



# WELCOME

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RYAN WHITE PLANNING  
COUNCIL MEETING

MARCH 12, 2020

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At this moment, 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.

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Please state your  
name for the  
record.

# GROUND RULES

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Be on time

No Side Conversations

Silence cell phones

Presenters represent agencies- no personal attacks

Participate

Don't ask questions that accuse or assume where someone is coming from. Stick to asking questions regarding information.

Be respectful

Respect the option for presenters to come back with additional information or answers.

Agree to disagree

Send questions with more detailed explanations to the Executive Committee or PCS

Ask questions

Whenever possible, enjoy yourself

Speak up so everyone can hear you

Don't assume everything is public knowledge

Raise your hand and wait to be acknowledged by the Chair

Step up, step back

Don't interrupt

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# APPROVE MEETING MINUTES *February 13<sup>th</sup>*

*(H-1 or on  
Basecamp)*

## Steps in approving minutes:

1. Review minutes
2. Make a first and second motion to approve minutes
3. Vote

**All in Favor:** Yes, I approve the minutes

**Opposed:** No, I do not approve the minutes

**Abstention:** Absent from previous meeting/ Decline to vote

## COMMITTEE REPORTS

(H-2) or  
Basecamp

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Each month, the Committee Chair(s) will provide a summary of their committee's activities. — *Please provide extra details for peers today!*

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You can also refer to a handout in your packet for written updates.



# Knowledge Check!

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LIZ RIOS, PCS



# Needs Assessment Intro presentation

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NEEDS, RESOURCES & ALLOCATIONS  
COMMITTEE (NRAC)



# **Needs Assessment of People Living with HIV in the Boston EMA**

**Needs, Resources, & Allocations Committee (NRAC)**

**March 12, 2020**

# Presentation Overview

- 1. What is a Needs Assessment?**
- 2. The Numbers**
  - Epidemiological Profile
- 3. Special Populations**
  - Estimates of PLWH In/Out of Care and people unaware of their HIV Status
- 4. Resource Inventory and Provider Profile**
- 5. Assessment of Service Needs of PLWH In and Out of Care**
  - 2016 Assessment of Service Needs Project
  - 2018-2019 Needs Assessment
  - Update on the 2020 Needs Assessment
- 6. Conclusions**

# Presentation Objectives

1. Understand the Needs Assessment process
2. Analyze the Boston EMA Epidemiological Profile data
3. Define “out of care” and estimate the percentage of PLWH that are out of care in the EMA. Estimate the percentage of people who don’t know their HIV status.
4. Update the Planning Council on the Needs Assessment – Consumer Survey

# What is a Needs Assessment?

Information collected on the general **needs of PLWH** in the EMA – both those receiving care and those not in care - so the Planning Council may make informed decisions related to the **prioritization of service categories** and Ryan White Part A **funding allocations process.**

# How is this done during the Council year?

- Through **presentations at monthly Planning Council meetings** (October-March), the Planning Council learns about:
  - Local HIV epidemic trends in the EMA
  - Services available to meet the needs of PLWH
  - Gaps in the services for PLWH
- Incorporates **input from community members**, PLWH, service providers, and caregivers.
- **Assesses whether resources** are being expanded to populations most in need and to emerging populations.

# Needs Assessment Timeline

Three-Year Needs Assessment Plan (PC term, Sep-June)			
Component	2017-2018	2018-2019	2019-2020
Epidemiologic Profile	Update current information based on State Surveillance data		
Estimates PLWH - Unaware Out of Care	Update current information based on State Surveillance data		
Assessment of Service Needs - PLWH in care -PLWH out of care	1) Develop process for agencies interested in conducting a consumer study within the EMA	Design and implement consumer study	Present final results
	2) Select agency to conduct consumer study		
	3) Analyze current reports, Unmet Need Project, E2Boston data	Present results	
Resource Inventory	Gather information from/about services providers	Organize information	Present results
	Update funding stream data		
Profile of Provider Capacity Capability	Develop methodology and implement	Analyze results	Present results
Assessment of Unmet Need/Service Gaps	Summarize data from all other components	Analyze and present results	Create Final Needs Assessment Report (April 2020)

# Boston EMA

## Epidemiological Profile

**Goal:** Look at epi data from MA & NH in order to understand the profiles of PLWH in the Boston EMA



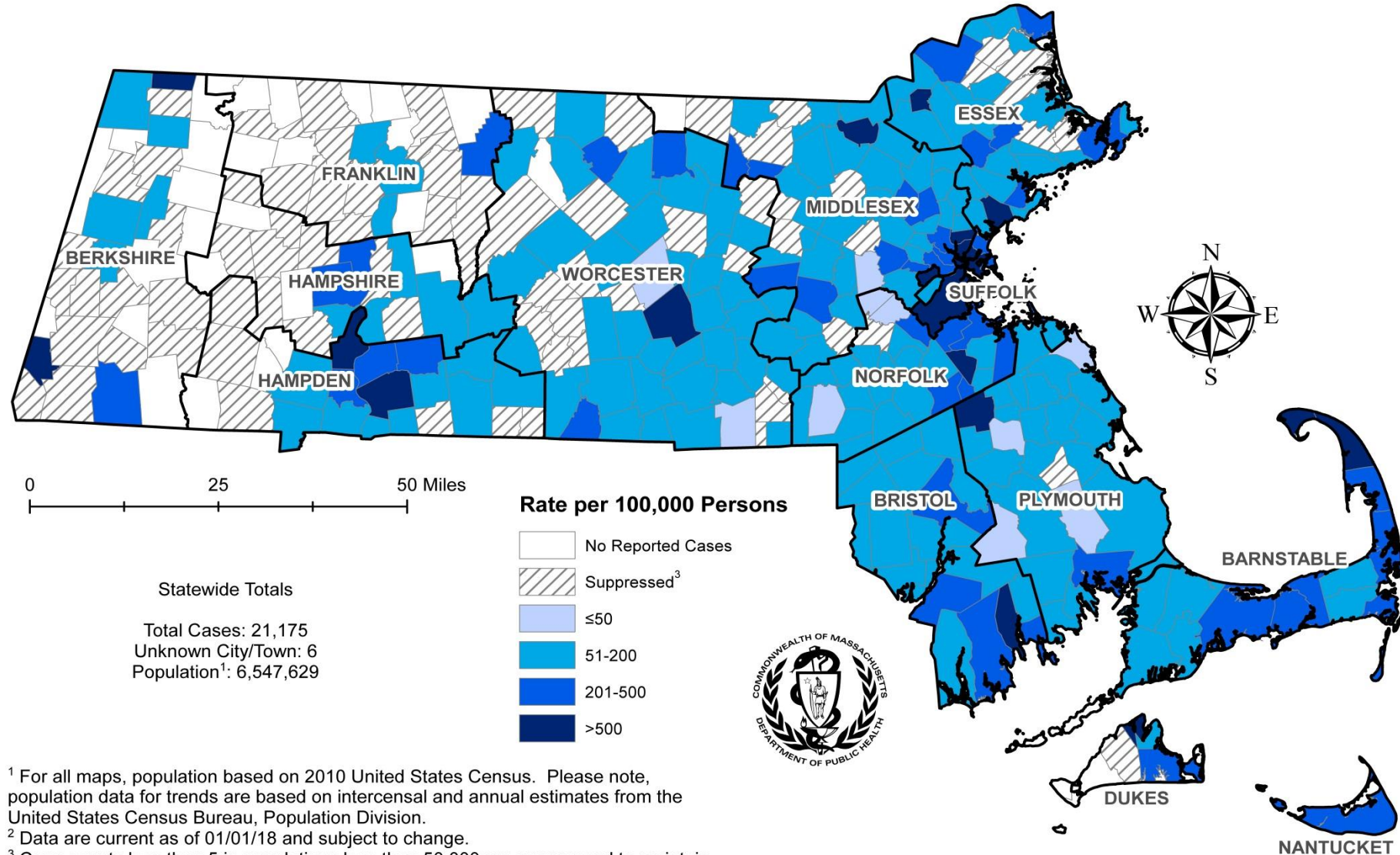
Data provided by the **Massachusetts  
Department of Public Health**

**Bureau of Infectious Disease and Laboratory  
Sciences**

**MASSACHUSETTS**



# Prevalence Rate of HIV Cases, per 100,000 Persons<sup>1</sup>, by City/Town: Massachusetts, 2017<sup>2</sup>



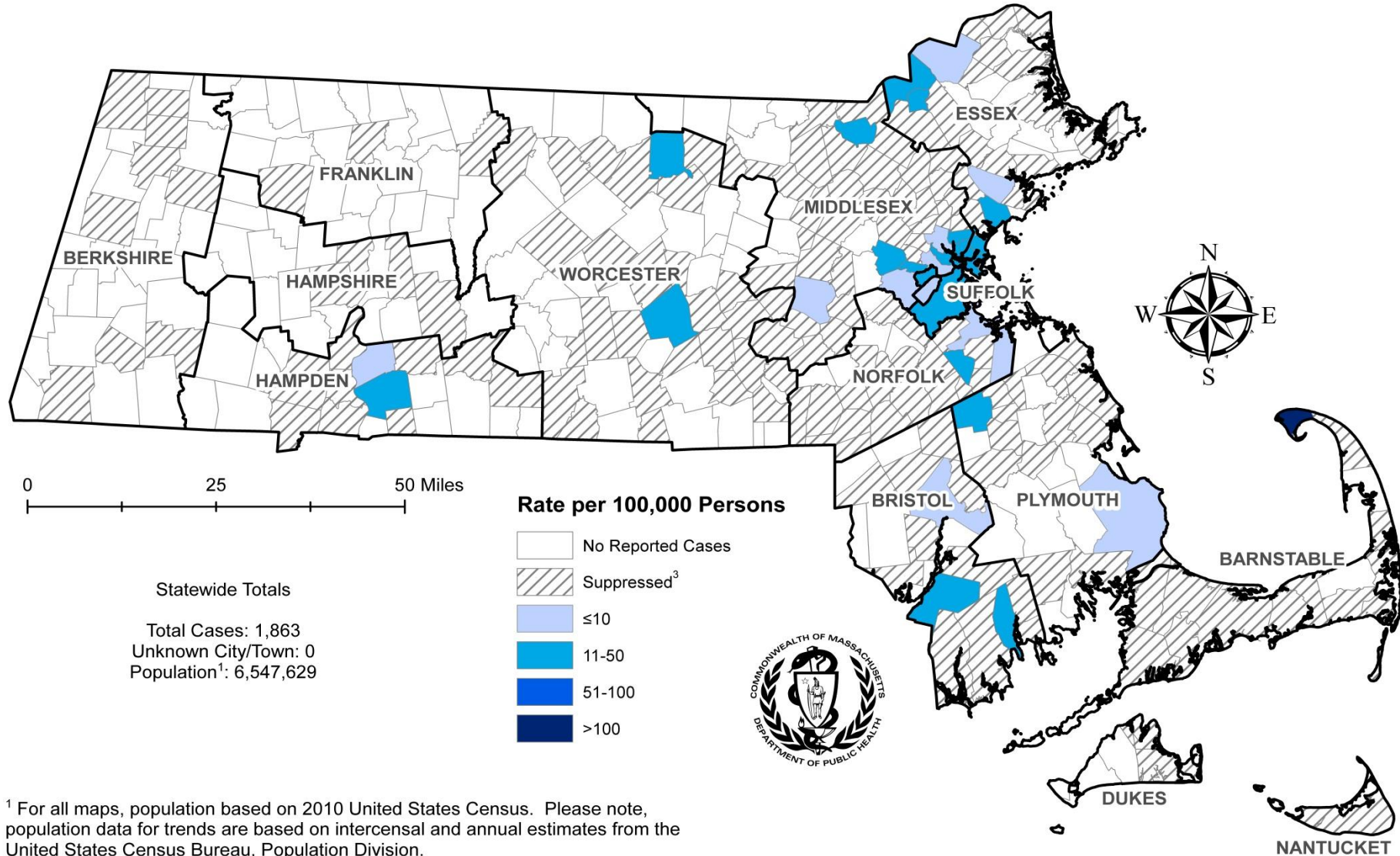
<sup>1</sup> For all maps, population based on 2010 United States Census. Please note, population data for trends are based on intercensal and annual estimates from the United States Census Bureau, Population Division.

<sup>2</sup> Data are current as of 01/01/18 and subject to change.

<sup>3</sup> Case counts less than 5 in populations less than 50,000 are suppressed to maintain patient confidentiality.

<sup>4</sup> HIV prevalence data include all individuals who were residing in Massachusetts as of 01/01/2018, regardless of where they were first diagnosed. Data excludes those diagnosed while incarcerated.

# Average Incidence Rate of HIV Cases, per 100,000 Persons<sup>1</sup>, by City/Town: Massachusetts, 2014-2016<sup>2</sup>



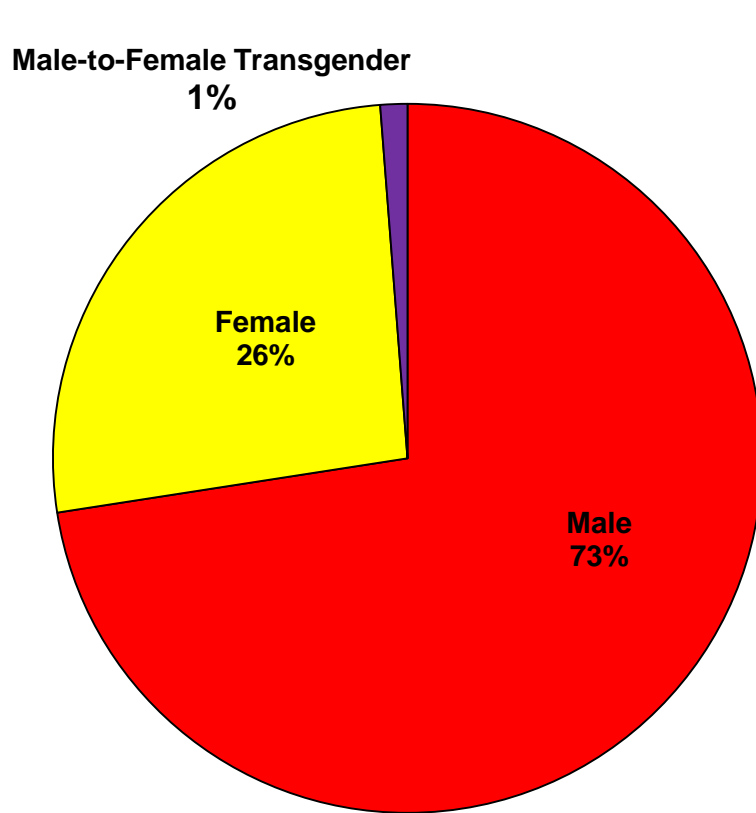
<sup>1</sup> For all maps, population based on 2010 United States Census. Please note, population data for trends are based on intercensal and annual estimates from the United States Census Bureau, Population Division.

<sup>2</sup> Data are current as of 01/01/18 and subject to change.

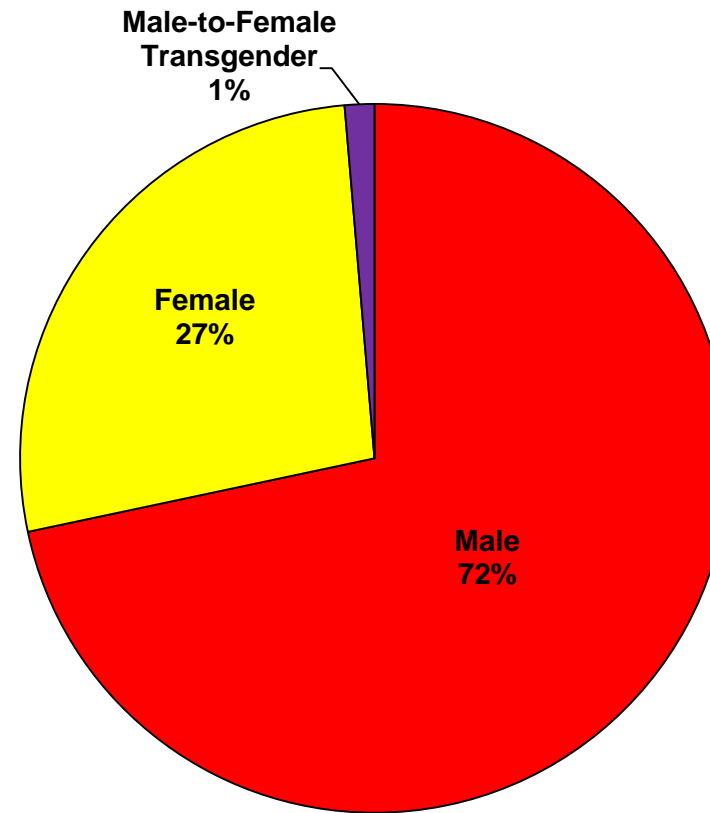
<sup>3</sup> Case counts less than 5 in populations less than 50,000 are suppressed to maintain patient confidentiality.

<sup>4</sup> Data excludes those diagnosed while incarcerated.

# Individuals Diagnosed with HIV Infection 2015-2017 by Current Gender: Massachusetts

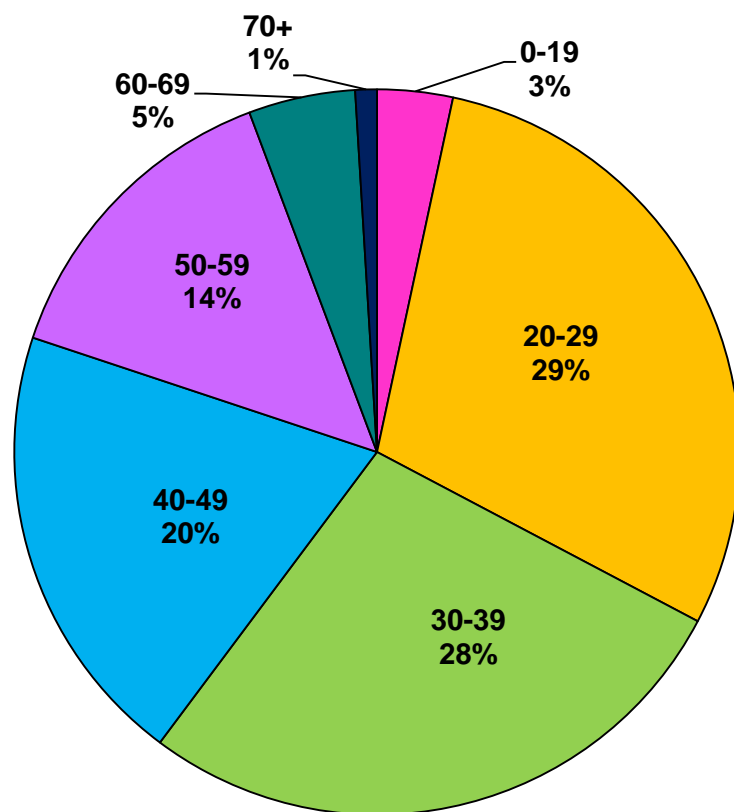


**MA Total**  
**N=1,870**

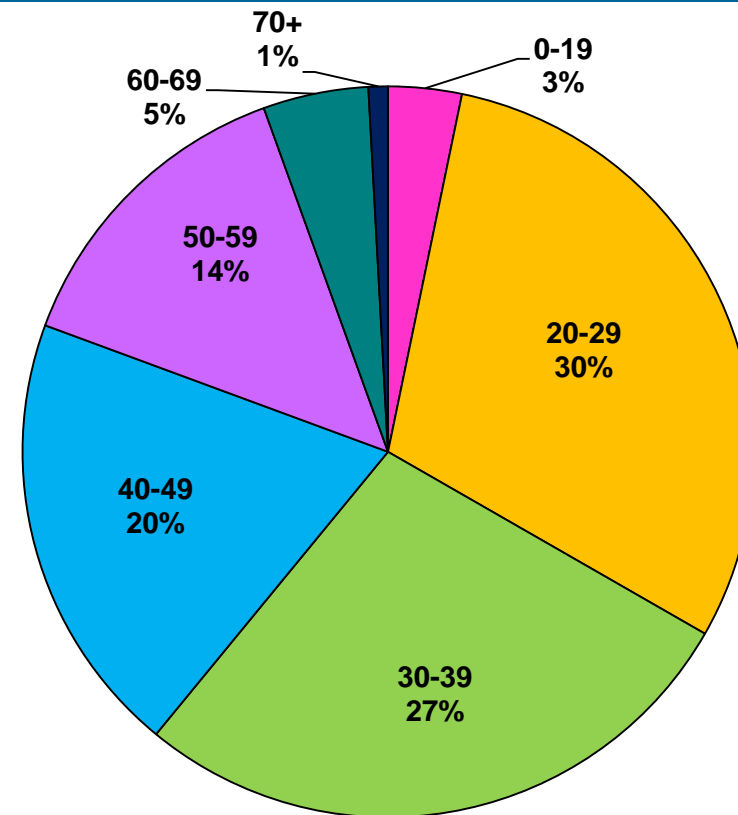


**Boston**  
**EMA**  
**N=1,631**

# Individuals Diagnosed with HIV Infection (2015-2017) by Age at Diagnosis: Massachusetts



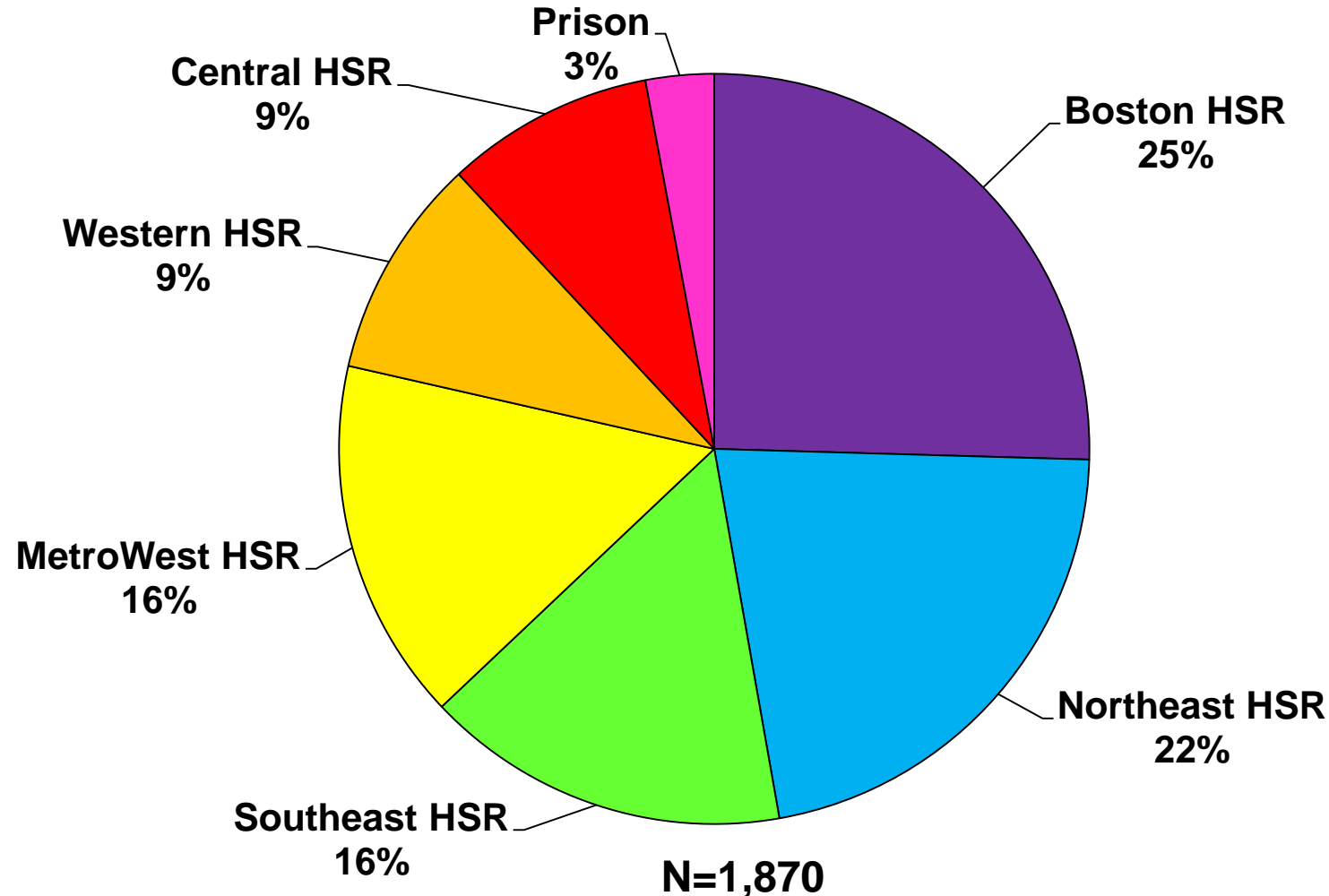
**MA Total**  
**N=1,870**



**Boston EMA**  
**N=1,631**



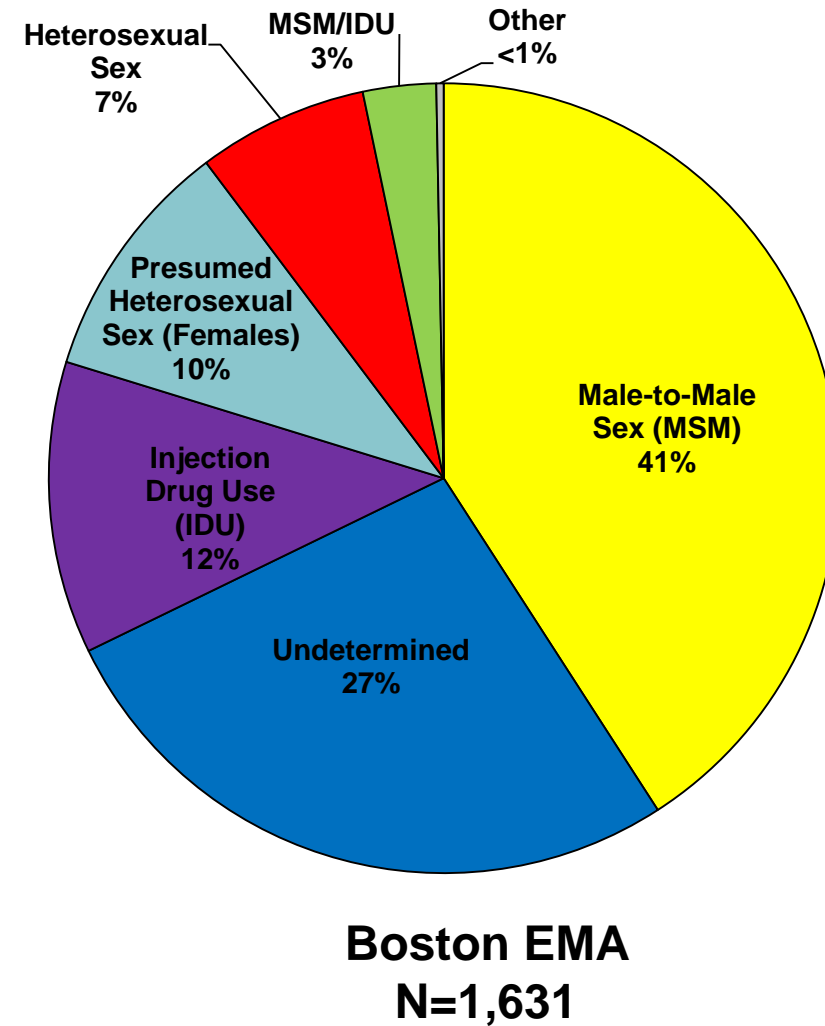
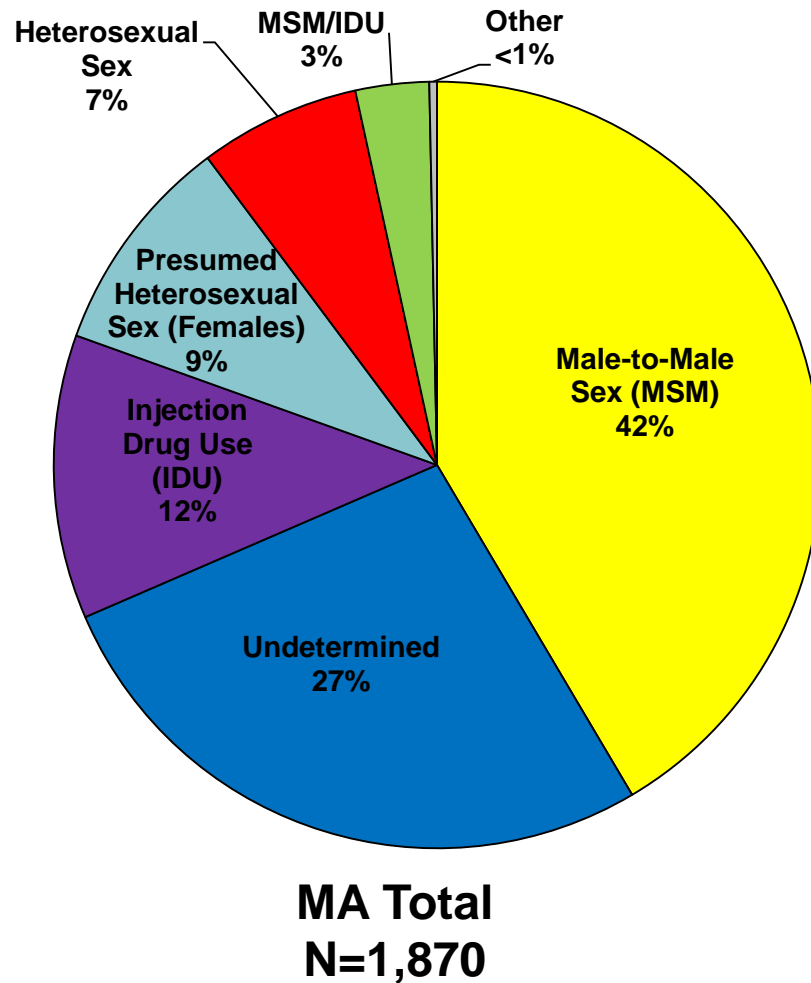
# People Diagnosed with HIV Infection within the Years 2015–2017 by Massachusetts Health Service Region<sup>1</sup>



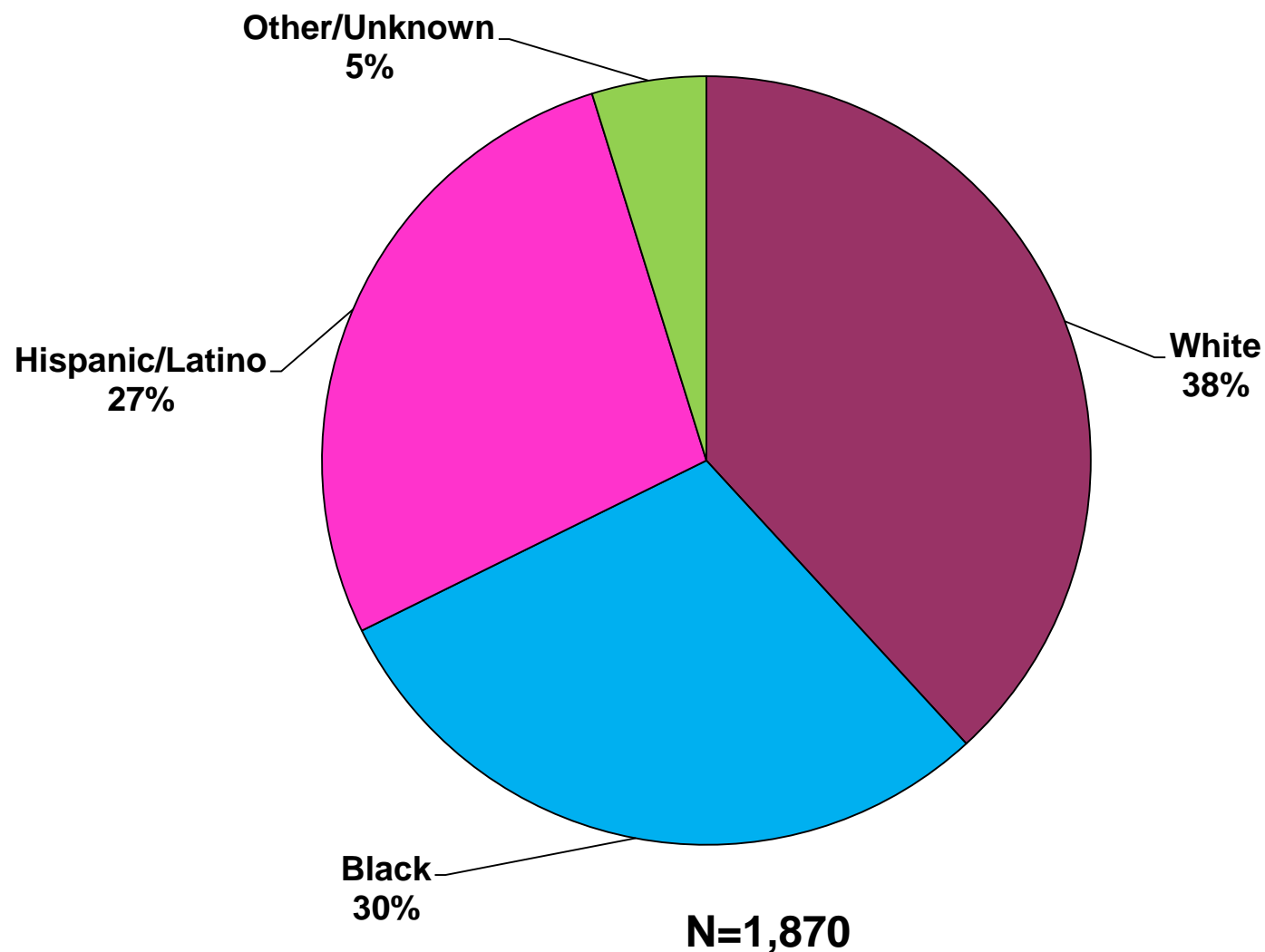
<sup>1</sup> Prisons include persons who were diagnosed with HIV/AIDS while in a correctional facility. While prisons are not a region, the prison population is presented separately in this analysis because of its unique service planning needs.

Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 01/01/19

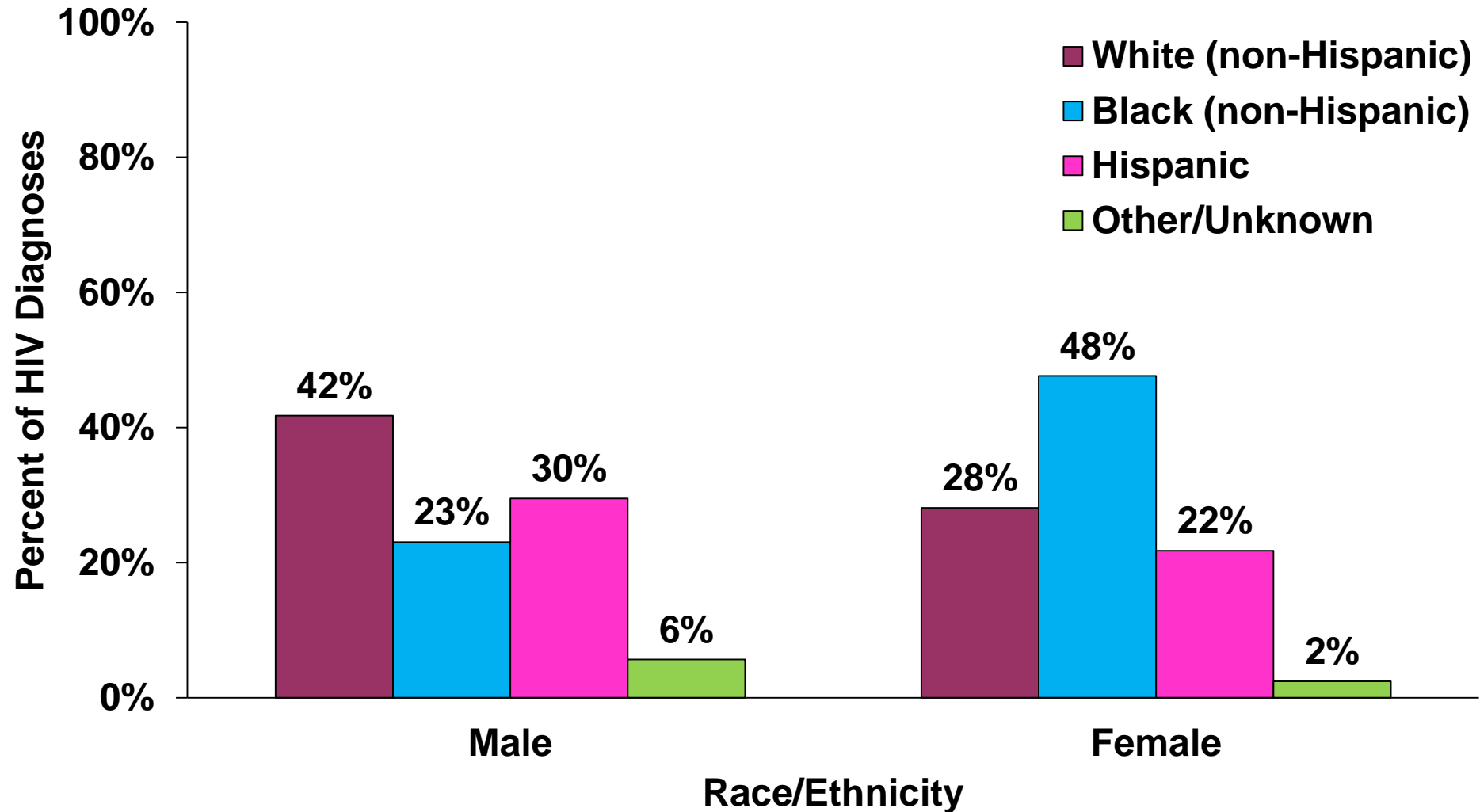
# People Diagnosed with HIV Infection by Exposure Mode: Massachusetts, 2015–2017



# People Diagnosed with HIV Infection by Race/Ethnicity: Massachusetts, 2015–2017

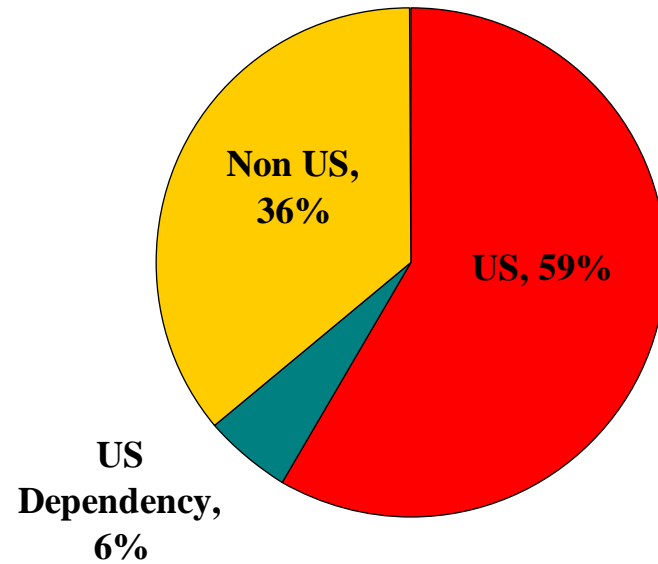


# People Diagnosed with HIV Infection by Sex at Birth and Race/Ethnicity: Massachusetts, 2015–2017



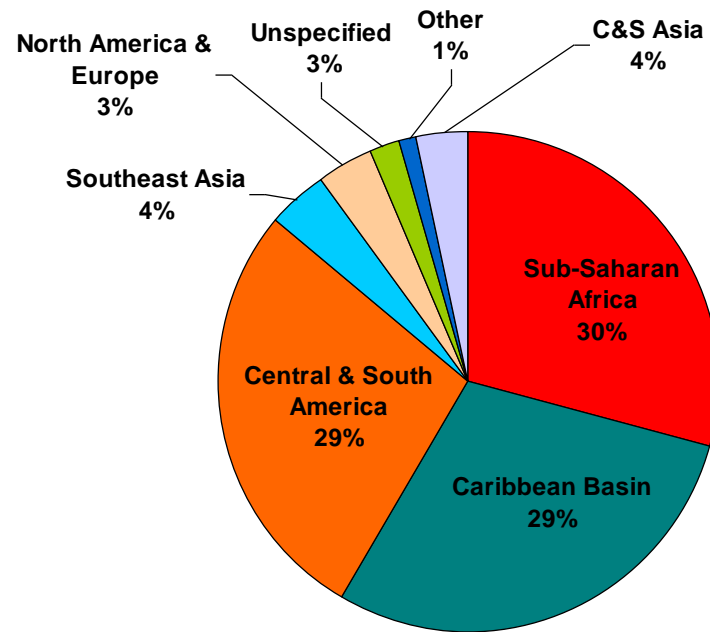


# Individuals Diagnosed with HIV Infection 2015-2017 in Massachusetts by Place of Birth



**N=1,870**

# People Born Outside the US and Diagnosed with HIV Infection in Massachusetts from 2015- 2017 by World Region of Origin

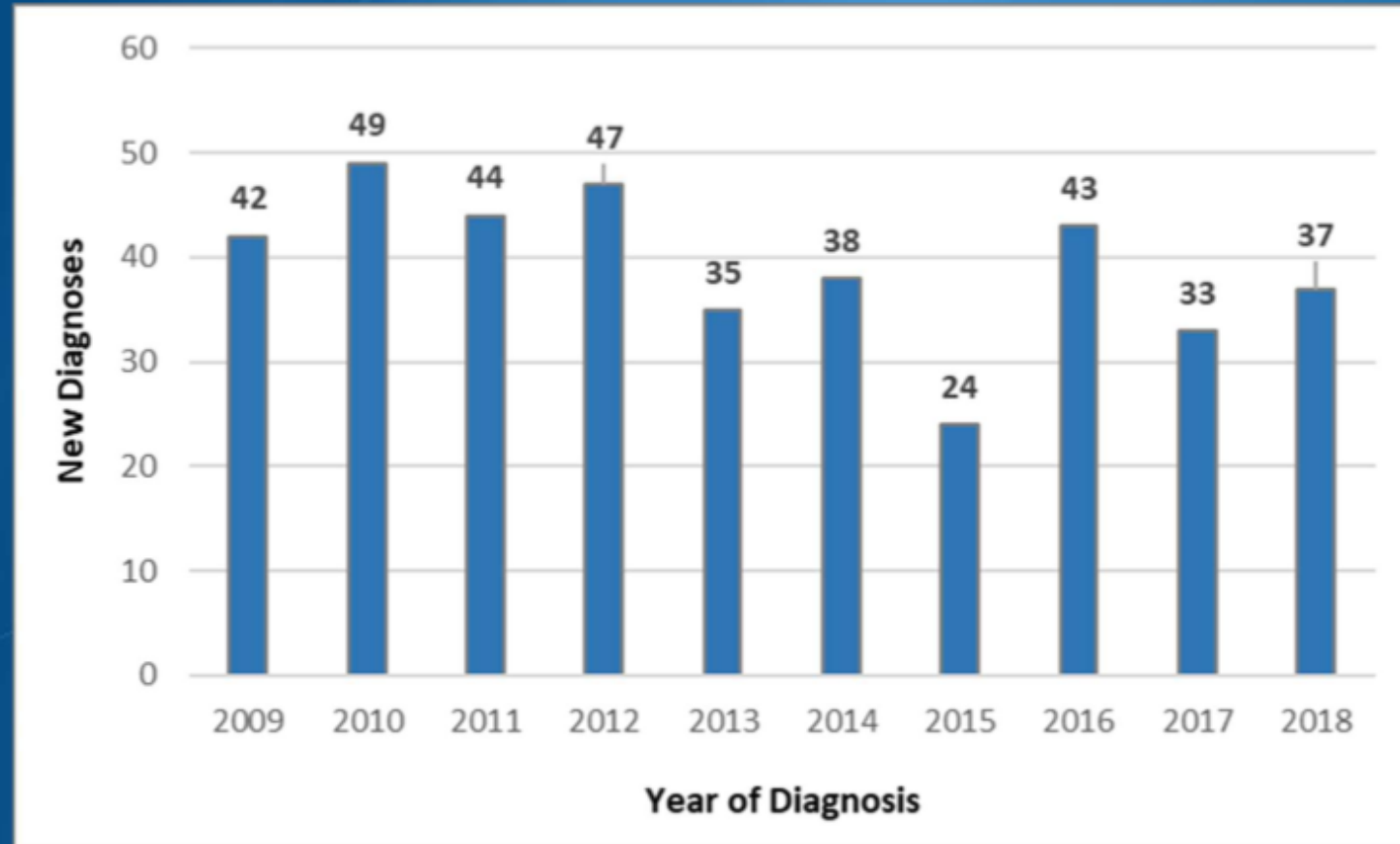


N= 681

Data provided by the **NH Division of Public  
Health Services – HPG Meeting**

**NEW HAMPSHIRE**

# HIV Incidence: People Newly Diagnosed with HIV, NH, 2009-2018



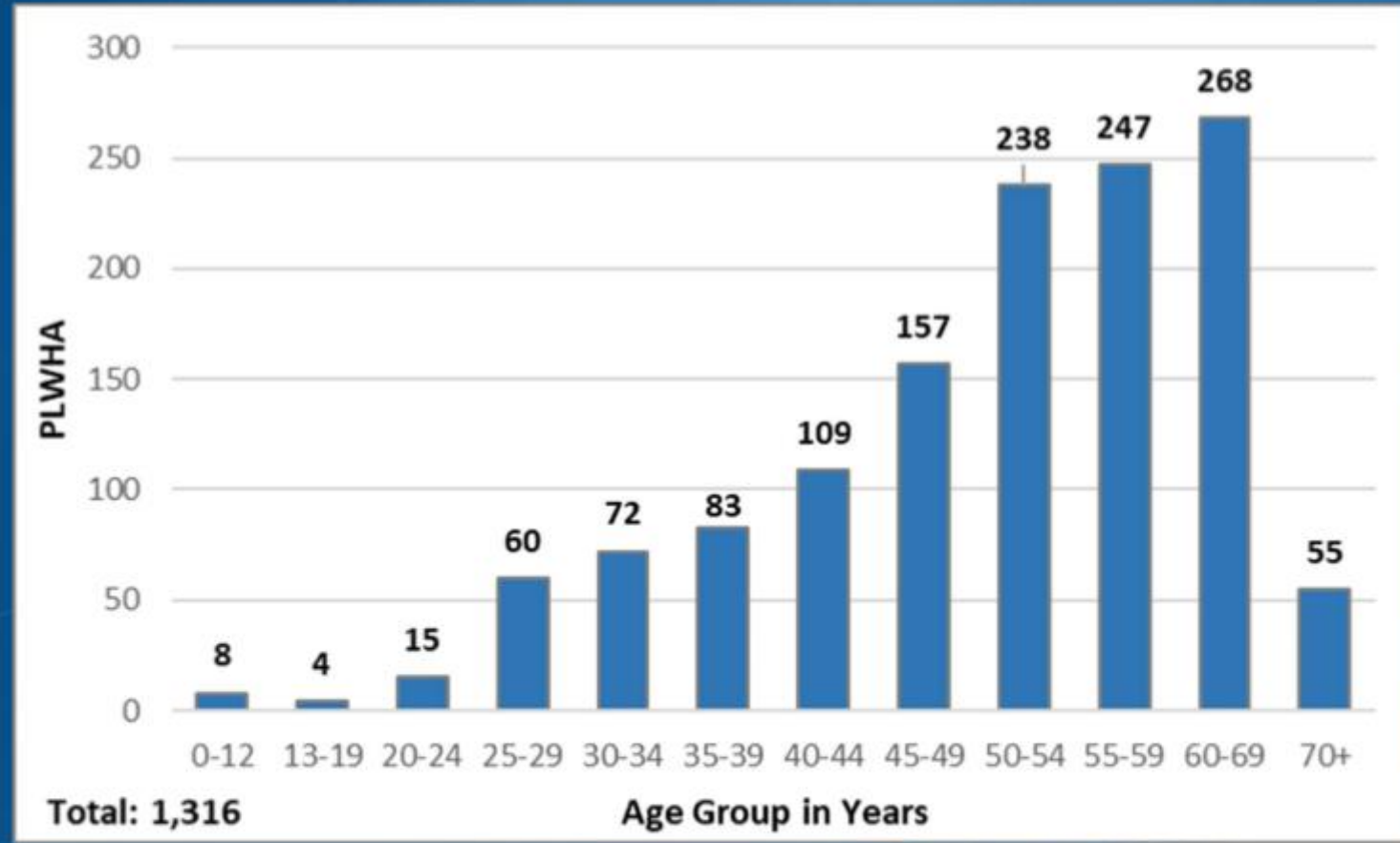
# HIV Prevalence: PLWHA in NH as of December 31, 2018

**HIV: 669**

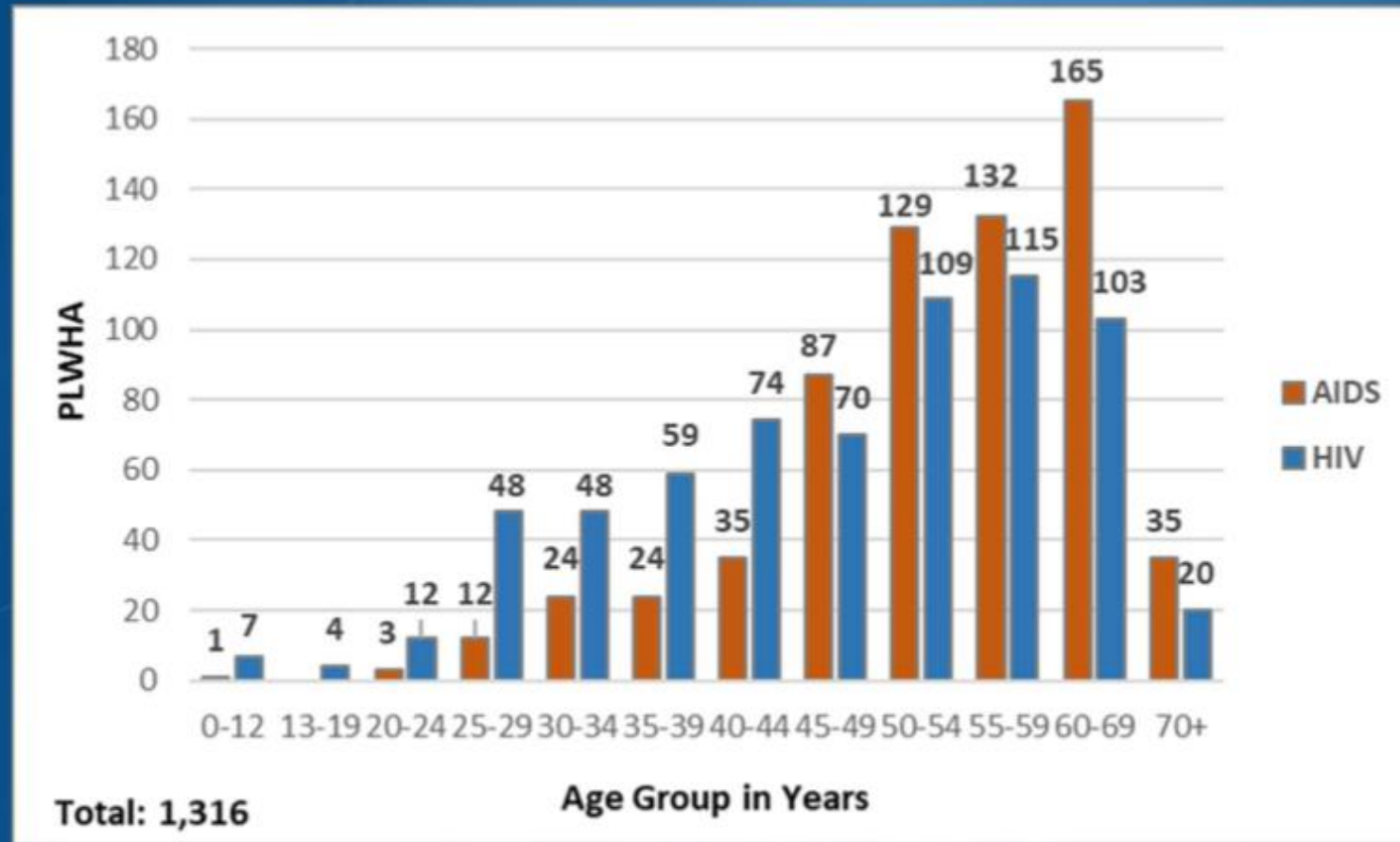
**AIDS: 647**

**Total: 1,316**

# Prevalence by Current Age Group, NH, as of 12/31/18

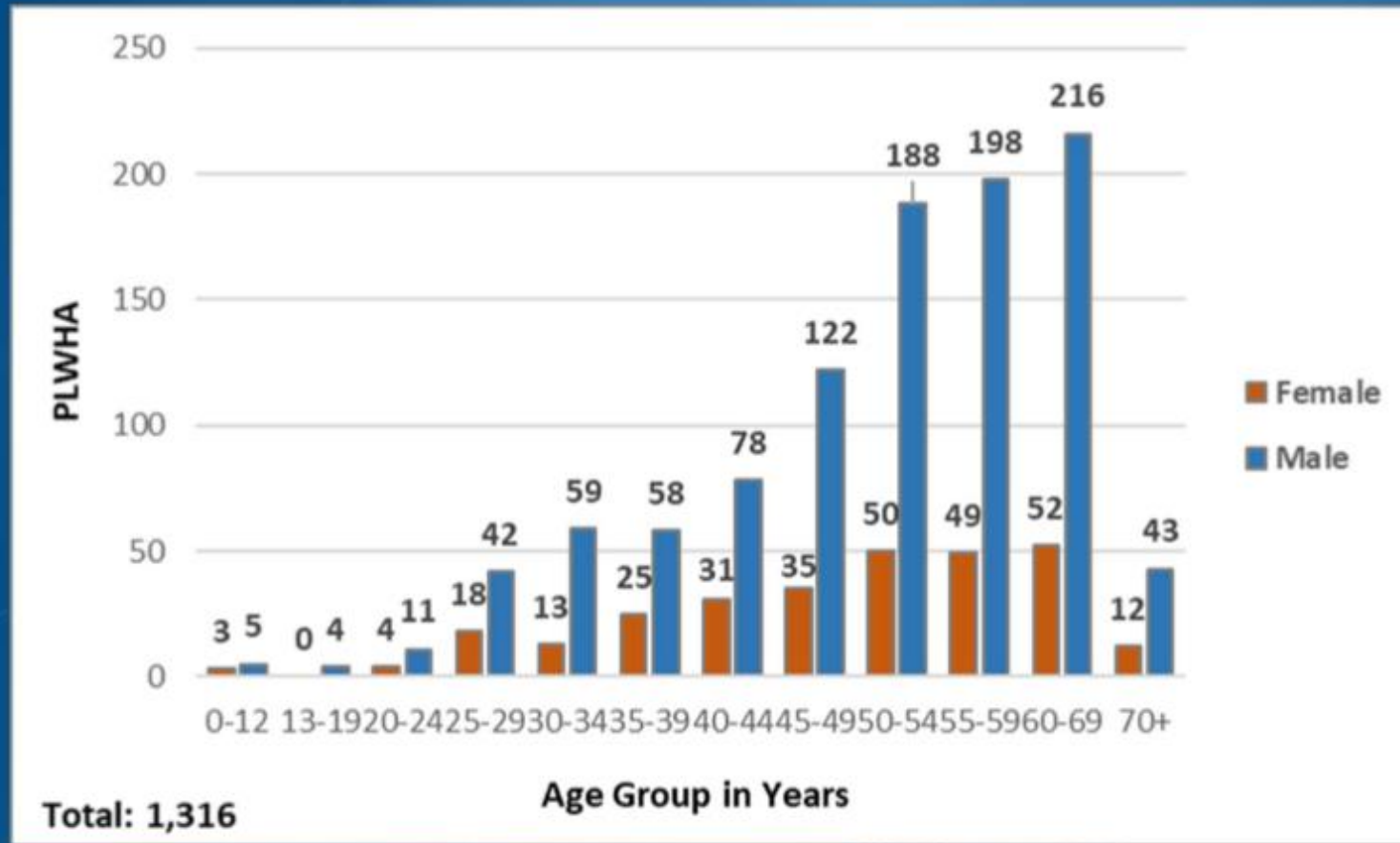


# Prevalence by Current Age Group & Diagnosis Status, NH, as of 12/31/18



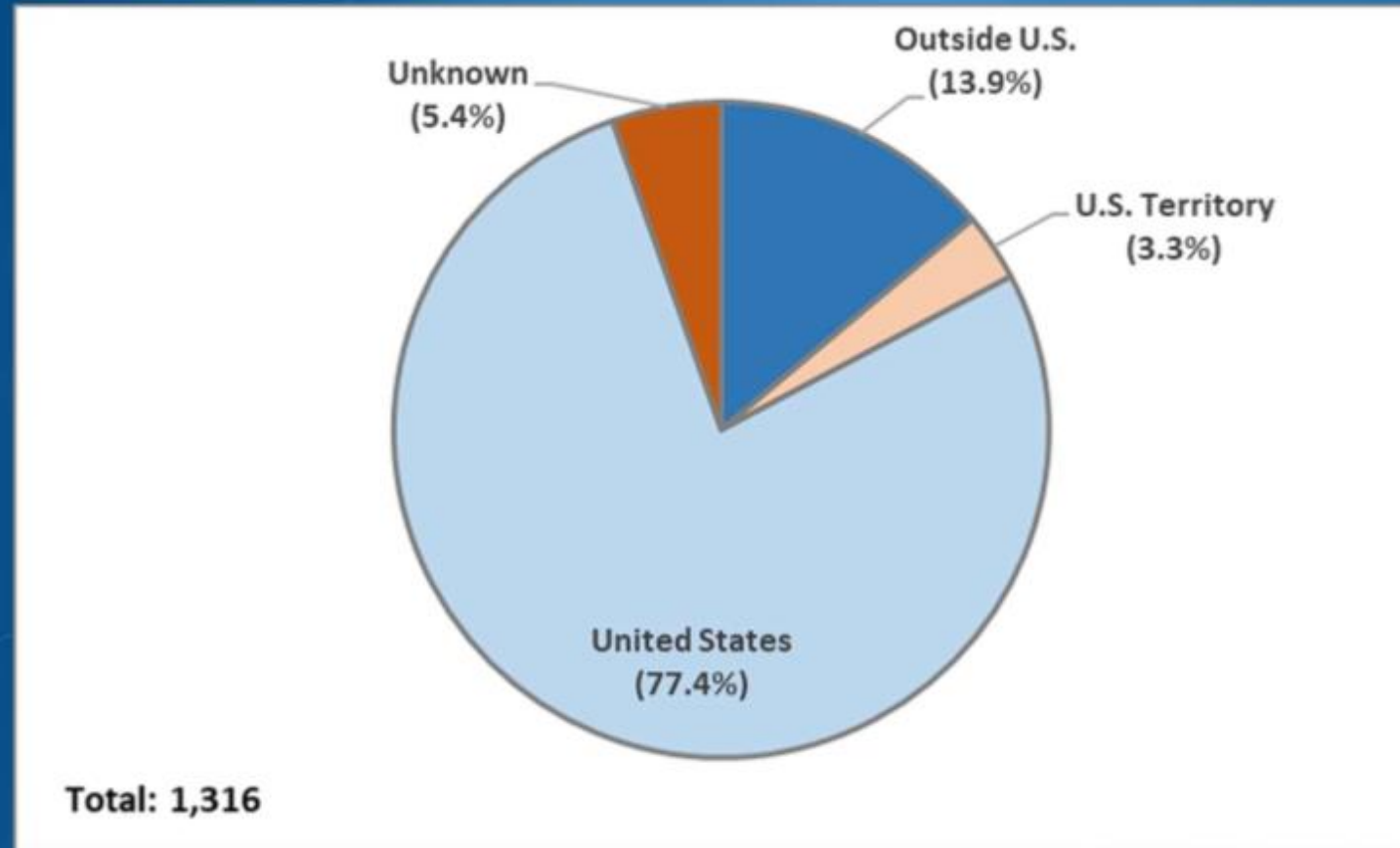


# Prevalence by Current Age Group & Sex Assigned at Birth, NH, as of 12/31/18

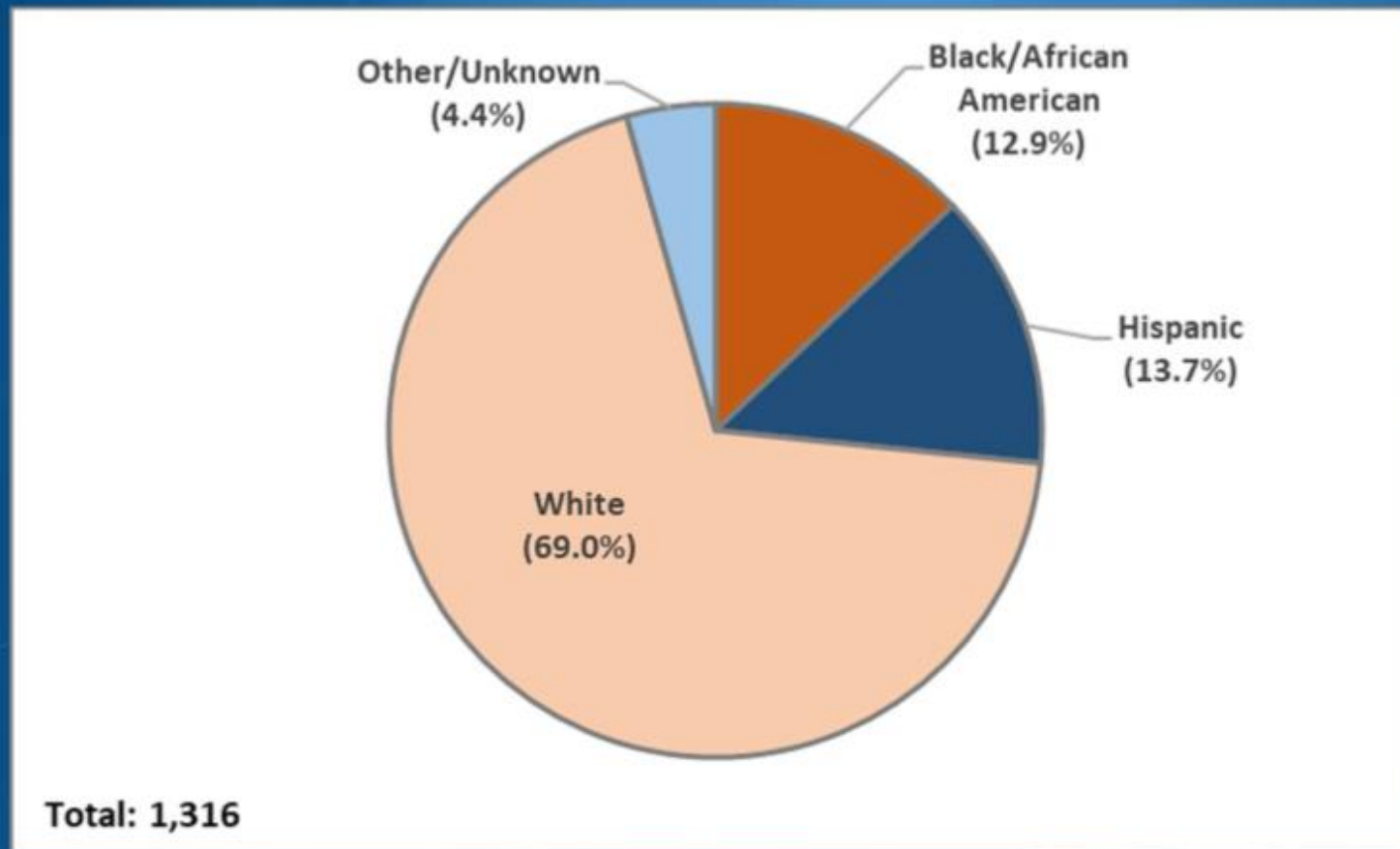




# Prevalence by Region of Birth, NH, as of 12/31/18



# Prevalence by Race & Ethnicity, NH, as of 12/31/18

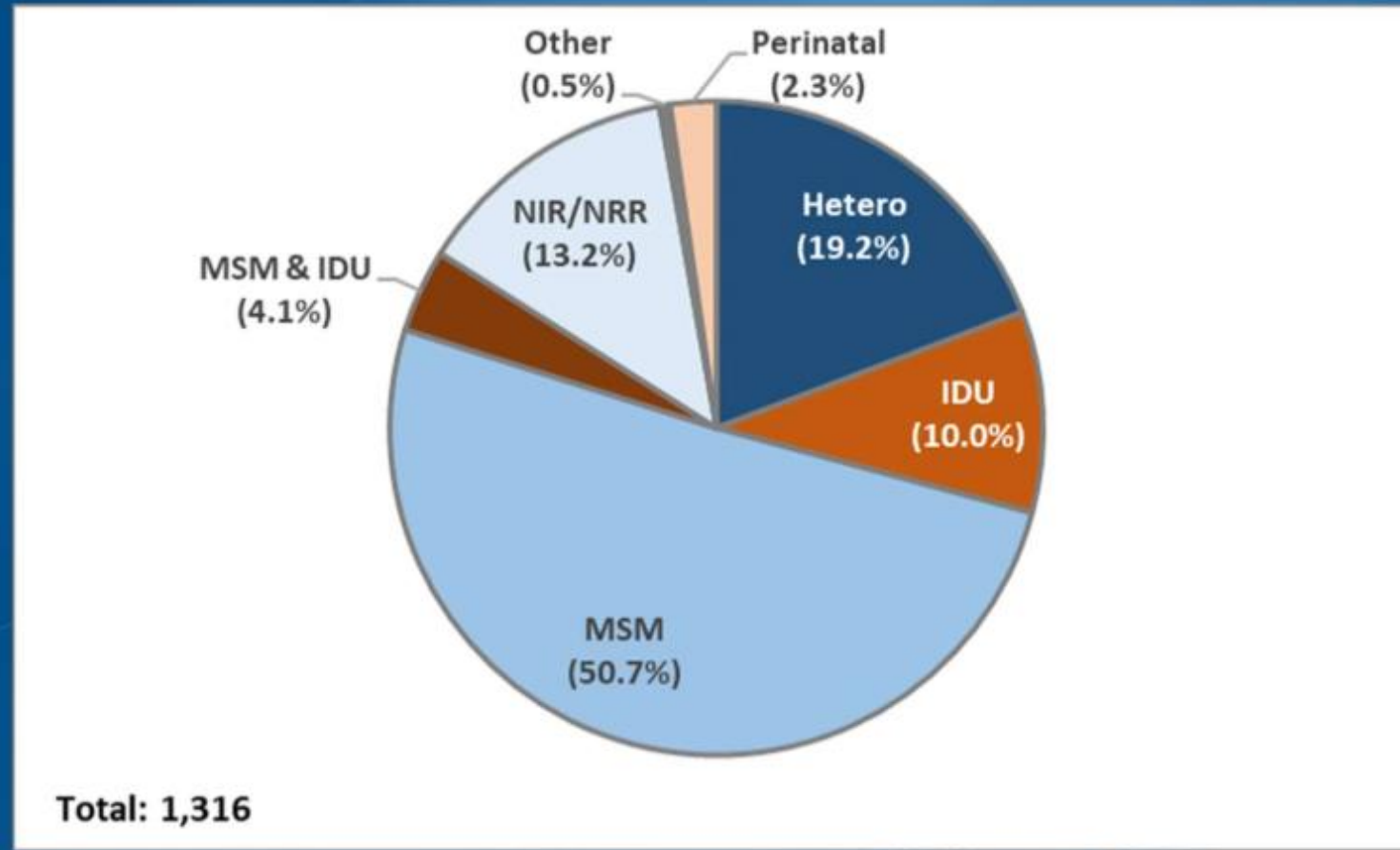


# PLWHA: Race/Ethnicity

Race/Ethnicity	% NH Population	% NH HIV +
White	90%	69%
Black	1%	13%
Asian/Pacific Islander	3%	1%
Amlnd/Alaska Nat	<1%	<1%
Hispanic (may be any race)	4%	14%
Multi-Racial	2%	3%
Other/Unknown	0%	<1%

SOURCE: US Census Bureau, Population Division. Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: April 1, 2010 to July 1, 2017 .

# Prevalence by Identified Risk, NH, as of 12/31/18



# What is unmet need?



# “Unmet Need” HRSA Definition

❖ “Unmet Need” - the need for HIV-related primary health care among individuals who are aware of their status but are not receiving care.

❖ Out of Care - An individual is out of care when there is no evidence of the following within the last 12 months:

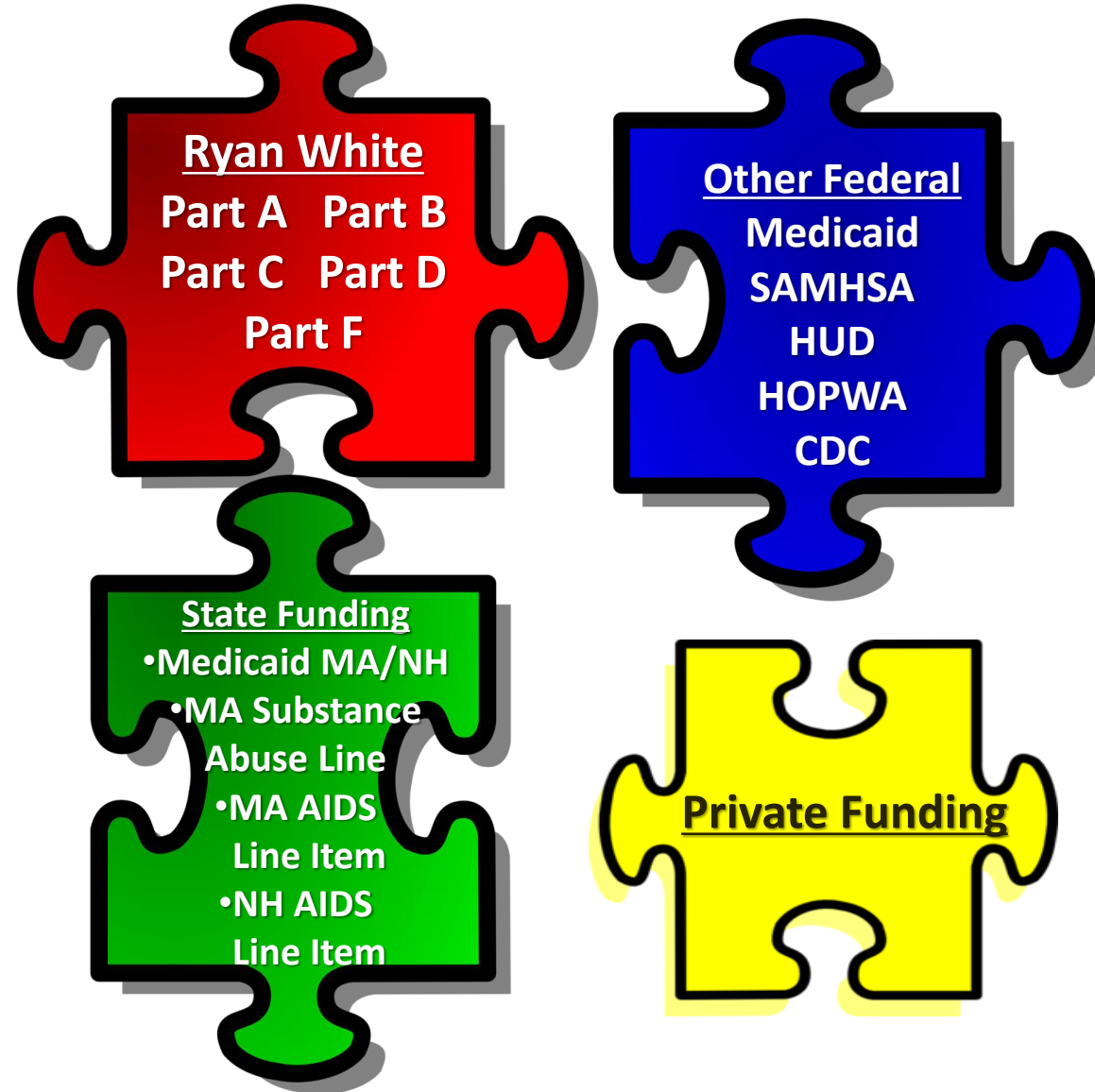
- CD4 count,
- Viral load test
- Rx for HIV med, or
- a primary medical care visit

# Estimate of Unmet Need in the EMA

- There are many methods to calculate an estimate the number of people that are out of care.
- In New Hampshire -- the number of people with no reported CD4 count or viral load test in the past year **(362)** divided by the total number of people diagnosed **(1,316)** = **27%** out of care.
- In MA – **31%** of PLWH have missing viral load data, so they are considered out of care.



# Resource Inventory and Provider Profiles







# Studies that examine

PLWH IN CARE AND  
PLWH OUT OF CARE

# 2016 Assessment of HIV Service Needs in the Boston EMA

- Boston University's School of Public Health, Center for Advancing Health Policy and Practice (CAHPP) conducted the needs assessment during the 2016-2017 Council term
- NRAC and PCS oversaw the work conducted by CAHPP and assisted the consultants with recommendations, focus group recruiting, and determining populations to target for the consumer survey

# 2016 Assessment of HIV Service Needs

## PROJECT COMPONENTS

- **Consumer Surveys**
- **Consumer Focus Groups**
  - **Long-Term Survivors**
  - **Women Living with HIV**
  - **MSM of Color**
  - **Out of Care**

### Topic Areas Addressed:

- Demographics
- History of incarceration
- Health insurance coverage
- Service needs and gaps
- Reasons for non-adherence/adherence to care
- Challenges for vulnerable populations, including aging, women, and young MSM

# 2016 Assessment of HIV Service Needs cont.

## PROJECT COMPONENTS

- **Case Manager Focus Groups**
- **Provider Surveys**
- **Provider Interviews**

### Topic Areas Addressed:

- Demographics
- History of incarceration
- Health insurance coverage
- Service needs and gaps
- Reasons for non-adherence/adherence to care
- Challenges for vulnerable populations, including aging, women, and young MSM

# 2016 Assessment of HIV Service Needs

## **RECOMMENDATIONS**

- **Invest resources to address service gaps:**
  - **Possibility for transportation support in NH, and Plymouth**
  - **Housing subsidies, rental assistance, utility assistance**

# 2016 Assessment of HIV Service Needs cont.

## **RECOMMENDATIONS**

- **Build capacity of service staff:**
  - **Peer and Case Manager motivational interview training**
  - **Case manager training to encourage self-efficacy**
  - **Training on medication adherence support: DOT  
(Directly Observed Therapy)**

# 2018-2019 Needs Assessment Study

# Survey Development

- ▷ Needs, Resources, & Allocations Committee (NRAC) developed survey to identify gaps in services & barriers to accessing services
- ▷ 19 questions
- ▷ In order to complete survey, respondents must be :
  - ▷ Living with HIV
  - ▷ 18 years of age or older
  - ▷ Living in the Boston EMA



# Data Collection Methods

- ▷ Survey distribution between April 2019 and June 2019
- ▷ Available in paper and online formats
- ▷ Available in 4 languages: English, Spanish, Haitian Creole, Portuguese
- ▷ Distributed survey to 25 agencies and health care organizations within Boston EMA
- ▷ Conducted focus groups to collect qualitative data

# Survey Distribution

- ▷ Sent out 860 paper surveys
  - 430 English
  - 235 Spanish
  - 105 Haitian Creole
  - 90 Portuguese
- ▷ Received 196 survey responses (44 online)
  - 160 English
  - 20 Spanish
  - 7 Portuguese
  - 8 Haitian Creole

# Survey Distribution cont.

- ▶ Survey response rate was low (19%)
  - This is not a representative sample. We'd need about **377** surveys to have a respondent pool representative of the 18,149 PLWH in Boston EMA

## Recommendations

- ▷ Distribute surveys and collect data year-round
- ▷ Conduct focus groups year-round.
- ▷ Paper surveys appear to be preferred method
- ▷ Ask questions regarding method of transmission
- ▷ Increase outreach to consumers ages 18-30
- ▷ Outreach to women of color

# Recommendations

- ▶ Continued support for transportation, peer support, case management, and food assistance for PLWH
- ▶ Invest in housing services and utility assistance
- ▶ Immigrant populations expressed the need for linguistic services and help navigating the U.S. immigration system
- ▶ Stigma emerged as a major barrier to accessing services/engagement in care, especially amongst immigrant populations

# 2020 Needs Assessment Study

# Population(s) and Counties

## Population(s)

**PLWH in the Boston  
EMA**

**Adolescents**

**Transgender**

**Non-English Speakers**

## Counties

**Bristol**

**Essex**

**Strafford**

# Focus Groups & Distribution of Surveys

## Focus Groups

**New Bedford (BRISTOL)** – Greater New Bedford Community HC, Thursday, March 5<sup>th</sup>

**Lawrence (ESSEX)** – Greater Lawrence Family HC, Wednesday, March 25<sup>th</sup>

**Boston (SUFFOLK)** – Codman Square HC, Wednesday, April 8<sup>th</sup>

**Portsmouth (STRAFFORD)** – AIDS Response Seacoast, Tuesday, April 14<sup>th</sup>

## Survey Distribution

Surveys submitted to PCS during summer 2019

Changes made per NRAC's request – added disclaimer and changed logo

**150+** distributed this term & **288** collected in **total** (between this/last year)



# Take Away Points

- **The Needs Assessment provides the basis for important decisions taking into account provider and consumer perspectives.**
- **Part A services support PLWH achieve viral suppression**
- **Addressing barriers to care can help PLWH seek and stay in care**
- **Planning Council members should take these identified gaps and available services into consideration when prioritizing services and allocating funds**

# QUESTIONS?

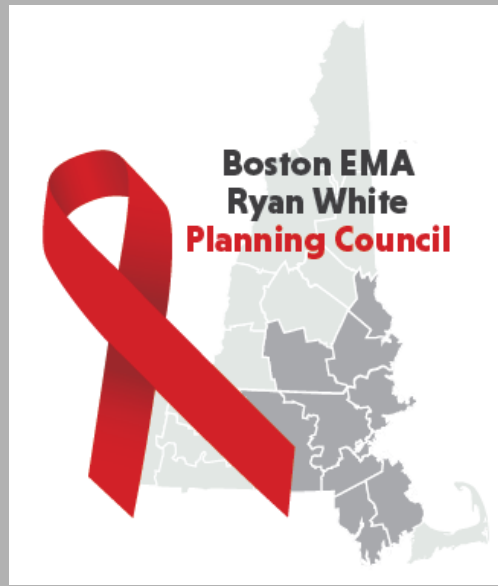




# Service Categories presentation

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SERVICES, PRIORITIES & EVALUATION  
COMMITTEE (SPEC)

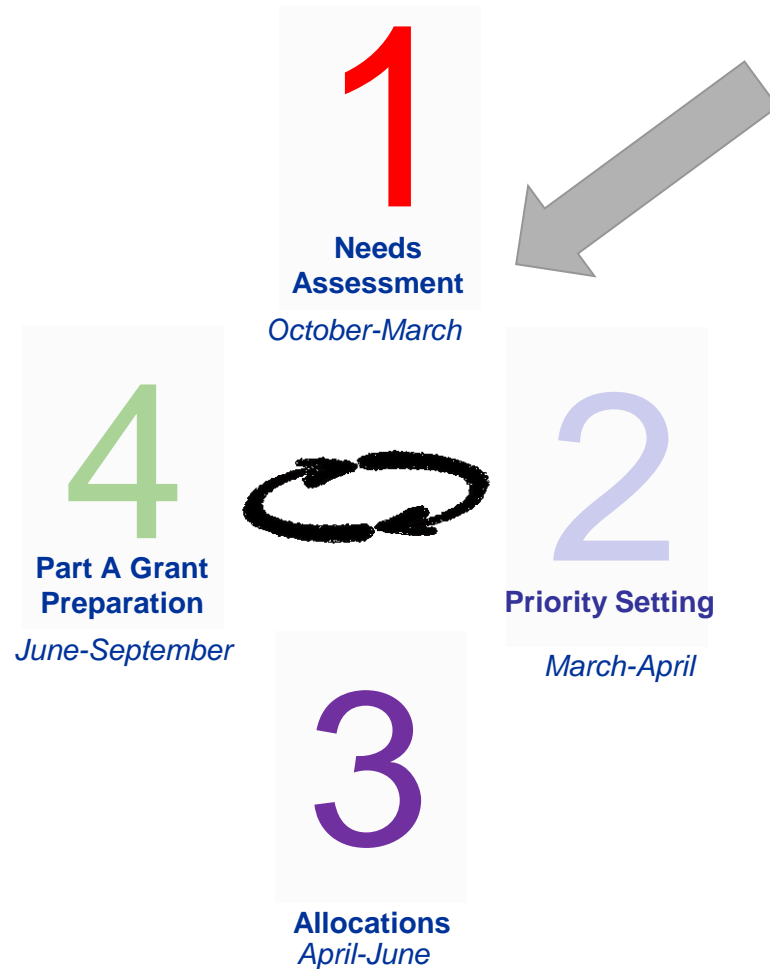


# Fiscal Year 2021 Service Categories

**Chair Robert Giannasca**  
**Vice Chair Michael Swaney**

Services, Priorities and Evaluation Committee (SPEC)

# Focus of Presentation



- To review the list of service categories and their definitions
- This excludes discussion of funding amounts
- Service category removal voting will take place April 9<sup>th</sup>, 2020

# FY20 Service Categories

## CORE

**AIDS Drug Assistance Program  
(ADAP/HDAP)**

**Early Intervention Services (EIS)**

**Health Insurance Premium and Cost Sharing  
Assistance**

**Medical Case Management**

**Medical Nutrition Therapy**

**Mental Health Services**

**Oral Health Care**

**Outpatient/Ambulatory Health Services**

**Substance Abuse Services -Outpatient**

## SUPPORT

**Case Management - Non-Medical**

**Emergency Financial Assistance**

**Food Bank/Home-Delivered Meals**

**Health Education/Risk Reduction**

**Housing Services**

**Legal Services**

**Linguistic Services**

**Medical Transportation Services**

**Psychosocial Support**

**Substance Abuse Services -  
Residential**

# Approved Categories Not Currently Funded

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## **Core Medical Services**

Early Intervention Services

Mental Health

Outpatient/Ambulatory Medical Care


Substance Abuse Services-Outpatient

Health Insurance Premium and Cost Sharing

## **Support Services**

*All Current Support Categories Are Funded in the Boston EMA*

# Core Medical Services

1. AIDS Drug Assistance Program (ADAP/HDAP)	6. <b>Mental Health</b>
2. Medical Nutrition Therapy	7. <b>Outpatient/Ambulatory Medical Care</b>
3. Oral Health	8. <b>Substance Abuse Services-Outpatient</b>
4. Case Management, Medical	9. <b>Health Insurance Premium and Cost Sharing Assistance</b>
5. <b>Early Intervention Services</b>	 <i>Not currently funded</i>



# AIDS Drug Assistance Program (ADAP/HDAP)

## Category Definition:

Provides services to individuals with limited or no insurance who receive FDA approved medications who live within the Boston EMA.

## Services Offered

Prescription drugs and  
copay assistance for  
PLWH

# Medical Nutrition Therapy

## Category Definition:

The provision of food pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietitian.

### Services Offered

- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling

# Oral Health Care

## Category Definition:

Diagnostic, preventive, and therapeutic dental services by licensed professionals, as well as recruitment of providers.

Boston EMA Addendum: Services funded by this category include education for, outreach to, and recruitment of dental providers.

## Services Offered

- Provides reimbursement for dental services
- Assists clients with access to dental services
- Assists providers with accessing Medicaid for clients

# Case Management, *Medical*

## Category Definition:

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum.

### Boston EMA Addendum:

Services are to be offered in the agency or office setting, home visits, and/or other community-based settings.

### Services Offered

- Intake/assessment
- Comprehensive clinical assessment
- Individual service plan
- Treatment adherence counseling
- Reevaluation of care plan every 6 months
- Continuous client monitoring
- Embedded client advocacy

# Early Intervention Services (EIS)

*Not currently funded*

## Category Definition:

Counseling, testing, information, referrals, and follow-up.

## Services Offered

Not funded via Part A funds and not a stand-alone service. It must work in collaboration with other prevention and testing programs, but only if existing federal (CDC and HRSA) and state funds are inadequate to meet need.

# Mental Health

*Not currently funded*

## Category Definition:

Psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services can be provided in a group or individual setting.

## Services Offered

- Individual therapy
- Group therapy
- Family therapy
- Case consultation

# Outpatient/Ambulatory Medical Care

*Not currently funded*

## Category Definition:

Outpatient/Ambulatory Health Services are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight.

## Services Offered

- Medical history taking
- Physical examination
- Diagnostic testing, including laboratory testing
- Treatment and management of physical and behavioral health conditions
- Preventive care and screening

# Substance Abuse Services – *Outpatient*

*Not currently funded*

## Category Definition:

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders.

### Services Offered

- Screening
- Assessment
- Diagnosis
- Behavioral health counseling
- Relapse prevention
- Outpatient drug-free treatment and counseling



# Health Insurance Premium and Cost Sharing

*Not currently funded*

## Category Definition:

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program.

## Potential Services

- Comprehensive HIV Outpatient/Ambulatory Health Services and pharmacy benefits that provide a full range of HIV medications for eligible clients.
- Paying cost-sharing on behalf of the client.

# Support Services

1. Medical Transportation Services	6. Case Management, Non-Medical
2. Substance Abuse Services-Residential	7. Emergency Financial Assistance
3. Food Bank/Home-Delivered Meals	8. Health Education/Risk Reduction
4. Housing Services	9. Linguistic Services
5. Psychosocial Support	10. Other Professional Services
	<b>***All currently funded</b>

# Medical Transportation Services

## Category Definition:

Medical Transportation is the provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services.

### Services Offered

- Contracts with providers of transportation services
- Mileage reimbursement (non-cash system)
- Voucher or token systems

# Substance Abuse Services – *Residential*

## Category Definition:

Substance Abuse Services (residential) is the provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder.

### Services Offered

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention

# Food Bank/Home-Delivered Meals

## Category Definition:

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food.

## Services Offered

- Food items and hot meals
- Voucher program to purchase food
- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

# Housing Services

## Category Definition:

Housing services provide transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment.

### Services Offered

- Housing referral services
- Transitional, short-term, or emergency housing assistance

# Psychosocial Support

## Category Definition:

Psychosocial Support Services provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns.

### Services Offered

- Bereavement counseling
- Caregiver/respite support (RWHAP Part D)
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-registered dietitian
- Pastoral care/counseling services

# Case Management, *Non-Medical*

## Category Definition:

To provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services.

These services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible.

## Services Offered

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Continuous client monitoring to assess the efficacy of the care plan



# Emergency Financial Assistance (EFA)

## Category Definition:

Provides limited one-time or short-term payments to assist the RWHAP client with an emergent need. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program.

*\*Direct cash payments to clients are not permitted.*

## Services Offered

- Essential utilities
- Housing
- Food (including groceries and food vouchers)
- Transportation
- Medication

# Health Education/Risk Reduction

## Category Definition:

Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission.

It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status.

### Potential Services

- Education on risk reduction strategies
- Education on health care coverage options
- Health Literacy
- Treatment adherence education

# Linguistic Services

## Category Definition:

Linguistic Services include interpretation and translation activities, both oral and written, to eligible clients. These activities must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services are to be provided when such services are necessary to facilitate communication between the provider and client and/or support delivery of HRSA RWHAP-eligible services.

## Potential Services

- Written translation of documents
- Translators for agency/healthcare setting appointments
- More diversity in languages offered at an agency

# Other Professional Services

## Category Definition:

Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities.

**\*\*Excludes criminal defense unless related to access to services eligible for funding under the RWHAP.**

## Potential Services

- Legal services provided to and/or on behalf of the RWHAP-eligible PLWH and involving legal matters related to or arising from their HIV disease
- Permanency planning
- Income tax preparation

# New Service Category Recommendations for FY21

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**N/A**

SPEC has elected not to recommend any new service categories for FY21.

# **Recommended Service Categories Removal for FY21**

Any service category unfunded for 3 consecutive fiscal years may be eligible for removal, the service categories that have not been allotted money since at least FY 2018 are the following....

# Mental Health

Mental Health has not been funded for at least the past 5 fiscal years, having been added in FY2013. No agency has bid on it during procurement, and most agencies that provide this service have a third party payer system to bill insurance companies. Due to alternative funding, money has not been allocated for this service category and there is no indication that the current funding for Mental Health will cease. Considering all of this, SPEC voted to remove it.

## **SPEC Vote to Remove Mental Health as an Approved Service Category**

In Favor	12
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No	0
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Abstention	1
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SPEC Members in Attendance | 13 in Total

# Outpatient/Ambulatory Medical Care

Outpatient/Ambulatory Medical Care has not been funded for at least the past five fiscal years, having been added in FY2013. There are several funding pools that cover this cost, which can also make it difficult to justify Part A as payer of last resort. Additionally, since Part C heavily funds this service category, SPEC did not believe any potential Part A funding would be significant enough to make an impact.

## **SPEC Vote to Remove Outpatient/Ambulatory Care as an Approved Service Category**

In Favor	12
No	1
Abstention	0

SPEC Members in Attendance | 13 in Total



# Early Intervention Services

Early Intervention Services (EIS) has not ever been funded and was added in FY2013. Part C currently funds this category, and per HRSA: *“EIS can only be funded with HRSA approval, and only if existing federal (CDC and HRSA) and state funds are inadequate to meet need”*. SPEC had an almost split vote over recommending to remove EIS, given hopes that rapid testing, especially for IDUs, could be covered by EIS, but as it is not included, the vote leaned in favor.

## **SPEC Vote to Remove EIS as an Approved Service Category**

In Favor	7
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No	3
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Abstention	3
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SPEC Members in Attendance | 13 in Total

# Substance Abuse Services (Outpatient)

Substance Abuse (Outpatient) has not been funded for at least 5 years, having been added in FY2013. Usually, third party payers fund this category and as such proof of being payer of last resort may be difficult. Considering the alternative funding for this category, coupled with the absence of funding for at least 3 fiscal years, SPEC voted to remove it.

## **SPEC Vote to Remove Substance Abuse, Outpatient as an Approved Service Category**

In Favor	10
No	0
Abstention	3

SPEC Members in Attendance | 13 in Total

# Health Insurance Premium/Cost-Sharing Assistance

Health Insurance Premium/Cost-Sharing Assistance has not ever been funded and was added in FY2017. Funds in the ADAP category may only cover the cost of medication or medication copays for a client. If a client needs financial assistance to cover health insurance costs and premiums, that would pertain to this category. The category has not been funded, though SPEC unanimously felt that it should remain an approved service category as it can serve as a safety net for PLWH, including long-term survivors.

## **SPEC Vote to Remove Health Insurance Premium & Cost-Sharing as an Approved Service Category**

In Favor      0

No      13

Abstention   0

SPEC Members in Attendance | 13 in Total

# FY21 Removal Recommendations

*Of the potential service categories eligible for removal brought to a vote at SPEC,  
the following were chosen....*

## **Mental Health**

**Outpatient/Ambulatory Medical Care**

**Early Intervention Services**

**Substance Abuse Services (Outpatient)**

# Motion to Vote?

If Planning Council is ready to vote on the recommended removal of service categories...

## Summary of Motion

Vote to Accept the Recommended Removal of  
FY21 Service Categories

**All in Favor** Yes, you agree to remove the service categories from the FY21 list

**Opposed** No, you do not agree to remove the service categories from the FY21 list

**Abstention** You do not wish to vote

# NEXT STEPS

Ground Rules for Priority Setting Today, March 12<sup>th</sup>

Service Category Removal Vote &  
Priority Setting Exercise April 9<sup>th</sup>



# Ground Rules for Priority Setting

*Practice Run!*

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SERVICES, PRIORITIES & EVALUATION  
COMMITTEE (SPEC)



# FISCAL YEAR 2021 PRIORITY SETTING

*Presented by*

**Ericka Olivera**

**Services, Priorities & Evaluations Committee (SPEC)**


**March 12, 2020**




# What is the Priority Setting Process?

A process of ranking service categories based on needs of PLWH in the Boston EMA

The **previous** year is **Fiscal Year (FY) 2019** which ended on February 29, 2020.



The Council's **current** year is **FY 2020** which began on March 1, 2020.



The Council will set priorities **for next year, FY 2021**, which starts March 1, 2021

## **Why is the priority setting process important?**

- Council represents needs of all PLWH in EMA
- Contributes to our ultimate goals - Eliminating disparities and strengthening the HIV care continuum

Important  
Questions

# How does the Priority Setting Process inform the Planning Council?

## Funding Allocation

- Allocation is a process by which a specific number of dollars is allocated to the service categories

## Sweeps or “Under-Expended Funds”

- Money that BPHC reallocates due to under utilization during the fiscal year in order to maximize expenditure

# Important Questions

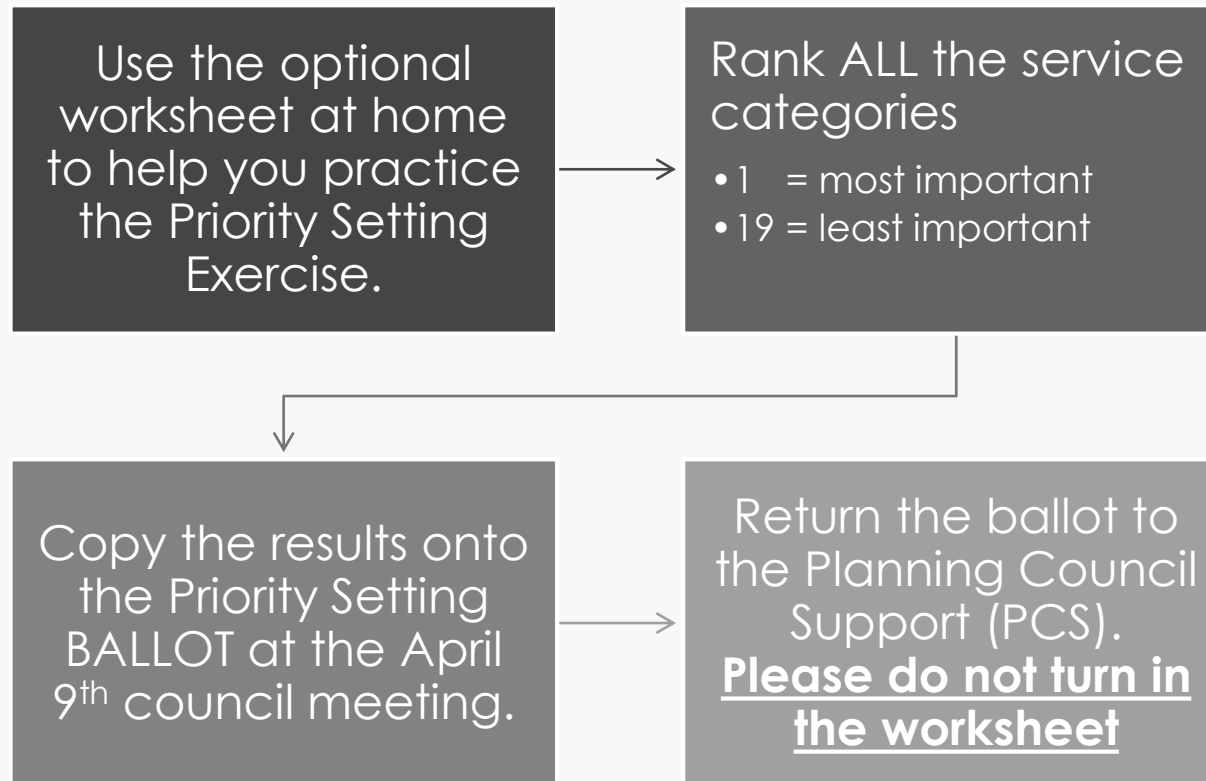
**How do I decide which categories should be prioritized?**

- Epidemiological trends
- Information from presentations and reports
- Personal experience

**What is the difference between priority setting and resource allocation?**

- Ranking versus allocating dollar amounts

# Instructions for Priority Setting Exercise



**Mayor's Office of  
Health and Human  
Services - Melissa  
Hector**

**MA Department of  
Public Health, Office of  
HIV/AIDS - Barry Callis**

**NH Department of  
Health and Human  
Services, NH Care  
Program – Chris  
Cullinan**

**MA Office of Medicaid  
– Alison Kirchgasser**

**Boston Public Health  
Commission –Katie  
Keating**

# AGENCY REPRESENTATIVE REPORTS

# OTHER ANNOUNCEMENTS?

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This is your chance to spread the word about community events, research studies, or other resources that are related to the Planning Council's work.

# EVALUATION AND ADJOURN

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Please fill out your evaluation forms!

