

Boston Part A EMA HIV Health Services

PLANNING COMMITTEE
2010-2011 Year-End Report

June 2011



Planning Council Support
1010 Massachusetts Avenue, 2nd Floor
Boston, MA 02118
www.bostonplanningcouncil.org

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Part A and Part B grantees must develop comprehensive plans that include a strategy for identifying individuals with HIV/AIDS who do not know their status and helping them seek medical services. The strategy must focus on reducing barriers to routine testing and disparities in access to services for minorities and underserved communities. For this reason, a large portion of the Needs Assessment was dedicated to Early Identification of Individuals with HIV (EIIHA).

The following suggestions were made to improve the Needs Assessment format and content:

- Add “Women of Color” as a priority population.
- Ensure that the priority populations discussed in the Needs Assessment are the priority populations of the Boston EMA – may be different from those populations identified as a priority on a federal level. Eventually “priority populations” was changed to “populations of interest”
- Identify differences in populations, co-morbidities, and barriers to care experienced by PLWH in MA and NH.
- Broaden intravenous drug use (IDU) to include alcohol and other drugs, such as crystal meth – use sub-categories when formatting.
- People with criminal records should include PLWH with a Criminal Offender Record Information (CORI) and those with a Sexual Offender Record Information (SORI).
- Define “co-morbidity” in the beginning of the “Co-Morbidities” section of the report.
- Add “mental illness” as a co-morbidity.
- Include “immigration issues” as a “Barrier to Care”.

The *2011 Needs Assessment* was finalized in February 2011 and presented by Planning Committee members to the Planning Council at its meeting of February 10, 2011.

B. Prepare and present recommendations for the FY12 service categories to the Planning Council.

Since the service categories used by the Planning Council underwent a substantial revision in the previous year and the Grantee procured its contracts with provider agencies, it was decided that the service categories did not need to be revised, and chose to keep the same service categories for FY12. These recommendations were reviewed and discussed by the Planning Committee. The service category recommendations were presented to the Planning Committee on February 10th, 2011, and were approved by the Planning Council on March 10, 2011 (*Appendix A*).

The 14 recommended categories were as follows, in alphabetical order:

- AIDS Drug Assistance Program (*ADAP/HDAP*)
- Case Management, *Medical*
- Case Management, *Non-Medical*
- Early Intervention Services (*EIS*)
- Food Bank/Home-Delivered Meals
- Housing Services
- Medical Nutrition Therapy
- Medical Transportation Services
- Mental Health
- Oral Health Care
- Outpatient/Ambulatory Medical Care
- Psychosocial Support
- Substance Abuse Services, *Outpatient*
- Substance Abuse Services, *Residential*

C. Revise and present FY12 Priority Setting to the Planning Council

Every year, the Planning Council, with the help of the Planning Committee, ranks the service categories in priority order. This priority ranking is used to help the Resources and Allocations Committee (R&A) make its decisions in setting levels of funding for each service category, depending on the amount of funding awarded. The Planning Committee finalized and approved the Priority Setting ballot (*Appendix B*) at its March 7, 2011 meeting. The Committee prepared a worksheet to help Council members rank the service categories (*Appendix C*), along with a sheet giving the full definitions of the service categories (*Appendix D*). A summary of the service category definitions was developed to help the Committee explain the categories to Planning Council members (*Appendix E*).

The FY12 Priority Setting tool and the worksheet were presented to the Executive Committee at its February 24, 2011 meeting, and presented to the Planning Council at the March 10, 2011 meeting.

The FY12 Priority Setting ranking results were voted on and approved at the Planning Council meeting of April 21, 2011. The FY12 service categories were ranked as follows:

Rank	FY12 Service Categories
1	AIDS Drug Assistance Program (ADAP/HDAP)
2	Case Management, <i>Medical</i>
3	Outpatient/Ambulatory Medical Care
4	Housing Services
5	Mental Health
6	Oral Health Care
7	Case Management, <i>Non-medical</i>
8	Early Intervention Services (EIS)
9	Substance Abuse Services –<i>Outpatient</i>
10	Substance Abuse Services –<i>Residential</i>
11	Food Bank/Home-Delivered Meals
12	Psychosocial Support
13	Medical Transportation Services
14	Medical Nutrition Therapy

III. RECOMMENDATIONS

A. Progress on Recommendations from the 2009-2010 Planning Committee

- At the start of the term, give a time line of major tasks to be completed during the term, including what tasks need to be accomplished and what presentations need to be made at various points during the term.
 - *During the November 1, 2010 Committee meeting, members reviewed a workplan for the 2010-2011 year (with agenda items for each month); outlining all tasks to be completed during the term.*
- Work to have a balance of new and experienced Planning Council members on the Committee.
 - *The Planning Committee was comprised of both new and returning Council members.*
- Continue using a worksheet to help members complete the Priority-Setting process.
 - *The Planning Committee enhanced the worksheet by adding definitions of the recommended service categories.*
- Devote time in the first meetings of the term to an intensive orientation on the Planning Council and the Planning Committee's work.
 - *In the beginning of the Planning Council year, there was a comprehensive orientation provided for all Council members. In addition, Planning Committee members utilized the first Committee meeting to review the Committee charge and the Committee workplan.*
- Emphasize Planning Council Support's availability to Planning Council and Planning Committee members with questions.
 - *Planning Council Support staff contact information is provided with every Planning Committee meeting agenda. Additionally, the Planning Council Chair emphasizes the availability of the Planning Council Support staff regularly at Council-wide meetings.*
- Evaluate the need for "day-care" and "respite-care services" in the Boston EMA.
 - *At the March 7, 2011 Committee meeting, the Committee discussed the service categories respite care and day care, and expressed that there was not a need to put those categories onto the Boston EMA list at this time. This decision was based on the service category analysis from the 2009-2010 Council term, the Needs Assessment, and the availability of the services currently being provided.*

B. Recommendations for the 2011-2012 Planning Committee

- Keep an open and mind as the 2011-2012 Committee does its work. Based on available information, the Planning Committee may need to recommend adding and/or subtracting service categories.
- Vote on service categories earlier in the Planning Council year.
- Provide fewer handouts during the Priority-Setting Process
 - Keep the ballot, Priority-Setting instructions, and worksheet (with columns for ranking order, service category name and definition summary).
 - Distribute full service category definitions in the Planning Council meeting prior to the Priority-Setting Process, and do not include them in the Planning Council packets on the day of the Priority-Setting Process (to avoid confusion). Instead, have some full service category definition handouts available for individuals who express a need to review them further.

C. Recommendations for the 2011-2012 Planning Council

- Emphasize the importance of the mentorship program, and evaluate its effectiveness.

APPENDIX A:
FY12 Service Categories Recommendations

Appendix A

Recommended Service Categories FY12:

Core Services vs. Support Services

CORE	SUPPORT
Services that provide essential medical care	Services needed to achieve outcomes that affect the HIV-related clinical status of PLWH
1. AIDS Drug Assistance Program (HDAP/ADAP)	1. Case Management, Non-Medical
2. Case Management, Medical	2. Food Bank/Home Delivered Meals
3. Early Intervention Services (EIS)	3. Housing
4. Medical Nutritional Therapy	4. Medical Transportation Services
5. Mental Health	5. Psychosocial Support
6. Oral Health	6. Substance Abuse Services- Residential
7. Outpatient/Ambulatory Medical Care	
8. Substance Abuse Services-Outpatient	

**APPENDIX B:
FY12 Priority Setting Ballot**

Appendix B

Priority Setting BALLOT

RETURN THIS PAGE TO PLANNING COUNCIL SUPPORT.
THE RESULTS WILL BE GIVEN AT THE END OF THE COUNCIL MEETING.

Rank the categories by priority level (1 is the highest priority, 14 is the lowest priority).

Be sure to rank all the listed categories.

Rank 1-14	Service Category Name <i>(In alphabetical order)</i>
	AIDS Drug Assistance Program (ADAP/HDAP)
	Case Management, <i>Medical</i>
	Case Management, <i>Non-Medical</i>
	Early Intervention Services (EIS)
	Food Bank/Home-Delivered Meals
	Housing Services
	Medical Nutrition Therapy
	Medical Transportation Services
	Mental Health
	Oral Health Care
	Outpatient/Ambulatory Medical Care
	Psychosocial Support
	Substance Abuse Services - <i>Outpatient</i>
	Substance Abuse Services - <i>Residential</i>

**APPENDIX C:
FY12 Priority Setting Instructions and
Worksheet**

Appendix C

INSTRUCTIONS: FY12 Priority Setting Process **Ryan White Part A Boston EMA 2010-2011**

- **The Priority Setting Process**

Priority setting is the process of ranking the Part A service categories to reflect the needs of people living with HIV/AIDS in the EMA. Each year, the Council sets service priorities for the upcoming fiscal year (FY).

Priority Setting Cycle

The **previous** year is **FY 2010** which ended on **February 28, 2011**.



The Council's **current** year is **FY 2011** which began **March 1, 2011**.



The Council will set priorities for next year, **FY 2012**, which starts **March 1, 2012**.

- **What Information is used in the Priority Setting Decision Making Process?**

1. Epidemiological trends in the EMA; Suffolk and JSI outcomes surveys, the Assessment of Need and the Comprehensive Plan, other studies, reports or presentations you have seen; and personal experiences as an informed consumer, provider, or advocate.

- **How Does the Priority Setting Process Relate to Other Council Work?**

The Council sets priorities based on the current list of service categories.

The 3 steps of the process are:

1. The Council defines the needs of the EMA by prioritizing service categories.
2. The Resources and Allocations (R&A) Committee then examines the existing resources in the EMA; identifies where the funds will be most utilized as a “payer of last resort”; assesses the overall needs of the EMA service system; and determines how the funds can be most effectively allocated.
3. The R&A Committee presents the recommendations on allocation levels to the full Planning Council for review, discussion, and vote.

- **Why Does Priority Setting Occur Independently of Resource Allocation?**

There are many funding “streams” that support HIV/AIDS services in the Boston EMA; for instance, Housing Options for People With AIDS (HOPWA) and the Bureau of Substance Abuse Services (BSAS) are two examples of other sources of funds outside of the Part A Ryan White HIV/AIDS Treatment Extension Act funding stream. The R&A Committee might recommend that a high priority category should receive a relatively low Part A funding allocation if that category of service is provided through other federal monies or through the state.

FY12 Priority Setting STEPS

1. Remember this exercise is a forced choice exercise. This means all the categories are **important** but you are being asked to rank the importance of each service category from:
 1 = “most important”
 14 = “least important”

For most participants this will be a difficult task. Remember your input is an important part of the Planning Council cycle. Members’ answers will vary based on their individual knowledge and experience in the EMA. But at the end, the final slate of service categories by priority is based on the overall average from all of the Planning Council members’ feedback.

2. Rank the categories based on **your understanding of which services are most needed by individuals with HIV/AIDS within the EMA.**
3. Please use this optional worksheet to help you carry out the Priority-Setting Exercise, if it would be helpful.
4. To use the worksheet, practice ranking each listed service in priority order (1 = highest priority, 14 = lowest priority).
5. Once you’ve completed the worksheet, copy the results over onto the **Priority-Setting Ballot** and turn that in to Planning Council Support.
Please do not turn in the worksheet.

Table 1. FY12 Boston EMA Part A Service Categories to be Ranked
(In alphabetical order)

AIDS Drug Assistance Program (ADAP/HDAP)	Medical Transportation Services
Case Management, Medical	Mental Health
Management, Non-Medical	Oral Health Care
Early Intervention Services (EIS)	Outpatient/Ambulatory Medical Care
Food Bank/ Home-Delivered Meals	Psychosocial Support
Housing Services	Substance Abuse Services, Outpatient
Medical Nutrition Therapy	Substance Abuse Services, Residential

Priority Setting WORKSHEET

In the table below, rank the categories by priority (1 is the highest priority, 14 is the lowest priority). **Be sure to rank all the listed categories.**

Rank 1-14	Service Category Name <i>(In alphabetical order)</i>	Definition (Summary)
	AIDS Drug Assistance Program (ADAP/HDAP)	Individuals with limited or no insurance receive FDA approved medications.
	Case Management, <i>Medical</i>	A range of services linking clients with health care, psychosocial, and other services offered in a variety of settings.
	Case Management, <i>Non-Medical</i>	Advice and assistance obtaining needed services such as client advocacy, legal services, specialized assistance with benefits, and interpretation or other linguistic services.
	Early Intervention Services (EIS)	Counseling, testing, information, referrals, and follow-up.
	Food Bank/Home-Delivered Meals	Food or congregate meals, and food vouchers.
	Housing Services	Short-term assistance for emergency, temporary, or transitional housing and referral.
	Medical Nutrition Therapy	Food, nutritional services, and nutritional supplements provided by a licensed registered dietician.
	Medical Transportation Services	Transportation services provided directly or through a voucher to enable access to health care services.
	Mental Health	Psychological and psychiatric treatment and counseling with a diagnosed mental illness.
	Oral Health Care	Diagnostic, preventative, and therapeutic dental services, as well as recruitment of providers.
	Outpatient/Ambulatory Medical Care	Primary medical care.
	Psychosocial Support	Supportive counseling activities, including peer support provided by people living with HIV.
	Substance Abuse Services - <i>Outpatient</i>	Treatment and counseling for substance abuse problems in an outpatient setting.
	Substance Abuse Services - <i>Residential</i>	Treatment and counseling for substance abuse problems in a residential setting.

**APPENDIX D:
FY12 Service Category Definitions**

Appendix D

FY12 SERVICE CATEGORY DEFINITIONS

Recommendations to the Boston EMA Ryan White Part A HIV Health Services Planning Council, approved April 2011.

Service Category <i>(In alphabetical order)</i>	Definition
AIDS Drug Assistance Program (ADAP/HDAP)	A State-administered program authorized under Part B of the Ryan White Program that provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance, Medicaid, or Medicare.
Case Management, Medical	<p>A range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments are a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care through ongoing assessment of the client and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include: (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic reevaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and review of utilization of services. This includes all types of case management, including face-to-face, telephone, and any other forms of communication.</p> <p>Boston EMA Addendum: <i>Services are to be offered in a variety of locations which may include one or more of the following venues: the agency or office setting, home visits, or other community-based settings.</i></p>
Case Management, Non-Medical	<p>Include advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments.</p> <p>Boston EMA Addendum: <i>Services offered under this category may include client advocacy, legal services, specialized assistance with benefits, and interpretation or other linguistic services.</i></p>
Early Intervention Services (EIS)	Include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, to diagnose the extent of immune deficiency, and to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and provision of therapeutic measures.
Food Bank/ Home-Delivered Meals	The provision of actual food or meals. It does not include finances to purchase food or meals, but may include vouchers to purchase food. The provision of essential household supplies, such as hygiene items and household cleaning supplies, also should be included in this item. The provision of food and/or nutritional supplements by a non-registered dietician should be included in this item as well.
Housing Services	Short-term assistance to support emergency, temporary, or transitional housing to enable an individual or family to gain or maintain medical care. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or supportive services, such as residential mental health services, foster care, or assisted living residential services.

Medical Nutrition Therapy	Is provided by a licensed registered dietitian outside of a primary care visit. The provision of food may be provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietitian. Nutritional services and nutritional supplements not provided by a licensed, registered dietitian shall be considered a support service. Food not provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietitian also shall be considered a support service.
Medical Transportation Services	Conveyance services provided, directly or through a voucher, to a client to enable him or her to access health care services.
Mental Health	Psychological and psychiatric treatment and counseling services for individuals with a diagnosed mental illness. They are conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.
Oral Health Care	Diagnostic, preventive, and therapeutic services provided by a dental health care professional licensed to provide health care in the State or jurisdiction, including general dental practitioners, dental specialists, and dental hygienists, as well as licensed and trained and dental assistants. Boston EMA Addendum: <i>Services funded by this category include education for, outreach to, and recruitment of dental providers.</i>
Outpatient/Ambulatory Medical Care	The provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, nurse practitioner, or other health care professional who is certified in his or her jurisdiction to prescribe antiretroviral (ARV) therapy in an outpatient setting. These settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not considered outpatient settings. Services include diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the PHS's guidelines. Such care must include access to ARV and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination ARV therapies.
Psychosocial Support	Support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. They include nutrition counseling provided by a non-registered dietitian, but exclude the provision of nutritional supplements. Boston EMA Addendum: <i>Services funded under this category include peer support, where the person providing the psychosocial support is a person infected with HIV and of the client's self-identified community.</i>
Substance Abuse Services - Outpatient	Medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting by a physician or under the supervision of a physician, or by other qualified personnel.
Substance Abuse Services - Residential	Treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a residential health service setting (short-term).

**APPENDIX E:
FY12 Service Category Definition
Summaries**

Appendix E

FY12 SERVICE CATEGORY DEFINITION SUMMARIES

(in alphabetical order)

Service Category Name Definition Summary	
AIDS Drug Assistance Program (ADAP/HDAP)	Individuals with limited or no insurance receive FDA approved medications.
Case Management, <i>Medical</i>	A range of services linking clients with health care, psychosocial, and other services offered in a variety of settings.
Case Management, <i>Non-Medical</i>	Advice and assistance obtaining needed services such as client advocacy, legal services, specialized assistance with benefits, and interpretation or other linguistic services.
Early Intervention Services (EIS)	Counseling, testing, information, referrals, and follow-up.
Food Bank/Home-Delivered Meals	Food or congregate meals, and food vouchers.
Housing Services	Short-term assistance for emergency, temporary, or transitional housing and referral.
Medical Nutrition Therapy	Food, nutritional services, and nutritional supplements provided by a licensed registered dietician.
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Outpatient/Ambulatory Medical Care	Primary medical care.
Psychosocial Support	Supportive counseling activities, including peer support provided by people living with HIV.
Substance Abuse Services - <i>Outpatient</i>	Treatment and counseling for substance abuse problems in an outpatient setting.
Substance Abuse Services - <i>Residential</i>	Treatment and counseling for substance abuse problems in a residential setting.