Planning Council Meeting
Thursday, November 13, 2025
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
Stephen Batchelder
Henry Cabrera
Wayne Callahan
Barry Callis
Joey Carlesimo
Milaun Casimir
Alyssa Collaro
Stephen Corbett
Katherine D'Onfro
Beth Gavin
Robert Giannasca
Regina Grier
Amanda Hart
Fabian Ortiz Hernandez
Gerry James
Alison Kirchgasser
Liz Koelnych
Shambi Mwandembo
Ericka Olivera
Serena Rajabiun
James Suarez
Meg Von Lossnitzer
Jeffrey Warach
Kim Wilson
Rick Boyd
Felicia McDevitt
Christopher Furtado-Ambar
Chris McNally
Melissa Hector
Daniel Amato
Damon Gaines
Jennifer Nganga
Yvette Perron
Curtis Santos
Bryan Thomas

Members Excused
Ezekiel Russell

Members Absent

Staff
Clare Killian
Melanie Lopez
Tzuria Falkenberg
Zan Whitted
Roxy Dai
Taylor Parent
Rebecca Ritterman
Rachel Phillips
Alba Cruz-Davis
Iyiola Fatuiyele
Catherine Fine

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 takes attendance as reflected above and reviews the agenda and objectives for the meeting:

October 9 Minutes Review & Vote Henry Cabrera, Chair	Review the minutes from October 9th's Planning Council meeting and vote to approve them
Agency Updates & Committee Reports Agency Reps & Committee Chairs	Hear updates from our Agency Representatives and reports from each Committee meeting over the last month
CQM Part A Services Demographics Report – Medical Case Management & Oral Health (leftover from October); Housing RWS CQM Team	Learn about the demographics of clients in our EMA who use Medical Case Management, Oral Health, or Housing, funded by Part A
Review of Funding Streams Expo Event (Dec. Council Meeting) PCS	Learn about the **IN-PERSON** December Planning Council Meeting and preview the activities
Announcements, Evaluation & Adjourn PCS & Henry Cabrera, Chair	Share community announcements, the QR code and link to the meeting evaluation, and adjourn the meeting

Topic B: October 9th Meeting Minutes Review & Vote

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

Motion to Approve: Rick Boyd
Second: Jeff Warach

Result: 8 in-person, 14 approved online, 1 abstention

Topic C: Agency Updates & Committee Reports

AGENCY UPDATES

The Chair introduces the agency representatives. Our agency representatives provide us with knowledge and information on the agencies that they work with. These are all additional funding streams as a part of the HIV care landscape in the Boston EMA. Each agency rep greets the Council and gives their update.

Alison Kirchgasser | Federal Policy Director for MassHealth	• Alison shares that MassHealth has a Section 1115 Demonstration Waiver that allows coverage for individuals not usually covered under Medicaid, including higher-income people living with HIV, and CommonHealth, which is for disabled people with no income limit. The current waiver is a 5-year waiver that expires at the end of 2027 and MassHealth is in the process of working on a draft request to extend this waiver. They are holding public meetings to talk about the process and the high-level goals. They also have an email address where people can submit feedback. • Link to webpage on waiver
Barry Callis | MDPH	Barry is represented by Owen Trites for this meeting: • MDPH is finalizing their Needs Assessment for the Integrated Plan that will be submitted in June, with findings to be shared in January at the All-Advisory Group meeting (1/15/26) – Planning Council will be invited if they have not been yet and are strongly encouraged to attend • MDPH is also improving transparency on how they are going to submit the integrated plan to the federal government. • One plan will be compliant with current federal administration and executive order language and the second plan is reflective of the values and mission of DPH
Yvette Perron | NH DHHS	Yvette is represented by Maria Petagna, Data Analyst and ADAP Coordinator • Maria will be sitting in for Yvette for the time being while Yvette is transitioning into her new position. • NH DHHS is also working on their Integrated Plan. They have just completed their Needs Assessment and are analyzing that data now.
Melanie Lopez | BPHC RW Part A	• Melanie and her team are working closely with DPH on the Integrated Plan and improving collaboration with the Needs Assessment Committee of the Planning Council. • RWS is compiling a list of food resources and low-cost meal ideas to distribute to Part A agencies for clients during the current climate. • Dashboard for Part A/MAI client services data is almost half complete and on track to be released in January. • BPHC will begin the Sweeps process at the end of the month.

- Working with Council and agencies to advertise and attend World AIDS Day 2025 events

Tegan Evans:

- Melissa Hector, the Mayoral Liaison, will be out on leave for a period of time and Trinese Polk, Director of Racial Equity and Community Engagement, will serve as interim Mayoral Liaison in her absence.
- Tegan also provides some high-level, BPHC specific updates:
    - She announces vaccine clinics are being held throughout Boston EMA to provide seasonal vaccination (i.e. COVID-19 and Flu) and some are offering childhood vaccines.
    - BPHC continues to spread science-based information on vaccines and has administered above 2,100 thus far.
    - Mayor's Healthline is a powerful tool for health insurance enrollment and she encourages folks to use it or to refer clients to the Healthline as needed.

COMMITTEE REPORTS

SPEC

- Chair: Milaun Casimir; Vice Chair: Ericka Olivera
- Elected Ericka as Vice Chair!!
- RWS presented their first quarterly update regarding contracting, invoicing, and budget revisions. This presentation was part of a corrective action plan because of the AAM.
- RWS presented their recommendations for updates to the Service Standards and SPEC began reviewing the Universal Standards as well as the process for reviewing all of them

ARC

- Chair: Robert Giannasca; Vice Chair: Zeke Russell
- Reviewed current funding environment
- Member spotlight by Stephen Corbett
- RWS presented a Part A & MAI Spending & Utilization update including a review of the HRSA-defined Core and Support services
- Introduced the Funding Streams Expo
- Played a bingo game to learn about Service Categories and Funding Streams

NAC

- Chair: Chris McNally; Vice Chair: Jeff Warach
- NAC is in the Data Collection Year of the needs assessment.
- Working on collecting data from Part A clients, Part A providers, and PLWH who are out of care to learn more about the barriers and facilitators to care in the Boston EMA – the committee will report back as they have updates.

CONSUMER

- Chair: Rick Boyd; Vice Chair: Fabian Ortiz Hernandez
- Consumer hosted a Health Advocacy Panel that brought together Consumers and Case Managers to talk about personal advocacy in HIV care!
- Rick then shares some additional Anti-Stigma Campaign Updates:
- The brochures are on their way. PCS had them printed in simplified Chinese, traditional Chinese, Haitian Creole, Vietnamese, Spanish, and Portuguese in addition to English! They will be sending out

a form to Part A agencies for them to request a quantity of each language and then will mail the requested brochures.

- The Halloween mixer took place on October 21. There were 8 members in attendance, along with 5 BPHC staff including PCS and members from RWS. There was dinner and fun Halloween themed desserts, along with a member bingo and a Costume contest, which Vice-Chair Fabian won.
- Artists of Humanity will be the vendor for the Case Management Training Program x Planning Council health advocacy training video project.
    - Artists of Humanity works with youth film makers.
    - Casting call for case managers and consumers for the cast.
- Finally, Rick shares the save the date for the Ending the HIV Epidemic Summit taking place on February 21, 2026. The Consumer Committee invites members to a day filled with insightful discussions, informative sessions, and network opportunities. This in-person event aims to bring together experts, advocates, and community members to collaborate on strategies to end the HIV epidemic, led by stigma reduction. From inspiring keynote speakers to an interactive poster showcase, this summit will empower members to make a difference in the fight against HIV. After the title, invitation, and branding is complete in our next meeting, PCS will send out invitations to all Council members to send out to friends, coworkers, clients, family, etcetera! Last year, at the Gala, a majority of attendees were people living with HIV – and Rick calls on members to make that happen again.
- PCS requests that members attend the next meeting on November 20 to participate in making some of these decisions and planning for the summit.

PCS then shares a list of events happening during the week of World AIDS Day, which is on December 1, 2025.

Sunday, November 30th: SPOKE Art World AIDS Day March

- Join the Planning Council team on Sunday, Nov. 30th, 12:30 pm to march with the AIDS Memorial Quilt from City Hall to Boston Center for the Arts (BCA; 539 Tremont Street, Boston, MA 02116) where the quilt will be hung up for viewing for the remainder of Nov. 30th and all of Dec. 1st.

Monday, December 1st: SPOKE Art World AIDS Day Vigil

- The BCA will be open all day with artistic offerings and tabling scheduled throughout the day.
- PCS will be tabling throughout the day (time TBD) and showing at least the Someone You Know and Love film during the day. There will likely be time to also show any of our additional film content (Let's Talk HIV or Caring for All of Me). Join them!!!

Wednesday, December 3rd: ACTG and The Pryde Stigma & Research Event

- The Pryde will be hosting an event at 6 pm on Dec. 3rd. PCS is still waiting for some information for this, but from what they know so far, PCS & Council members will be tabling, some Council members are participating in the organization of the event and are speaking, and they'd like to screen the SYKL film.

Friday, December 5th: The Red Ribbon Kiki Ball with Boston Lesbigay Urban Foundation

- A Council member, Curtis Santos, is organizing this event!
- Website/tickets: https://www.lesbigayurbanfoundation.org/events/the-red-ribbon-ball

PCS asks that if there are any additional World AIDS Day events going on, to please send the information to pcs@bphc.org and they will create a list and upload that to Basecamp.

Topic D: RWS CQM Part A Services Demographics Report – Medical Case Management & Oral

Health (leftover from October); Housing

Melanie introduces the presentation and begins by answering a few questions from the previous month's slides:

Q&A:
Q: Could we get the number of people that have been accessing ADAP each year?
A:396 for Part A and 5479 for 7 counties of MA

Q: Exposure category "other" is high – is it mostly because people are leaving this blank?
A: This data is unique because clients may have more than one mode of transmission and the total category adds up to 118% to account for this variation.

Melanie then shares information on how the data is pulled from E2Boston:
- Data from this fiscal year
- Part A and MAI funding only
- Clients that are receiving services this year and are eligible this year.

Finally, she shares what the purposes of this presentation are:
To provide the Boston EMA Ryan White Planning Council with demographic data about planned service categories so that they may:
- Make data-informed decisions about Ryan White Part A and MAI services,
- Offer feedback to the CQM team, and
- Share their insights as co-producers of knowledge

Melanie hand the presentation to Zan to present the data.

Medical Case Management (MCM):
2029 clients served total

Gender:
- Men: 58.5%
- Women: 38.2%
- Prefer not to say: 1%
- Not listed: 0.7%

Age:
- 20-44: 36.4%
- 45-64: 46.3%
- 65+: 17.2%

Race/Ethnicity:
- White: 37.1%
- Black or African American: 44.9%
- Unknown 13.7%
- Asian: 1.2%
- Native Hawaiian: 0.3%
- More than one race: 2.7%
- 59.3% Non-Hispanic or Latino/a; 40.1% Hispanic or Latino/a

- Only 35% of ALL Part A clients identified as Hispanic or Latino/a. Therefore, more of this population are accessing MCM services.

Exposure Category:
- MCM serves less clients who reported MSM as an exposure category compared to all clients served (30.6% vs 37%)
- MCM clients reported more heterosexual contact as an exposure category compared to all clients served (54.5% vs 44.8%)

Housing:
- Compared to all clients served, MCM clients reported being less permanently housed at Q2 (80% vs 88%)
- Cisgender women were temporarily housed, slightly higher than all clients 9% vs 7.6%.

What was the greatest insight that you learned about Medical Case Management?
- A PC member mentions that it is interesting the housing statistics for women, that they are more temporarily housed than all clients. She wonders if there is enough housing for women or if this is related to trauma, interpersonal violence, etc. She also poses that it could be an economic issue.
- Another member says that they like seeing the data that is not typically shown. He says that it is good to see that the "unknown" data is relatively low.
- Another member puts in the chat that it was interesting to see the highest exposure category for MCM is heterosexual contact and a member in the room that asks if there is data on the number of [new] transmissions that are from heterosexual cases. Melanie says that there is not a significant increase from last year.
- RWS also reports that MCM and NMCM are typically completely different, meaning that if there is an overrepresentation of women or a particular language in MCM, it is often flipped in NMCM.
- A member requests the age breakdown of clients who identify as women and Melanie responds that they can pull that data.
- Another member also asks if there are a geographical data on these women and where in the EMA they are represented.
- A member asks in the chat: How does the MCM exposure category compare to prior reporting periods, which we mentioned is pretty in line with last two fiscal years?
- A: Melanie states there has not been a large change
- PC member asks if data presented, has it been affected by clients who are no longer in care?
- A: Melanie states that this data includes clients that are currently in care at the time of report.

Oral Health Care (OHC):
1658 clients served total

Gender:
- Men: 68.4%, higher number of cis men accessing Oral Health Care compared to all services (64%)
- Women: 30.6%

Age:
- 45-64 years old: 46%
- 20-44 years old: 33.2%
- 13-19 years old: 0.1%
- 65+: 20.8%

Race/Ethnicity:

- OHC serves slightly more White clients than all clients served in the EMA (45.6% vs 43.30%)
- OHC served slightly less Black clients compared to all clients served in the EMA (37.5% vs 39.1%)
- The ethnicity data is almost identical to the EMA

Exposure Category:
- OHC serves more clients who reported MSM as a MOT than all clients served (43.1% vs 37%)
- OHC served less IDU clients compared to all clients served (5.1% vs 10.3%)
- More dental clients have reported English as their primary language compared to all clients served (47.6% vs 43.9%)
- Spanish (22.2% vs 20.3%)
- Haitian Creole (9.9% vs 8.1%)

A member asks that because of the change in the Dental Ryan White Program at BU, does RWS have an anticipation of how these numbers are going to change?
- Melanie states that she has heard that some of the dentists that are funded under Part F through BU have taken some of the proposed budgets that have been leaked/talked about on the news and are making changes preemptively. She affirms that this is not BPHC's practice with RWDP and reminds everyone that the RWDP within BPHC is Part A funded and the RWS team is in close contact with them. She also anticipates an increased need under Part A due to potential changes with the Part F program.
- This member asks where Council members should direct clients to for dental care and Melanie talks about how the RWDP is currently assessing the potential gap and seeing how many clients may be affected and how many can be absorbed into the program, so there will be more information coming from that, but the program learned about the potential gap along with the public so they were unable to preemptively make those assessments.

Another member asks in the chat, what are the resources for individuals who earn more than Part A income requirement and are not satisfied with their employer benefits?
- Melanie requests to follow up outside of the meeting to discuss other resources.

Melanie then poses a question to the Council: Based on the data regarding clients' primary language, would they consider the most recent Oral Health Care Quality Improvement project to be effective?
- Zan explains the OHC QI project. In FY24, the RWDP did a project to increase language diversity of forms. Zan mentions there have been an increase in Spanish and Haitian Creole speaking clients utilizing the service.
- A member says that the data shown makes it seem like the project was effective.

A member mentions that there has been some stigma regarding reporting language spoken as anything other than English in the current climate, and another member states it would be interesting to see the data from this time last year. Other members agree that this stigma is more present now.

A member asks if this data is repeated clients.
- Zan mentions it is all clients who have been reported on E2Boston.
- A PC member follows up to ask about the impact on these clients.
    - Zan mentions that they are working on performance measures for dental programs.

Melanie and Zan then present a slide that is an overview of the RW Dental Program:
- Oral health care is the largest service
- 70-75% of RW Dental clients have an MCM
- Staff have recently noticed that less people are filling out primary language section of their

application. Members comment that this relates to the comment made earlier about fear surrounding indicating that a client speaks any language other than English.
- Please sign-up for Ryan White Dental Program Newsletter!

Housing
192 clients served

Gender:
- Men: 48%
- Women: 44%
- 4% prefer not to say
- 5% not listed

Age:
- 65+: 13.5%
- 45-64 years old: 51%
- 20-44 years old: 34.9%
- 0-12 years old: 0.5%

Race/Ethnicity
- Black or African American: 47.9%
- White: 35.9%
- Multiracial: 1%
- Native Hawaiian: 0.5%
- 14.6% unknown/unreported
- Non-Hispanic or Latino/a: 64.6%
- Hispanic or Latino/a: 29.7%
- 5.7% Unknown

Exposure Category:
- Housing clients are least likely to be MSM, compared to the EMA (24.5% VS 37%)
- Housing serves more clients who report IDU as a mode of transmission compared to the EMA (17.7% vs 10.3%)
- Housing clients reported being less permanently housed compared to all clients served in the EMA (78.5% vs 85%)
- Housing clients reported being in more temporary housing compared to all clients served in the EMA (13.4% vs 8%)

Melanie and Zan pose a question to the Council: How can housing providers better support housing clients who report IDU transmissions?
- A member states housing providers have the potential to work with case managers at other agencies to communicate and catch up on client updates and help fill in any gaps.
- Another member asks if it would make sense to infer that there is a correlation between the clients who reported IDU transmissions and those who are unhoused or in transient housing – because many of them may go into recovery, so they are either out of work and in transitional housing or in recovery centers and consider that transitional housing?
    - Zan responds that that is difficult to say for sure because E2boston does have a data field for psychiatric facility, recovery facilities, but unfortunately, almost no one reports that.
    - Some members offer that incarceration or just stigma in general may also be an obstacle to

reporting that.

A member asks to clarify what the difference is between being homeless but in a shelter, and those who are not staying in a shelter. Melanie clarifies that, in general, unhoused clients could be the clients listed under "temporarily staying at family/friend's place" or "an environment not meant for human habitation".

They then pose another question: What do you think the housing patterns are of clients who are not permanently housed?

- Members offer several comments such as discussing the importance of housing for a person to have stability, attend doctor's appointments, follow case management, and be in areas where services are available, and clients moving in and out of the Boston EMA
- Another member mentions age and housing status and maintaining active case management services. They say it would be interesting to see what services the older age group are looking for more often than younger clients and if there's a difference.
- Another member mentions that it can easy for clients to "fall out of care" due to moving around and it would be hard to track services across states.
    - Melanie mentions we cannot see duplicated clients across states, but it is important to engage in case management to know status of clients.
- A member asks in the chat: How does N=182 compare to the prior year reporting?
    - Melanie mentions that the client number for housing services is lower than previous years and says that there is a finite amount of housing resources and waiting lists across the EMA.
- Another member puts in the chat: People who are not permanently housed tend to not pick up and take their medications as consistently if they don't have a stable or safe place to store them. A member echoes these statements and says experiencing homelessness is a multi-layer issue, and most often folks who are not housed are facing more challenges at the same time.
- Melanie affirms that this is being tracked to the best of their ability and that case managers are doing everything that they can and are at max capacity. There has been an increase in capacity building and training efforts across the EMA for this level of case management as well.
- Another Council member mentions case managers show up to medical appointments to reach clients who may not be communicating with them.
- A member mentions that those who are unhoused may face comorbidities and need additional services compared to others. They ask if these clients are just as easily engaged in care and if housing is really the foundation or if it's more medical/non-medical case management.
    - Zan responds and says that this is partially why there is an emphasis on housing in quality-of-life outcomes that were updated by CQM. This quality-of-life data may be beneficial to combine with demographics report.
- A member asks if they'd be able to request the reporting on the number of housing requests that get turned away to understand better the clients vs. inventory?
    - Melanie mentions that, during site visits, they review this information such as applications, lease agreements, etc. and assessed for the quality of service and access for clients.
- In the chat, a member asks if medical case managers have sufficient time to support clients who need support and are housing ready?
    - Melanie says that the will is there, but they are spread thin with high caseloads. They recognize that there are a lot of case managers with high caseloads that do not have the capacity to do the level of case management that they wish for housing-ready clients, so RWS works with the program managers/directors in assessing acuity and division of labor for case management. They work with them to make sure they have the flexibility and capacity to reach out to clients as much as possible.

Melanie says that housing readiness isn't necessarily strictly a medical case management or non-medical

case management role, and it can be challenging because it depends on a client's perception of safety and what their goals and aspirations are. A lot of clients are not going to remain engaged in care unless they have food, housing, and medications. That's a non-starter. So, Melanie says, she wouldn't feel comfortable saying which one is a priority because they are all components of staying engaged in care. She says that the housing case management staff are incredible and doing amazing work.

Finally, to conclude their presentation, Zan says that CQM is recruiting for their Quality-of-Care Committee and that Council members can book CQM office hours through CQM staff signatures or emailing cqm@bphc.org.

As PCS transitions, they remind members to put any questions that they didn't get answered in their meeting evaluations and they can compile the answers.

Topic E: Review of Funding Streams Expo

PCS introduces the review of Funding Streams Expo, noting that it will be **fully in person on December 11th at the Non-Profit Center. There will not be a Zoom for this meeting.**

PCS explains what a funding stream is, which typically indicates the various, different funding amounts available for a grant program. During the meeting, PCS will review all the funding streams, the agencies that provide these services in the EMA, and the estimate number of clients served by each stream in the EMA. They will then facilitate an activity to help members learn more about each stream and how Ryan White Part A fits into the picture.

PCS notes that the responsibility as a member will be to contribute to the client scenario, and all members have to do is show up and participate. She also shares that members can submit a client scenario by sharing that in the meeting evaluation or by email. Instructions are to "tell us a short story of an imaginary client or make a real client story anonymous: Where do they live? How old are they? How long have they had HIV? What do they do for work? What do they do for fun? What is their community or family like?". PCS says that the Council will be using client scenarios during the Funding Streams Expo to illustrate different ways that HIV services are funded.

If members would like to submit an anonymous client scenario, they can type it in Question 6 on the meeting evaluation or submit to pcs@bphc.org.

PCS then reviews the agenda for that meeting:

Welcome, Moment of Silence & Group Agreements	4 - 4:05 PM
November Minutes Review & Vote	4:05 - 4:10 PM
Funding Streams Overview: *Learn about the available funding streams, types of agencies, and number of clients served in the EMA*	4:10 - 4:30 PM
Funding Streams Expo Game	4:30 - 5:35
Debrief Q&A	5:35 - 5:55 PM
Announcements, Evaluations & Adjourn	5:55 - 6 PM

PCS explains how the activity will work during the Funding Streams Expo. Scenarios will be read out, and members will have 90 seconds to talk amongst their team.

PCS goes through several slides with graphics on them to explain the Funding Streams activity. There is a graphic on the screen that shows how the room will look during the meeting. There is a person up at the front pointing to a whiteboard, reading a scenario that is typed the board – the person has a speech bubble next to them that says, "I will read the scenario, and you will have 90 seconds to talk amongst your team". They are talking to 7 tables with people sitting around the tables. This is to represent Council members on teams during the activity.

Scenario: "Cecile is a single mother with two children, ages 6 and 10. She rents an apartment in Cambridge and works full-time at a local daycare. She has been HIV positive for 8 years. Cecile has recently been very concerned, as her rent has increased, and she is having a difficult time affording food and other essential items for her children."

On this slide, the facilitator asks, "who could pay for services for Cecile?" This will happen after the 90 seconds of team discussion. The first person with their hand up will get called on.

The slide shows 2 of the 7 tables that were on the previous slide, one of the tables has a person with their hand up to be called on.

On the next slide are the same two tables and the facilitator is saying, "Since they answered first, 1 point for team HOPWA!". PCS noes that, while HOPWA could pay for services for the person in this scenario, anyone could have answered that question and teams don't have to answer based on the name of your team!

On the next slide, the facilitator is saying, "Are there any other funding streams that could pay for services for Cecile? At that time, any other table will get a chance to weigh in. The Part A table has a person with their hand raised. They could answer that Housing Services paid for by Ryan White Part A could also help this person.

PCS opens the floor for any questions about the activity.

- A member asks if there are any exceptions for those who need to be excused
    - PCS staff that members must reach out ahead of time and if they do, they'll be excused just as with any other meeting.
- Another member asks if there is a prize for winning team.
    - PCS says they will put together a prize.

Topic I: Meeting Evaluation, Announcements, and Adjourn

The Chair reads out announcements and reminds members to take the meeting evaluation.

Announcements:

- Mandatory In-Person Planning Council meeting on 12/12, 4 – 6 PM – NO ZOOM OPTION, COMMUNICATE WITH PCS ABOUT YOUR ATTENDANCE
- Join PCS for the many events of World AIDS Day / Getting to Zero Week!

The Chair then asks for any additional announcements from members:

- None

Motion to Adjourn
Motion: Bryan Thomas
Second: Kim Wilson

The meeting was adjourned at 5:57pm