc group meetings and additional time commitments	<ul style="list-style-type: none">● Reduce duplication of information across the EMA● Reduce survey burden on PLWH● Stronger, more comprehensive NA● Increase training opportunities for Council members● Increase Council participation in NA

Creation of a Needs Assessment Committee

General Needs Assessment 3-Year Structure

Year 1: Pre-Assessment/Assessment	Year 2: Assessment	Year 3: Post-Assessment/Process Evaluation
<i>What is already known and available; Identifying gaps</i>	<i>Collecting new information to fill the gaps identified in previous stage</i>	<i>Evaluating results; designing solutions (within Council scope)</i>
1. Review existing NAs, epi data	1. Conduct needs assessment	1. Review and synthesize data
2. Identify gaps and focus in on main concerns for next NA		2. Review data with committee and council
3. Identify key populations		3. Report back suggested action items to council
4. Create Needs Assessment plan		4. Report back suggested funding needs to NRAC
5. Draft Questions		5. Report back any concerns to address in AAM with SPEC
6. Identify community partnerships		
7. Develop budget		
8. Develop staffing plan		
9. Identify training needs		

Committee Structure

PCS
Liaison

Chair*

*Must have been on
Committee the previous
year

Vice
Chair

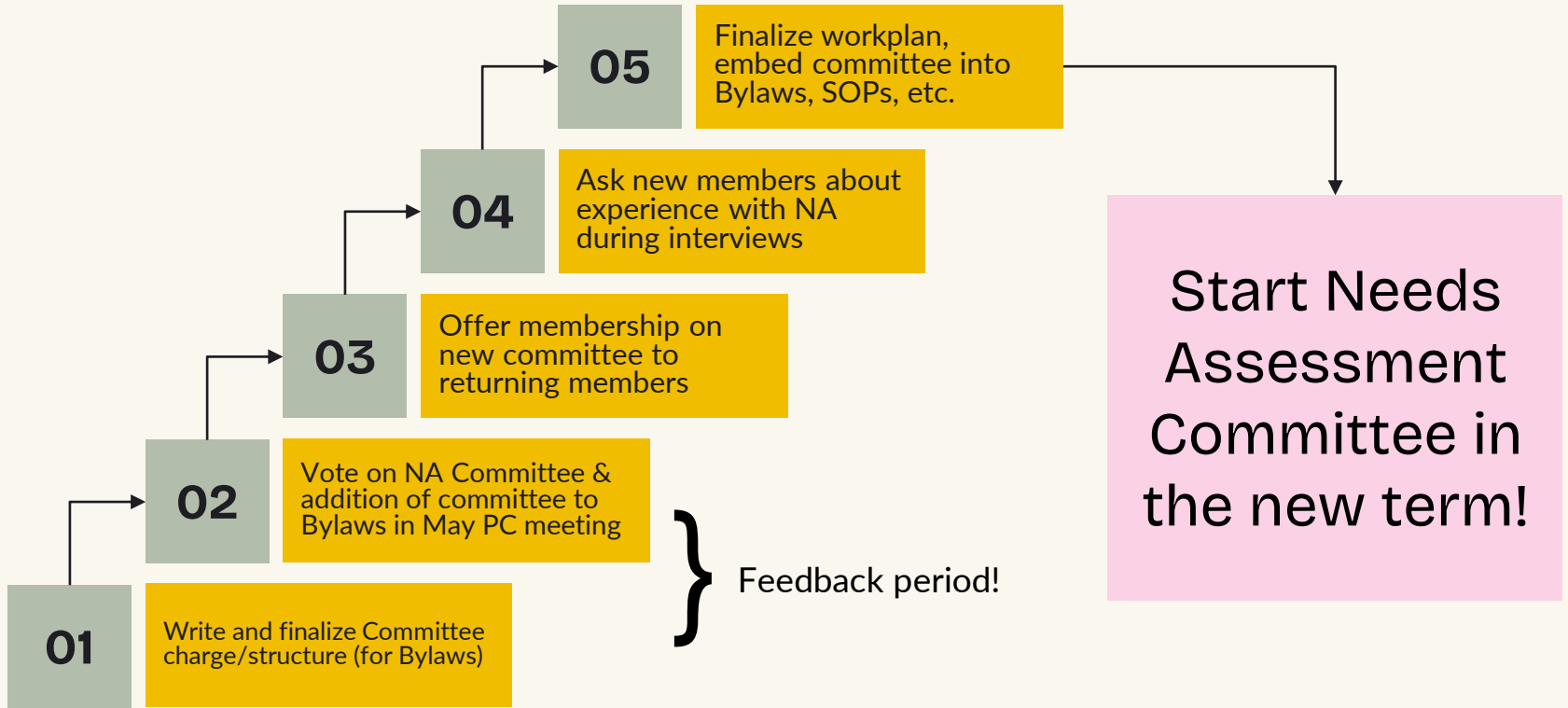
Option to elect VC more
like Chair-Elect - who will
be chair the following year

10-12 members

of members will partially depend
on how many members are on the
other 2 primary committees



What's next?



Announcements & Adjourn

- **Bayard Rustin Community Breakfast**
 - Saturday, April 13th, 9 AM – 12 PM
 - JFK Presidential Library and Museum
 - Email PCS and Kim Wilson (kwilson485@gmail.com) for more information/to sign up!
- **Boston College's Black Mental Wellness Symposium** – shared with us from Barry Callis!
 - Saturday, April 27th, 8 AM – 3:30 PM
 - Boston College (The Heights Room, Corcoran Commons)
 - Registration required, free of charge to attend!
- **BPHC Infectious Disease Bureau is hiring!** – contact PCS with questions!
 - CQM Senior Program Manager (Sarah's position!)
 - And more Program Coordinator positions coming soon!! We'll update you as we receive them.
- **CRI is hiring!** – contact Gerry James with questions!
 - PrEP/nPEP Navigator/Health Insurance Enrollment Specialist
 - Accounting Manager
- **Have a job to share? Post on Basecamp or send to PCS!**



**Please fill out the
meeting evaluation!**

BOSTON
PUBLIC
HEALTH
COMMISSION



Fiscal Year 2023 Year-End Report

March 1, 2023 – February 29, 2024

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

Purpose & Objective s



Provide an overview and narrative explaining Ryan White Part A program performance in the Boston EMA during FY 2023.

- Share FY 2023 spending, service delivery, client health outcomes, and client demographics.
- Highlight the performance of Part A & MAI funded services.

Agenda

Background & Overview

- FY23 Client Demographics and Health Outcomes
- Trends & Observations by Service Category

Service Category Information

- Spending and Utilization Update
- Demographics by Service Category
- Success, Challenges & Observations

Health Outcomes



FY 2023 (3/1/23-2/28/24)	
Viral Suppression*	90.76%
“Excellent” Adherence to Prescribed HIV-Related Medication	78.84%
Care Retention	73.85%

Data pulled from the Outcomes Measure Distribution report in e2Boston on 4/8/24.

Program Overview



	FY 2023 (3/1/23-2/28/24)		
	Part A	MAI	Total
Award Amount (\$)¹	\$	\$	\$
# of Subrecipients	31	9	31
# of Service Categories	12	6	12
# of Clients Served²	5045	497	5149

¹ These are the initial award amounts, as of the start of FY 2023

² Source: Visual Analytics (Demographics) report in e2Boston ran on 04/08/24. Columns are separated by clients served by Part A funds ONLY and MAI funds ONLY.

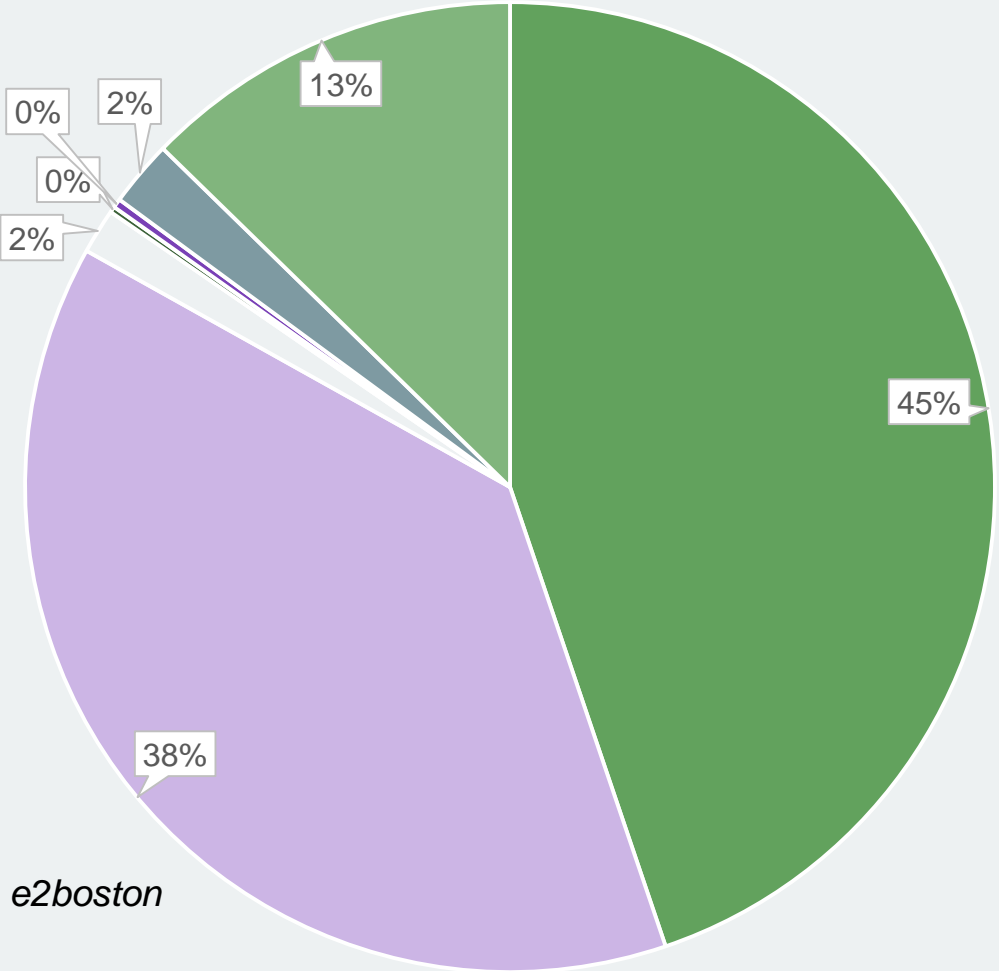
³ Source: Utilization Summary report in e2Boston ran on 04/11/24.

FY 23 Demographics



Race

- White
- Black or African American
- Asian
- Native Hawaiian
- American Indian
- More than one race selected
- Unknown/Not Reported

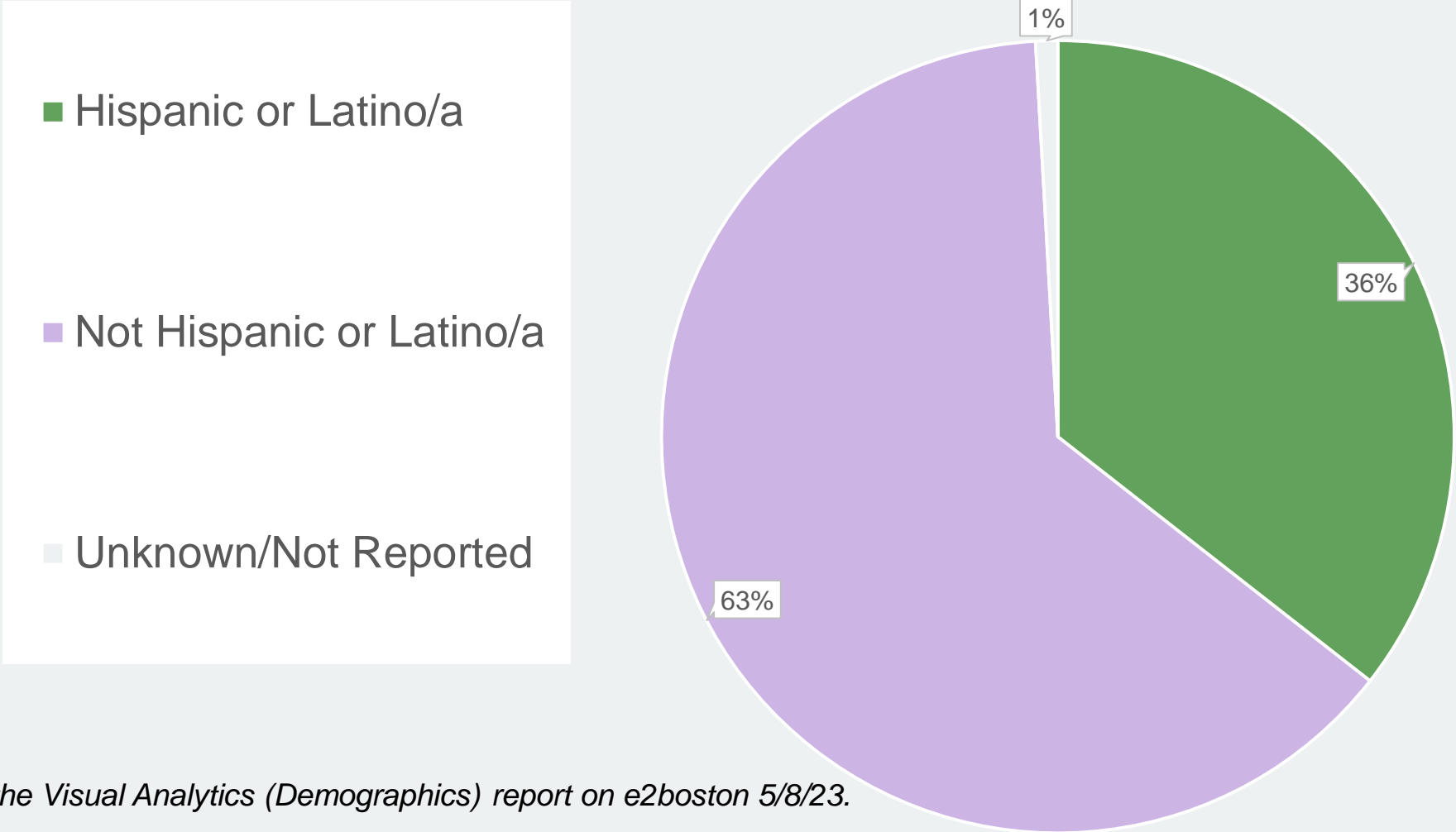


Data pulled from the Visual Analytics (Demographics) report on e2boston 4/8/24.

FY 23 Demographics



Ethnicity

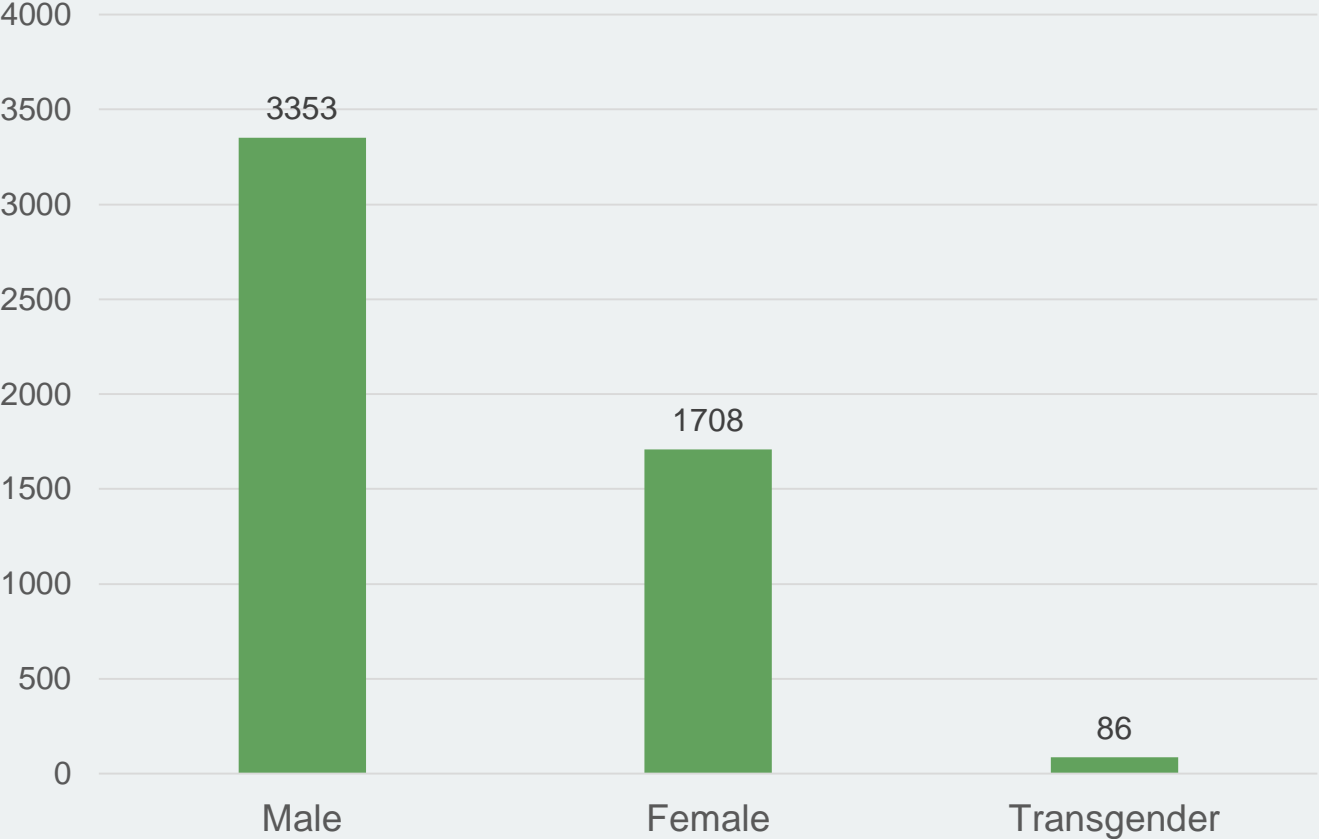


Data pulled from the Visual Analytics (Demographics) report on e2boston 5/8/23.

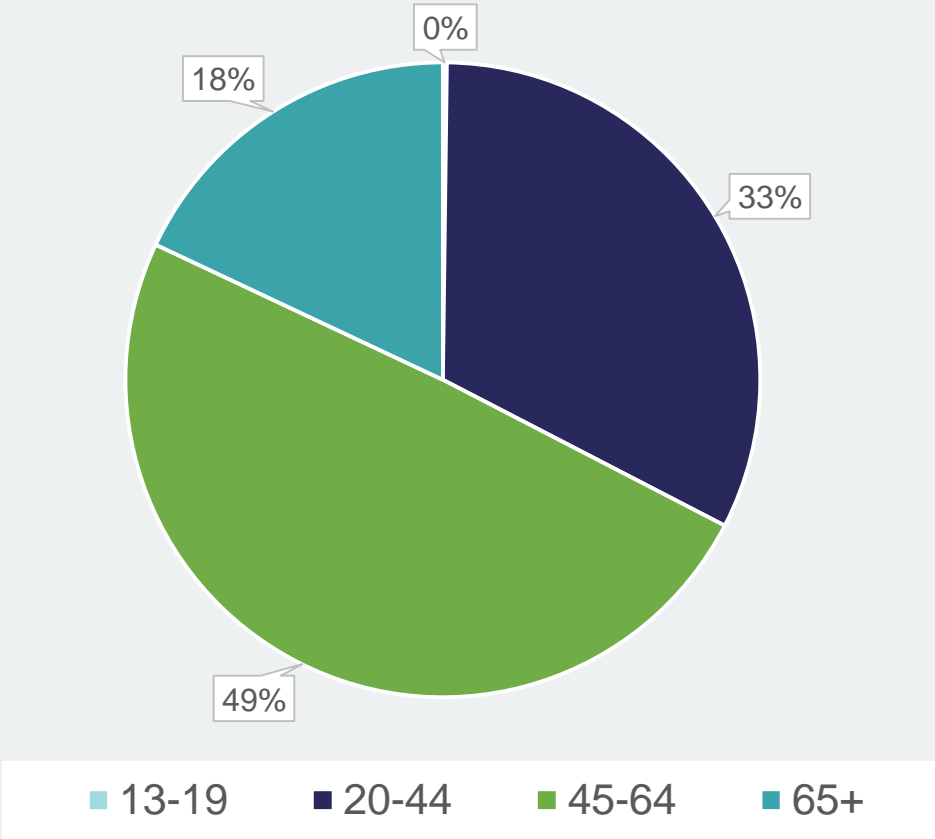
FY 23 Demographics



Gender

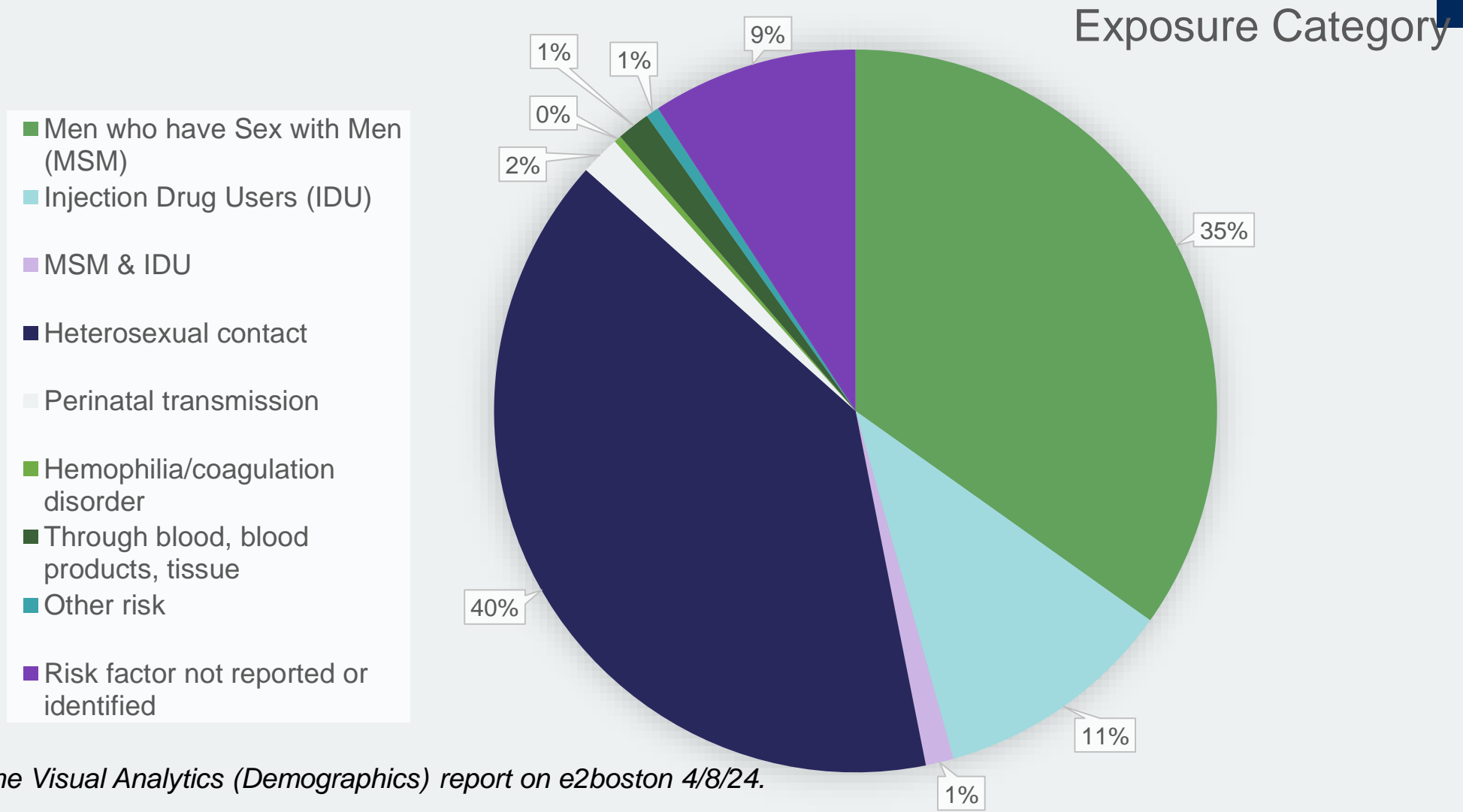


Age



Data pulled from the Visual Analytics (Demographics) report on e2boston 4/08/24.

FY 23 Demographics

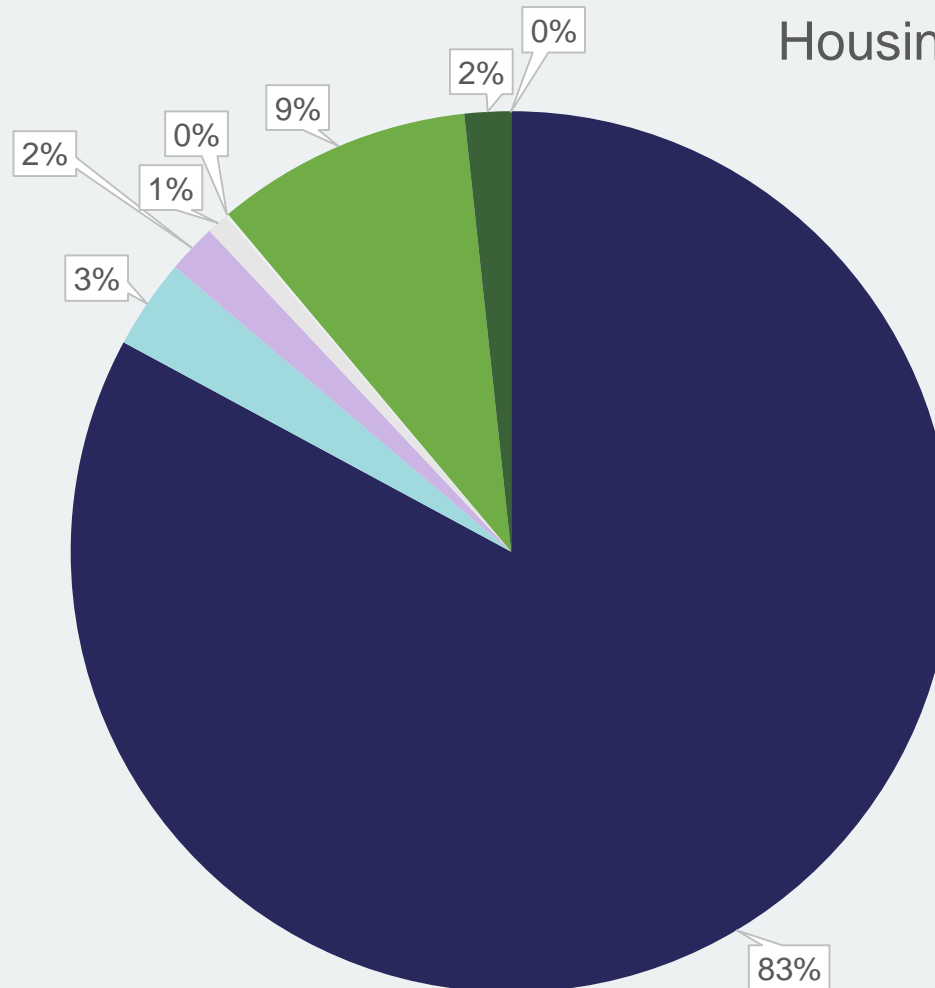
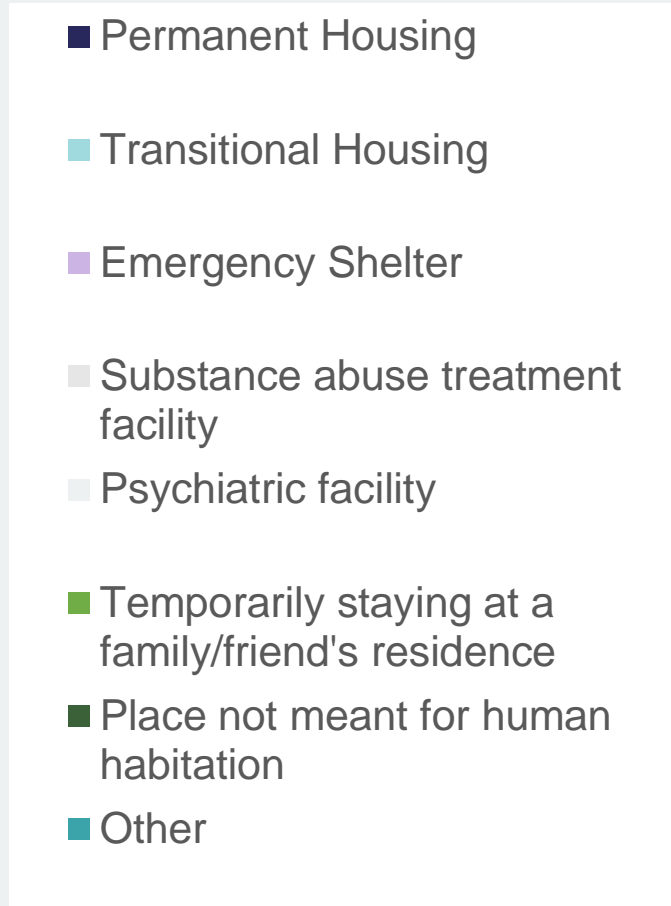


Data pulled from the Visual Analytics (Demographics) report on e2boston 4/8/24.

FY 23 Demographics



Housing Status



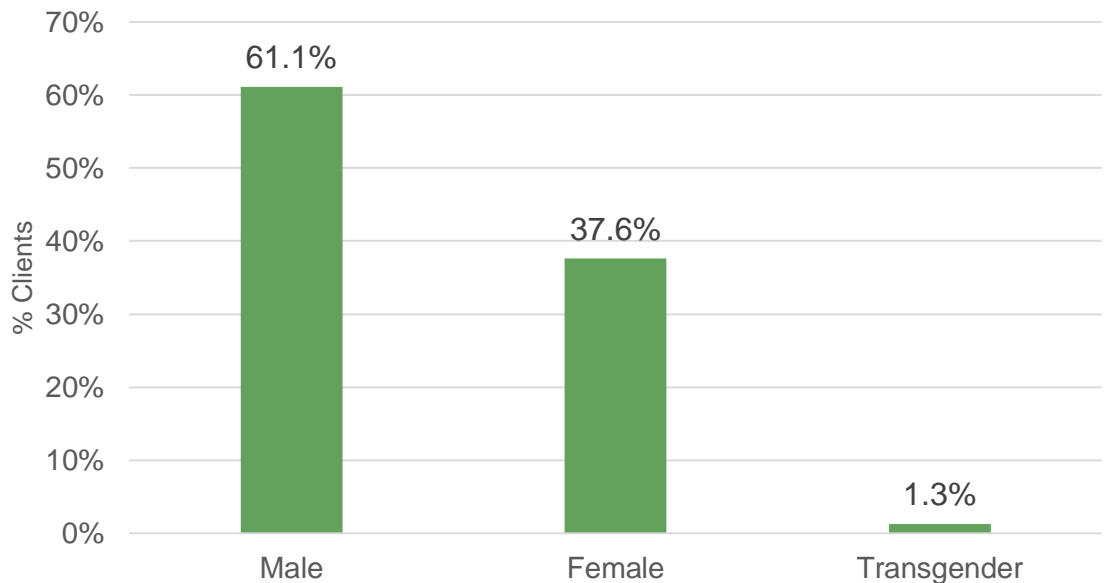
Data pulled from the Visual Analytics (Demographics) report on e2boston 4/8/24.

Medical Case Management

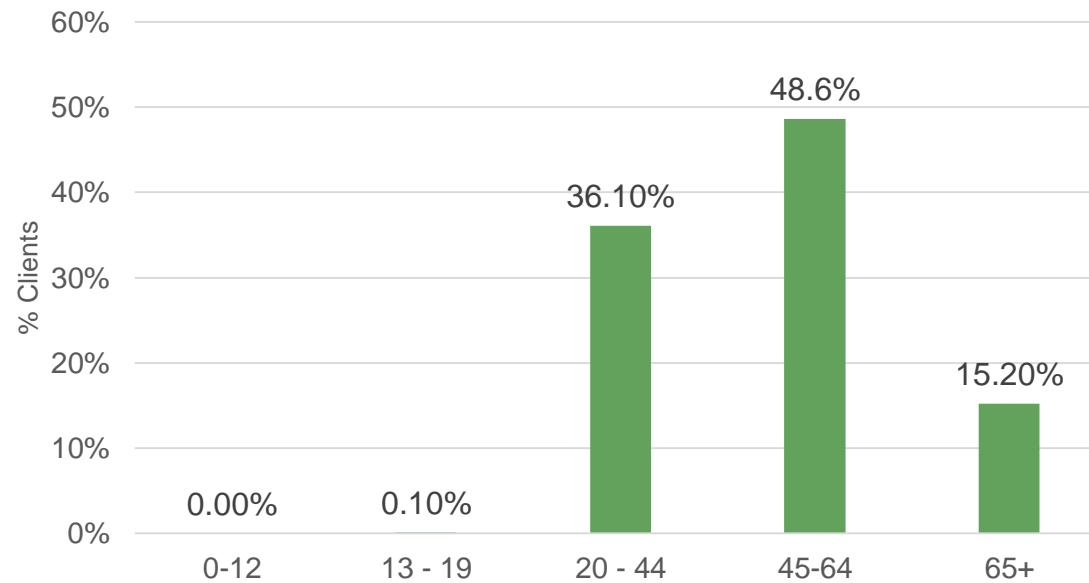


*Age, gender, race, ethnicity of clients who
utilized Medical Case Management in FY
2023*

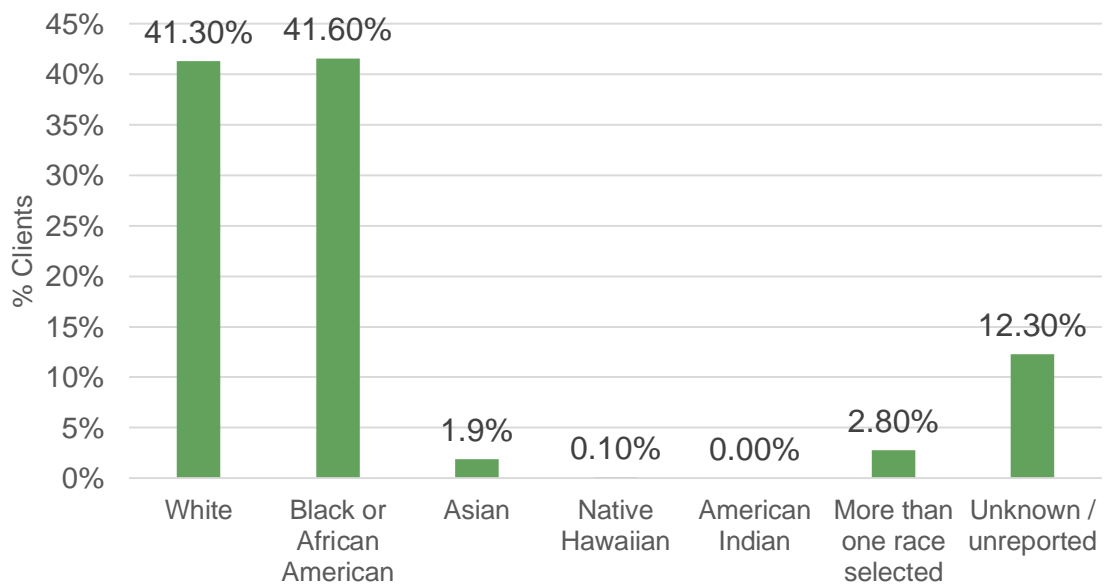
Part A MCM Clients by **Gender** in FY23



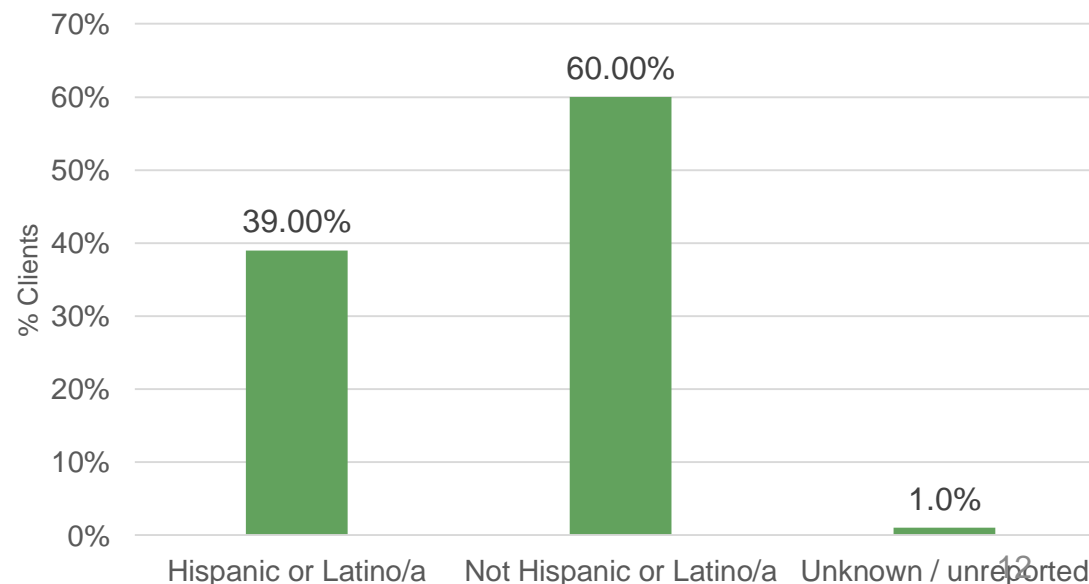
Part A MCM Clients by **Age** in FY23



Part A MCM Clients by **Race**, in FY23



Part A MCM Clients by **Ethnicity** in FY23

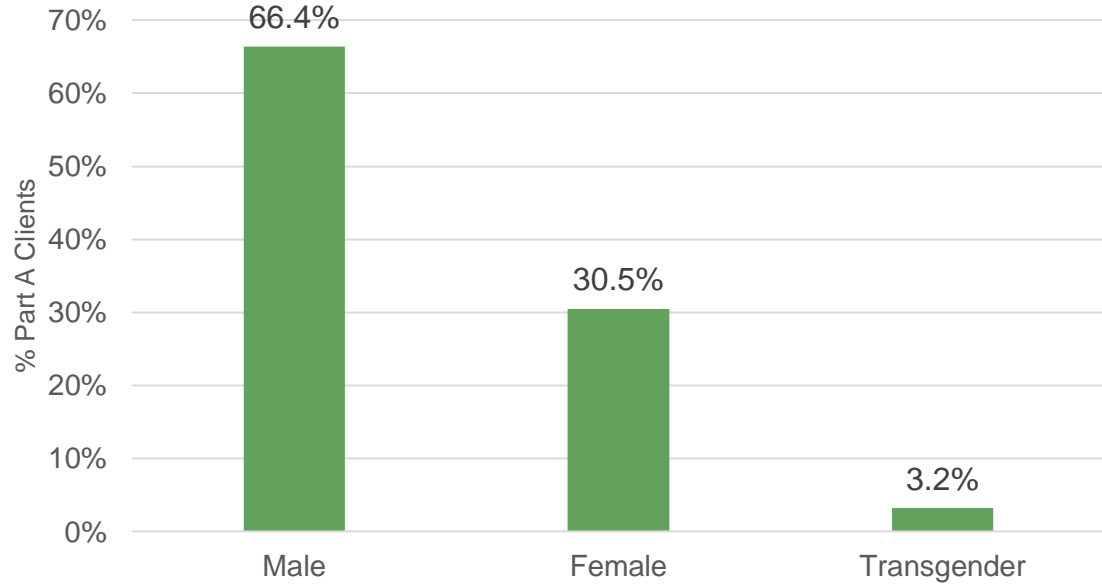


Non-Medical Case Management

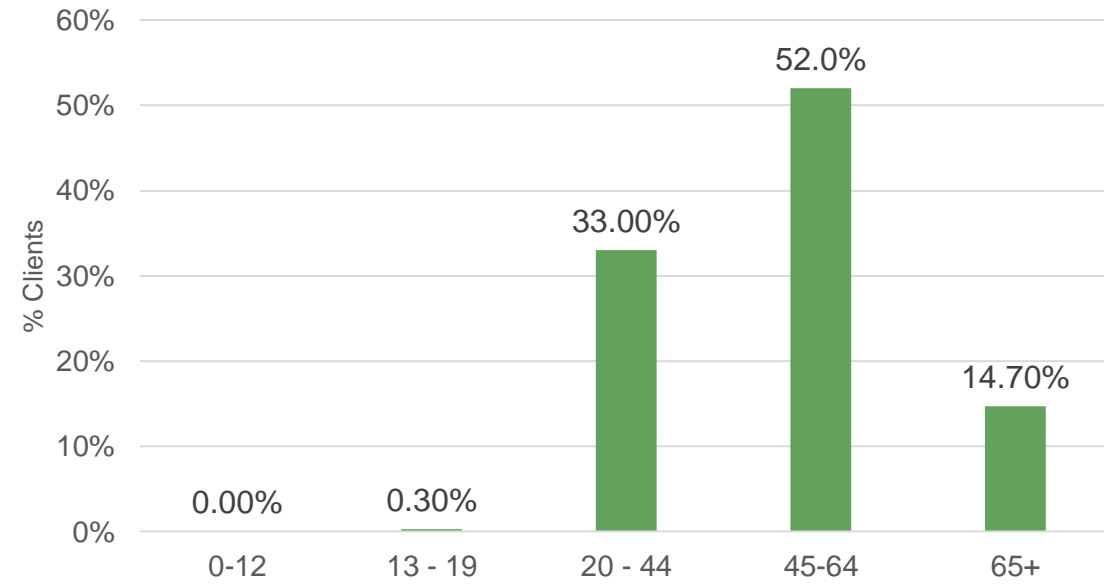


*Age, gender, race, ethnicity of clients who
utilized Non-Medical Case Management in
FY 2023*

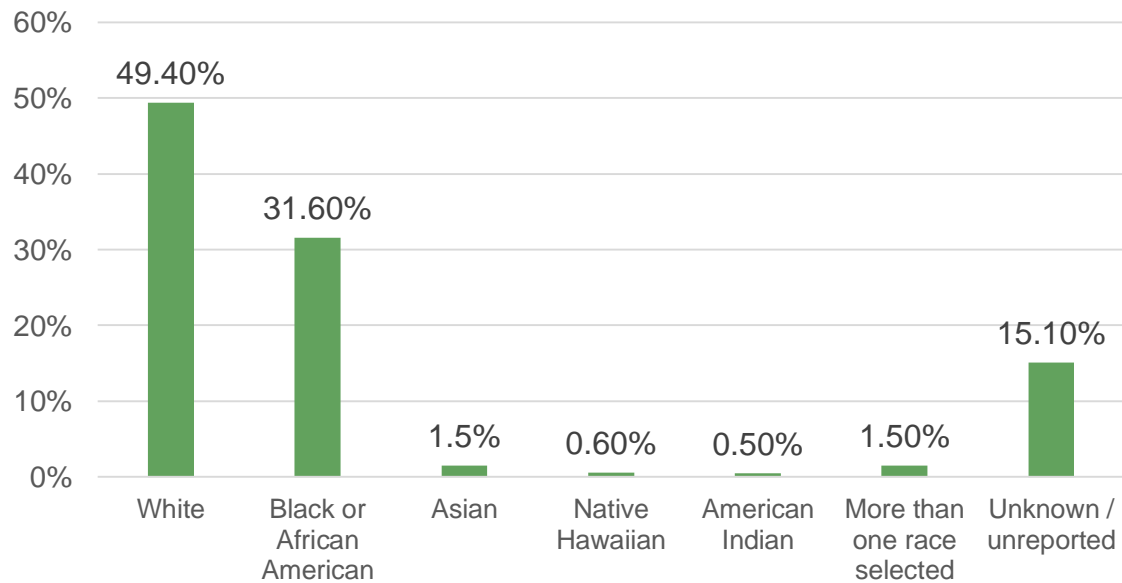
Part A NMCM Clients by **Gender** in FY23



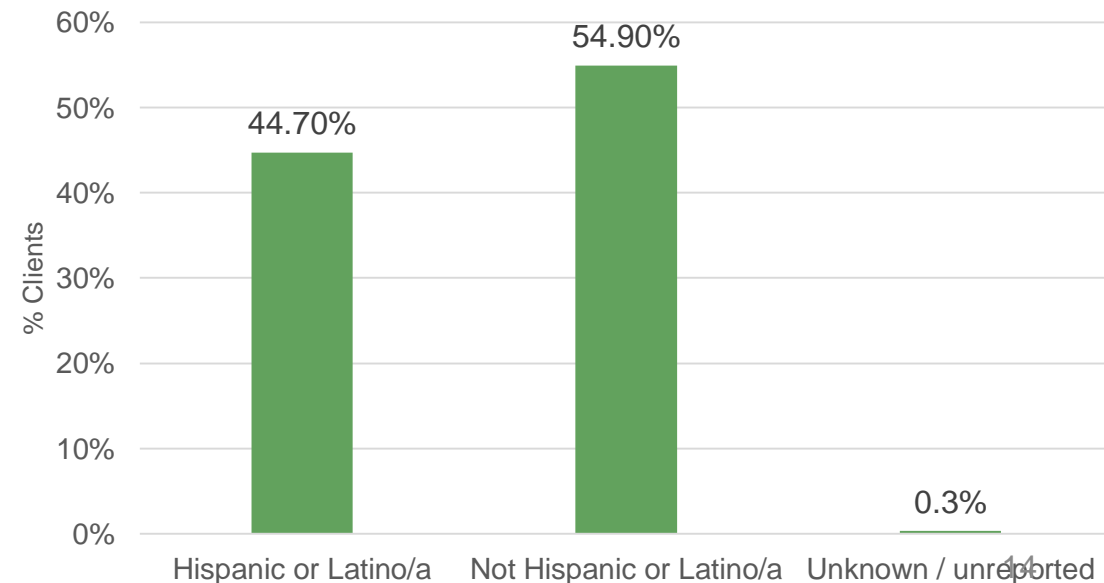
Part A NMCM Clients by **Age** in FY23



Part A NMCM Clients by **Race**, in FY23



Part A NMCM Clients by **Ethnicity** in FY23

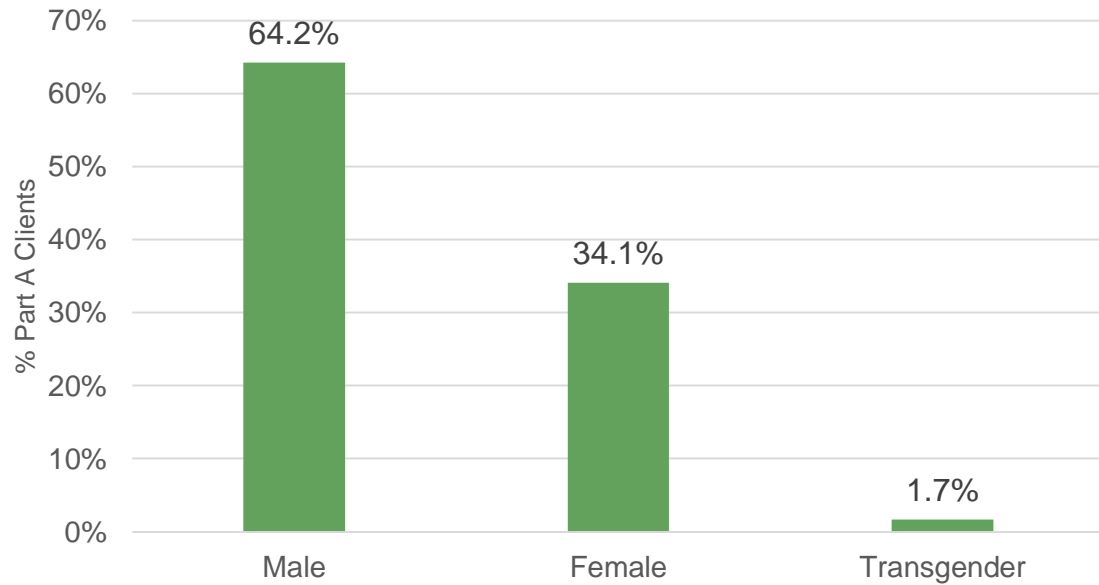


Housing

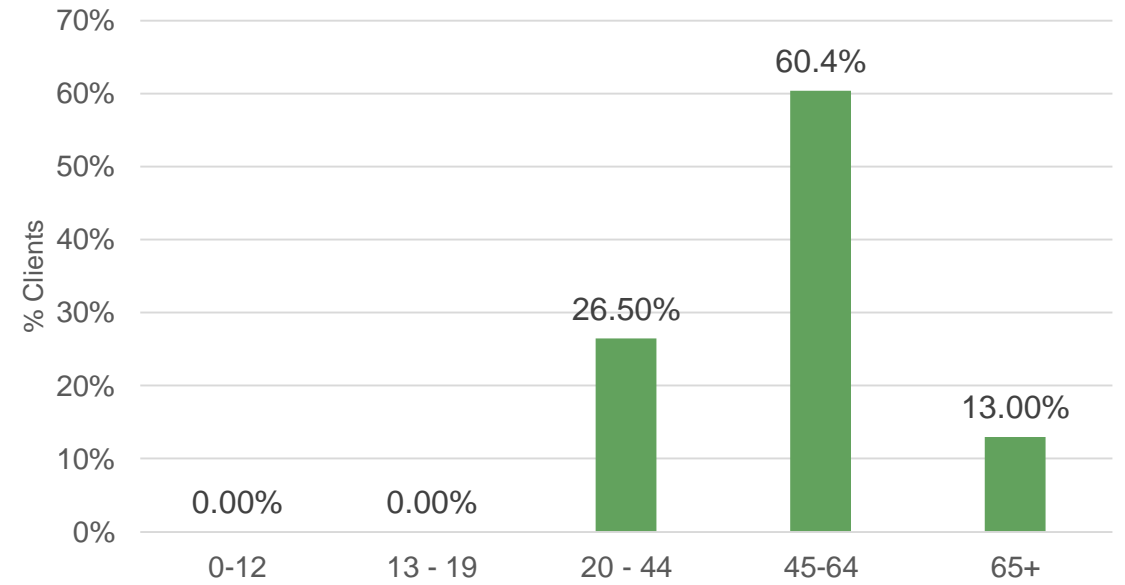


Age, gender, race, ethnicity of clients who utilized Housing services in FY 2023

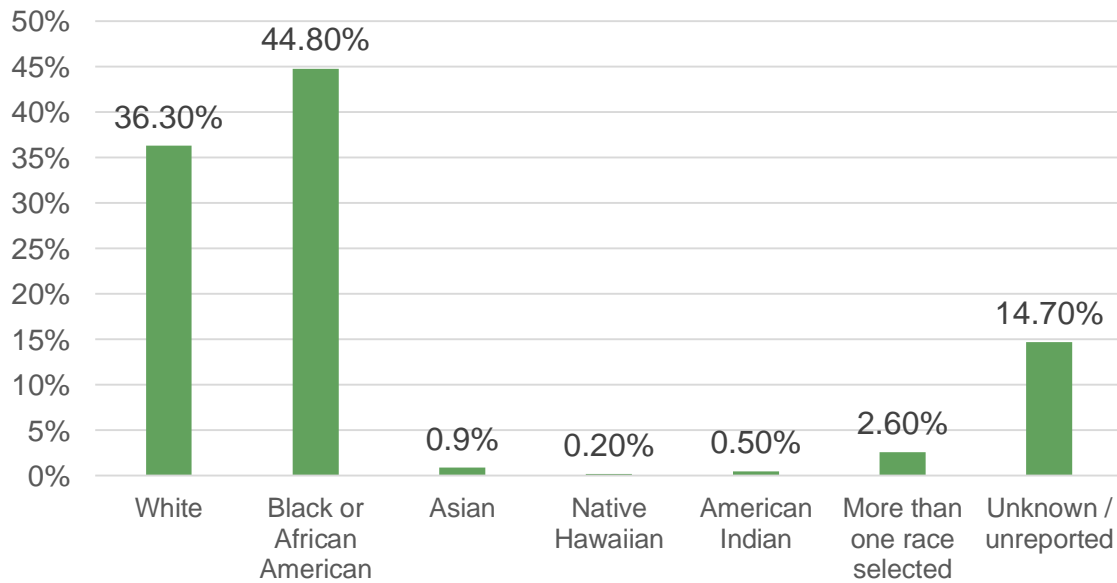
Part A Housing Clients by **Gender** in FY23



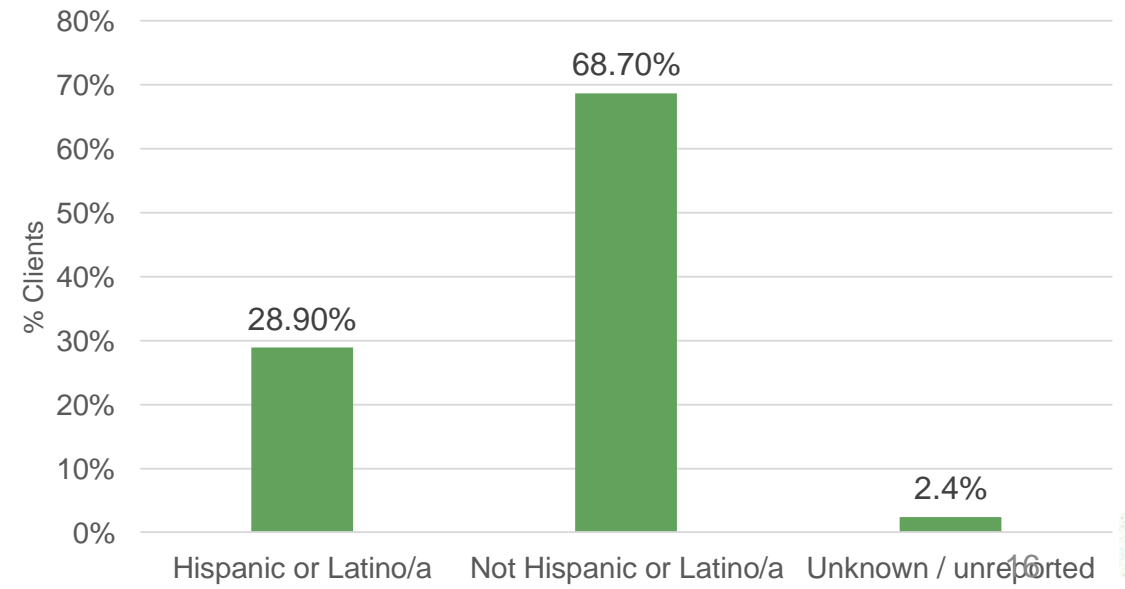
Part A Housing Clients by **Age** in FY23



Part A Housing Clients by **Race**, in FY23



Part A Housing Clients by **Ethnicity** in FY23

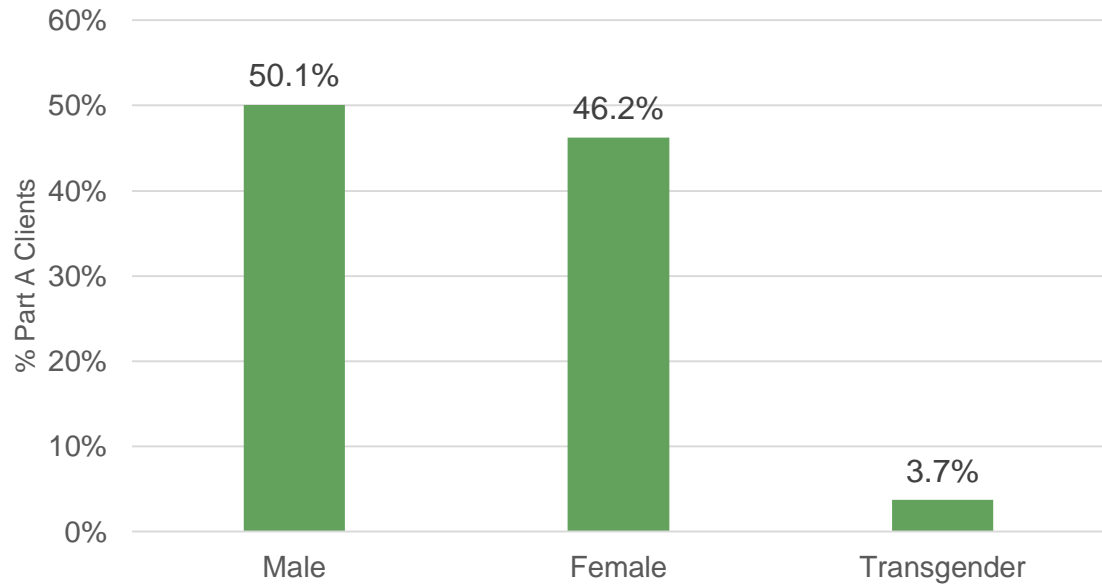


Emergency Financial Assistance

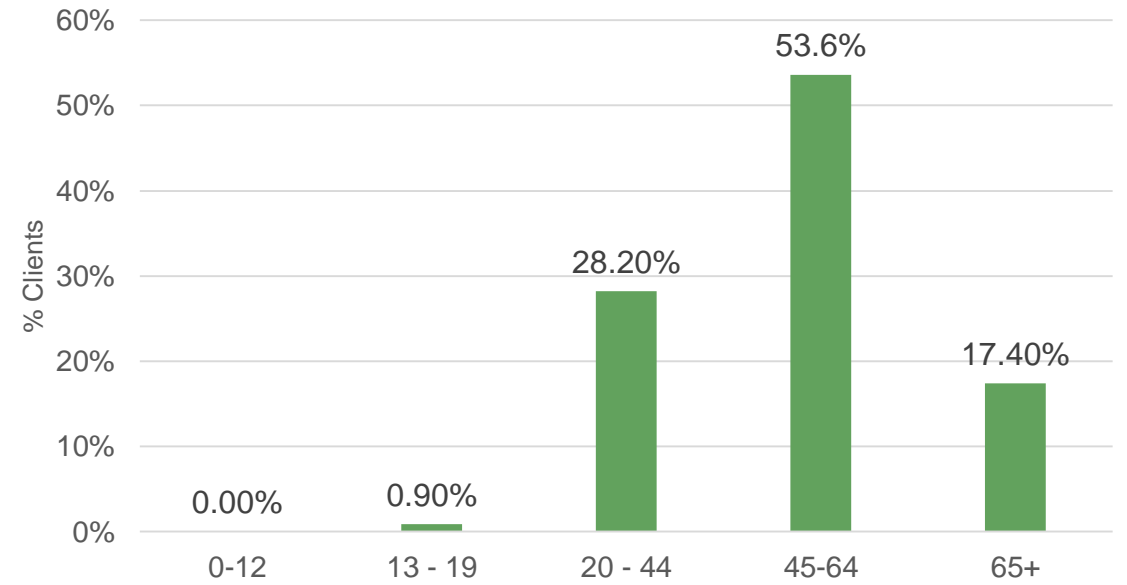


*Age, gender, race, ethnicity of clients who
utilized Emergency Financial Assistance in
FY 2023*

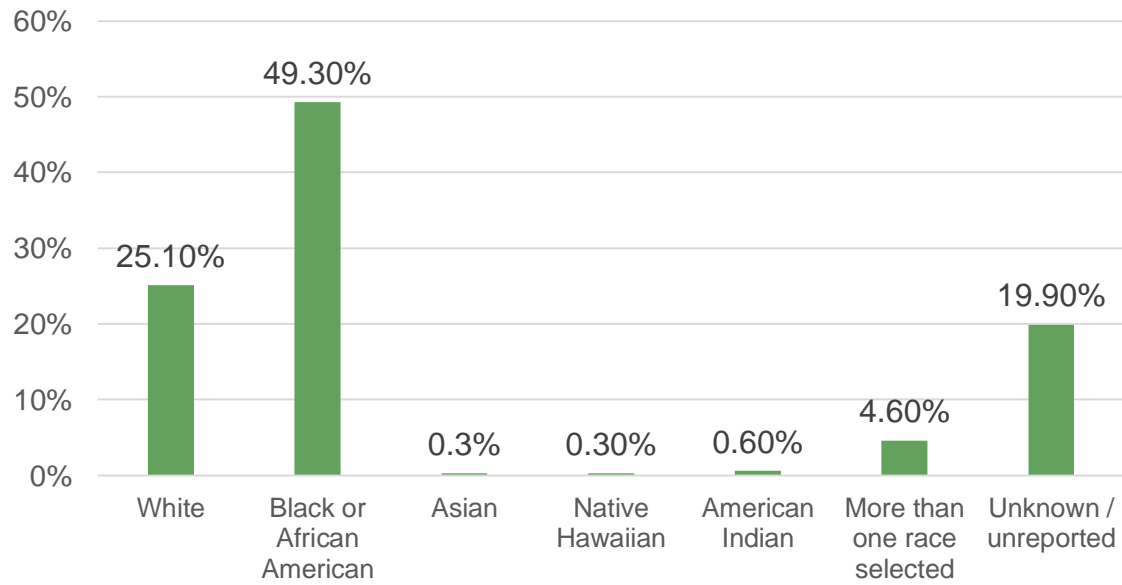
Part A EFA Clients by **Gender** in FY23



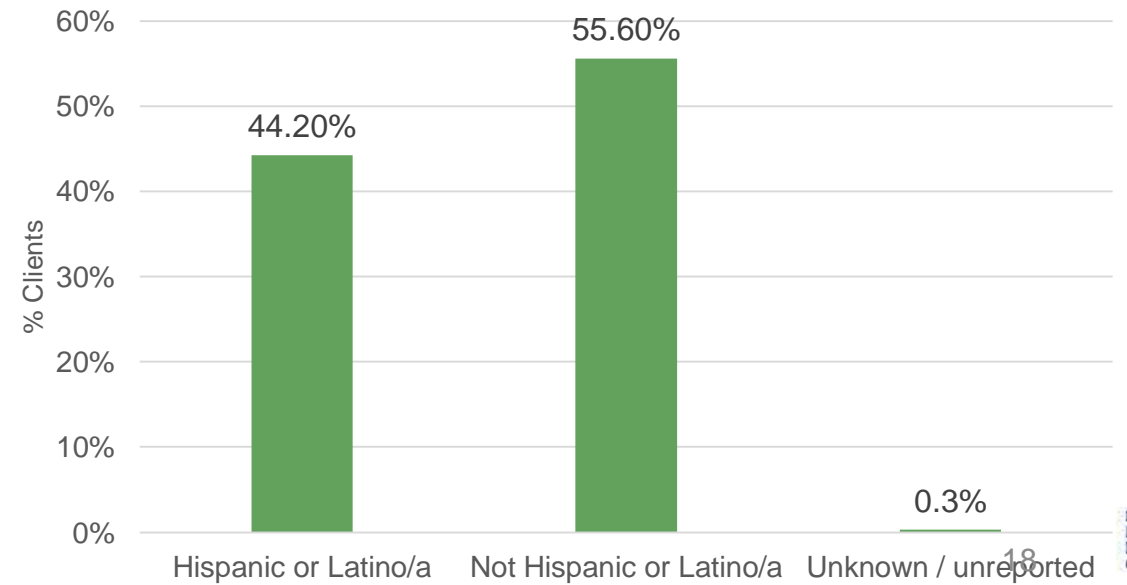
Part A EFA Clients by **Age** in FY23



Part A EFA Clients by **Race** in FY23



Part A EFA Clients by **Ethnicity** in FY23

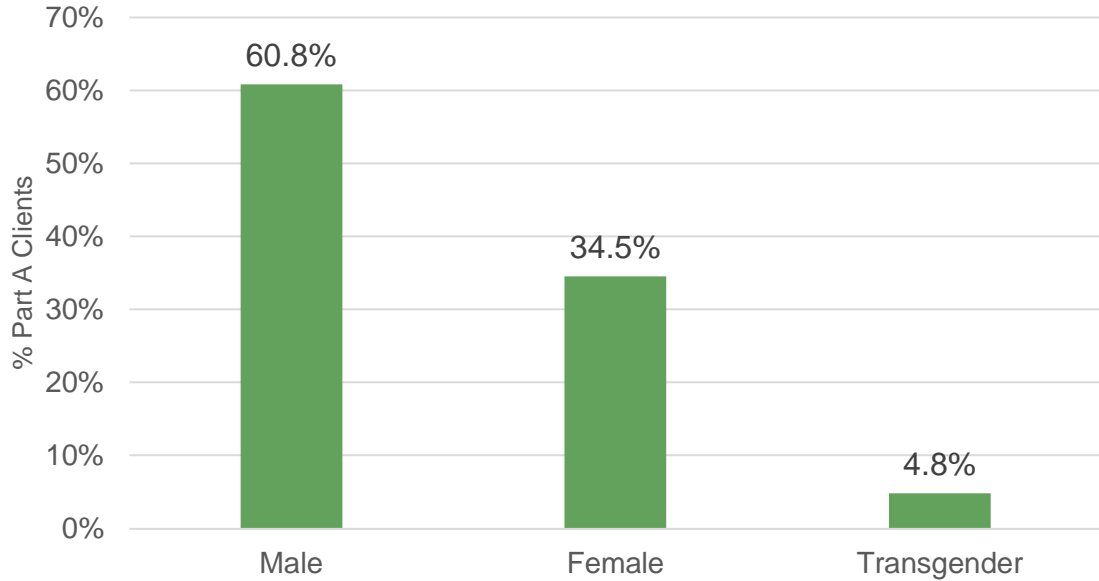


Psychosocial Support

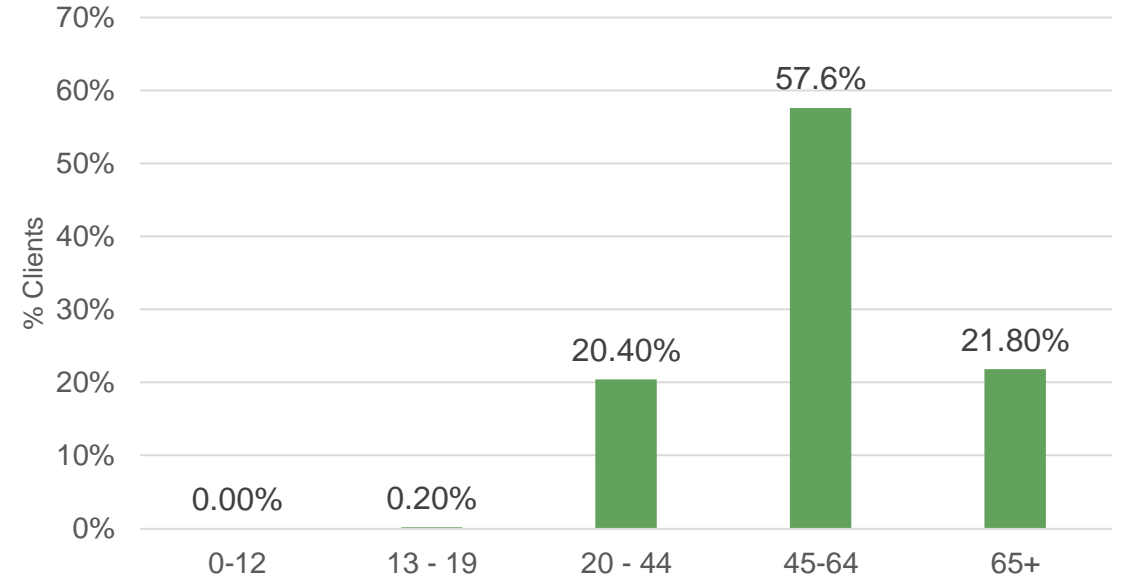


*Age, gender, race, ethnicity of clients who
utilized Psychosocial Support services in
FY 2023*

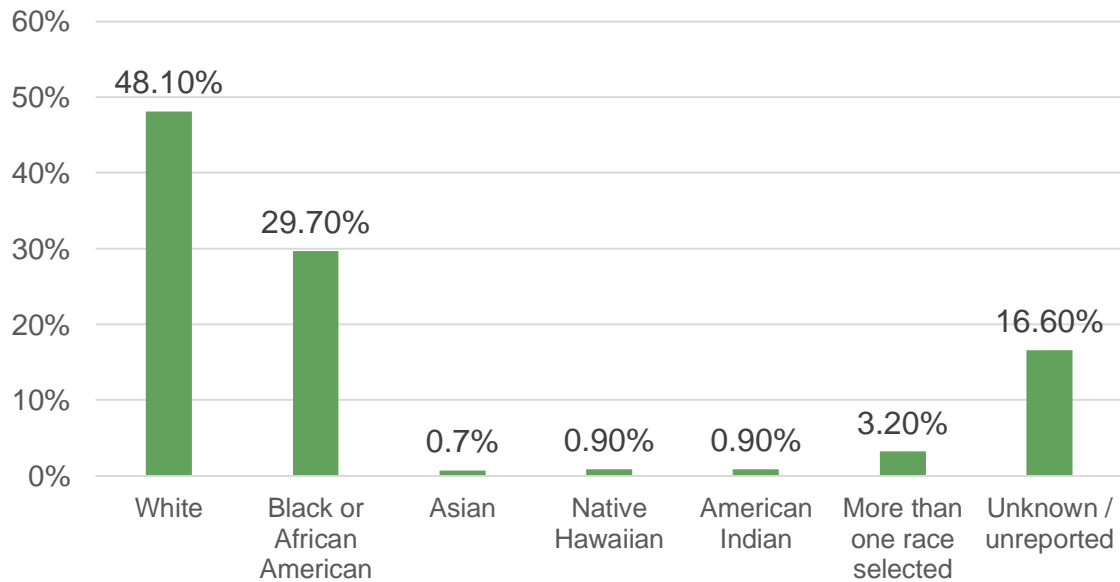
Part A PSS Clients by **Gender** in FY23



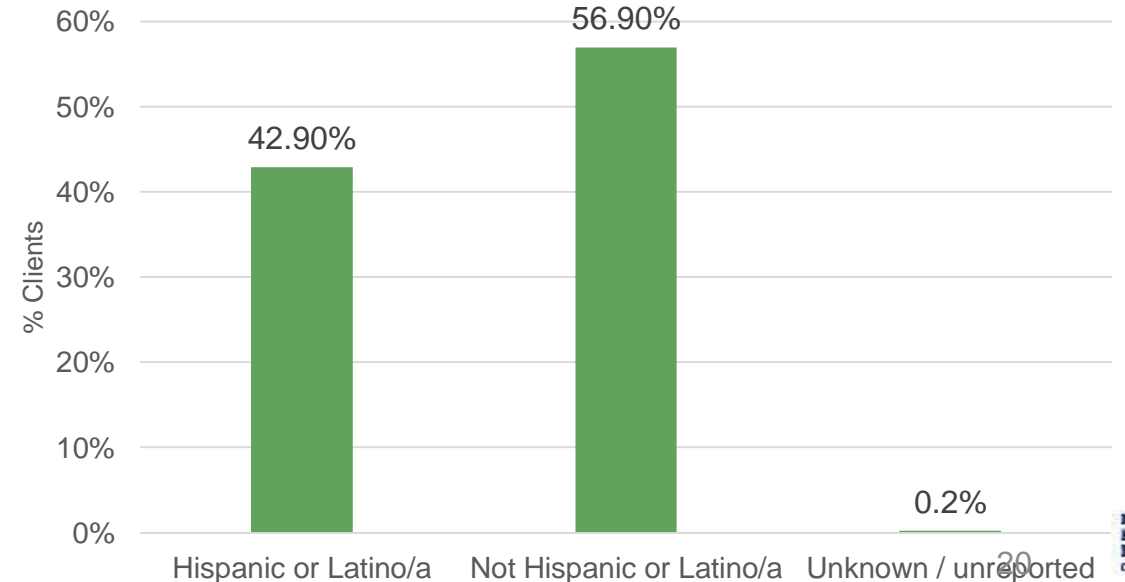
Part A PSS Clients by **Age** in FY23



Part A PSS Clients by **Race**, in FY23



Part A PSS Clients by **Ethnicity** in FY23



In Summary

Let's look at these five service categories altogether now...

Medical Case Management: By majority, clients who used MCM in FY23 were **men** aged **45-64** who identified their race as **White or Black** or **African American** (margin of less than 0.5%) and their ethnicity as **Not Hispanic or Latinx**.

Non-Medical Case Management: By majority, clients who used NMCM in FY23 were **men** aged **45-64** who identified their race as **White** and their ethnicity as **Not Hispanic or Latinx**.

Housing: By majority, clients who used Housing services in FY23 were **men** aged **45-64** who identified their race as **Black or African American** and their ethnicity as **Not Hispanic or Latinx**.

Emergency Financial Assistance: By majority, clients who used EFA in FY23 were **men** (by a small margin) aged **45-64** who identified their race as **Black or African American** and their ethnicity as **Not Hispanic or Latinx**.

Psychosocial Support: By majority, clients who used PSS in FY23 were **men** aged **45-64** who identified their race as **White** and their ethnicity as **Not Hispanic or Latinx**.

Spending Update



75 – 80%

- Non-Medical Case Management

81 – 86%

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

87 – 91%
MAI

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

92 – 95%
MAI

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

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	40,338.75
Health Education and Risk Reduction	2,573.50
Housing	5,142.75
Linguistic Service	24
Medical Case Management	45,955.50
Medical Nutrition Therapy	19,1758.75
Medical Transportation	10,289
Non-Medical Case Management	11,415.50
Oral Health	8,592
Other Professional Services – Legal	1,291.25
Psychosocial Support Services	4,47.5

Part A Utilization Update- Clients



Service Category	Number of Clients Served
Oral Health	2,290
Medical Case Management	1,886
Medical Transportation	762
Non-Medical Case Management	757
Foodbank/Home-Delivered Meals	727
Medical Nutrition Therapy	551
Psychosocial Support Services	514
Housing	422
Emergency Financial Assistance	319
Health Education and Risk Reduction	316
Other Professional Services – Legal	98
AIDS Drug Assistance Program	25
Linguistic Service	24

Data pulled from the Utilization Summary report on e2boston 4/11/24.



MAI Utilization Update- Units

Service Category	Number of Units Completed
Emergency Financial Assistance	314
Linguistic Service	34
Medical Case Management	6,565.75
Non-Medical Case Management	3,507
Other Professional Services – Legal	-
Psychosocial Support Services	603.3

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	-

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
g



Planning Council Meeting
Thursday, April 11, 2024
Non-Profit Center and Zoom
4:00 PM - 6 PM

Summary of Attendance

Members Present

Justin Alves
Daniel Amato
Mitchell Barys
Stephen Batchelder
Henry Cabrera
Barry Callis
Joey Carlesimo
Mose Choi
Stephen Corbett
Beth Gavin
Robert Giannasca
Regina Grier
Amanda Hart
Darian Hendricks
Gerald James
Alison Kirchgasser
Liz Koelnych
Jordan Lefebvre
Margaret Lombe
Shara Lowe
Carlton Martin
Chrisopher McNally
Ericka Olivera
Yvette Perron
Manuel Pires
Serena Rajabiun
Luis Rosa
Nate Ross

Darren Sack
Mairead Skehan Gillis
Romini Smith
Michael Swaney
Bryan Thomas
Catherine Weerts
Kim Wilson

Members Excused

Stephen Corbett
Melissa Hector
Ethan Ouimet
Shirley Royster

Members Absent

Larry Day
Damon Gaines

Staff

Claudia Cavanaugh
Clare Killian

Guests

Topic A: Welcome and Introductions

The Chair of the Planning Council called the meeting to order and led a moment of silence. PCS team took roll call.

Topic B: Review 3.14.24 Meeting Minutes

Motion to Approve: Bryan Thomas

Second: Stephen Batchelder

Result: The 3.14.24 meeting minutes were approved, 85%. *Daniel A. and Jordan L. were marked absent when they were present.

Topic C: FY25 Priority Setting Results

The SPEC Chair presented the FY25 Priority Setting Results.

Timeline for Priority Setting:

February

- Preparation in SPEC and Council
- Optional review session

March

- SPEC reviewed and finalized process
- Priority Setting Meeting took place on March 14th during Planning Council

Priority Setting VOTE today!

- 33 Responses (82.5% of Council)

Notable changes from FY25 Priority Setting

- Oral Health Care from 7 to 5
- Outpatient/Ambulatory Health Services from 18 to 21
- Other Professional Services (Legal) from 22 to 18

Discussion:

- Member was surprised that we only had 82% response rate, compared to 85% last year.
- Member asks what are early intervention services?
- Member said it was her first year so she is still learning how to make decisions on rankings.
- Member feels like some of these categories are merged, and said that these categories could maybe get more funding if they were grouped together.
 - Member responded that these are categories we received from HRSA.
- A member had a question on the HIV needs assessment, and was wondering if we would receive these results. IN the meantime, other funding (state) will cover the gaps.

Planning Council members make a first and second motion to approve the priority setting results as determined by the averages of all planning council members who voted independently and as discussed here in the planning council meeting.

Motion: Henry Cabrera

Second motion: Stephen Batchelder

Results: 30 approve, 1 oppose, 1 abstain

Topic D: FY23 Sweeps Funding Recommendation

Consumer Chair and NRAC Chair go over a brief summary of the funding process overview.

HRSA awards the money to BPHC who is the recipient, then they wait for our directives on how to allocate the award to specific service categories.

Frequently used terms throughout the funding process:

Unexpended money or **carry over** is the money that is leftover from the grant at the end of the year to be carried to the next year.

Under-expended money or **sweeps** is the money from agencies that are spending at a slower rate than they were supposed to. This money can be swept up throughout the year to be reallocated to other agencies.

Consequences of Unexpended Money:

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

Cause of Under-Spending (Sweeps):

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

Benefits of Sweeps Process:

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

The Stages of Sweeps:

- RWSD sends out contracts and agencies start billing for services at the beginning of the FY
- In Q1, they check in with the council then
- In Q2, they hold the first compliance meetings internally and then hold a second check-in with the Council
- Q3 is typically when sweeps happen – contract/budget amendments are sent out within 2 weeks and there is a Q3 check in with Council
- Finally, there is an end of year check in (the presentation after this!) and a final compliance notice with agencies after the site visits.

ALL DAY ALLOCATIONS MEETING:

The funding scenarios that we will create during the all day allocations meeting will outline the plan on how to allocate money during the next fiscal year. We will go through if we get the base level funding, \$500k less than that or \$500k more than that in order to account for any unanticipated changes to the funding environment.

Topic E: Q4 Spending and Utilization Update

Tegan Evans and Melanie Lopez from Ryan White Services Division gives a presentation on the spending and utilization updates for Q4. She goes over the sweeps process.

Quick reminders:

- Fiscal year starts 3/1
- RWSD aims to issue contracts 45 days after the start of the fiscal year
- RWSD checks for spending compliance quarterly.
- NRAC liaison provides spending updates 4- 6 times a year.
- RWSD uses PC scenarios to allocate underspent funds.

Tegan explains the FY23 demographics, including race, ethnicity, gender, age, exposure category, and housing status.

She then breaks down utilization by service category.

- Medical Case Management
 - o By majority, clients who used MCM in FY23 were men aged 45-64 who identified their race as White or Black or African American (margin of less than 0.5%) and their ethnicity as Not Hispanic or Latinx.
- Non-Medical Case Management
 - o By majority, clients who used Non-Medical Case Management in FY23 were men aged 45-64 who identified their race as White and their ethnicity as Not Hispanic or Latinx.
- Housing
 - o By majority, clients who used Housing services in FY23 were men aged 45-64 who identified their race as Black or African American and their ethnicity as Not Hispanic or Latinx.
- Emergency Financial Assistance
 - o By majority, clients who used EFA in FY23 were men (by a margin of less than 5%) aged 45-64 who identified their race as Black or African American and their ethnicity as Not Hispanic or Latinx.
- Psychosocial Support
 - o By majority, clients who used PSS in FY23 were men aged 45-64 who identified their race as White and their ethnicity as Not Hispanic or Latinx.

Tegan provided a spending update.

- We had really good spending this year with the smallest amount being 75% spent. Ones with stars specifically are 100% spent for the 96-100% bracket it is 96, 97, 98 and 99 % respectively. There is some changes coming up from final invoices.

- Provided Part A utilization update by number of units completed, as well as number of clients served.

Successes, challenges, and 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.

Member discussion:

- A member mentioned it needs to be acknowledged that some providers will have no choice but to fill out forms for their clients, using their best guess as to how they would answer.
- Is the term transgender in your data including both transgender men and women?
 - o Yes, this is including both transgender men and transgender women. RWSD recognizes that these data systems have been around for a very long time and are not reflective of the most inclusive practices. This does need to improve.
- A member brought up that there are still significant numbers of people slipping through the cracks and not getting care, mainly due to stigma. Those who have the power to make funding decisions are doing so in the favor of their own needs. This impacts Black and Brown people significantly. We need to not be afraid to make change.
 - o A member responded that when we’re looking at this utilization, we need to know the numbers of people within those specific demographic groups. We need to know how many people in the EMA are within the categories we are looking at, which will make more sense in terms of why utilization is lower among some groups.
 - o A member said that this is an issue beyond Ryan White, but instead of structural issue that impacts people nation-wide.
 - o A member said that the data presented today is based on folks who know their diagnoses and who are engaged in at least one, if not many different services. Is there a way we can gear efforts to look at unmet need in the community? A good point was made, because this is only one picture of the equation.

Topic F: Needs Assessment Committee

Updates from the Restructuring and Governing Docs working group: the Needs Assessment Committee.

Why?

It’ll lighten the load for NRAC:

- More equitable division of tasks between committees (SPEC & NRAC)
- Reduce strain on NRAC and reduce need for ad hoc group meetings and additional time commitments.

Other reasons:

- Reduce duplication of information across the EMA
- Reduce survey burden on PLWH
- Stronger, more comprehensive NA
- Increase training opportunities for Council members
- Increase Council participation in NA

Member Discussion:

- Are there any people from EHE that will be on the needs assessment committee?
 - o This committee will be made up of those who are interested in the work. We need to assess numbers of who will be in NRAC and SPEC, to see how many folks will be on the Needs Assessment Committee. At the next Planning Council meeting, we will have a vote on the bylaws, and whether or not we want to form this committee.
- A member said that the idea of going out and surveying people is exhausting for People of Color, especially because change is rarely made. There are so many needs assessments currently being done, and I think there is exhaustion from people constantly being asked these questions. I think it could be better to assess what were already know, look at existing data, and going from there.
- A member said that this needs assessment is not proposed to include a survey, but instead consist of reviewing existing data, as well as completing in depth interviews with patients and providers.
- A member said that the points made are completely valid, however we are tasked as a Planning Council to complete a needs assessment. If we have to do it, how can we make it so much better and more functional.
- A member said that it is incredibly important to do community engaged research, even though it is time consuming and difficult. It's a very good point that we need to address what we're doing with this data, but I do feel that this work plan is well thought-out and thorough.
- A member asked if there is an open comment period with HRSA any time soon?
 - o PCS said that they aren't sure, but will ask the HRSA project officer.

Topic G: Announcements and Adjournment

PCS shared announcements:

Bayard Rustin Community Breakfast

- Saturday, April 13th, 9 AM – 12 PM
- JFK Presidential Library and Museum
- Email PCS and Kim Wilson (kwilson485@gmail.com) for more information/to sign up!

Boston College's Black Mental Wellness Symposium – shared with us from Barry Callis!

- Saturday, April 27th, 8 AM – 3:30 PM
- Boston College (The Heights Room, Corcoran Commons)
- Registration required, free of charge to attend!

BPHC Infectious Disease Bureau is hiring! – contact PCS with questions!

- CQM Senior Program Manager (Sarah's position!)
- And more Program Coordinator positions coming soon!! We'll update you as we receive them.

CRI is hiring! – contact Gerry James with questions!

- PrEP/nPEP Navigator/Health Insurance Enrollment Specialist
- Accounting Manager

Have a job to share? Post on [Basecamp](#) or send to PCS!

Meeting to Adjourn

Motion: Bryan Thomas

Second: Barry Callis

Result: The meeting was adjourned at 6:04 pm.
