



2022 - 2023

# Planning Council Meeting

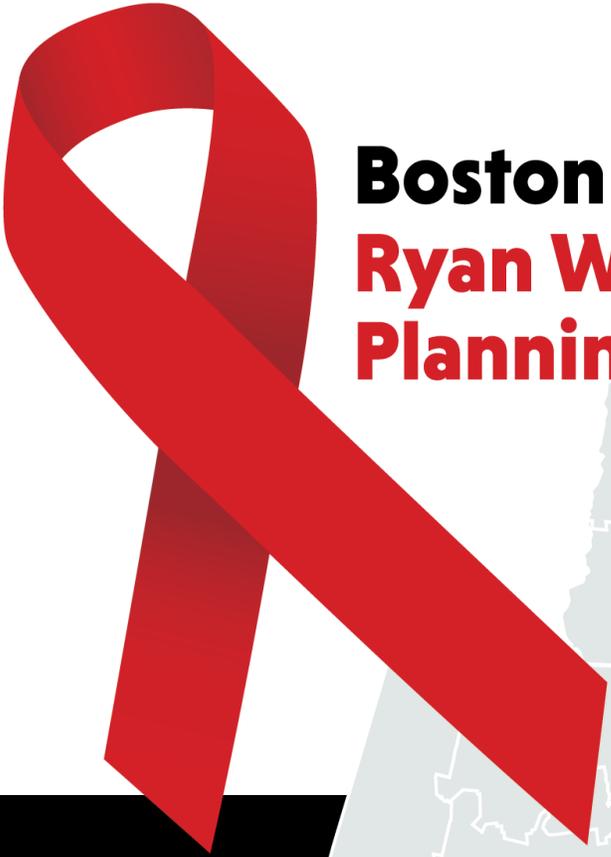
Thursday, May 11th  
4:00 pm - 6:00 pm

<https://us02web.zoom.us/j/9178940335?pwd=R3VRY2t1TTN2SE52ZVcyTDhtbTEvdz09>

Passcode: 20222023

<b>Welcome, Moment of Silence &amp; Attendance</b>	4:00 pm
Patrick Baum, PC Chair	
<b>Review &amp; Approve March Minutes</b>	4:10 pm
Patrick Baum, PC Chair	
<b>RWSD FY22 Year End Report</b>	4:15 pm
Melanie Lopez, RWSD	
<b>AAM Results &amp; Discussion</b>	4:40 pm
PCS & SPEC	
<b>Needs Assessment Presentation</b>	5:00 pm
Beth Williams, PCS Intern	
<b>Funding Streams Summary</b>	5:15 pm
PCS	
<b>All Day Allocations Meeting Announcement</b>	5:30 pm
PCS & NRAC	
<b>Committee Reports &amp; Agency Updates</b>	5:35 pm
Executive Cte, NRAC, SPEC, MNC, Consumer Cte, Agency Reps	
<b>Announcements, Evaluations &amp; Wrap Up</b>	5:50 pm
Patrick Baum, PC Chair and PCS	

# Planning Council Meeting



**Boston EMA**  
**Ryan White**  
**Planning Council**

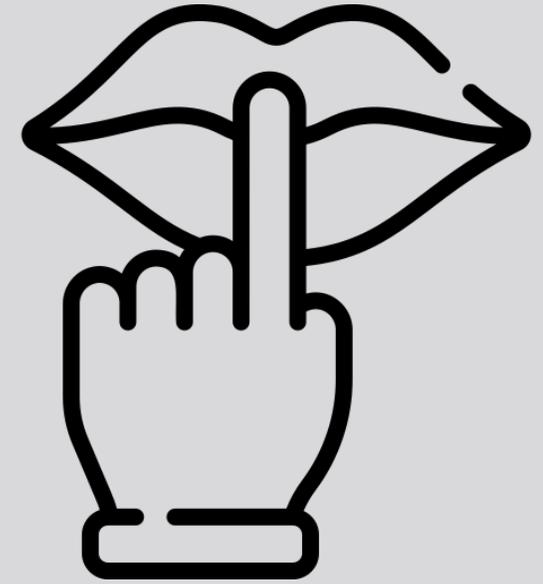
Patrick Baum, Chair  
Darren Sack, Chair-Elect

May 11<sup>th</sup>, 2022

# 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.



# Attendance

State “present” when you hear your  
name called for the record

---



Speed Ice Breaker!  
Pancakes or Waffles???



# Agenda

---



Welcome, Moment of Silence & Attendance

Review & Approve March Minutes

RWSD FY22 Year End Report

AAM Results & Discussion

Needs Assessment Presentation

Funding Streams Summary

All Day Allocations Meeting Announcement

Committee Reports & Agency Updates

Announcements, Evaluations & Wrap Up

# Approving Meeting Minutes

April 13<sup>th</sup>, 2023

---

## Steps in approving minutes:

- Review minutes
- Make a first and second motion to approve
- minutes
- Vote (Zoom poll)

Approve: Yes, I approve the minutes

Oppose: No, I do not approve the minutes

Abstain: Decline to vote

**BOSTON  
PUBLIC  
HEALTH  
COMMISSION**



# Fiscal Year 2022 Year-End Report

*March 1, 2022 – February 28, 2023*

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



# Purpose & Objectives

**Provide an overview and narrative explaining Ryan White Part A program performance in the Boston EMA during FY 2022.**

- Share FY 2022 spending, service delivery, client health outcomes, and client demographics.
- Highlight the performance of Part A & MAI funded services.



# Agenda

## Background & Overview

- FY22 Client Demographics and Health Outcomes

## Service Category Information

- Spending and Utilization Update
- Trends & Observations
- Success & Challenges

# Program Overview



	FY 2022 (3/1/22-2/28/23)		
	Part A	MAI	Total
<b>Award Amount (\$)<sup>1</sup></b>	\$14,855,281	\$1,113,649	<b>\$15,968,930</b>
<b># of Subrecipients</b>	32	10	<b>32</b>
<b># of Service Categories</b>	12	6	<b>12</b>
<b># of Clients Served<sup>2</sup></b>	3,698	423	<b>4,121</b>

<sup>1</sup> These are the initial award amounts, as of the start of FY 2022.

<sup>2</sup> Source: Visual Analytics (Demographics) report in e2Boston ran on 05/08/23. Columns are separated by clients served by Part A funds ONLY and MAI funds ONLY.

<sup>3</sup> Source: Outcome Measures Distribution report in e2Boston ran on 05/08/23.

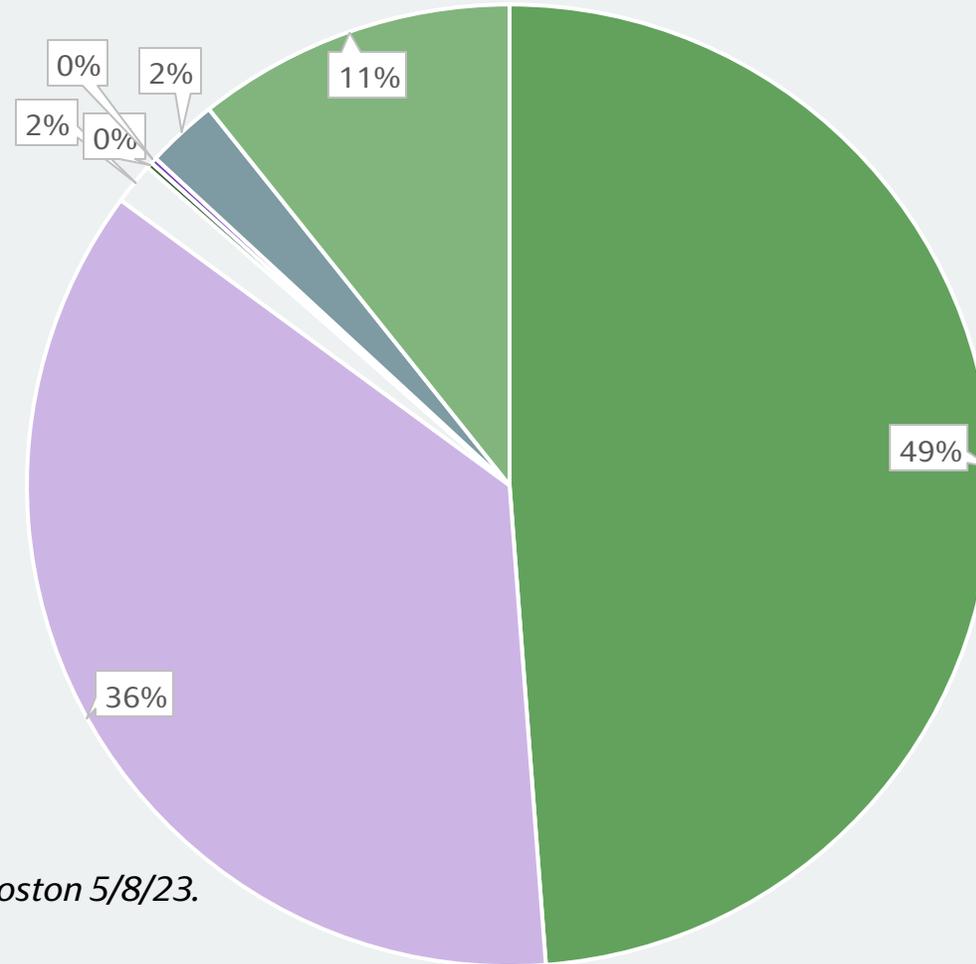
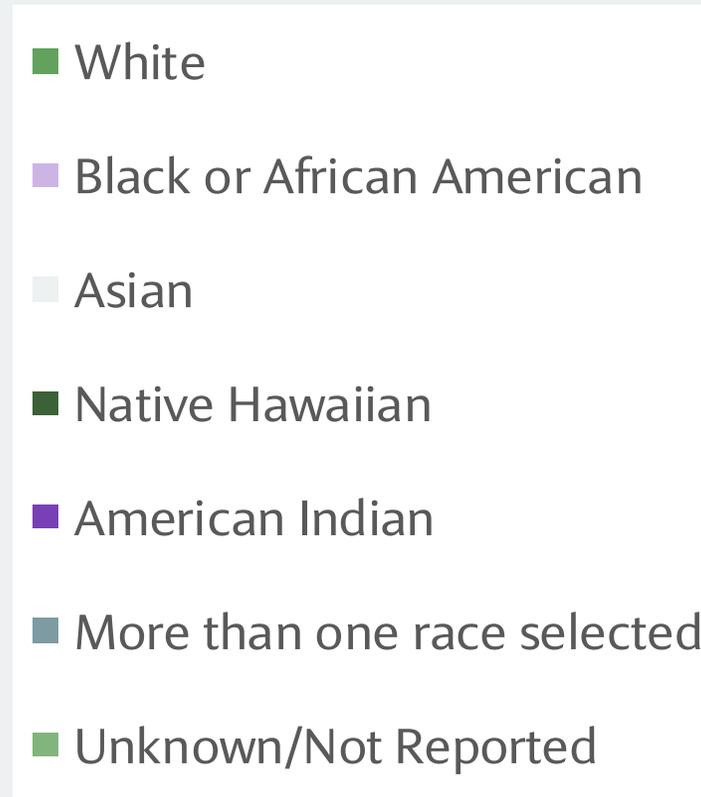


# Health Outcomes

FY 2022 (3/1/22-2/28/23)	
<b>Viral Suppression*</b>	89.89%
<b>“Excellent” Adherence to Prescribed HIV-Related Medication</b>	80.91%
<b>Care Retention</b>	75.24%

# FY 22 Demographics

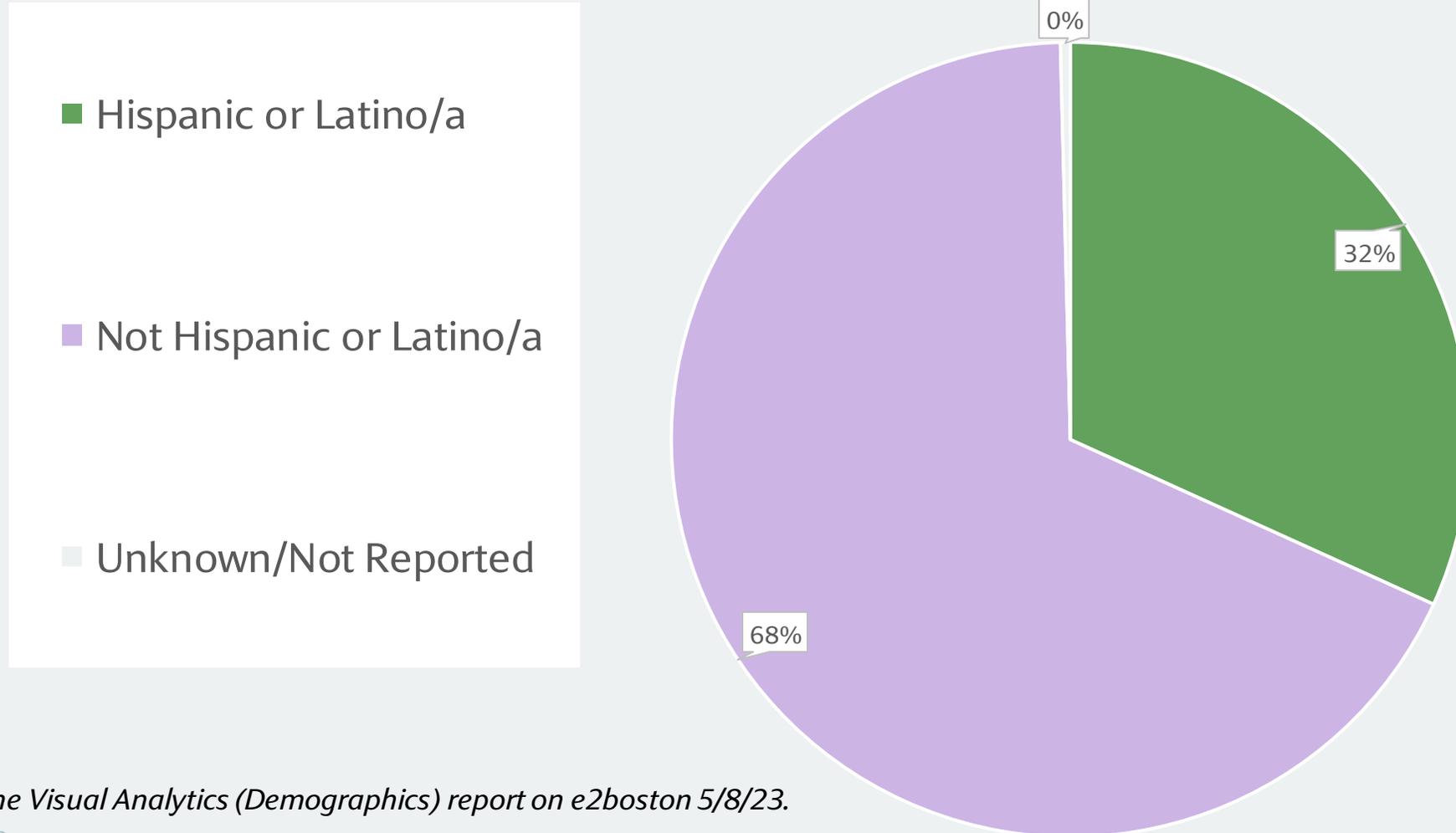
Race



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

# FY 22 Demographics

Ethnicity

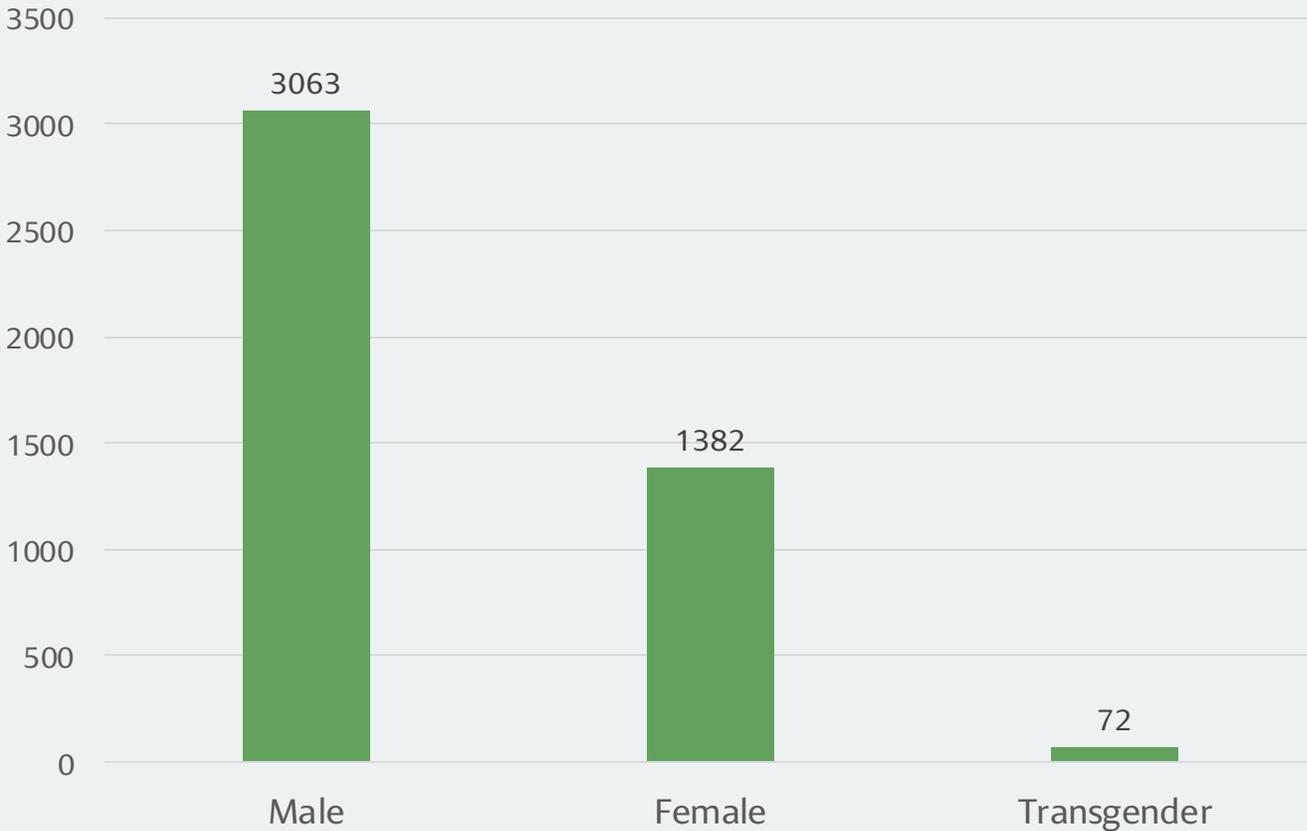


Data pulled from the Visual Analytics (Demographics) report on e2boston 5/8/23.

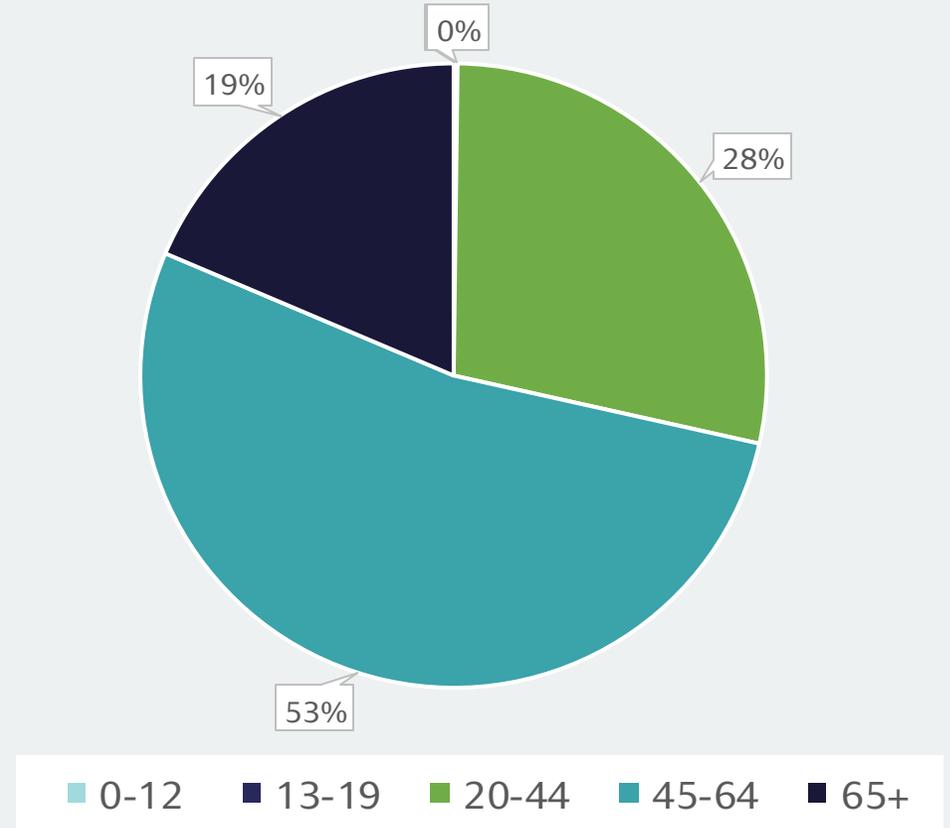
# FY 22 Demographics



### Gender

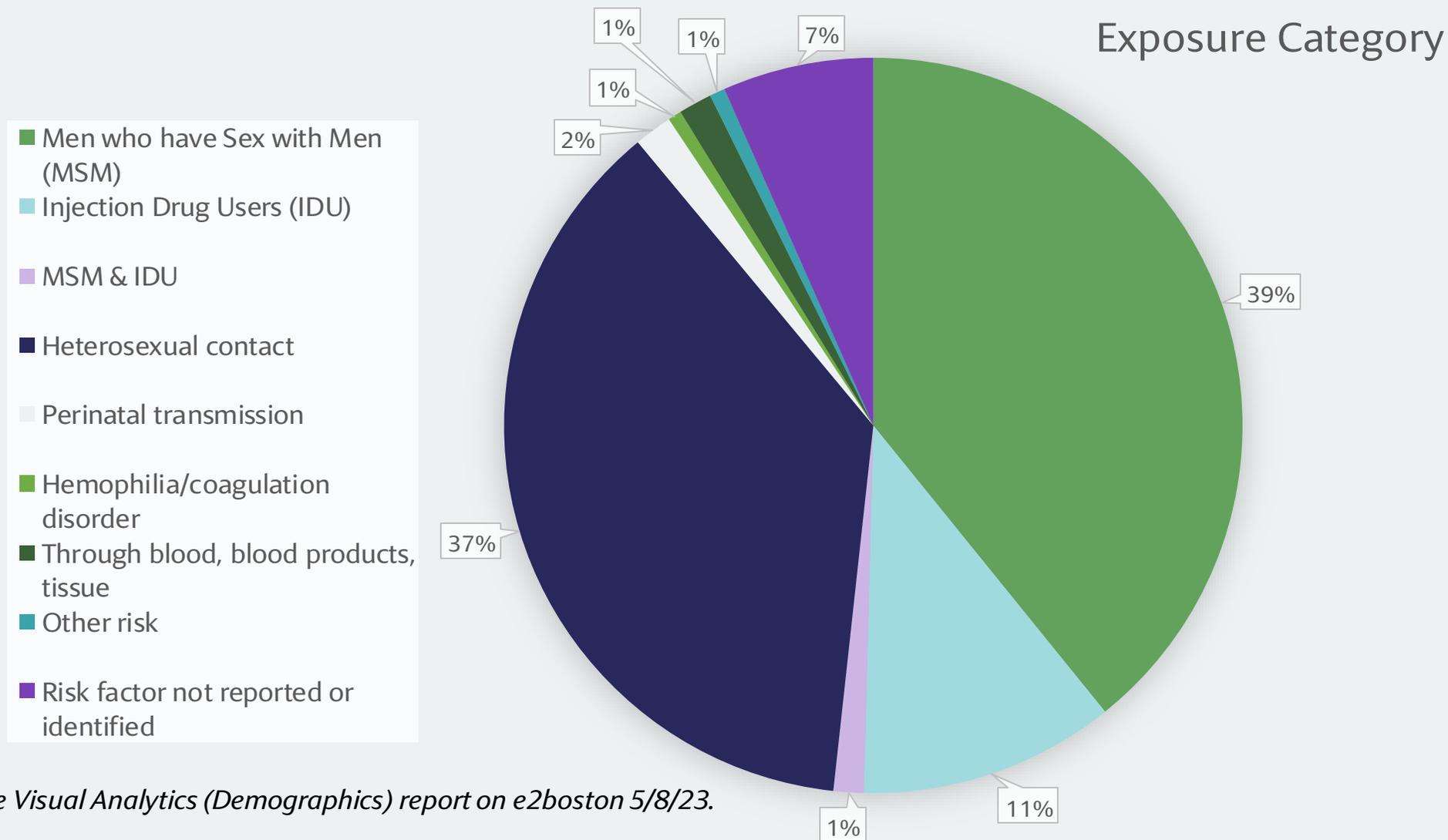


### Age



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

# FY 22 Demographics

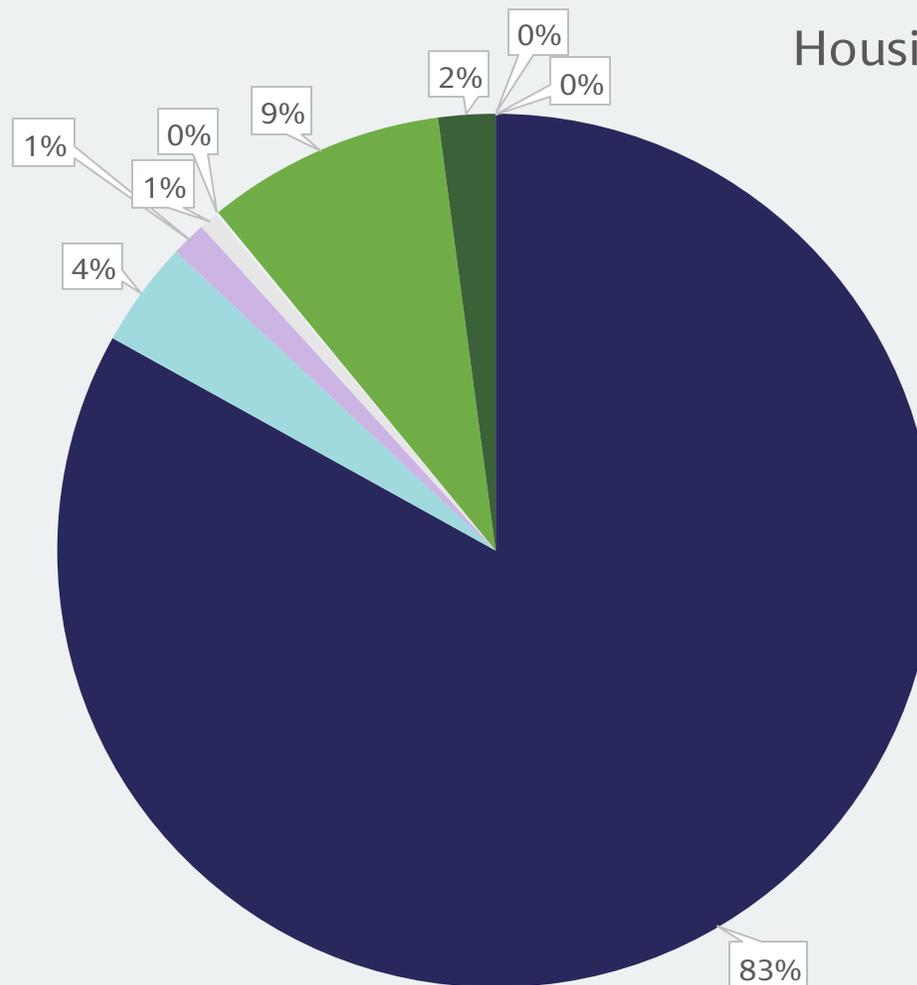
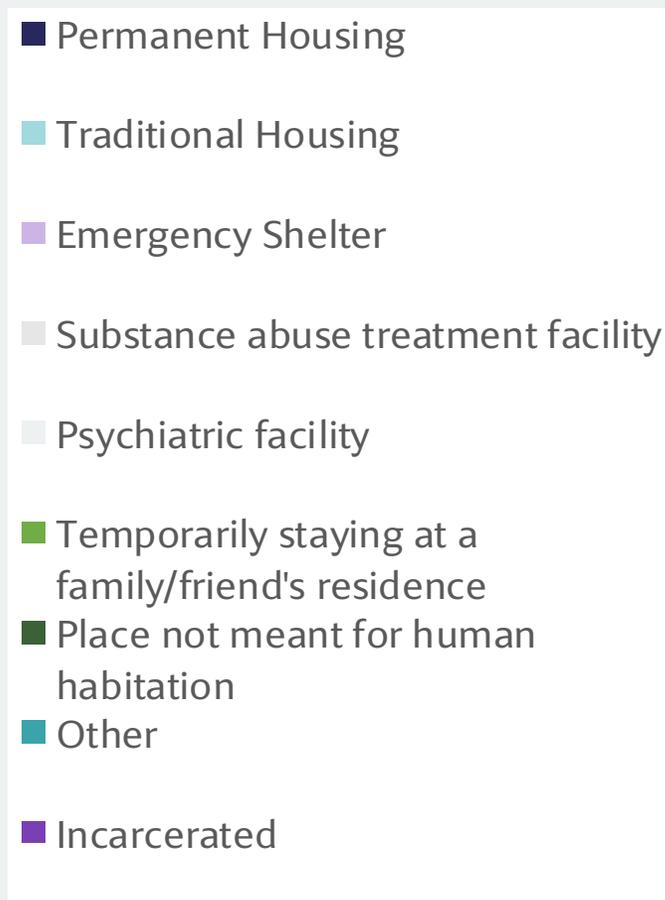


Data pulled from the Visual Analytics (Demographics) report on e2boston 5/8/23.

# FY 22 Demographics



Housing Status



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

# Spending Update



## 75 – 80%

- Non-Medical Case Management – Part A
- Medical Transportation – Part A
- Emergency Financial Assistance – Part A

## 81 – 86%

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

## 87 – 91%

- Medical Case Management – Part A
- Psychosocial Support Services – Part A
- Health Education and Risk Reduction – Part A

## 92- 100%

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

# Utilization Update



Service Category	Number of Clients Served
Medical Case Management	2,325
Oral Health	2,152
Non-Medical Case Management	789
Foodbank/Home-Delivered Meals	758
Medical Transportation	753
Psychosocial Support Services	514
Medical Nutrition Therapy	500
Health Education and Risk Reduction	366
Emergency Financial Assistance	314
Housing	287
Other Professional Services – Legal	170
AIDS Drug Assistance Program	81
Linguistic Service	24

# Trends & Observations

- Increase need for Non-Medical Case Management
- Increase need for Emergency Financial Assistance
- Other emergency funding streams (i.e COVID/Pandemic Assistance/MassHealth expansion) slowly rolling back causing an increased need for Part A
- Inflation and the rising cost of living shown to use Part A dollars faster
- Agencies have solidified policies and procedures for:
  - Care retention and engagement
  - Client satisfaction
  - EFA and HOUS
  - e2Boston data uploads
- Several core-funded and support-funded agencies have paired up to share clients
- Clients are enjoying transitioning back to in-person group work for HERR and PSS

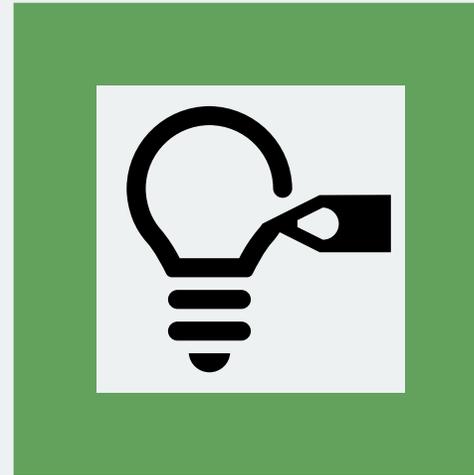
# Successes



Retained in Care



Agency  
Collaborations

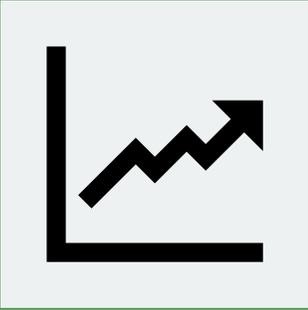


RWSD Support



Viral Suppression

# Challenges



**Inflation**



**Lack of Affordable  
Housing**



**High turnover**



**Administrative  
Burnout**



# Thank you Questions?

Melanie Lopez  
Senior Program  
Manager  
[mlopez@bphc.org](mailto:mlopez@bphc.org)

# **Assessment of Administrative Mechanism**

---

Services, Priorities and Evaluations Committee

**Refresher**

**Assessment of the Administrative  
Mechanism (AAM):**

# What is BPHC's Administrative Process?

## Contracting Process

## Disbursement Process

HRSA gives  
BPHC Part A  
award



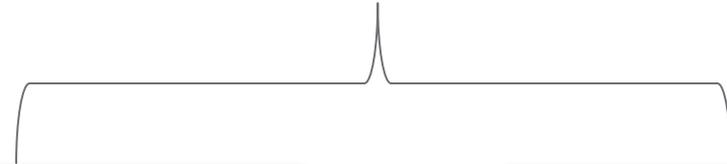
BPHC creates  
contracts with  
HIV service  
providers



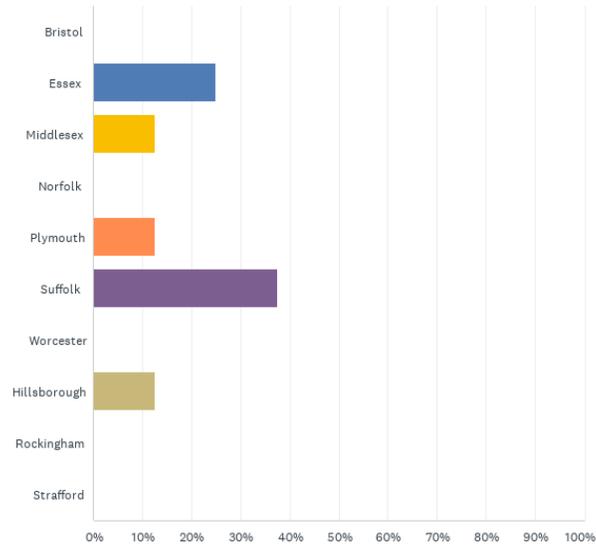
Providers invoice  
BPHC monthly for  
services provided



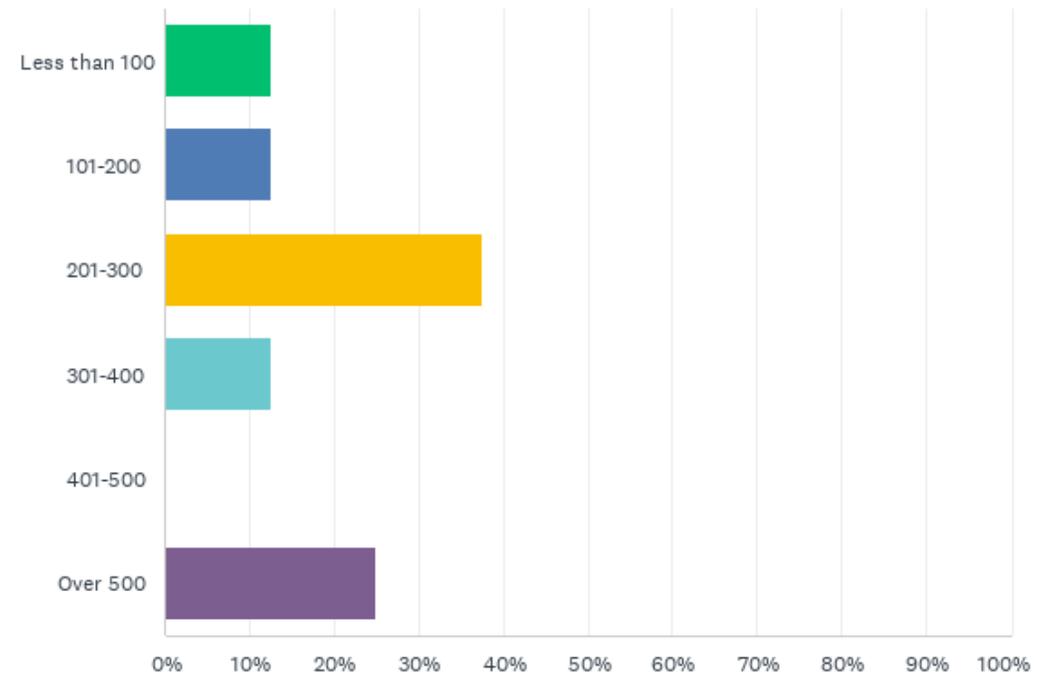
BPHC reimburses  
providers  
monthly



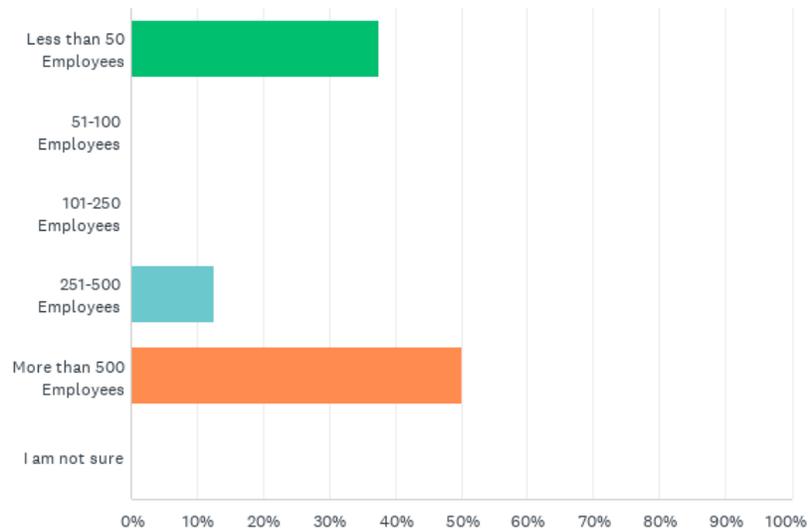
Q1 What county is your agency in? (Not shared with RWSD or Planning Council members)



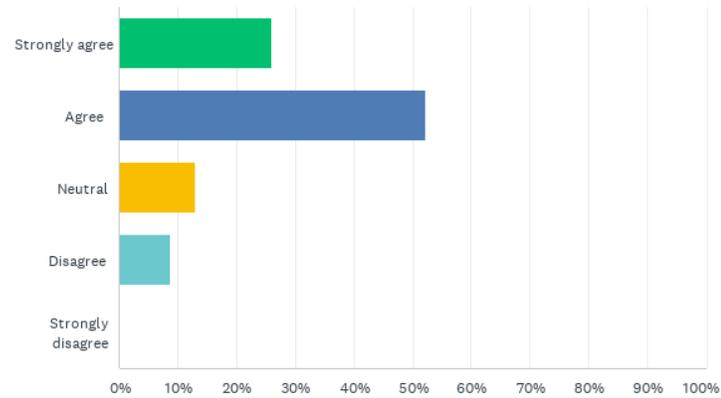
Q3 How many clients does your agency serve per year?



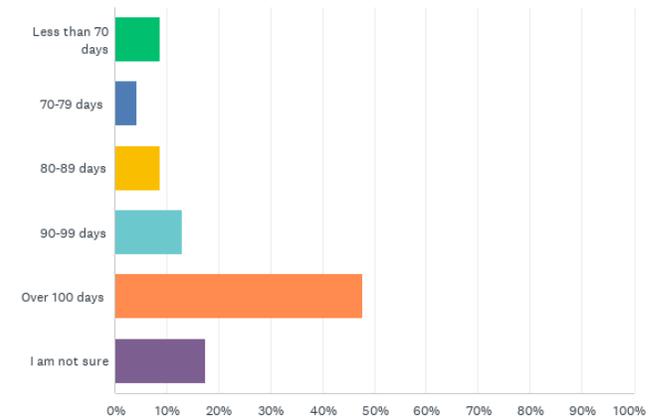
Q2 How many employees are at your agency?



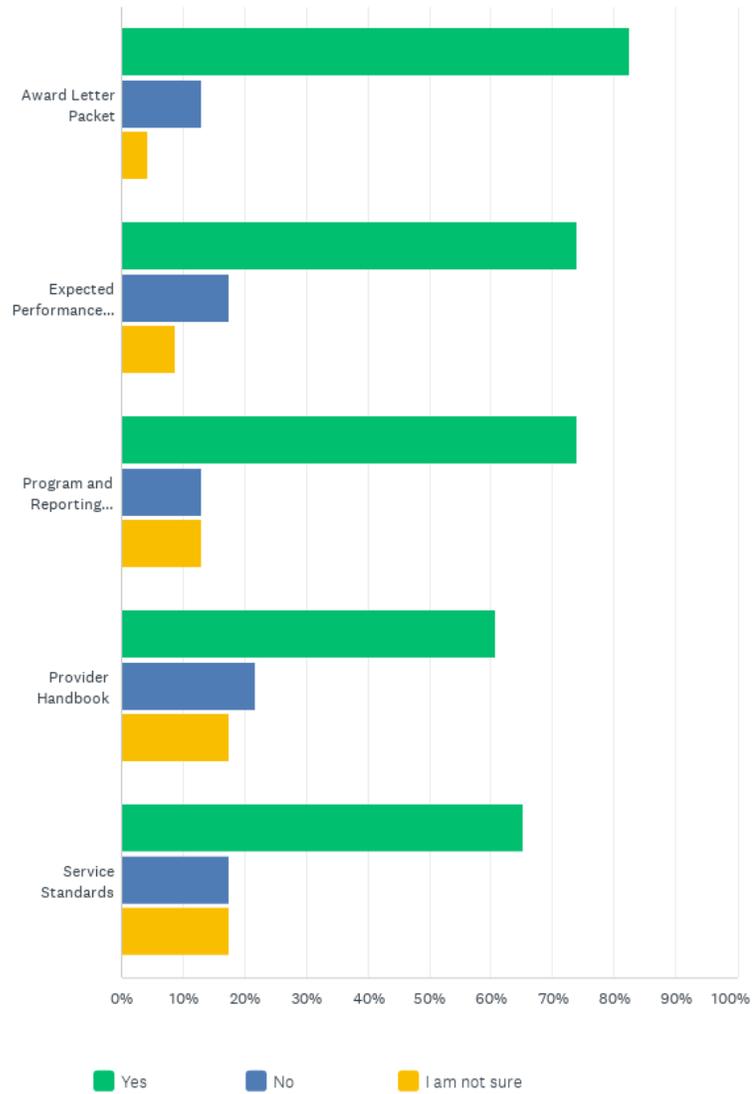
Q4 BPHC provides bidders with adequate information on applying for funding.



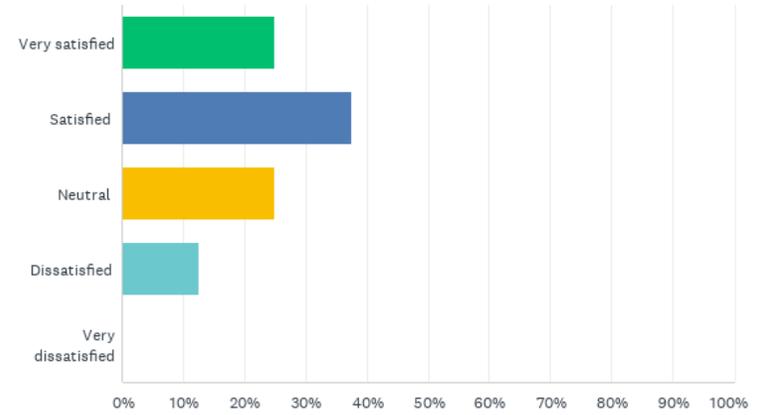
Q5 In your experience, how long does it take BPHC to finalize contracts with your agency?



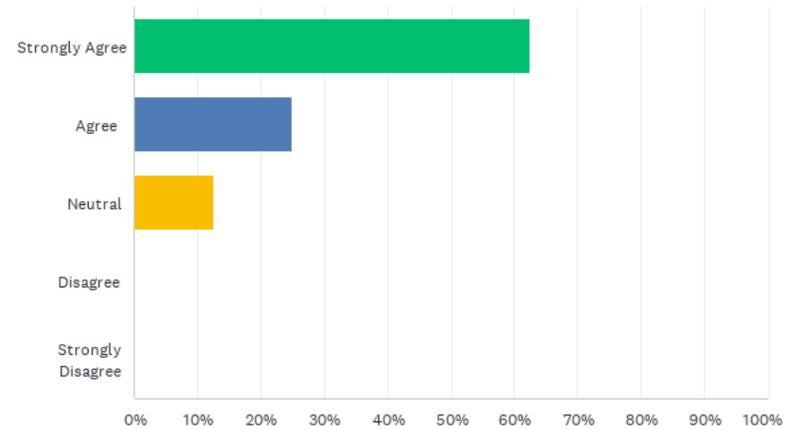
Q6 At the start of FY22, did you received each of the following documents?



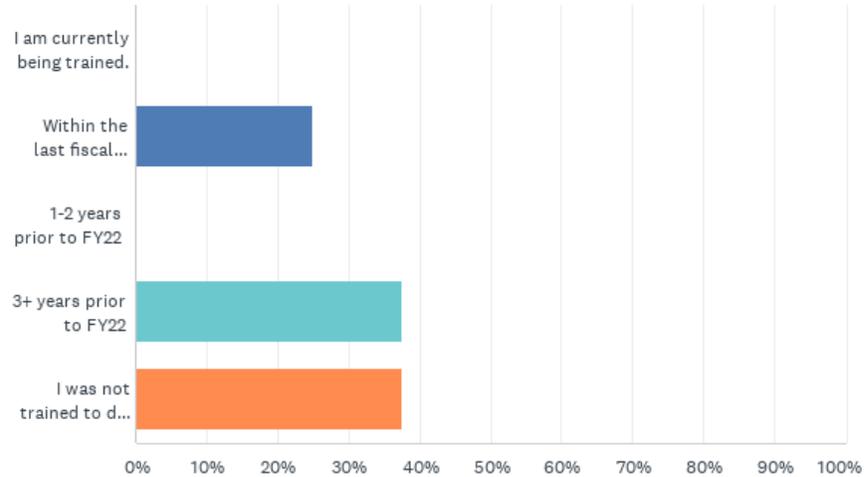
Q7 How satisfied are you with the accessibility and availability of the above documents ; others related to your contract with BPHC?



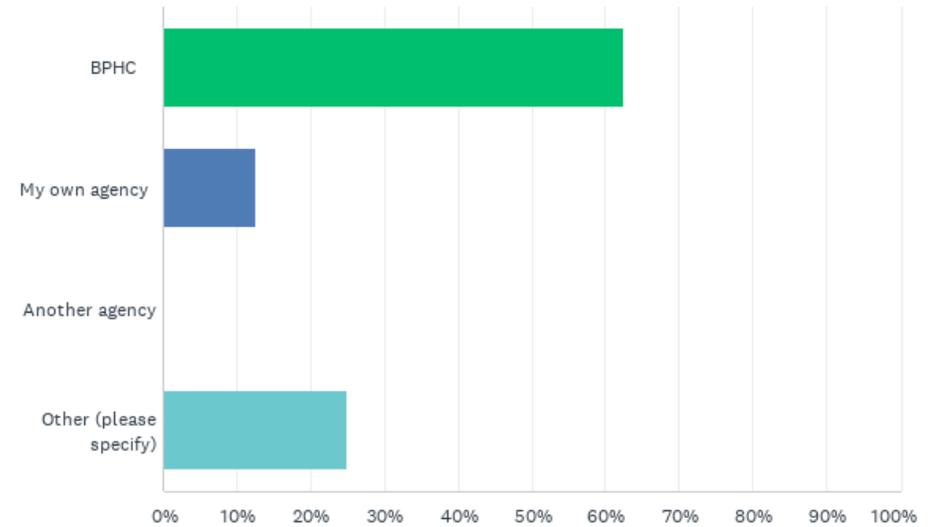
Q8 I am comfortable with implementing my agency's contract.



### Q9 When were you last trained on contracting with BPHC?



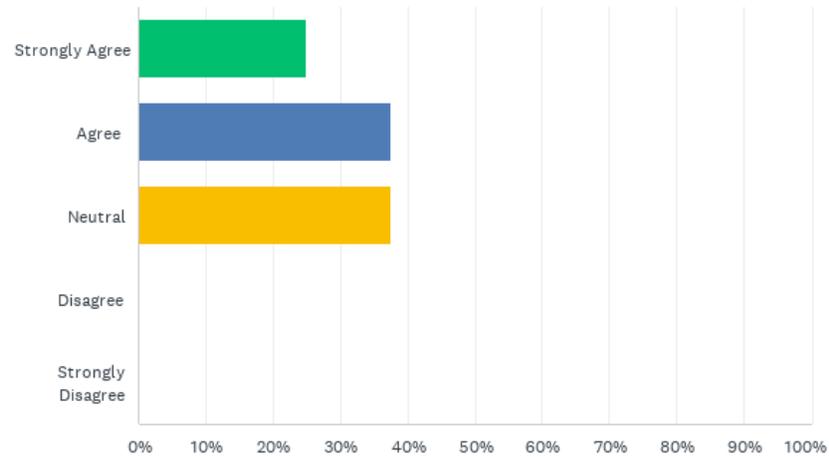
### Q10 Who did you receive training from?



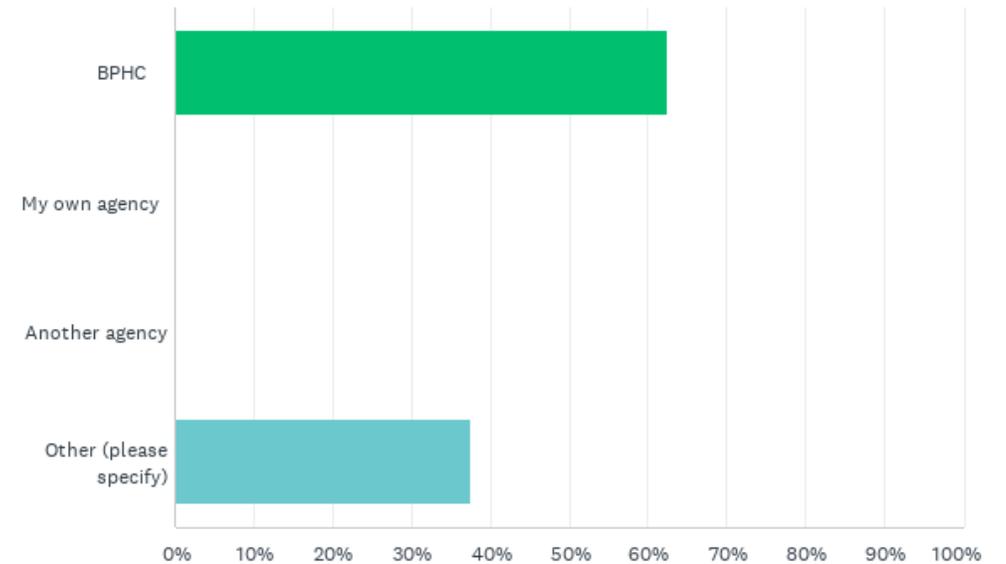
Other (please specify):

- Not trained or did not receive training

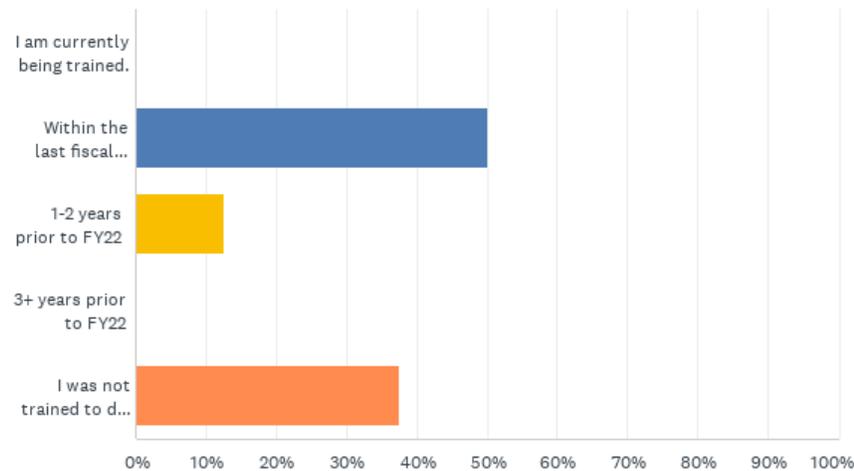
### Q11 I am comfortable with budget revision.



### Q13 Who did you receive training from?



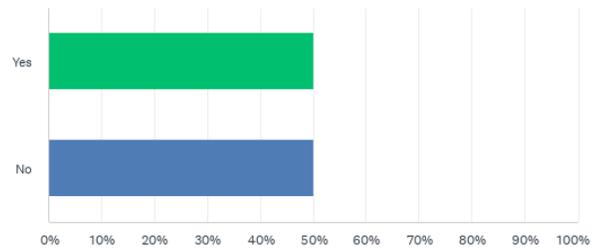
### Q12 When were you last trained to do budget revision?



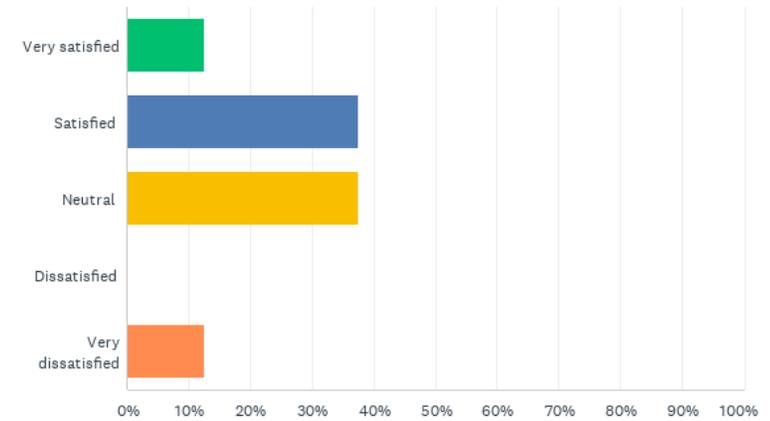
#### Other (please specify):

- Received no training
- Do not recall
- MAC fiscal Director revised the budgets
- I read the paperwork submitted it and waited for a response

Q14 Are there gaps in funding at your agency, specifically with regard to Ryan White Part A services? If so, please explain.



Q15 Overall, how satisfied are you with BPHC's administration of Part A funds?



## Comments for Question 14:

- We wish HRSA would raise the administrative cap.
- Biggest gap is access to emergency financial assistance.
- Money for staffing...My staff are unionized; so when the MCM receive COLA increases and yearly increases; it does not reflect on the funding received.
- Funding for food and emergency health-related social needs; funding for the RSR and data entry; funding specifically for quality
- EFA, since COVID a majority of our clients are still behind in paying their bills
- Running and Upkeep of the shelters
- We need more staff for the program, specifically an additional full-time case manager.
- Our staffing. The small increases that we received for staffing are not keeping pace with the reality of today's cost of living/economy.
- Non medical case management. We are not funded for additional non medical case managers. We need at least 3 but are funded for only 2

## **Question 16: Is there any other feedback you'd like to share about your experience working with BPHC's Ryan White Services Division?**

- Too much turnover. Budget revision requirements are higher than other federal, state, local, and private grants. HRSA, for example, allows 25% revision without prior approval. BPHC's response time on budget revision requests is abysmal and creates additional work. Staff turnover at BPHC leads to misinformation and communication gaps. BPHC is by far the most challenging funder we have regarding making rapid changes to awards based on program changes.
- The budget submission and revision process is one of the most onerous processes and we often do not hear back right away.
- We submitted a Budget revisions months ago and we are still waiting to for a response
- Melanie Lopez is a wonderful communicator! We appreciate all that she does for our program.
- The staff at BPHC are always welcoming and willing to assist as best they can .
- Very difficult to work with fiscal and get timely contracts and approved budget amendments
- Contracting delays and back and forth is the most challenging. Our institution is in part to blame, but it's very opaque on all sides.

**(CONT) Question 16: Is there any other feedback you'd like to share about your experience working with BPHC's Ryan White Services Division?**

- BPHC has had a lot of turnover and their staff are not properly trained. When I ask questions related to budgeting I get conflicting answers. For instance I wanted to increase a line item - they told me I could not. Then when the final amended budget arrived - which they specifically said matched my final request - it not only did not match my final request, it increased the line item I had originally requested to increase and they had told me I could not increase. When I inquired the answer I got did not make any sense. I will submit things and they will loose them. They can't keep track of what they have paid me. They denied a request for reimbursement, had meetings about the denial, had me submit an updated invoice, complained to my superior and everything. Then they paid the original invoice that they had denied. They don't know what they are doing.
- Thank you for all of your hard work to disperse Ryan White Care Act Part A funding! We appreciate you.
- budget revisions take a very long time to process
- We are a state agency that serves all 3 counties in New Hampshire.



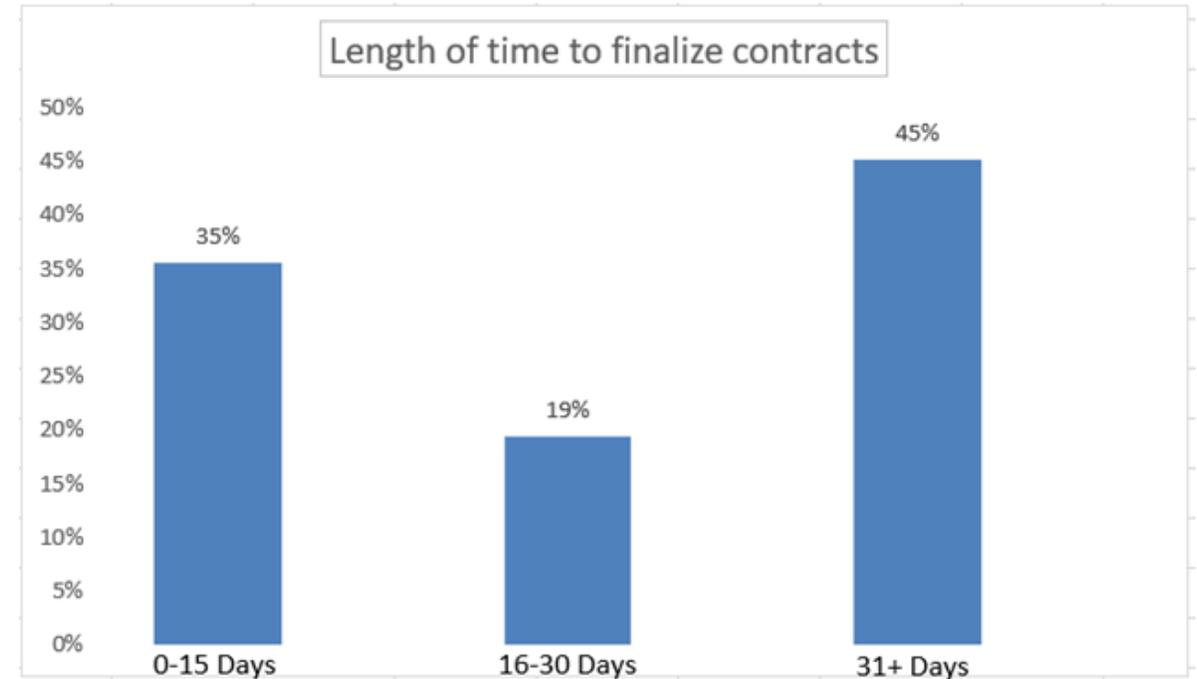
# AAM: Part 2 - BPHC/RWSD Questionnaire

---

# Section 1: Contracting

---

- **Question:** How long did it take to finalize Part A contracts in FY22 once full award was received?
- **Answer:** From the date the signed contract packet came back to BPHC to the date of execution:
  - Mean: 32 days
  - Max: 96 days
  - Min: 4 days



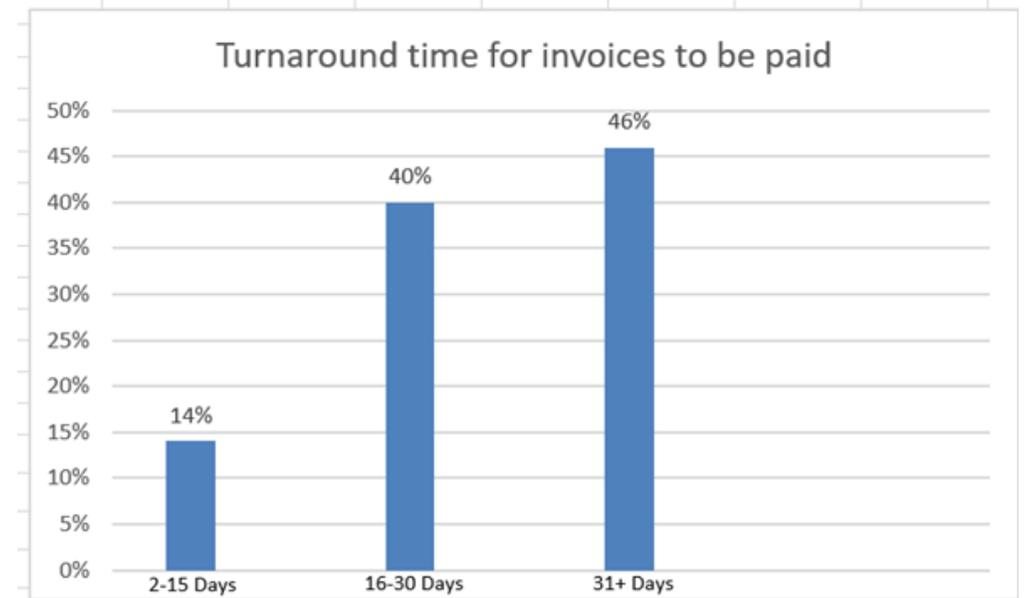
# Section 1: Contracting

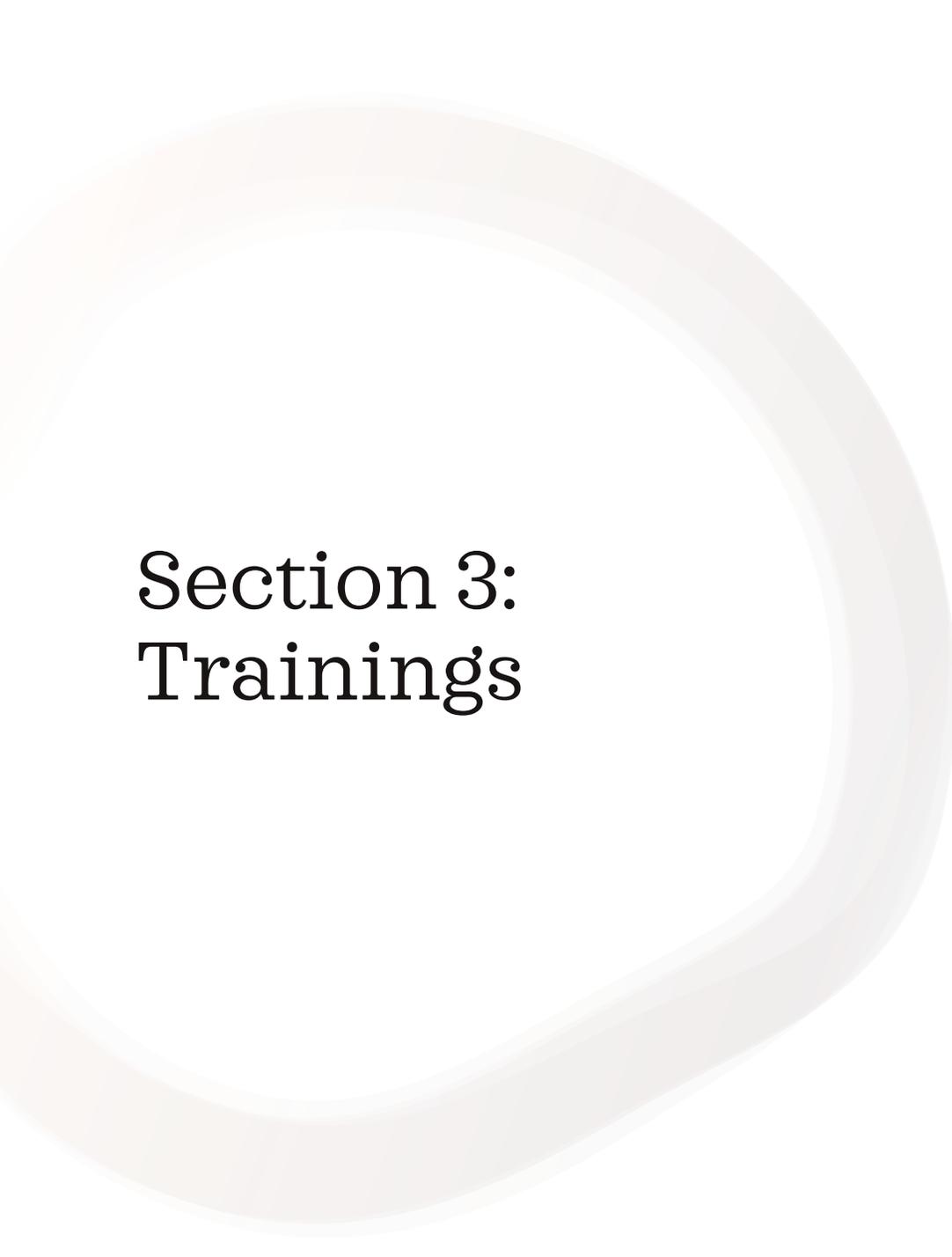
**Question:** How long did it take to finalize the most recent round of budget revisions in FY22?

**Answer:** N/A.  
Discontinued tracking mid fiscal year.

# Section 2: Disbursement of Funds

- **Question:** How quickly were invoices paid in FY22?
- **Answer:** Data is from a sample (sample size 152) of all invoices processed in FY22. The sample is from the biggest service category funding.
  - Mean: 40
  - Max: 166
  - Min: 2





## Section 3: Trainings

**Question:** Did RWSD provide training to agencies on how to correctly fill out an invoice?

**Answer:** Yes. May 18, 2022, and during TA training as needed. There is a registration list of all the participants

## Section 3: Trainings

**Question:** Did RWSD provide training to agencies on how to do a budget revision?

**Answer:** Yes. May 18, 2022, and during TA training as needed. There is a registration list of all the participants.



**AAM**

**Recommendations**

# AAM Recommendations FY23

1. For future AAM results, stratify results by the size of the agency
2. Compare response rate from previous years vs. this year
3. BPHC should have another avenue for feedback besides this survey. Not all feedback received in this survey is relevant to the Planning Council.
4. Staff retention and turnover has been mentioned in previous AAM surveys, as well as in the 2023 HRSA site visit finding. If possible, BPHC should share plan of action specifically regarding staff turnover.
5. Include more open-ended questions in next year's survey. While there is already a free space after most questions, edit some questions to say, “if you clicked disagree then please explain.”

# AAM Recommendations FY23

6. Add questions that allow for additional feedback, i.e., Is there a question you wished we had asked you that wasn't on the AAM Survey? Is there information you would like to provide that we did not ask you about

7. Survey the entire Planning Council on how they feel about the interactions between the recipient and the Planning Council

8. Ask agencies and recipients if they would like to join Planning Council (Send recruitment information to agencies while sending AAM surveys, and ask them to share to their staff)

9. Add "Is there any information you'd like to have that you couldn't get from the current survey?"

# Motion to Approve the FY23 AAM Recommendations

Poll (Select one response):

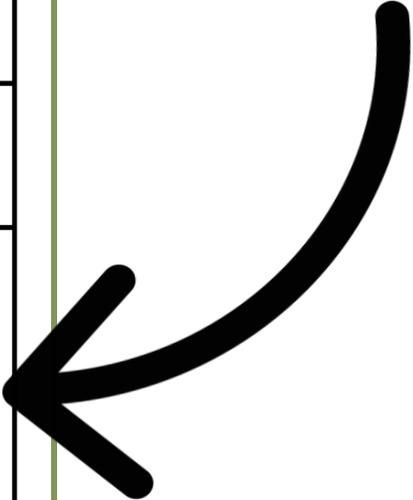
- Approve
- Oppose
- Abstain



# Needs Assessment

# Report

TABLE 5   3-Year Needs Assessment Model			
Component	2020-2021	2021-2022	2022-2023
Epidemiologic Profile	Update current information based on State Surveillance data		
Estimates of PLWH <ul style="list-style-type: none"> <li>• Unaware</li> <li>• Out of Care</li> </ul>	Update current information based on State Surveillance data		
Assessment of Service Needs <ul style="list-style-type: none"> <li>• PLWH in care</li> <li>• PLWH out of care</li> </ul>	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	



Beth Williams, PCS Intern  
 Clare Killian, PCS Manager

# Consumer Survey Demographics

56% of respondents identified as gay and male.

22.8% White/Latino  
32.5% White/Non-Latino  
56% of respondents were White/Caucasian

10.8% Black/Latino  
18.3% Black/Non-Latino  
28% of respondents were Black/African American

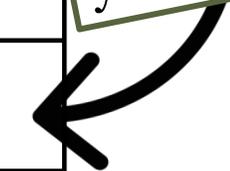
Gender		
Female	52	30%
Male	119	68%
Non-Binary	1	1%
NR	3	2%
Sexual Orientation		
Heterosexual	88	50%
Gay	70	40%
Lesbian	1	1%
Bisexual	9	5%
Unsure	1	1%
Other	1	1%
NR	3	2%
Age		
20-29	6	3%
30-39	21	12%
40-49	36	21%
50-59	49	28%
60-69	48	27%
70+	13	7%
NR	2	1%

Preferred Spoken Language		
English	108	62%
English, Spanish	4	2%
English, Spanish, Portuguese, French	2	1%
Portuguese	22	13%
Spanish	37	21%
NR	1	1%
Other	1	1%
Immigration Status		
Legal Permanent Resident	18	10%
Refugee/Asylee (legal/approved)	1	1%
Undocumented	18	10%
US Citizen	121	69%
VISA: Student, Work, Business or Tourist	1	1%
NR	12	7%
Prefer not to answer	4	2%

# Consumer's Experiences with HIV

Years between Diagnosis and Engaging in Care	Number of Respondents
0-1 year	126 (79%)
2-5 years	16 (10%)
6-10 years	8 (5%)
Over 10 years	9 (5.6%)

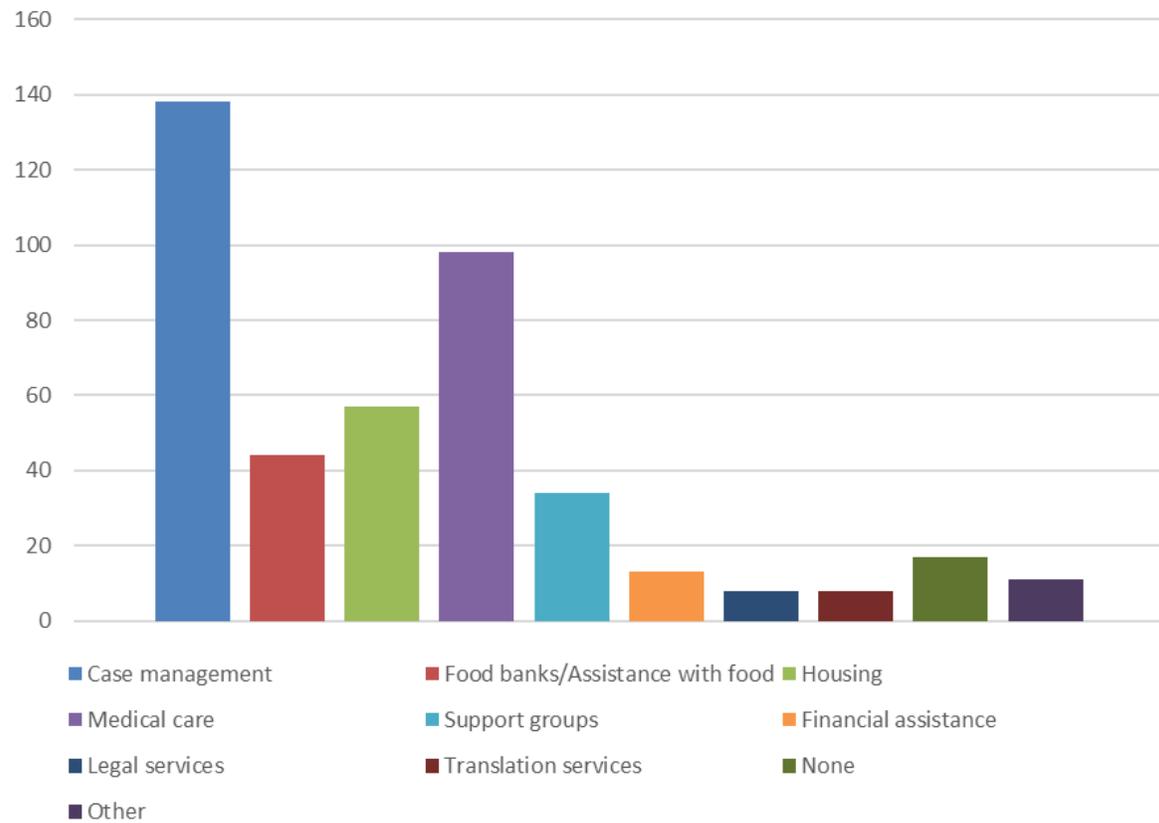
79% of respondents had engaged in care within one year of their diagnosis



78% of respondents had an undetectable viral load at their last doctor's appointment.

- 20 respondents (11%) had stopped taking their medication at some point for more than 7 days in the past 6 months.
  - *The most common reasons: Housing insecurity, depression/mental health, forgetting to take them or having other things to do*
- 35% of those that had stopped taking their medication at some point cited that they stopped because they felt depressed or overwhelmed.

Services Accessed by Respondents



“Something that is very important to me as a person receiving treatment – having a community of people who understand is very important... I thought it was a death sentence. This place has provided a lot of support for me.” - Boston Living Center

“I have a doctor there who speaks Spanish, and that has helped me a lot because I can communicate better and understand better like this.” - Casa Esperanza

68.5% of respondents listed more than one service

27 respondents listed additional services they’d like to have, including:

- Additional peer support and mental health services
- Housing and immigration assistance
- Food, utilities and basic needs assistance

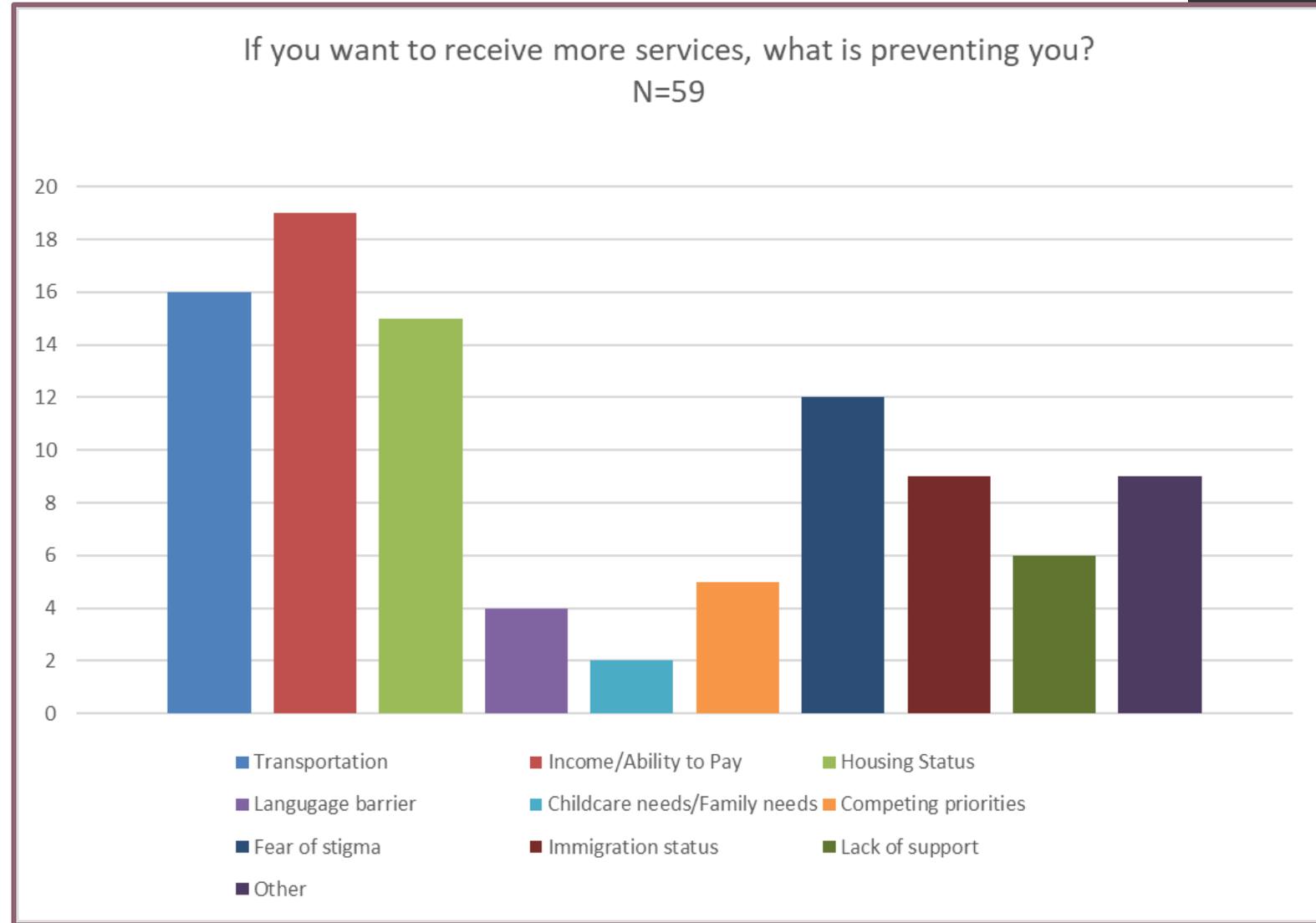
“I appreciate HDAP, and the fact that they’ve made it even more low-barrier to renew, the one-ager, is really, really helpful.” - AIDS Project Worcester

"The food pantry is also very important to me, we have a lot of hard times making ends meet especially while paying for medical care." - Harbor Care

"...if you're separated from someone and need to find a place to live, it's a grueling long process to get your own proper housing, to have shelter, somewhere to eat proper meals." – AIDS Project Worcester

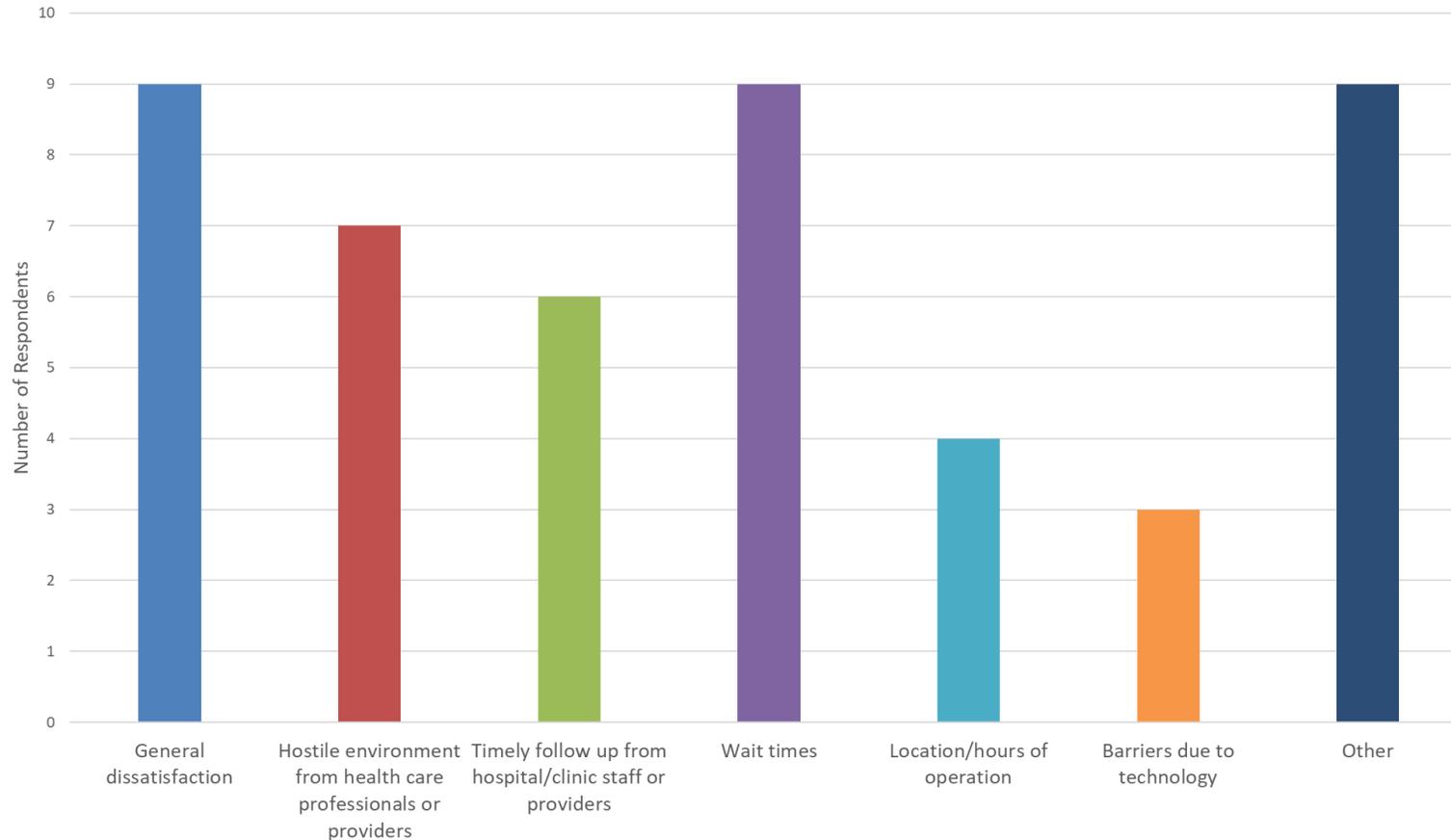
"I was trying to get medical rides to go to the doctor and I had a hard time." - Boston Living Center

"Many people don't look for a doctor sometimes also because of their conditions. Because they are afraid, I think. I don't know..." - Casa Esperanza



Are you frustrated with any of the services you are receiving?

N = 24



“Staff retention in nonprofits and medical facilities. Usually what causes people to fall out of care is the inconsistency of these services being available, especially when you have such a big rotation of staff.

**Ultimately, what it has to come down to, is staff are overworked and underpaid.” - AIDS Project Worcester**

“It’s really frustrating when people have to repeatedly explain themselves, give their HIV status, their income, their insurance... proof of residence, and it’s very strenuous.

**The repetition [of] having to expose yourself repeatedly every six months or every year. It takes away from the focus of really maintaining and creating programs we could have.” –**

AIDS Project Worcester

“There are so many gaps in the system. Where I go, they want you to be on a **waiting list** for therapy for 6 months. What if a person is in a real crucial state of mind and you’re going to make them wait 6 months for a therapist? It shouldn’t be that way.” – AIDS Project Worcester

# Stigma

**TABLE 7** | Impact of Stigma on Ability/Comfort in Accessing Services

Yes, a lot	35	20%
Yes, a little	32	18%
No	93	53%
NR	14	8%

## Impact of stigma by gender

- 54% of women (28 out of 52)
- 32% of men (38 out of 119)
- 0% of non-binary people
- 2 out of 3 people who did not list their gender

12 people (20.3% of those that responded to the question, ‘if you want to receive more services, what is preventing you?’) listed **“fear of stigma”** as a reason that is preventing them from accessing more services.

"[The doctor] washed his hands, and he didn't put on one pair of gloves, he put on two. **It made me feel like I was an insect.** If anyone should know more about HIV, it should be them, but they're the first ones to make us feel uncomfortable." - AIDS Project Worcester

**"There are people that still have a lot of stigma** and they don't look at us the same as everyone else. I see myself as the same as everyone else, we aren't different." – AIDS Project Worcester

"I think that's the biggest issue... they would rather hide from going to the food pantry or provider, taking advantage of what is available, they are embarrassed of having HIV. **It is looked upon as a disease that makes you untouchable.**" - Harbor Care

"The thing is many people don't understand the condition. As they don't understand the condition, they think you get the condition like this, you get [it] here, you get [it] there. They get afraid, you know? **They don't know how to explain it, so they don't know how to talk to people.** So instead of just asking questions, they distance themselves." - Casa Esperanza



**STIGMA**

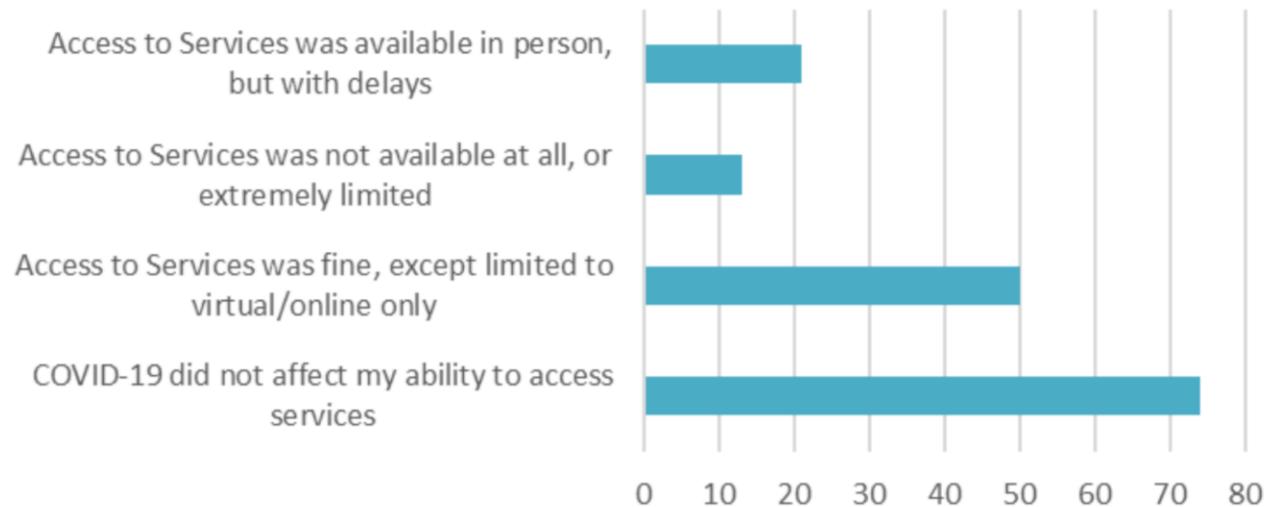
"I felt the same way too. **I used to be scared of going in public** and looking like I have HIV." - Harbor Care

"My dental hygienist, when she realized that I am HIV+, **she was not comfortable touching me.** Her actions spoke louder than words. I asked her if she was scared of touching me, she was very truthful and I told my case manager and she told the head of the dental department." - Harbor Care

# Impact of COVID-19: Positives & Negatives

What was the impact of COVID on your ability to access HIV services?

N=161



“Everyone wants to do everything over the phone, it’s very impersonal. Instead of a physical check-up, they just want to see you on Zoom. Zoom is not bad all the time, but it’s not good all the time, either.” – AIDS Project Worcester



“It’s been hard to go and make appointments. There are less time slots available and sometimes I let appointments go. I know a lot of doctors cut back their hours...” - Harbor Care



“I had a different experience. Early on in the pandemic, I felt like I was getting more wellness calls from my provider. I really appreciated hearing from them every few weeks instead of every six months.” - AIDS Project Worcester



“I didn’t have a problem during COVID. I was able to go to my doctor, we had a small support group that was going, everything HIV-wise was fine for me. Nothing changed for me.” - Boston Living Center

# Impact of COVID-19: Mental Health

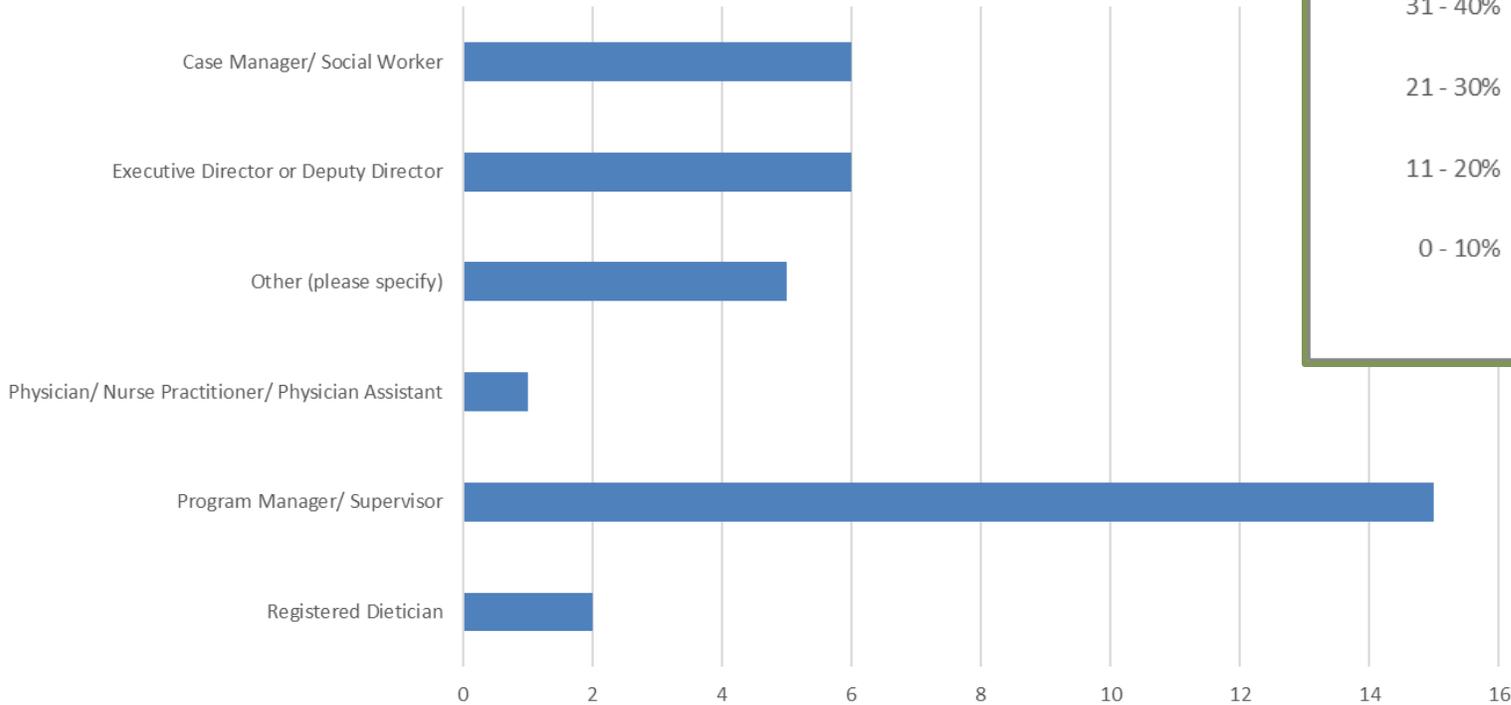
The most common survey responses on the impact of COVID-19 were about feelings of isolation and lack of support, concern about exposure to COVID, or the wait time being longer for services.

Mental health, loneliness and isolation was concern discussed more in the focus group discussions.

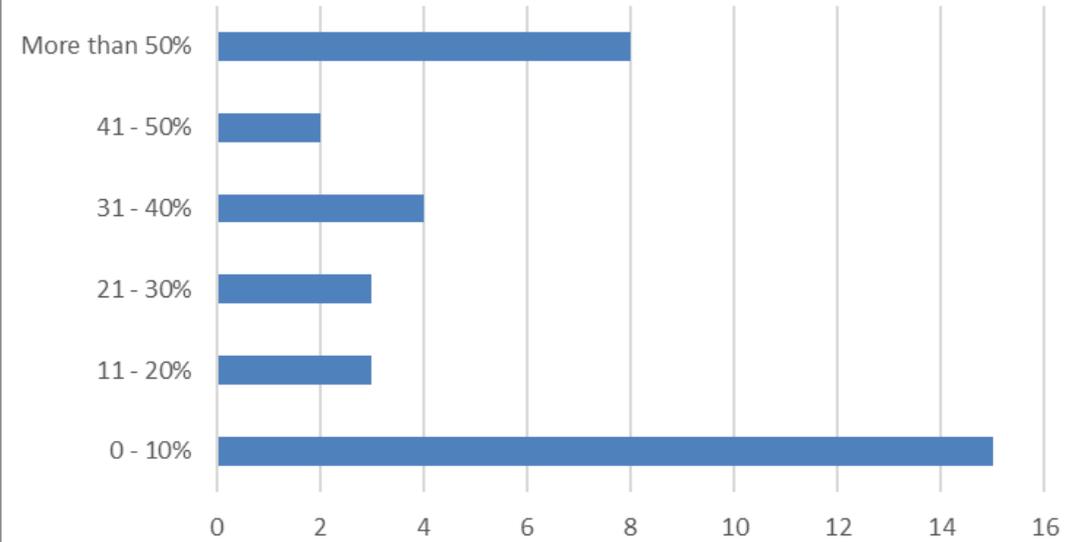
- "During COVID, being retired, living alone, **I got very depressed**. I started feeling like a lot of it was because of COVID and it was affecting my mental health pretty badly." - Harbor Care
- "All day long. And the whole pandemic, I couldn't go out. **I did not go out and then, well, I got very depressed**, but I feel better now." - Casa Esperanza
- "At the beginning of the pandemic, I had my bike. **It was very lonely during the pandemic**. No one wanted to be around anyone." - Boston Living Center
- "I wish the support groups hadn't stopped. That was a huge barrier for me, not getting the support I needed during the pandemic when **I actually needed a lot of peer support**." - AIDS Project Worcester

# Provider Survey

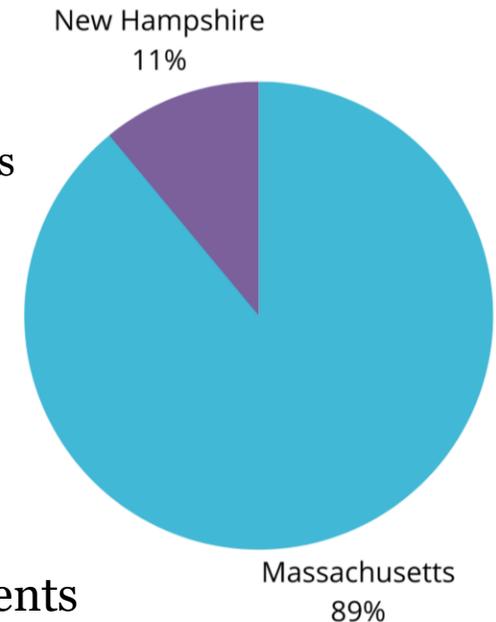
What is your position at your agency?



Percent of time spent with clients



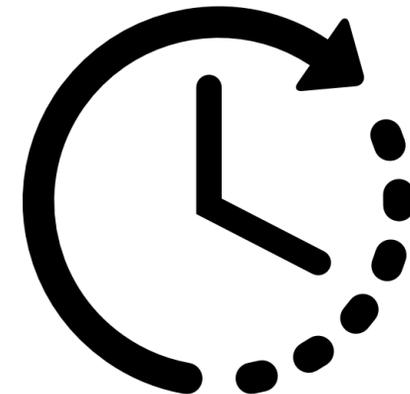
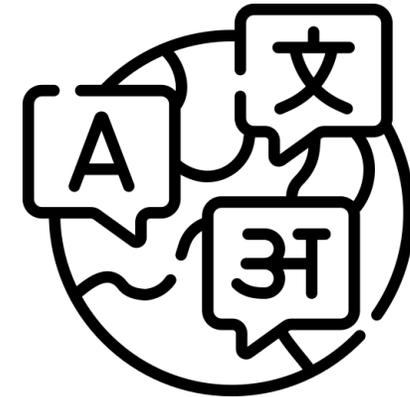
State where respondent's agency is located:



- Majority of agencies were medical providers, mental health providers or housing/homeless service providers. 40% of respondents listed that their agency provides more than one service
- Most agencies had more than 50 employees and served between 100 and 1000 clients

# Provider Survey: Agency Accessibility

- 89% of agencies are public transportation accessible.
- 86% of agencies listed Spanish as a language most requested by clients (followed by Portuguese and Haitian Creole)
  - 89% of respondents said that their agency offers some type of language translation services
- Majority of agencies (89%) are open at least weekday hours, either 8 to 5 or 9 to 5. 23% of respondents listed that their agencies are open weekday hours, weekday evenings and weekend hours.



**TABLE 14** | Have any of the following occurrences taken place within your agency in the past year?

An increase in the number of clients seeking services	22	63%
An increase in the demand for services from clients	22	63%
A decrease in the amount of funding provided from private donations	9	26%
A decrease in funding your agency receives from any funding streams	7	20%

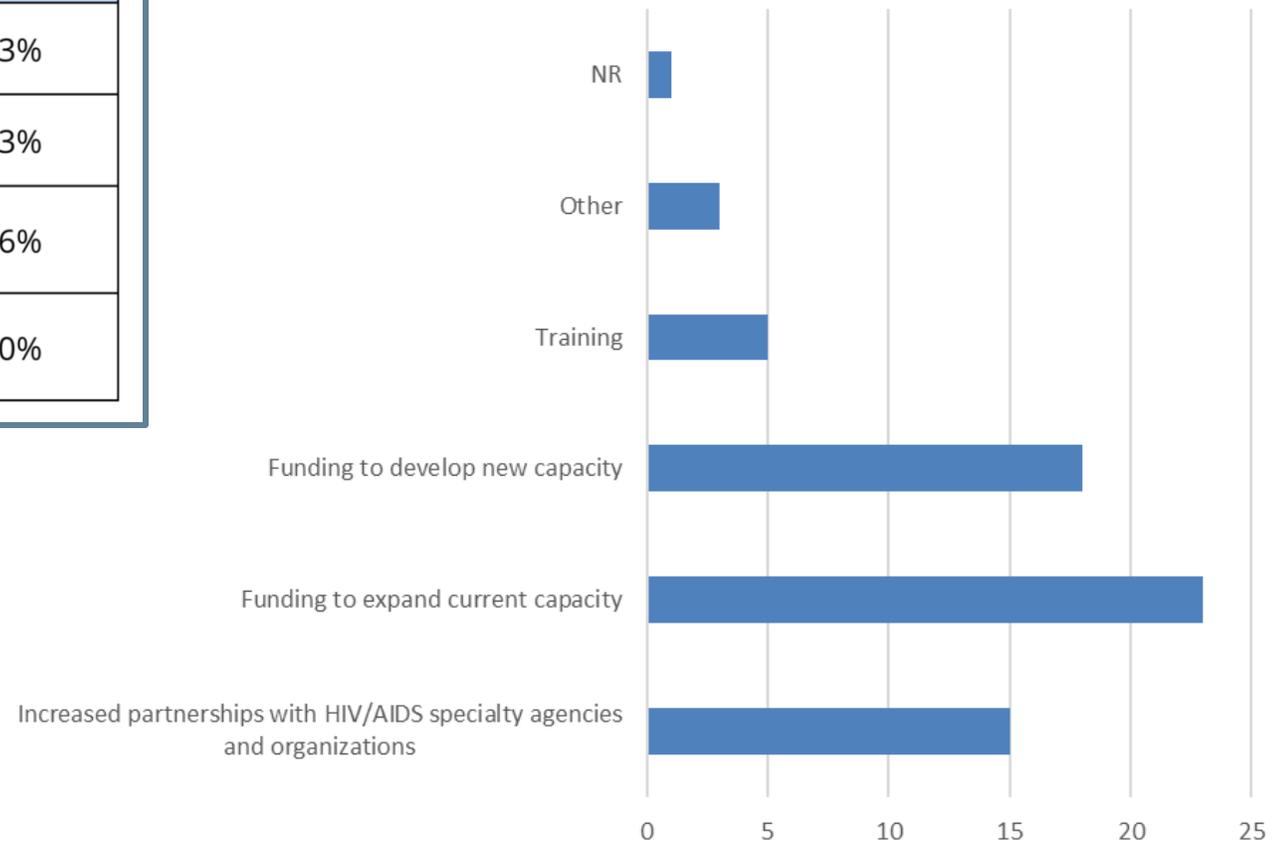
This demand can lead to long wait lists for services:

- 46% of respondents said their agency has a wait list for services.
- The most common service that there is a wait list for is behavioral/mental health services.

“When your therapist leaves, its back on the wait list.”  
– Boston Living Center

“Where I go, they want you to be on a waiting list for therapy for 6 months. What if a person is in a real crucial state of mind and you’re going to make them wait 6 months for a therapist? It shouldn’t be that way.” – AIDS Project Worcester

Current Agency Needs



“And entering new care in Boston as some facility can be a long wait.” – Boston Living Center



43%: Clients routinely miss appointments



31%: Insufficient staff to provide services



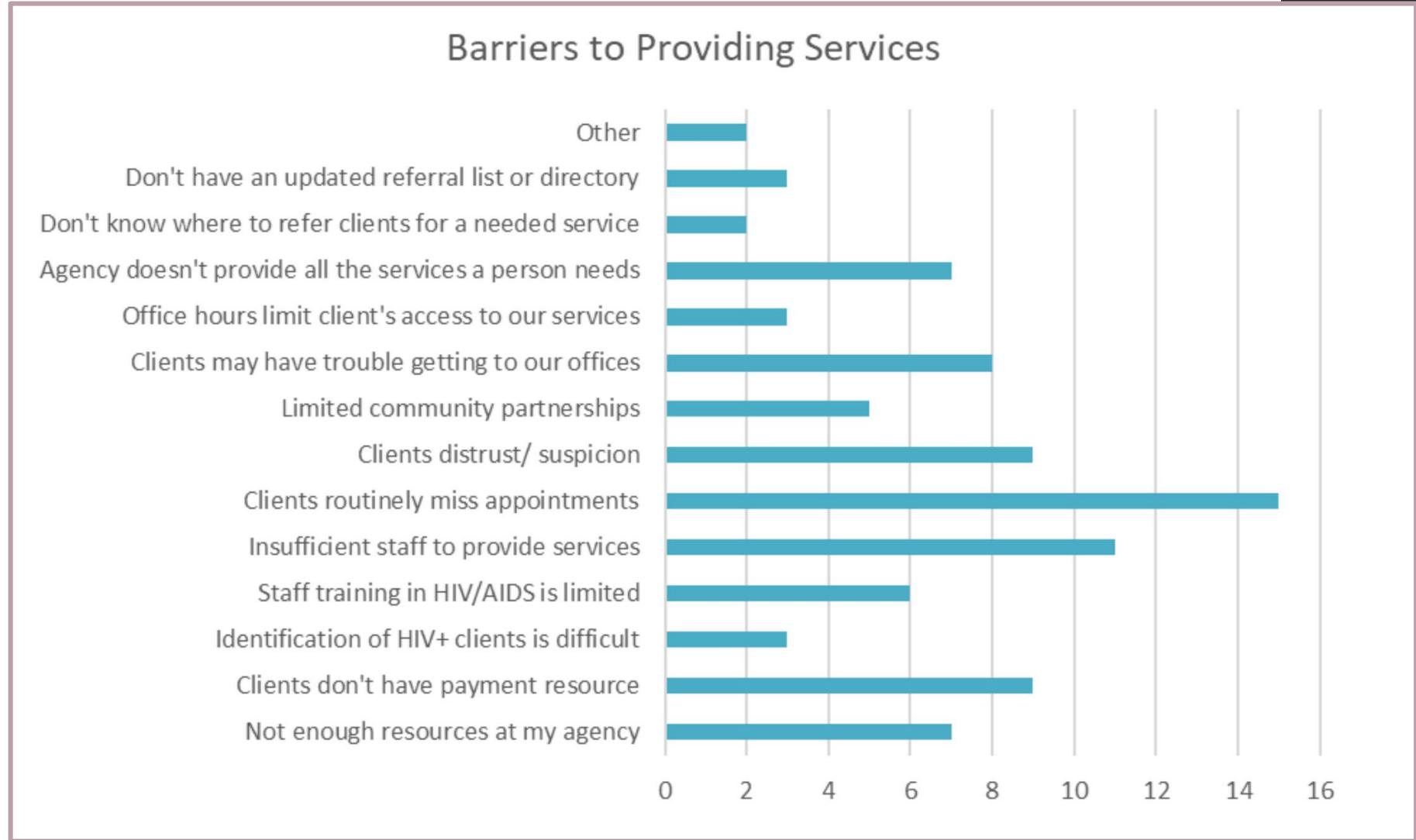
26%: Client's distrust/suspicion



26%: Clients don't have payment resource



23%: Clients may have trouble getting to our offices



# In your opinion, what two changes in the Ryan White care system would make it easier for clients to access services?

**Provider survey responses echo consumer focus group comments.**

**Staffing** related issues such as increasing pay, training opportunities and retention

**Less restrictions** on both eligibility and how money can be spent

**Reduction in the reporting/administrative burden** on both providers and patients

**Increased funding and resources** for services such as housing, substance use, health ed/risk reduction and transportation, psychosocial support and food assistance

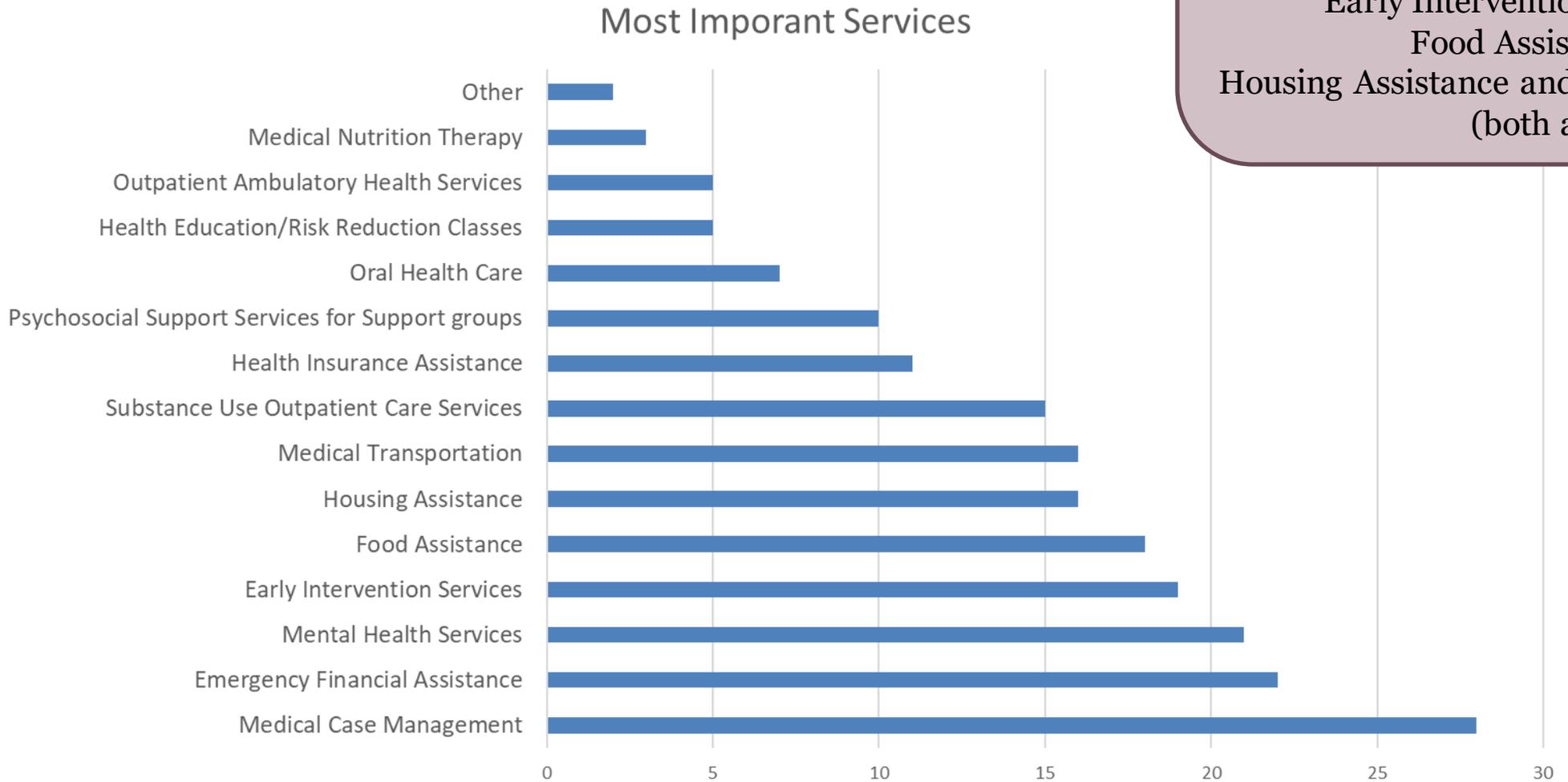
24 provider respondents answered this question (68.5%)

# Provider Survey: Client Needs

80% of providers chose Medical Case Management as one of the most important services.

---

Emergency Financial Assistance (63%)  
Mental Health Services (60%)  
Early Intervention Services (54%)  
Food Assistance (51%)  
Housing Assistance and Medical Transportation  
(both at 46%).



# Impact of COVID-19: Providers & Agencies

**TABLE 16** | Has the COVID-19 pandemic affected your agency's ability to offer services?

Yes	17	49%
No	18	51%

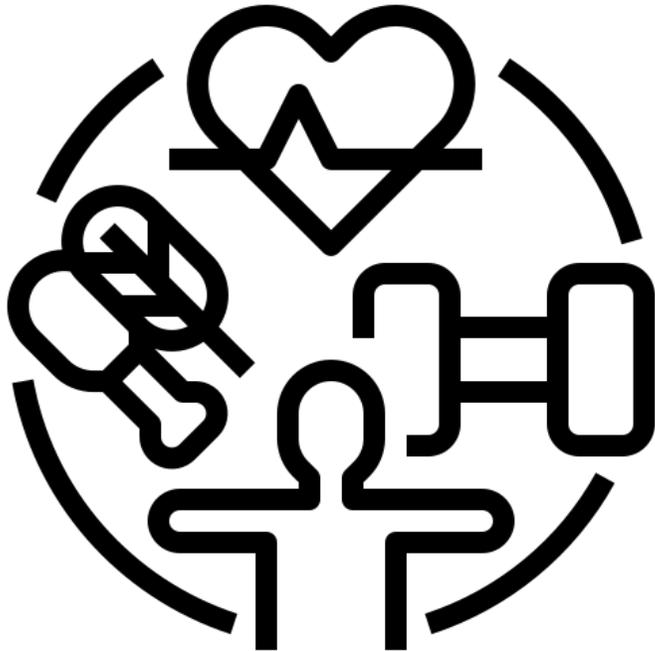
## Negative Impacts

- Staffing shortages and high turnover rates
- Loss of in-person connection
- Increasing strain on resources, specifically with food assistance and housing insecurity

## Positive Impacts

- Innovation of providing services
- More accessibility with telehealth
- Elimination of transportation barriers
- Increased benefit eligibilities

# Conclusion



- Access to fulfill basic needs continues to be a significant barrier to retention in care
- Mental health and peer support were highlighted as some of the most important services despite gaps in service delivery
- Staff retention and turnover continue to be a severe problem, creating barriers related to availability of services and to sustaining patient-provider relationships
- COVID-19 had an extremely individualized impact on everyone - with about a 50/50 split on positive to negative responses about it
- COVID-19 exacerbated preexisting structural and systemic issues with the HIV care continuum and the network of support services

**SPECIAL SHOUT  
OUT AND  
THANK YOU TO**

**Beth Williams!!!**





# Funding Streams Summary

# **Remember the Funding Streams Expo?**

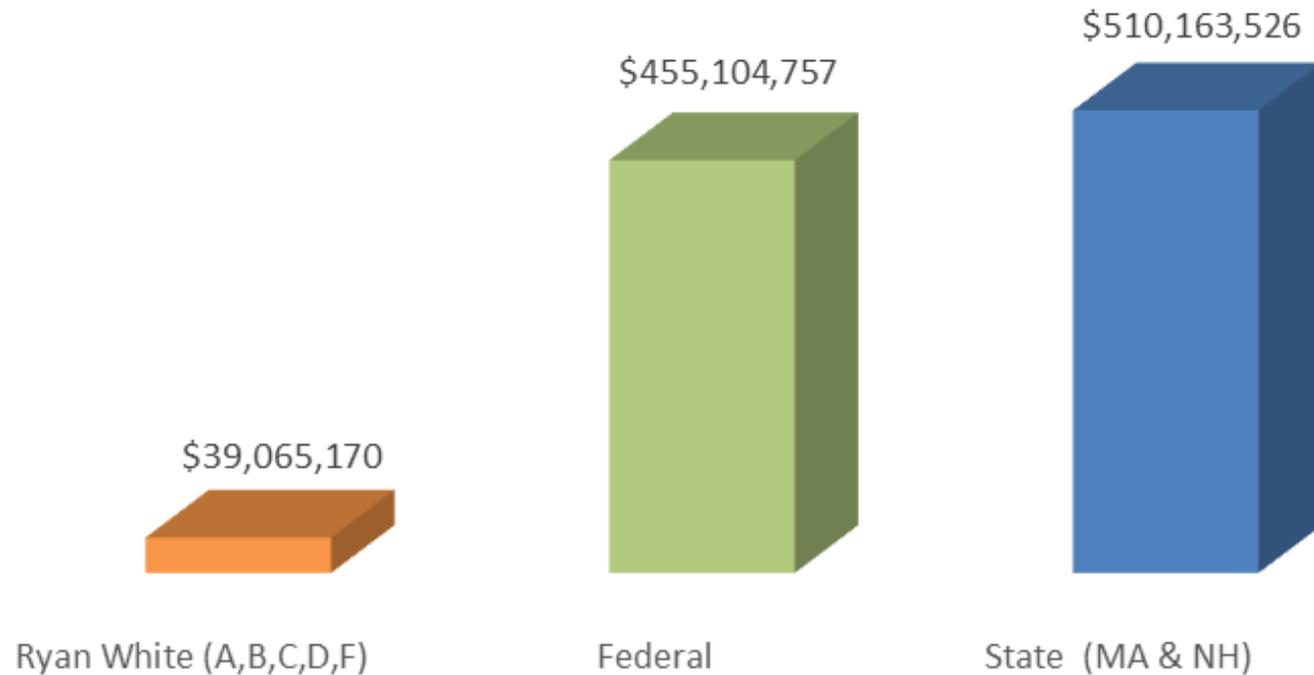
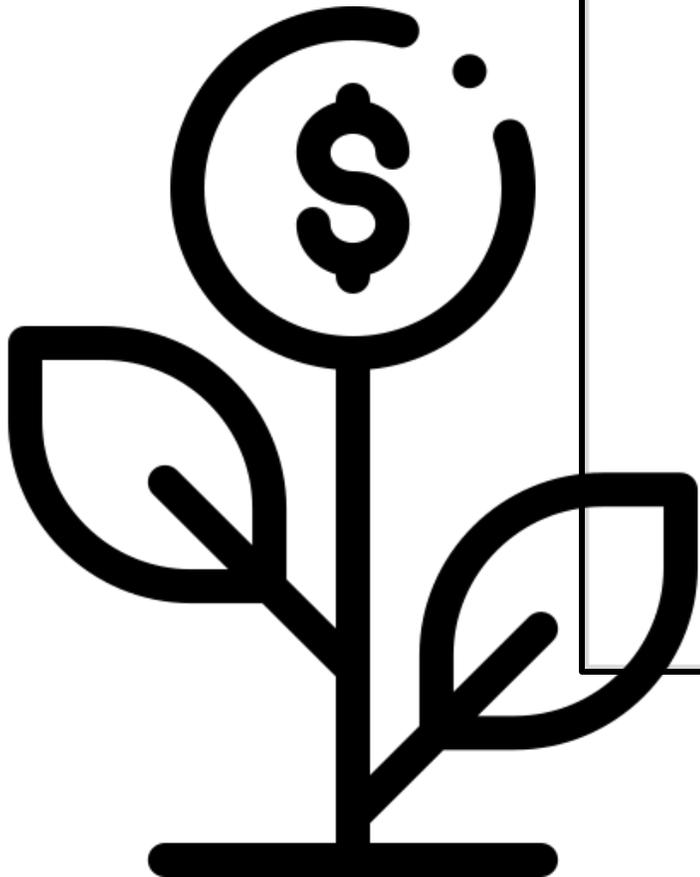
This data collection is an extension of the same activity.

This data is a broad view of the funding landscape for programs that support PLWH in MA and NH.

PCS sent out the data request to over 60 providers/agencies in MA and NH.

# Current Funding Environment

Figure 1. Main Funding Streams in the Boston EMA



<b>Table 2: 2023 Funding Stream Breakdown in the Boston EMA</b>		
<b>Funding Stream</b>	<b>Total Allocation</b>	<b>Percentage</b>
Part A	\$ 15,160,345	<b>1.5%</b>
Part B	\$ 15,492,554	<b>1.5%</b>
Part C	\$ 4,596,539	<b>0.5%</b>
Part D	\$ 2,254,020	<b>0.2%</b>
Part F	\$ 1,561,712	<b>0.2%</b>
HOPWA + HOPWA CARES Act	\$ 7,205,250	<b>0.7%</b>
CDC	\$ 6,247,050	<b>0.6%</b>
Federal Medicaid (MassHealth & NH)	\$ 436,895,740	<b>43.5%</b>
EHE Funding	\$ 1,144,974	<b>0.1%</b>
SAMHSA	\$ 3,274,826	<b>0.3%</b>
Other Federal	\$ 336,917	<b>0.0%</b>
MassHealth	\$ 436,895,740	<b>43.5%</b>
MA General Funds	\$ 32,868,619	<b>3.3%</b>
MDPH - BSAS	\$ 35,420,942	<b>3.5%</b>
MA Other	\$ 4,978,225	<b>0.5%</b>
NH State General Funds	\$ -	<b>0.0%</b>
Private Funding	\$ 361,041	<b>0.0%</b>
<b>TOTAL</b>	<b>\$ 1,004,694,494</b>	<b>100.0%</b>

Figure 1.1. Proportion of Main Funding Streams

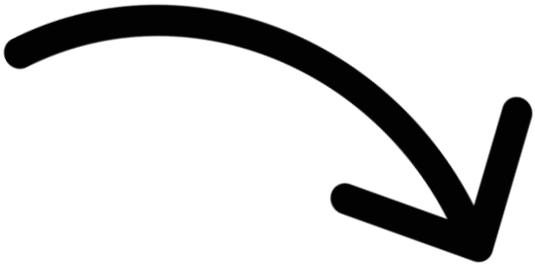
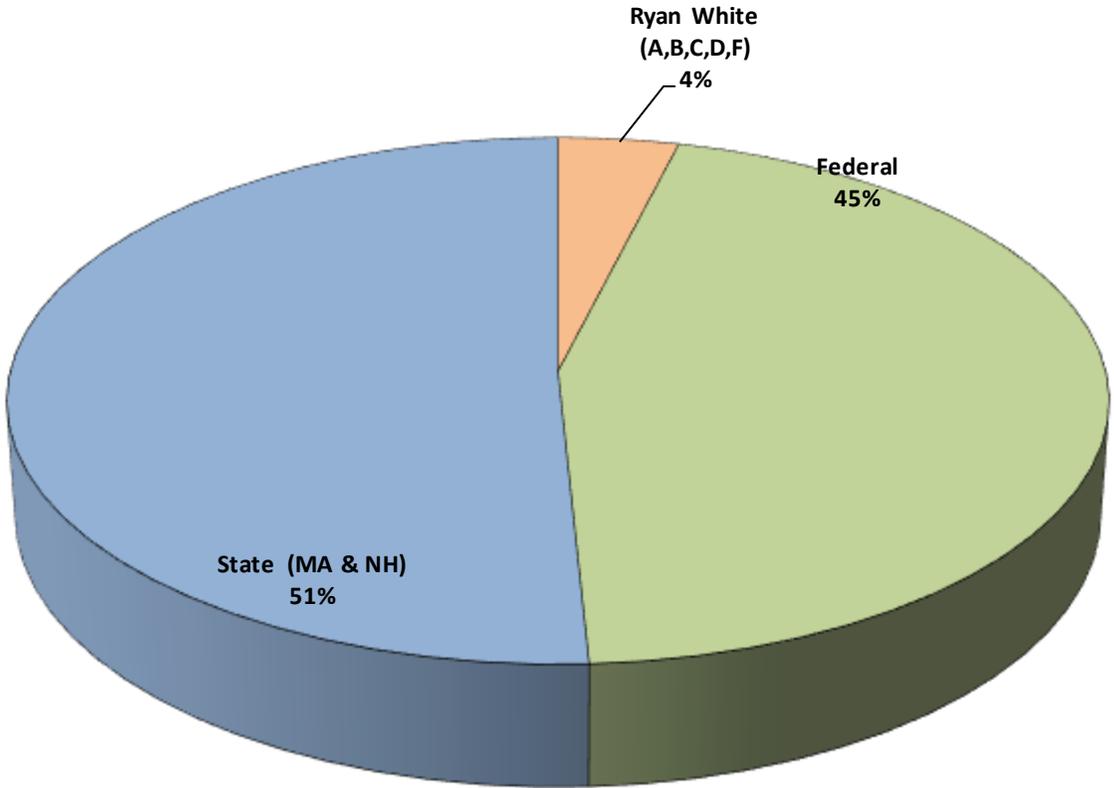
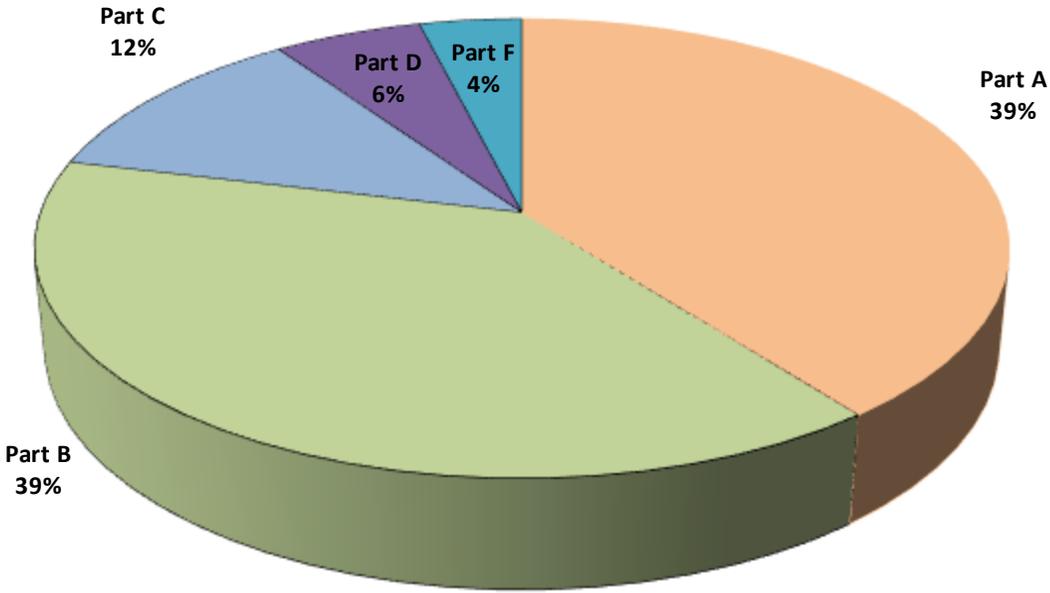
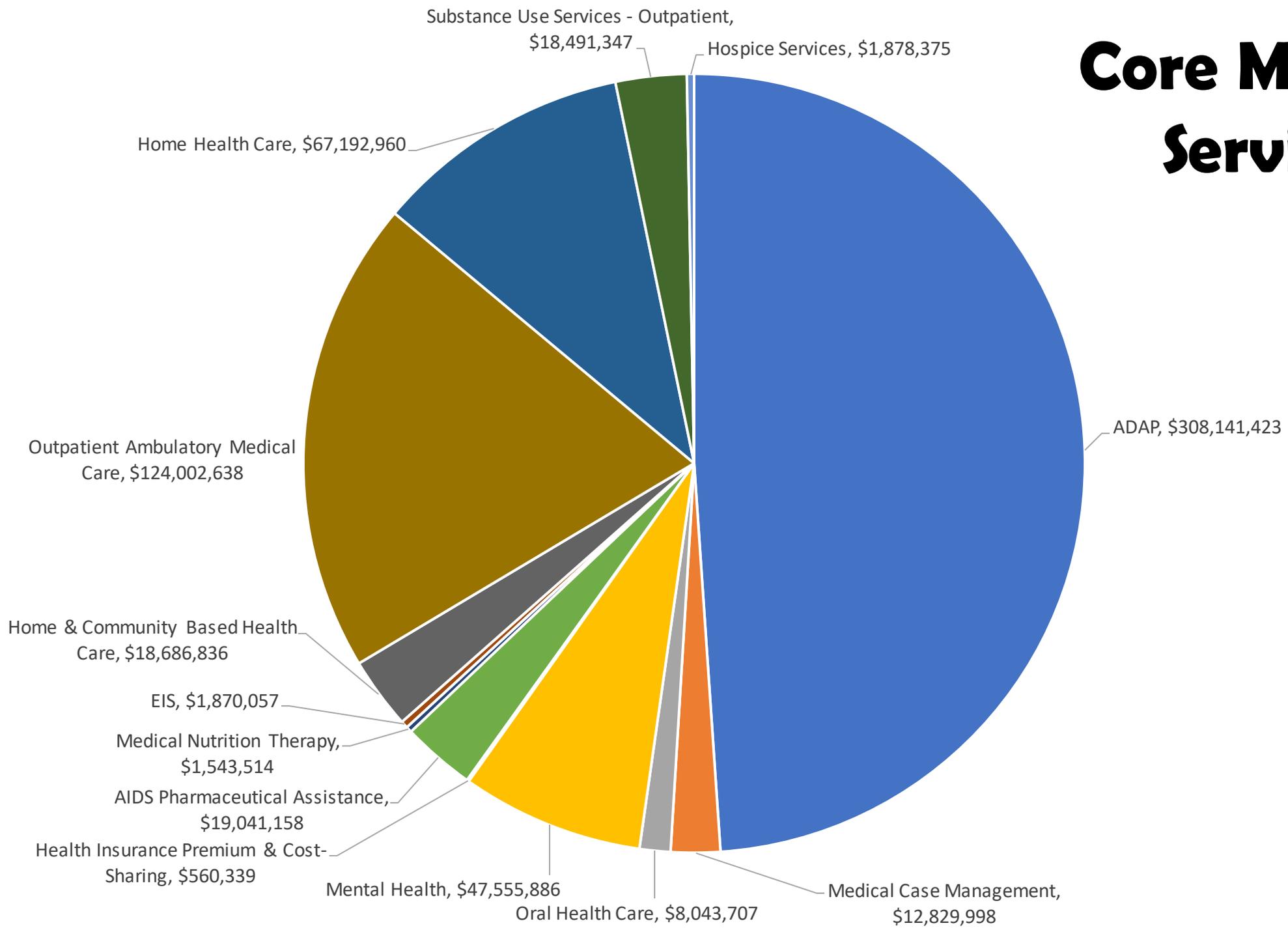


Figure 2. Proportion of Ryan White Funding Streams

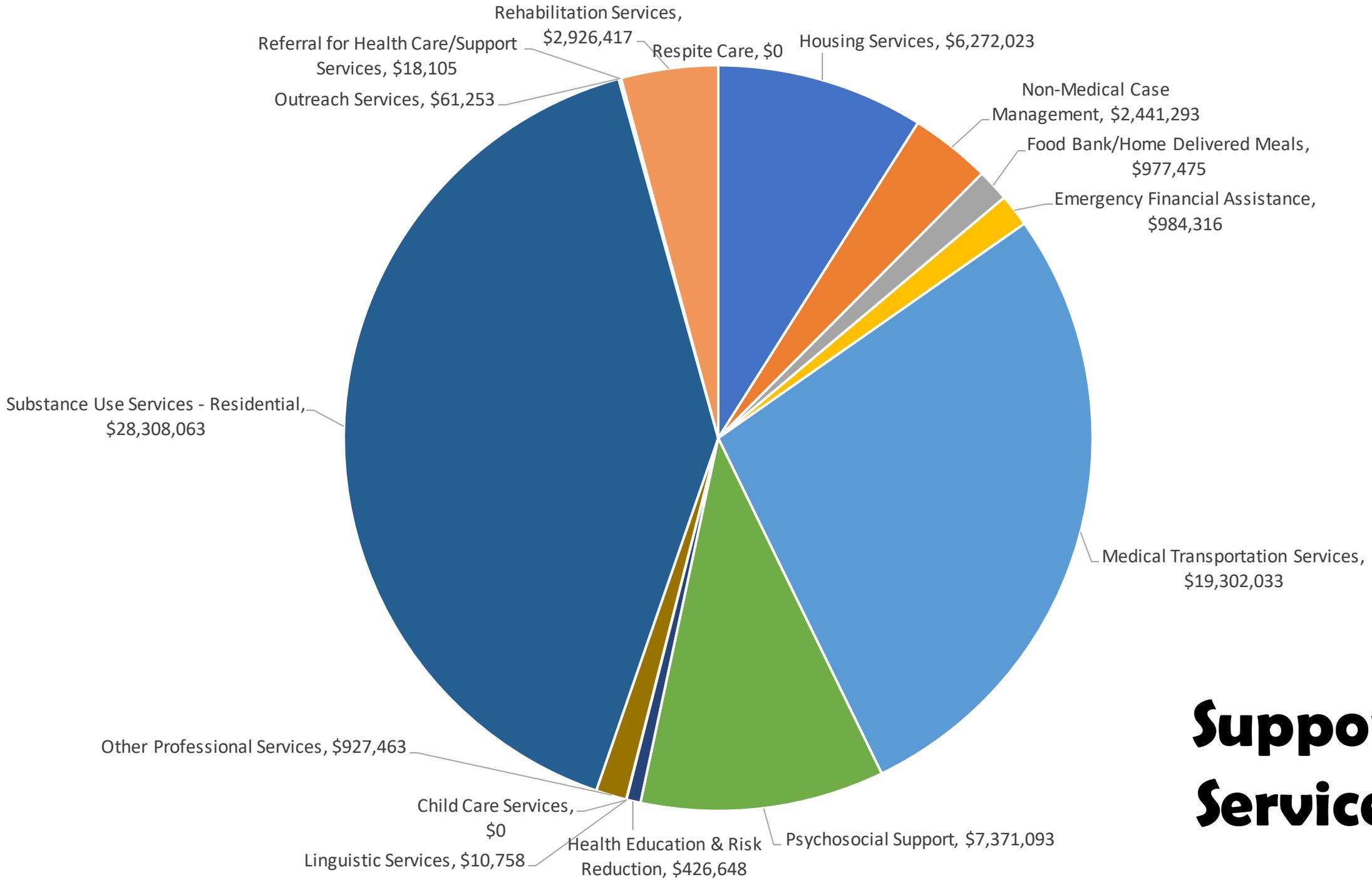


# Core Medical Services



<b>TOTAL PUBLIC FUNDING IN EMA</b>						
	<b>\$19,041,158</b>	<b>\$308,141,423</b>	<b>\$1,870,057</b>	<b>\$560,339</b>	<b>\$67,192,960</b>	<b>\$18,686,836</b>
	<b>AIDS Pharm. Assistance</b>	<b>ADAP/ HDAP</b>	<b>EIS</b>	<b>Health Insurance Premium &amp; Cost Sharing Assistance</b>	<b>Home Health Care</b>	<b>Home and Community-Based Health Services</b>
<b>Federal</b>	0%	50%	25%	0%	50%	50%
<b>State (MA &amp; NH)</b>	43%	50%	0%	0%	50%	50%
<b>Ryan White (A, B, C, D, F)</b>	57%	0%	75%	100%	0%	0%

	<b>\$1,878,375</b>	<b>\$12,829,998</b>	<b>\$1,543,514</b>	<b>\$47,555,886</b>	<b>\$8,043,707</b>	<b>\$124,002,638</b>	<b>\$18,491,347</b>
	<b>Hospice Services</b>	<b>Medical Case Management</b>	<b>Medical Nutrition Therapy</b>	<b>Mental Health</b>	<b>Oral Health Care</b>	<b>Outpatient / Ambulatory Medical Care</b>	<b>Substance Abuse Services – Outpatient</b>
Federal	50%	5%	2%	50%	34%	49%	41%
State	50%	31%	14%	50%	34%	49%	59%
Ryan White	0%	64%	84%	1%	32%	1%	0%



# Support Services

**Not Funded!**

<b>TOTAL PUBLIC FUNDING IN EMA</b>							
	<b>\$2,441,293</b>	<b>\$0</b>	<b>\$984,316</b>	<b>\$977,475</b>	<b>\$426,648</b>	<b>\$6,272,023</b>	<b>\$927,463</b>
	<b>Case Management, Non-Medical (i.e. Client Advocacy)</b>	<b>Child Care Services</b>	<b>Emergency Financial Assistance</b>	<b>Food Bank / Home-Delivered Meals</b>	<b>Health Education / Risk Reduction</b>	<b>Housing Services</b>	<b>Legal Services</b>
<b>Federal</b>	46%	#DIV/0!	72%	13%	1%	71%	3%
<b>State (MA &amp; NH)</b>	0%	#DIV/0!	0%	0%	1%	3%	55%
<b>Ryan White (A, B, C, D, F)</b>	54%	#DIV/0!	28%	87%	99%	26%	42%

	<b>\$10,758</b>	<b>\$19,302,033</b>	<b>\$61,253</b>	<b>\$7,371,093</b>	<b>\$18,105</b>	<b>\$2,926,417</b>	<b>\$0</b>	<b>\$28,308,063</b>
	<b>Linguistic Services</b>	<b>Medical Transportation Services</b>	<b>Outreach Services</b>	<b>Psychosocial Support Services (i.e., Peer Support)</b>	<b>Referral for Health Care / Supportive Services</b>	<b>Rehabilitation Services</b>	<b>Respite Care</b>	<b>Substance Abuse Services - Residential</b>
<b>Federal</b>	3%	49%	55%	4%	0%	50%	#DIV/0!	9%
<b>State</b>	0%	49%	0%	79%	0%	50%	#DIV/0!	91%
<b>Ryan White</b>	97%	1%	45%	17%	100%	0%	#DIV/0!	0%

**Not Funded!**

# Key Takeaways

- In FY22, a total of \$1,004,487,099 was available to fund HIV services (including administrative costs) in the Boston EMA
- Only funding direct to service categories inclusive of private funding reported - \$700,205,648
- ADAP, Outpatient/Ambulatory Health Services, Home Health Care, Mental Health Services and Residential Substance Use Services are the five highest funded service categories among all funding streams.
- State funding is the highest payer of Ryan White services in the Boston EMA

**Table 3: 2023 Breakdown of Funds for all HRSA Service Categories in the EMA inclusive of private donations reported**

<b>Core</b>	<b>\$630,079,062</b>
<b>Support</b>	<b>\$70,126,586</b>
<b>Administrative/Support</b>	<b>\$304,488,846</b>
<b>Total</b>	<b>\$1,004,694,494</b>

<b>Direct service public service funding</b>	<b>\$699,865,177</b>
<b>% of Core</b>	
Federal	41.98%
State	44.08%
Ryan White	3.93%
<b>% of Support</b>	
Federal	2.90%
State	6.19%
Ryan White	0.92%
	<b>100%</b>

# Limitations

- Capacity of agencies to respond/response rate – 70.7%
- Agency staff turnover
- Varying fiscal years
- Potentially missing the full scope of EHE awards, other awards for individual programs and private funding
- Large federal funders (Veteran's Affairs, Transitional Assistance, NH Medicaid – tracks, but for the entire state, not just EMA) do not track or respond

# Overview of Allocations Meeting

NRAC will present on June 8<sup>th</sup> and you will vote on the recommendations on June 22<sup>nd</sup>!

**Who?**

**NRAC members**

**What?**

Creating recommendations for various funding scenarios

**Where?**

This will be done on May 18<sup>th</sup>, **from 10 AM-4 PM**

**Location:** The O'Neill Conference Room, Miranda Creamer Building, 785 Albany Street, Boston, MA 02118

# **Committee Reports**

**MNC - Michael Swaney**

**NRAC - Catherine Weerts**

**SPEC - Margaret Lombe**

**Consumer - Robert Giannasca**

**Executive - Patrick Baum**

# Agency Updates

MA DEPARTMENT OF PUBLIC HEALTH  
**BARRY CALLIS**

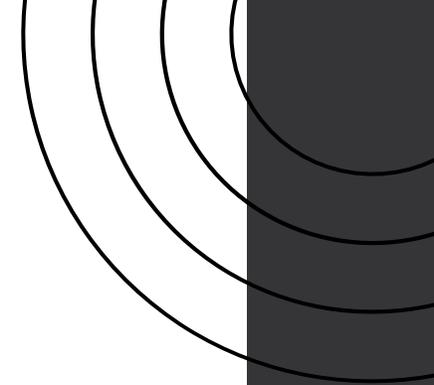
NH DEPARTMENT OF HEALTH & HUMAN  
SERVICES  
**YVETTE PERRON**



MA OFFICE OF MEDICAID  
**ALLISON KIRCHGASSER**

BOSTON PUBLIC HEALTH  
COMMISSION  
**TEGAN EVANS**

MAYOR'S OFFICE  
**MELISSA HECTOR**



# Announcements & Evaluations

---

- Planning Council Recruitment
  - Member Applications and flyers on Basecamp
  - Incumbent reapplication due!!!
  - New member application deadline: June 16<sup>th</sup>
- Looking ahead - Planning Council Officer Elections coming up!
  - Nominations on June 8
  - Elections on June 22
- THRIVE event tonight!!
- iSTRIVE Study is recruiting!



Please fill out the  
meeting evaluation!!!



Planning Council Meeting  
Thursday, May 11, 2023  
Zoom  
4-6 PM

---

### Summary of Attendance

#### Members Present

Stephen Batchelder  
Patrick Baum  
Yvette Perron  
Henry Cabrera  
Barry Callis  
Stephen Corbett  
Sandra Custodio  
Beth Gavin  
Melisa Hector  
Darian Hendricks  
Amanda Hart  
Wendy LeBlanc  
Jordan Lefebvre  
Kathy Lituri  
Margaret Lombe  
Allison Kirchgasser  
Lamar Brown-Noguera  
Justin Alves  
Mahara Pinheiro  
Serena Rajabiun  
Darren Sack  
Michael Swaney  
Catherine Weerts  
Karen White  
Kim Wilson  
Tim Young  
Robert Giannasca  
Bryan Thomas

#### Members Excused

Damon Ganes  
Larry Day  
Nate Ross

#### Members Absent

Adam Barret  
Daniel Amato  
Joey Carlesimo  
Jerome Hazen  
Brian Holliday  
Lorraine Jones  
Keith Nolan  
Ethan Ouimet  
Arielle Pierre  
Naika Williams  
Allan McClendon  
Ericka Olivera  
Manuel Pires  
Luis Rosa  
Mairead Skehan Gillis

#### Staff

Claire Karafanda  
Sarah Kuruvilla  
Melanie Lopez  
Claudia Cavanaugh  
Clare Killian  
Vivian Dang

#### Guests

**Topic A: Welcome and Introductions**

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

---

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

**Motion to Approve:** Darren Sack

**Second:** Kim Wilson

**Result:** The meeting minutes were approved by 83% with 3% opposed and 14% abstained.

### **Topic C: RWSD FY22 Year End Report**

Senior Program Manager for Ryan White Part A goes over the purpose and objectives of the FY22 Year End Report and gives the program overview.

Purpose and Objectives:

- Share FY 2022 spending, service delivery, client health outcomes, and client demographics.
- Highlight the performance of Part A & MAI funded services.

Program Overview:

- Viral suppression is 89.89%
- “Excellent” Adherence to Prescribed HIV-Related Medication is 80.91%
- Care Retention is 75.24%
- There were 3,698 clients served from Part A
- 423 clients served for MAI

They proceed to go over over the health outcomes and FY22 demographics, spending updates, and utilization updates.

- Lowest spending from Non-Medical Case Management – Part A, Medical Transportation – Part A, Emergency Financial Assistance – Part A
- Utilization Updated, top 2 served: Medical Case Management and Oral Health

Trends and Observations:

- Increase need for Non-Medical Case Management
- Increase need for Emergency Financial Assistance
- Other emergency funding streams (i.e COVID/Pandemic Assistance/MassHealth expansion) slowly rolling back causing an increased need for Part A
- Inflation and the rising cost of living shown to use Part A dollars faster
- Agencies have solidified policies and procedures for:
  - Care retention and engagement
  - Client satisfaction
  - EFA and HOUS
  - e2Boston data uploads
- Several core-funded and support-funded agencies have paired up to share clients
- Clients are enjoying transitioning back to in-person group work for HERR and PSS

Successes:

- Higher level of retrained care
- Higher viral suppressions
- Agency collaborations
- RWSD support

Challenges:

- Inflation has been difficult for service categories
  - o Lack of affordable housing
- High turnover
- Administrative burn out

### **Topic D: AAM Results & Discussion**

PCS explains what the Assessment of the Administration Mechanism is and why it is conducted.

Council members go over the survey results and comments made by the providers that filled out the AAM surveys.

PCS goes over AAM: Part 2 -BPHC/RWSD Questionnaire

AAM Recommendations for FY23

1. For future AAM results, stratify results by the size of the agency
2. Compare response rate from previous years vs. this year
3. BPHC should have another avenue for feedback besides this survey. Not all feedback received in this survey is relevant to the Planning Council.
4. Staff retention and turnover has been mentioned in previous AAM surveys, as well as in the 2023 HRSA site visit finding. If possible, BPHC should share plan of action specifically regarding staff turnover.
5. Include more open-ended questions in next year's survey. While there is already a free space after most questions, edit some questions to say, "if you clicked disagree then please explain."
6. Add questions that allow for additional feedback, i.e., Is there a question you wished we had asked you that wasn't on the AAM Survey? Is there information you would like to provide that we did not ask you about
7. Survey the entire Planning Council on how they feel about the interactions between the recipient and the Planning Council
8. Ask agencies and recipients if they would like to join Planning Council (Send recruitment information to agencies while sending AAM surveys, and ask them to share to their staff)
9. Add "Is there any information you'd like to have that you couldn't get from the current survey

Council member recommendations:

- Add: How soon do agencies get their purchase order (which is required before we can submit an invoice)?
  - o Asking agencies how long it took to get purchase orders and BPHC for their numbers for comparison
- "If resources were not a challenge, what ideas or what would you recommend for hiring and retention?"
- BPHC should do a survey about recruitment

Motion to approve the recommendations, with added question about purchase order for BPHC and agencies, as well as adding to the staff turnover at BPHC questions involving the corrective action plan and HRSA site visits and why it is happening.

Motion: Wendy LeBlanc

Second: Justin Alves

Results: The motion was approved by 86%, with 24 approved, 3 abstained.

### **Topic E: Needs Assessment Presentation**

PCS Intern goes over the finalized results from the Needs Assessment.

Goal for future is to make it more accessible for different demographics.

Takeaways:

- 78% of respondents had an undetectable viral load at their last doctor's appointment.
- 68.5% of respondents listed more than one service
- 27 respondents listed additional services they'd like to have, including:
  - o Additional peer support and mental health services
  - o Housing and immigration assistance
  - o Food, utilities and basic needs assistance
- 12 people (20.3% of those that responded to the question, 'if you want to receive more services, what is preventing you?') listed "fear of stigma" as a reason that is preventing them from accessing more services.
- Access to fulfill basic needs continues to be a significant barrier to retention in care
- Mental health and peer support were highlighted as some of the most important services despite gaps in service delivery
- Staff retention and turnover continue to be a severe problem, creating barriers related to availability of services and to sustaining patient-provider relationships
- COVID-19 had an extremely individualized impact on everyone - with about a 50/50 split on positive to negative responses about it
- COVID-19 exacerbated preexisting structural and systemic issues with the HIV care continuum and the network of support services

### **Topic F: Funding Streams Summary**

PCS goes over Funding Stream Summary, showing the different funding streams from State, Federal, and Ryan White proportions, and how much of each funding streams goes into which service categories.

Takeaways:

- In FY22, a total of \$1,004,487,099 was available to fund HIV services (including administrative costs) in the Boston EMA
- Only funding direct to service categories inclusive of private funding reported - \$700,205,648
- ADAP, Outpatient/Ambulatory Health Services, Home Health Care, Mental Health Services and Residential Substance Use Services are the five highest funded service categories among all funding streams.
- State funding is the highest payer of Ryan White services in the Boston EMA

### **Topic G: Committee Reports & Agency Updates**

MA DPH

- Working with BPHC and the community engagement department about reports of Haitian individuals and families that may be unstably housed in and around the BMC area. Working with partners to identify client needs and respond to them, coordinating with BPHC.

NH DHHS

- Seeing an increase of clients who were previously enrolled in the Ryan White Care Program
- Creating business cards to advertise for Ryan White Care Program and MPOX vaccinations, for upcoming Pride events.

#### Mayor's Office

- Releasing Health of Boston report, containing important data that gets put out so they are making sure that they are arming residents with the information and putting out the right resources that the city has to offer, also holding external entities accountable to be a part of the solution to create better health outcomes to people across the city.
- Scaling back Covid operations to sites in Nubian Square and City Hall as of tomorrow, offering Covid vaccinations, flu vaccinations, and antigen testing- no PCR testing until further notice.

#### MassHealth

- The Senate Ways and Means Budget was released the previous Tuesday, which included a proposal to eliminate pharmacy co-pays for MassHealth. Will continue to track it and see if it gets approved.

### **Topic H: Announcements, Evaluation & Adjourn**

#### Last 3 Planning Council Meetings of 2022-2023

- May 11th – Q4 Spending & Utilization Update, AAM Results & Discussion, Funding Streams Summary
- June 8th – BPHC Response to AAM, All Day Allocations Meeting Report & NRAC Year End Report, SPEC Year End Report, Recruitment Update, Officer Nominations
- June 22nd – FY24 Resource Allocations Vote, MNC Year End Report & Nominations Preview, Consumer Year End Report, Officer Elections

#### Announcements

- Planning Council Recruitment
- Member Applications and flyers on Basecamp
- Incumbent reapplication due!!!
- New member application deadline: June 16th

#### Looking ahead - Planning Council Officer Elections coming up!

- Nominations on June 8
- Elections on June 22
- THRIVE event tonight!!
- iSTRIVE Study is recruiting!

#### **Meeting to Adjourn**

**Motion:** Wendy LeBlanc

**Second:** Stephen Batchelder

**Result:** The meeting was adjourned at 6:03pm.

---