

# Resources & Allocations Committee Report June 2005

---

Presented to the  
Ryan White Title I Boston  
EMA  
HIV Health Services  
Planning Council

June 23, 2005

Produced by the Boston AIDS Consortium 142 Berkeley Street Boston, MA 02116



## Table of Contents

---

<b>Introduction</b>	2
<b>2004-2005 R&amp;A Committee Membership and Reflectiveness</b>	2
<b>Resources and Allocations Committee Group Rules</b>	3
<b>Summary of Meetings Related to Priority Setting and Resources and Allocations Processes</b>	3
<b>Review of Data Sources</b>	6
<b>Summary of Decisions and Votes, as of June 9, 2005</b>	8
1. Priority Setting	8
2. Zero Funding Exercise	9
3. Funding Principles of the Boston EMA Planning Council	10
4. Allocation of FY 2005 under-expended (“sweeps”) funds	11
<b>Summary of Decisions and Votes, to Take Place By June 23, 2005</b>	12
1. Allocation of FY 2004 Unexpended Funds	12
2. Allocation Scenarios for FY 2006 Award	12
Methodology Used to Develop FY 2006 Funding Allocation Recommendations	13
Scenario A: Level-Funding	16
Scenario B: \$500,000 Decreased Funding	17
Scenario C: \$1 Million Decreased Funding	18
Scenario D: \$500,000 Increased Funding	19
Scenario E: \$1 Million Increased Funding	20
3. 10 Percent Leeway in Allocating Funds	21
<b>Recommendations for next Year’s Resources and Allocations Committee</b>	22
<b>FY 2006 Funding Allocation Scenarios Summary Table</b>	23
<b>Appendix A: Ryan White Care Act Awards (Year 11-15) Boston EMA</b>	24
<b>Appendix B: Service Category Definitions</b>	25

## Introduction

---

The purpose of the R&A Committee is to develop recommendations for the Planning Council on allocating Title I funds among the service categories approved by the Planning Council. This document provides a summary of the Priority Setting and Resource and Allocation processes to date and presents the Resources and Allocations (R&A) Committee's recommendations to be voted on by the Planning Council on (or before) June 23, 2005.

### Activities Completed to Date (as of this report)

1. Priority setting process
2. Funding Principles
3. Allocation of FY 2005 under-expended ("Sweeps") funds

### Activities Remaining

5. Allocation of FY 2004 unexpended dollars; and
6. Allocation of FY 2006 dollars.

## 2004-2005 R&A Committee Membership and Reflectiveness

---

The R&A Committee is composed of fourteen members. Of these, 57% are people living with HIV/AIDS, 43% are people of color (29% Latino/a and/or Hispanic and 21% Black or African American), and 36% are women. The Chair of the Planning Council appoints both the Committee Chair and membership. In selecting the R&A Committee membership, the Chair of the Council reviewed the Committee's membership slate to ensure its reflectiveness of the demographics of the epidemic within the Boston EMA. The members of the Committee are:

Steve Moran - Chair	Jose Mandes
Jim Christopher – Vice Chair	Mario Matos
Kevin Cranston	Sandra Newton
Bert Darrell	Iris Rivera
Al Duran	Gary Sandison, Office of the Mayor
Heather Hauck	Constance Santiago
Julialene Johnson	Rich Stevens

Staff Participants included Michael Goldrosen, Boston Public Health Commission; and Ed Rewolinski, David Ayotte and Paige Eppenstein, Boston AIDS Consortium.

## **Resources and Allocations Committee Group Rules (as adopted)**

---

Each year, at the beginning of the Resources and Allocations process, the Committee establishes group rules to ensure fairness, accountability, and representation by affected communities. On March 31, 2005 the Committee adopted the following rules:

- Conflict of interest for the Resources and Allocations Committee is as written in the Planning Council By-Laws.
- A quorum for voting is defined as 50% + 1 of the Committee members.
- Meetings will start on time.
- People who are not Committee members or staff to the Committee may attend but are not to participate.
- All information regarding activities of the Committee will be released as a report or by minutes and by no other means.
- It is at the discretion of the Chair on how to handle members with more than 2 unjustified absences.
- The composition of the Committee shall be reflective of the demographics of the epidemic within the EMA.

## **Summary of Meetings**

### **Related to Priority Setting and Resources and Allocations Processes**

---

#### **October 14, 2004 – Planning Council Meeting**

The Council heard a presentation on the HIV/AIDS epidemic in the Boston EMA by the Grantee.

#### **November 18, 2004 – Planning Council Meeting**

The Planning Council received a presentation from Suffolk University staff on its report *Outcomes Measurement Summary Annual Outcomes Report: FY03 March 2003-February 2004*, November 2004.

#### **December 9, 2004 – Planning Council Meeting**

The Planning Council heard presentations regarding Medicaid and HIV-specific funding from Alison Kirschgasser of the Massachusetts Division of Medical Assistance and Heather Hauck of the NH STD/HIV Prevention Section.

#### **January 13, 2005 – Planning Council Meeting**

The Planning Council heard presentations about the HIV/AIDS Drug Assistance Programs HDAP – (Massachusetts and New Hampshire).

#### **February 24, 2005 – Planning Council Meeting**

The Planning Council completed a priority setting exercise for Service Categories in FY 2006 and an exercise to determine service categories to potentially zero-fund. BAC staff presented a summary of the report *Assessment of Issues that Affect the Service Needs of People Living with HIV/AIDS in the Boston EMA*.

### **March 10, 2005 – Planning Council Meeting**

The Grantee discussed the final federal appropriations for each of the CARE Act Titles. Michael Goldrosen, from the Boston Public Health Commission, provided an overview of Title I funded Substance Abuse Services. Michael Botticelli, from the Massachusetts Bureau of Substance Abuse Services provided an update on the state budget for Substance Abuse Services and changes in the service system. Heather Hauck of the NH STD/HIV Prevention Section provided an overview of Alcohol, Drug and Tobacco programs in New Hampshire. Service Priorities for FY 2006 were voted on and approved by the Council. A second “straw-poll” vote was completed regarding potentially zero or minimally funding service categories in FY 2006.

### **March 31, 2005 – R&A Committee Meeting**

The Committee had its first meeting of the year. Members were oriented to the purpose of the Committee and how its work fits into the overall planning process of the Council. The Council’s conflict of interest policy was reviewed and members verified any existing conflicts they had. Group rules were established. The Committee revised and approved the recommended list of Funding Principles to be forwarded to the Planning Council for a vote. The Committee also developed a recommendation for FY 2005 Under-expended Funds (“Sweeps”).

### **April 12, 2005 – R&A Committee Meeting**

The Committee began to talk about the changes to the overall funding environment and how these changes could impact the Committee’s work for this year.

### **April 14, 2005 – Planning Council Meeting**

Michael Goldrosen, from the Boston Public Health Commission, provided an overview of Title I funded Housing Services. Joe Carleo, from the AIDS Housing Corporation provided an update on the HOPWA funding in the EMA and changes in the HOPWA awards, service areas, and grantees.

Heather Hauck, Section Chief of the New Hampshire STD/HIV Prevention Section presented information regarding funding for services in New Hampshire, including Title II, Medicaid and HOPWA funding.

### **April 28, 2005 – Planning Council Meeting**

At this meeting, the R&A Committee presented its recommendations for the Funding Principles and the FY 2004 Under-expended (“Sweeps”) funds. Additionally, Council members received a report called *Funding for HIV/AIDS Care and Services in the Boston EMA 2005*, containing updated data and illustrations on funding for services in the EMA as well as client utilization data, prepared by the Boston AIDS Consortium.

Kevin Cranston, Director for the Massachusetts Department of Public Health AIDS Bureau presented information regarding the Massachusetts State AIDS Line Item, Title II, and HOPWA programming administered by the Bureau.

**May 5, 2005 – R&A Committee Meeting**

The Committee continued its review of the overall funding environment and examined each service category for potentially zero or minimally funding. They reviewed a report prepared by the Planning Committee regarding potential implications of zero or minimally funding Client Advocacy, Dental, Food Services, Peer Support and Transportation Service Categories. This information included Title I funded programs in those service categories, other HIV-related services, and other services outside of the HIV service system. An orientation to the traditional all-day meeting to develop the funding recommendations for FY 2006 was also provided.

**May 12, 2005 – Planning Council Meeting**

Planning Council members heard a report from the Grantee on the Boston EMA Title I Program, service utilization in FY 2004, and the FY 2005 Implementation Plan. The Council voted and approved the draft Funding Principles and FY 2005 Under-expended (“Sweeps”) recommendation.

**May 19, 2005 – R&A Committee Meeting**

The Committee developed recommendations for the FY 2006 funding scenarios and FY 2004 Unexpended Funds using data outlined in the “Data Sources” section of this report. Trends were also discussed for each of the service categories.

**June 2, 2005 – R&A Committee Meeting**

The Committee reviewed and finalized its recommendations for the FY 2006 funding scenarios and FY03 Unexpended Funds, and a ten percent leeway for the Grantee in its allocation of the FY 2006 dollars in each service category.

**June 9, 2005 – Planning Council Meeting**

The Committee presented its recommendations for the allocation of FY 2004 unexpended dollars, funding scenarios for the allocation of the FY 2006 dollars, and a ten percent leeway for the Grantee in its allocation of the FY 2006 dollars for each service category.

**June 23, 2005 – Planning Council Meeting**

The Council will vote on the Allocation of FY 2004 unexpended dollars, the funding scenarios for the allocation of FY 2006 dollars, and a ten percent leeway for the Grantee in its allocation of the FY 2006 dollars for each service category.

## Review of Data Sources

---

The Council and its Committees used the following data sources to support its planning, priority setting and resource allocation decisions.

### Epidemiologic Data

- **Boston Title I EMA Profile Presentation (October 2004)**

<http://www.bacboston.org/pdfs/EMAProfileYear14Initial.pdf>

The Epidemiological Profile provided trends/changes in HIV/AIDS Incidence and/ or Prevalence. The profile also provided information regarding changes in the demographics of the EMA's HIV/AIDS cases in relation to total population as a measure of disproportionate impact on specific populations. It also provided qualitative data regarding persons living in the EMA who know they have HIV but are not in HIV/AIDS primary medical care.

### Service Data

- **Title I Client Services Handbook, FY 2005 (May 2005)**

BPHC AIDS Program

Ryan White Care Act Title I Background; FY 2005 Planning Council Priority and Allocation Table; service category definitions; Title I funded programs by service category; Title I funded provider service descriptions and list.

- **Title I FY 2004 Services Profile (May 2005)**

<http://www.bacboston.org/pdfs/ServiceUtilization-Stevens.pdf>

- **Title I FY 2005 Client Services Program Allocations and Implementation (May 2005)**

<http://www.bacboston.org/pdfs/ServiceUtilization-Goldrosen.pdf>

Title I funded programs for FY 2005 by service category; Expected numbers of unduplicated clients to be served, number of units of service expected to be provided.

### Qualitative and Needs Assessment Data

- **Assessment of Issues That Affect Service Needs of People Living with HIV/AIDS in the Boston EMA (February 2005)**

<http://www.bacboston.org/NeedsAssessment2005.html>

Provided information on the HIV/AIDS epidemic in the Boston EMA, HIV+ individuals who are not in care, co-morbidities (such as hepatitis B and C, STDs, mental illness, and substance use/abuse) and socio-demographic factors (such as homelessness, poverty, and insurance status).

- **Voices of Experience: Findings (October 2003)**

[http://www.bphc.org/reports/pdfs/report\\_165.pdf](http://www.bphc.org/reports/pdfs/report_165.pdf)

Provided the results of peer surveys of persons living with HIV/AIDS in the Boston EMA; a study of consumer experiences in accessing and using Ryan White and other HIV/AIDS services.

## **Funding for HIV Services**

- **Funding for HIV/AIDS Care and Services in the Boston EMA (April 2005)**

<http://www.bacboston.org/pdfs/FundingStreams2005.pdf>

Description of all other funding streams for services for PLWH, including Ryan White CARE Act Title II, III, IV and Part F, Special Projects of National Significance (SPNS), Medicaid (MassHealth), the Commonwealth of Massachusetts, and the State of New Hampshire.

- **Review of Potential Zero/Minimally Funded Service Categories (May 2005)**

Presents and discusses information on service categories identified for potential zero or minimal funding by the Boston Title I EMA HIV Care Services Planning Council including Service Category Definition, Funds dedicated to this service category from Title I money for the last fiscal year, Title I client utilization data, Other funding sources paying for this category of services, Unmet service need estimates and additional information on the particular category.

## Summary of Decisions and Votes as of June 9, 2005

---

### 2. Priority Setting

The priority setting process occurred prior to and independently of the allocation of funds to service categories. At the February 24, 2005 Council meeting, members reviewed and heard a presentation about a report developed by the Boston AIDS Consortium and the Planning Committee called *Assessment of Issues that Affect the Service Needs of People Living with HIV/AIDS in the Boston EMA*. This report included the following:

- The current epidemiological profile of the Boston EMA,
- The needs of HIV-positive people who are not currently in a system of care,
- Data and information on common co-morbidities that can impact the ability of HIV-positive people to seek or remain in care, and
- Socio-demographic factors that may also impact the service needs of HIV-positive people.

Based on these data sources and others received throughout the year, as well as the experiences/expertise of members, the Council developed its priorities for FY 2006. On March 10, 2005, the Planning Council voted and approved the priorities listed below for FY 2006; they reflect the changing needs of people living with HIV/AIDS in the Boston EMA as identified by the data listed above and the revised service categories.

#### Priorities for FY 2006

- |                         |                              |
|-------------------------|------------------------------|
| 1. Primary Medical Care | 11. Peer Support             |
| 2. Housing Services     | 12. Complementary Therapies  |
| 3. Drug Reimbursement   | 13. Day Care                 |
| 4. Case Management      | 14. Respite Care             |
| 5. Mental Health        | 15. Adoption/Foster Care     |
| 6. Substance Abuse      | 16. Minority AIDS Initiative |
| 7. Food Services        | 17. Evaluation               |
| 8. Dental               | 18. Planning Council Support |
| 9. Client Advocacy      | 19. Quality Management       |
| 10. Transportation      |                              |

### 3. Zero funding Exercise

The Council was asked to also provide guidance to this Committee regarding potential zero funding of service categories. The exercise was intended to provide the R&A Committee direction as to which categories the Council feels could be brought up if the potential for zero funding occurred. On February 12, the Council in a “straw-poll” made the following recommendations to the R&A Committee regarding potential zero funding of service categories.

<b>Service Categories for Potential Zero-funding in FY2006</b>
<b>Adoption/Foster Care</b>
<b>Client Advocacy</b>
<b>Complementary Therapies</b>
<b>Day Care</b>
<b>Respite Care</b>

Following the notice of Grant award for FY 2005 and the loss of nearly \$1.2 million dollars in funding, the Council re-visited the exercise. With four of the five categories zero funded in FY 2005, the Council was asked to provide new direction to the R&A Committee in its deliberations regarding the potential zero funding of additional service categories. The results of that “straw-poll”, which considered zero or minimally funding service categories in FY 2006, are as follows:

<b>Service Categories for Potential Zero or Minimal funding in FY2006</b>
<b>Client Advocacy</b>
<b>Dental Care</b>
<b>Food Services</b>
<b>Peer Support</b>
<b>Transportation</b>

#### 4. **Funding Principles of the Boston EMA Planning Council**

On March 31, 2005, the R&A Committee voted to recommend that the following Funding Principles be submitted to the Planning Council for approval. The Principles were approved on May 12, 2005 with a discussion and consensus that they be recreated without regard to prior year funding principles in 2006.

- Services funded by Title I should provide for equitable access for all persons with HIV/AIDS throughout the EMA;
- Services should meet essential needs of consumers as defined by credible and timely data/needs assessments;
- Services funded by Title I should seek input from and/or participation by consumers as critical in reaching their decisions;
- Programs should be required to demonstrate optimal collaborations;
- Programs should be encouraged to seek out and maximize the use of all funding sources, rather than solely relying on Title I;
- Decisions should be made in such a way as to encourage the development/maintenance of high quality, user-friendly services;
- Applicants must be able to demonstrate relevant, established ties to the affected populations they serve. Such ties may be shown through staffing, language/cultural competency, community involvement, and site of services;
- Applicants must demonstrate a willingness to provide services to all affected populations and an ability to provide appropriate services to the populations they target;
- Program design should be tailored to the needs of the population served; to this end, staffing qualifications should not be needlessly inflated to exclude persons from affected populations, who have the requisite skills, from being employed in service delivery;
- Providers should encourage and support self-advocacy among consumers; and
- To ensure continuity of services, there should be a preference for organizations that provide services within the priority areas and demonstrate linguistic/cultural competency and appropriateness.

**5. Allocation of FY 2005 Under-Expended (Sweeps) Funds**

During the course of the fiscal year, “sweeps” dollars will become available as a result of two situations:

1. Agencies do not bill the Boston Public Health Commission for reimbursement at the expected rate for services provided, and/or
2. Contracts are terminated due to lack of fiscal or programmatic compliance or closing of agencies.

The Grantee must collect or “sweep” out under-expended service dollars remaining in the service categories so that they may be reapportioned.

The Council votes on how “sweeps” dollars should be reapportioned, even before the amount of the dollars is known. The Council’s action allows the Grantee to reallocate these funds swiftly, as soon as they become available, in accordance with the priorities of the Council.

The R&A Committee recommended to the Planning Council on April 28th that the following procedure be used by the Grantee to allocate FY 2005 under-expended funds:

1. Expend the sweeps dollars first within the category from which they came if the category can absorb them.
2. Feed the dollars through the remaining categories in priority order in accordance with the priorities established by the Planning Council for the current year, FY 2005, as the dollars become available, and based upon need within and among the categories.

The council approved these recommendations at its May 12, 2005 meeting.

## Summary of Decisions and Votes, to take place by June 23, 2005

---

### 1. Allocation of FY 2004 Unexpended Funds

In FY 2004, \$366,421 or 2.4% of the total \$15.4 million (FY 2004 Title I award plus FY 2003 unexpended funds) available to Boston EMA was not expended before March 1, 2005. Included in this amount is \$77,456 of unexpended Minority AIDS Initiative funds that must be reallocated to that service category per limits set by the U.S. Congress and HRSA.

The Council's recommendations for allocating FY 2004 unexpended funds must be approved by HRSA. Typically, HRSA approval does not occur until at least September. Once approved, the FY 2004 unexpended dollars can be used for one-time expenditures and must be spent before the beginning of FY 2006 (March 1, 2006).

In determining the recommendations for allocating FY 2004 unexpended dollars, the R&A Committee considered FY 2004 spending patterns and FY 2005 funding allocations. Additionally, preference was given to direct service categories with service-based needs, rather than staff-based needs, and to those categories on unit rate or with pooled dollars, as they have the capacity to rapidly expend the additional dollars. The Funding Principle requiring "...equitable access throughout the EMA..." played a significant role in this recommendation.

A critical issue discussed prior to the development of the scenarios was the geographic disproportionate funding for Drug Reimbursement Services. In FY 2005, 80% of the funding within the service category is dedicated to the NH portion of the EMA, which accounts for 4.9% of the EMA's cases. The disproportionate funding is due to the lack of New Hampshire state funding in support of drug reimbursement services. With Title I funding decreasing, the continued contribution of dollars to maintain equitable access to drugs across the EMA will result in continued reductions in other services within the EMA.

Summary of Recommendations:

- Re-allocate the \$77,456 of the Minority AIDS Initiative funds within the same category as required by federal mandate.
- Allocate the remaining \$288,965 into Drug Reimbursement based on emergency service needs, past and present utilization, the ability to rapidly expend the one-time resources, and ability to meet HRSA criteria regarding the use of unexpended dollars.

The Table below summarizes the recommended allocation of FY 2004 Unexpended Funds by service categories.

Service Category	FY04 Recommended Unexpended
Drug Reimbursement	\$288,965
Minority AIDS Initiative	\$77,456
<b>Total FY04Unexpended</b>	<b>\$366,421</b>

## 2. Allocation Scenarios for FY 2006 Award

Because the amount of the FY 2006 award is not known at this time, the R&A Committee traditionally develops allocation scenarios for a range of potential award levels. For the FY 2006 allocation, the Committee developed recommendations for anticipated awards of \$13.6 million (level funding based on the amount of the FY 2005 award), \$13.1 million (\$500,000 decrease from FY 2005 award), \$12.6 million (\$1 million decrease from FY 2005 award), \$14.1 million (\$500,000 increase above FY 2005 award), and \$14.6 million (\$1 million increase above FY 2005 award). Given potential funding constraints at the local and federal levels, the Committee agreed to develop several scenarios to provide greater flexibility and guidance for the Grantee to ensure rapid allocation of funds to the EMA. The allocation recommendations for each level are presented on the following pages will be presented as a package to the Planning Council for formal vote on June 23, 2005.

The R&A Committee considered the following in the development of these recommendations:

- Needs of all people living with HIV, including the emerging needs of disproportionately affected communities;
- Availability of other funding sources for each service category;
- Past service category performance;
- System capacity of service categories to absorb funding increases or decreases;
- Changes in Planning Council priorities; and
- Data Sources listed on pages 6 and 7 of this report.

### **Methodology Used to Develop FY 2006 Funding Allocation Recommendations**

The Resources and Allocations Committee used the following methodology to develop recommendations for the FY 2006 Title I award.

#### *FY 2006 Level Funding Scenario*

The Committee began by developing a level-funding scenario for FY 2006. Members reviewed each service category and discussed whether a change in the allocation was necessary based on current FY 2005 allocations, expenditure history, other funding sources, changes in the funding environment, and changes in need. Given changes in the funding environment, as well as the epidemic, each of the service categories was individually reviewed and discussed to determine if they were candidates to be zero or minimally funded. Members reviewed Service Categories the Council had suggested could potentially be zero or minimally funded as well as staff research on potential implications of zero funding. Members voted on whether to change the funding for each service category or keep it at the FY 2005 funding amount. At this stage, the Committee did not consider specific dollar amounts for any of the service categories. A majority vote was needed in order to recommend changing the amount of funding or keeping it at the FY 2005 funding amount. Adoption/Foster Care, Complementary Therapies, Day Care and Respite Care were identified for continued zero funding. Primary Care, Substance Abuse, Client Advocacy, and Planning Council Support were identified for reductions. Reductions to Primary Care and Planning Council Support were based upon historic under-utilization of allocated funding. The reduction in Substance Abuse Treatment funding was based upon the availability of other funding within the EMA to provide the service. The reduction in funding to Client Advocacy

was based upon eliminating Permanency Planning Advocacy and reducing funding for Interpreter Service Client Advocacy funding with case management assuming some of the advocacy tasks. Housing, Case Management, Mental Health, Food Services, Dental, Transportation, Peer Support and Evaluation were identified for level funding. Drug Reimbursement was identified for increased funding at a funding level near its FY 2004 expenditure.

The Minority AIDS Initiative category remained unchanged in all of the funding scenarios, as the funding for this category is determined by HRSA. Quality Management remained at the FY05 funding amount for all of the funding scenarios. The Grantee is authorized to use up to 5% of the total grant award for quality management activities, but has determined that \$250,000 is sufficient at this time. Administration is capped at 5 percent of the total award.

#### *FY 2006 Decreased Funding Scenarios*

- Both of the Decreased Funding Scenarios presented build upon the recommendations for the Level Funding Scenario.
- Committee members looked at the possibilities of a \$500,000 and a \$1 million reduction of the FY 2006 Title I award and the possible impact on services for HIV-positive individuals and to the system of care in the Boston EMA. Input from the Grantee was an important source of information used by the members in conducting this assessment.
- The Committee developed a scenario for a \$500,000 decrease in the total award for FY 2006. Members proceeded in the same manner, category by category, to determine where decreases could be absorbed in the service system. Although all categories would be harmed by any reduction, the committee identified which categories should be held harmless in reduced funding scenarios. The Committee determined that level funding was necessary for Drug Reimbursement. Substance Abuse was reduced to 90% of its level funded award. Client Advocacy was reduced with the elimination of Client Advocacy interpreter services again with the expectation that case management would assume some of the advocacy tasks. The Committee then voted for a proportional decrease across all other service categories. The proportional decrease is based upon each service category's proportional contribution to the sum of the FY 2006 level funding allocation for the categories impacted by the proportional decrease.
- For the \$1 million decrease scenario, members again discussed each service category and the impact of the reductions. Votes were taken for each category to determine if it was eligible for a reduction. The committee again determined that level funding was necessary for Drug Reimbursement. At this reduction level, the Committee recommended to zero fund Client Advocacy with Case Management then being relied upon to provide all advocacy functions. Substance Abuse would then absorb the remaining funding cut.

*FY 2006 Increased Funding Scenarios*

- Both of the Increase Funding Scenarios presented build upon the recommendations for the Level Funding Scenario.
- For FY 2006 funding scenarios involving an increase in the Title I award, the Committee reviewed each service category to consider increasing funding or maintaining it at the FY 2006 level-funding recommendation. The Committee discussed how to allocate the additional funds and decided to only increase funding for Drug Reimbursement and Evaluation under the \$500,000 increased funding scenario. A majority of the Committee voted to keep funding at the FY 2006 Level Funding recommendation for all other service categories because there was no expressed need for additional funds. For the \$1,000,000 funding scenario, The Committee reviewed and agreed to a proportional increase across all eligible direct service categories.

The allocation tables for each scenario are provided on the following pages. A table on page 22 summarizes the various allocation scenarios.

**Scenario A: Level Funding (\$13,651,229)**-----

**Recommendations:**

- Continue to Zero fund Adoption/Foster Care, Complementary Therapies, Day Care and Respite Care.
- Reduce Primary Care and Planning Council Support based upon historic under-utilization of allocated funding. Reduce Substance Abuse Treatment funding based upon the availability of other funding within the EMA to provide the service. Reduce funding to Client Advocacy eliminating Permanency Planning Advocacy and reducing funding for Interpreter Service Client Advocacy funding.
- Increase Drug Reimbursement by \$356,354 in order to ensure equitable access to this service across the EMA by maintaining funding of the category at a level near to its expenditure in FY 2004. This service is one of the most vital for the health of PLWH.
- Maintain all other service categories at the FY 2005 funding levels.

<b>Service Category</b>	<b>FY05 Base</b>	<b>FY06 Level Funding</b>	<b>% of FY06 award</b>	<b>\$ Change From FY05</b>
Primary Care	\$333,559	\$308,559	2.26%	(\$25,000)
Housing	\$2,000,447	\$2,000,447	14.65%	\$0
Drug Reimbursement	\$1,610,754	\$1,967,108	14.41%	\$356,354
Case Management	\$2,234,146	\$2,234,146	16.37%	\$0
Mental Health	\$452,706	\$452,706	3.32%	\$0
Substance Abuse	\$1,086,374	\$977,737	7.16%	(\$108,637)
Food Services	\$1,626,735	\$1,626,735	11.92%	\$0
Dental	\$566,355	\$566,355	4.15%	\$0
Client Advocacy	\$527,764	\$437,764	3.21%	(\$90,000)
Transportation	\$430,838	\$430,838	3.16%	\$0
Peer Support	\$669,655	\$669,655	4.91%	\$0
Complementary Therapies	\$60,855	\$0	0.0%	(\$60,855)
Day Care	\$32,464	\$0	0.0%	(\$32,464)
Respite Care	\$29,398	\$0	0.0%	(\$29,398)
Adoption/Foster Care	\$0	\$0	0.0%	\$0
Minority AIDS Initiative	\$710,521	\$710,521	5.20%	\$0
Evaluation	\$43,825	\$43,825	0.32%	\$0
Planning Council Support	\$302,271	\$292,271	2.14%	(\$10,000)
Quality Management <sup>1</sup>	\$250,000	\$250,000	1.83%	\$0
Administration <sup>2</sup>	\$682,562	\$682,562	5.00%	\$0
<b>Total <sup>3</sup></b>	<b>\$13,651,229</b>	<b>\$13,651,229</b>	<b>100%</b>	<b>\$0</b>

<sup>1</sup> Quality Management is set at \$250,000 by the grantee.

<sup>2</sup> Administration is set at 5% of FY06 award.

<sup>3</sup> Due to rounding, these columns may not sum exactly.

**Scenario B: \$500,000 Decreased Funding (\$13,151,229)**-----

**Recommendations:**

- Maintain Drug Reimbursement at the FY 2006 Level Funding scenario to ensure equitable access across the EMA.
- Zero fund Evaluation.
- Reduce Substance Abuse by additional ten percent based upon the availability of other funding within the EMA to provide the service.
- Reduce Client Advocacy by eliminating Advocacy with Interpreter Services.
- Reduce Primary Care, Housing, Case Management, Mental Health, Food Services, Dental, Transportation, Peer Support and Planning Council Support by proportionately\* distributing the remainder of the \$500,000 decrease.

\* The proportional decrease is based upon each service category's proportional contribution to the sum of the FY 2006 level funding allocations for the categories involved in the proportional decrease.

Service Category	FY2006 Base	FY06 \$500,000 Decrease	% of FY06 award	\$ Change From FY06 Base
Primary Care	\$308,559	\$301,066	2.29%	(\$7,493)
Housing	\$2,000,447	\$1,951,868	14.84%	(\$48,579)
Drug Reimbursement	\$1,967,108	\$1,967,108	14.96%	\$0
Case Management	\$2,234,146	\$2,179,891	16.58%	(\$54,255)
Mental Health	\$452,706	\$441,712	3.36%	(\$10,994)
Substance Abuse	\$977,737	\$879,963	6.69%	(\$97,774)
Food Services	\$1,626,735	\$1,587,231	12.07%	(\$39,504)
Dental	\$566,355	\$552,601	4.20%	(\$13,754)
Client Advocacy	\$437,764	\$312,764	2.38%	(\$125,000)
Transportation	\$430,838	\$420,375	3.20%	(\$10,463)
Peer Support	\$669,655	\$653,393	4.97%	(\$16,262)
Complementary Therapies	\$0	\$0	0.00%	\$0
Day Care	\$0	\$0	0.00%	\$0
Respite Care	\$0	\$0	0.00%	\$0
Adoption/Foster Care	\$0	\$0	0.00%	\$0
Minority AIDS Initiative	\$710,521	\$710,521	5.40%	\$0
Evaluation	\$43,825	\$0	0.00%	(\$43,825)
Planning Council Support	\$292,271	\$285,173	2.17%	(\$7,098)
Quality Management <sup>1</sup>	\$250,000	\$250,000	1.90%	\$0
Administration <sup>2</sup>	\$682,562	\$657,562	5.00%	(\$25,000)
<b>Total <sup>3</sup></b>	<b>\$13,651,229</b>	<b>\$13,151,229</b>	<b>100.00%</b>	<b>(\$500,000)</b>

1 Quality Management is set at \$250,000 by the grantee.

2 Administration is set at 5% of FY06 award.

3 Due to rounding, these columns may not sum exactly.

**Scenario C: \$1 Million Decreased Funding (\$12,651,229)**-----

**Recommendations:**

- Maintain Drug Reimbursement at the FY 2006 Level Funding scenario to ensure equitable access across the EMA.
- Zero fund Client Advocacy based upon zero/minimal funding recommendations of the Planning Council.
- Reduce Substance Abuse services to absorb the remainder of the funding cut based upon the availability of other funding within the EMA to provide the service.
- Hold Harmless Primary Care, Housing, Case Management, Mental Health, Food Services, Dental, Transportation, Peer Support, and Planning Council Support at the FY 2006 \$500,000 decrease scenario to maintain the system of care for these categories.

Service Category	FY2006 Base	FY06 \$1 million Decrease	% of FY06 award	\$ Change From FY06 Base
Primary Care	\$308,559	\$301,066	2.38%	(\$7,493)
Housing	\$2,000,447	\$1,951,868	15.43%	(\$48,579)
Drug Reimbursement	\$1,967,108	\$1,967,108	15.55%	\$0
Case Management	\$2,234,146	\$2,179,891	17.23%	(\$54,255)
Mental Health	\$452,706	\$441,712	3.49%	(\$10,994)
Substance Abuse	\$977,737	\$717,727	5.67%	(\$260,010)
Food Services	\$1,626,735	\$1,587,231	12.55%	(\$39,504)
Dental	\$566,355	\$552,601	4.37%	(\$13,754)
Client Advocacy	\$437,764	\$0	0.00%	(\$437,764)
Transportation	\$430,838	\$420,375	3.32%	(\$10,463)
Peer Support	\$669,655	\$653,393	5.16%	(\$16,262)
Complementary Therapies	\$0	\$0	0.00%	\$0
Day Care	\$0	\$0	0.00%	\$0
Respite Care	\$0	\$0	0.00%	\$0
Adoption/Foster Care	\$0	\$0	0.00%	\$0
Minority AIDS Initiative	\$710,521	\$710,521	5.62%	\$0
Evaluation	\$43,825	\$0	0.00%	(\$43,825)
Planning Council Support	\$292,271	\$285,173	2.25%	(\$7,098)
Quality Management <sup>1</sup>	\$250,000	\$250,000	1.98%	\$0
Administration <sup>2</sup>	\$682,562	\$632,562	5.00%	(\$50,000)
<b>Total <sup>3</sup></b>	<b>\$13,651,229</b>	<b>\$12,651,229</b>	<b>100%</b>	<b>(\$1,000,000)</b>

1 Quality Management is set at \$250,000 by the grantee.

2 Administration is set at 5% of FY06 award.

3 Due to rounding, these columns may not sum exactly.

**Scenario D: \$500,000 Increased Funding (\$14,151,229)**-----

**Recommendations:**

- Increase Drug Reimbursement by \$468,825 based upon projected increasing utilization of this category.
- Increase Evaluation to \$50,000 in order to evaluate changing needs in the service system.
- Maintain all other Service Categories at the FY 2006 Level funding scenario.

Service Category	FY2006 Base	FY06 \$500K Increase	% of FY06 award	\$ Change From FY06 Base
Primary Care	\$308,559	\$308,559	2.18%	\$0
Housing	\$2,000,447	\$2,000,447	14.14%	\$0
Drug Reimbursement	\$1,967,108	\$2,453,933	17.21%	\$468,825
Case Management	\$2,234,146	\$2,234,146	15.79%	\$0
Mental Health	\$452,706	\$452,706	3.20%	\$0
Substance Abuse	\$977,737	\$977,737	6.91%	\$0
Food Services	\$1,626,735	\$1,626,735	11.50%	\$0
Dental	\$566,355	\$566,355	4.00%	\$0
Client Advocacy	\$437,764	\$437,764	3.09%	\$0
Transportation	\$430,838	\$430,838	3.04%	\$0
Peer Support	\$669,655	\$669,655	4.73%	\$0
Complementary Therapies	\$0	\$0	0.00%	\$0
Day Care	\$0	\$0	0.00%	\$0
Respite Care	\$0	\$0	0.00%	\$0
Adoption/Foster Care	\$0	\$0	0.00%	\$0
Minority AIDS Initiative	\$710,521	\$710,521	5.02%	\$0
Evaluation	\$43,825	\$50,000	0.35%	\$6,175
Planning Council Support	\$292,271	\$292,271	2.07%	\$0
Quality Management <sup>1</sup>	\$250,000	\$250,000	1.77%	\$0
Administration <sup>2</sup>	\$682,562	\$707,562	5.00%	\$25,000
<b>Total <sup>3</sup></b>	<b>\$13,651,229</b>	<b>\$14,151,229</b>	<b>100.00%</b>	<b>\$500,000</b>

1 Quality Management is set at \$250,000 by the grantee.

2 Administration is set at 5% of FY06 award.

3 Due to rounding, these columns may not sum exactly.

**Scenario E: \$1 Million Increased Funding (\$14,651,229)**-----

**Recommendations:**

- Increase all Direct Service Categories by allocating the remainder of the \$500,000 increase proportionally\* to each service category.
- Maintain all other Service Categories at the FY 2006 \$500,000 increase level.

\* The proportional increase is based upon each service category's proportional contribution to the sum of the FY06 \$500,000 increase funding allocations for the categories involved in the proportional increase.

Service Category	FY2006 Base	FY06 \$1 million Increase	% of FY06 award	\$ Change From FY06 Base
Primary Care	\$308,559	\$320,631	2.19%	\$12,072
Housing	\$2,000,447	\$2,078,713	14.19%	\$78,266
Drug Reimbursement	\$1,967,108	\$2,531,237	17.28%	\$564,129
Case Management	\$2,234,146	\$2,321,555	15.85%	\$87,409
Mental Health	\$452,706	\$470,418	3.21%	\$17,712
Substance Abuse	\$977,737	\$1,015,990	6.93%	\$38,253
Food Services	\$1,626,735	\$1,690,379	11.54%	\$63,644
Dental	\$566,355	\$588,513	4.02%	\$22,158
Client Advocacy	\$437,764	\$454,891	3.10%	\$17,127
Transportation	\$430,838	\$447,694	3.06%	\$16,856
Peer Support	\$669,655	\$695,855	4.75%	\$26,200
Complementary Therapies	\$0	\$0	0.00%	\$0
Day Care	\$0	\$0	0.00%	\$0
Respite Care	\$0	\$0	0.00%	\$0
Adoption/Foster Care	\$0	\$0	0.00%	\$0
Minority AIDS Initiative	\$710,521	\$710,521	4.85%	\$0
Evaluation	\$43,825	\$50,000	0.34%	\$6,175
Planning Council Support	\$292,271	\$292,271	1.99%	\$0
Quality Management <sup>1</sup>	\$250,000	\$250,000	1.71%	\$0
Administration <sup>2</sup>	\$682,562	\$732,562	5.00%	\$50,000
<b>Total <sup>3</sup></b>	<b>\$13,651,229</b>	<b>\$14,651,229</b>	<b>100.00%</b>	<b>\$1,000,000</b>

1 Quality Management is set at \$250,000 by the grantee.

2 Administration is set at 5% of FY06 award.

3 Due to rounding, these columns may not sum exactly.

### **3. 10 Percent Leeway in Allocating Funds**

The R&A Committee also discussed and approved a recommendation that allows the Grantee a ten percent leeway above or below the funding allocation levels for each service category established in the Funding Scenario recommendations. This leeway maintains the intent of the recommendations while providing greater flexibility to the Grantee to rapidly allocate funds to the Boston EMA without unnecessary and time-consuming delays in returning to the Planning Council for additional guidance. The 10 percent leeway applies to the FY 2006 Funding Scenarios.

### **Recommendations for Next Year's Resources and Allocations Committee**

Undertake a thorough review of the funding principles as a principal item of its business in the new term.

Undertake a review regarding the issue of equity in the geographical allocation and utilization of funds based upon the current Epidemiologic Profile of the EMA.

Maintain the current Service Categories as listed in Appendix B, as zero funding of the category does not reflect the need or value of these services, but rather under-funding of Title I in the EMA.

### Summary of FY 2006 Allocation Scenarios

<b>Service Category</b>	<b>FY05 Base</b>	<b>FY06 \$1 million Decrease</b>	<b>FY06 \$500,000 Decrease</b>	<b>FY06 Base</b>	<b>FY06 \$500K Increase</b>	<b>FY06 \$1 million Increase</b>
Primary Care	\$333,559	\$301,066	\$301,066	\$308,559	\$308,559	\$320,631
Housing	\$2,000,447	\$1,951,868	\$1,951,868	\$2,000,447	\$2,000,447	\$2,078,713
Drug Reimbursement	\$1,610,754	\$1,967,108	\$1,967,108	\$1,967,108	\$2,453,933	\$2,531,237
Case Management	\$2,234,146	\$2,179,891	\$2,179,891	\$2,234,146	\$2,234,146	\$2,321,555
Mental Health	\$452,706	\$441,712	\$441,712	\$452,706	\$452,706	\$470,418
Substance Abuse	\$1,086,374	\$717,727	\$879,963	\$977,737	\$977,737	\$1,015,990
Food Services	\$1,626,735	\$1,587,231	\$1,587,231	\$1,626,735	\$1,626,735	\$1,690,379
Dental	\$566,355	\$552,601	\$552,601	\$566,355	\$566,355	\$588,513
Client Advocacy	\$527,764	\$0	\$312,764	\$437,764	\$437,764	\$454,891
Transportation	\$430,838	\$420,375	\$420,375	\$430,838	\$430,838	\$447,694
Peer Support	\$669,655	\$653,393	\$653,393	\$669,655	\$669,655	\$695,855
Complementary Therapies	\$60,855	\$0	\$0	\$0	\$0	\$0
Day Care	\$32,464	\$0	\$0	\$0	\$0	\$0
Respite Care	\$29,398	\$0	\$0	\$0	\$0	\$0
Adoption/Foster Care	\$0	\$0	\$0	\$0	\$0	\$0
Minority AIDS Initiative	\$710,521	\$710,521	\$710,521	\$710,521	\$710,521	\$710,521
Evaluation	\$43,825	\$0	\$0	\$43,825	\$50,000	\$50,000
Planning Council Support	\$302,271	\$285,173	\$285,173	\$292,271	\$292,271	\$292,271
Quality Management <sup>1</sup>	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000
Administration <sup>2</sup>	\$682,562	\$632,562	\$657,562	\$682,562	\$707,562	\$732,562
<b>Total <sup>3</sup></b>	<b>\$13,651,229</b>	<b>\$12,651,229</b>	<b>\$13,151,229</b>	<b>\$13,651,229</b>	<b>\$14,151,229</b>	<b>\$14,651,229</b>

\*Due to rounding, these columns may not sum exactly.

# **Appendix A**

## **Ryan White Care Act Awards Years 11-15 for the Boston EMA**

Service Category By 2006 Priority Ranking	FY01 YR11 Award	FY02 YR12 Award	FY03 YR13 Award	FY04 YR14 Award	FY05 YR15 Award	Total RYAN WHITE Funding Per Category
	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	1991-2006
Primary Medical Care	\$370,977	\$363,438	\$405,589	\$385,559	\$333,559	\$6,163,119
Housing	\$1,887,573	\$1,741,451	\$1,778,662	\$2,054,000	\$2,000,447	\$22,106,694
Drug Reimbursement	\$573,387	\$1,053,387	\$1,158,387	\$1,511,828	\$1,610,754	\$11,021,091
Case Management	\$2,590,868	\$2,436,613	\$2,464,677	\$2,412,881	\$2,234,146	\$19,602,974
Mental Health	\$569,066	\$510,664	\$510,664	\$488,406	\$452,706	\$6,128,406
Substance Abuse	\$1,241,827	\$1,057,552	\$1,080,150	\$1,130,160	\$1,086,374	\$9,947,152
Food Services	\$1,614,196	\$1,630,378	\$1,722,808	\$1,670,283	\$1,626,735	\$15,714,263
Dental	\$530,580	\$489,840	\$582,002	\$556,619	\$566,355	\$6,348,536
Client Advocacy	\$1,032,773	\$1,019,981	\$923,424	\$541,892	\$527,764	\$6,854,344
Transportation	\$473,319	\$483,294	\$473,294	\$442,372	\$430,838	\$4,077,745
Peer Support	\$705,253	\$739,908	\$755,718	\$722,463	\$669,655	\$7,242,000
Complementary Therapies	\$391,721	\$383,761	\$391,961	\$374,903	\$60,855	\$3,210,293
Day Care	\$244,502	\$261,344	\$290,319	\$277,712	\$32,464	\$2,668,395
Respite Care	\$418,354	\$398,949	\$404,659	\$193,060	\$29,398	\$4,080,088
Adoption/Foster Care	\$217,765	\$213,341	\$217,899	\$0	\$0	\$1,839,865
Minority AIDS Initiative	\$743,723	\$842,299	\$787,681	\$783,761	\$710,521	\$4,413,805
Evaluation	\$239,393	\$146,952	\$100,389	\$0	\$43,825	\$1,679,954
Planning Council Support	\$353,043	\$323,294	\$330,202	\$310,363	\$302,271	\$3,391,173
Quality Management	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000	\$1,250,000
Administration	\$768,158	\$759,912	\$769,920	\$742,435	\$682,562	\$7,376,799
OB/GYN	\$156,682	\$92,151	\$0	\$0	\$0	\$1,586,981
Education Risk Reduction	\$0	\$0	\$0	\$0	\$0	\$47,665
Case Finding	\$0	\$0	\$0	\$0	\$0	\$796,846
<b>Total</b>	<b>\$15,363,160</b>	<b>\$15,198,508</b>	<b>\$15,398,403</b>	<b>\$14,848,697</b>	<b>\$13,651,229</b>	<b>\$147,548,188</b>

## **Appendix B**

# **SERVICE CATEGORY DEFINITIONS**

Service Category	Definition
Adoption/Foster Care	Services funded under this category include, but are not limited to: temporary (foster) care; permanent (adoption) homes; early planning; permanency planning; and other legal services that assist children under the age of 20 whose parents or guardians are unable to care for them because of HIV related illness or death.
Case Management	Services funded under this category are client centered services that link with primary medical care and health related support services in a manner that ensures timely, coordinated access to appropriate levels of care. Key activities include: information and referral; assessment of the client's needs and personal support systems; development of a comprehensive individualized service care plan; coordination of the services required to implement the plan; client monitoring to assess the efficacy of the plan; periodic reevaluation and adoption of the plan; and activities targeting persons with HIV disease so that they can be enrolled or retained in care/ treatment services.
Client Advocacy	Services funded under this category provide assistance to clients in accessing and obtaining services that include, but which are not limited to: financial; legal; housing; ombudsperson; other relevant needs experienced by the client that may be met by non-licensed, paraprofessionals trained in accessing such services through an established referral network; and activities targeting persons with HIV disease so that they can be enrolled or retained in care/ treatment services.
Complementary Therapies	Services funded under this category include, but are not limited to: acupuncture; chiropractic treatment; and, other holistic modalities. The purpose of this category is to provide services that enhance adherence to care, such as symptom management.
Day Care	Services funded under this category are those designed to provide day care for children with HIV/AIDS, the siblings of children with HIV/AIDS, children of a parent or caregiver with HIV/AIDS and adults with HIV/AIDS.
Dental	Services funded under this category are recruitment of dentists and preventive diagnostic and therapeutic services rendered by dentists, dental hygienists and other dental practitioners
Drug Reimbursement	The service funded under this category is the provision of medically prescribed pharmaceuticals used in the prevention, management and treatment of HIV disease.
Evaluation	Services funded under this category include formal evaluation projects as a comprehensive mechanism for evaluating the impact of Title I funds on HIV/AIDS care in the Boston EMA.

Food Services	The service funded under this category is the provision of calorically and nutritionally appropriate prepared food, which may include, but is not limited to: prepared meals; congregate meals; home-delivered food; food banks; nutritional supplements; and, the provision of nutritional counseling under the supervision of a registered dietician.
Housing	Services funded under this category include the provision of short-term and/or emergency rental assistance, the provision of housing support in a group home or scattered-site setting, and emergency housing-related expenses such as utilities. These services also include assessment, search, placement, and advocacy services provided by those who possess an extensive knowledge of local, State, and Federal housing programs and how they can be accessed.
Mental Health	Services funded under this category are psychological and psychiatric treatment, counseling and case consultation services provided by professional therapists (licensed or authorized within the state).
Minority AIDS Initiative	Services funded under this category include Peer Support and Case Management. The purpose of this category is to provide services that are culturally and linguistically appropriate to African Americans, individuals of African descent, Latinos, Native Americans, Asian Americans, Native Hawaiians, Pacific Islanders, and individuals of Asian descent who are living with HIV/AIDS.
Peer Support	Services funded under this category provide assistance to clients where the person(s) providing the service is a person infected with HIV and of the client's self-identified community and provide services to a full spectrum of individuals infected by HIV. Such services include the provision of culturally competent psychosocial support; assistance in obtaining a range of services and entitlement that will meet the needs of the client and are provided by non-licensed, para-professional individuals; and activities targeting persons with HIV disease so that they can be enrolled or retained in care treatment services.
Primary Care	Services funded under this category provide routine, non-emergency, non-inpatient medical care, case consultation, patient education, and OB/GYN services.
Respite Care	Services funded under this category are residential and/or home-based non-medical assistance programs designed to relieve the primary caregiver(s) responsible for providing day-to-day care. This care encompasses that of adults and/or children as clients with HIV/AIDS or HIV negative parents or caregivers with HIV positive children.
Substance Abuse	Services funded under this category may include: pretreatment program of recovery readiness; harm reduction; mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse; drug-free treatment and counseling; neuro-psychiatric pharmaceuticals; relapse prevention in an outpatient or residential health service setting; and activities targeting persons with HIV disease so that they can be enrolled or retained in care/ treatment services.
Transportation	Services funded under this category include, but are not limited to taxi vouchers, and public and private transport services that enable clients and their caregivers to access HIV primary medical care and health related support services.

- *Not Listed: Planning Council Support and Quality Management*
- *Service Category Definitions as approved by the Planning Council on February 12, 2004.*

