

# Planning Council Meeting

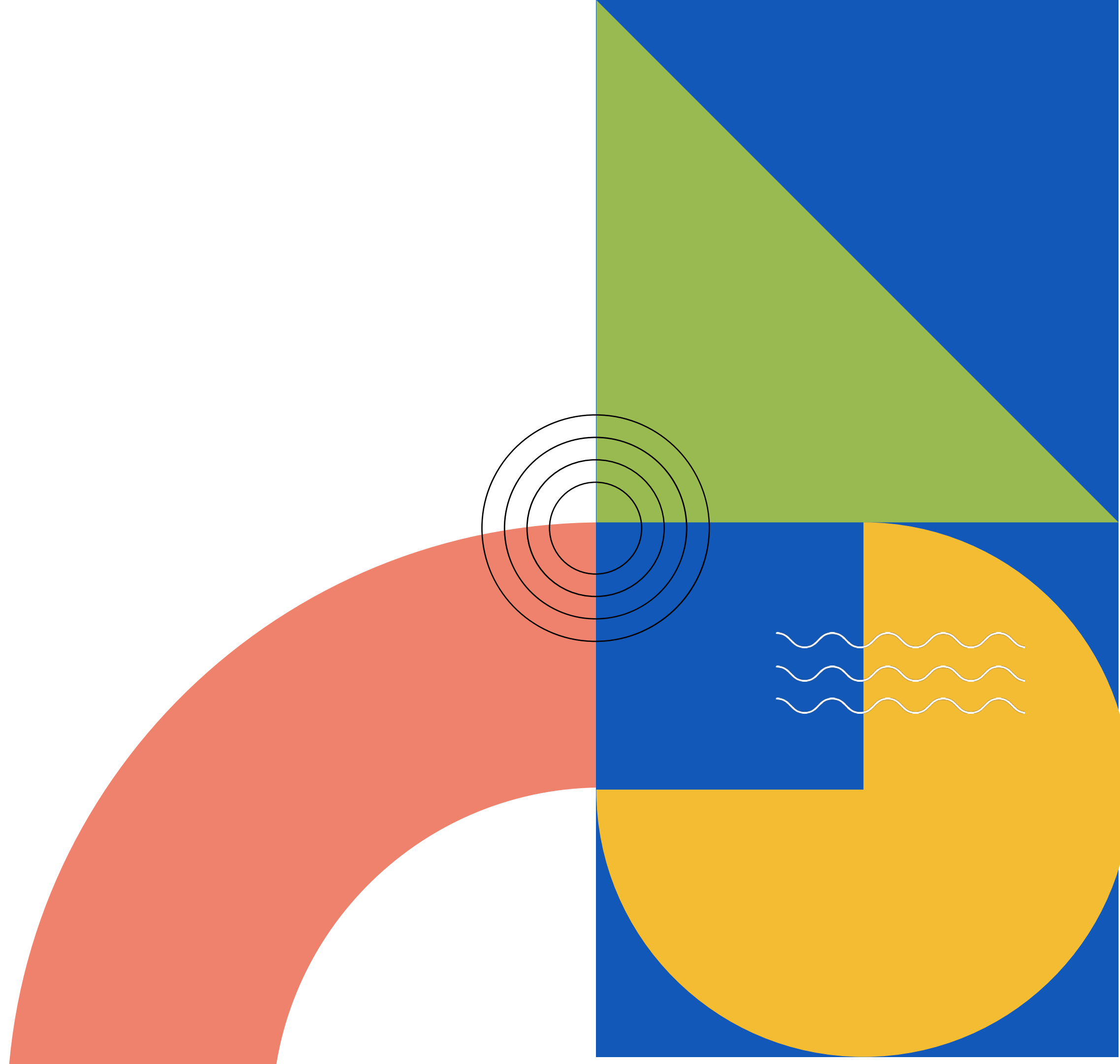
Brian Holliday, Chair  
Kathy Lituri, Chair-Elect  
January 14, 2021  
(happy new year!)



# Moment of silence



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. before an audience.

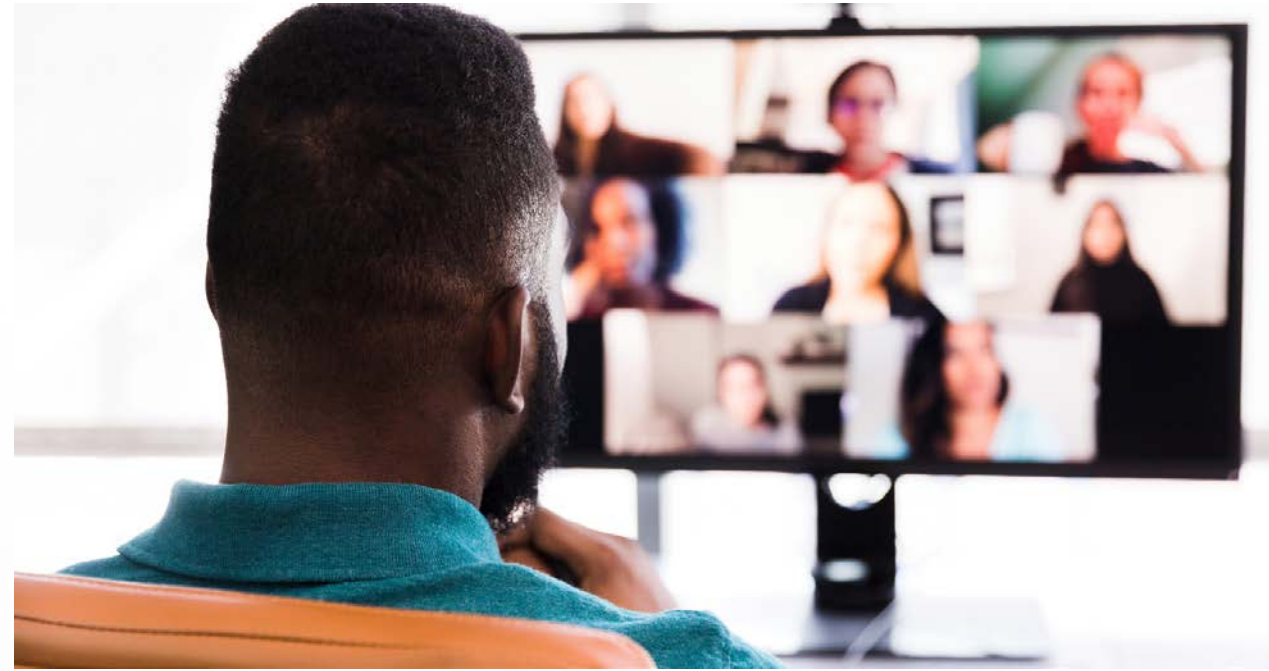


# Attendance



## PHONE

State your name for  
the record



## COMPUTER LAPTOP

No need to state, it is  
recorded

# Overview

## TODAY'S AGENDA DISCUSSION TOPICS

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- Approve December meeting minutes
- Subcommittee updates
- Mid-year review
- Needs Assessment strategy
- Q3 utilization and spending report
- VOTE: amendment to FY21 allocation





# Approving meeting minutes

DECEMBER 10, 2020

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## Steps in approving minutes:

- Review minutes
- Make a first and second motion to approve minutes
- Vote (Zoom poll)
- All in Favor: Yes, I approve the minutes
- Opposed: No, I do not approve the minutes
- Abstention: Decline to vote



# Subcommittee updates

INFORMATION PERTAINING TO  
THE COUNCIL'S WORK

- 
- Needs, Resources, and Allocations (NRAC)– Harry Shanmugam
  - Membership and Nominations (MNC)– Robert Giannasca
  - Service, Priorities, and Evaluation (SPEC)– Michael Swaney
  - Consumer Committee- Tim Young
  - Executive Committee– Brian Holliday

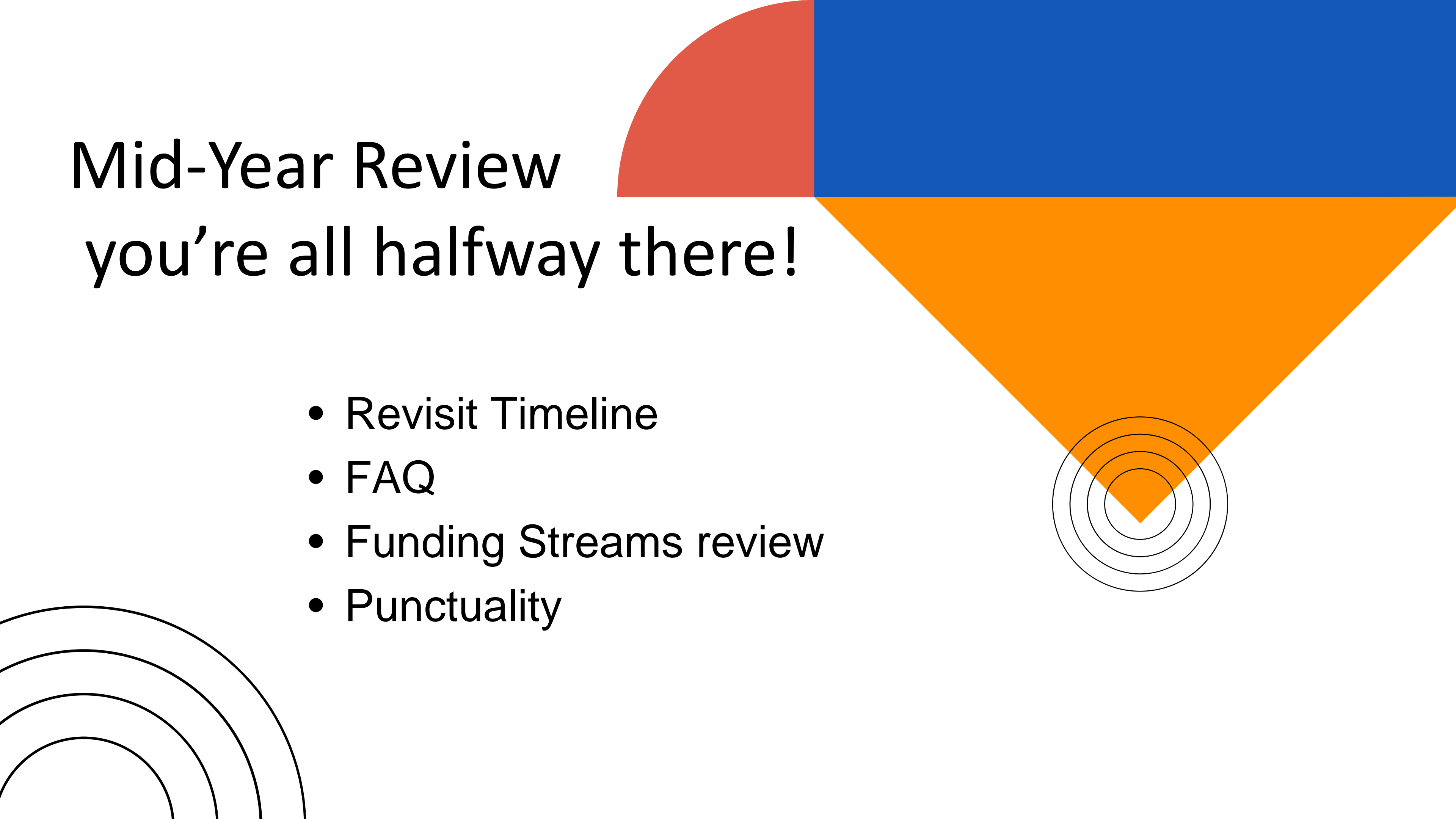
OVERVIEW OF OUR WORK THUS FAR

# Mid-year Review

LIZ RIOS, Planning Council Support

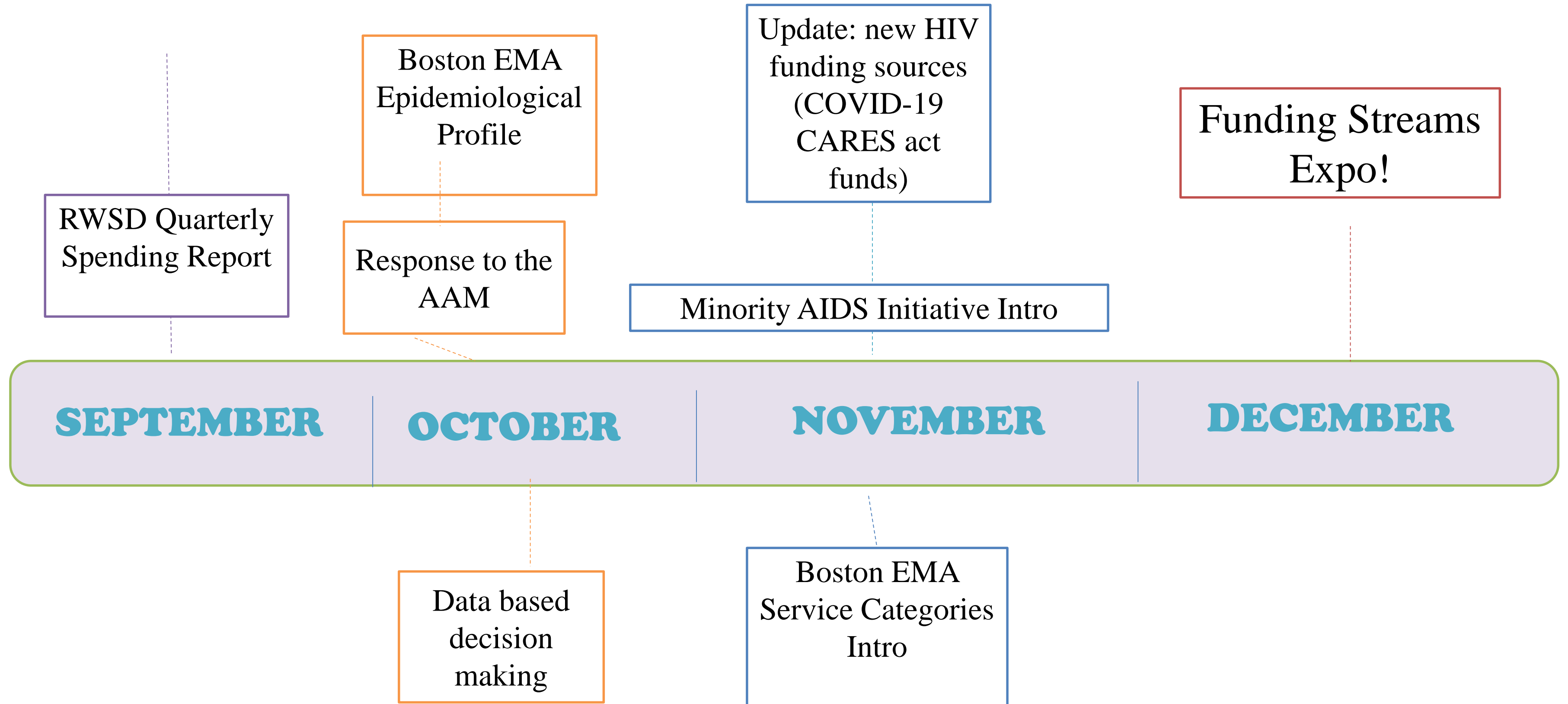
# Mid-Year Review you're all halfway there!

- Revisit Timeline
- FAQ
- Funding Streams review
- Punctuality

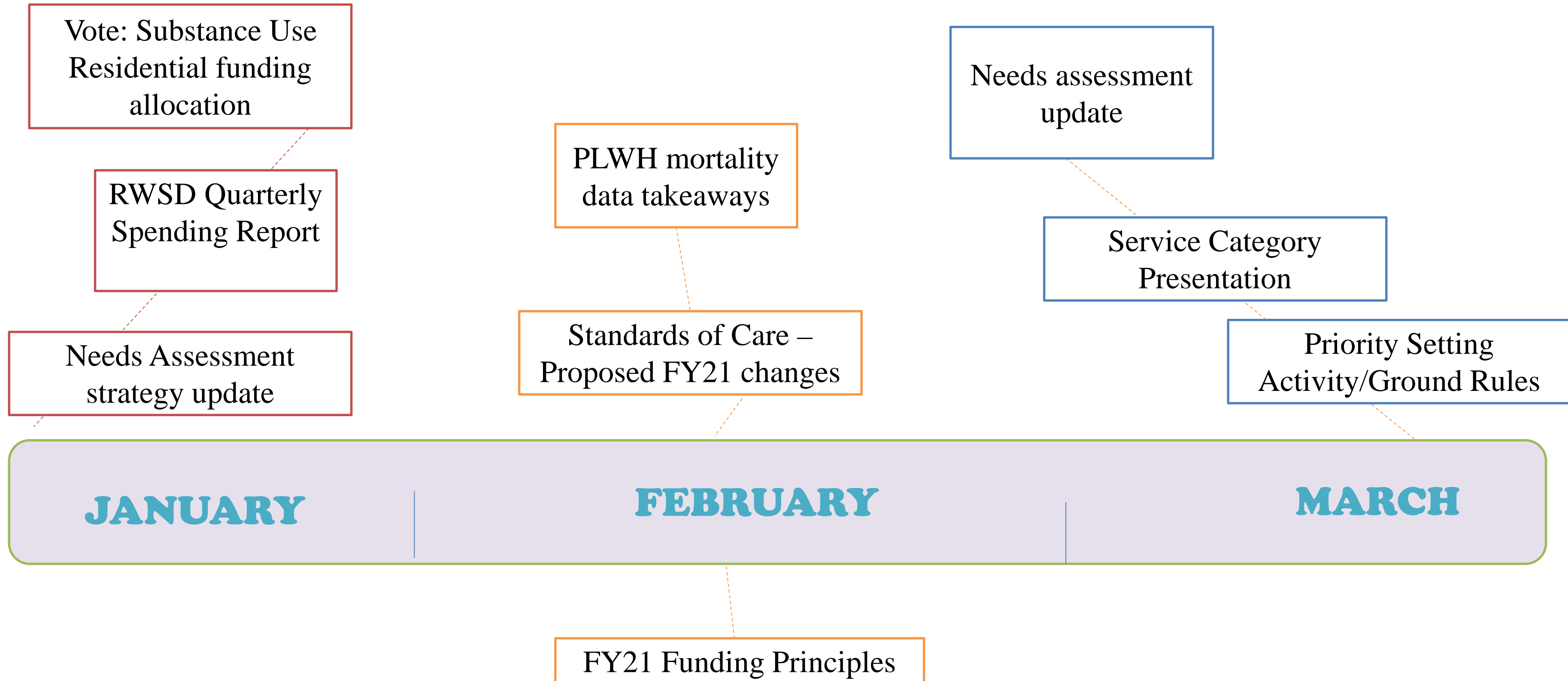




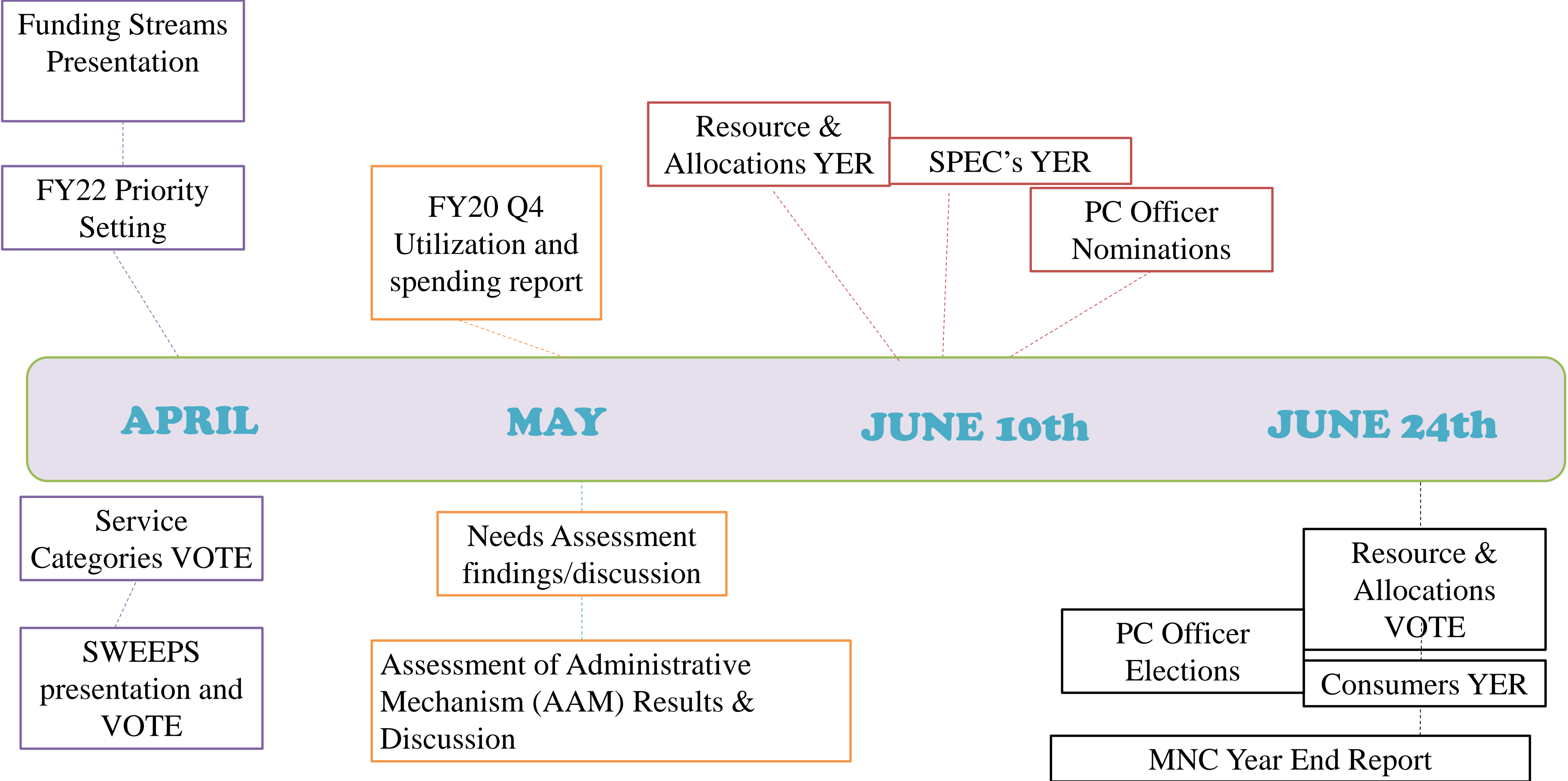
# PLANNING COUNCIL TIMELINE



# PLANNING COUNCIL TIMELINE - 2021



# PLANNING COUNCIL TIMELINE



# Ryan White Planning Council | FAQ January 14, 2020

1. Meetings need to start on time!

*Please plan to arrive for scheduled start time (PC 4 pm; SPEC 4 pm; NRAC 2 pm; MNC 4 pm; Exec 3 pm; Consumer 5 pm) We are taking attendance. Please contact us before missing a meeting.*

2. Resources to link clients to other Part B/C/D/F funded services:

- Provider handbook ([all Part A programs in the EMA](#))
- Google <https://findhivcare.hrsa.gov/?zip=02118&btnSubmit=>
- HRSA website will list Part C, D and F funded agencies per state
- Pending request to Linda @ Mass. Dept. of Public Health for list of all Part B programs in MA

3. I still have questions about...

- Service categories – [Document uploaded to Basecamp](#)
- Funding Streams – [Summaries found here](#)

4. Positive feedback about breakout rooms and getting to know one another better.



# From the mid-year evaluation:

1. How can we assess gaps in need for people living with HIV (PLWH) due to COVID-19?
  - The needs assessment working group will include this on the provider survey and as a topic in provider focus groups.
2. How can we respond to fear people may have of the vaccine, especially for PLWH?
  - We have requested material from Boston Public Health Commission about this topic. Members of the commission are collecting data on the community's perception of the vaccine and this information will be used to inform vaccine rollout.

YOU'RE  
DOING  
GREAT

- you're participating in working groups
- you're connecting with mentors
- you're attending coffee hours and consumer committee meetings
- you're filling out evaluations

LEARN ABOUT THE WORK FROM NRAC  
AND THE AD HOC GROUP

# Needs Assessment Strategy

MASILL MIRANDA, PCS  
HARRY SHANMUGAM, NRAC CHAIR



# Needs Assessment Strategy

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# Overview

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- NRAC's Charge
- The goal of the assessment
- Need Assessment ad hoc group
- Timeline & next steps

# Charge: Needs Assessment Plan

## DEFINITION

Process of collecting information 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.

## TASK

- Develop a needs assessment report and presentation to the Council including data on HIV/AIDS cases, needs of PLWH in and out of care, existing services available to PLWH and Unmet needs/service gaps.

# Planning Council Cycle



## OTHER PROCESSES:

Evaluation of service delivery system (ongoing)

Procurement of services (every three years)

Program and contract monitoring (ongoing)

# Recap: NA Cycle

## 3-YEAR PLAN:

EVERY TERM, NRAC IS CHARGED WITH EXECUTING AND/OR WORKING ON A NEEDS ASSESSMENT. EVERY TERM SHOULD INFORM THE NEXT TERM. ULTIMATELY, BY TERM 3, HAVE A COMPREHENSIVE NEEDS ASSESSMENT.

Three-Year Needs Assessment Plan (PC term: Sept-June)			
Component	2020-2021	2021-2022	2022-2023
<b>Epidemiologic Profile</b>	Update current information based on State Surveillance data		
<b>Estimates PLWH</b> -Unaware - Out of Care	Update current information based on State Surveillance data		
<b>Assessment of Service Needs</b> -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	
<b>Resource Inventory</b>	Gather information from/about services providers	Organize information	Present results
	Update funding stream data		
<b>Profile of Provider Capacity Capability</b>	Develop methodology and implement	Analyze results	Present results
<b>Assessment of Unmet Need/Service Gaps</b>	Summarize data from all other components	Analyze and present results	Create Final Needs Assessment Report (April 2023)





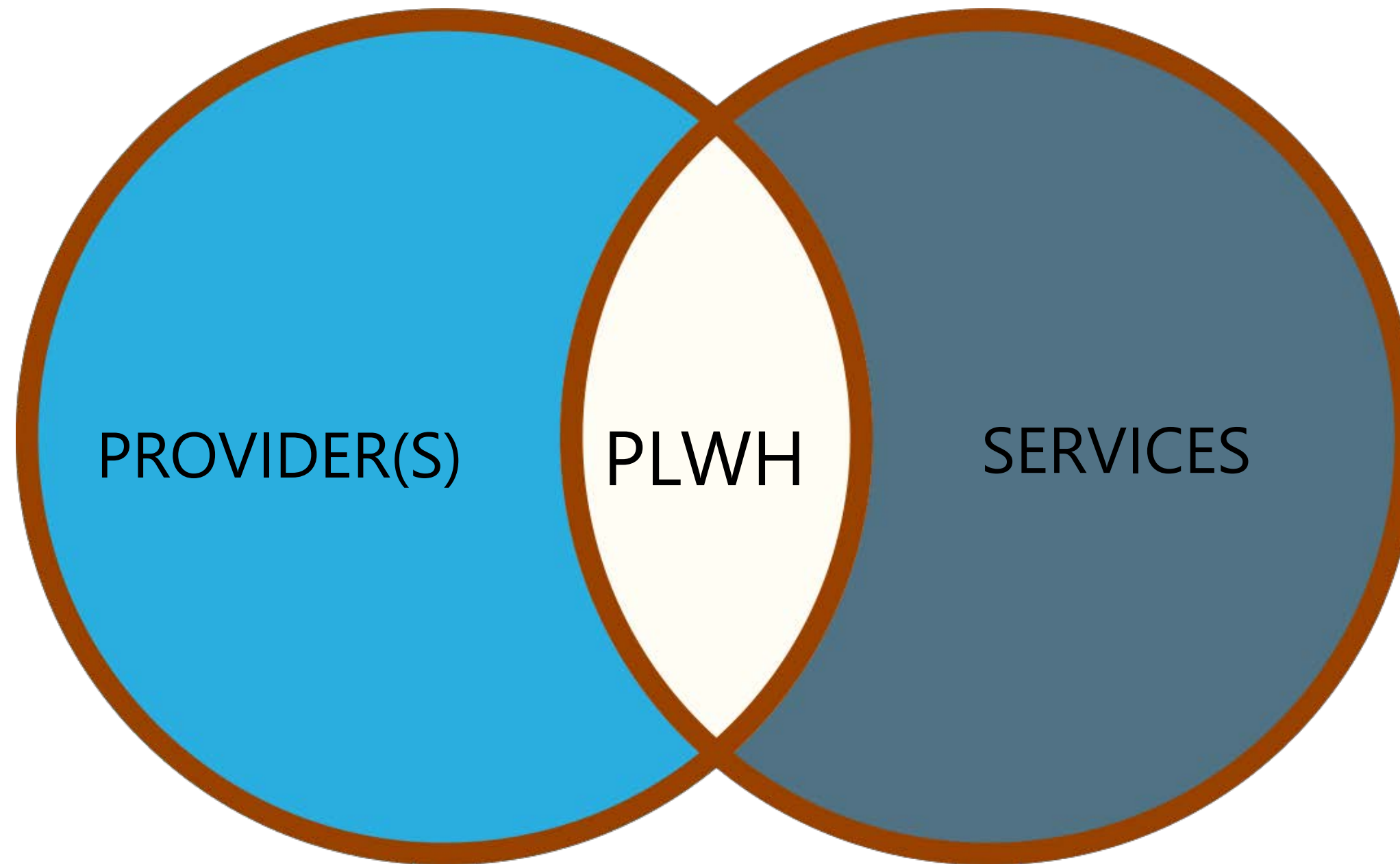
PROVIDERS



SYSTEMS OF CARE

Who and what?

# Why is surveying providers important?



The goal is to survey Part A providers. By assessing their needs, we can learn how it affects the overall systems of care and how COVID-19 has impacted services provided to Part A clients.

Catherine Weerts  
Kathy Lituri  
Serena Rajabiun

NRAC

Margaret Lombe  
Tim Mercier  
Raymond Rodriguez

SPEC

NEEDS ASSESSMENT  
AD HOC COMMITTEE

RWSD

SHEF

# Student Health Equity Forum

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Public health leadership student group at Boston College

Weekly discussions on public health issues, with a focus on disparities and solutions

Semester/yearlong project

- Work with established public health partners
- Emphasis on *immersed learning*





- SHEF

Spearhead the work

- NA Ad hoc Committee

Oversee the work conducted by SHEF, provide guidance, and update the subcommittee's

• • • • • ROLES & RESPONSIBILITY • • • • •

- RWSD

Assist in providing provider and/or agency context/information

- PCS

Support by leading the administrative aspect of the work, and assure collaboration

# Needs Assessment: 4 phases

## DESIGN & Test

design the survey tool and test with  
PC members  
(December-January)

## IMPLEMENT

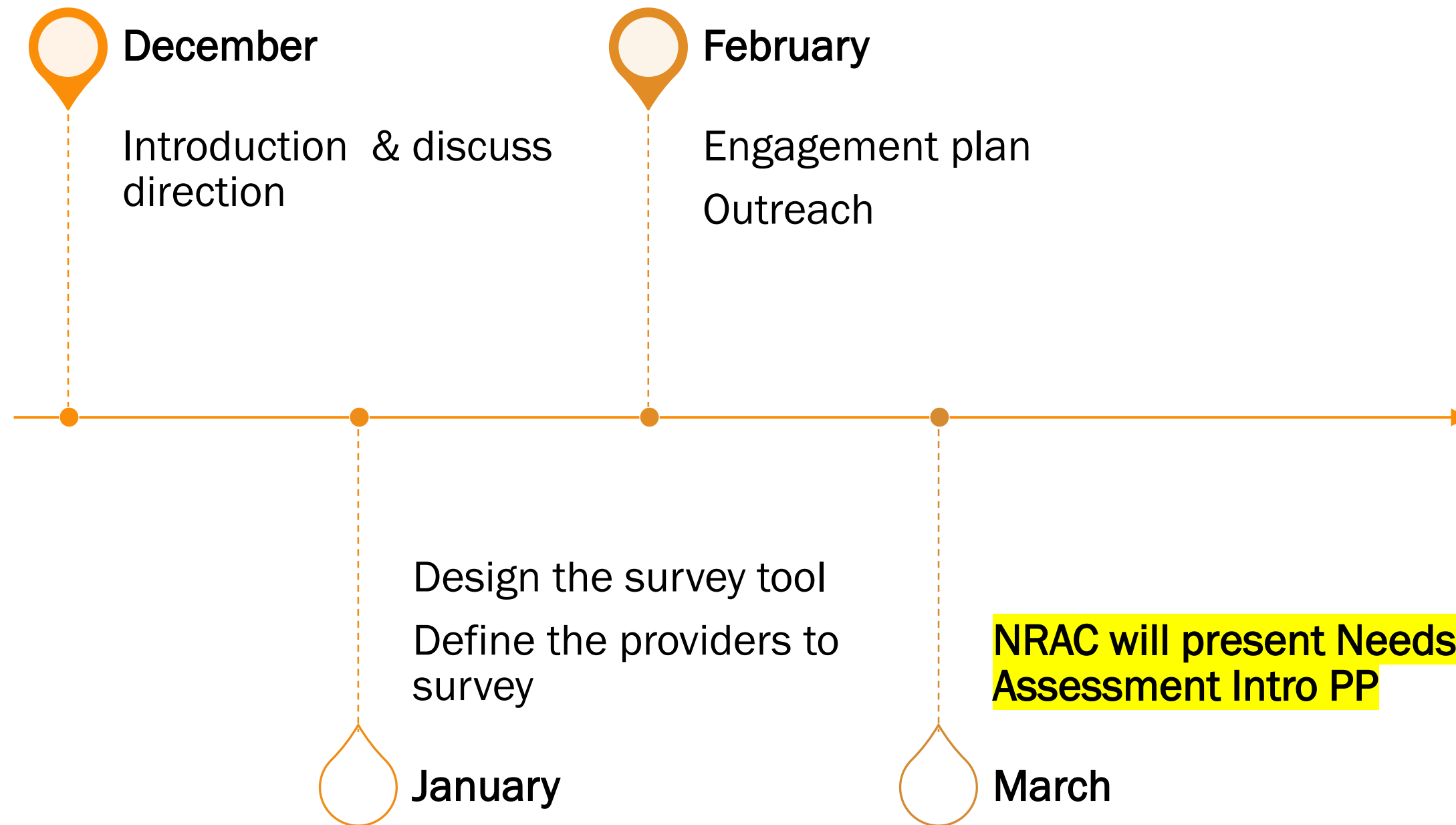
outreach, recruit, survey, and focus  
groups  
(January-March)

## ANALYZE

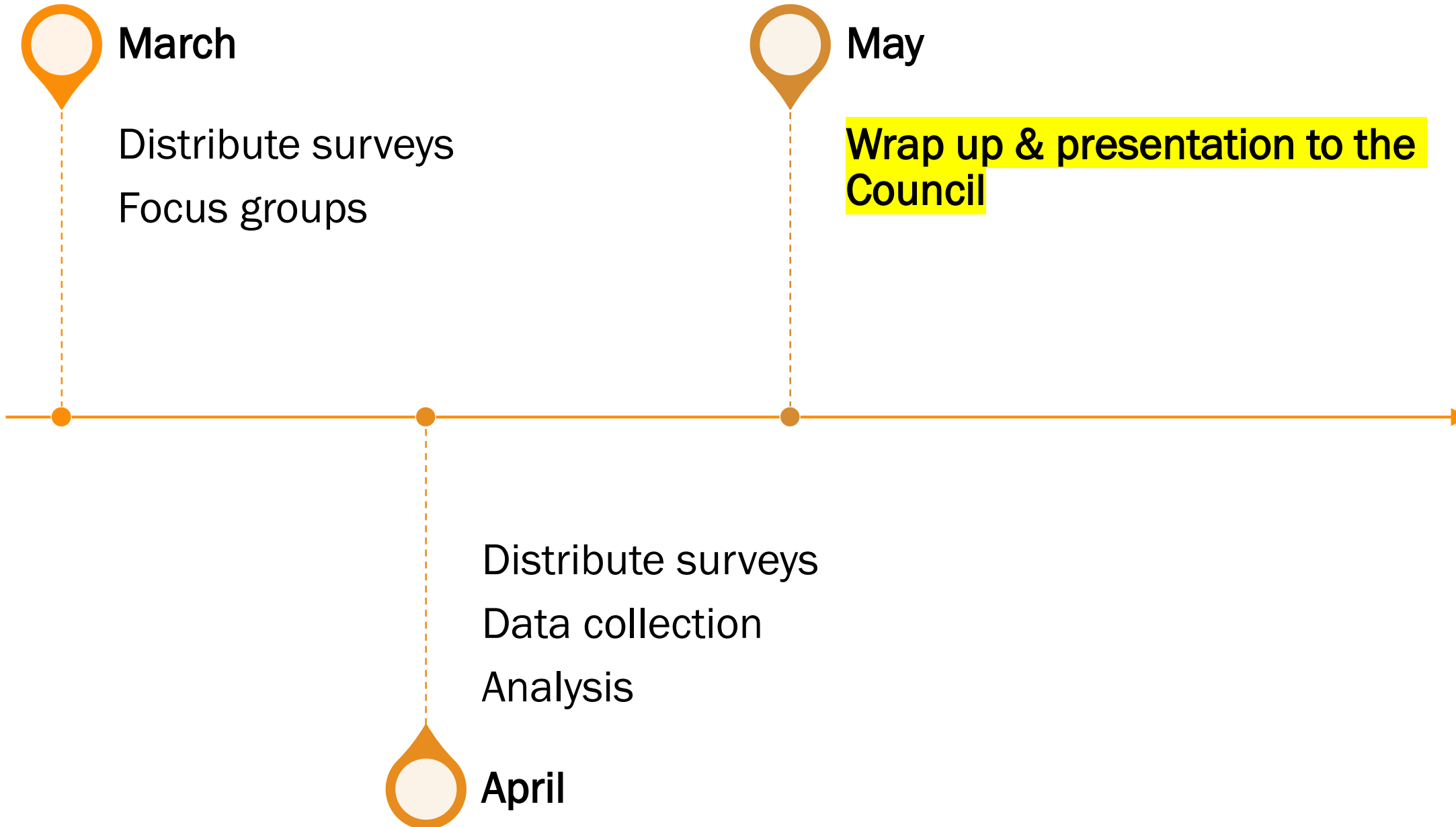
Analyze the results  
(April)

## RECOMMEND

make recommendations to the  
Council based on findings  
(May)



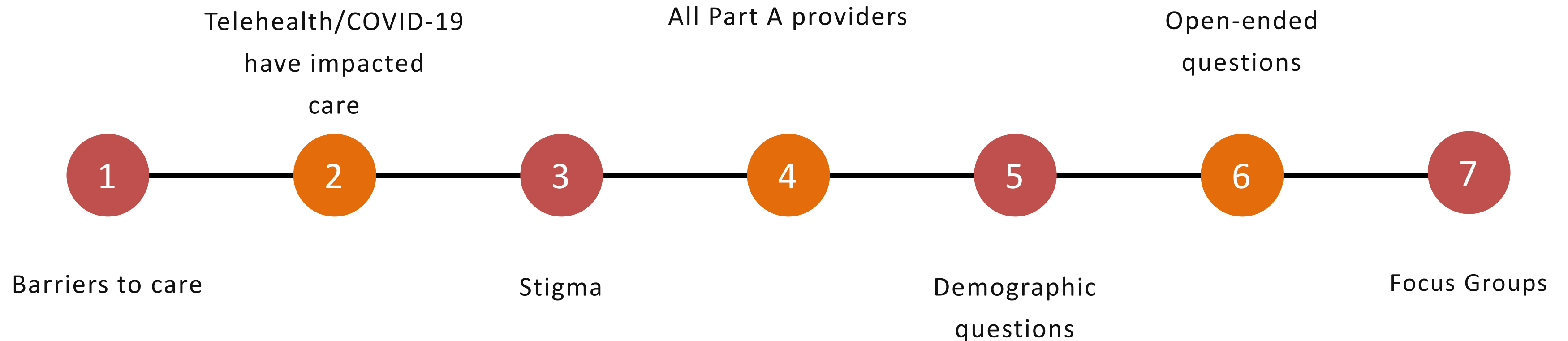
# Timeline



Timeline  
cont.

# Needs Assessment Plan

## THEMES & DIRECTION





The NA Ad hoc group is working on finalizing the survey tool



Finalizing the list of agency providers to send the survey to



**ASK:** 2-3 RW providers to test the survey tool?

# What is next?



RECEIVE AN UPDATE ON THE  
SPENDING AND UTILIZATION OF THE  
RW FUNDS

# Q3 Spending and Utilization report

Ryan White Services Division (RWSD)  
Infectious Disease Bureau  
Boston Public Health Commission

# FY 2020 Quarter 3 Report

September 1, 2020 – November 30, 2020

RYAN WHITE SERVICES DIVISION, INFECTIOUS DISEASE BUREAU

BOSTON PUBLIC HEALTH COMMISSION

1/14/2021



# Objective

Summarize Spending and  
Utilization Data for Q3 FY20

# Considerations Due to Impact of COVID-19

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**Agencies have done great work during Q3 to ensure continuity of services but continue to experience the following challenges:**

- ❖ Delays and changes in service delivery-need to adapt services, build out telehealth, address other barriers to access due to safety concerns, access, and client communication/outreach
- ❖ Shifting guidance, policies and protocols
- ❖ Agency capacity to submit and process invoices and data
- ❖ Changing needs of clients
- ❖ Influx of other funds to respond to COVID-19



FY 2020

## Overview

❖ \$14,894,764

❖ 33 funded agencies

❖ 14 services categories

❖ 2,579 clients to date

- *Red = Core Medical Services.*
- *Grey = Support Services*
- *\* =Minority AIDS Initiative (MAI).*

Linguistic  
Services  
NEW\*

AIDS Drug Assistance  
Program

Emergency Financial  
Assistance\* (MAI is  
new)

Food Bank/Home-  
Delivered Meals

Other Prof  
Services Legal  
NEW\*

Health Education/Risk  
Reduction

Housing

Medical Case  
Management\*

Medical Nutrition  
Therapy

Medical Transportation

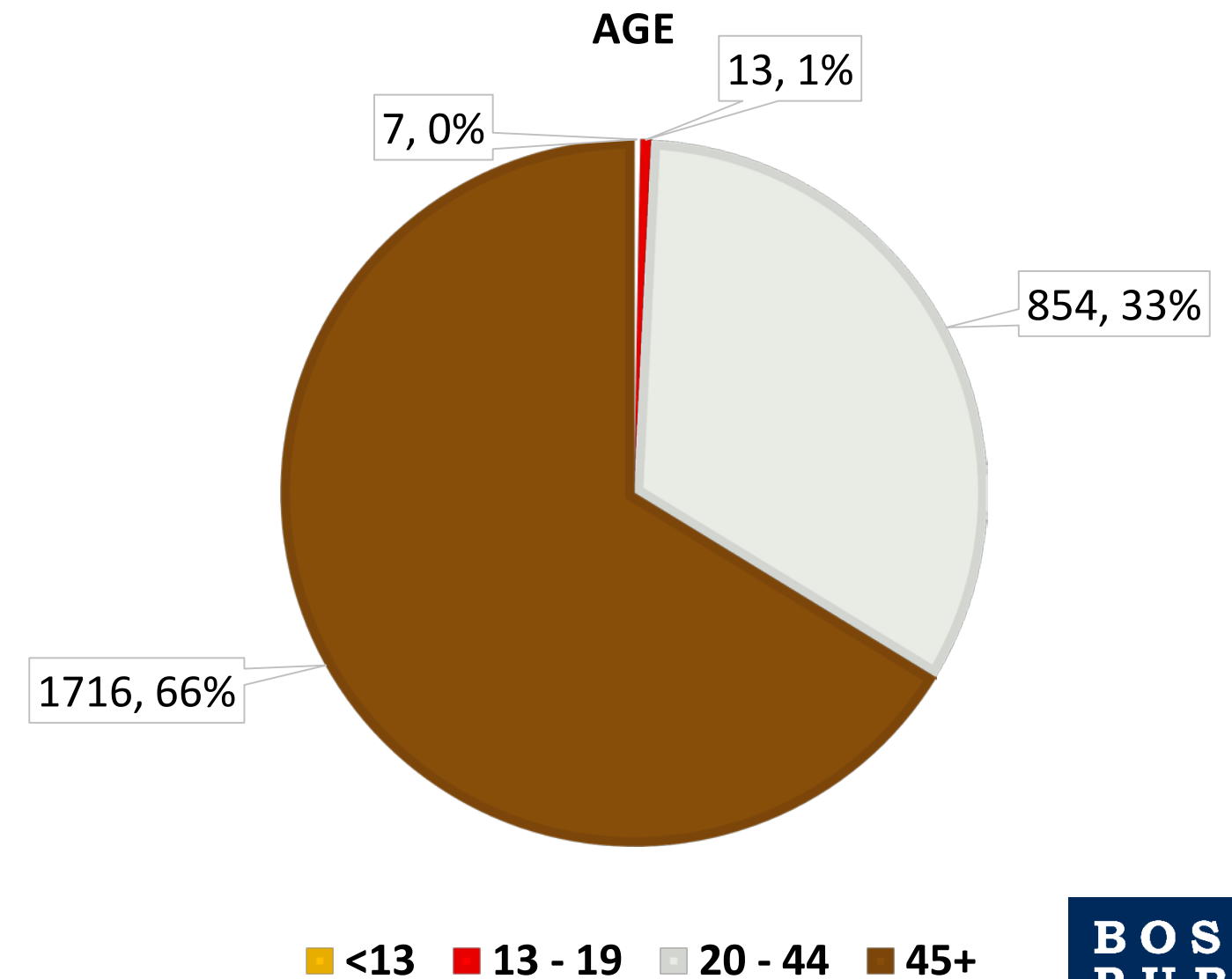
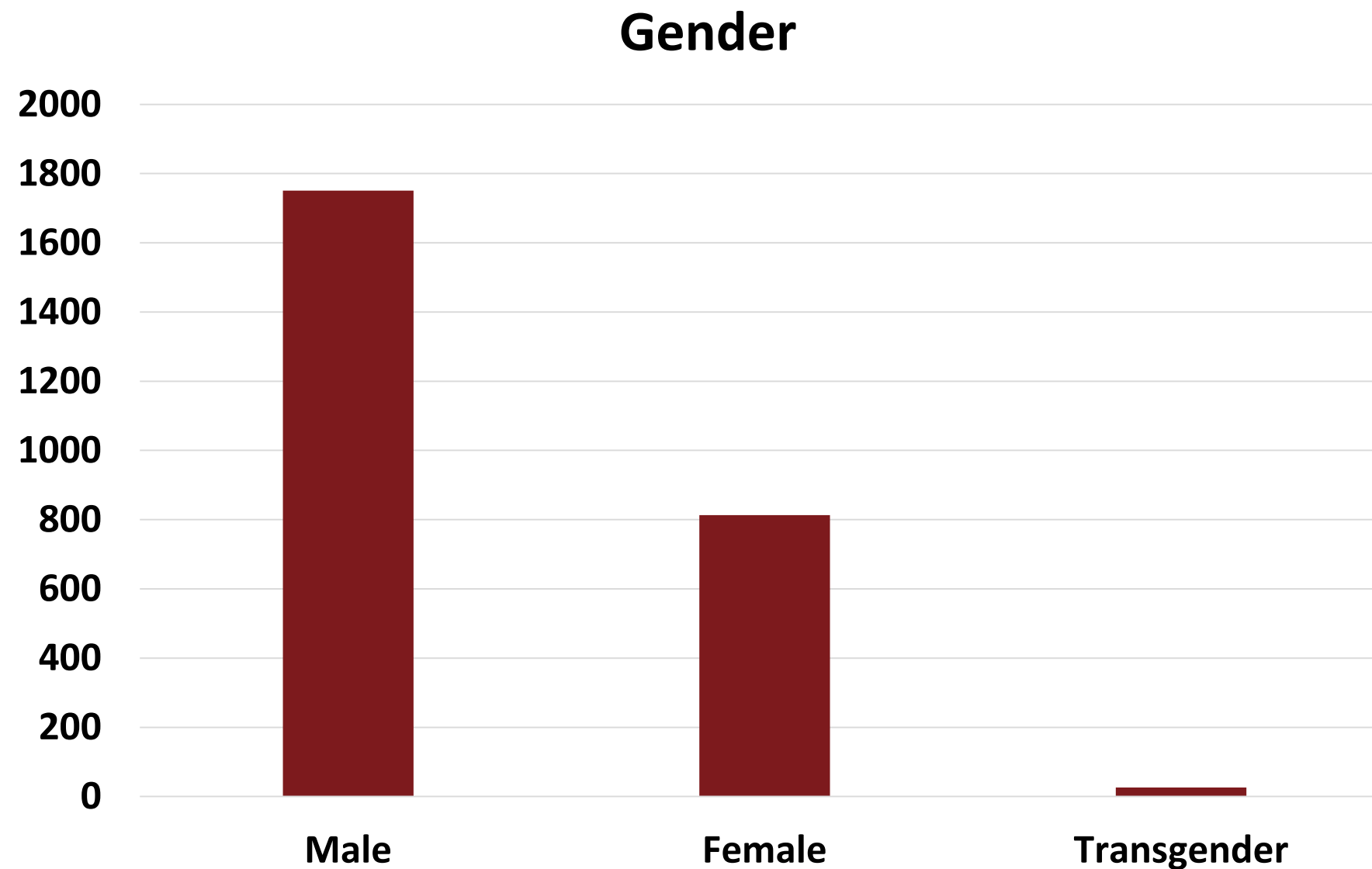
Non-Medical Case  
Management\*

Oral Health Care

Psychosocial Support\*

Substance Abuse -  
Residential

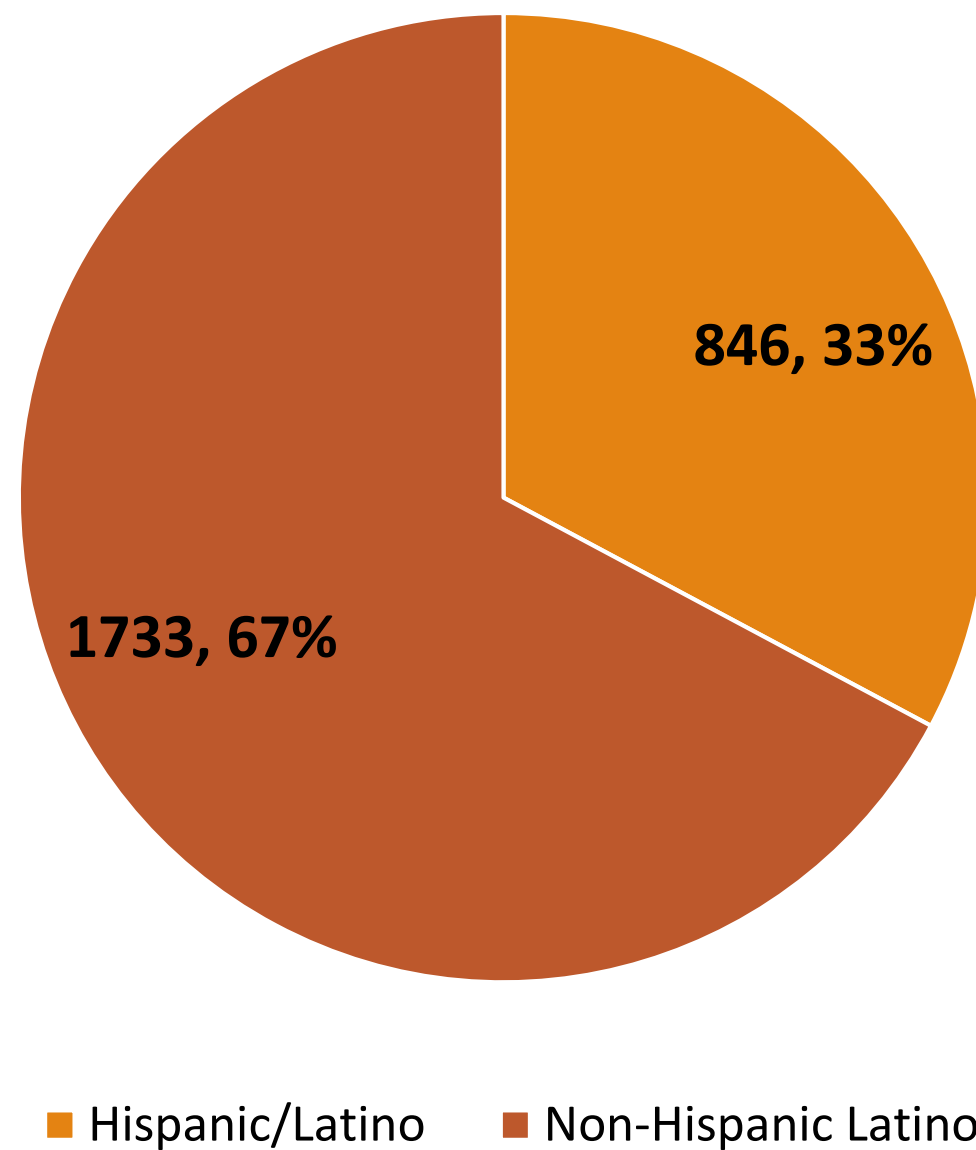
# FY20 EMA-Wide Demographics





# FY20 EMA-Wide Demographics, cont'd

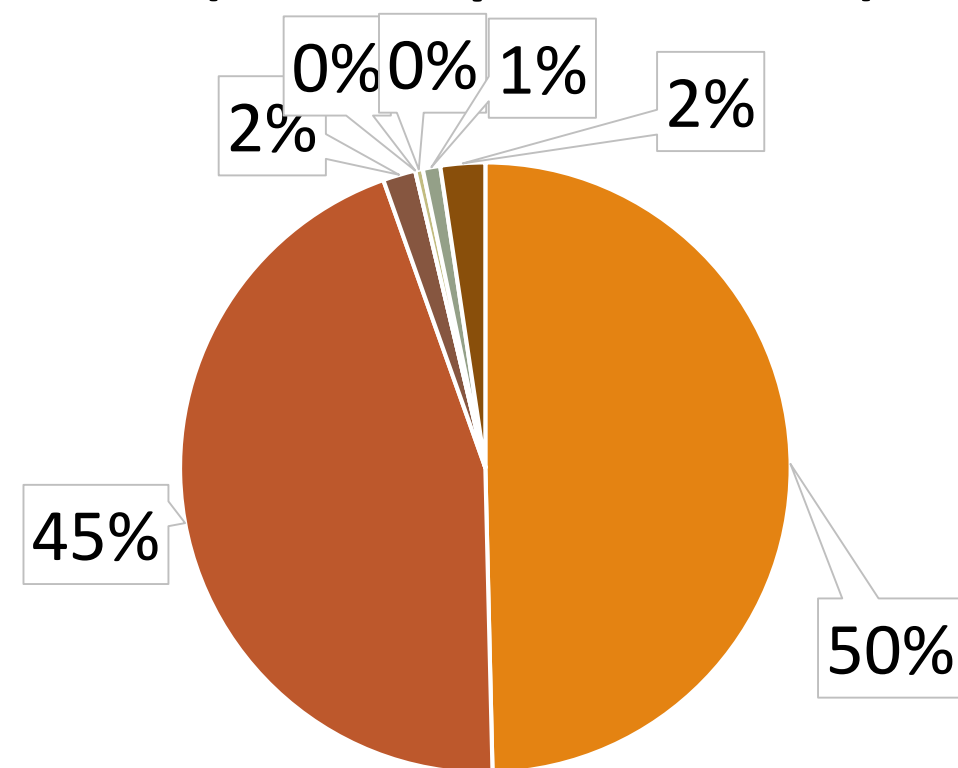
Hispanic/Latino and Non-Hispanic/Latino



Number of Non-Hispanic/Latino clients	846 (or 33%)
Number of Hispanic/Latino clients	1773 (or 67%)
Total	2579

# FY20 EMA-Wide Demographics, cont'd

**Race (Non-Hispanic/Latino)**



White Black Asian  
Native Hawaiian American Indian Bi-Racial/Multi-racial  
Other/Unknown

Number of Non-Hispanic/Latino clients

**1733**

Total Number of Clients in the Boston EMA

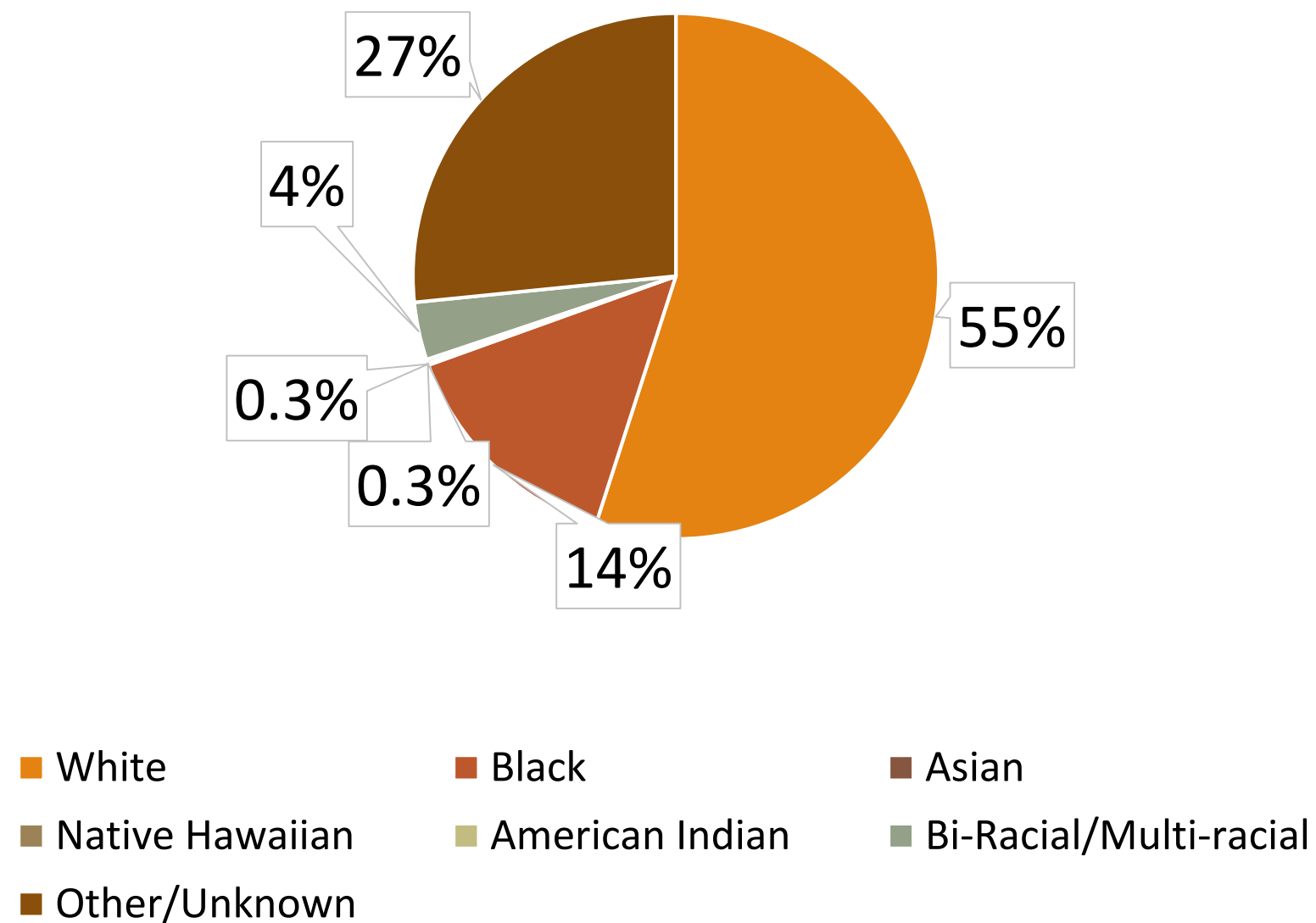
**2579**

Percentage of Total

**67.20%**

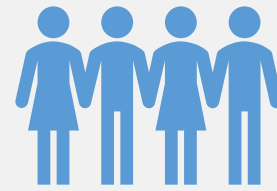
# FY20 EMA-Wide Demographics, cont'd

**Racial Breakdown of Hispanic/Latino**



Number of Hispanic/Latino clients	846
Total Number of Clients in the Boston EMA	2579
Percentage of Total	32.80%

# Medical Case Management (MCM)



**18 funded agencies, 4 of 18  
funded under Minority AIDS  
Initiative (MAI)**



**Provides services that link clients with primary  
medical care and all health-related support  
services**

# MCM: Spending

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FY20 Q1-Q3			
	Allocated	Spent	% Spent
General	\$4,374,725	\$2,477,125	56.9%
MAI	\$468,111	\$297,073	62.7%



# MCM: Clients Served & Units of Service

FY20 Q1-Q3			
	# Clients Served	FY20 Projection	%
General	2144	2,047	105%
MAI	330	440	75%

FY20 Q1-Q3			
	Units of Service	FY20 Projection	%
General	34422.75	32,783	105%
MAI	7044	6,709	105%

# MCM: Key Takeaways

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- ❖ Medical Case Management receives the largest funding allocation of all service categories
- ❖ Compared to Q1-Q3 FY19, 1.5% fewer clients have been served (Part A & MAI)
- ❖ Compared to Q1- Q3 FY19, 0.07% fewer units of service have been completed (Part A & MAI)
- ❖ Challenges faced with staff vacancies as well as client engagement and outreach
- ❖ Agencies continue to operate on a hybrid model with majority of visits being telehealth with some in-person visits and on-site drop-offs

# Housing



5 funded agencies



Provides short-term, emergency or transitional housing assistance



Provides housing search support and advocacy



Goal is to improve access, medical adherence and health outcomes

# Housing: Spending

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FY20 Q1-Q3			
Allocated		Spent	% Spent
General	\$1,314,960	\$772,354	58.7%

# Housing: Clients Served & Units of Service

FY20 Q1-Q3			
	# Clients Served	FY20 Projection	%
General	316	434	73%

FY20 Q1-Q3			
	Units of Service	FY20 Projection	%
General	4393.25	6,487.5	68%



# Housing: Key Takeaways

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- ❖ Compared to Q1-Q3 FY19, 6.2% fewer clients have been served
- ❖ Compared to Q1-Q3 FY19, 0.06% more units of service have been completed
- ❖ Housing supports continue to be of high need across the Boston EMA
- ❖ Agencies supporting clients with eviction cases
- ❖ Agencies continue to direct EFA requests and COVID-19 funds to support client housing needs

# Oral Health



Ryan White Dental Program, Boston Public Health Commission



Expands access to dental care for Ryan White clients



Provides preventive, diagnostic and therapeutic services



Recruits dentists for Ryan White clients

# Oral Health: Spending

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FY20 Q1-Q3			
	Allocated	Spent	% Spent
General	\$1,403,221	\$628,793	44.8%

# Oral Health: Clients Served & Units of Service

FY20 Q1-Q3			
	# Clients Served	FY20 Projection	%
General	1852	2,500	74%

FY20 Q1-Q3			
	Units of Service	FY20 Projection	%
General	4441	8,045	55%

# Oral Health: Key Takeaways

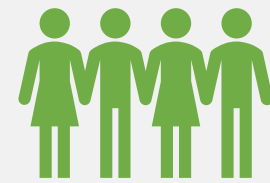
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- ❖ Compared to Q1-Q3 FY19, 18.3% fewer clients have been served
- ❖ Compared to Q1-Q3 FY19, 31.3% fewer units of service have been completed
- ❖ Oral Health continues to have the largest reduction in service of all services funded due to continued dental office closures
- ❖ Geographically difficult for some clients to get to dental offices that are open

# Psychosocial Support (PS)



11 funded agencies -3  
out of 11 funded under  
Minority AIDS Initiative



Provides counseling and  
emotional support to PLWH  
Support for people who  
experience stigma, isolation,  
and behavioral health issues



Individual and group sessions



# Psychosocial Support: Spending

FY20 Q1-Q3			
	Allocated	Spent	% Spent
General	\$868,353	\$542,043	62.4%
MAI	\$165,817	\$59,899	36.1%

# Psychosocial Support: Clients Served & Units of Service

FY20 Q1-Q3			
	# Clients Served	FY20 Projection	%
General	514	658	78%
MAI	88	315	28%

FY20 Q1-Q3			
	Units of Service	FY20 Projection	%
General	3933.75	7,214	55%
MAI	354.5	3,230	11%

# Psychosocial Support : Key Takeaways

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- ❖ Compared to Q1-Q3 FY19, 3.4% fewer clients have been served (Part A & MAI)
- ❖ Compared to Q1-Q3 FY19, 48.3% fewer units of service have been completed (Part A & MAI)
- ❖ Several agencies have successfully shifted to telehealth psychosocial support groups
- ❖ Challenges remain with the use of technology, but clients are becoming more familiar and comfortable with it as time goes by

# Emergency Financial Assistance (EFA)



12 funded agencies - 3  
out of 12 funded under  
Minority AIDS Initiative



Limited one-time or short-term  
payments to assist the client with an  
emergency need directly related to  
health status



Services include essential utilities,  
housing, food (including groceries and  
food vouchers), transportation and  
medication

# EFA: Spending

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FY20 Q1-Q3			
Allocated		Spent	% Spent
General	\$165,196	\$87,014	52.7%
MAI	\$47,940	\$1,164	2.4%

# EFA: Clients Served & Units of Service

FY20 Q1-Q3			
	# Clients Served	FY20 Projection	%
General	207	264	78%
MAI	19	65	29%

FY20 Q1-Q3			
	Units of Service	FY20 Projection	%
General	303	293	103%
MAI	19	65	29%

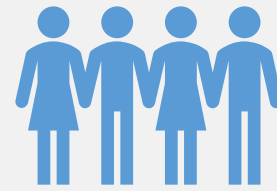
# EFA: Key Takeaways

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- ❖ Compared to Q1-Q3 FY19, 67.4% more clients have been served (Part A & MAI)
- ❖ Compared to Q1-Q3 FY19, 46.3% more units of service have been completed (Part A & MAI)
- ❖ Agencies continue to report a high need for EFA funds to increase client housing and food supports as a result of COVID-19



# Non-Medical Case Management (NMCM)



8 funded agencies - 1  
funded under Minority  
AIDS Initiative (MAI)



Provides services that improve  
access to and retention in essential  
medical and support services for  
PLWH

# NMCM: Spending

FY20 Q1-Q3			
Allocated		Spent	% Spent
General	\$930,344	\$567,045	60.4%
MAI	\$123,752	\$86,149	69.6%

# NMCM: Clients Served & Units of Service

FY20 Q1-Q3			
	# Clients Served	FY20 Projection	%
General	537	580	93%
MAI	92	80	115%
FY20 Q1-Q3			
	Units of Service	FY20 Projection	%
General	7538.25	11,073	68%
MAI	2822.75	3,055	92%

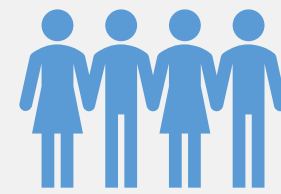


# NMCM: Key Takeaways

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- ❖ Compared to Q1-Q3 FY19, 14% fewer clients have been served (Part A & MAI)
- ❖ Compared to Q1-Q3 FY19, 44.3% fewer units of service have been completed (Part A & MAI)
- ❖ Agencies continue to operate on a hybrid model with majority of visits being telehealth and some in-person visits

# Health Education and Risk Reduction (HE-RR)



7 funded agencies



Provides education to PLWH about  
HIV transmission and how to reduce  
the risk of HIV transmission

# HE-RR: Spending

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FY20 Q1-Q3			
	Allocated	Spent	% Spent
General	\$323,195	\$172,720	53.4%

# HE-RR: Clients Served & Units of Service

FY20 Q1-Q3			
	# Clients Served	FY20 Projection	%
General	264	477	55%

FY20 Q1-Q3			
	Units of Service	FY20 Projection	%
General	669.25	2,912	23%



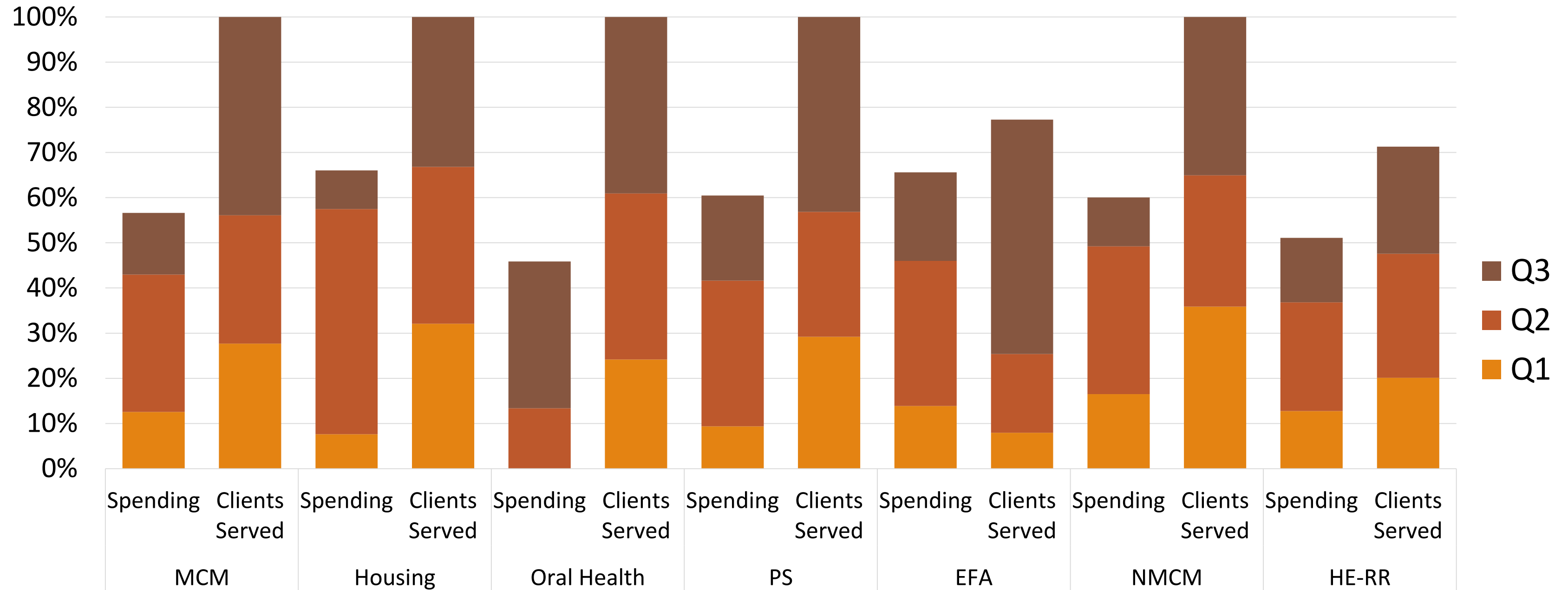
# HE-RR: Key Takeaways

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- ❖ Compared to Q1-Q3 FY19, 22.8% fewer clients have been served
- ❖ Compared to Q1-Q3 FY19, 54.2% fewer units of service have been completed
- ❖ Agencies continue to report that HE-RR interventions and services have been considerably impacted by the COVID-19 pandemic as
- ❖ HE-RR services have been strengthened as needed

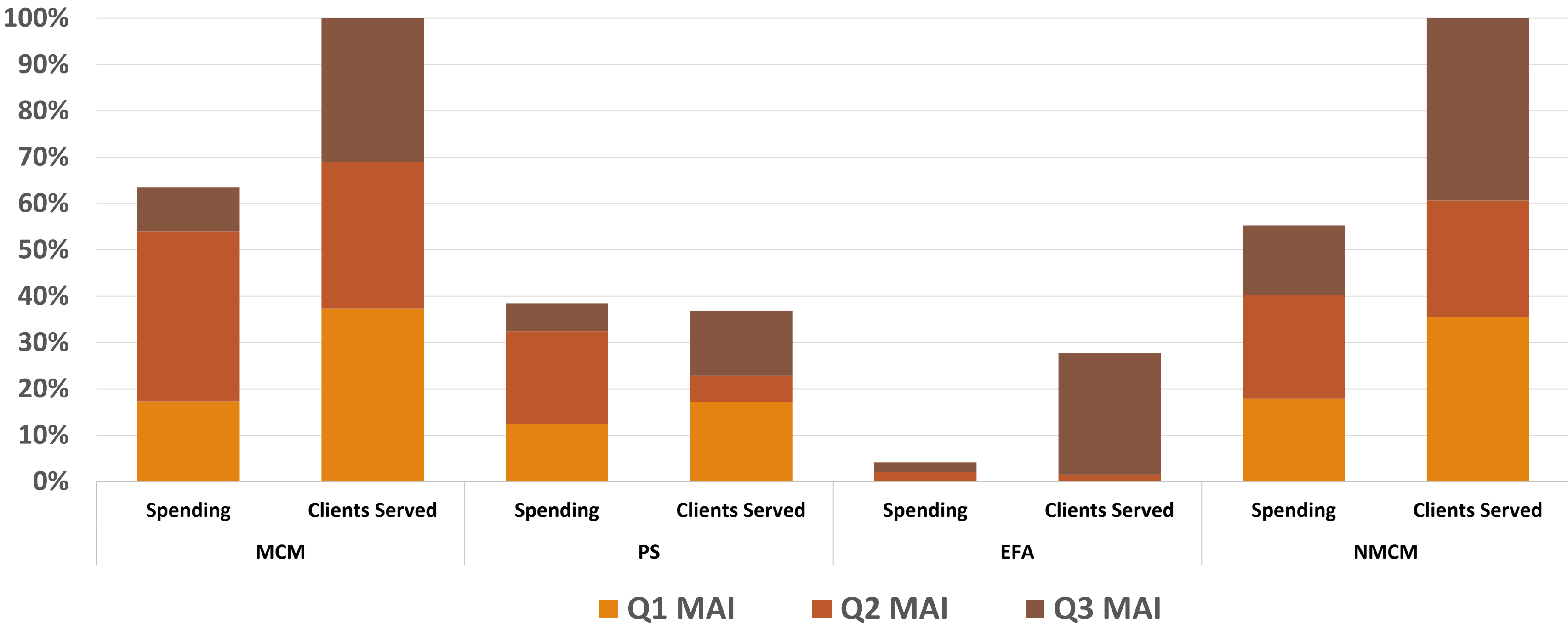
# Summary

FY20 Q1-Q3 (General)



# Summary

## FY20 Q1-Q3 (MAI)



# Other Key Takeaways

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- ❖ We will continue to monitor evolving agency clinical and programmatic shifts in order to track COVID impacts and changing needs in order to provide support and respond to system needs in a timely manner
- ❖ As with previous quarters, we will continue work with subrecipients to ensure COVID Supplemental Funds support increased and changing client needs-especially with regards to telehealth infrastructure, PPE, food, housing, and EFA
- ❖ In Q4, we will also work with subrecipients to review spending and utilizations to develop action plans to ensure full spending of COVID supplemental and Part A funds meet and support client and agency needs.





VOTE

# Amendment to FY21 allocation

LIZ RIOS, Planning Council Support  
BRIAN HOLLIDAY, CHAIR

# Vote: Proposed Change to FY21 Allocation – Substance Use Residential

1. 1 agency funded in FY20 - 50% reduction from the 2 agencies funded for the service in the past 5 years.
2. Significant underspending occurred because of the availability of other funding streams (such as private insurance, Medicare, Medicaid and private funding)
3. As a result, the agency returned \$87,000 of their FY20 award to BPHC. That money was reallocated to Housing and Psychosocial Support programs.
- 4. The Executive Committee proposes to reduce the FY21 allocation for this category, which was voted on in June 2020, from \$142,000 to \$0 based on spending patterns and the availability of other sources of payment. It has been proposed to reallocate the money to Housing (75%) and Psychosocial support (25%) programs.**



Questions?

Motion?



# Agency Updates

MAYOR'S OFFICE OF HEALTH AND  
HUMAN SERVICES

Melissa Hector

MA DEPARTMENT OF PUBLIC HEALTH,  
Office of HIV/AIDS

Bary Callis

NH DEPARTMENT OF HEALTH AND HUMAN  
SERVICES, NH Care Program

Cindi Bell

MA OFFICE OF MEDICAID

Alison Kirchagasser

BOSTON PUBLIC HEALTH COMMISSION

Katie Keating

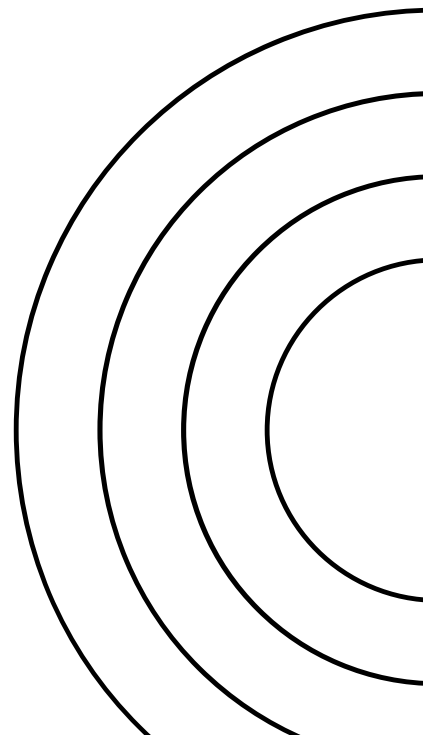


# Announcements

SHARE WITH THE COUNCIL

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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.





# Thank you!

DO NOT FORGET TO SUBMIT YOUR EVALUATION!!!!

