Planning Council Meeting
Thursday, December 11, 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
Henry Cabrera
Wayne Callahan
Barry Callis
Joey Carlesimo
Milaun Casimir
Alyssa Collaro
Stephen Corbett
Robert Giannasca
Regina Grier
Amanda Hart
Gerry James
Alison Kirchgasser
Liz Koelnych
Shambi Mwandembo
Ericka Olivera
Meg Von Lossnitzer
Jeffrey Warach
Kim Wilson
Rick Boyd
Felicia McDevitt
Daniel Amato
Yvette Perron
Bryan Thomas
Ezekiel Russell

Members Excused
Fabian Ortiz Hernandez
Beth Gavin
Damon Gaines
KC D'Onfro
Serena Rajabiun
Jennifer Nganga

Members Absent
Stephen Batchelder

James Suarez
Curtis Santos

Guests
Sarah Dupont

Staff
Clare Killian
Julia Kirsch
Rebecca Ritterman
Shakira Fedna
Melanie Lopez
Taylor Parent
Idalin Andrades
Esete Fenta

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 this, especially because this meeting is very interactive.

PCS then reminds members that they should have signed in when they arrived to the meeting and got their nametag. Then, she reviews the agenda and timing for the meeting:

Welcome, Moment of Silence & Group Agreements	4 - 4:05 PM
November Minutes Review & Vote	4:05 - 4:10 PM
Funding Streams Introduction: Meet the Representatives!	4:10 - 4:30 PM
Funding Streams Expo Game	4:30 - 5:35 PM
Debrief Q&A	5:35 - 5:55 PM
Announcements, Evaluations & Adjourn	5:55 - 6 PM

Topic B: November 13th 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.

Motion to Approve: Gerry James
Second: Bryan Thomas
Result: Approved, one abstention

Topic C: Funding Streams Introduction – Meet the Funding Streams Representatives!

PCS introduces the next section, to review each funding stream that the Council will be discussing today. First, she outlines a few data disclaimers that are applicable to the handouts and the following slides:

- Total number of clients will be either directly from the funding streams rep (if a recipient) or from last year's Funding Streams Report, Demographic Section.
- Client utilization numbers are not de-duplicated (i.e. 1 client could be counted under both Part A and Medicaid for different services).
- Part C and D data are from recipients – there are subrecipient agencies not listed!
- Part C and D data from NH is for the entire state/clients that live in the entire state.

PCS describes that each slide will have the name of the funding stream, a broad description of it, who the recipients are of the grants in the Boston EMA, denoted by an icon of hospital, and the estimated number of clients that accessed that service in the most recent fiscal year within the Boston EMA, denoted by an icon of a doctor using a stethoscope on a patient sitting across from each other. The logos of each organization will be on each slide as applicable.

Ryan White Part A
Melanie Lopez and Taylor Parent introduce themselves as Part A representatives.

Part A provides funding for HIV health and health related support services to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs). EMA eligibility requires an area to report more than 2,000 AIDS cases in the most recent five years and to have a population of at least 50,000. To be eligible as a TGA, an area must have 1,000 to 1,999 reported new AIDS cases in the most recent five years.

- In the Boston EMA, Part A is administered by the Boston Public Health Commission and is allocated by and includes funding for the Planning Council.
- 32 agencies
- 2 internal programs (Case Management Training Program & Ryan White Dental Program)
- There are 5214 clients in the EMA counties

Ryan White Part B
Barry Callis (MA) and Yvette Perron (NH) introduce themselves as Part B representatives.

Part B provides funding to all 50 states, the District of Columbia, Puerto Rico, U.S. Virgin Islands, and six U.S. territories. Funding supports care, treatment and other services deemed critical to supporting improved access and retention in care. The single largest component of funding under Part B goes to the AIDS Drug Assistance Program (ADAP), which pays directly for needed medications.

- MDPH funds 28 organizations in MA and 4995 people have accessed services in the current fiscal year in the EMA counties.
- NH DHHS funds 4 agencies/programs in NH and 498 people have accessed services in the current fiscal year in the EMA counties.
- Part B covers both states, entirely! This is inclusive of all EMA counties.

Ryan White Part C
Ericka Olivera introduces herself as the Part C representative and reminds members that the agency she is representing is a subrecipient of Family Health Center Worcester which is a direct recipient of Part C.

There are 13 Part C recipients within the EMA in MA and 1 more outside of the EMA in NH. This does not take into account any subrecipients.

The Dimock Center (MA) and New Bedford Community Health Center (MA) receive both Part C and D funding. One agency, Dartmouth-Hitchcock, is outside the EMA in NH and receives both Part C and D funding.

- 3926 PLWH accessed Part C services in MA
- 530 PLWH in NH between Parts C & D (NH - entire state)
- Part C covers the majority of the EMA counties in MA and then the NH Part C funded agencies see patients from the entire state and some from Vermont.

Ryan White Part D
Sarah Dupont introduces herself as the Part D representative.

Part D funding provides family-centered outpatient care and support services for women, infants, children, and youth living with HIV/AIDS. These grants are awarded to local, community-based organizations.

There are 4 Part D recipients within the EMA in MA and 1 more outside of the EMA in NH. This does not take into account any subrecipients.

The Dimock Center (MA) and New Bedford Community Health Center (MA) receive both Part C and D funding. One agency, Dartmouth-Hitchcock, receives funding outside the EMA in NH.

- 878 PLWH accessed Part D funded services in MA
- 530 PLWH in NH between Parts C & D (NH - entire state)
- Part D covers the majority of the EMA counties in MA and then the NH Part C funded agencies see patients from the entire state and some from Vermont.

Ryan White Part F
Amanda Hart introduces herself as the Part F representative, specifically from the NEAETC.

Part F funding covers the AIDS Education and Training Center (AETCs), the Special Projects of National Significance (SPNS) program, and the Dental Reimbursement Program. The Minority AIDS Initiative was added during the 2006 reauthorization.

AIDS Education & Training Centers (AETCs)

- This program supports education and training on HIV-related topics, clinical consultation, and technical assistance through a network of eight regional and two national centers. Amanda says that they fund 7 partner sites in New England (2 in MA and 1 in NH) and several community health centers. They cover all New England states – Connecticut, Rhode Island, Massachusetts, Vermont, New Hampshire, and Maine.

Special Projects of National Significance (SPNS)

- SPNS uses implementation science to evaluate design, utilization, cost, and health-related outcomes of treatment strategies while promoting the dissemination and replication of successful interventions. This program advances knowledge and skills in the delivery of health care, support services and data integration to support underserved populations.
- Most recently, there were 4 SPNS grants within the EMA.

Dental Programs

- Ryan White HIV/AIDS Program (RWHAP) Part F dental grants fund oral health care for people living with HIV and education and training for oral health providers.
- Most recently, Boston University, Tufts University, and Harvard University received Part F

grants, however dental schools are still waiting for payment for services rendered in FY24. Potential elimination of Part F has caused many schools across the US to stop providing services in FY25/FY26. As of 10/22/2025, BU informed patients who access Part F funding that they will no longer accept Ryan White funding. If the federal funding is preserved, they may revisit participation.
- This year, PCS created an additional handout titled Understanding Ryan White Dental Programs which is after the Part F handouts in your packet. This was put together by our RWDP Director at BPHC.

Minority AIDS Initiative (MAI)
- MAI provides additional funding under the Ryan White HIV/AIDS Program Parts A, B, C, D, and F to improve access to HIV care and health outcomes for racial and ethnic minority populations disproportionately affected by HIV.
- Boston EMA: Ryan White Part A (BPHC) and Part B (MDPH) receive MAI funds. BPHC administers MAI funds for Non-Medical and Medical Case Management, Emergency Financial Assistance, Psychosocial Support, and Other Professional Services - Legal.

Medicaid
Alison Kirchgasser – MassHealth and Yvette Perron – NH DHHS introduce themselves as the Medicaid representatives. Alison is the primary Medicaid representative for this meeting and Yvette will be with Part B but is also knowledgeable about NH Medicaid.

Medicaid is a joint federal and state program that helps low-income individuals or families to pay for their medical expenses. Although it is largely funded by the federal government, Medicaid is run by each state and services and options can vary from state to state. The amount under this category is the federal contribution which includes funds for the Children's Health Insurance Program (CHIP) and "Newly Eligible" members under the Affordable Care Act (ACA).

MassHealth is health insurance for income-eligible individuals (or disabled individuals at any income) and covers comprehensive medical services. The income limit for non-disabled people living with HIV is 200% of the federal poverty level (currently $31,308 for family of 1). Disabled individuals over that income limit pay premiums based on income.
- Estimated 12,007 PLWH received or were eligible for MassHealth services in the EMA counties between 7/1/23 – 6/30/24 and MassHealth covers the entire state.

381 PLWH accessed services covered by NH Medicaid in the EMA counties, 534 in the whole state. NH Medicaid covers the entire state.

HOPWA
Daniel Amato introduces himself as the HOPWA representative for the meeting.

The Housing Opportunities for Persons with AIDS (HOPWA) Program is the only federal program that provides housing assistance and supportive services for income-eligible people with HIV/AIDS and their families. Under the HOPWA Program, the US Department of Housing and Urban Development (HUD) makes grants to local communities, states, and nonprofit organizations. HOPWA is designed to help these eligible people retain or gain access to appropriate housing where they can maintain complex medication regimens and address HIV/AIDS-related problems.

There are 9 HOPWA grants in MA and 4 in NH (MA – last updated FY24)
- Harbor Care has two and MVAP has two.

- MVAP serves the City of Manchester in one grant, and then Statewide in the other.
- Harbor Care's one grant covers Greater Nashua (Amherst, Brookline, Hollis, Hudson, Litchfield, Mason, Merrimack, Milford, Mont Vernon and Nashua). The other grant serves Hillsborough County (except Manchester, Bedford, Goffstown and Weare) and includes Windham, Salem, Derry and Londonderry in Rockingham County.

In MA, HOPWA serves around 1063 clients and their families, and in NH, MVAP serves 272 clients between the 2 grants, and the total clients is likely more than 300.

- Wayne adds that JRI is a new grantee under HOPWA!

Ending the HIV Epidemic
Idalin Andrades and Esete Fenta introduce themselves, and share the following information:

The Ending the HIV Epidemic in the U.S. (EHE) initiative aims to substantially reduce HIV infections in the U.S. by focusing resources in the 57 jurisdictions where they're needed most. It does that by scaling up four science-based strategies: diagnose, treat, prevent, and respond. Agencies across the U.S. Department of Health and Human Services (HHS) developed an operational plan to pursue the EHE initiative's goal accompanied by a request for additional annual funding to support its implementation.

1 EHE Recipient (BPHC):
- 24 agencies/programs, including 7 existing base funded agencies, 12 new external agencies funded through carryover, and 5 internal BPHC programs
- Together they provide HIV testing, linkage, and navigation, Rapid Start services, case management, and a range of supportive services.

Across the 7 base funded agencies, an estimated 500 clients received at least one EHE funded service during the most recent reporting period. The E2Boston system captures 406 clients, which does not include agencies that are not using E2Boston. When the remaining base agency's utilization is included, the estimated number served across the base agencies is approximately 500.

EHE funded services cover the full Boston EMA, including Boston, Brookline, Cambridge, Chelsea, Everett, Revere, Somerville, and Winthrop. Through regional partners, services also reach individuals living in parts of Middlesex, Essex, and Worcester counties. Internal BPHC bureaus provide citywide coverage across all Boston neighborhoods, including people experiencing homelessness, unstable housing, or behavioral health needs.

Topic D: Funding Streams Expo Activity

PCS thanks all the funding streams representatives for being at the meeting and explains how the activity will work:

1. PCS will provide the scenario on the screen and read it twice (2). PCS will put a timer for 90 seconds for team review.
2. Each team will have 90 seconds to formulate:
    a. Whether their funding stream can OR cannot cover the needs of the client in the scenario
    b. What service categories may applicable
3. Once the timer is done, PCS will count down from 3 and then teams will raise their team table card. PCS staff will call on the order of whomever answers.
    a. Correct answers include:
        i. Our funding stream can cover and covers [fill in the blank] service categories.

ii. Our funding stream cannot provide coverage for this client.

4. Using the chart below, PCS will distribute points.
5. Once the first team to raise their card responds, the remaining teams will be welcomed to answer in the order in which they raised their cards to the best of PCS's ability.
6. The first team to reach 10 points wins.

Scoring Chart:

Response	Points
Raises the team table card first and answers correctly for your own team	1.5 points
Answers correctly for your team	1 point
Answers correctly for another team whose team table card was not raised	0.5 points

PCS then reminds members that the client scenarios used today are all anonymous, made-up scenarios either by PCS or fellow Council members. No client scenarios fully represent any one person and PCS recognizes that anyone in the room may resonate with different aspects of the client scenarios presented today. PCS reminds members that if the themes discussed today elicit any emotions, to please take care of themselves in a way that works best for them and fellow Council members.

PCS begins the game by reading scenario 1. For the remainder of the activity, PCS and Henry, Council Chair, switch off reading each scenario. PCS keeps time and score as well.

Following the last scenario, the totals are added up, and the **HOPWA team is** declared the winning team!

Topic E: Activity Debrief

PCS then asks each group to share one key takeaway from the activity.

Part A: A lot of the services overlap, and we count on each other to help our EMA. Medical case management is so helpful to help point people in the right direction. Many people in these scenarios were confused about what is available, so a case manager is extremely important.

Part B: Everyone here works together to keep PLWH healthy and safe. Part B medications are incredibly important.

Part C: The different programs are everywhere, and we can rely on other funding streams to cover someone when we (Part C) can't.

Part D: Part D can serve youth until they are 24 years old, which I don't usually think about. This was something new that I learned today, after that last scenario.

Part F: Part F is pretty unique, but this competitive environment helps us think about different ways in which we can show up for PLWH.

Medicaid: Echoing what has been said – there's so much overlap between funding streams, and medical case managers are incredibly important.

HOPWA: All of us are a piece in the puzzle for what we serve. Sometimes clients will need HOPWA, sometimes they'll need another funding stream. We're all a team which is what makes us all great

together!

EHE: It's cool to do this activity and think about what streams you wouldn't necessarily think of to help someone.

Topic I: 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.
- Remainder of Dec. 2024 Meetings:
    - Dec. 16 – NAC
    - Dec. 18 – Consumer
    - Dec. 22 – Exec
        - The Chair flags that the Exec meeting was moved up a week to accommodate for holiday schedules.
- The Chair mentions that PCS sent out information about couple of music offerings that are happening this weekend: Boston Gay Men's Chorus and Boston Civic Symphony!

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

Motion to Adjourn
Motion: Bryan Thomas
Second: Robert Giannasca

The meeting was adjourned at 5:53 PM