

Fiscal Year 26 Part A Provider Meeting

Ryan White Services

May 6, 2026



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Agenda

- Welcome & Introduction
- HIV/STI Division Update
 - PI Address
 - HIV/STI Director Introduction
- Ryan White Services

- FY 25 Review
- Integrative Care Plan Update
- HRSA Update
- Subrecipient Requirements
- Topic Clarifications

Break!

- Clinical Quality Management
 - Infrastructure Update
 - Performance Measurement
 - Quality Improvement
 - Quality of Care Committee
 - Subrecipient Requirements

- E2Boston
 - FY 25 Review
 - Sharing Module Reminder
 - FY 26 Plans

Lunch!

- RDE Systems
- Planning Council
- Case Management Training Program

Break!

- EHE Transition & Braiding Funding
- Talk Shop
- Closing Remarks

Adjourn



Knowledge Checks & Question Blocks will be given throughout the presentation.

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Ground Rules



Questions

Please hold **all questions** to the respective question block.



Laptops

Outlets are available at your station. We will need an electronic device for knowledge checks!



Phones

To limit distractions, please keep your phones on mute.

Room Considerations



- Be respectful, considerate, and present in the space.
- If you are more comfortable, we have masks available.
- This is a **NUT-FREE** space!
- The Bathroom and Water Cooler are down the hall.

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01

Introductions

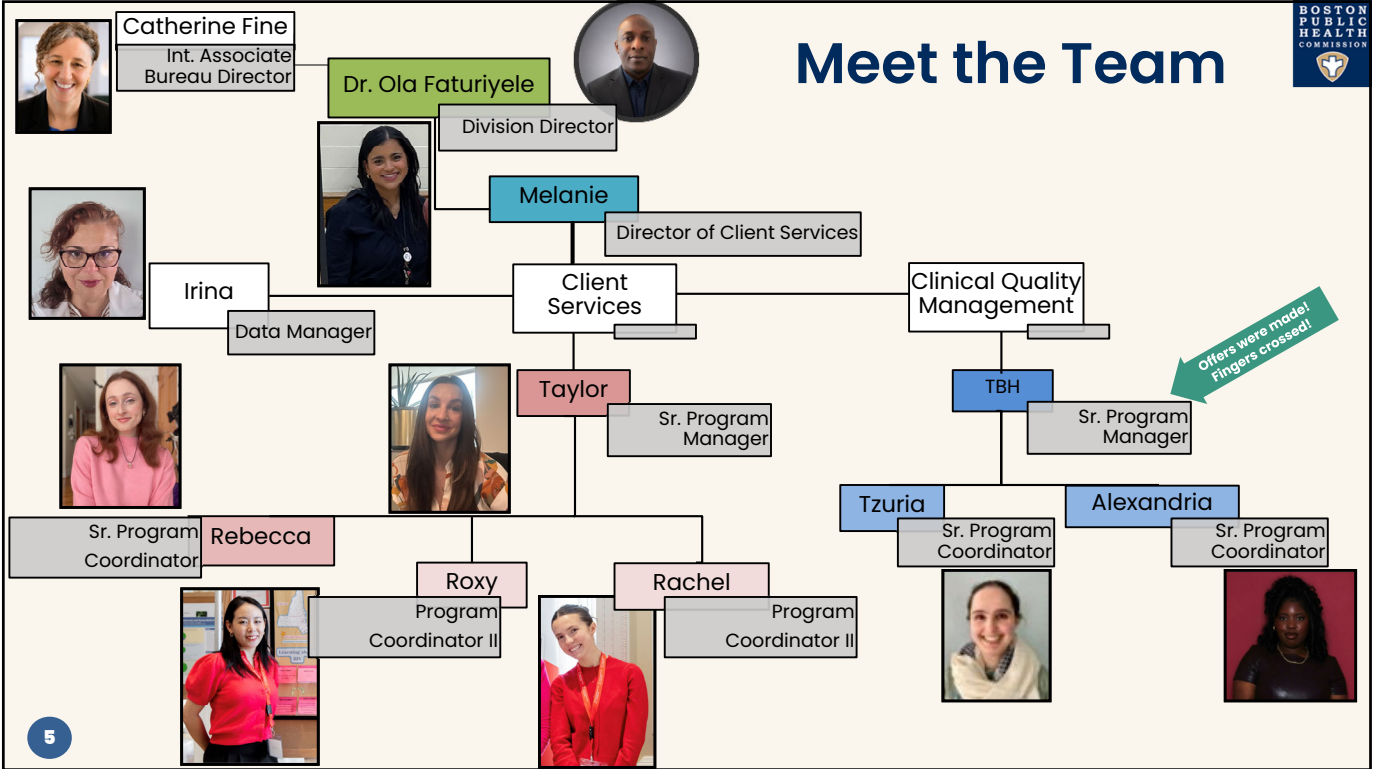
Melanie Lopez

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Meet the Team



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Subrecipient Introductions



Let's see who is in the room!

Please share:

- Name
- Pronouns
- Title
- Organization

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HIV/STI Division

Catherine Fine & Dr. Iyiola Faturiyele

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Community Sharing

We are all working together to support the goal of ending the HIV Epidemic. Let's start the day with any news you wish to share with the group!

**Any
Upcoming
Events?**

**Change in
Practice?**

Feel free to raise your hand or stand up to share the news with your peers!



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Ryan White Services

Melanie Lopez & Taylor Parent

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FY 25 Review



Oral Health Care
2375 Clients



Medical Case Mgmt
2119 Clients



Non-Medical Case Mgmt
735 Clients

5,110 Total Client Served



93% Expenditure
(and climbing!)



87.5% Fully Staffed



62.5% Attendance

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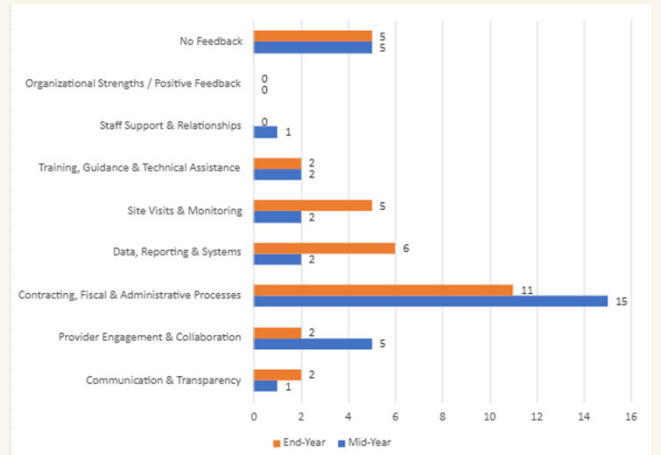
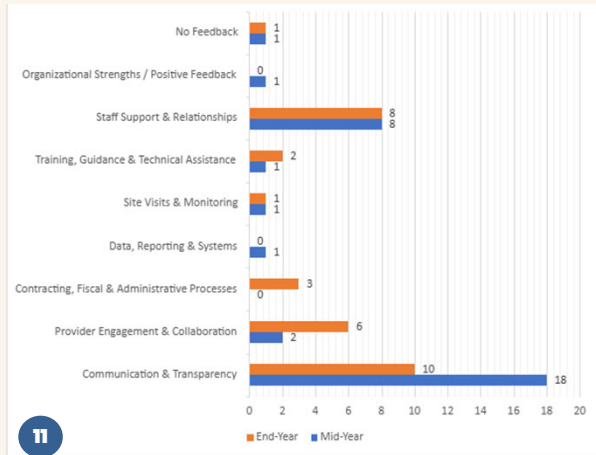


FY 25 Subrecipient Evaluations

The charts below highlight the number of times the identified theme of feedback was provided in both the Mid-Year and End-of-Evaluation.

Areas of Satisfaction

Areas of Improvement



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FY 25 Project & Collabs Review



Activity	Status	Notes
Join MIPCC and Contribute to the FY 26 ICP	✓	Taylor will be providing more updates in a follow up slide. BPHC Leadership confirmed written goals and activities.
Send a copy of the Client Services Handbook to Subrecipients	✗ / ✓	Shifting course to have more translated version of the Handbook available online.
Create Sample Intake and Recertification Forms	✓	Finalized early FY 25 and located on our website!
Create additional marketing materials for the Program	🕒	Working with BPHC comms to see additional opportunities that are available!
Participate in Community Engagement Events	✓	Members of our team have participated in 9 Community Events representing RWS, with 3 being Speaking Engagements, 6 Tabling, and 2 Poster Presentations.
Data Dashboard on the Website	✗	Next slide!
Shareable contact list by Service Category	🕒	Next slide!
Launch Talk Shops	✓	Roxy & Taylor executed 7 session and are expanded in FY 26. More info to come!

- ✓ Completed
- 🕒 Pending
- ✗ Did not accomplish / Shifting Course

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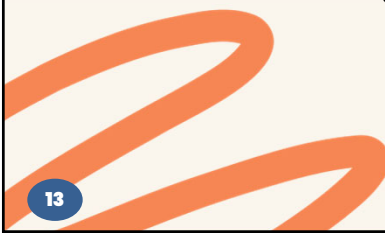
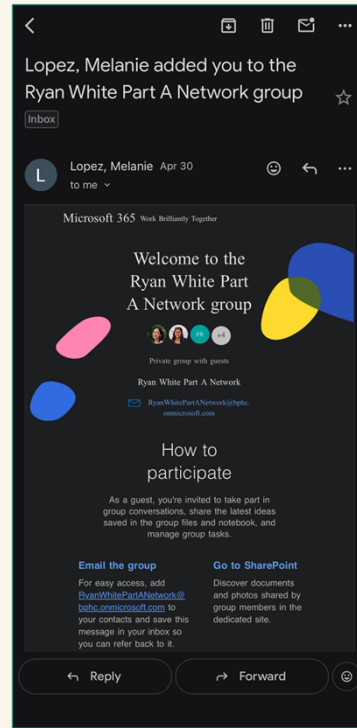
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Part A Network Walkthrough

Walkthrough via Gmail when first invited to join Network.

You may have "Request Access" before!

Once you have gained access, it will be added to your groups, or you can always pin this email to access the network.

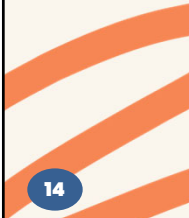


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Part A Network Walkthrough

Walkthrough of Outlook via App and Web-Based. Person has already accepted group and requested access.



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Part A Network Communication Pathways



RW Ryan White Part A Network ☆ Private group • 8 members

Email Files Events Members

+ New Upload Edit in grid view Sync

Documents

- Annual Documents
- CQM Documents
- Main Program Contact by Service Category
- boston.ema.maps.arcgis.com.url
- Ryan White Newsletter Registration.url
- Ryan White Services Boston.gov Website.url
- safeissexyboston.com.url



Register for our Newsletter!



Register for HRSA HAB updates!

Reminder:

Ryan White Dental, Case Management Training, Planning Council Support, and the EHE teams are **very** separate teams, and we should be communicating the appropriate information through those respective channels!

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FY 26 Project & Collabs Plan

We will continue to improve the activities from the previous side, and we would like to hear from you!

Any Clarifying Documents?

Sessions, Trainings, Collabs?

Open Share!



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Integrative Care Plan



- Taylor and Melanie both joined the Mass. Integrative Care Plan Committee (MIPCC) and Taylor is on the Steering Committee.
- Team contributed to writing and adjusting Goals and Activities for the plan in general, as well as outlining BPHC-owned activities that are applicable to the Part A, EHE, and Prevention grants.
- Example Activities include:
 - Establishing Rapid Start
 - Collaborating with BPS
 - Various levels of Community outreach



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HRSA Update

National Conference:
August 4- 7

Part A Site Visit:
August 25 - 28

- No notice yet provided on secondary Partial Award or Full award.
- FY 22 Site Visit CAP- 1 finding remaining.
- **Subrecipient Notice:**
 - ✓ They will be selecting up to three (3) Subrecipients to perform a site visit.
 - ✓ Please continue to work with RWS to resolve **any** outstanding outcomes and CAPs. Update policies to FY 26 Standards.
 - ✓ **Be sure to review the Program Assurances within your contract.**
 - ✓ There will be a client listening session. Recruitment help needed!
 - ✓ **When working with clients, please continue to have discussions on Part A services that are available to them in the Boston EMA.**




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Subrecipient Requirements

Monthly	Invoice and Service Data Entry Invoices to be sent in 30 days after the close of the month
Biannually (2x/year)	Outcomes Reporting- Medical Outcomes MCM & NMCM providers must enter client's Medical Outcomes into e2Boston within 60 days of each intake or reassessment
 Quarterly	CQM Progress Reporting All providers must provide quarterly updates on CQM related activities, including any projects.*
Annually	Outcomes Reporting- Quality of Life All providers must enter the client Quality of Life Outcomes into e2Boston within 60 days of the annual eligibility certification.
June 30, 2026	Deadline for Audit Submission
December 15, 2026	Deadline for Budget Revisions
March 2026	RSR Report Reporting period is the calendar year (Jan. – Dec. 2026)

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Subrecipient Requirements

Review:

- Program Assurances
- Summary of Changes for FY 26 Provider Manual
- Summary of Changes for FY 26 Service Standards

Register:

- Ryan White Services Newsletter
- HRSA HAB

Remember:

- Continue to follow the deadlines outlined.
- Have the Client Services Handbook available at your organization!

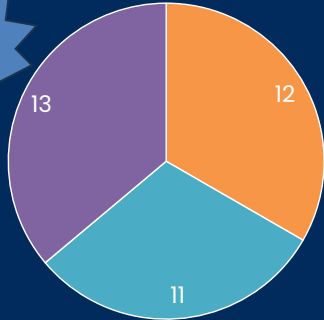
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Site Visits

More than last year!



1-3 Findings 4+ Findings 0 Findings

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Subrecipient Notice:

- Outcome definitions are in the Provider Manual.
- All materials must be present at the start of the site visit day!
- **The required items are located in the monitoring tool provided 30 days in advance.**
- Each year, we must confirm that policies and procedures meet standards and requirements.
- It is the **responsibility of the subrecipient** to adjust documents and practices to reflect updates sent from the team.
- **We use the same framework HRSA uses on us!**

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Site Visits

Outcomes result from:

1. Items not being provided
2. Policies and Documents not meeting Programmatic or Legislative Standards
3. Policy and Procedures are not in alignment

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Monitoring Tool:

Sections A-E: Completed by Subrecipient.
INSTRUCTIONS: PLEASE COMPLETE SECTIONS A-E PRIOR TO THE SITE VISIT ON DATE IDENTIFIED BY RWS STAFF.

SECTION A: SUBRECIPIENT INFORMATION

Date of Site Visit:							
Subrecipient Name:							
Administrative Address:							
Phone:							
Fax:							
Website:							
Contracted Services: <small>(Check off all that apply)</small>	<input type="checkbox"/> ADAP <input type="checkbox"/> Medical Case Management <input type="checkbox"/> Medical Nutrition Therapy <input type="checkbox"/> Oral Health Care <input type="checkbox"/> Emergency Financial Assistance <input type="checkbox"/> Food Bank/Home-Delivered Meals <input type="checkbox"/> Housing <input type="checkbox"/> Medical Transportation <input type="checkbox"/> Non-Medical Case Management <input type="checkbox"/> Other Professional Services <input type="checkbox"/> Psychosocial Support						
	<table border="1"> <tr> <th>Name and Title:</th> <th>Phone and Fax:</th> <th>Email address:</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Name and Title:	Phone and Fax:	Email address:			
Name and Title:	Phone and Fax:	Email address:					
Provider Contact							

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Site Visits

The Planning Council made sizable changes to the Service Standards this year!

Summary of Changes provided in packets. Please update policies & practices to reflect these changes.

We will be using this document to attest in the Monitoring tool if they meet standards!

All clear?



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Service Standards:

Summary of Changes FY 2026 Service Standards *March 1, 2026*

The following is a summary of updates that have been made to the FY 26 Service Standards:

1. Added the following language to the **Preamble list of Section I: Universal Standards**:
"Reassess support services annually for ongoing program compliance, beginning at Standard 11.0."
2. Updated **Section I: Universal Standards, 1.0 Eligibility, Insurance & Recertification**, to replace the outdated PCN 16-02 Amendment with PCN 21-02.
3. Replaced and expanded the previously listed "Disability Letter" in **Section I: Universal Standards, 1.3 Income**, to "Social Security Award letter (SSA, SSDI, SSI) or other disability benefit verification letter" to the list of acceptable documentation for income eligibility.
4. Replaced and specified the previously listed "Letter from Shelter" in **Section I: Universal Standards, 1.4 Boston EMA Residency**, to "A dated letter from transitional housing or a homeless shelter."
5. Added the following language to **Section I: Universal Standards, 1.4 Boston EMA Residency**, to include "Written letters signed by client attesting to residency in the cases of those experiencing homelessness or in temporary settings" under the list of acceptable documentation to verify residency.
6. Updated the **Section I: Universal Standards, 1.5 Health Insurance** description, "including ADAP/HDAP" to emphasize clients who may be ineligible for other forms of insurance.
7. Added **Section I: Universal Standards, 1.9 Payer of Last Resort**, as a new standard:

"Agencies must ensure that reasonable efforts are made to use non-RWHAP resources whenever possible, including establishing, implementing, and monitoring policies and procedures to identify any other possible payers to extend finite RWHAP funds."

Added the corresponding measure: "Written policy addressing Payer of Last Resort and funding source documentation must be on file at the agency."
8. Revised **Section I: Universal Standards, 2.0 Intake, Discharge, Transition & Case Closure**, to separate the previous 2.3 standard into two distinct standards: **2.3 Rights and Responsibilities Policy** and **2.4 Grievance Policy**.
9. Added language to both the standard and the measure of **Section I: Universal Standards, 3.1 Client Retention and Re-Engagement Policies and Procedures**, requiring regular client follow-up between appointments and documentation of ongoing follow-up activities between appointments, as applicable to the client.
10. Similarly, added language to both the standard and measure of **Section I: Universal Standards, 3.2**

Frequently Asked Questions



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Q: I have two service categories. One is underspending, and the other is overspending. Can I move from one service category to the other?

A: No. A condition of the grant is that all allocations must be set by the jurisdiction's Planning Council. They provide the framework in which money should be moved amongst categories (Sweeps and Carryover).

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Q: I have a TBD line on one of my services and would like to increase client engagement. Can I purchase gift cards as incentives?

A: No, this is an unallowable Part A cost. This includes Food on any non-Food service.

Please refer to PCN 16-02 for more details.

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Q: What is the level of detail needed for services with logs (EFA, FBHDM, MT)?

A: HRSA would like us to be able to confirm:

1. How much
2. Of what
3. To whom
4. By what methods

Logs and Notes MUST support payor of last resort.

This can be in your logs and in your client profile notes. Logs should include:

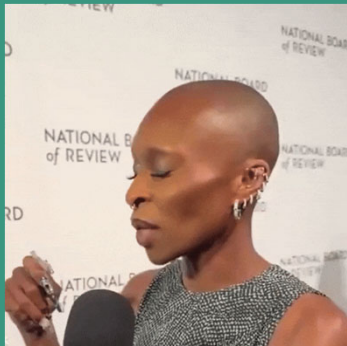
Client Code	Date of Use/Distribution	Service Use/Reasoning	Type (method)	Amount (\$)

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Game Time!

MATCH THAT



- Printed out is a word match made up of key information needed for the Fiscal year.
- You will match the acronym/word/phrase to the explanation.
- It is our expectation that Subrecipients are clear on these terms and actions.

Please note:

- **You will have 5 minutes to complete the worksheet! We will give a 2-minute warning before time is up.**
- We will read the answers together on the slides.
- Please do not use your packets!

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Break!

We will break for 5 minutes ☺



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Clinical Quality Management

Tzuria Falkenberg & Alexandria Whitted

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BOSTON PUBLIC HEALTH COMMISSION



Clinical Quality Management Provider Meeting Session

Melanie Lopez, MPH-VPH

Dir. of Client Services- Infrastructure

Alexandria Whitted, MPH

Senior Program Coordinator ~ Performance Measurement

Tzuria Falkenberg

Senior Program Coordinator ~ Quality Improvement

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Agenda

- Overview of HRSA TA
- Infrastructure Developments
- Performance Measurement Review
- Quality Improvement Updates
- CQM Subrecipient Requirements

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Infrastructure

Melanie Lopez, Dir. of Client Services

- Overview of HRSA TA
- CQM program updates

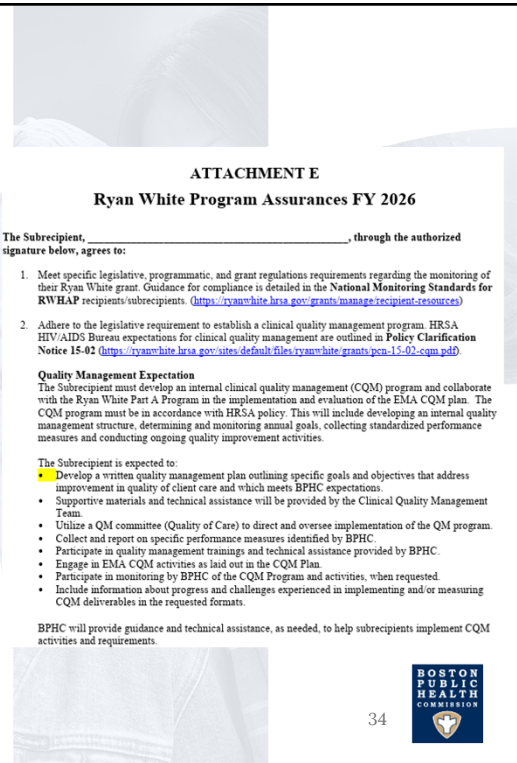


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Overview of HRSA TA

- FY 22 Site Visit CAP Resolution:
 - Participate in a one-year technical assistance (TA) collaborative to build out QM capacity within the RWS and the Boston EMA.
 - TA reviewed our organization and legislatively required activities and documents to provide support.
 - ✓ RWS Staff Capacity Building Assistance
 - ✓ Onboarding Plans
 - ✓ Ongoing Training Plans
 - ✓ CQM Plan:
 - ✓ Performance Measurement Plan
 - ✓ Workplan
 - ✓ Revise Infrastructure Section
 - ✓ QoC (CQM) Committee Structure
 - ✓ Subrecipient Capacity Building- IHI Interim Assignment
 - Started to host infossessions on relevant topics
 - Implementation of a Service Category QI Project
 - Enforcement of CQM reporting



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NEW CQM Progress Report

- Needed a more structured and formal area to report on CQM activities. Monthly Monitoring will still provide reminders, but this will be a way to further bridge the two teams.
- Intended to be a brief way to routinely be updated on activities related to:
 - Infrastructure,
 - Performance Measurement,
 - Quality Improvement, and
 - Either the Service Category Project or an independent Subrecipient Project.
- ★ ★ • **All subrecipients must submit the Summary sheet Quarterly.**
 - Depending on whether they were selected for the RWS QI Project or if they are conducting independent projects, will determine if you fill out a second and/or third sheet.

Data Entered By (Q End Date):	6/15/2026	9/15/2026	12/15/2026	3/15/2027
Submit Report By:	6/22/2026	9/22/2026	12/23/2026	3/22/2027

Note: In our TA, we have created an information exchange for Infrastructure. When you all provide the CQM progress report, we will provide the respective quarter's Data Displays!



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Progress Report Template Walkthrough




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Service Category Project Report

Service Category Project:	Persons Linked to Care in 7 Days			
Source ¹ :	EPIC			
Numerator (Num) ² :	The number of newly diagnosed individuals who were linked to care within 7 days.			
Denominator (Den) ² :	The number of Part A clients who have been identified as Newly Diagnosed.			
Project Timeline:	Start Date	4/1/2026	End Date	2/28/2027
Project Aim:	<p><i>Write as a S.M.A.R.T. goal using the cell to the right.</i></p> Increase Newly Dx Ltc in 7 days from 64% to 70% by February 28, 2027.			
Current PDSA Stage:	Plan	Do	Study	Act
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discovery/Root Cause				
Baseline Data ³ :	Ltc (30 Days) Metric	Num.	Den.	%
	Total linked in 30 Days	92	100	92%
	Heterosexual Women	3	3	100%
	MSM of Color	46	52	88%
	Group 3	0	0	#DIV/0!
Plan:	Current Ltc in 7 days is 64%. Root causes we identified include lack of transportation, stigma, and clinic availability. We will first focus on improving clinic availability.			
Do:	Create more room on clinic schedule for 1st medical appointments. Opening up appointment options on Friday mornings and Tuesday evening. We will test this for 3 weeks to			
Study:	n/a at issuance of this report			
Data Report Out ⁴ :	Ltc (7 Days) Metric	Num.	Den.	%
	Total linked in 7 Days	64	100	64%
	Heterosexual Women	2	3	67%
	MSM of Color	28	52	54%
	Group 3	0	0	#DIV/0!
Act:	n/a at issuance of this report			

Service Category Project Report Example

- Provided preliminary information on the project as their “Plan.”
- Subrecipient provided baseline data.
- Will update quarterly thereafter.
- CQM is always here to support!



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FY25 Outcomes Review

Medical Outcomes

- Collected by MCMs & NMCMS
- Clinical data (i.e. viral load, CD-4 count) cannot be self-reported by the client.

MO Due

Due **twice** a year with the annual recertification and/or reassessment.

68%

MO FY 25 Submission Rate for Boston EMA

Quality of Life Outcomes


- For all providers
- Updated questions to improve the collection of SDOH data

QoL Due

Due **once** a year with annual recertification of Ryan White eligibility

35%

QoL FY 25 Submission Rate for Boston EMA



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Performance Measurement Section

Alexandria Whitted, Senior Program Coordinator III- PM

1. Update EMA about FY 25 PM Project and DICE
2. Review Amended Performance Measures (Appendix)
3. Assess Data Displays



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Project Overview

Performance Measures-

Method to quantify and track clinical and social health indicators for the purposes of program planning and processes.

Scope:

Using Gaps in Medical Visits and Medical Visit Frequency

to identify disparities and unmet needs of the subpopulations of focus for FY 24 to determine the baseline for the new grant cycle, FY 25-27.

Objectives:

1. Compile and analyze data regarding subpopulations of focus.
2. Conduct a comprehensive assessment of unmet needs with the aim of identifying barriers to care for subpopulations.



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Data Informed Cohorts of the EMA (DICE)

Upon review of the Boston EMA Planning Council Needs Assessment, state-wide data, Boston EMA data, and monitoring of funded service providers, data trends show an increased need for:

1. Heterosexual Women
2. Non-US Born People (NUSB)
3. Men Who Have Sex of Color (MSM)



Defining our Subpopulations of Focus

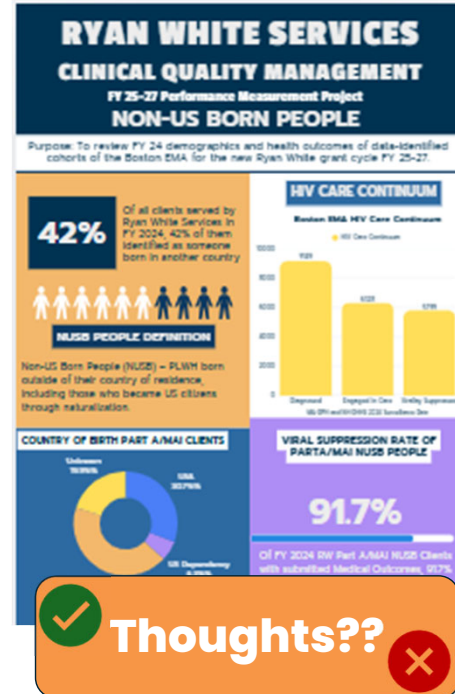
1. Heterosexual Women – PLWH whose gender identity was either Cisgender Woman or Transgender Woman with a reported Heterosexual contact as a mode of transmission upon intake, regardless of their self-identified sexual orientation.
2. Non-US Born People (NUSB) – PLWH born outside of their country of residence, including those who became US citizens through naturalization.
3. Men who have Sex of Color (MSM)– PLWH who engage in sexual activity with other men who may or may not identify themselves as gay or bisexual.



DICE: Infographics

- Gain insights about the EMA DICE, such as:
 - Where clients fall in the HIV Care Continuum (HCC)
 - Country of Birth
 - Viral Suppression Rates
 - Exposure Categories
 - Housing Status
 - Racial and Ethnic groups
- Data sources:
 - E2Boston Demographics Report
 - Mass Depart
- Two places to find them
 - CQM Website
 - e2Boston Resource Center

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DICE Project Outcomes & Next Steps

Heterosexual Women

- Baseline Exposure Categories
- Deep Dive analysis by identities

Non-US Born People (NUSB)

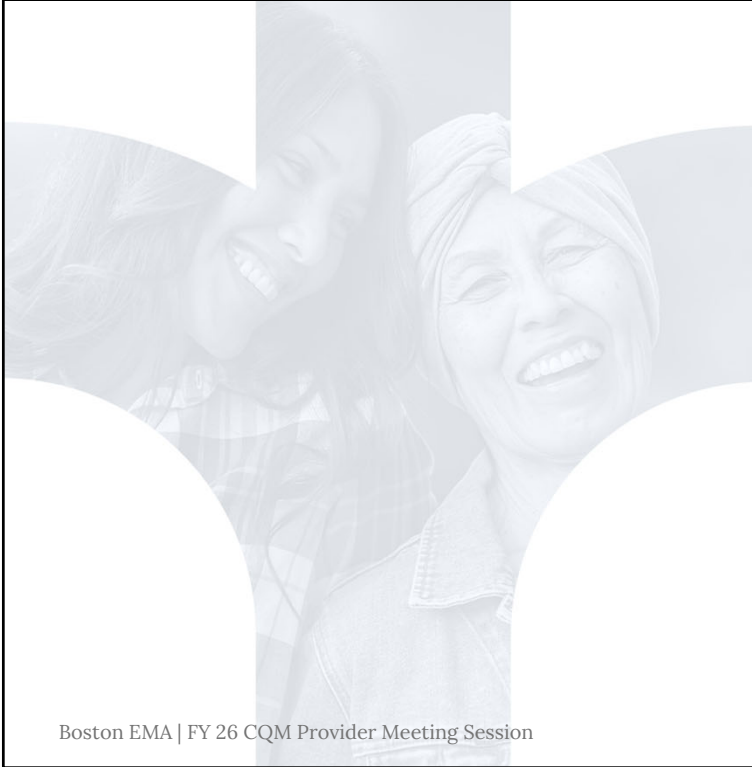
- FY 2024 HRSA NOFO
- Added an e2Boston Filter for Country of Birth at the end FY 25

Men Who Have Sex with Men (MSM) of Color

- Race and Ethnicity of Part A Clients to examine disparities
- Exposure Categories MSM+IDU

Fiscal Year 2026

- Gather data for DICE from HAB Report utilizing new e2Boston updates (i.e Country of Birth Filter)
- CQII Disparities Calculator
- Host listening sessions with consumers and present findings to the Planning Council Needs Assessment Committee (NAC) and QoC



Performance Measures

- NEW PMs: Oral Health Care Linkage to Care & Dental Treatment Plan
- NEW QoL Outcomes FBHDM & Housing
- Revised PMs: Medical Visit Frequency and Gaps in Case Management



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NEW PMs: Oral Health Care

Measure	Definition	FY24 Descriptive Statistics	FY25 Descriptive Statistics	FY 26 Target %	FY27 Target %	Frequency of Data Collection	Service Category
Oral Health Care: Linkage to Care	The percentage of new Oral Health clients who are linked to care during first 120 days.	N/A	9.30%	TBD	TBD	Quarterly	Oral Health Care
		-	40/430	-	-		
Oral Health Care: Dental Treatment Plan	OHC Clients who had a treatment plan developed/updated under OHC Treatment Committed Subservice within the fiscal year.	N/A	19.89%	TBD	TBD	Quarterly	Oral Health Care
		-	507/2549	-	-		

Key points for Subrecipients:

- These performance measures will **only** be for Oral Health Care.
- Data source: e2Boston HAB Measures Report
- Targets will be set at the end of the second quarter of FY 26.



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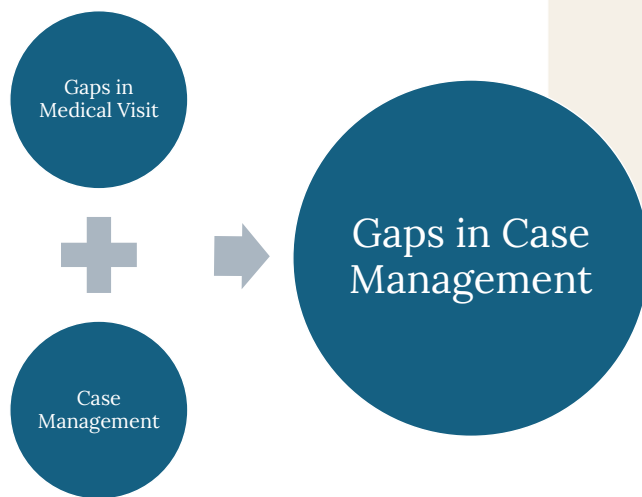
NEW PMs: QoL Outcomes FBHDM & Housing

Measure	Definition	FY24 Descriptive Statistics	FY25 Descriptive Statistics	FY 26 Target %	FY27 Target %
Housing Safety and Stability	Housing clients with submitted Quality-of-Life Outcomes who are facing housing insecurity or safety concerns.	N/A	19.78% 18/91	10%	5%
Food Accessibility and Affordability	FBHDM clients with submitted Quality-of-Life Outcomes that are facing food insecurity.	N/A	4.28%	4%	5%

- Key points for Subrecipients:**
- These outcomes will **only** be for those **funded for Housing and Foodbank**.
 - Data source: Outcome Measure Distribution Report
 - These measures are **inverse**, meaning RWS/CQM want fewer people in these groups with these QoL experiences.
 - In the OMD Report, these clients are reporting 1s & 2s.



Revised PMs: Gaps in Case Management



WHY?

Given the current standards of HIV care and typical medical-visit patterns among EMA clients, the Gaps in Medical Visit Frequency performance measure did not yield meaningful or actionable data for quality improvement.

- Additionally, with a high viral suppression rate (91%) and strong care-engagement behaviors among clients, the measure offered limited value in identifying areas needing intervention.



Revised PMs: Medical Visit Frequency and Gaps in Case Management

Measure	Definition	FY24 Descriptive Statistics	FY25 Descriptive Statistics	FY 26 Target %	FY27 Target %
Medical Visit Frequency	Clients who had at least one medical visit in each 12-month period of the 24-month measurement period with a minimum of 180 days between medical visits	20.22%	19.76%	30%	40%
		54/267	66/334		
Gaps in Case Management	Case management clients, regardless of age, with a diagnosis of HIV who did not have a documented medical visit in the last 6 months of the measurement year	N/A	4.28%	4%	5%

- Key points for Subrecipients:**
- These outcomes will **only** be for those funded for the Medical and Non-Medical Case Management.
 - Data source: e2Boston HAB Measures Report
 - Medical Visit Frequency has a revised definition from HRSA
 - The Gaps in CM measure is **inverse**, meaning we want less people in these groups and engaging with their case managers.



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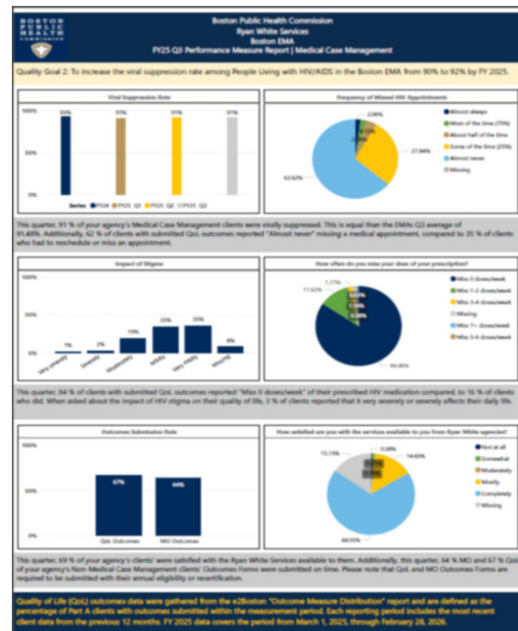
Data Displays

Data displays will be sent to Subrecipients quarterly for services that service 15%-50% of the Boston EMA:

1. Medical Case Management
2. Non-Medical Case Management
3. Oral Health Care
4. Foodbank Home-Delivered Meals
5. Housing

Please submit all data within the 2-week time period after the close of the quarter to ensure accuracy in the development of your infographics!

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✓
✗
Thoughts??



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Quality Improvement

Tzuria Falkenberg
Sr. Program Coordinator for QI

- FY25 QI Project Update
- QI Culture Assessment Results
- FY26 QI Project Discussion



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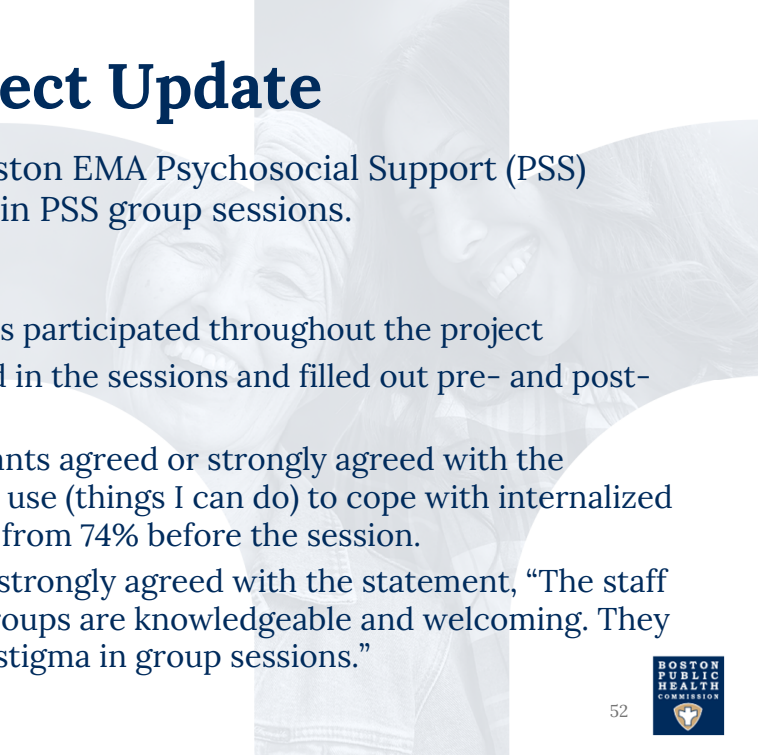

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FY25 PSS QI Project Update

Aim: Increase the capacity of Boston EMA Psychosocial Support (PSS) providers to address HIV stigma in PSS group sessions.

Project Results:

- 30 subrecipient staff at 13 agencies participated throughout the project
- More than 100 clients participated in the sessions and filled out pre- and post-session surveys.
- ★ After the session, 80% of participants agreed or strongly agreed with the statement, “I have strategies I can use (things I can do) to cope with internalized HIV stigma.” This was an increase from 74% before the session.
- ★ 94% of participants agreed or strongly agreed with the statement, “The staff and peers who lead support groups are knowledgeable and welcoming. They support me when I talk about stigma in group sessions.”

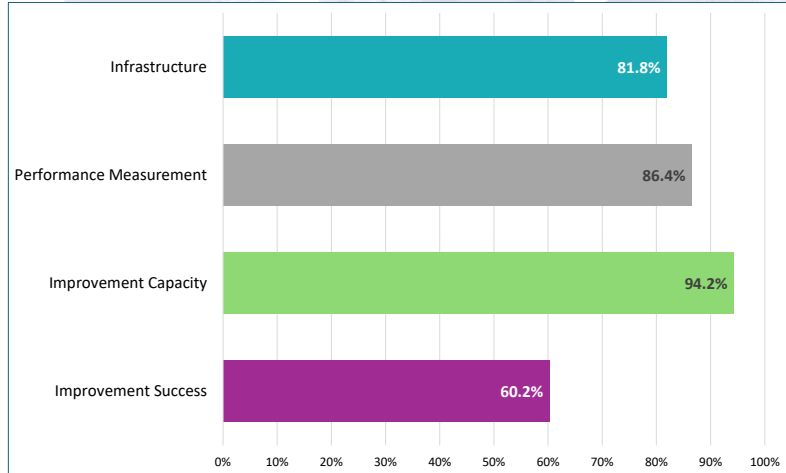



Boston EMA | FY 26 CQM Provider Meeting Session

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FY25 QI Culture Assessment – Overall Results

- 100% response rate!
- The median score was 17/20 (85%), and the mean/average score was 16.1/20 (81%).
- Scores improved slightly compared to FY24.



FY25 QI Culture Assessment Results - Strengths

Section	Item	Score
Performance Measurement	Does the RW program share performance measures data with program staff?	97%
Improvement Capacity	Are RW-funded direct service staff involved in QI activities that relate to their work?	94%
Improvement Capacity	Is at least one RW staff member proficient at analyzing data and identifying trends?	91%
Infrastructure	Does your organization have a current, written CQM or QI Plan?	91%
Infrastructure	Does the RW program have an active QI team, or actively participate in the organization's QI team?	88%
Improvement Success	Did your team set reasonable goals to improve process measures for the RW program in FY25?	88%



FY25 QI Culture Assessment - Challenges

Section	Item	Score
Improvement Success	Has your team met the reasonable process improvement goals you set for FY25?	43%
Improvement Success	In this FY, did you complete at least one RW-based QI project or initiative?	44%
Improvement Success	Has your team met the reasonable health outcomes improvement goals you sent for FY25?	48%
Improvement Success	Have improvement activities and results been shared with external stakeholders?	59%
Infrastructure	Does a clinical leader actively participate in RW program QI discussions?	68%
Performance Measurement	Does your organization act on the results of client satisfaction surveys?	71%



How We'll Respond in FY26

To keep improving QI culture in the Boston EMA in FY26, the CQM team plans to:

- Hold workshops on client involvement in CQM
- Create and distribute reference materials on CQM & data literacy
- Launch regular CQM capacity-building sessions for subrecipients
- Create more opportunities for subrecipients to share their CQM activities with us and with each other



FY26 QI Project: Linkage to Care

In FY26, our EMA QI project will focus on **improving linkage to care rates for individuals newly diagnosed with HIV.**

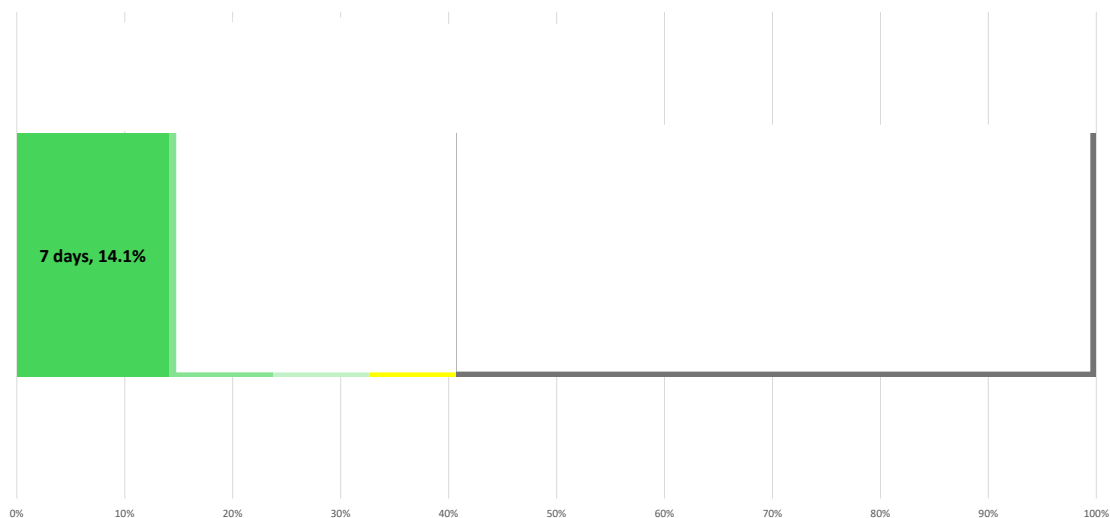
Within the Medical Case Management service category, we've selected some providers to be pilot agencies for the first phase of this project.

Each participating agency will conduct its own QI project to improve linkage to care rates, **based on its own data, root cause analysis, and priorities.**

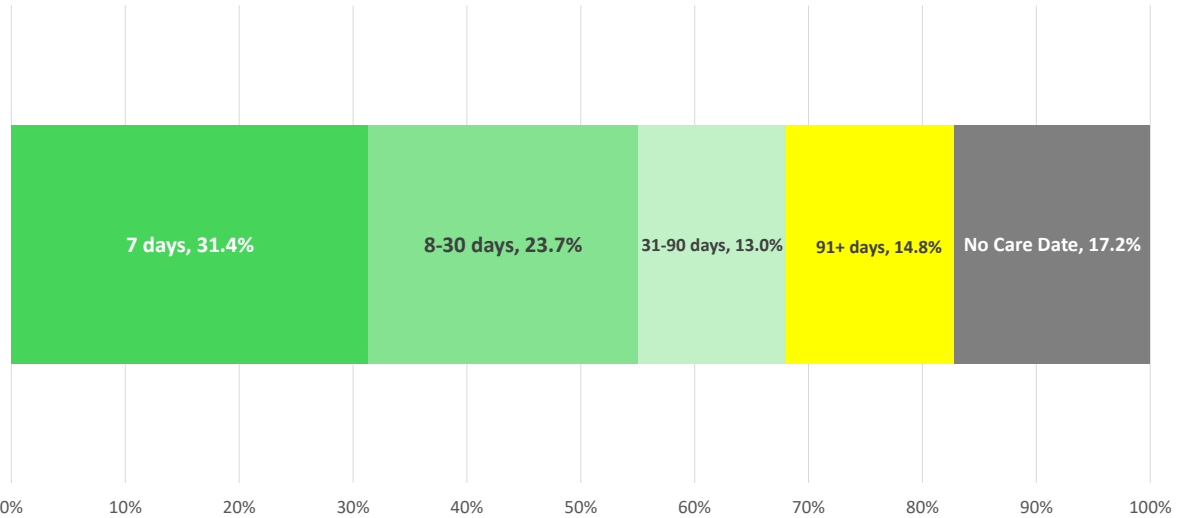
The CQM team will hold capacity-building sessions throughout the project, which will be open to all interested subrecipient staff, regardless of service category or current involvement in a linked QI project.



FY25 Linkage to Care Rates



Comparison: FY24 Linkage to Care Rates



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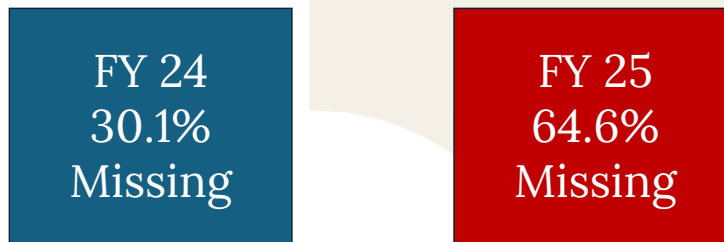


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Exploring Missing Care Dates

Across the EMA, the proportion of clients **without a care date** doubled in FY25:



Newly-diagnosed clients aren't the only ones missing care dates in e2Boston. Linkage to care rates aren't the only performance measure affected when care dates are missing.

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Entering Care Dates in e2Boston

THIS IS AN STAGING SITE. DO NOT INCLUDE ANY PERSONAL HEALTH INFORMATION OF CLIENTS IN THIS SITE. USE ONLY DUMMY DATA.

Intake Information Demographics **HIV Status** H&I Status Services Outcomes System Alerts

Client Shared: No

Progress Notes: 0

Medical Visit Date

Date of First Medical Visit after Client's Diagnosis Date: 12/12/2025 Today

Save Changes

Linkage to Care

+ New Entry

Search: []

Linkage to care Effective as of:	Does the client currently have an HIV/AIDS Medical Provider?	Most Recent HIV Care Date	Estimated?	Action
01/05/2026	Yes	12/12/2025	(unchecked)	[Edit]

Showing 1 to 1 of 1 entries



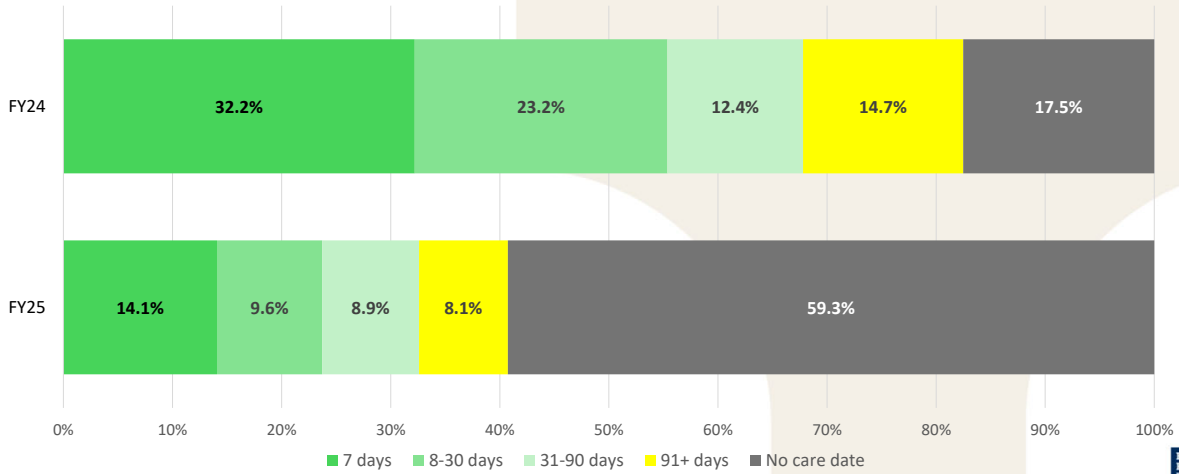
What can we do to improve entry of care dates?

On the sticky notes provided, write your action-based ideas (one per note). When you're ready, place your ideas in the corresponding spot in the room (or ask your neighbor to place them for you).

Categories:



FY24 & FY25 Linkage to Care Rates



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Quality of Care

- Overview/Role of the Committee
- Annual Planning Cycle
- Client Engagement



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QOC Committee Overview

The mission of the QOC Committee is to guide, advise, and provide feedback on all aspects of our CQM program, to continuously improve the quality of care, client satisfaction, and client health outcomes among people living with HIV in the Boston EMA.

Our FY26 committee year just began, with an Orientation in February and our first meeting in late March.

For more details on what the committee accomplished in FY25, check out the End-of-Year Evaluation Report!



Annual Cycle of Committee Activities

Spring	Summer	Fall	Winter
<ul style="list-style-type: none"> Review QI Culture Assessment results and plan how CQM should respond Advise on direction of EMA-wide QI project 	<ul style="list-style-type: none"> Discuss QI and PM projects Review EMA performance data (PMs, outcomes) 	<ul style="list-style-type: none"> Recruitment begins Review and revise/approve PM plan Begin planning CQM activities for next FY 	<ul style="list-style-type: none"> Evaluate QOC committee year Finalize planning CQM activities for next FY



Client Recruitment

As you know, the QoC needs to be subrecipient-driven and in FY26, we want to engage more Subrecipient staff who are also PLWHA/PLWE or Part A clients in CQM work. We'd love to talk to CABs, support groups, or any other groups of Part A clients who may be interested!

We can:

- Give training on data literacy, CQM pillars, and QI tools & methodology, including some games!
- Share information on current and future CQM initiatives and gather input from clients

If you know a group of clients who may be interested, make an appointment with the CQM team via our Office Hours link.

We Need You!



CQM Requirements



Data & Activity Requirements

- Service Data
 - All service data is expected to be submitted to e2Boston **within 30 days of service delivery.**
 - **Data should be entered at least once a month!**
- Outcomes Data –
 - **Medical Outcomes:** Due twice a year with a client’s case management intake or recertification
 - Open for 30 days, on the 31st day, the MO is either missed or submitted
 - **Quality of Life Outcomes:** Due once a year with a client’s annual RW eligibility
 - Open for 60 days, on the 61st day, the QoL is either missed or submitted

NEW Progress Reporting:

- Required for all Subrecipients- not just those selected for the project!
- First Progress Report is due **June 22.**

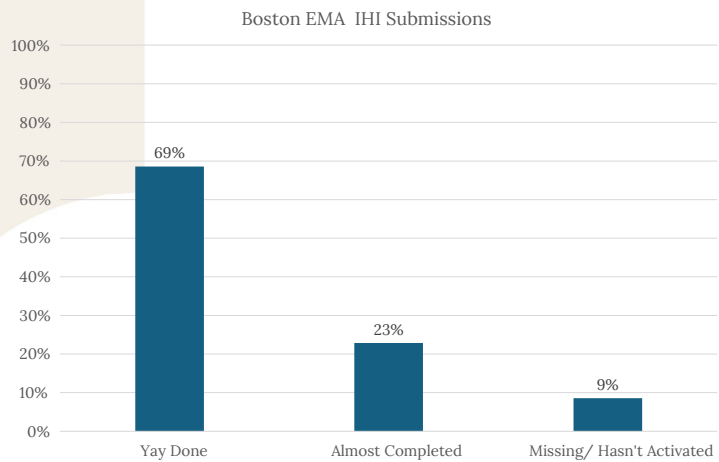


Institute for Healthcare Improvement (IHI) Requirements

The requirement is to complete **4 Credits** by **September 30, 2026**. This will be the last year of this requirement!

FY 25 EMA Statistics

- Interquartile Range: 0 – 6 Credits
- Average Credits Completed: 3.4 Credits



CQM Planning...for everyone!

Reminder to review the CQM Plan Amendment!

- FY 26 Performance Measurement Plan
- Check out CQM Activities to see what we're doing

Update your agency's CQM plan!

- We will be requesting either a confirmation of no update or the updated version with the Scope revision.

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**BOSTON
PUBLIC
HEALTH
COMMISSION**



Find Referenced Resources in the e2Boston Resource Center or on the CQM website:

Key Information	Slide Number
CQM Quarterly Progress Report	36
New Outcomes Slide	38
DICE Fact Sheets	43
Annual Requirements	68

Thank You for Listening!

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E2Boston

Irina Neshcheretnaya

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e2Boston Data Reporting

05/06/2026

Irina Neshcheretnaya

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FY 2025 e2Boston Implementations

- ❖ Updates in Outcomes collection system:
 - implemented new QoL and MO outcomes forms
 - added new outcomes reporting rules
 - updated Outcomes Due Date Calculation;
- ❖ Annual changes in e2Boston RSR report;
- ❖ e2Boston Reports Improvements
 1. Country of Birth filter
 2. HAB Performance Measures Base Population Display
 3. HAB Linkage to Care Within 7 Days Measure
 4. New subservice for FBHDM



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Sharing Outcomes Information

Both Quality of Life (QoL) and Medical Outcomes were added to **Clients' Shareable Information**.

- ❖ **Medical Outcomes** should be completed by MCM and NMCM agencies only. When shared, agencies that provided supported services are able to view.
- ❖ **QoL** should be completed by any agency that completed an annual eligibility recertification. All other agencies that share this client would be able to view the QoL outcomes.



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Refresh Your Knowledge: Shared Eligibility Module

- Shared clients are visible to the agencies that were entered as service providers in e2Boston. Please **DO NOT** include the agencies who are not delivering services to that client.
 - If the client was shared with an agency by mistake or stopped utilizing the services from this agency, please **REMEMBER** to upload the Sharing Revoking form.
- If you see the clients your agency has never worked with, please check the Sharing form and **CONTACT** the original agency to revoke the sharing.
 - Remember, after revoking, the “copy” of the client’s record will be available for you to keep the history, but no new updates will be visible.
 - The clients from your Search do not affect RSR reporting. All reports are using only served clients, in other words, clients whose service date falls in the date range you would select in the report.



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Client’s Sharing Includes



- Intake information with Programs’ Eligibility and Uploaded Documents;
- HIV Status tab (diagnostic, exposure and linkage to care information);
- Demographic tab (residency, race and ethnicity, and activity information);
- H&I Status tab (income, medical insurance, as well as housing status);
- Client-level system alert.
- Outcomes tab (QoL, Medical, and Legacy Outcomes);

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General Information Reminder

1. **If you forgot your password**, please use the “[Forgot your password?](#)” link on the login screen. You do not have to email the E2Boston group; we will unlock your password!
2. **If you have a new staff member** who needs an account in e2Boston, please fill in the [New User Form](#) and email it to the BPHC Data Manager (ineshcheretnaya@bphc.org)
 - ❖ **Please** provide your new staff training using all the informational sources and training materials
 - ❖ **Feel free** to share learned information with your co-workers.
 - ❖ **Please** follow the BPHC emails and e2Boston Messages to be updated on new and upcoming items related to the system.
3. **If you have any problems with your account** and/or have any technical issues with the system, email the **SUPPORT GROUP** (support@e2boston.net)
 - ❖ **PLEASE DO NOT** include clients’ PHI in your emails and messages!
 - ❖ **Email is the best way to reach us!**

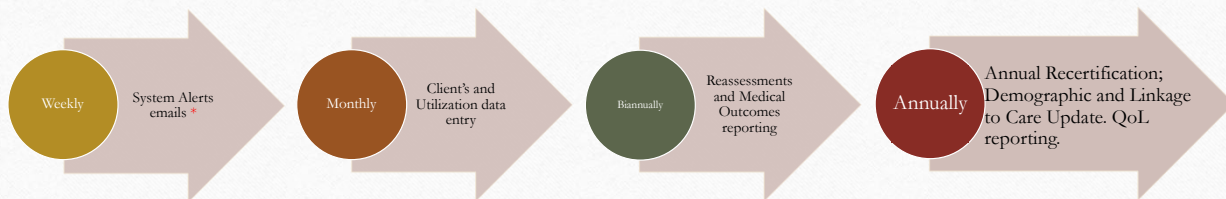


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e2Boston Reporting Timeline

The reporting timeline applies to all agencies that report data manually or electronically/data importing.








*For subscribed users only

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Our e2Boston Plans for FY 2026

-  Standardizing 2Boston Reports filtering (May-June2026)
-  Revise HAB report and the measures displaying
-  e2Boston Reports Guidebook
-  Annual system updates(FPL, RSR, etc.)



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Information Sources

-  E2Boston Resource Center
-  E2Boston System Announcements
-  RWS Emails & Newsletters
-  CQM Office Hours

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e2Boston Contacts

support@e2boston.net - Full e2Boston support group

CQM@bphc.org - Ryan White CQM group

ineshcheretnaya@bphc.org - Ryan White Data Manager

RyanWhiteServices@bphc.org - Ryan White Services



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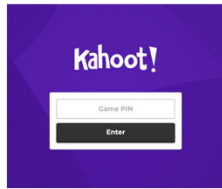
How to use Kahoot

All clear?



Using your phone or laptop, open **Kahoot.it**

1

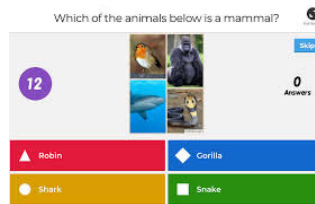


Type in the provided **Game Pin**

2

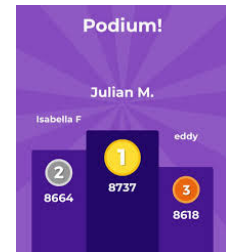
When launched, you will have a timer to answer the **Questions**

3



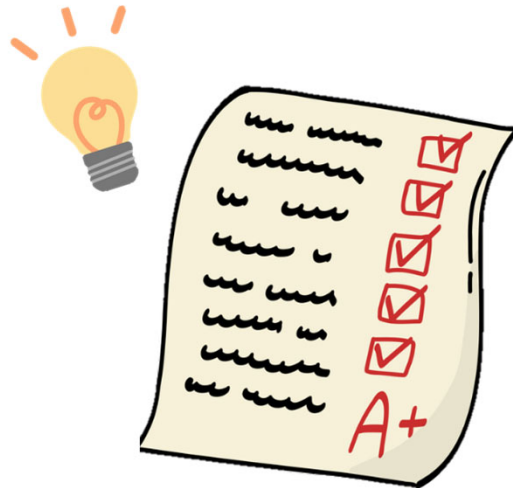
The top 3 people who get the most correct answers will get a **Prize**

4



Knowledge Check!

Use your laptop or phone to enter the game pin on the Kahoot.it screen.





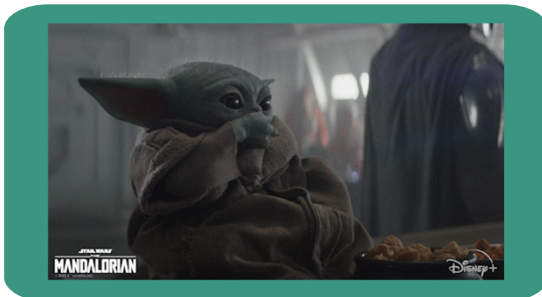
Question Block



Please raise your hand, and we will call one at a time. We will be recording questions & answers to release following the meeting.

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Lunch Break!

We will break for 40 minutes 😊

Accommodations

Those who listed **Gluten Allergies, Vegetarian, or Vegan**, please help yourself first!

Menu



- Garden Salad
Sandwich/Wrap Platter
- Turkey Sandwiches
 - BLTs (Regular & Gluten Free)
 - Italians Sandwiches
 - Grilled Veggie Wraps
 - Caprese Wraps (Regular & Caprese Gluten Free)
 - Vegan Delights Wraps

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RDE Systems

Jesse Thomas & Donald Winship

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e2BOSTON

Boston EMA Ryan White Services Part A Provider Meeting
May 6, 2026 | Medical Intelligence Center | Jesse Thomas

Boston Public Health Commission
RDE Systems, LLC

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You Are Awesome!

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5/11/2026

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MISSION

- Gratitude & Support
- e2Boston Update
- Spotlight on Secure Data Exchange to Save Time
- RDE in the Community: celebrating and uplifting our workforces and communities
- Your Voice Matters: e2Boston Interactive Stakeholder Engagement

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5/11/2026

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YOU ARE OUR HEROES

YOU ARE
MY HERO
 THIS HERO AWARD IS PRESENTED TO

Love & Empowerment


Boston E.M.A.
HERO'S NAME

I Appreciate You!


Jessie Thomas
FROM

May 6, 2026
DATE

★ ★ ★

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5/11/2026

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WE GOT YOU!



Love & Empowerment will win.

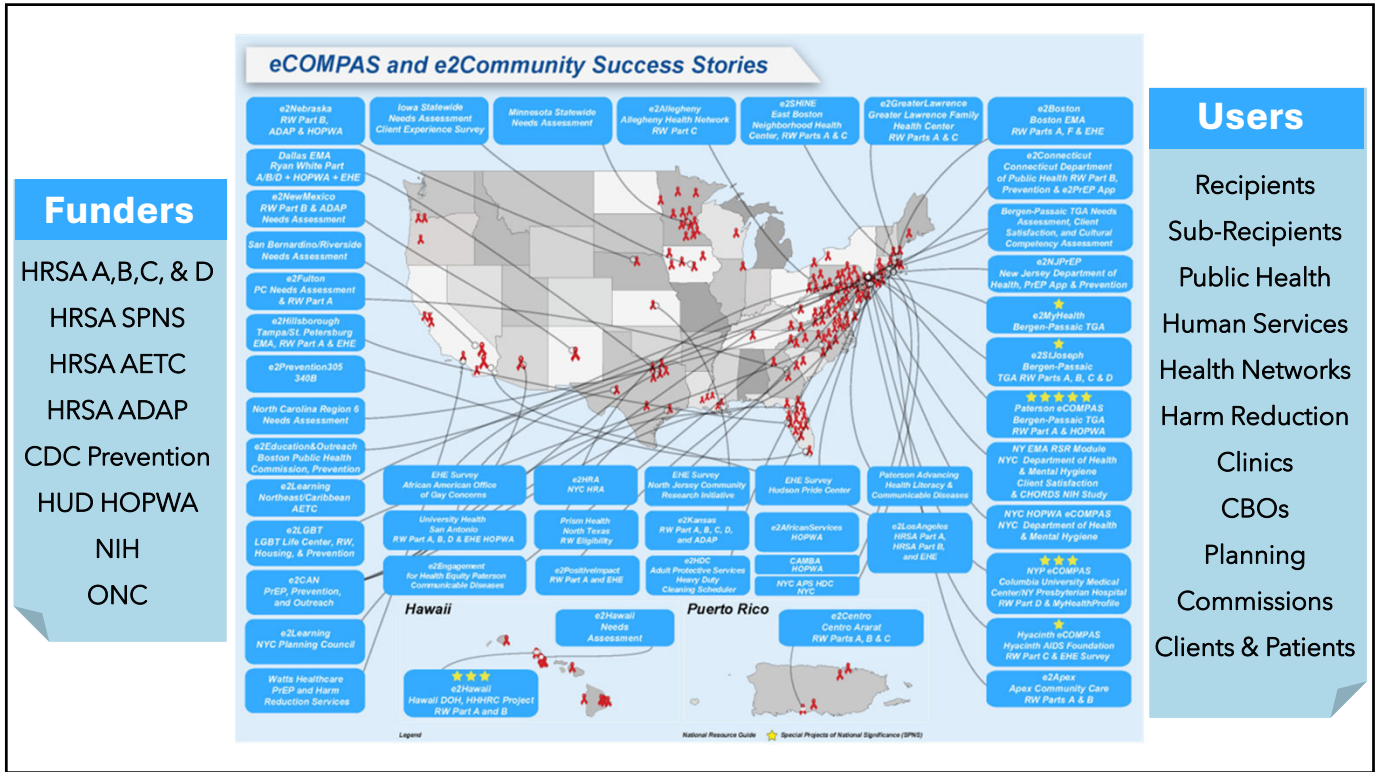


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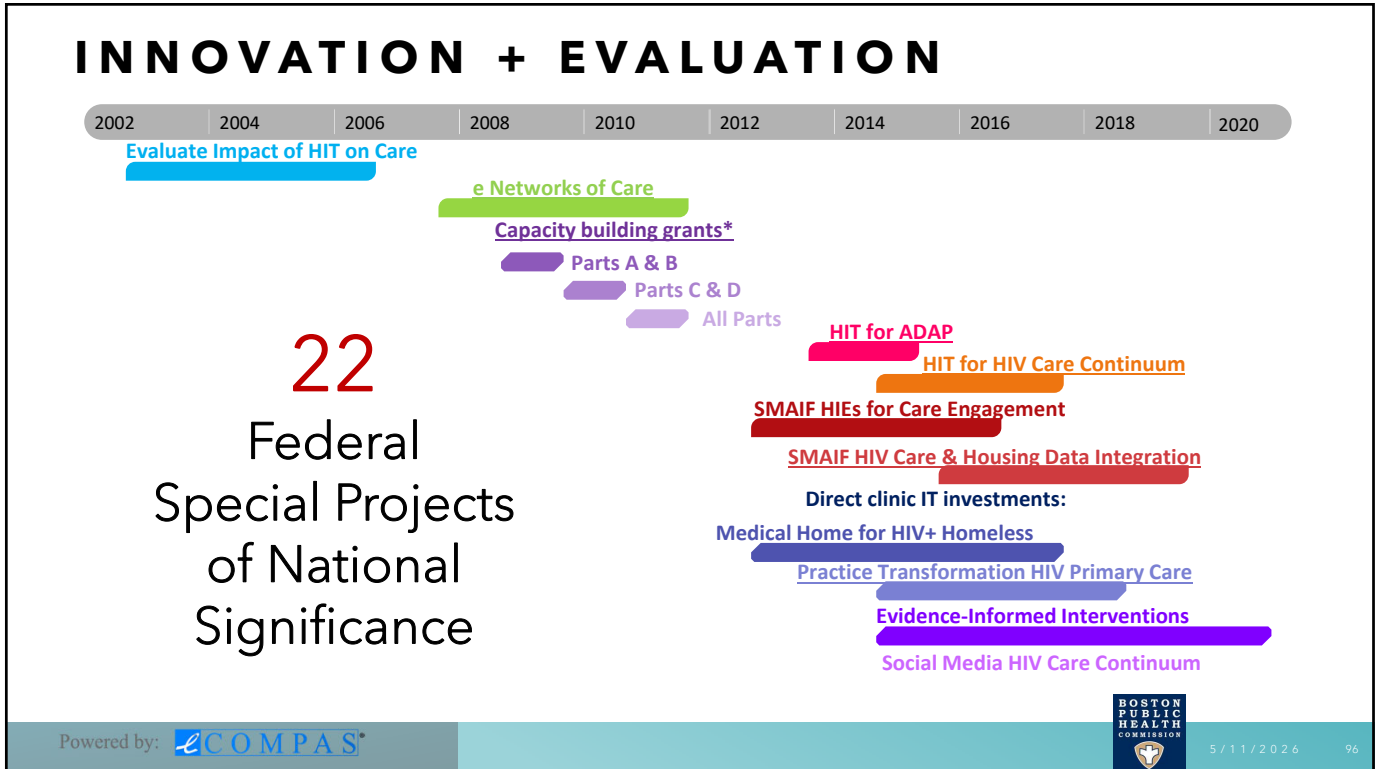
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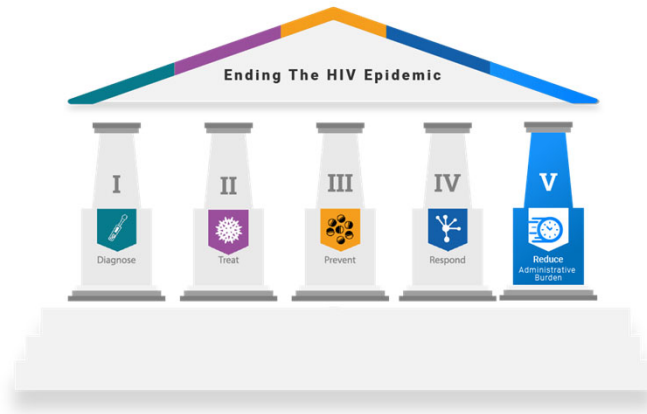


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INNOVATING CARE, OPTIMIZING PUBLIC HEALTH, ENDING THE HIV EPIDEMIC



Reducing Administrative Burden

- Time is our finite resource
- Reduce staff stress, burnout, and turnover
- Burden → empowerment

Right Data & Right Tools

- Quality
- Actionable
- Useful + Usable

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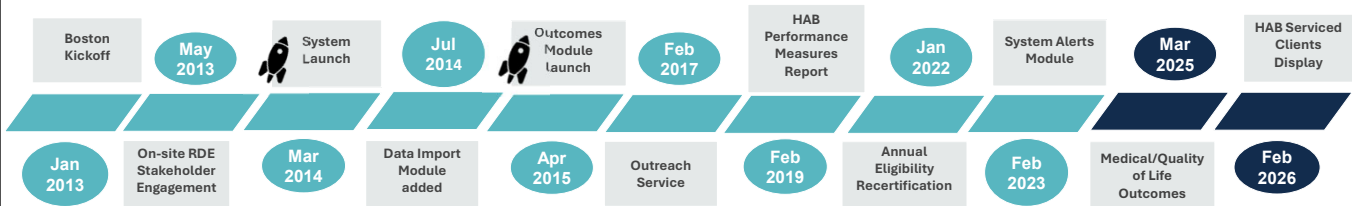


5/11/2026

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e2BOSTON TIMELINE



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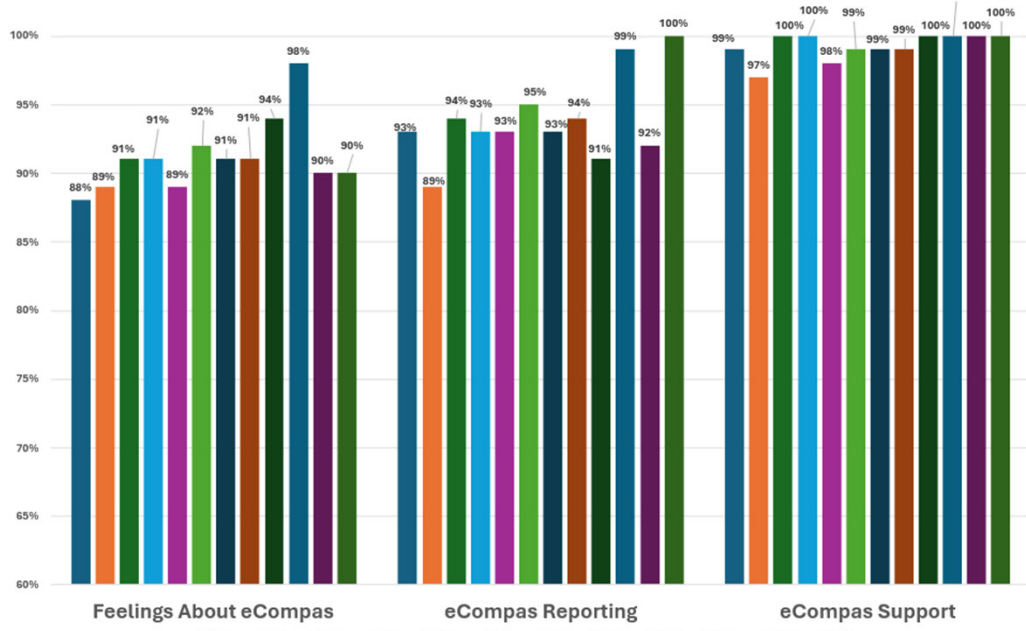
5/11/2026

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Your Voice Matters

- 2025
 - 183 Courtesy Calls
 - Total Respondents: 17
 - Completion Rate: 9%



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5/11/2026

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"First of all, when I think of RDE I think of 'Partner'... In my experience in working with different vendors and diff databases, I would say that RDE is one the best and we love working with you."

Data Manager, 5/14/2025

"Thank you guys because its working really well...its so easy because it looks so pretty!"

Coordinator, 3/19/2025

"The system is intuitive, I like the reports, and the system alerts are helpful."

Case Manager, 9/23/2025

"Irina is fabulous, responds quickly to any issues and adding/removing users."

Director of Client Services, 9/11/2024

"The system is easy and understandable, also easy to navigate."

Case Manager, 9/18/2025

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5/11/2026

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SECURE DATA EXCHANGE CAPABILITIES

Interested in sending client information en masse from an EHR to e2Boston? RDE has experience building data bridges with many systems and formats.

Systems


- CAREWare
- Epic
- eClinicalWorks
- Cerner
- Athena Practice
- And many more...

Formats

- XML
- CSV/Pipe Delimited
- Zip
- Microsoft Access
- HL7
- FHIR

Models

- Custom EMR Data Bridge
 - Only Part A
- e2Provider
 - Multi-part
 - Part A, B, C, & D

 If interested, reach out to info@e-compas.com

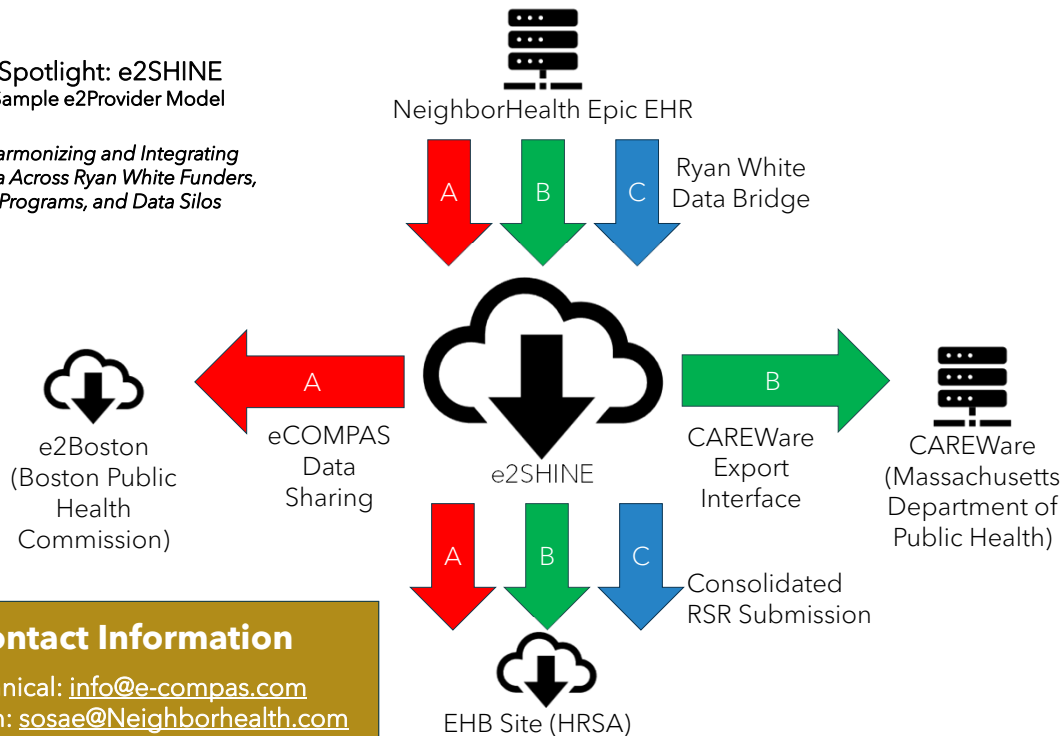
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5/11/2026 101

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Spotlight: e2SHINE
Sample e2Provider Model
Harmonizing and Integrating Data Across Ryan White Funders, Programs, and Data Silos



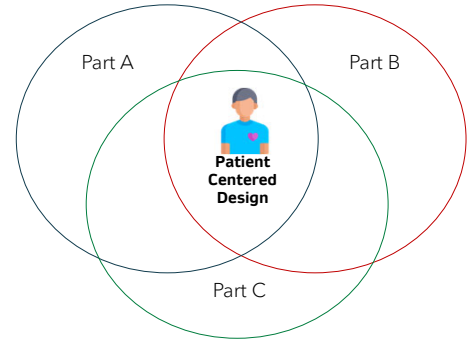
Contact Information

Technical: info@e-compas.com
Program: sosae@Neighborhealth.com

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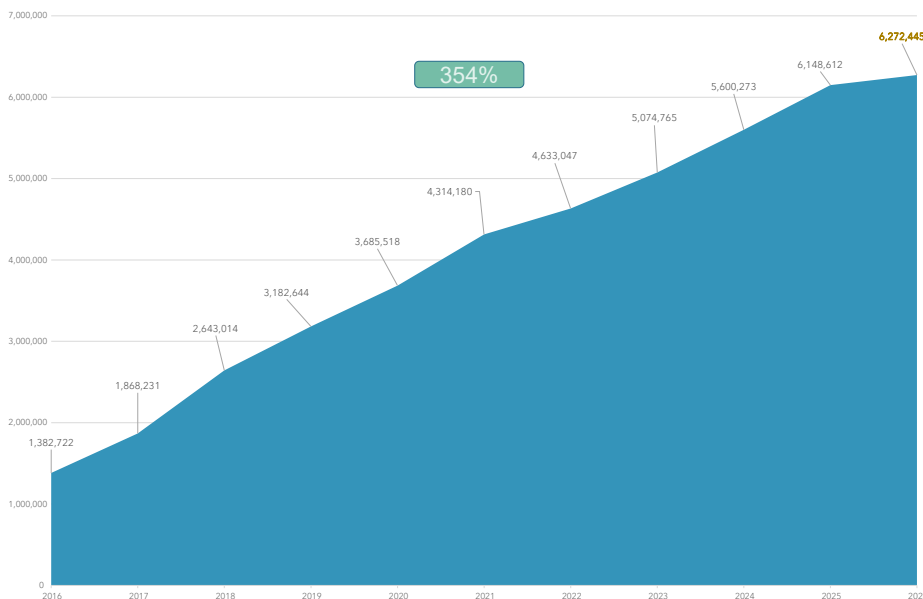
e2SHINE's SUCCESS

- Data input is straightforward
- Better data quality, completeness, & timeliness
- Patient-Centered approach: provides an integrated view of patients to better serve them
- All RSR data is centralized
- Batched automated uploads
- Reduction of administrative burden
- Improve federal and local compliance



"It's a game changer; it's such a relief now"

Client Data Securely Imported



Reducing Duplicative Data Entry Saves Time

% Increase 2016 - 2026

• Source: e2Boston as of March 2026

RDE RED SUITE

Free and Innovative Resources to End the HIV/AIDS Epidemic

- e2Polls Red
 - Engage, evaluate, and delight your Stake Holders in Real Time
 - <https://rde.org/red>
- e2Data Heroes
 - On demand analytics, queries, grant assistance
 - <https://rde.org/DataHeroes>
- e2 Online Resource Guide
 - Improve local linkage to care and services
 - <https://e-compas.com/nrg>
- FreeRentCalculator.com
 - Reduce time, effort, and stress with our HUD-compliant rent calculator
 - <https://freerentcalculator.com>
- Love & Empowerment
 - Uplift our communities and workforces
 - <https://msepowers.com>

RDE IN THE COMMUNITY

- Love & Empowerment
- HIV Stigma
- RW 2024 + RW 2026
- NASTAD
- APHA



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Love & Empowerment will win.

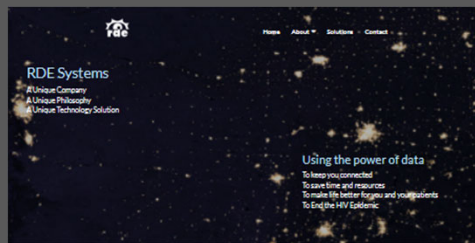
5/11/2026

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<https://msepowers.com>



Our Philosophy
RDE Systems, maker of the eCOMPAS® and e2® suite of software products, has been serving public health for over thirty years. We are proud that RDE has grown only by referrals, and not through marketing and advertising. Our business philosophy is simple, yet refreshingly uncommon in the industry: "If you do good things for good people, good things happen." We are focused on the long-term interests of our clients, our commitment to Ending the HIV Epidemic, living our People-first approaches to all work, and serving those who serve People Living With or at Risk for HIV/AIDS.



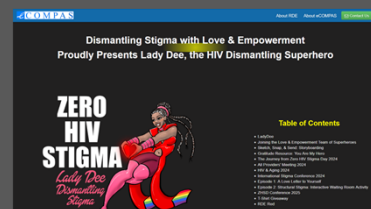
<https://rde.org>

Upcoming Events

- Continuum 2026 in PR, __
- ZHSD (NYC / Dallas), July 2026
- RW2026, __
- APHA 2026 __



<https://msepowers.com/apha>



<https://msepowers.com/ladydee/>

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STAKEHOLDER ENGAGEMENT WORKSHOPPING

Bottom-Line Impacts / Outcomes / ROI

- Reduction of admin burdens / time savings (% / FTEs)
- Data quality and time spent on data quality cleaning
- Reduce staff stress and burnout
- Improve program planning
- CQI / population health
- Helps serve clients better, stigma-free
- Grant compliance Improvement
- Practice / program transformation (or is this just efficiency?)
- Support overall growth / scalability
- Security, privacy improvements
- Cost savings / cost effectiveness

Stakeholders

- Clients + The Community
- Providers
 - CM / MCC
 - Program
 - Fiscal
- Administration
 - Program
 - Fiscal
 - Monitoring / TA
 - Grant Compliance
- CQI
- Planning
- IT
- Leadership
- Funders
 - HRSA (A, B, C, D, F, EHE)
 - HUD
 - CDC

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Your Voice Matters!



Access Code: BPM26b

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In-System "Feedback" button



Direct Support
Email: support@e2boston.net



Direct Support Phone
Line: (973) 773-0244

RESOURCES FOR PROVIDERS

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How can we accomplish ambitious goals together?

ONE BITE AT A TIME.



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RDE Systems has been serving public health for over thirty years. Our business philosophy is simple: "If you do good things for good people, good things happen." We are focused on the long-term interests of our clients, our commitment to Ending the HIV Epidemic, and serving the nation's workforces and communities.



<https://rde.org>



Direct Support Email:
support@e2boston.net



Direct Support Phone
(973) 773-0244



In-System "Feedback"
button



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Planning Council

Clare Killian, Ewaldine Shakira Fedna,
& Julia Kirsch

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The Boston EMA Ryan White HIV/AIDS Services Planning Council

**FY26 PART A PROVIDER MEETING
MAY 6, 2026**

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Meet the Planning Council Support Staff

**CLARE KILLIAN, MPH
SENIOR PROGRAM MANAGER**



**JULIA KIRSCH,
PROGRAM COORDINATOR II**

**SHAKIRA FEDNA, MPH
PROGRAM COORDINATOR III**

Meet the Executive Committee

Planning Council Chair: Henry Cabrera, **Chair-Elect:** Kim Wilson
Consumer Committee Chair: Rick Boyd, **Vice-Chair:** Fabian Ortiz Hernandez
Allocation of Resources Chair: Robert Giannasca, **Vice-Chair:** Zeke Russell
Services, Priorities, and Evaluations Chair: Milaun Casimir, **Vice-Chair:** Ericka Olivera

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How does the Planning Council inform the work of Ryan White Services?



The Planning Council works integrally with the Boston Public Health Commission to select and prioritize HIV service categories and allocate Ryan White Part A HIV funding in our region.

They do this through:

- ✿ Developing Service Standards and Funding Principles
- ✿ Allocating Part A funds to approved service categories
- ✿ Collaborating on Needs Assessments and comprehensive planning
- ✿ Guiding reallocation processes such as Sweeps and Carryover

and more!

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Regular Presentations from RWS at Planning Council

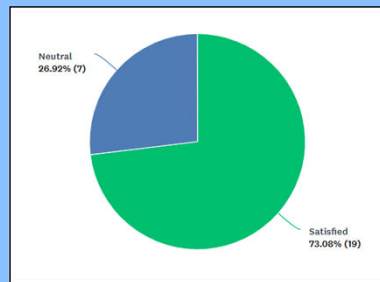
RWS presents to Planning Council year-round to help inform Council decisions and votes.

✿ Quarterly Spending and Utilization Presentations

✿ Part A Demographics Presentations split up by service category

✿ Quality Improvement Check-ins from CQM Team

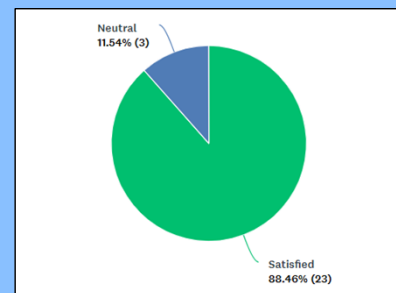
Satisfaction with the Clinical Quality Management Part A Demographics Presentations:



"I think this has improved a lot and it the demographics are becoming more and more reflective to the strengths and weaknesses of the services being provided to the EMA."

"...Exemplary presentations this year. Succinct, relevant, and engaging."

Satisfaction with the Part A/MAI Spending & Utilization Presentations:



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Planning Council Directives

Documents reviewed by SPEC or ARC and voted on by the entire Council every year!



Service Standards

Guided by SPEC!

The Service Standards provide expectations for how to best meet the needs of your clients. They are consumer-focused on the design and implementation of services.

SPEC reviews the standards annually for the upcoming Fiscal Year and revises them as needed. The full Planning Council must approve all edits.

Funding Principles

Guided by ARC!

The Funding Principles set expectations of applying for and receiving funding from BPHC for Part A services and help guide ARC's funding recommendations.

ARC reviews them annually for the following Fiscal Year and revises them as needed. The full Planning Council must approve all edits.

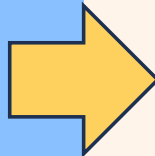
117

Priority Setting

Priority setting is the annual, HRSA-required process of ranking all 28 Part A HRSA Service Categories for the following Fiscal Year.

How do Council members make these decisions?

- Quality management, demographic and available needs assessment data
- Part A spending and utilization trends by category
- Availability of other governmental and non-governmental resources in the EMA
- Personal and professional experience



Sweeps

The Sweeps process is approved annually by the Council to rapidly re-allocate underspent funds during the fiscal year:



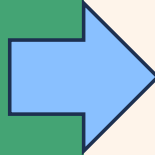
BPHC will first try to spend underspent money within the service category it came from, if the category can rapidly spend money.



BPHC will then distribute the remaining \$ based on the **Planning Council's priority setting ranking.**

118

Resource Allocation



Carry Over

The Allocation of Resources Committee (ARC) determines how to allocate the Ryan White Part A dollars to our funded service categories.

ARC reviews the previous years' unexpended funds, develops a scenario for potential unexpended funds for the current year, and develops various funding scenarios for the upcoming fiscal year.

How does ARC make these decisions?

- Historical Part A spending and utilization trends, priorities of PLWH on Council, needs assessment data, and availability of other resources in the EMA

Money not spent at the end of the fiscal year that may be eligible to carry over into the next fiscal year



Every year, **ARC develops scenarios on how to allocate carry over in case BPHC requests it.** These scenarios are voted on by the entire Council.



Carry over must be requested from HRSA - it is not automatically awarded.



Carry over has more stipulations than the regular award and must be spent quickly.

119



Major updates in the past year



Approach to the new administration and changing funding landscape



Strengthened collaboration and communication with RWS



Reviewing and updating internal operations of the Council

120

Carry Over

May - June 2025

ARC developed a scenario for FY24 Carry Over should BPHC decide to request this money from HRSA.

Scenarios were approved by the Council on June 5th, 2025.

August 2025

BPHC requested and received a Carry Over award from HRSA.


Due to new spending and utilization patterns in the first quarter of FY25, ARC held an off-cycle meeting to reassess their carry over scenarios.

Changes Made:

- 50% to AIDS Drug Assistance Program
- 20% to Food Bank/Home-Delivered Meals
- 30% to Emergency Financial Assistance

↓

- 50% to AIDS Drug Assistance Program
- 20% to Food Bank/Home-Delivered Meals
- 15% to Oral Health Care
- 15% to Medical Nutrition Therapy



Per PC Bylaws, ARC can revisit any scenarios as needed and the Executive Committee can make decisions on behalf of the full Council in emergencies or during summer break!

121

Flexibility & Adaptability



Developed more scenarios than in a typical year and discussed planning for more severe cuts ✕

Involving more Council-wide input into the allocations through discussions in the other committees ✕

122

Priority Setting Ranking Changes

Notable Changes from FY25 - FY26



Boston EMA Ryan White HIV/AIDS Services Planning Council FY 2026 Priority Setting Results

1	AIDS Drug Assistance (ADAP/HDAP)	15	Health Education/Risk Reduction
2	Housing Services	16	Home & Community-Based Health Services
3	Medical Case Management	17	Home Health Care
4	Emergency Financial Assistance	18	Child Care Services
5	Food Bank/Home-Delivered Meals	19	Other Professional Services (Legal)
6	Oral Health Care	20	Outpatient/Ambulatory Health Services
7	Non-Medical Case Management	21	Substance Use Services (Outpatient)
8	Health Insurance Premium & Cost-Sharing	22	Linguistic Services
9	AIDS Pharmaceutical Assistance	23	Substance Use Services (Residential)
10	Medical Transportation Services	24	Referral for Health Care & Support Services
11	Mental Health Services	25	Hospice
12	Psychosocial Support Services	26	Outreach Services
13	Medical Nutrition Therapy	27	Rehabilitation Services
14	Early Intervention Services	28	Respite Care

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Strengthened Collaboration & Communication with RWS



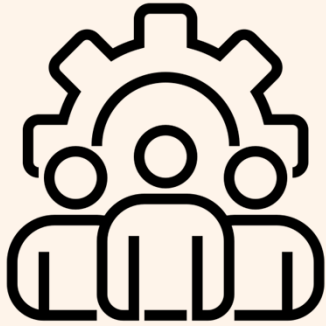
Spread out the Part A Demographics presentations and reduced information per presentation to improve understanding and retention

New Consumer and Needs Assessment Committee RWS Liaisons - all committees now have an RWS liaison!

PC and RWS working together on the Integrated Care Plan - more consistent input and co-creation

124

Strengthen Internal Operations



So far...

- Bylaws Revisions that included an updated attendance policy, language about the Needs Assessment Committee charge, and a reorganization of membership and nominations tasks
- Created a Standard Operating Procedure Outline and are in the process of writing the various procedures
- Created a Needs Assessment Committee, removing the responsibility from the Allocation of Resources Committee

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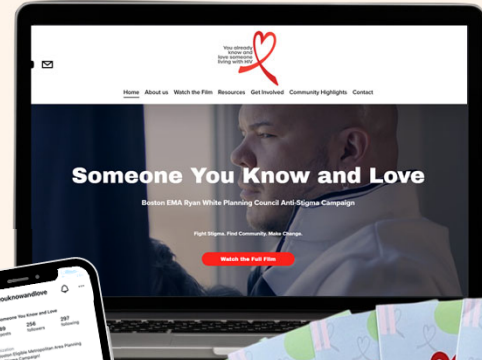
The Planning Council's Stigma Reduction Work

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The Someone You Know & Love Campaign

Funded by the Ending the HIV Epidemic Grant
FY24 and FY25 Activities

- Created campaign brochures in 7 languages
- Translated the subtitles of the film into 7 languages - accessible on the website & YouTube
- Engage regularly on Instagram with over 100 posts to date about HIV stigma, local events, the campaign, and more with an average annual follower growth of 20%
- Support, table, and screen the film at annual community events across the EMA
- Hosted our first Someone You Know & Love Gala with over 120 attendees!



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CMTP x PC Stigma Reduction Video Series

Project Outcomes

- Video series for use in training, social media, and outreach
- Around 30 videos total

Themes


- Model effective provider-client relationships through a dual-perspective of the experiences of people living with HIV and the case managers who support them, with a focus on promoting equitable care and reducing stigma
- Expand on the message and impact of the Someone You Know & Love Campaign
- Recruit for the Ryan White HIV/AIDS Services Planning Council




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February 2026

Connecting Community, Care, and Change: Ending the HIV Epidemic Summit







11 Part A & EHE Poster Presentations




4 EHE Mini-Grant Recipients in a Roundtable



HIV Stigma Reduction Film Screenings



Engaging Speakers & Networking Opportunities



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Last, but not least...

WE ARE RECRUITING FOR THE PLANNING COUNCIL!

WHO CAN APPLY?

- **People living with HIV**
- Residents of Massachusetts in Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester counties
- Residents of New Hampshire in Hillsborough, Rockingham, and Strafford counties
- Anyone interested in public health, social services, or medical fields

AS A MEMBER, YOU WILL:

- Build public speaking and leadership skills
- Inform allocations, priorities, standards, and needs assessment research for the Ryan White Part A Grant
- Help develop our anti-stigma campaign
- Plan and attend community events
- Be expected to commit to 6 hours per month

WE ARE NOW

ACCEPTING APPLICATIONS

TO JOIN THE

BOSTON EMA RYAN WHITE HIV/AIDS SERVICES PLANNING COUNCIL



APPLY BY JUNE 12, 2026
BOSTON.GOV/RWPC

BOSTON PUBLIC HEALTH COMMISSION

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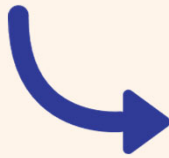
Last, but not least...

WE ARE RECRUITING FOR THE PLANNING COUNCIL!

NEW!

REFERRAL SYSTEM! You can fill out a quick form to refer a friend, colleague, or client to apply to the Council.

For more information and to fill out the referral form, scan this:



BUT DON'T TAKE IT FROM US... LET'S HEAR FROM PLANNING COUNCIL MEMBERS THEMSELVES!

WE ARE NOW

ACCEPTING APPLICATIONS

TO JOIN THE

BOSTON EMA RYAN WHITE HIV/AIDS SERVICES PLANNING COUNCIL

APPLY BY JUNE 12, 2026
BOSTON.GOV/RWPC

BOSTON PUBLIC HEALTH COMMISSION

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All Planning Council members must serve on at least one committee.

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08

Case Management Training Program

Helena Sandoval Insausti & Kynza Khimani

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Welcome to the

Case Management Training Program

Provider Meeting

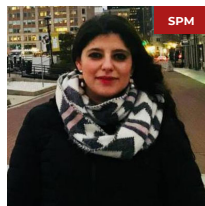
May 6th, 2026

Contact
cmtplib@bphc.org

Address
1010 Massachusetts Ave
Boston, MA 02118

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Meet the CMTP Team!



Helena Sandoval Insausti, MD, MPH, PhD
Hsandovalinsausti@bphc.org
Senior Program Manager,
Case Management Training Program



Jacqueline Huynh, MPH, CPH
JHuynh@bphc.org
Program Manager,
STI Prevention



Kynza Khimani, MS
KKhimani@bphc.org
Senior Program Coordinator,
Case Management Training Program



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What CMTP Offers:

MANDATORY
FOR ALL NEW HIRES (MCM and NMCM,
Ryan White-Part A)

New Hire Orientation

1. NHO - Online (Self-Paced, via Moodle)

- Introduction to HIV
- HIV Treatment and Management
- Comorbidities and Polypharmacy
- Psychosocial Support
- Cultural Competency and Ethical Considerations
- Vicarious Trauma

2. NHO - Skills Lab (In-Person)

- 4-hour interactive, case-based training to strengthen practical case management skills.
- Dates: July 23, 2026; November 5, 2026; and February 25, 2027

OPTIONAL

FOR ALL MCM and NMCM, Ryan White-Part A

Optional Training Series



Focus Groups

An interactive series that blends short, skill-based learning (**Trauma-Informed Care and Motivational Interviewing**) with open discussions.

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On Boarding a New Case Manager?



New MCM/NMCM
Ryan White Part A



1. New MCM/NMCM
joins the team



MCM/NMCM
Supervisor



2. MCM/NMCM
Supervisor emails
CMTP



CMTP Team

3. CMTP sends a
welcome packet to
the new
MCM/NMCM and
supervisor



New MCM/NMCM
Ryan White Part A



4. New MCM/NMCM
enrolls in New Hire
Orientation (Moodle)

MANDATORY
FOR ALL NEW HIRES (MCM and NMCM,
Ryan White-Part A)

New Hire Orientation

1. NHO - Online (Self-Paced, via Moodle)
2. NHO - Skills Lab (In-Person)



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Welcome Packet: Moodle

CASE MANAGEMENT TRAINING PROGRAM NEW HIRE GUIDE

Welcome New Case Managers!

We're excited to have you in the CMTMP community. To ensure you receive important updates and training materials, please complete the following:

- 1** **Join the CMTMP MailChimp mailing list.** This is our primary communication channel for updates and surveys. [Click here](#) to sign up.
- 2** **Enroll in CMTMP's Moodle Site.** Our online curriculum, including the New Hire Orientation (NHO) modules, is hosted on Moodle. To create your Moodle account, [click here](#).
- 3** **Complete the New Hire Orientation (NHO).** As a new case manager, part of your onboarding requires completing our NHO curriculum. Once you have created a Moodle account, we will enroll you in the course. The online portion is fully self-paced, allowing you to complete the modules at your convenience. **You are required to complete the NHO within one month of enrollment.**

Once you have completed the online modules, you will also be required to attend an **in-person session within four months of hire** (additional details will be shared closer to the date).

Questions?
Email: cmtmp@bgphc.org



Moodle account



Tutoria

New to Moodle? Learn How to Create Your Account and Navigate the Platform



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Welcome Packet: Moodle Demo

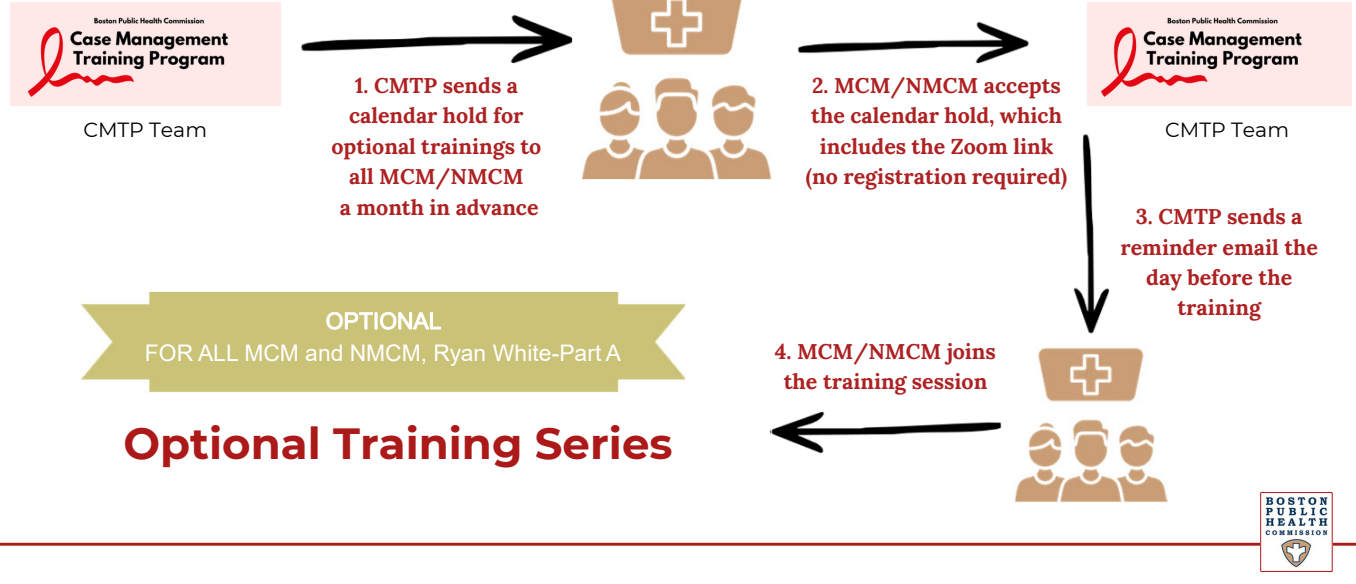


All clear?



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How Do I Join the Optional Training Series?



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Upcoming optional trainings

BOSTON PUBLIC HEALTH COMMISSION - CASE MANAGEMENT TRAINING PROGRAM

OPTIONAL TRAINING SERIES 2026

Trainings every 2nd & 4th Thursdays from 11AM-12PM!

MARCH	March 19 th : Recap of CMTM '25 Survey March 26 th : HIV 101: Characteristics, Epidemiology, Testing, and Prevention
APRIL	April 9 th : Writing Effectively: Documentation Skills for Case Managers April 23 rd : Mental Health Series - Part I: Understanding Behavioral Health in HIV Care
MAY	May 14 th : Free Legal Services and Public Benefits for PLWH May 28 th : Stigma Series Part I: HIV-Related and Structural Stigma
JUNE	June 11 th : Mental Health Series - Part II: Mental Health First Aid Training June 25 th : Stigma Series Part II: Practical Strategies for Case Managers
JULY	July 9 th : Mental Health Series - Part III: Resource Fair
AUG	August 6 th : Trauma-Informed and Equitable Approaches - Part I August 20 th : Trauma-Informed and Equitable Approaches - Part II
SEPT	September 10 th : HIV Across the Life Span: Adolescents September 24 th : HIV Across the Life Span: Healthy Aging Practices
OCT	October 8 th : Partner Abuse in LGBTQ+ Communities October 22 nd : Supporting MSM of Color Living with HIV
NOV	November 12 th : Understanding MassHealth Updates November 19 th : Housing Stability for PLWH
DEC	December 10 th : Reproductive, Maternal, and Postpartum Health Across the Lifespan December 17 th : Women Living with HIV
JAN	January 7 th : Prevention in Practice: nPEP and PrEP in the Context of Substance Use January 21 st : Harm Reduction & Overdose Rescue Training
FEB	February 11 th : Motivational Interviewing for Case Managers

[View our full schedule here:](#)

cmtm@bphc.org

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How Do I Join the Focus Groups?



**CMTF
FOCUS
GROUPS**

Calling all Ryan White Part A Medical and Non-Medical Case Managers!

Join the Case Management Training Program for focus group sessions on **Trauma-Informed Care** and **Motivational Interviewing**.

Each session will begin with a brief educational component, followed by a discussion-based focus group.
Help shape future CMTF trainings by sharing your experience and feedback.

March 2026- February 2027
Every 1st and 3rd Thursday

[Sign-Up Here](#)



Fill out our CMTF focus group [interest form](#)

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Notifications and Reminders



Zoom

- All optional training sessions will be hosted on Zoom.
- No prior registration will be required.



Mailchimp

- Mailchimp will be used primarily for surveys, special notifications, and announcements.
- It will not be used for routine training reminders.



Moodle

- CMTF will use a single Moodle course for all optional trainings. Slides will be uploaded there, and participants will receive a one-time enrollment notification.
- Optional Training Series Slides will also be shared directly with training attendees via email.
- New hires will receive separate enrollment in the NHO course as part of their onboarding process.

New Hire Orientation

- When a new hire is identified through communication from a supervisor, CMTF will send a follow-up email to both the supervisor and the new hire.
- Reminder emails will be sent every three months to all supervisors to reinforce the importance of notifying CMTF about new hires.
- For the in-person NHO Skills Lab, registration emails will be sent one month in advance.

Optional Training Series

- CMTF is using calendar holds as the primary method for sign-up for the optional training series. Calendar holds are sent one month in advance. Accepting the calendar hold confirms your participation and will be the official way we track registration.
- A single reminder email will be sent the day before each training to participants.



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Contact List Update



- CMTTP maintains updated contact lists for case managers and supervisors.
- Agencies should report staffing changes, including new hires.
- Quarterly reminder emails will be sent to supervisors to confirm updates



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Feedback
and
Questions



Email: cmtt@bphc.org



[Book time with us!](#)



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Knowledge Check!

Use your laptop or phone to enter the game pin on the Kahoot.it screen.



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Question Block



Please raise your hand, and we will call one at a time. We will be recording questions & answers to release following the meeting.

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Break!

We will break for 5 minutes ☺



When we return, we will hear from our last two presenters!

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09

Ending the HIV Epidemic

Idalin Andrades & Esete Fenta


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EHE AND PART A: PROVIDER GUIDANCE ON BRAIDED FUNDING AND TRANSITIONS




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TODAY AGENDA

-  Overview of braided funding
-  EHE to Part A transition policy
-  Provider roles and expectation


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ENDING THE HIV EPIDEMIC (EHE)

Ending the HIV Epidemic (EHE) is a federal initiative led by Health Resources and Services Administration (HRSA) focused on reducing new HIV infections across the U.S




Core Goal

Reduce new HIV infections while improving access, outcomes, and equity across Boston.

At the Boston Public Health Commission, EHE funding is used to:

- Expand access to HIV prevention, testing, and care
- Support rapid linkage to care (Rapid Start)
- Re-engage individuals who are out of care
- Address gaps in the current system of care
- Advance health equity for communities most impacted

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WHEN TO TRANSITION FROM EHE TO PART A

Transition when:

- Ongoing services are needed
- Virally suppressed or improving
- Around 12 months in EHE
- Client is engaged and stable in care

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BRAIDED FUNDING

Braided Funding: EHE and Part A

Braided funding means using more than one funding source for the same client, where each source pays for a different service and is tracked separately.

Each funding source must be used only for its intended purpose and services cannot overlap.

How to use each funding source


EHE

- Used for early support to get clients into care
- Outreach, linkage, Rapid Start, re-engagement
- Short-term, focused on engagement and stabilization

Part A

- Used for ongoing care once the client is stable and eligible
- Medical case management, core and support services
- Long-term, focused on retention in care

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COORDINATING SERVICES ACROSS FUNDING

Providers should coordinate services across EHE and Part A -without duplication.

Not Allowed: Same Service Across Funding

- Providing the same service (ex: case management) under EHE and Part A at the same time
- Billing or documenting the same activity under multiple funding sources
- Same client + same service + same time = not allowed

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ALLOWED COMPLEMENTARY SERVICES

Different services that support the client at the same time

Example:

- EHE → Outreach, linkage, short-term navigation
- Part A → Medical care or support services
- These services work together but do not overlap

Also Allowed: Supplementary Services (Across Time)

The same type of service can shift from one funding source to another - but not at the same time

Example:

- EHE → Short-term navigation during engagement
- Transition →
- Part A → Ongoing medical case management



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EXAMPLE SCENARIO

Client newly diagnosed enrolled in EHE

Month 6: Engaged in care, working toward viral suppression


Month 8–10:

- Eligibility for Part A completed
- Transition planning documented

Month 10:

- EHE services end
- Part A services begin (no overlap)

Result: Seamless transition with no duplication of services



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NON-NEGOTIABLES

No overlap in services between EHE and Part A

Must have:

Clear service start and end dates

Completed eligibility prior to transition

Compliance with payor of last resort requirements



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HOW COORDINATION WORKS ACROSS PROVIDERS

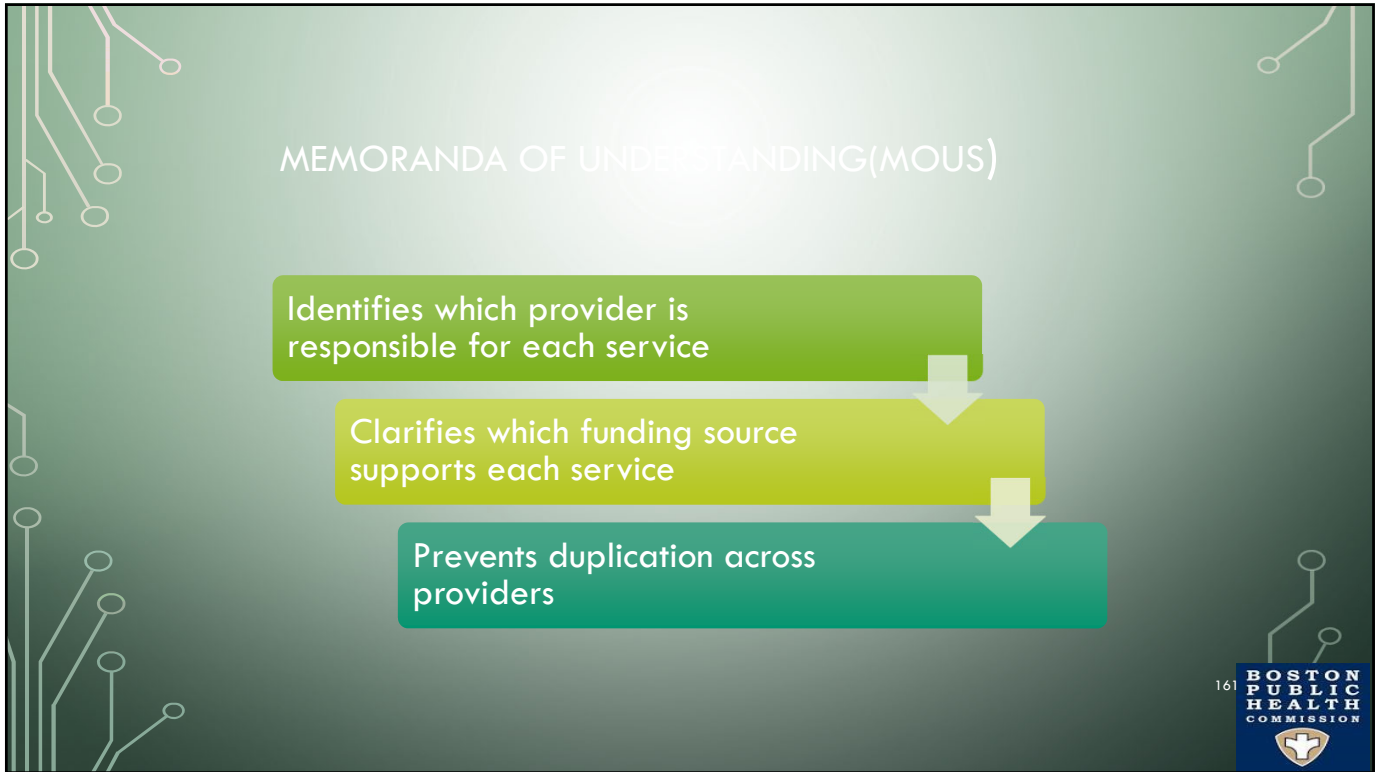
MOU → Supported Referral → Documentation →
Transition

- MOU → defines roles and funding.
- Referral → ensures connection and follow-up
- Documentation → tracks services and transitions
- Transition → shifts services with no overlap

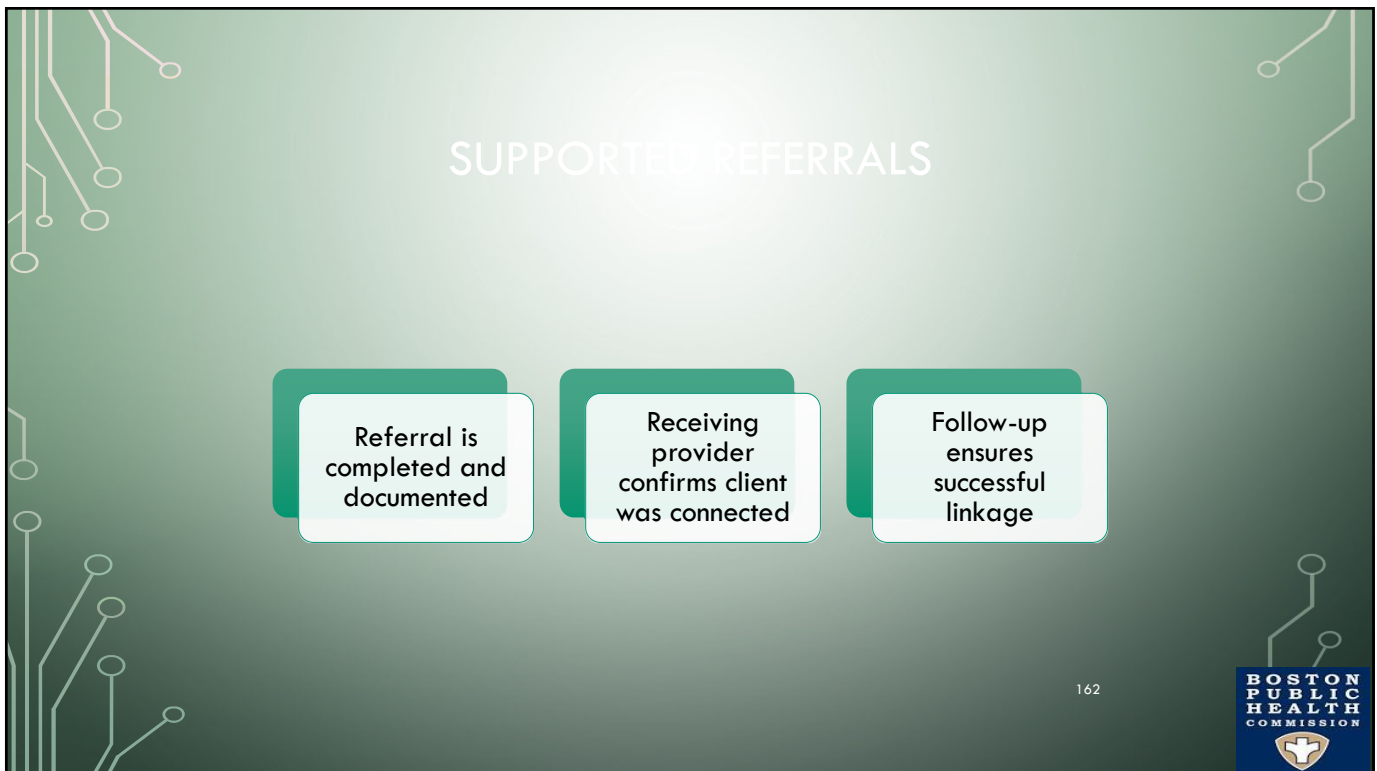
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DOCUMENTATION



Funding source is clearly documented



Service start and end dates are recorded



Transition from EHE to Part A is documented

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COMMON CHALLENGES

- Overlapping services across EHE and Part A
- Unclear provider roles or responsibilities
- Incomplete or unsupported referrals
- Lack of clear transition planning
- Documentation does not clearly reflect services or funding source

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KEY TAKEAWAYS

- Braided funding requires clear coordination across EHE and Part A
- Services must not overlap across funding streams
- MOUs, supported referrals, and documentation define roles and support transitions
- Clients should transition from EHE to Part A once stable and eligible
- Providers are responsible for coordination, communication, and compliance across funding streams



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THANK YOU!


EHE Team Contact Information

Idalin Andrades: landrades@bphc.org

Esete Fenta: Efenta@bphc.org

Sandra Vasquez: Svasquez@bphc.org

General Mailbox: EHE@bphc.org



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Talk Shop

Roxy Dai & Taylor Parent

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Ryan White Services

May 2026

TALK SHOP

Presentation

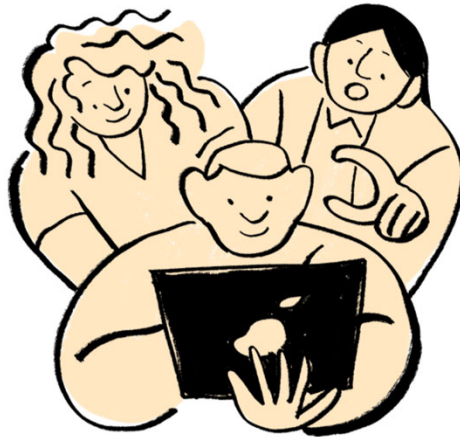
Presented by Roxy D & Taylor P



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REFRESHER



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WHAT IS TALK SHOP?



The Talk Shop Series was launched as a structured forum for providers to:

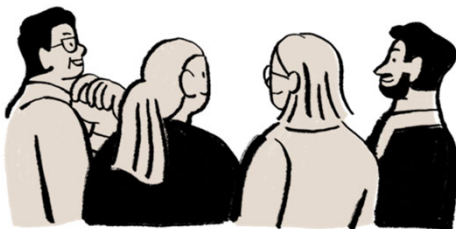
- Engage in peer learning
- Share real-world challenges
- Exchange resources and strategies
- Strengthen cross-agency collaboration
- Improve service delivery



WHY TALK SHOP?



- Providers often work in silos
- Limited opportunity for cross-agency discussion
- Need for real-world problem solving
- Opportunity to share best practices
- Strengthen collaboration across service categories



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Ryan White Client Services

SERVICE TALK SHOP

CONNECT. COLLABORATE. STRENGTHEN CARE.

Schedule for FY 25

- ✓ Jun 26 Housing
- ✓ Jul 24 Food Bank/Home Delivered Meals
- ✓ Aug 21 Non-Medical Case Management
- ✓ Sept 25 Emergency Financial Assistance
- ✓ Oct 23 Psychosocial Support
- ✓ Jan 15 Medical Transportation
- ✓ Feb 12 Medical Case Management

**Dates are subject to change if needed*

**11 AM - 12:30 PM
ON THURSDAY**

1010 Massachusetts Ave.
Hayes Conference Room,
Boston, MA, 02118

A chance to connect with other providers, share resources, and pick up ideas you can apply to your own programs.

**PILOT YEAR
Overview**

BOSTON PUBLIC HEALTH COMMISSION

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HOW TALK SHOP EVOLVED

Throughout the year, we adjusted the format based on feedback:

- Adjusted session length
- Added more interactive activities
- Increased networking time
- Refined discussion format
- Focused on service-specific topics

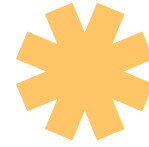
BOSTON PUBLIC HEALTH COMMISSION

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FORMAT UPDATES



AGENDA BOSTON PUBLIC HEALTH COMMISSION

Service Talk Shop FY25

11:00 - 11:05	INTRODUCTION ICE-BREAKER
11:05 - 11:10	GROUP SHARING ROSES & THORNS
11:10 - 11:30	GUIDED GROUP DISCUSSION
11:30 - 11:35	RESOURCE SHARING CROSS-AGENCY REFERRALS
11:35 - 11:55	NETWORKING GROUP ACTIVITY
11:55 - 12:00	WRAP-UP FEEDBACK

*TIME IS SUBJECT TO CHANGE.



FY25 **TALK SHOP AGENDA** BOSTON PUBLIC HEALTH COMMISSION

- INTRODUCTION & ICE-BREAKER
- GROUP SHARING (ROSES & THORNS)
- GUIDED GROUP DISCUSSION
- NETWORKING GROUP ACTIVITY
- RESOURCE SHARING
- CLOSING & FEEDBACK
- STAY & CONNECT



AGENDA BOSTON PUBLIC HEALTH COMMISSION

9/25/25 11AM-12:30PM

EMERGENCY FINANCIAL ASSISTANCE TALK SHOP

WELCOME & INTRODUCTION

GROUP ACTIVITIES

- ALLOWABLE, SHORT-TERM, OR NOT?
- EFA PROCESS MAPPING
- INSIDE THE FILE: SPOT THE GAPS
- AFTER THE HELP: PLANNING NEXT STEPS

GROUP SHARING

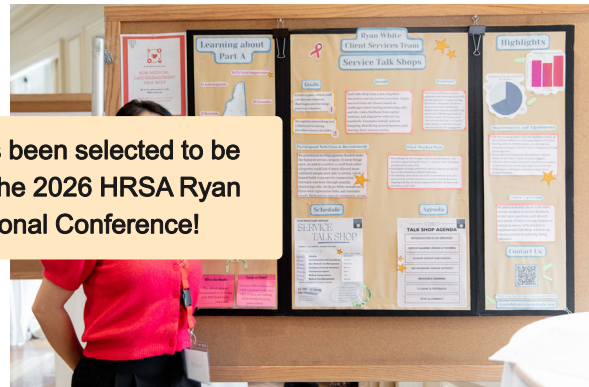
WRAP UP & SURVEY



TALK SHOP HIGHLIGHTS



BPHC Gallery Walk



Ending the HIV Epidemic Summit

Talk Shop has been selected to be presented at the 2026 HRSA Ryan White National Conference!

TALK SHOP Numbers

- 7 sessions delivered
- 78 registered participants
- 53 unique participants
- 24 agencies represented
- Average attendance: 11 per session
- 26.42% attended more than one session



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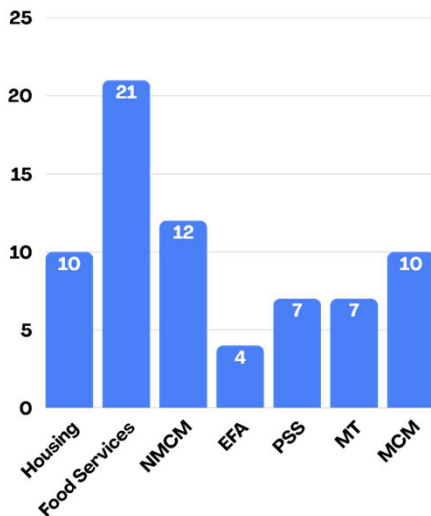
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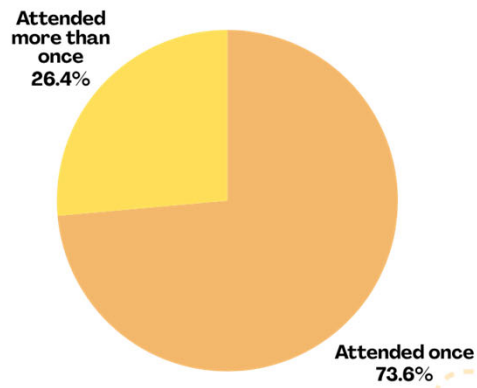
EVALUATION RESULTS



Attendance by Session



Repeat Participation



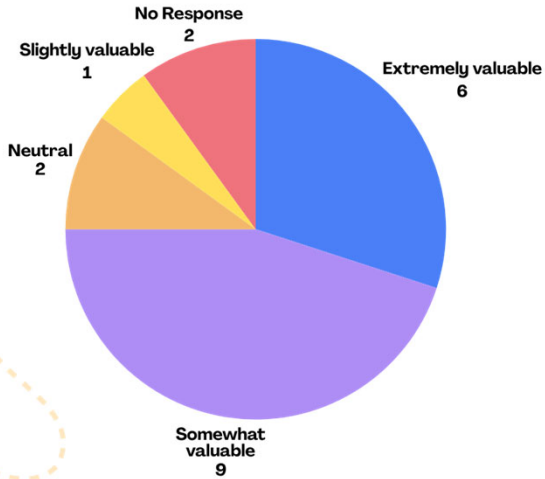
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END OF YEAR SURVEY



Overall Value of Talk Shop (n=20)

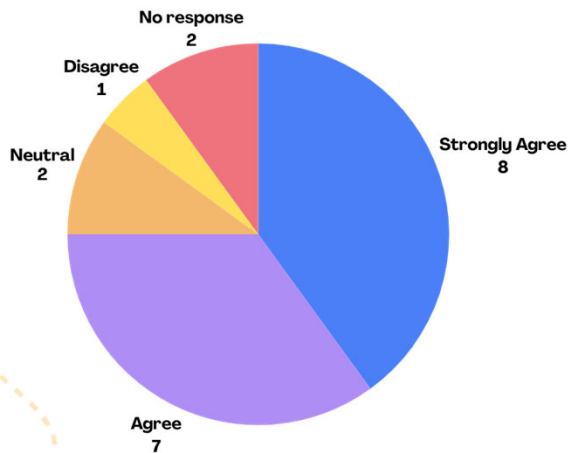


Out of 20 survey responses, 15 participants rated Talk Shop as either somewhat valuable (9) or extremely valuable (6). Two respondents rated the sessions as neutral, one rated them as slightly valuable, and two did not respond due to not attending the session, indicating overall positive feedback.

END OF YEAR SURVEY



Cross-Agency Collaboration (n=20)



Out of 20 survey responses, 15 participants either agreed (7) or strongly agreed (8) that Talk Shop improved cross-agency collaboration. Two respondents selected neutral, one disagreed, and two did not respond, indicating overall positive feedback on collaboration across agencies.

WHAT PARTICIPANTS SAID?

"Peer discussion and shared challenges were very helpful."

"Housing and resource sharing topics were especially helpful."

"Interactive activities and case scenarios helped with problem solving."

"Were able to connect with other providers and sharing ideas."

"Would love to see more agencies participate."

"(it's helpful) to hear how other agencies approach similar challenges."

"Small group conversations made it more engaging."

"Open discussion format worked well."

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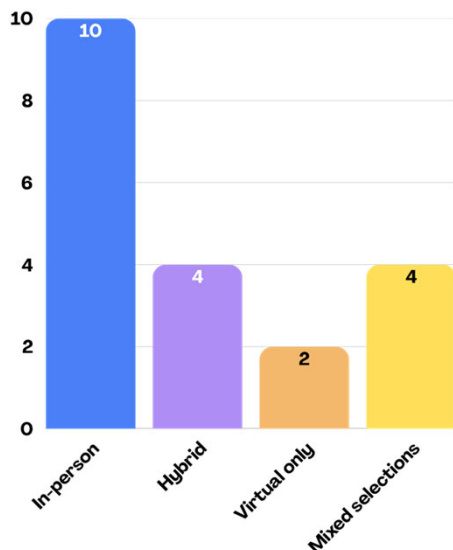
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END OF YEAR SURVEY



Preferred Format Next Year (n=20)



Out of 20 survey responses, most participants preferred continuing Talk Shop in person (10), followed by hybrid options (4) and mixed selections (4), while only 2 preferred virtual-only sessions. These results suggest a strong preference for maintaining in-person opportunities, which will help inform planning for FY26.

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FY26 PLANNING



FY26 TALK SHOP

FY26 Talk Shop SCHEDULE

MAY 28 Housing 10am - 12pm BPHC	JUNE 24 FBHDM 10am - 12pm BPHC	JULY 8 Documentation & Compliance 10am - 10:45am Zoom
JULY 23 NMC 10am - 12pm BPHC	AUGUST 20 EFA 10am - 12pm BPHC	SEPTEMBER 13 EFA 10am - 12pm BPHC
SEPTEMBER 17 PSS 10am - 12pm BPHC	OCTOBER 14 MT 10am - 12pm BPHC	NOVEMBER 11 Turning A 10am - 10:45am Zoom
DECEMBER 9 Housing Barriers & Navigation 10am - 10:45am Zoom	JANUARY 14 MCM 1:00 pm - 3:00pm BPHC	FEBRUARY 10 Carryover, Sweeps & Braided Funding 10am - 10:45am Zoom

TALK SHOP AGENDA FY 2026

- 10:00 – 10:05 Welcome & Introduction
- 10:05 – 10:25 Group Activity #1
- 10:25 – 10:45 Group Activity #2
- 11:25 – 11:55 Networking Time
- 11:55 – 12:00 Wrap-Up & Closing

RYAN WHITE SERVICES

Registration links will be sent out via the newsletter!



INTRODUCING Talk Shop MINI-SERIES

45 mins Zoom Session

Speciality Topics

Real-Time Q&A



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TALK SHOP ACTIVITY

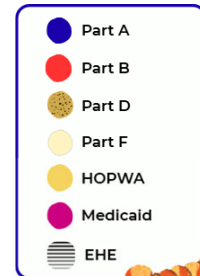


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BRAIDED FUNDING ACTIVITY

- Each group gets a client scenario
- Each person = one funding source
- Read the scenario and figure out what the client needs
- Decide the order of funding (think payer of last resort + referrals)
- Braid your fabric in that order as you walk through the case
- Goal: Show how funding works together and where gaps might come up



✓ All Clear? ✗

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THANK You

Roxy Dai xdai@bphc.org

Taylor Parent tparent@bphc.org

Please refer to your printed packet for the schedule and agenda



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Closing Remarks

Melanie Lopez

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Thank you!

We hope you enjoyed
learning and
collaborating with
your Part A peers and
us today!

Next week:

The newsletter will contain a PDF of the PowerPoint and documents reviewed today. Evaluation of both sessions to be released as well.

Please discuss the topics reviewed today with your teams!

Reminder!

Tomorrow is the Part A and EHE Joint Fiscal Provider Meeting starting at 10:00 AM. If you have any immediate questions, please reach out to ryanwhiteservices@bphc.org.

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