Planning Council Meeting
Thursday, January 15, 2026
Non-Profit Center, 89 South St.
4:00 PM – 6:00 PM

Highlighted in yellow = action items for PCS to follow up on

Summary of Attendance

Members Present
Daniel Amato
Stephen Batchelder
Richard Boyd
Henry Cabrera
Wayne Callahan
Barry Callis/Owen Trites
Joey Carlesimo
Milaun Casimir
Alyssa Collaro
Stephen Corbett
KC D'Onfro
Beth Gavin
Robert Giannasca
Regina Grier
Amanda Hart
Fabian Ortiz Hernandez
Gerald (Gerry) James
Alison Kirchgasser
Liz Koelnych
Felicia McDevitt
Shambi Mwandembo
Ericka Olivera
Maria Petagna
Serena Rajabiun
Ezekiel Russell
Jeffrey Warach
Byran Thomas
Carla Norris
Sarah Dupont

Members Excused
Barry Callis
Meg Von Lossnitzer

Members Absent

Damon Gaines
Felicia McDevitt
Kim Wilson
James Suarez
Curtis Santos

Guests
Owen Trites

Staff
Clare Killian
Julia Kirsch
Rebecca Ritterman
Shakira Fedna
Melanie Lopez
Taylor Parent
Roxy Dai
Rachel Phillips
Tegan Evans

Topic A: Welcome, Moment of Silence, Group Agreements & Agenda

The Chair opens the meeting, calls the meeting to order, leads a moment of silence, and reminds members of the group agreements. PCS offers an extra reminder to members to not interrupt their fellow Council members OR the presenters – including BPHC staff. PCS says that they have been noticing a lot of interruptions and not a lot of following Robert's Rules/hand raising during meetings and asks members to be mindful of these.

Then, she reviews the agenda and timing for the meeting:

Attendance PCS	Learn who is in attendance!
December 11, 2025 Minutes Review & Vote Henry Cabrera, PC Chair	Review and vote on the minutes from December 11th's meeting
Connecting, Community, Care & Change: Ending the HIV Epidemic Summit Information Rick Boyd, Consumer Committee Chair & PCS	Learn about how to RSVP and get involved in the Summit!
RWS Presentation: Spending & Utilization Update Melanie Lopez, Director of Client Services	Hear from RWS about the most recent Part A-funded agencies' utilization and spending
CQM Part A Services Demographics Report: EFA, NMCM, Medical Transportation Tzuria Falkenberg, CQM Senior Program Coordinator	Learn about the demographics of Part A clients who have used EFA, NMCM, or Medical Transportation services
PC Mid-Year Check-in PCS	Check in on how the year is going so far and learn about the mid-year survey

Announcements, Evaluation & Adjourn Henry Cabrera, Chair	Share announcements and adjourn the meeting

Topic B: December 11th Meeting Minutes Review & Vote

The Chair reminds members of the steps to review and approve meeting minutes. Members vote via show of hands led by the Chair and a poll on Zoom.

Motion to Approve: Regina Grier
Second: Rick Boyd
Result: 3 abstain, the rest approve.

Topic C: Connecting Community, Care, and Change - Ending the HIV Epidemic Summit Information

The Consumer Chair announces that the Consumer Committee is hosting the Ending the HIV Epidemic Summit on February 21st, 2026. This in-person event, featuring a delightful brunch, brings together community members, care providers, and changemakers. Together, we'll share strategies to end the HIV epidemic, with a focus on effective community engagement and reducing stigma. Please be sure to RSVP if you have not yet.

He encourages everyone to attend the next Consumer Committee meeting to help with the final details in planning. He also encourages consumers to sign up to be in a rotating slideshow during the summit and encourages Part A & EHE grantees to submit a poster to highlight the work that they've been doing in the Boston EMA.

Topic D: RWS Presentation - Q3 Spending & Utilization Update

Melanie begins her presentation to ask for some feedback regarding the Fiscal Year Data Worksheet. She asks: "My question to you is: is this format still useful? do you guys use this prior to the end of the year? Are there any other suggestions?"

Multiple members say that this current format is useful. Melanie says that to please reach out to her afterwards if anyone has any constructive criticism.

Fiscal Info Reminder

- **Allocation –** how much each service category is funded fore. Base comes from ARC. There are some fluctuations throughout the year, depending on Sweeps and Carryover.
- **Budgets –** how the funding is divided up per agency. Whether that's staffing, supplies, travel, or service dollars like rental assistance or food, agencies must bill for those lines throughout the year.
- **Unit Cost –** Value is how much 1 unit of service costs out of the total agency allocation. Unit cost will be provided at the end of the year!

Data Reminder

- **Service** - One of the 11 funded activities that the subrecipients conduct across the EMA.
- **Units** - Staff will enter service data at least once a month for each client's profile in E2Boston.

The system will calculate how many times a service has been performed either by time or delivery of activity.

- **Utilization** - How much a service is used across all agencies funded for that service**.**

Quarter 3 – Conditions and Considerations

- Quarter 3 ended November 30.
- Expenditures should be at 70-80% or higher.
- Agencies were provided notice if spending was less than 65% on December 22.
- We have received some ADAP information currently!
- ** At this time, there are NO service categories that are overspending.

PART A

ADAP	0.78% Units Completed 27 Clients Served 42% Funds Spent	Only one of two agencies represented!
MCM	81% Units Completed 2053 Clients Served 64% Funds Spent	
HOUSING	52% Units Completed 274 Clients Served 60% Funds Spent	Projecting lower due to: Limited availability Newly funded subrecipients Sweep reduction pending.
Non MCM	77% Units Completed 681 Clients Served 66% Funds Spent	
Oral Health Care	64% Units Completed 2084 Clients Served 77% Funds Spent	Shifts in coverages has shown an increase need in Part A. Sweep increase pending.
Food Bank	57% Units Completed 680 Clients Served 63% Funds Spent	Managing both base and carryover increases. Anticipate increases in both spending and utilization due to the winter months.
EFA	9% Units Completed 64 Clients Served 38% Funds Spent	Underperforming programmatically and fiscally. Anticipate increases in both spending and utilization due to the winter months.
Medical Transportation	36% Units Completed 401 Clients Served 45% Funds Spent	Anticipate increases in both spending and utilization due to the winter months. Expect abnormal trends due to the 6 month lag for Boston MT providers.
Psychosocial Support	7% Units Completed 373 Clients Served 61% Funds Spent	Both funding streams are underperforming due to staffing vacancies and limited infrastructure capacity. Carryover recipients will be underspent.

		Reviewing for sweeps .
Medical Nutrition Therapy	307% Units Completed 390 Clients Served 87% Funds Spent	Increase range this FY. Managing carryover increase.

MAI

MCM	61% Units Completed 95 Clients Served 58% Funds Spent	
NMCM	69% Units Completed 162 Clients Served 74% Funds Spent	
Psychosocial Support	10% Units Completed 136 Clients Served 40% Funds Spent	Both funding streams are underperforming due to staffing vacancies and limited infrastructure capacity. Carryover recipients will be underspent. Reviewing for sweeps
Other Professional Services - Legal	48% Units Completed 25 Clients Served 73% Funds Spent	Billing fluctuations depending on the number of cases representing.

Consumers and clients are not going to be able to use the platform once they finish up their current treatment plan. How do you think the amount of money spent is going to change for dental care?

- I know for this current fiscal year, we have seen an increase in clients served, but not necessarily in high cost services, so we would have to wait for FY26 to see if this trend continues. The agency funded for oral health care is very engaged in the community in several different advocacy groups, and so they are very much on top of any changes and being proactive with communicating with us as the recipient on any funding updates they have.

What does increase range mean in MNT?

- MNT originally under projected spending, but they ended up meeting their goals and going above and beyond by also spending their carryover. The "increase range" is referring to receiving carryover.

When you reduce funding, can it affect staffing?

- We will never touch anything related to salaries, but reducing funding could affect things like underspent funds in staff training or travel.

It seems like there's a lot of underspending. Is this unusual?

- For November time frame, this is fine, but we've been seeing a lot of conservative practices. There's been changes with staffing across support services. We're positive that it will continue on a positive trend.

With medical case managers and non-medical case managers, is there any increase on how many people they're serving?

- Yes, an increase from last year but not a huge trend. This service category as a whole has been pretty consistent, and we haven't seen much turnover.

What's the ranking for NMCM?

- #4!

For psychosocial, do you have information about how it's going? What are the challenges with hiring people?

- Salary is a huge factor. The level of work in comparison to the salary is also tough. There is a high admin and mental health load for these roles. For agencies that have multiple services, it is more established – but for those with less services, it takes a larger amount of work to engrain psychosocial into their work. There's a limit to the RWS oversight that's possible. Each service model is super unique depending on the client base they serve. There are a lot of lessons learned from our agencies through our talk shop, and hopefully we can make more quality improvement next year. Some agencies under health education are now under psychosocial support, so everyone's still getting used to that.

Recap

- All budget revisions have been completed.
- Reviewing service categories to sweep into OHC.
- Underspending letters and Site Visit Outcomes have been delivered.
- Invoice reconciliation for contract closeout began.
- Contingency Agencies will be notified of FY 26 decisions.
- Setting up Scopes and Budgets for FY 26 early Feb.

Topic E: CQM Part A Services Demographics Report – EFA, NMCM, Medical Transportation

Note from PCS: the minutes in this section will capture the highlights, but for the full effect of the data presentation, please refer to the full presentation on Basecamp.

Agenda:

- Data Overview
- Non-Medical Case Management (NMCM)
- Medical Transportation (MT)
- Emergency Financial Assistance (EFA)

Data Overview

- Demographics data is taken from the e2Boston Demographics (Visual Analytics) report.
    - Report Mode: Demographics by Services
    - Time Period: 3/1/2025 – 12/31/2025
    - Funding streams: Part A + MAI

Non-Medical Case Management (n=832)

Gender and Age of NMCM Clients

- Compared to EMA clients overall, NMCM serves a higher proportion of men, and a higher proportion of women.
- In terms of age, NMCM clients are very similar to EMA clients overall.
    - 47.6% in the 45-64 age range
- Gender and age distributions were similar among MA and NH clients receiving NMCM.

Race and Ethnicity

- 32% of NMCM clients are non-Hispanic and white, above the EMA-wide rate of 25%.
    - In MA, 18% of NMCM clients were white and non-Hispanic, while 60% of NH clients receiving NMCM were white and non-Hispanic.
- 20% of NMCM clients are non-Hispanic and Black, below the rate of 33% in the EMA overall.
    - This rate is consistent between MA and NH.
- 42% of NMCM clients were Latinx or Hispanic of any race, above the rate of 36% for the EMA overall.
    - 57% of NMCM clients in MA were Hispanic/Latinx, and 14% of NMCM clients in NH were Hispanic/Latinx.
    - 24% of clients were white and Hispanic/Latinx, 6% were Black and Hispanic/Latinx, and 10% didn't report a race but indicated that their ethnicity was Hispanic/Latinx.

Mode of transmission for NMCM clients

- Compared to all Boston EMA clients, more NMCM clients report MSM as a mode of transmission, and fewer report heterosexual sex. NMCM clients are more likely to report IDU as a mode of transmission compared to EMA clients overall, and similarly likely to report blood products, hemophilia, and perinatal transmission.
- Overall, NMCM clients in MA and NH reported most modes of transmission at similar rates, but MA clients were somewhat more likely than NH clients to report heterosexual sex as a mode of transmission, and NH clients were somewhat more likely to report "no identified risk."

Primary Language

- 46% of NMCM clients speak English as their primary language, similar to the EMA-wide rate of 44%.
- 18% of NMCM clients speak Spanish as their primary language, just below the EMA-wide rate of 20%.
- 15% of NMCM clients speak Portuguese as their primary language, nearly double the EMA-wide rate of 8%.

NMCM: Discussion

- 60% of Portuguese-speaking NMCM clients don't receive any other Part A service (double the overall rate). What factors might be influencing this disparity?
    - A member says that if clients are used to getting services at an agency that speaks their language, they're going to be more drawn to just go there instead of another agency.
- How could we increase language access for clients who speak less widely-spoken languages?
    - A member says, by making sure that we know what providers and what agencies have access to certain languages so that we can make referrals to those agencies or providers.
    - Ensuring written materials are accessible in those languages, hiring bilingual staff, native speakers, etc.

Questions:

How many providers speak Portuguese?

- *We have non-medical case management through the Massachusetts Alliance of Portuguese Speakers. We will talk more about this later.*

How does # of clients serve compared to last year?

- Pretty similar # to last year.

Do you ever present utilization on clients who are receiving non-medical case management AND housing services?

- I haven't looked specifically at how usage of non-medical case management overlaps with other services. If there are specific questions about that, it is something we could investigate and give general information.

I know you didn't run the data on newly diagnosed, but what's the definition of newly diagnosed?

- The definition of newly diagnosed is someone who has a diagnosis date entered in our system that is within the measurement period, which in this case, would mean the March 1st, 2025 to December 31st period. The limitation is that the diagnosis date has to be in the system for us to register it as newly diagnosed.

Medical Transportation (n=420)

Gender and Age

- A majority of MT clients in FY25 are women, a higher proportion than among EMA clients overall.
- MT clients skew older than EMA clients overall – 75% of MT clients are 45+ (compared to 66% of EMA clients), and 26% are 65+ (compared to 20% of EMA clients).

Race and Ethnicity

- 15% of MT clients are white and non-Hispanic, lower than the 25% rate for the EMA overall.
- 43% of MT clients are Black and non-Hispanic, above the 33% rate for the EMA overall.
- 36% of MT clients are Hispanic/Latinx of any race, matching the EMA-wide rate.
    - Nearly 9% of MT clients are Black and Hispanic/Latinx, higher than the 6% rate for EMA clients overall.

Mode of Transmission

- Compared to EMA clients overall, clients who received MT more often reported heterosexual sex and/or IDU as modes of transmission, and fewer clients reported MSM as a mode of transmission.
- Clients reported transmission from blood products and perinatal transmission at similar rates, and no MT clients in FY25 to date have reported hemophilia as a mode of transmission. (0.2% of EMA clients report hemophilia as a mode of transmission)

County of Residence

- The largest group of MT clients lives in Suffolk County – Suffolk county clients make up 42% of MT clients, reflecting their proportion of MA clients of the EMA (41%).
- The next largest group lives in Worcester County, where nearly 20% of clients served in FY25 have used MT. Worcester county residents make up 21% of MT clients and 10% of MA clients of the EMA.
- Essex County also has high utilization of MT – 16% of MT clients live in Essex county, and 13% of clients living in Essex county have used MT in FY25 to date.
- Note: All 18 agencies funded for Medical Transportation in FY25 are in the Massachusetts counties of the EMA. In FY25 to date, as in FY24, no clients living in the three New Hampshire counties have received MT services.
- What are some of the ways that transportation needs differ for clients living and receiving services in different regions of the EMA?
    - Members comment that the bus fares are free in certain areas of our EMA and that there are no agencies in NH funded under medical transportation for Part A.
    - Daniel says that Part B in NH covers medical transportation.

Questions:
What proportion of medical transportation clients speak Portuguese?

- Although I do not have this data pulled up right now, my recollection is that for MT, the amount of Brazilian or Portuguese clients is pretty low.

Emergency Financial Assistance (n=81)

Age & Gender

- Compared to the EMA overall, a higher proportion of EFA clients were women, and a lower proportion were men. This is a consistent pattern since EFA was first funded in 2019 – 40-50% of EFA clients are women.
- In terms of age, 35% of EFA clients are aged 20-44, matching the EMA overall. Compared to all clients, more EFA clients are aged 45-64, and fewer are 65 and older.

Race & Ethnicity

- Compared to EMA clients overall, a higher proportion of EFA clients are Black/non-Hispanic and Hispanic/Latinx of any race, and a much lower proportion are white/non-Hispanic.
- Among Hispanic/Latinx EFA clients, nearly half did not report a race.
- 8% of EFA clients in FY25 were Brazilian, and 10% were Haitian, mirroring the rates for Part A clients overall.

Mode of Transmission of EFA Clients

- Compared to all clients in the EMA, a much higher proportion of EFA clients report heterosexual sex as a mode of transmission (58% vs. 44%). A much lower proportion of EFA clients report MSM as a mode of transmission (26% vs. 37%).
- In FY25 to date, EFA has not served any clients who reported perinatal transmission or hemophilia transmission. These clients make up 1.6% and 0.2% of all Part A clients, respectively.

Housing/Living Arrangement of EFA Clients

- Majority in permanent housing 71.6%
- Temporary staying with friends and family 18.5%

Housing/Living Arrangements: EFA vs All Clients

- Compared to Part A clients overall, EFA clients are less likely to be stably housed. EFA clients report living in transitional housing or staying in a shelter at similar rates to Part A clients overall, but more than twice as many report that they're temporarily staying with friends or family.

Discussion & Questions

- In FY25 so far, 43% of EFA clients have been women, and 48% have been men. This is a much higher proportion of women and lower proportion of men compared to all Part A clients (64% of Boston EMA clients are men, and 35% are women).What might be contributing to this? Members share out:
    - *Single female headed households that need support*
    - *Wage gap between men and women*
    - *Women are caretakers and may have increased expenses compared to men*
- Do you think this is an accurate reflection of the need for Emergency Financial Assistance among men and women clients in the Boston EMA?
    - *Many members respond at once: no.*

    - *I think there's probably a cohort of people who are afraid to access any sort of government services.*
    - *There [aren't] enough advertisement that EFA exists.*
- Compared to the EMA overall, a higher proportion of EFA clients were women, and a lower proportion were men. This is a consistent pattern since EFA was first funded in 2019 – 40-50% of EFA clients are women.
- In terms of age, 35% of EFA clients are aged 20-44, matching the EMA overall. Compared to all clients, more EFA clients are aged 45-64, and fewer are 65 and older.

Comments
Wayne says that he likes the new quality of life measurement question that asks, "do you know about other services that could help you?"

- Thanks, I'm glad you like it. We worked hard on those questions.

Tzuria ends her presentation and tells everyone that if they have more questions, that she'll be around till the end of the meeting.

Topic F: PC Mid-Year Check-in

PCS reminds everyone that we are at the mid-year point! We will conduct the mid-year survey starting today and compile a mid-year survey report. Then, recruitment will officially begin/ramp up around March! A quarter 3 meeting evaluation report will be compiled around April.

Some notes for the upcoming months:

February:

- We will vote on our first 2 directives for FY26 and FY27:
    - Service Standards: Led by SPEC; for FY26; Expectations for implementing a service category in the EMA and how that is monitored
    - Funding Principles: Led by ARC; for FY27; Expectations of BPHC when procuring and contracting Ryan White Part A dollars allocated by the Planning Council

March:

- March is fully in person! We will be conducting the priority setting activity during this meeting.
- Priority Setting is the process of deciding which HIV/AIDS services are the most important in providing a comprehensive system of care for all PLWH in the Boston EMA.

April:

- Sweeps: Led by ARC; You will vote to authorize Ryan White Services to conduct Sweeps processes as needed. Sweeps may occur due to money that is reallocated or swept into categories due to underutilization during the fiscal year to maximize expenditure
- Priority Setting: We will present the average rankings of all service categories to you and there will be a discussion and a vote on the final ranking. This will be for FY27.

May:

- ARC will help present a funding streams summary which will be a presentation on available public resources for HIV service categories in our EMA – including all Ryan White Parts, Federal, and State Funding.
- SPEC will also present the results of their annual assessment of administrative mechanism and their recommendations.
- RWS will provide their FY25 year end spending and utilization report.

- All other committees will conclude in May and we will have two PC meetings in June.

June:

- ARC will present their FY27 allocation report, the result of their all day allocations meeting in May. The resource allocation is the process of deciding how much RWHAP Part A funding to provide for each approved and funded service category in the Boston EMA.
- SPEC, ARC, and NAC will also provide their year end reports.
- We will share information about and nominate our next Chair-Elect!
- In the last June meeting, we will vote on the FY27 resource allocations, BPHC will respond to SPEC's recommendations as a result of the AAM, we will elect the next Chair-Elect, and Consumer Committee and the membership representatives will give their year end reports, including a preview of our new member applicants and recruitment needs.
- End of year survey

July:

- Nominations meeting

PCS then invites everyone to fill out the Mid-Year Survey.

Topic G: Meeting Evaluation, Announcements, and Adjourn

The Chair reads out announcements and reminds members to take the meeting evaluation. Announcements are as follows:

- SAVE THE DATE & RSVP: Connecting Community, Care, and Change: EHE Summit! February 21st, 10 AM – 3 PM
    - The Chair reminds members to attend the Consumer Committee meeting next week to help plan aspects of the Summit.
    - **RSVP for the Summit**
    - Submit a poster idea to showcase either your Part A or EHE-funded work!
- Please take the Mid-Year Survey! It will be in your inbox at 6 PM!
- National Black HIV/AIDS Awareness Day Events??? Send us what's going on!
- Phi Beta Sigma Fraternity Inc. is hosting an event!

The Chair asks if there are any announcements in the room:

Motion to Adjourn
Motion: Bryan Thomas
Second: Kim Wilson

The meeting was adjourned at 5:58 PM