

WELCOME

RYAN WHITE PLANNING COUNCIL MEETING

May 14, 2020

Chair: Richard Swanson Chair-elect: Brian Holliday

VIRTUAL MEETING GROUND RULES

- Be on time and prepared
- Use headphones
- Silence Means Agreement
- Avoid using speakerphone
- Avoid multi-tasking
- Mute yourself unless **speaking**

- Do not put this conference call on "Hold"
- Identify yourself
- Speak slowly and clearly
- No one-on-one side conversations
- Use chat box to communicate with moderators and ask questions to presenters

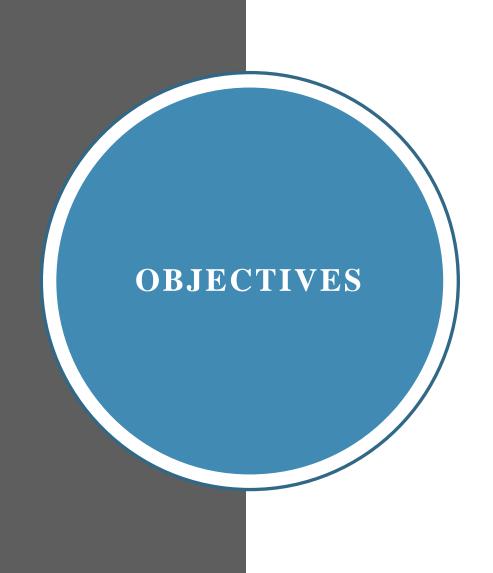


At this moment, let's take a **moment of** silence in remembrance of those who came before us, those who are present, and those who will come after us.

INTRODUCTIONS

Steps:

- 1. Please state your name for the record if you're on the phone.
- 2. If you are logged in your computer, no need to state (we have record).



- Needs Assessment: Review and discuss the results from the Needs Assessment conducted this Planning Council term.
- Funding Streams Report: Learn about the different funding sources that make up the landscape for HIV services in the Boston EMA. In addition, learn about the gaps in funding as we prepare for the Allocations meeting.
- Assessment of Administrative Mechanism (AAM): SPEC will present the findings from the AAM surveys sent to providers, assessing the work of the recipient. In addition, SPEC will present their recommendations to the Council.

APPROVE MEETING MINUTES FROM APRIL 9TH

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

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

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

COMMITTEE REPORTS

NEEDS ASSESSMENT PRESENTATION

Rinka Murakami, PCS

2020 Community Needs Assessment

Ryan White HIV Planning Council, Boston EMA

Rinka Murakami <u>rinkam@bu.edu</u> 5/14/20

Presentation Outline

- Background
- Demographic Info
- Proportion-Adjusted Data
- County Data
- Map of Services

- Stratified Data
- Common Themes:
 - Qualitative Data
- Main Takeaways
- Limitations, Challenges
- Recommendations

Background: 2020 Community Needs Assessment

Ryan White Part A Funding

Part A funding goes to areas hit hardest by HIV epidemic

Intended to provide access to optimal HIV care and treatment for low-income & uninsured PLWH to improve health outcomes

- Many service categories

Eligible Metropolitan Area

Area must have reported at least 2,000 HIV/AIDS cases in the past 5 years and have a population of at least 50,000

Boston has received Part A funding since 1991

Role of Planning Council

Organize, prioritize, and allocate Ryan White Part A funding in the Boston EMA

- > Assess consumer needs, determine how to meet them
 - 1. Reduce new HIV infections
 - 2. Increase access to care and improve health outcomes for PLWH
 - 3. Reduce HIV-related disparities and health inequities

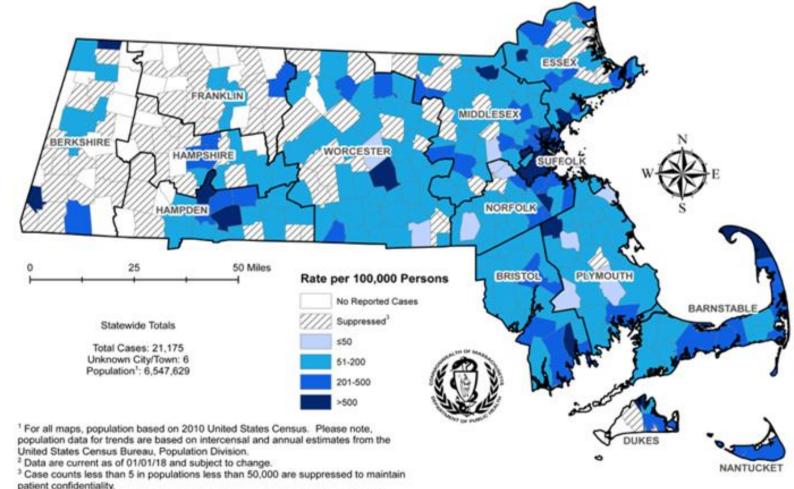
Three-Year Needs Assessment Plan (PC term, Sep-June)			
Component	2017-2018	2018-2019	2019-2020
Epidemiologic Profile	Update current information based on State Surve		illance data
Estimates PLWH - Unaware - Out of Care	Update current information based on State Surve		illance data
Assessment of Service Needs - PLWH in care -PLWH out of care	Develop process for agencies interested in conducting a consumer study within the EMA	Design and implement consumer study	Present final results
	Select agency to conduct consumer study		
	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)

Epidemiology of HIV/AIDS in Boston EMA

Prevalence Rate of HIV Cases, per 100,000 Persons¹, by City/Town: Massachusetts, 2017²

81% of HIV cases in MA and 69% of cases in NH are located in Boston EMA

> 18,149 HIV cases & 9,774 AIDS cases in EMA



HIV prevalence data include all individuals who were residing in Massachusetts

Community Needs Assessment Survey

Needs, Resources, & Allocations Committee (NRAC) developed survey to identify gaps in services & barriers to accessing services

- Respondents must be: Living with HIV, 18 years of age or older, Living in the Boston EMA

320 surveys total

253 surveys in 201967 surveys in 2020

- 216 paper
- **46** online
- 6 focus groups
 - o 1 in 2020

• 10 counties:

- Suffolk
 Hillsborough
- Plymouth
 Rockingham
- Worcester
 Norfolk
- StraffordBristol
- MiddlesexEssex

Survey Data: Demographic Information

Demographic Survey Data

- Age:
 - 97.8% of respondents were over the age of 30
- Gender:
 - Very similar to Boston EMA demographic data
 - Male-to-Female transgender data is representative @ 1%

Demographic Survey Data

Race:

- Black representative
- White higher

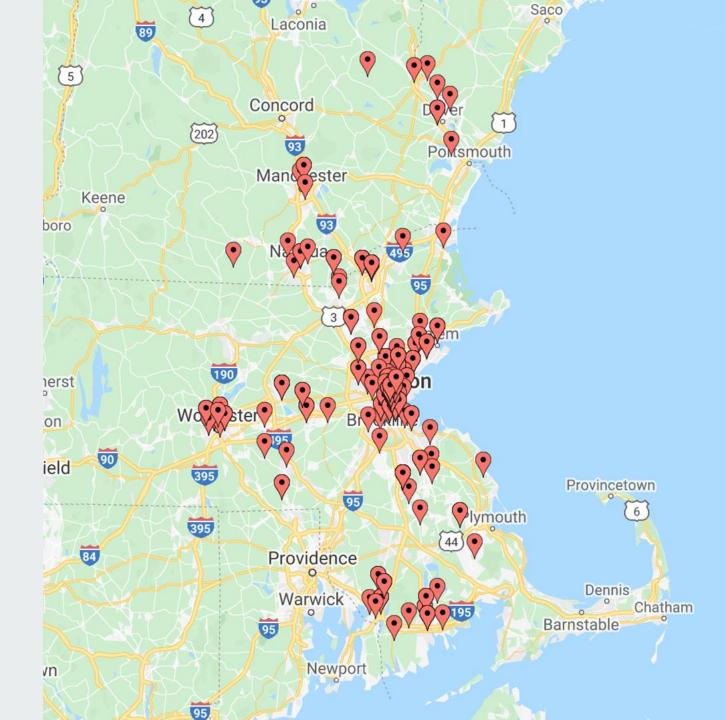
• Language:

1. English, 2. Spanish, 3. Portuguese

• Immigration Status:

- 80.5% citizens
- 6.4% undocumented, 7% legal permanent residents

Map of Respondent Zip Codes

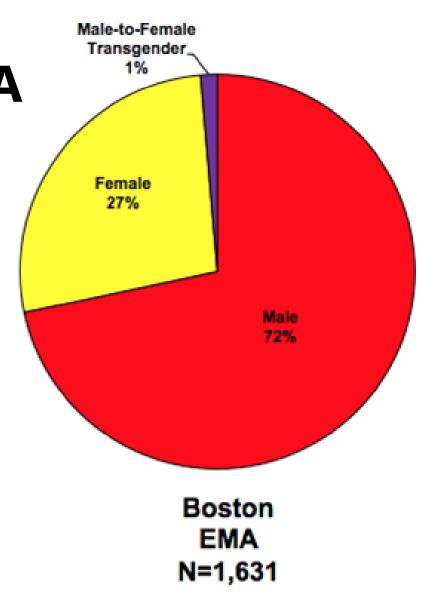


Proportion-Adjusted Data: Services, Needs, and Barriers

Individuals Diagnosed with HIV Infection by Current Gender: MA

* Only data measure we have that mirrors MDPH HIV/AIDS Surveillance Program Data

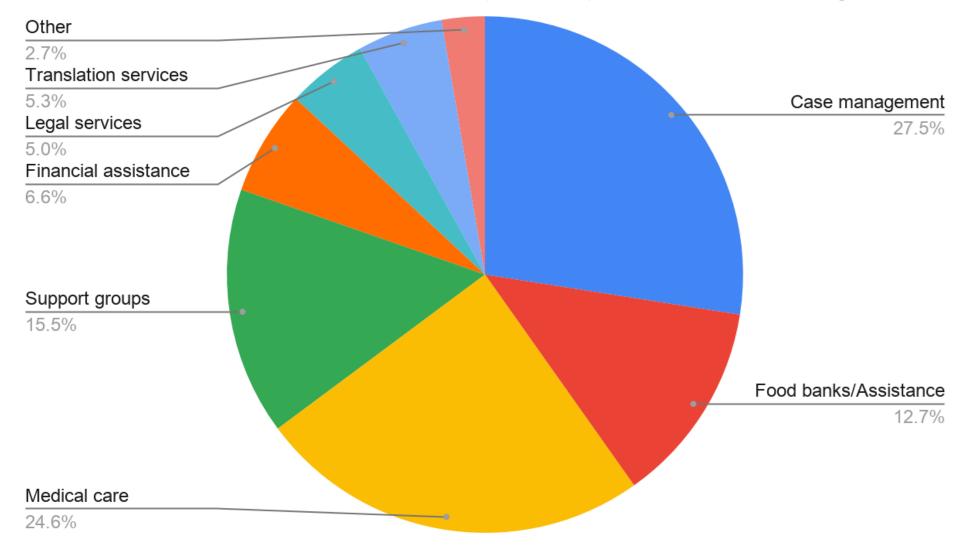
Used to calculate proportional data response



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

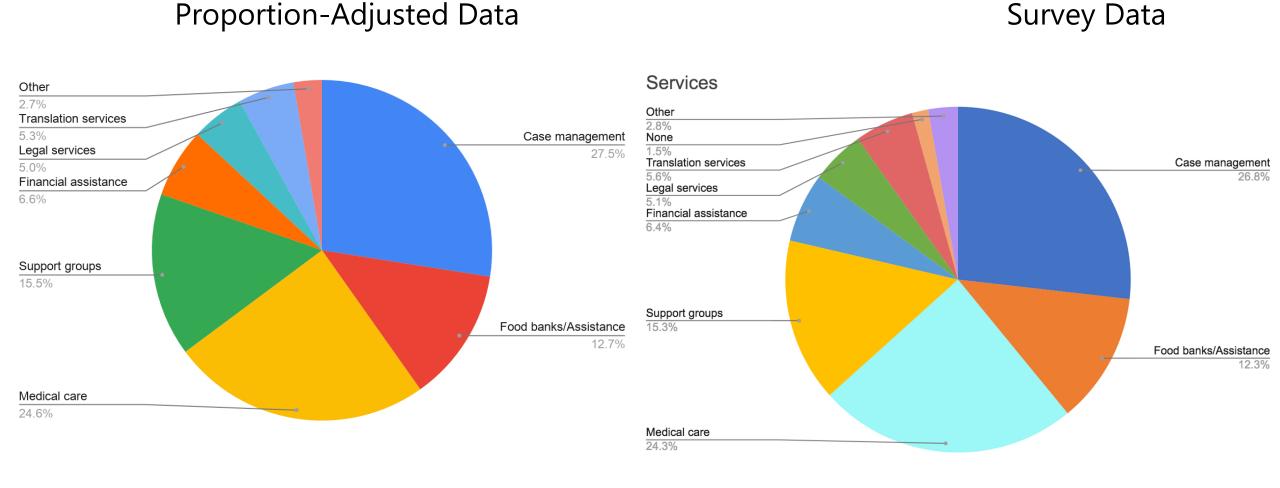
Proportion-Adjusted Data

What services in the community are you accessing?



^{*}Proportion adjusted for gender demographic data from MDPH HIV/AIDS Surveillance Program Data as of 01/01/19

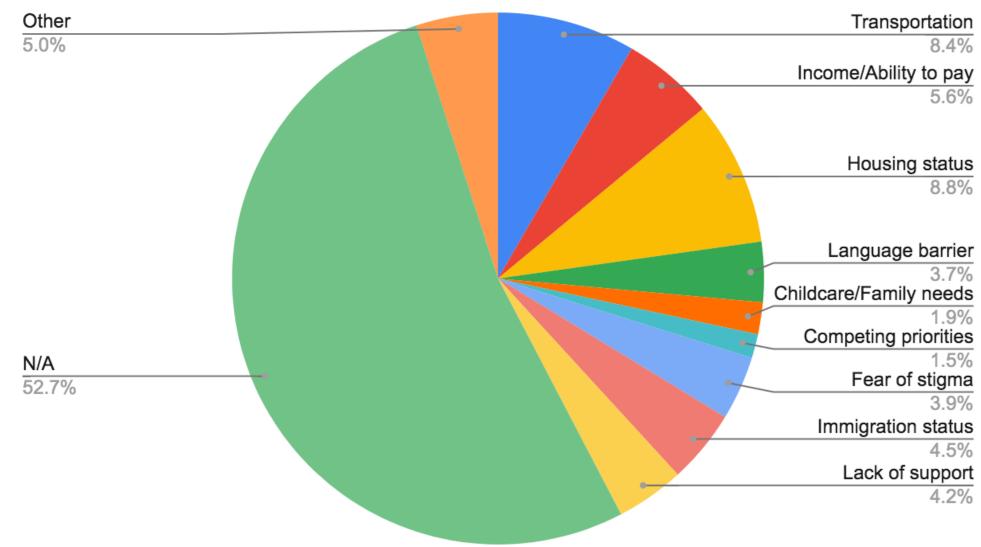
What services in the community are you accessing?



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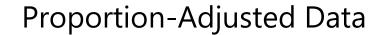
Proportion-Adjusted Data

If you want to receive more services, what is preventing you?

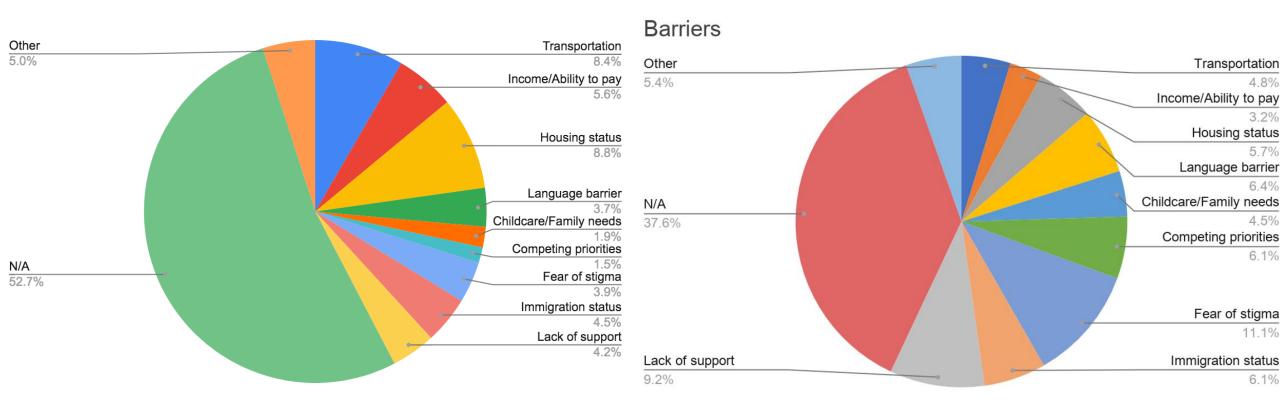


^{*}Proportion adjusted for gender demographic data from MDPH HIV/AIDS Surveillance Program Data as of 01/01/19

If you want to receive more services, what is preventing you?



Survey Data

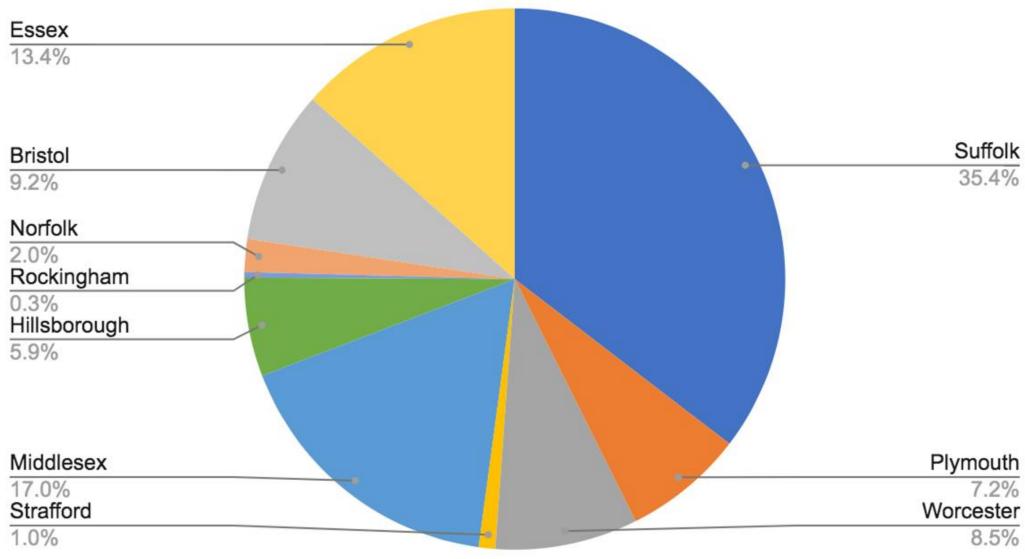


^{*}Proportion adjusted for gender demographic data from MDPH HIV/AIDS Surveillance Program Data as of 01/01/19

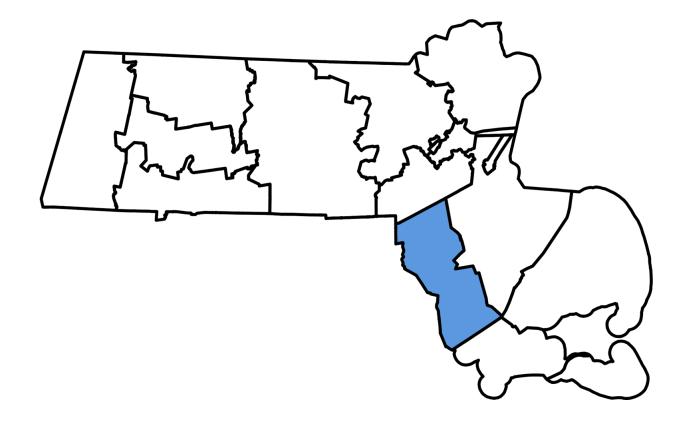
County Data: Services, Needs, and Barriers

Demographic Survey Data

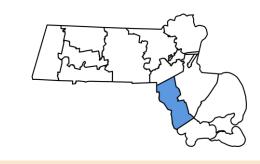




Bristol County, MA



Bristol County, MA - Top 5: Services and Barriers



Services

- 1. Case Management
- 2. Medical Care
- 3. Support Groups
- 4. Food Banks/ Assistance
- 5. Financial Assistance

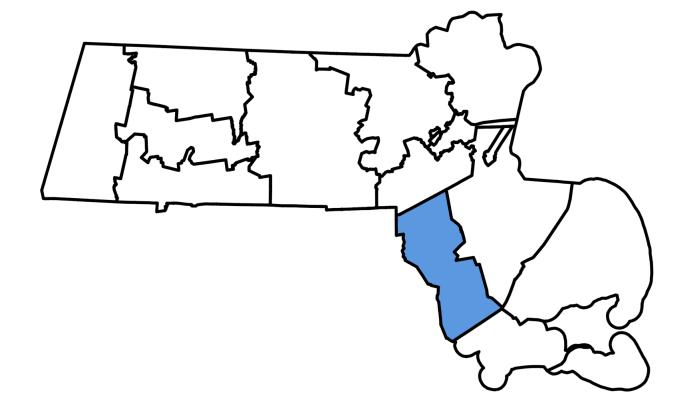
Barriers

- 1. N/A
- 2. Income/Ability to pay
- 3. Housing status, Transportation
- Lack of support,
 Competing
 priorities,
 Language barrier

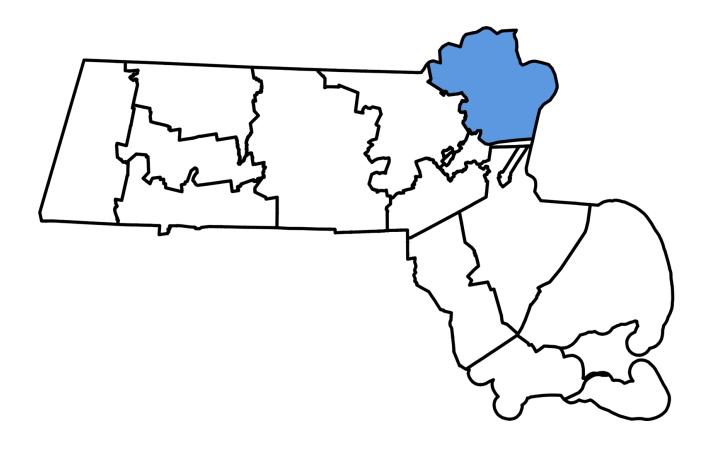
Bristol County, MA

Consumers did not know of:

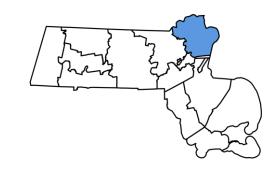
- Legal services
- Housing
- Case management



Essex County, MA



Essex County, MA - Top 5: Services and Barriers



Services

- 1. Case Management
- 2. Medical Care
- 3. Support Groups
- 4. Food Banks/ Assistance
- 5. Translation Services

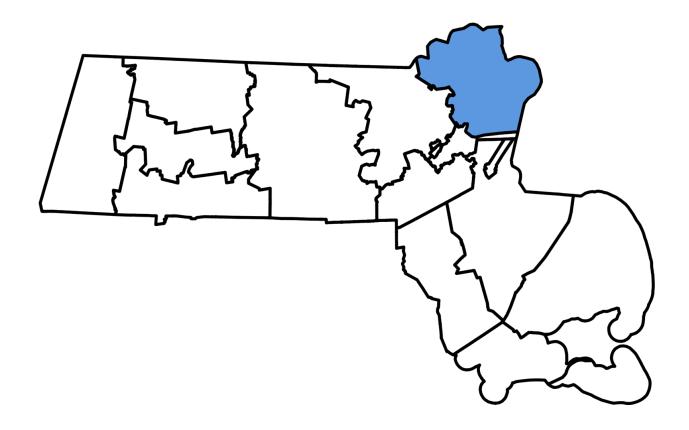
Barriers

- 1. **N/A**
- 2. Housing status
- 3. Fear of stigma, Income/Ability to pay
- 5. Transportation

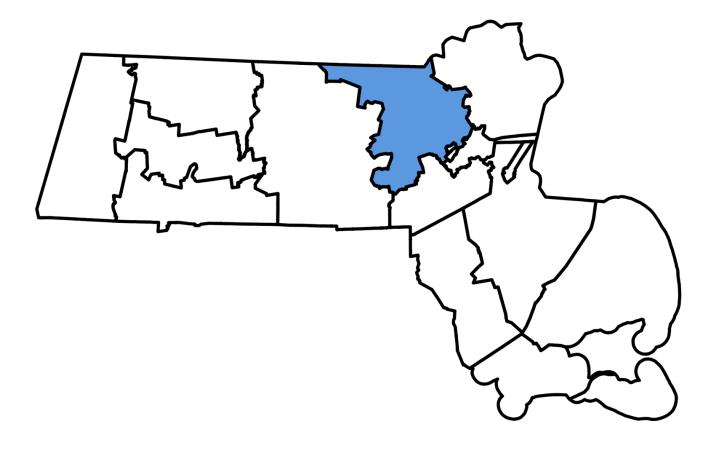
Essex County, MA

Consumers did not know of:

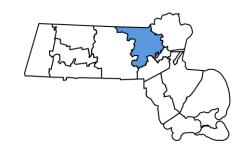
- Support groups
- Utility assistance
- Mental health



Middlesex County, MA



Middlesex County, MA - Top 5: Services and Barriers



Services

- 1. Case Management
- 2. Medical Care
- 3. Translation Services
- 4. Food Banks/ Assistance
- 5. Support Groups

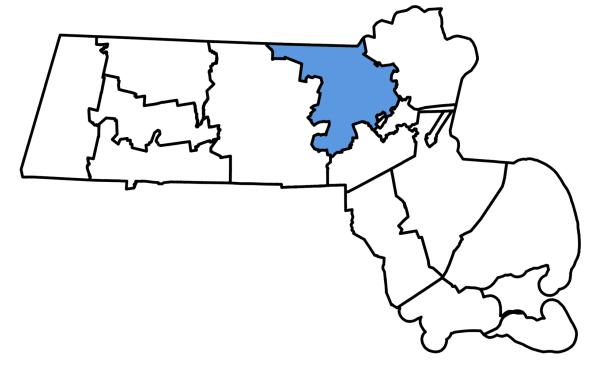
Barriers

- 1. **N/A**
- 2. Immigration Status
- 3. Transportation
- 4. Fear of Stigma
- 5. Language Barrier

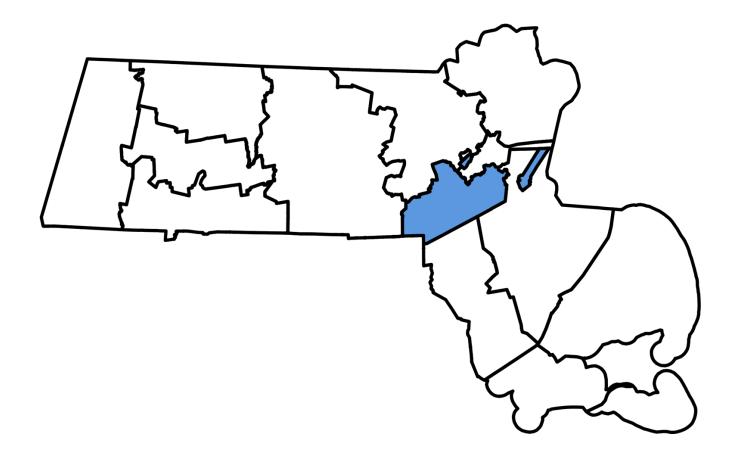
Middlesex County, MA

Consumers did not know of:

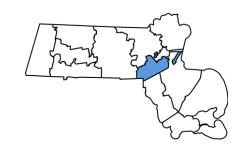
- Legal services (immigration)
- Dental services
- Support groups
- Utility assistance
- Transportation
- Food services



Norfolk County, MA



Norfolk County, MA - Top 5: Services and Barriers



Services

- 1. Case Management
- 2. Medical Care
- 3. Support Groups
- 4. Food Banks/ Assistance
- 5. Financial Assistance

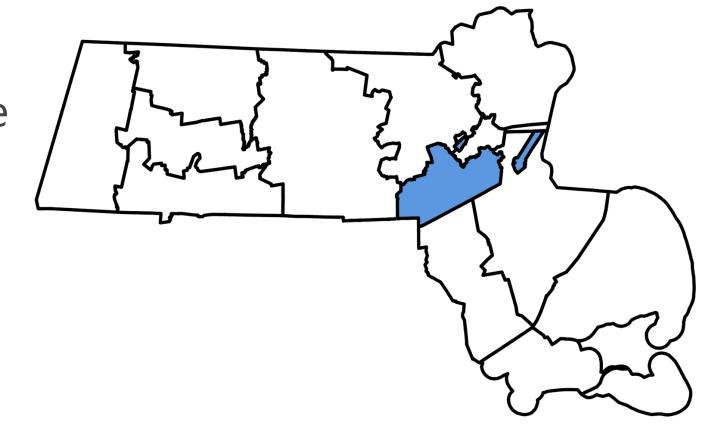
Barriers

- 1. N/A
- 2. Transportation
- 3. Income/Ability to pay
- 4. Fear of stigma
- 5. Housing status

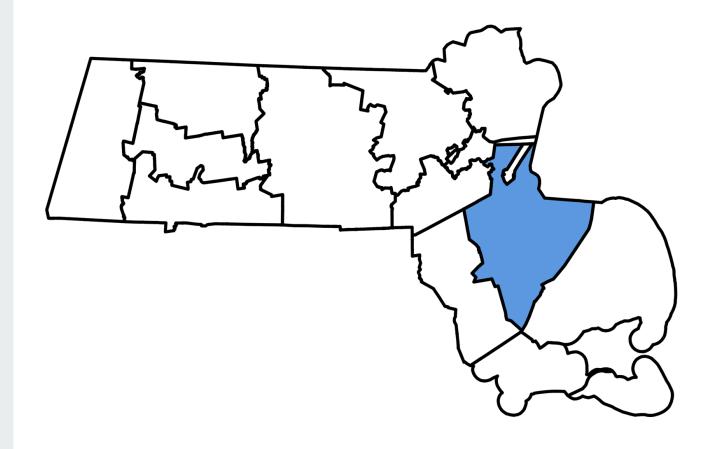
Norfolk County, MA

Consumers did not know of:

- Food assistance
- Housing assistance



Plymouth County, MA



Plymouth County, MA - Top 5: Services and Barriers

Services

- 1. Medical Care
- Case Management, Support Groups
- 4. Food Banks/Assistance
- 5. Legal Services, Financial Assistance

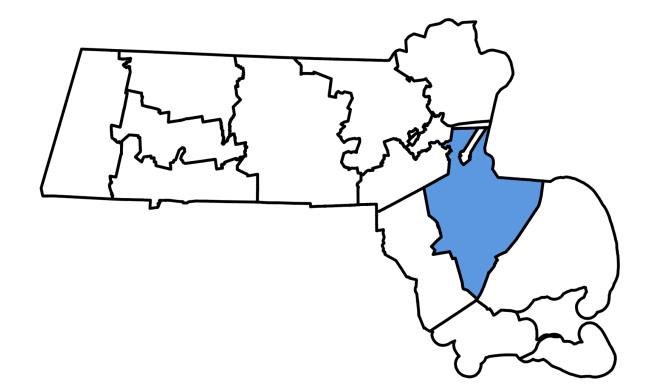
Barriers

- 1. N/A
- 2. Housing
- 3. Income/Ability to pay
- 4. Transportation
- 5. Lack of support

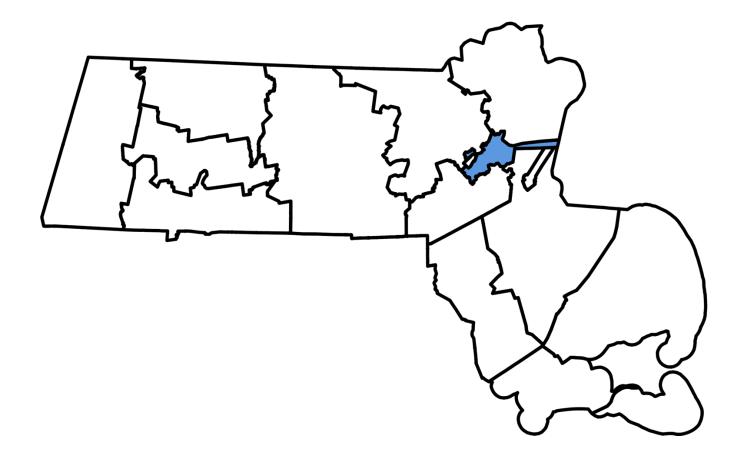
Plymouth County, MA

Consumers did not know of:

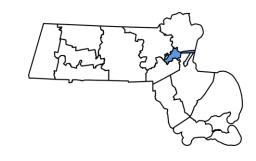
- Mental health services
- Utility assistance
- Housing assistance
- Food services



Suffolk County, MA



Suffolk County, MA - Top 5: Services and Barriers



Services

- 1. Medical Care
- 2. Case Management
- 3. Support Groups
- 4. Food Banks/ Assistance
- Financial Assistance, Legal Services

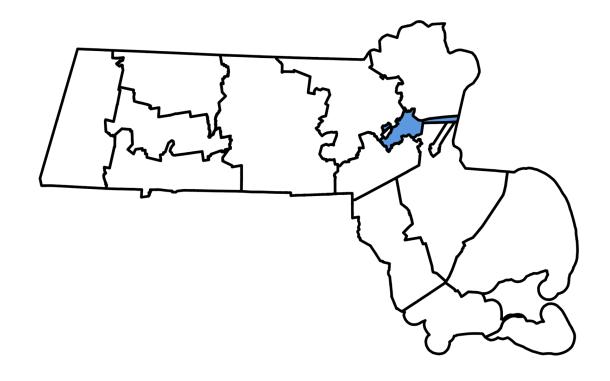
Barriers

- 1. **N/A**
- 2. Transportation
- 3. Housing
- 4. Income/Ability to pay
- 5. Lack of support

Suffolk County, MA

Consumers did not know of:

- Housing assistance
- Utility assistance
- Financial assistance
- Translation services
- Support groups
- Legal services

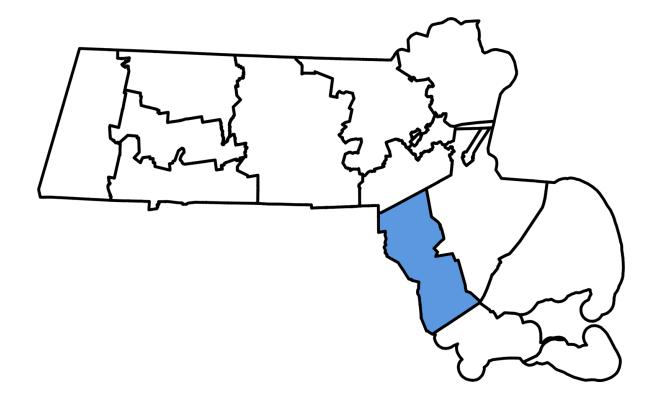


Focus Group: Upham's Corner Health Center

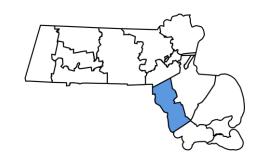
"Closing [drop-in centers]"is a big mistake. [One] place allowed me to learn and be engaged in the field; it was a crucial place. My long term case manager was there and I became educated about HIV there."

"In the Cape Verdean community, there is a lot of stigma. When I was diagnosed, very quickly, people found out I was positive and before I knew it was shared among my community. There is a lot of fear within our community, that is why you do not see much of us in support groups."

Worcester County, MA



Worcester County, MA - Top 5: Services and Barriers



Services

- 1. Case Management
- 2. Medical Care
- 3. Support Groups
- 4. Food Banks/ Assistance
- 5. Financial Assistance

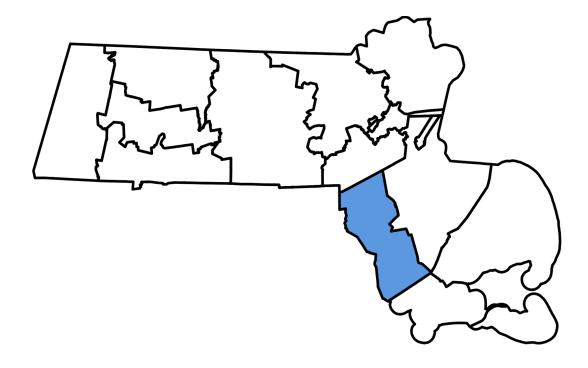
Barriers

- 1. N/A
- 2. Fear of stigma
- 3. Transportation, Income/Ability to pay
- 5. Housing status

Worcester County, MA

Consumers did not know of:

- Information on available services
- Support groups
- Dental services
- Housing assistance
- Case management



Focus Groups: AIDS Project Worcester, 2 groups

"Child care is missing. Families need that resource so that they can have the opportunity to get to their appointments."

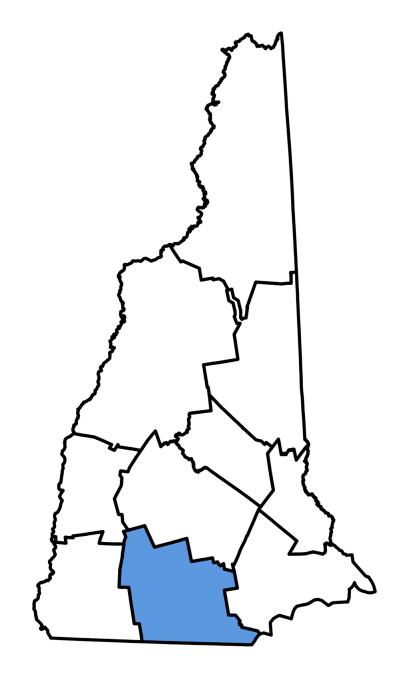
"Families don't have resources. It's difficult to be prepared for end of life and burial planning without resources. Social security only pays a part."

Focus Group: Maranda's House

"I'd stay in care when I was pregnant. And then I'd stop as soon as I had the baby. I do it to this day. It all has to do with acceptance. There's still a lot of ignorance out there."

"I still have young kids, so accommodation is important. The staff helps us with a lot of different things. If there wasn't Maranda's House, I don't know where I'd be."

Hillsborough County, NH



Hillsborough County, NH - Top 5: Services and Barriers



Services

- 1. Case Management
- 2. Medical Care
- 3. Support Groups
- 4. Food Banks/ Assistance
- Financial Assistance,Other

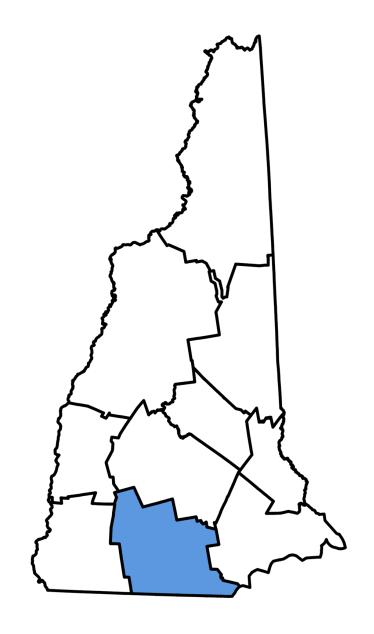
Barriers

- 1. N/A
- 2. Income/Ability to Pay
- Fear of stigma,Other
- 5. Lack of support

Hillsborough County, NH

Consumers did not know of:

- Utility assistance
- Mental health
- Support groups
- Housing assistance

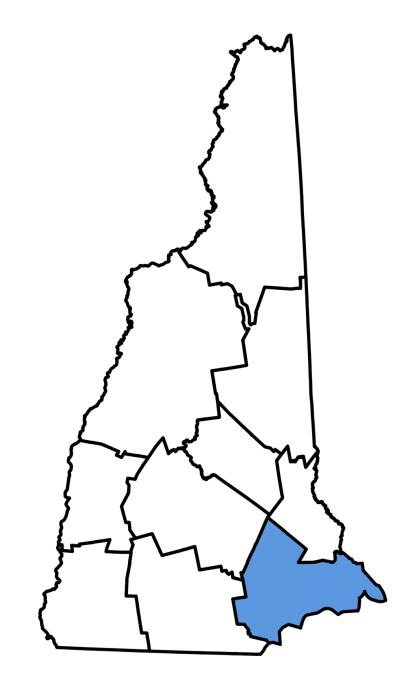


Focus Group: Southern NH HIV/AIDS Task Force

"When I was 25/30, I didn't care about my nutrition but having had complications from HIV changed my health. More information on nutrition would be very helpful."

"It's case management that keeps all of your information up-to-date and on file, so they can notify you when you need to renew it. I would have missed many deadlines without that."

Rockingham County, NH



Rockingham County, NH - Top 5: Services and Barriers



Services

- Case Management
- Medical Care
- Financial Assistance
- Food Banks/ Assistance
- Other

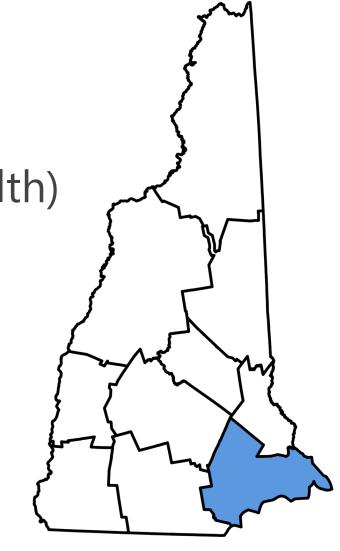
Barriers

- Income/Ability to pay
- Lack of support

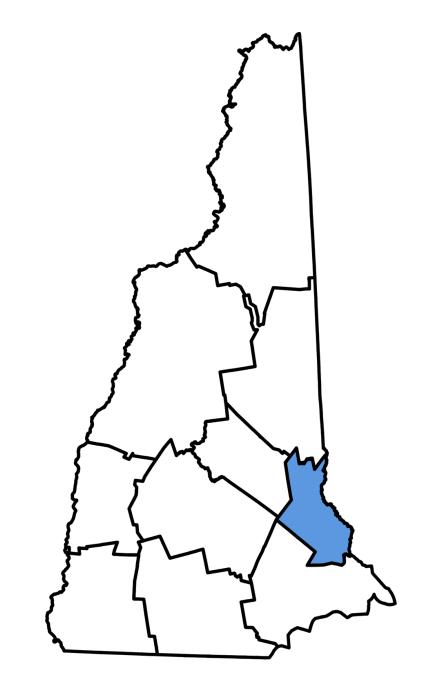
Rockingham County, NH

Consumers did not know of:

Financial assistance (medical/health)



Strafford County, NH



Strafford County, NH - Top 5: Services and Barriers

Services

- Case Management
- Medical Care

Barriers

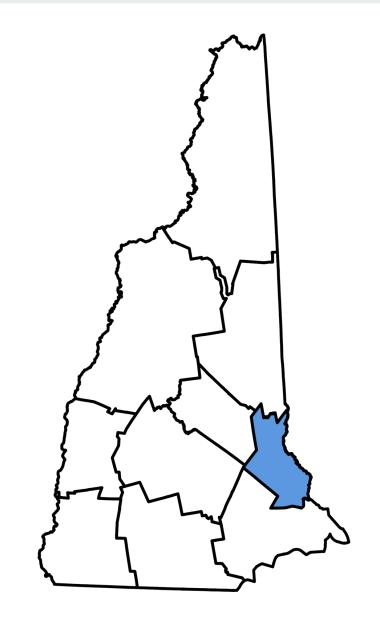


N/A

Strafford County, NH

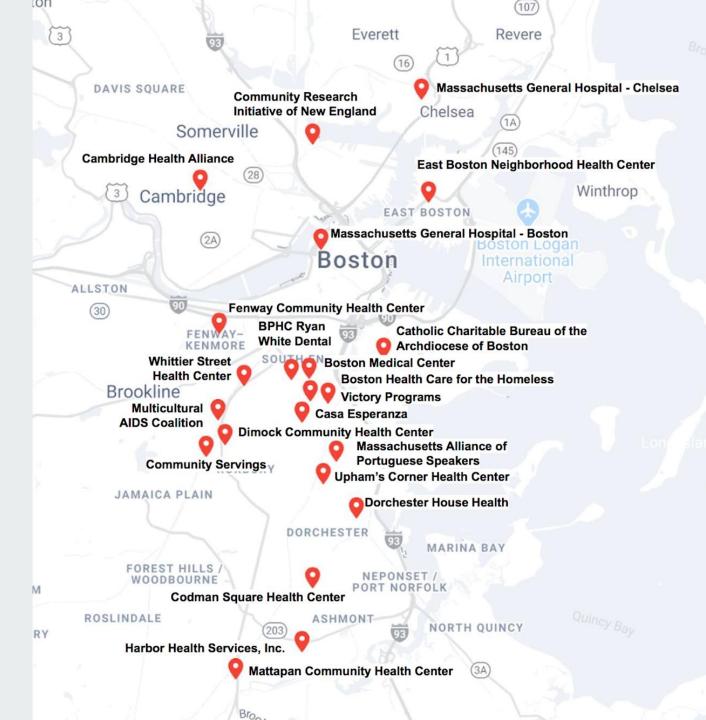
Consumers did not know of:

- Support groups
- Dental services
- Financial assistance
- Medical assistance
- Transportation services

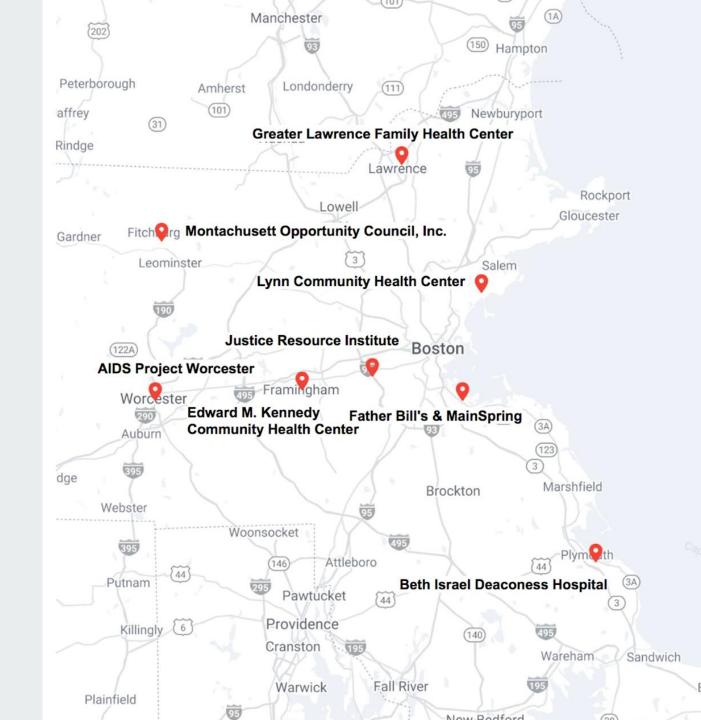


County Data: Map of Services

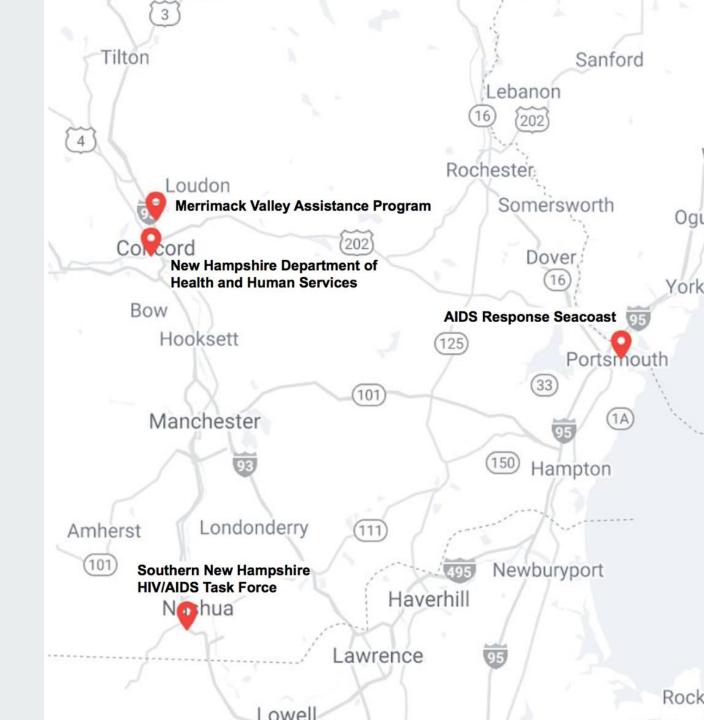
Suffolk and Middlesex County



Surrounding Neighborhoods in MA



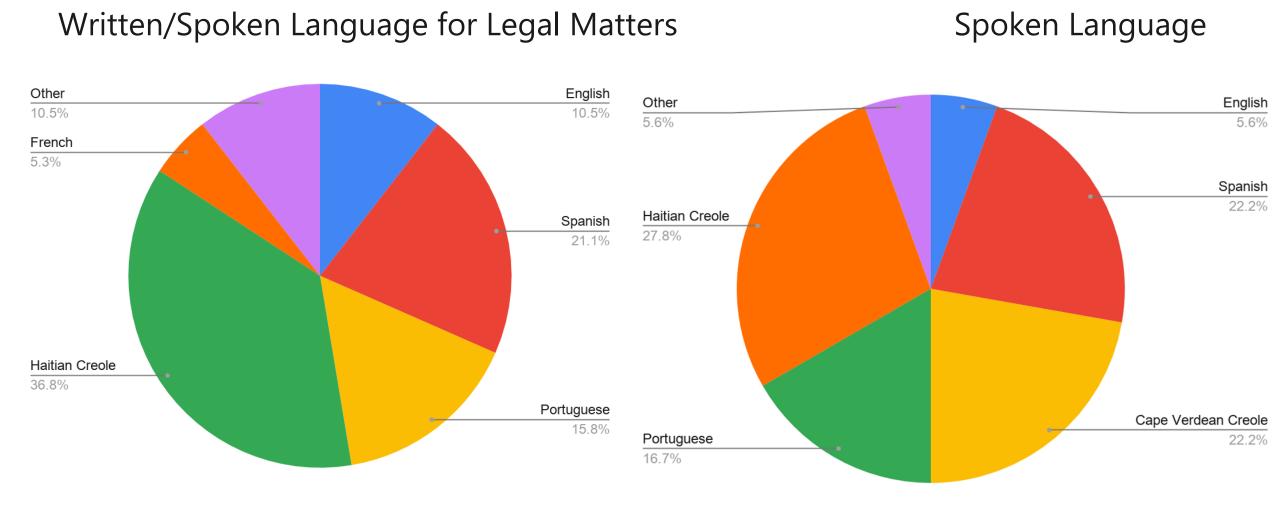
New Hampshire



Survey Data: Stratified Results

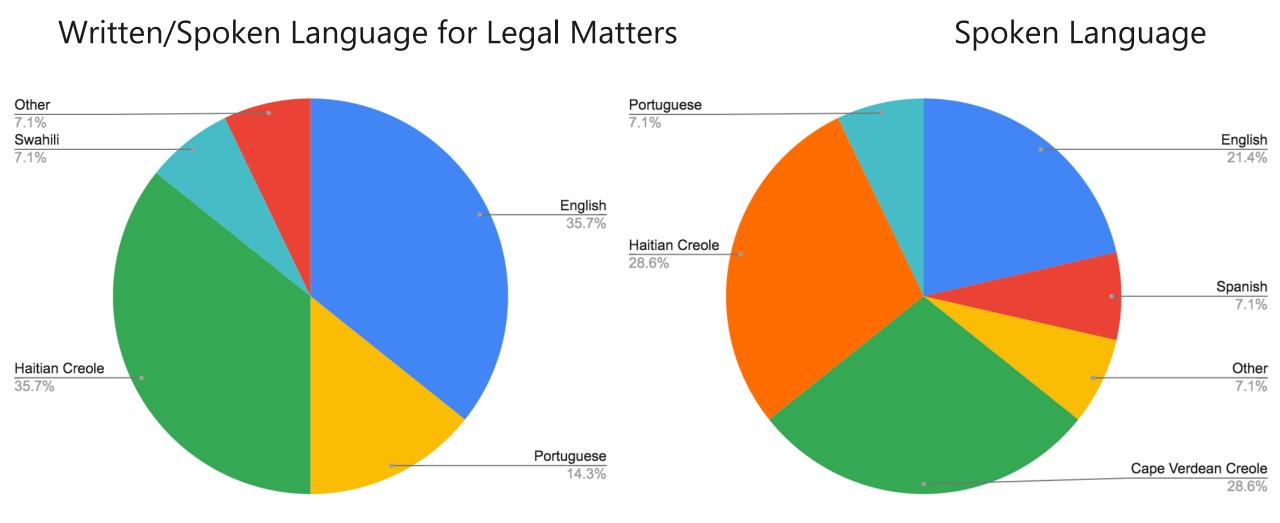
Stratified Survey Data

Barrier: Language



Stratified Survey Data

Barrier: Childcare/Family Needs

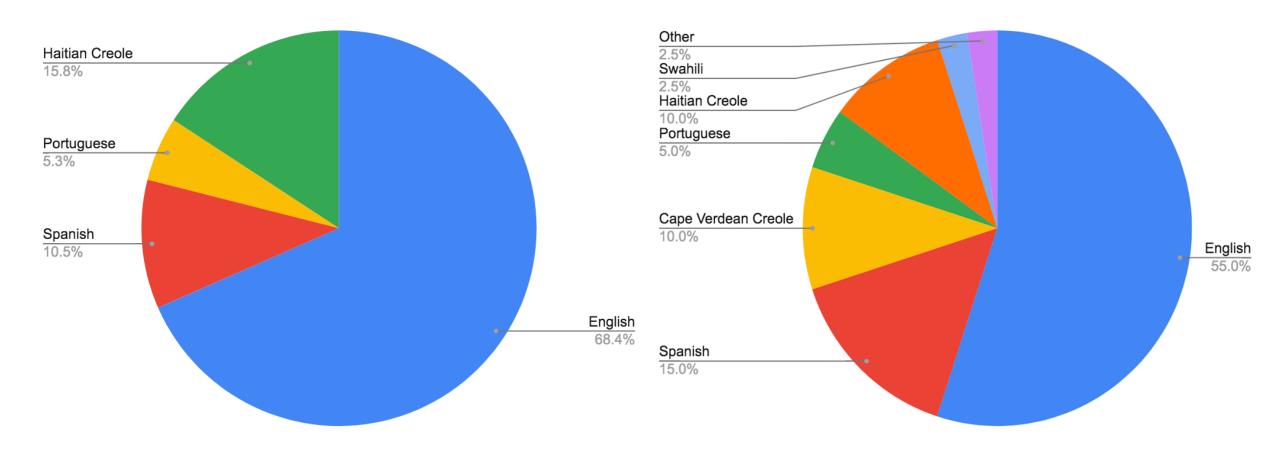


Stratified Survey Data

Barrier: Fear of Stigma

Written/Spoken Language for Legal Matters

Spoken Language

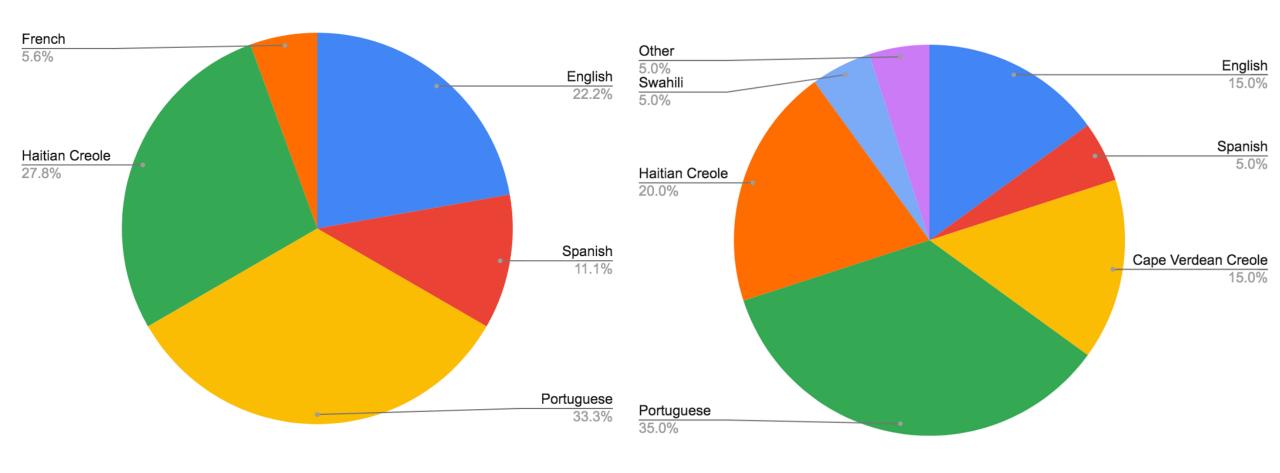


Stratified Survey Data

Barrier: Immigration Status

Written/Spoken Language for Legal Matters

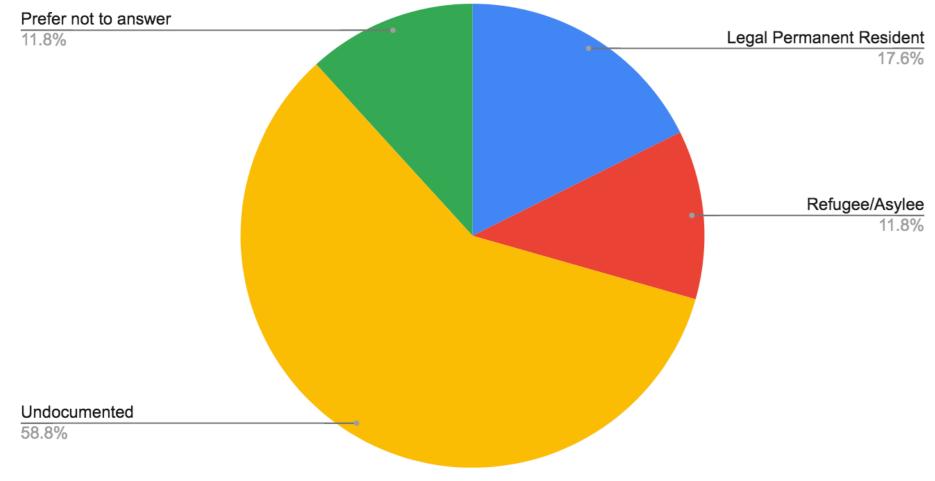
Spoken Language



Stratified Survey Data

Barrier: Immigration Status



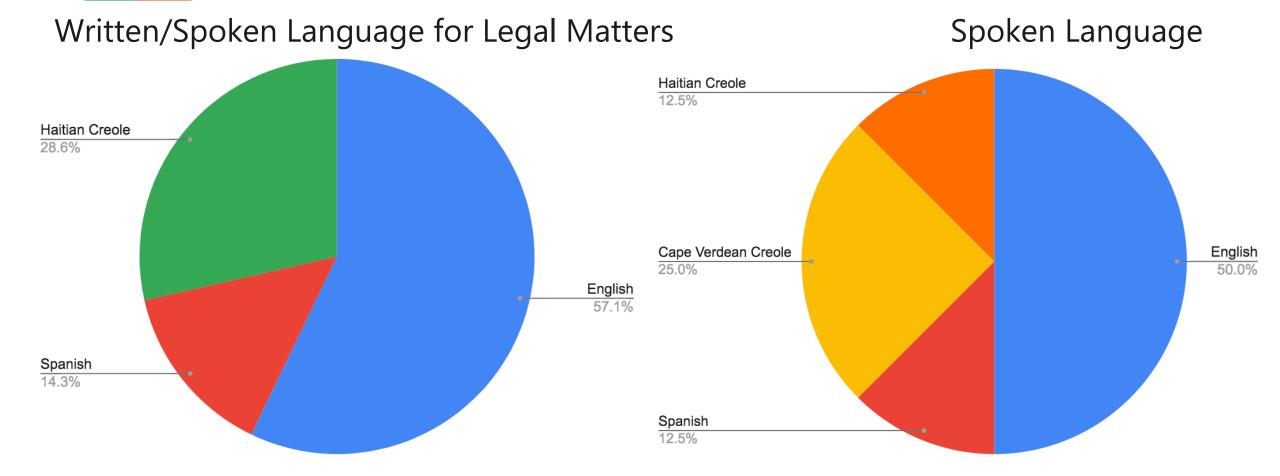


Stratified Survey Data

Barrier: Other

- Income guidelines exceeds 500% cap
- Dental provider limitations
- Elderly

- Difficulty with providers
- Program limitations
- Distrust



Survey Data: Common Themes Qualitative Data

Common Themes

- Don't know of existing services
- Surveys completed by case managers
- Wanted services:
 - Exercise assistance
 - Nutrition education
 - Affordable financing for larger purchases, long term goals

Survey Data: Main Takeaways

Main Takeaways

- Data is pretty representative and reflective of Boston EMA
- Large disparities
 - Reflective of the population demographics of each county

2020 Community Needs Assessment: Limitations, Challenges

Limitations, Challenges

- Data does not reflect population of PLWH who are not engaged in care
- Limited response from 18-29 years age range
- Limited response in the online format of survey
- Questions on ethnicity/race are vague
 - Does not match MDPH, NHDHHS measures

Major Limitation in 2020:

Approaches since COVID-19

- Flyers
 - PC homepage
 - Agencies
 - Living centers
 - BPHC outreach
- Virtual outreach
 - O DPH advisory groups
- Online survey

2020 Community Needs Assessment:

Recommendations

Recommendations

- Ask questions regarding:
 - Place of birth
 - World region of origin
 - Method of transmission/exposure
 - Comorbidities
- Use same categorical variables as MDPH, NHDHHS
- Share county level data with agencies, esp. in counties where respondents don't know of existing services

Questions & Feedback

Thank you!

FUNDING STREAMS REPORT

Liz Rios, PCS



BOSTON EMA FUNDING STREAMS

FEDERAL, STATE AND LOCAL FUNDS OF CORE MEDICAL AND SUPPORT SERVICES

Purpose and Objectives

- Summarize HIV related funding streams in the EMA
- Identify funding gaps or underfunded services
- Understand how Part A money fits into the larger HIV service system
 - How much does Part A cover relative to other services?
- Useful for service category selection, priority setting and resource allocation

Limitations and Challenges

- Data collection during COVID-19
- Grants & awards have different fiscal year time frames
- Programs collect and present data differently
- Certain funders don't respond to requests (VA, DTA)

Data collection process

- Request to 40 programs in the EMA that serve PLWH –
 28 agencies responded
- Agencies report type of grant & amount, type of program funded according to HRSA categories
- Report number and demographics of clients served

Categories of funding requested

Core Services

Support Services

Prevention Services

Administrative Costs

Quality Management and Quality Improvement

Other

Funding Streams Expo – Dec. 2019







Primary HIV funding sources

- Ryan White Parts A, B, C, D, F
- Medicaid (Federal) MA & NH
- State MA & NH
- HOPWA Housing Opportunities for PLWH
- Federal CDC, SAAMHSA

Types of Funding continued

Ryan White

A – awarded to EMAs and TGAs, payor of last resort & emergency relief. Allowable service categories defined by HRSA

B – Awarded to states

C – awarded to federally qualified health centers (FQHC) and hospitals that serve vulnerable populations

D -- Services for women and children

F -- Dental and workforce capacity training. awarded to dental schools. Funding to train and recruit dentists, offset the cost of dental procedures for PLWH.

Types of Funding continued

- Medicaid (Federal) MA & NH Awarded to states from federal government. Funds widest variety of services ranging from outpatient services to homecare, substance use, and hospice.
- State MA & NH
- HOPWA Housing Opportunities for PLWH. Cost of short- and long-term placements, emergency housing assistance, and housing advocacy services

Core Medical Service Category	Part A FY17	Part A FY18	Part A FY19	3- year average	
Medical Case Management	\$5,148,112	\$4,374,726	\$4,924,779	37%	
% of EMA funding	40%	32%	39%		
Oral Health Care	\$1,518,327	\$1,386,599	\$1,386,599	25%	
% of EMA funding	30%	22%	24%		
Medical Nutrition Therapy	\$1,265,234	\$1,058,884	\$1,058,884	010/	
% of EMA Funding	97 %	74%	74%	81%	
ADAP/ HDAP	\$455,598	\$151,046	\$151,046		
% of EMA funding	<1%	<1%	<1%	<1%	

Core Medical Service Category	Part A FY17- FY19	Total EMA Allocation FY17	Total EMA Allocation FY18	Total EMA Allocation FY19	Part A % of Total
Early Intervention Services	1	\$639,710	1,142,190	\$987,509	0%
Health Insurance Premium & Cost Sharing Assistance	1	\$130,806	\$802,194	\$753,200	0%
Mental Health	-	\$4,894,534	\$26,448,311	\$40,242,675	0%
Outpatient / Ambulatory Medical Care	-	\$48,745,565	\$101,026,793	\$146,504,765	0%
Substance Abuse Services – Outpatient	-	\$12,601,850	\$23,214,998	\$14,448,277	0%

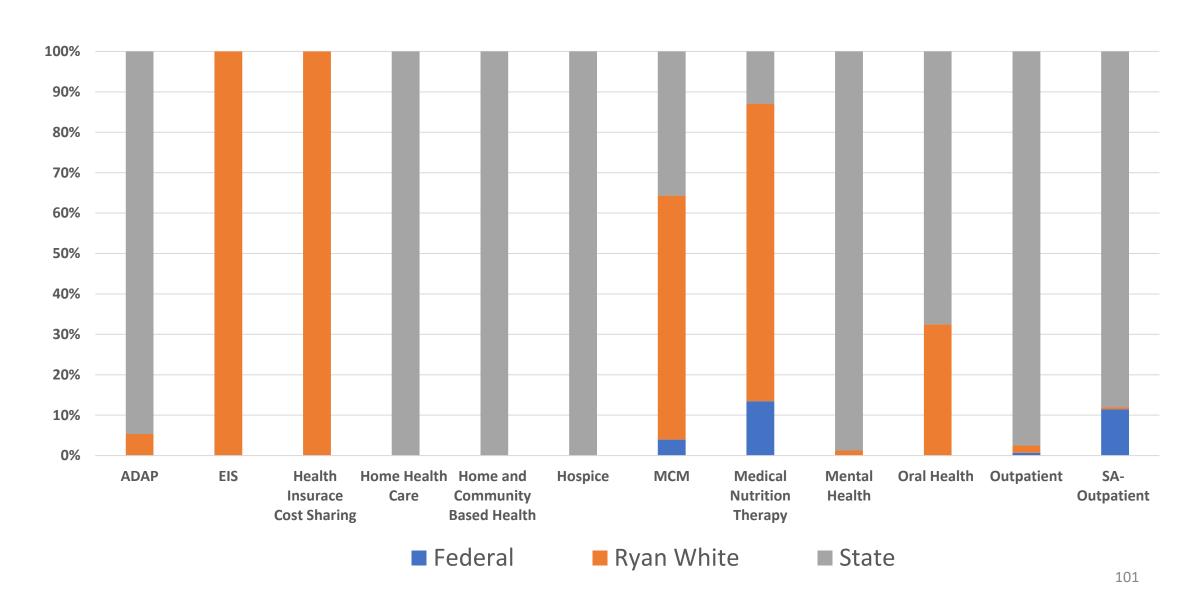
Support Service Category	Part A FY17	FY18	FY19	3-year average	
Psychosocial Support	\$1,463,425	\$977,174	\$1,137,553	21%	
% of EMA funding	29%	16%	19%	Z170	
Food Bank	\$777,103	\$677,372	\$677,372	**private	
% of EMA funding	67 %			funding	
Substance Use - Residential	\$549,339	\$182,112	\$182,112	<1%	
% EMA funding	1%	<1%	<1%		
Housing	\$511,447	\$1,209,960	\$1,209,960	21%	
% EMA funding	12%	33%	20%	2170	
Medical Transportation	\$266,927	\$245,759	\$245,759	1%	
% EMA funding	3 %	<1%	<1%		

Support Service Category	Ryan White Part A FY17	FY18	FY19	Part A 3-year average	
Non-Medical Case Management	1	\$948,107	\$1,103,326	19%	
Percent of EMA total	0%	15%	14%		
Emergency Financial Assistance	-	\$132,627	\$132,627	15%	
Percent of EMA total	0 %	23%	24%		
Health Education / Risk Reduction	-	\$363,883	\$363,883	450/	
Percent of EMA total	0%	80%	<i>55%</i>	45%	

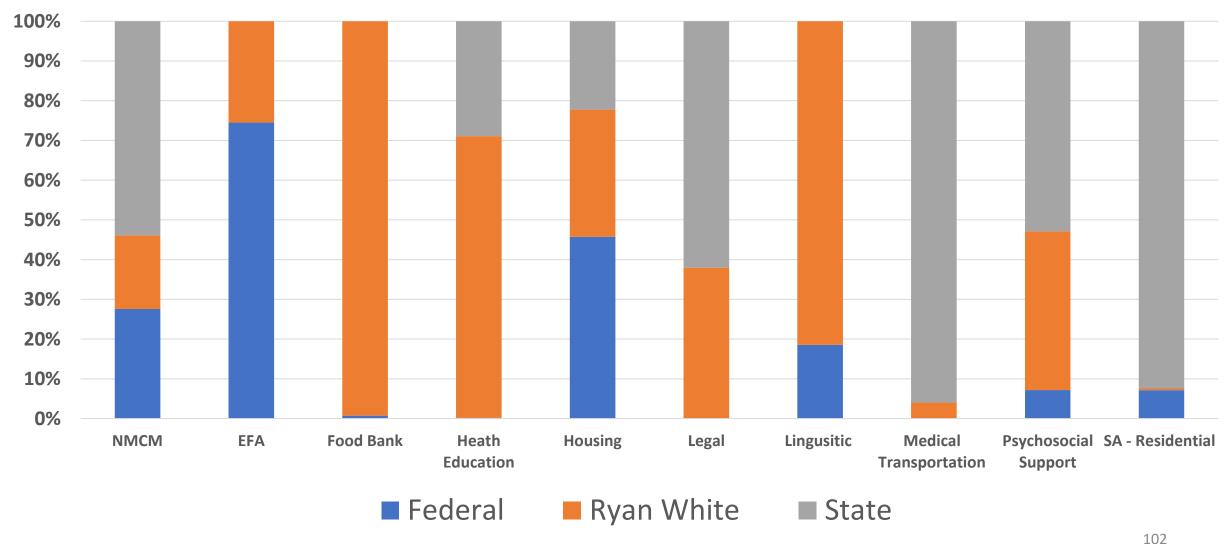
Funding Stream	\$	%
State (MA & NH)	\$ 388,899,864	88%
Federal	\$ 14,804,329	3%
Ryan White		0%
• Part A	\$ 12,573,900	3%
• Part B	\$ 18,768,548	4%
• Part C	\$ 4,936,652	1%
• Part D	\$ 1,722,926	0%
• Part F	\$ 52,487	0%
Total	\$ 441,758,706	100%

FY19 Proportion of Ryan White in Total HIV-Related Funding

Portion of Core Service Coverage



Portion of Support Service Coverage

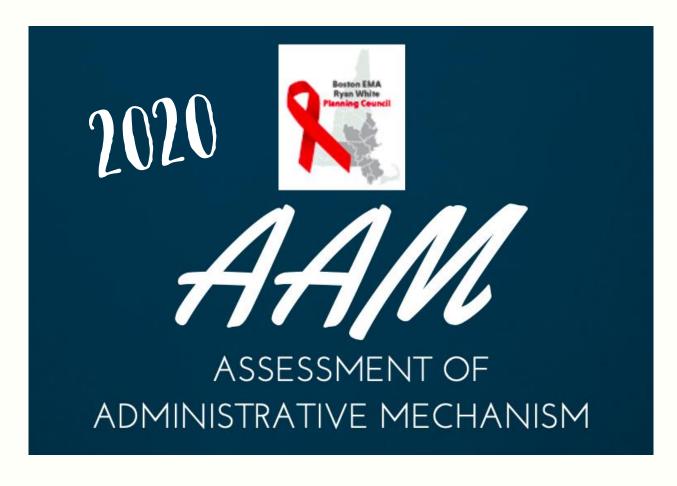


Key takeaways

- There are gaps in reported dollars this is one part of the story
- Part A funding consistently fills gaps that other funders don't support
- Environmental and situational changes can affect the total investments
- 2020 is a good year to use as an anchor moving forward we will seek to get updates on emergency COVID-19 funding and Ending the HIV Epidemic funding awarded to the EMA

ASSESSMENT OF ADMINISTRATIVE MECHANISM (AAM)

SPEC



Justin Alves

on behalf of the Services, Priorities & Evaluations Committee (SPEC)

PARTI

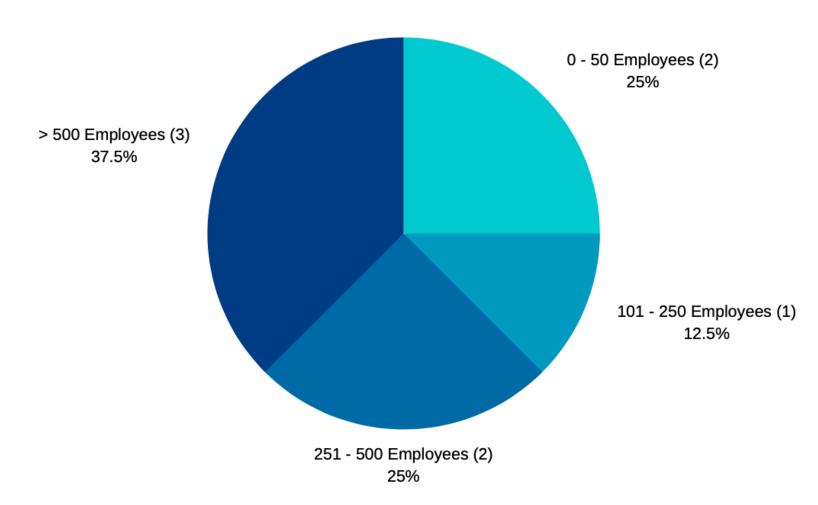
PROCUREMENT

8

Total Responses

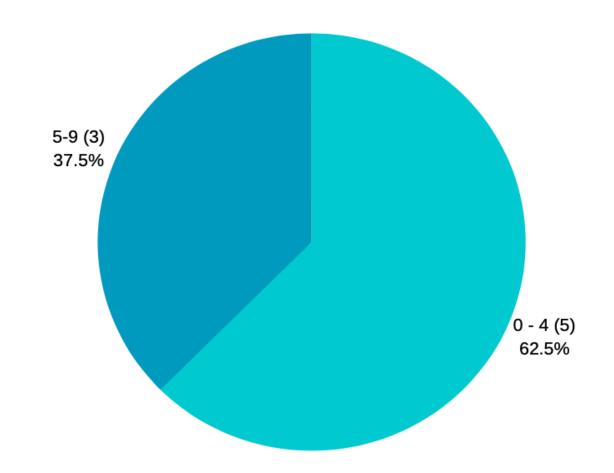
8 out of 13 (62%) agencies who submitted an RFP completed the survey

Q2: What is the size of your agency?



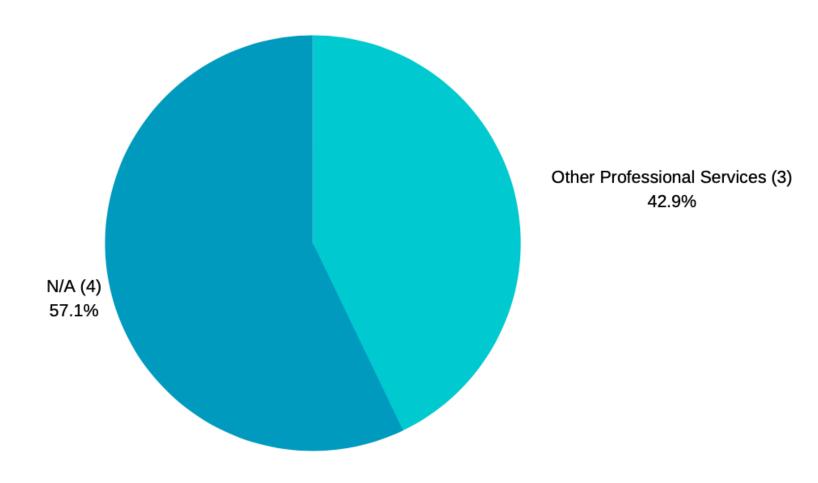
Answered: 8 Skipped: 0

Q3: How many Boston EMA Part A service categories were you funded for in FY 2019 (Mar 1, 2019 - Feb 29, 2020)?



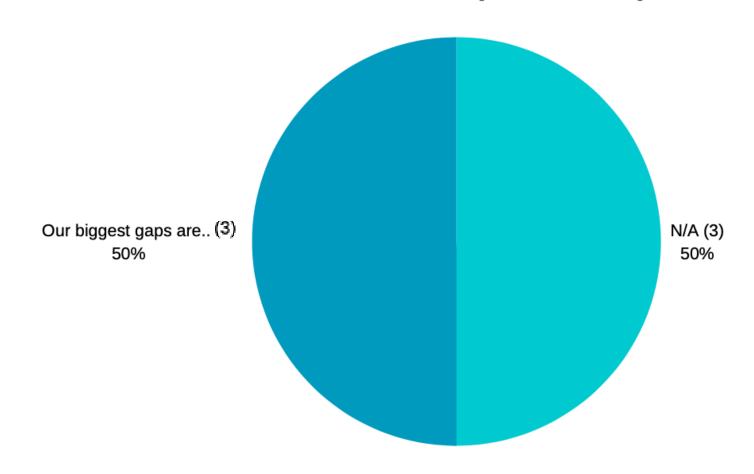
0-4	62.50%	5
5-9	37.50%	3
10+	0.00%	0
Other (please specify)	0.00%	0
Total Respondents: 8		

Q4: Which MAI (Minority AIDS Initiative) service categories were you funded for in FY 2019 (Mar 1, 2019 - Feb 29, 2020)?



ANSWER CHOICES	RESPONSES	
Linguistic Services	0.00%	0
Other Professional Services	42.86%	3
N/A	57.14%	4
TOTAL		7

Q5: Are there gaps in funding at your agency, specifically with regard to Ryan White Part A services? If so, please explain.



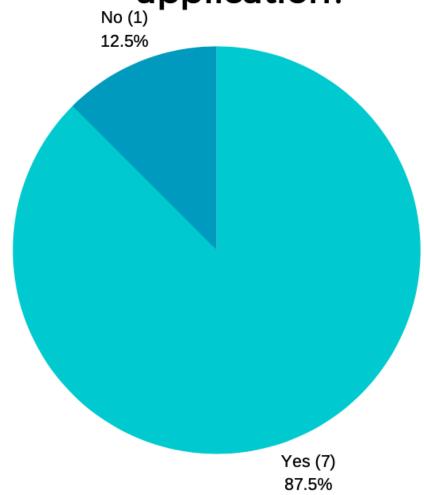
OUR BIGGEST GAPS ARE...

Not enough funding to sustain our substance use residential services; not adequate funding to support our meals program

Funding for another nonmedical case manager is needed and has been requested since 11/2019 but we have not been able to receive any additional funds

Our biggest concern in meeting up with the demand for Emergency Financial Assistance, Medical transportation, and food for psychosocial peer support groups. Q6: Did you apply for funding for FY 2020?

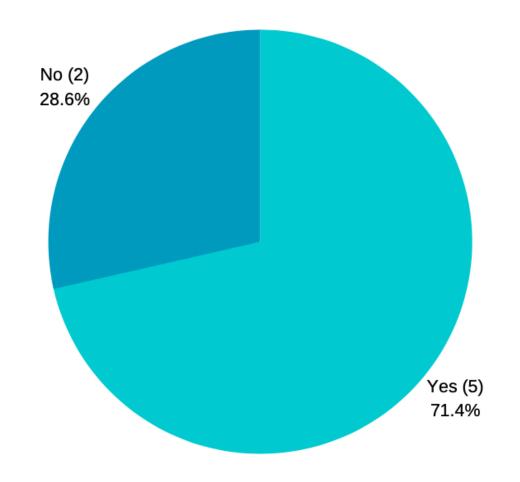
If not, what prevented you from submitting an application?



IF NO, WHY?

service categories that were offered were not relevent to our agency

Q7: Did you respond to the AAM Survey in the past two years? If not, why?

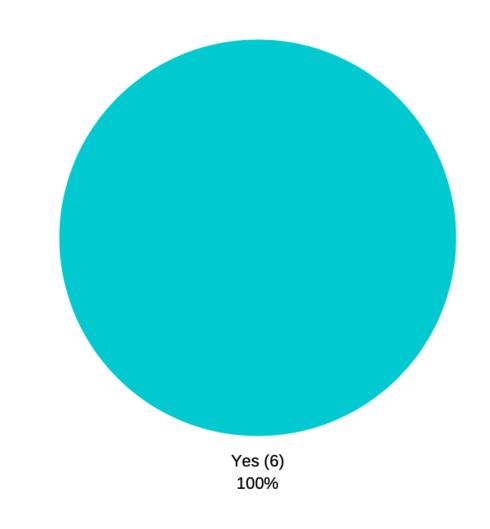


IF NOT, WHY?

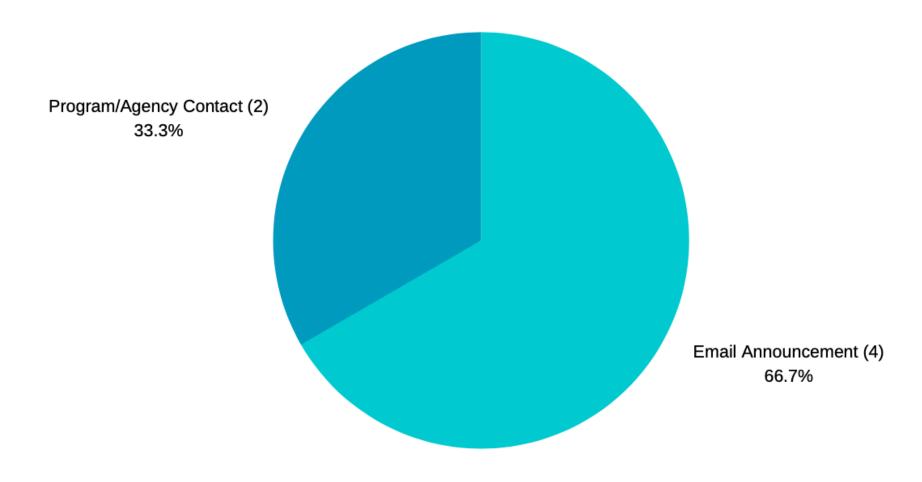
I'm not sure if the agency did or not

stared 11/19

Q8: Were you aware that the most recent RFP was released on November 18th, 2019?

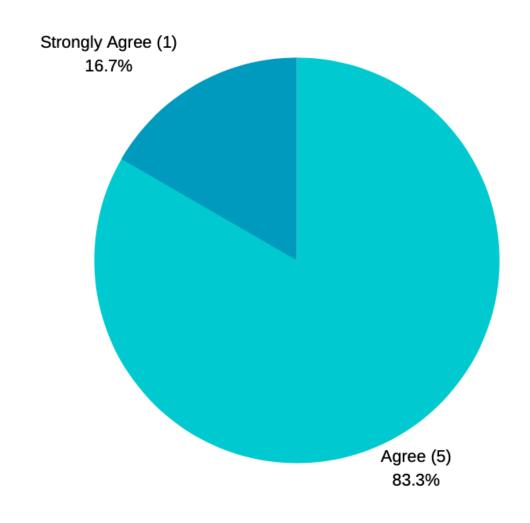


Q9: How did your agency learn that the last Boston Public Health Commission (BPHC) Ryan White Part A RFP was available?



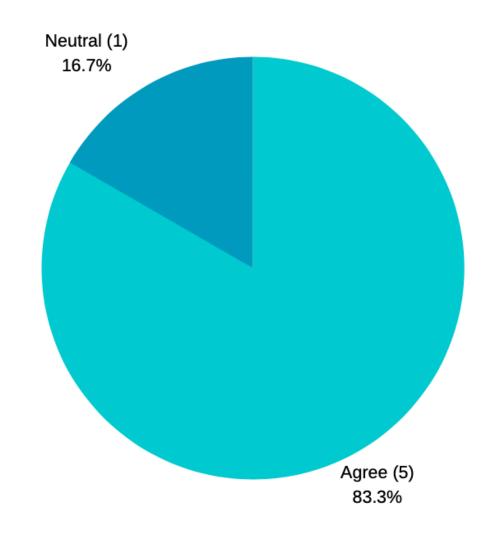
ANSWER CHOICES	RESPONSES
BPHC Website	0.00%
Newspaper Advertisement	0.00%
Email Announcement	66.67% 4
Program/Agency Contact	0.00%
Social Media Announcement	0.00%
Program/Agency Contact	33.33 % 2
Other (Please Specify)	0.00%
TOTAL	6

Q10: BPHC provides bidders with adequate information on applying for funding.



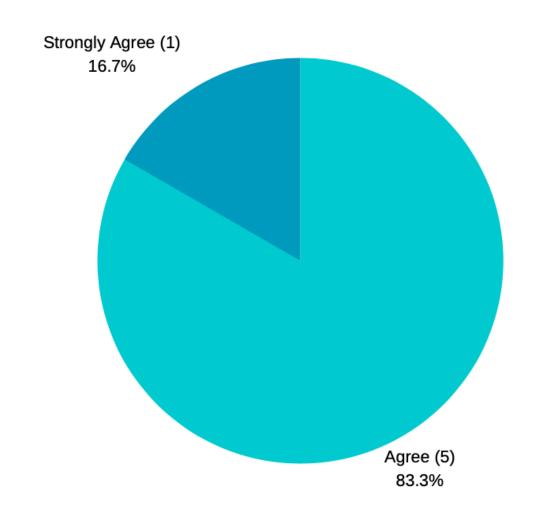
ANSWER CHOICES	RESPONSES
Strongly Agree	16.67%
Agree	83.33 % 5
Neutral	0.00%
Disagree	0.00%
Strongly Disagree	0.00%
TOTAL	6

Q11: BPHC conducts an open and competitive procurement process.



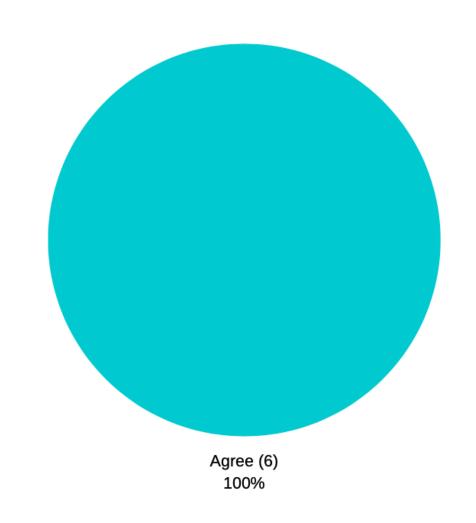
ANSWER CHOICES	RESPONSES
Strongly Agree	0.00%
Agree	83.33 % 5
Neutral	16.67%
Disagree	0.00%
Strongly Disagree	0.00%
TOTAL	6

Q12: The standardized procedures and requirements for funding were made clear.



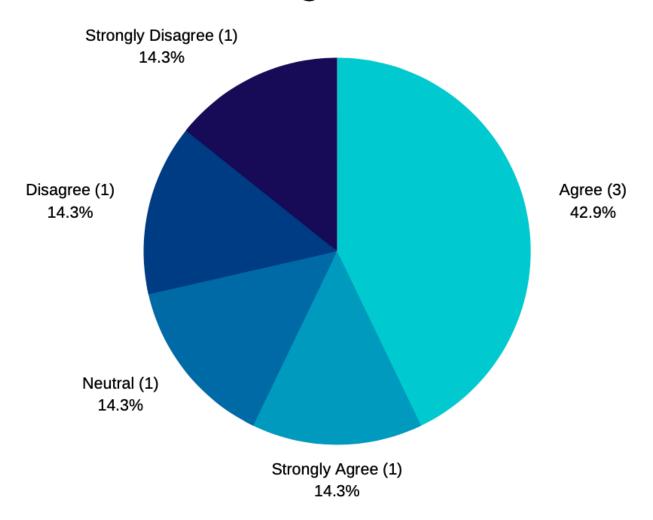
ANSWER CHOICES	RESPONSES	
Strongly Agree	16.67%	1
Agree	83.33%	5
Neutral	0.00%	0
Disagree	0.00%	0
Strongly Disagree	0.00%	0
TOTAL		6

Q13: The RFP clearly described the criteria and procedures for reviewing proposals.



ANSWER CHOICES	RESPONSES	
Strongly Agree	0.00%)
Agree	100.00%	5
Neutral	0.00%)
Disagree	0.00%)
Strongly Disagree	0.00%)
TOTAL	6	5

Q14: The MAI RFP process was clear and straightforward.



ANSWER CHOICES	RESPONSES
Strongly Agree	14.29%
Agree	42.86 % 3
Neutral	14.29%
Disagree	14.29%
Strongly Disagree	14.29% 1
TOTAL	7

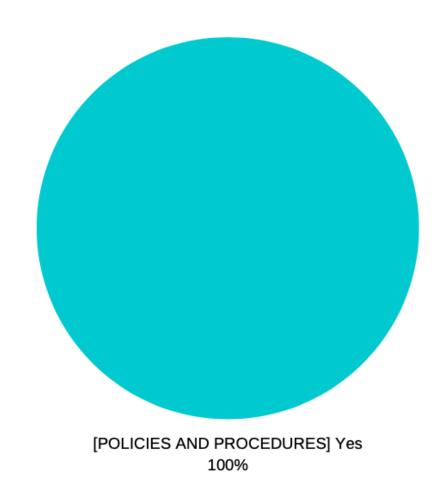
I DISAGREE/STRONGLY DISAGREE DUE TO THE FOLLOWING REASON(S)...

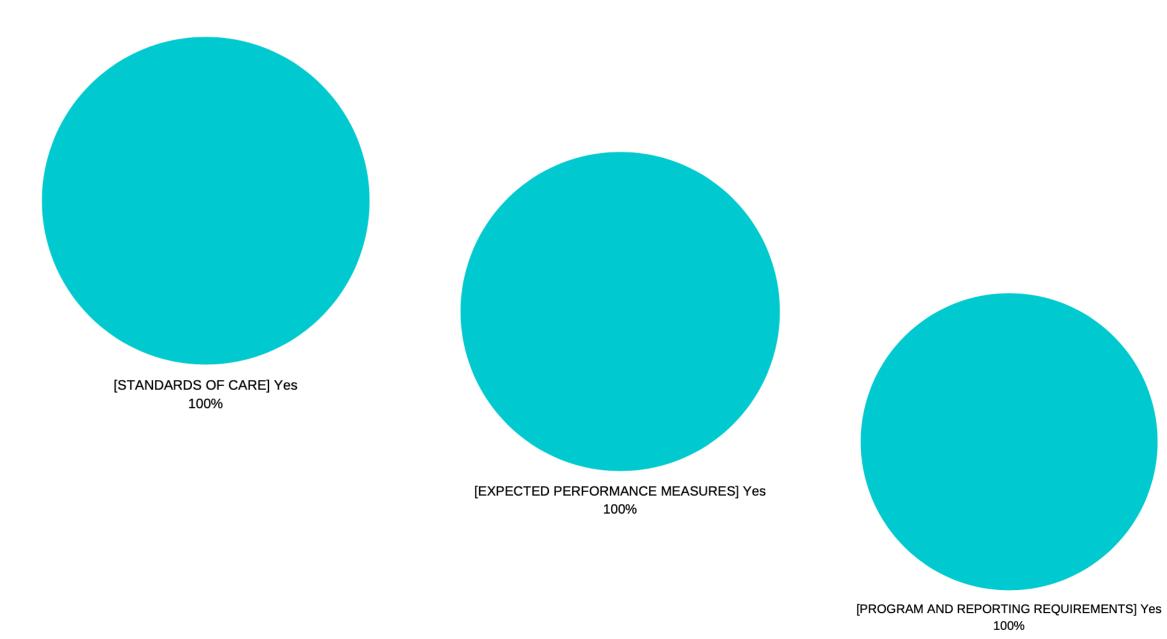
It was not clear, until pressed with questions in the bidder's conference, that the funds related to this RFP were not "additional" money, rather funds that consisted of some money not awarded in the previous RFP...or more importantly they were funds already awarded to agencies, that needed to be re-bid on...and, because of the newly added services, some agencies were going to receive cuts to their funding

SPEC RECOMMENDATION

Clearer language on MAI and what it may fund

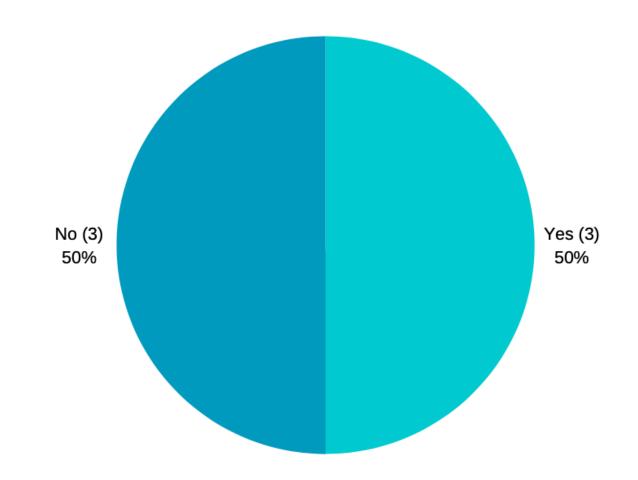
Q15: The RFP clearly stated expectations, including Federal HRSA/HAB policies and procedures, standards of care that must be met, expected performance measures, and program and reporting requirements.





Answered: 6 Skipped: 2

Q16: Was sufficient time allotted to the RFP process?



IF NO, HOW MUCH TIME WOULD YOU HAVE PREFERRED?

It wold have been better to have the proposal due at a different time of year....although I know that may not have been possible for this cycle.

6 weeks

Q17: What 2 suggestions would you offer to improve the RFP document? (If N/A, please leave blank)

SUGGESTION 1

We should have more time than 30 days to do it.

SUGGESTION 2

There are no responses.

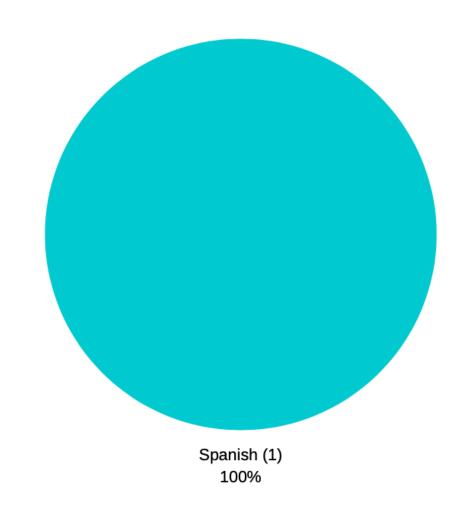
SPEC RECOMMENDATION

A minimum of 6 weeks allotted for agencies to submit an RFP

Q18: What 2 suggestions would you offer to improve the RFP process? (If N/A, please leave blank)

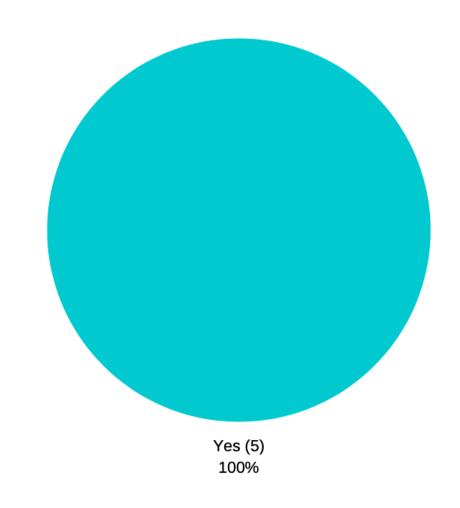
There are no responses.

Q19: If translation services were to be provided, which language(s) would be useful to complete the RFP?

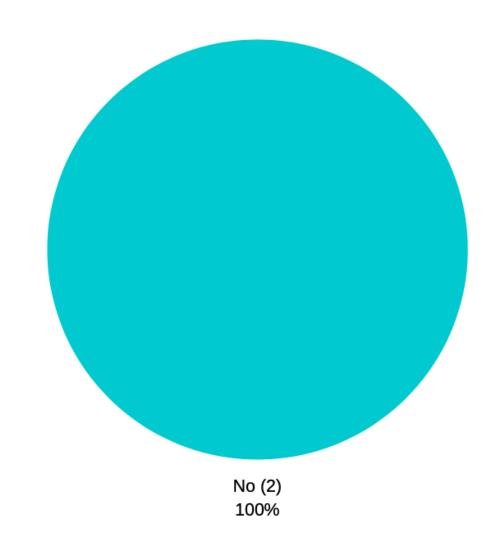


ANSWER CHOICES	RESPONSES	
Spanish	100.00%	1
Portuguese	0.00%	0
Mandarin Chinese	0.00%	0
Haitian Creole	0.00%	0
Vietnamese	0.00%	0
Other (Please Specify)	0.00%	0
Total Respondents: 1		

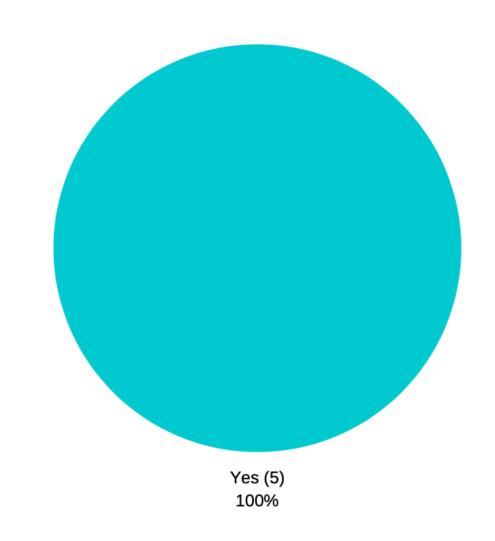
Q20: If you attended the online bidders conference, were your questions answered?



Q21: If No, what where your questions?



Q22: Was the length of the webinar adequate?



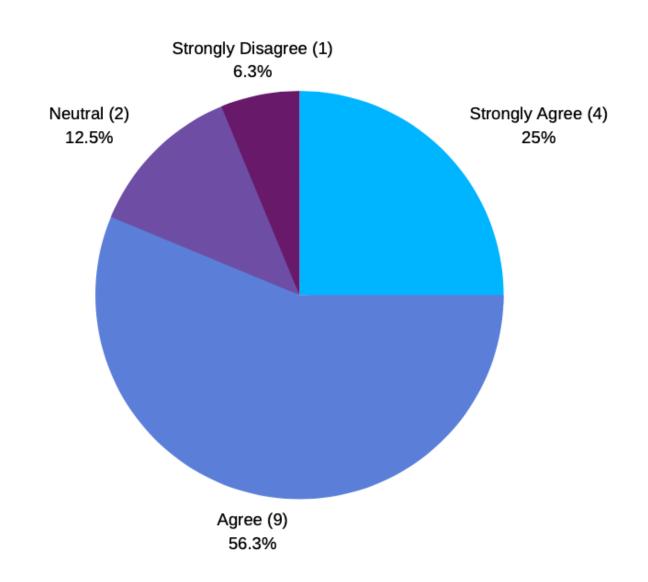
PART II DISBURSEMENT OF FUNDS

20

Total Responses

18 out of 27 **(67%)** agencies who received Part A funding with 2 additional staff responses

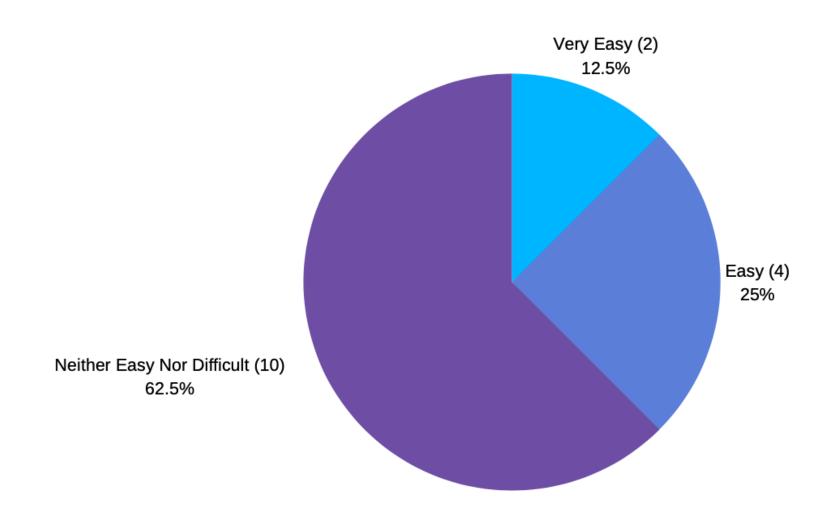
Q2: BPHC provides a clear scope of service for each contract.



ANSWER CHOICES	RESPONSES
Strongly Agree	25.00 % 4
Agree	56.25 % 9
Neutral	12.50% 2
Disagree	0.00%
Strongly Disagree	6.25% 1
TOTAL	16

I DISAGREE/STRONGLY DISAGREE DUE TO THE FOLLOWING REASON(S)... They combined scopes and issues no guidance on documentation for each scope. We were not sent much of the info we required

Q3: This year, agencies were able to submit Request for Proposals (RFPs) online. How did you find the process?

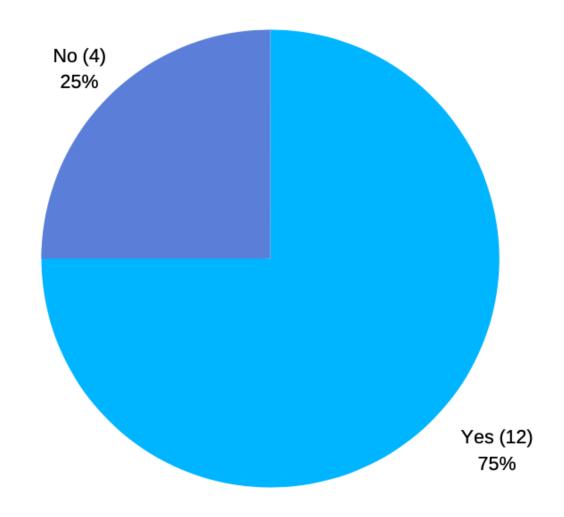


ANSWER CHOICES	RESPONSES
Very easy	12.50 % 2
Easy	25.00% 4
Neither easy nor difficult	62.50 % 10
Difficult	0.00%
Very difficult	0.00%
TOTAL	16

Q4: What 2 suggestions would you offer to improve the disbursement process?

1.
Ensuring the budget in the contract matches the budget submitted to BPHC
Sending monthly disbursement information / details to the fiscal accountant in addition to VP of Fin & Admin
clarity
Give more time to submit the proposal
2.
Shortening the time between budget revision submission and approval
receive on time updates
Have word friendly and editable documents.
N/A
n/a
nuetral
didn't submit
NA

Q5: Do you feel properly trained to do a budget revision?



IF NOT, WHY?

My account does budget revisions with my input and approval

I do not do our agencies budget revision

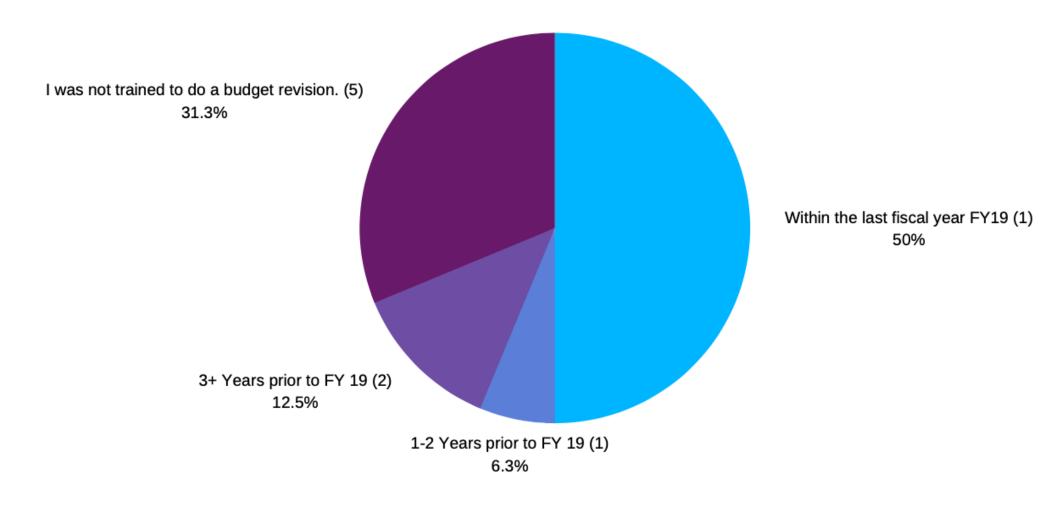
I only had this position as a Medical Case Manager for 6 months and I don't know if I need to be trained and /or do I have to.Before the date of webinar, I will find out.

I do it with the help of our accounts officer.

SPEC RECOMMENDATION

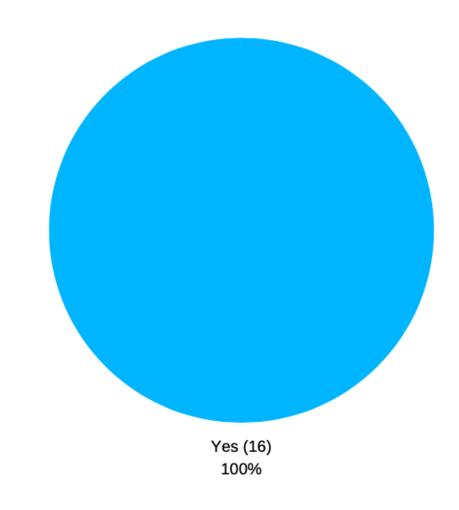
BPHC to offer a budget revision training to not only the agency's fiscal department but also staff overseeing the program

Q6: When were you last trained to do a budget revision?



ANSWER CHOICES	RESPONSES	
I am currently being trained.	0.00%	0
Within the last fiscal year (FY19)	50.00%	8
1-2 years prior to FY19	6.25%	1
3+ years prior to FY19	12.50%	2
I was not trained to do a budget revision.	31.25%	5
TOTAL		16

Q7: Would a checklist be helpful to standardize the budget revision?



Q8: What circumstances at your program might require you to submit a budget revision?

RES	-	-
	มกาห	
A		

Change in staffing, client needs, staff needs

Employee changes and update new salary.

If we have a new staff member or are reallocating budget from a non-personnel line

Change in Staff, change in actual spending costs vs originally budgeted, change in facility allocation based on program physical moves, increase or decrease in funding, etc.

Staffing changes

change in staffing, change in salaries, reallocation of nonpersonnel costs, change in fringe rate, reallocation of FTEs

change in personnel

Unanticipated programmatic needs.

staff changes

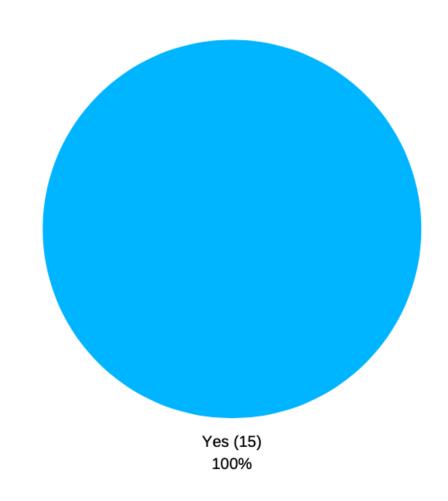
For that answer I would need to speak to the director.

When we have changes in personnel and below the line spending.

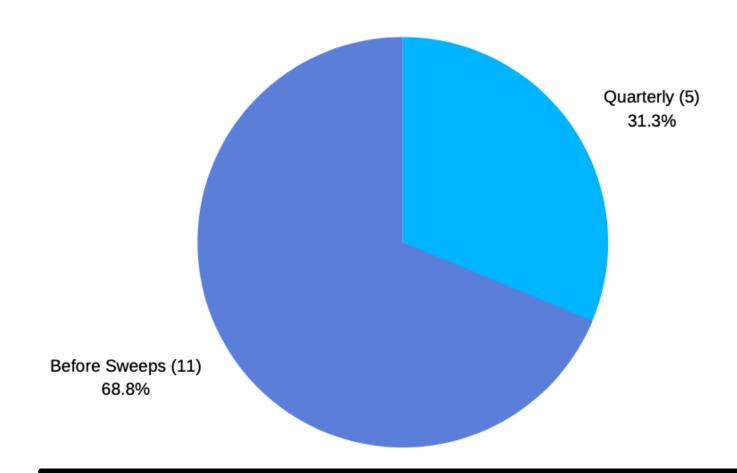
Under current situation with dental offices closed except for emergencies we will have to review our budget once they open and we assess the cost of treatment

Ability to spend more on drug reimbursement after the sweeps process

Q9: Would you use a checklist provided by BPHC to maintain quality control of that submission?



Q10: Should we re-visit trainings related to budget revisions quarterly or before sweeps?

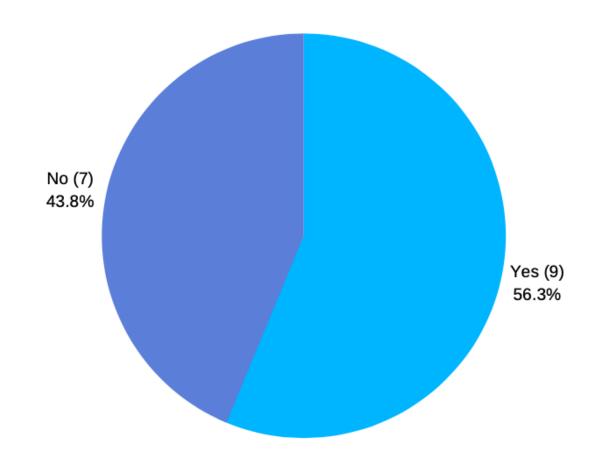


Answered: 16 Skipped: 4

SPEC RECOMMENDATION

Continue to offer budget revision training quarterly and record it for future reference

Q11: Would a quarterly conference call or webinar be useful for budget revisions?

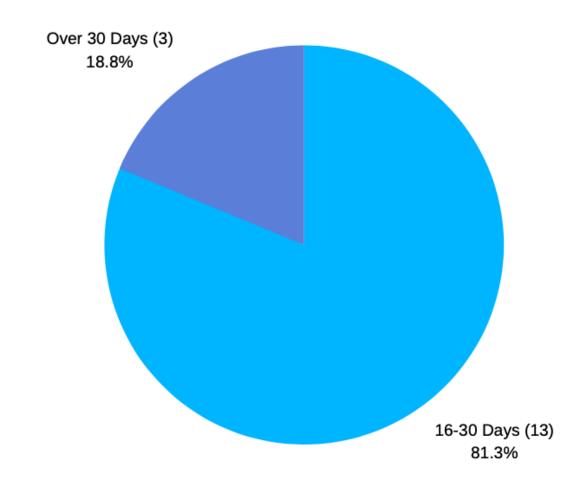


Q12: How long did it take BPHC to provide you with your PO number after returning the contract?

RESPONSES 2 months I think - it was a year ago! We are still waiting for our PO so it has been quite a long time I don't recall the time span but they were received a week before due date of 1st billing for the month of March 2020. N/A don't remember went to fiscal I'm not sure. It was not delayed, though. need to speak to director I guess within one month. not sure 1 month

Answered: 12 Skipped: 8 I don't recall

Q13: What is the average turnaround time once a complete invoice is submitted for BPHC to reimburse your agency?



ANSWER CHOICES	RESPONSES
7-15 days	0.00%
16-30 days	81.25 % 13
Over 30 days	18.75 % 3
TOTAL	16

SPEC RECOMMENDATION

Provide additional monitoring standards on how PO numbers are issued

IF OVER 30 DAYS, PLEASE PROVIDE A BRIEF EXPLANATION AS TO WHY:

Unsure why, but we needed to make several requests for invoices submitted 4th quarter; many requests required to have invoices for a CQI minigrant to be processed.

acts as out fiscal agent which sometimes delays reimbursement.

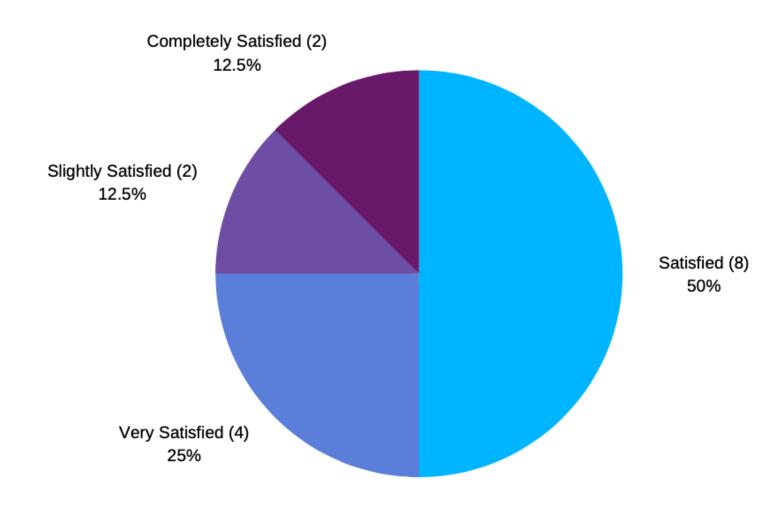
It typically does not take over 30 days, it has on occasion but once follow up with fiscal it is paid out pretty quickly after the follow up

since we are part of BPHC we follow their schedule

SPEC RECOMMENDATION

Provide SPEC with more information on how BPHC issues PO numbers for the committee to better target survey questions

Q14: Overall, how satisfied are you with BPHC's administration of Ryan White Part A funds?



NOT AT ALL SATISFIED	SLIGHTLY SATISFIED	SATISFIED	VERY SATISFIED	COMPLETELY SATISFIED	TOTAL
0.00% 0	12.50% 2	50.00% 8	25.00% 4	12.50% 2	16

Q15: Is there anything else that may be helpful in assessing the administrative mechanism in place for the Boston EMA?

RESPONSES

I just learned about this survey during the Provider Conference on April 30. I just learned about the Provider Conference on April 30 as well. I was told the email went out via RWSD e-blast.

None of us at including fiscal, seem to be on the RWSD email blast list. I have mentioned this to my BPHC contract specialist as well - but how can I be sure all staff at are on the RWSD email blast. I'm concerned about what else we have missed/haven't done because we were not informed via this email communication strategy.

Improvements in the budget revision approval process would be helpful in order to manage funds more efficiently in a timely manner.

Give a complete packet to all recipients, stop with all the short notice required meeting that do not include copies of slides and/or information to be reviewed

We are very happy with the assistance provided by BPHC and its fiscal staff especially. Thank you!!

2020 AAM RECOMMENDATIONS

PROCUREMENT

- Clearer language on MAI and what it may fund
- A minimum of 6 weeks allotted for agencies to submit an RFP
- SPEC to receive more information on the quality of the software used to submit RFP's online from BPHC

DISBURSEMENT OF FUNDS

- BPHC to offer a budget revision training to not only the agency's fiscal department but also staff overseeing the program
- Continue to offer budget revision training quarterly and record it for future reference
- Provide additional monitoring standards on how PO numbers are issued
- Provide SPEC with more information on how BPHC issues PO numbers for the committee to better target survey questions
- For better transparency and collaboration, a newsletter to be sent to all funded agencies over the summer which summarizes highlights from the AAM and the recommendations created by SPEC. Alert the agencies to expect a summary of the AAM BPHC response in the fall and present the newest best practices that has come out the recommendations.

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?

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

Please fill out your evaluation forms!

Google Form evaluations will be sent via email.

