



Planning Council
December 12, 2024
Non-Profit Center
4:00 – 6:00pm

Summary of Attendance

Members Present

Justin Alves
Alison Kirchgasser
Alyssa Collaro
Amanda Hart
Barry Callis
Bryan Thomas
Chris McNally
Regina Grier
Daniel Amato
Darren Sack
Gerry James
Henry Cabrera
Joey Carlesimo
Karen White
Kim Wilson
Liz Koelnich
Luis Rosa
Zeke Russell
Shambi Mwandembo
Margaret Lombe
Romini Smith
Shara Lowe
Stephen Batchelder

Members Excused

Blaise Conway
Carlton Martin
Catherine Weerts
Rick Boyd
Chris Santos
Damon Gaines
Hemi Park
Melissa Hector
Rudy Wise
Serena Rajabiun
Yvette Perron
Steven Spinale
Shirley Royster

Members Absent

Milaun Casimir

Larry Day

Staff

Clare Killian

Vivian Dang

Rachel Phillips

Roxy Dai

Melanie Lopez

Helena Sandoval Insausti

Guests**Topic A: Welcome and Introductions**

Planning Council Chair calls the meeting to order and leads a moment of silence, followed by going over the group agreements.

PCS introduces the Funding Stream Expo and reminds everyone that the client scenarios that will be used today are all anonymous, made-up scenarios either by PCS or Council members, and that no client scenarios fully represent any one person. PCS recognizes that anyone in the room may resonate with different aspects of some of the client scenarios presented today, and if the themes discussed today elicit any emotions, to please have members take care of themselves in a way that works best for Council members.

Topic B: Review Meeting Minutes

The Planning Council Chair asks members to review the November minutes. The Chair calls for a motion to approve the minutes.

Motion to Approve: Darren Sack

Second: Bryan Thomas

Result: The minutes are approved with 22 votes.

Topic C: Funding Streams Introduction: Meet the Representatives!

PCS reads through the different funding streams. Agency representatives read through their respective funding stream.

Part A

Part A provides funding for HIV health and health related support services to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs).

EMA - more than 2,000 AIDS cases in the most recent five years and to have a population of at least 50,000

TGA - 1,000 to 1,999 reported new AIDS cases in the most recent five years

Administered by Boston Public Health Commission (Recipient)

Allocated by the Planning Council and includes funding for Planning Councils

Part B

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.

Part B recipients are the chief elected official (CEO) of a state or territory. They choose the state's department of health or another state agency to carry out the grant.

2 Part B Recipients:

MDPH & NH DHHS

Clients:

MA – Over 7000

NH – Over 650

Question by a member: Why is there different in numbers of people getting the services?

- Part B pays even before Part A does. Part A is still the last payor of last resort. Part A only covers in the EMA, Part B covers the entire state.

Part C

Part C supports outpatient HIV early intervention services and ambulatory care. Unlike Part A and B grants, which are awarded to local and state governments that contract with organizations to deliver services, Part C grants are awarded directly to service providers. Part C also funds planning grants, which help organizations more effectively deliver HIV/AIDS care and services.

13 Part C recipients in the EMA

13 in MA, 1 in NH outside the EMA

Clients:

MA – Around 4000

NH – Around 858 between Parts C & D

Part D

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.

4 Part D Recipients in the EMA

4 in MA, 1 in NH

Clients:

MA – 935

NH – Around 858 between Parts C & D

The Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences (BIDLS), Office of HIV/AIDS, is a recipient of and administers the HRSA Ryan White Part D Program. This program consists of four funded programs, Brockton Neighborhood Health Center, Lowell Community Health Center, Family Health Center (Worcester), and Next Step (in the EMA). Additionally, these funds pay for a 1.0 FTE MassCARE Program Coordinator (L. Ward) to support and monitor these services. While not funded to do so, the OHA coordinates with other Part D programs to maximize synergies.

Part F

Part F 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.

Recipients:

AETCs - Domestic public or private, non-profit organizations, schools, academic health science centers, faith-based organizations, tribes, and tribal organizations

SPNS – Recipients are the same as above

Dental Programs - Dental schools, hospitals with postdoctoral dental residency programs, community colleges with dental hygiene programs

Minority AIDS Initiative - RWHAP recipients (additional funding under Parts A, B, C, D, or F)

Medicaid

Medicaid is a joint federal and state program that helps income-eligible people 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.

There is one agency in MA and one agency in NH that takes Medicaid.

MassHealth is the Medicaid program for Massachusetts. For the most part it is 50/50 funding from state and federal funding.

Clients: Estimated 31,000 in the MA counties of the EMA

Note that Massachusetts is a larger state and there are more counties, so there are more clients that are using MassHealth. MassHealth covers a lot of core services, but Ryan White fills in the gaps that Medicaid cannot pay for.

The income limit for nondisabled people with HIV for MA Medicaid (MassHealth) is 200% of the Federal Poverty limit which is approximately \$30,000 for a single individual. There is no income limit for people with HIV or AIDS who are disabled.

New Hampshire is NH Medicaid.

Clients: Estimated 554 in the NH counties of the EMA

The income limit for people with HIV for NH Medicaid is 133% of the Federal Poverty limit which is approximately \$20,000 for a single individual.

HOPWA

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.

9 total grants in MA – 8 in the EMA, 1 outside of the EMA (1 serves the whole state)

4 total grants in NH – all in the EMA (2 serve the whole state)

Clients (some may be outside of the EMA):

MA – Over 600

NH – Over 300

Topic D: Funding Streams Expo

PCS goes over the instructions for the Funding Streams Expo. The teams are formed. Each team will have three minutes to formulate on whether or not their funding streams can or cannot cover the needs of the clients in the scenario, and what service categories may be applicable.

PCS goes through examples of what correct answers may be. PCS reads through the scenarios.

The Funding Streams Expo goes on for an hour.

Some notes and questions from the activity:

During the activity, a member shares that both MA and NH Medicaid does not cover undocumented immigrants. Undocumented immigrants only qualify for Medicaid coverage of emergency services. In Massachusetts the Health Safety Net will cover non-emergency services for undocumented individuals at community health centers and hospitals.

Does the transgender community qualify for Part D funding?

- Yes

How are we as Council members and the agencies we work for help the transgender community with the political atmosphere that is happening? How will we support LGBTQ+ and transgender people in the community when the president-elect's term starts?

- We need to work on the here and now. We have a good system now that when the change comes up, we can fight for the change.

Even if a person does not qualify for a funding stream, their agency has access to other funding streams that they can get services from.

Ryan White does not cover orthodontists.

There was a discussion for this scenario: This client is a 19-year-old woman from Haiti. She resides in Worcester, MA with family members who have been in the States for several years. She was diagnosed with HIV in Haiti but was unable to get consistent medical care. Since her arrival to Worcester, MA six months ago, she has not sought medical care, as she is afraid of her family finding out her status. She gets sick frequently and is unaware of services or resources to seek in her community. She really would like to speak to other Haitian immigrants about their experiences in the United States but is not sure if something like that exists.

- PCS says that Haitian immigrants have a temporary protected status to be in the United States legally.
- A member notes that if she was in Boston, she would take her to Codman Square, there is a Haitian clinic with case managers and people to support her. She also mentions that Washington St. has immigration services that works with immigration population.

Topic E: Announcements, Evaluation & Adjourn

PCS reminds members to take the meeting evaluation.

SAVE THE DATE: Someone You Know and Love Gala, February 22nd, 2025

Remainder of Dec. 2024 Meetings:

Dec. 16 – Exec

Dec. 19 – ARC

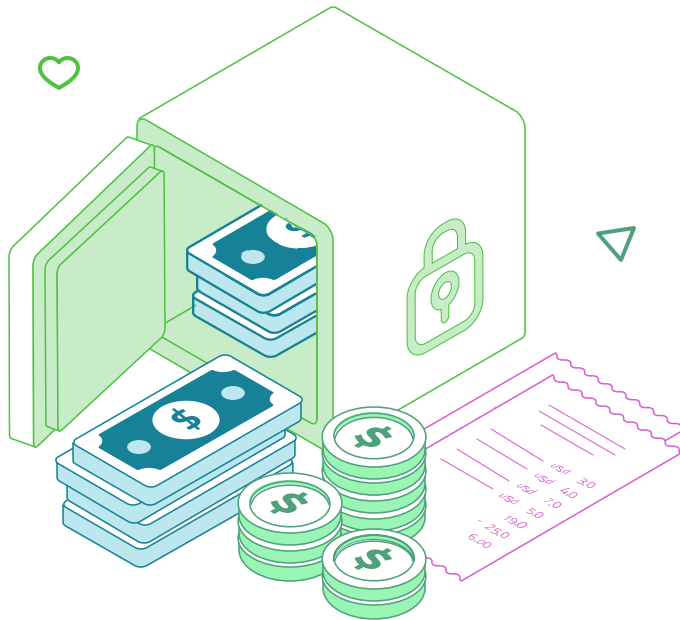
Dec. 23 – NAC

Meeting to Adjourn

Motion: Justin Alves

Second: Kim Wilson

Result: The meeting was adjourned at 5:57 pm



Planning Council
December 12, 2024

Funding Streams Expo

Margaret Lombe, Chair
Henry Cabrera, Chair-Elect



Moment of Silence

At this time, let's take a moment
of silence in remembrance of
those who came before us, those who are
present, and those who will come after us.

Boston EMA Ryan White Planning Council Group Agreements

Respect the mission, Respect the space, Respect each other and Respect people living with HIV

- I will use “I” statements rather than “you” statements.
- I will share my thoughts with care, be aware of my own possible biases and remember that there’s a difference between intention and impact. As Council members sharing a common goal, we will assume good intentions of each other.
- I will listen to understand, not to respond. I will be reflective rather than reactive.
- I will provide space so everyone in the group can participate.
- I will remember my role as a participant and raise my hand to talk, say the facilitator’s name out loud, or put my thoughts in the chat (if on Zoom). The facilitators are responsible for calling on us and monitoring the conversations.
- I will maintain confidentiality of all Council members’ stories and situations.
- I will respect and empower other participants’ identities – including consumer status, race, gender, sexuality, class, religion, ethnicity, physical or mental abilities.
- If I am called in on unintentional harmful comments/behavior, I will listen and learn from the experience.

Sensitive content reminder & reminder to take care of yourself!

- The client scenarios used today are all anonymous, made-up scenarios either by PCS or your fellow Council members
- No client scenarios fully represent any one person
- We recognize that anyone in the room may resonate with different aspects of some of the client scenarios presented today. If the themes discussed today elicit any emotions, please take care of yourself in a way that works best for you and your fellow Council members.

We are here to learn – this is an activity designed to get everyone thinking about how different funding sources may help different clients and where Ryan White Part A fits into all of this.

Agenda

We will NOT be doing attendance during the meeting to save time – you should have signed in right when you arrived! See PCS after the meeting if you didn't or are unsure.

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

November Minutes Review & Vote

November 14th, 2024



1. Are there any edits to the meeting minutes?

2. First and second motion to approve minutes as written or with any edits.

3. Raise of hands to approve Nov. 14th meeting minutes.

Ryan White Part A

Part A provides funding for HIV health and health related support services to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs).

- ▶ EMA - more than 2,000 AIDS cases in the most recent five years and to have a population of at least 50,000
- ▶ TGA - 1,000 to 1,999 reported new AIDS cases in the most recent five years

Administered by Boston Public Health Commission (Recipient)

Allocated by the Planning Council and includes funding for Planning Councils



1 Part A recipient
(BPHC)
32 subrecipients
28 in MA, 4 in NH



4712 clients



Ryan White Part B

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.



2 Part B Recipients:
MDPH & NH DHHS

(There are subrecipient agencies)



Clients:
MA – Over 7000
NH – Over 650



Part B recipients are the chief elected official (CEO) of a state or territory. They choose the state's department of health or another state agency to carry out the grant.



Ryan White Part C

Part C supports outpatient HIV early intervention services and ambulatory care. Unlike Part A and B grants, which are awarded to local and state governments that contract with organizations to deliver services, Part C grants are awarded directly to service providers. Part C also funds planning grants, which help organizations more effectively deliver HIV/AIDS care and services.



13 Part C recipients
in the EMA
*13 in MA, 1 in NH
outside the EMA*



Clients:
MA – Around 4000
NH – Around 858
between Parts C & D

Recipients:

Boston Health Care for the Homeless
Beth Israel Deaconess - Plymouth
Brockton Neighborhood Health Center
Cambridge Health Alliance
Dimock Community Health Center
East Boston Neighborhood Health Center
Family Health Center Worcester
Fenway Community Health Center
Greater Lawrence Family Health Center
Greater New Bedford Community Health Center
Harbor Health Services, Inc.
Lynn Community Health Center
UMass Medical
Dartmouth-Hitchcock (NH) – *outside the EMA*

(There are subrecipient agencies not listed)

Ryan White Part D

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.

Recipients:

Boston Medical Center
Massachusetts Department of Public Health
Greater New Bedford Community Health Center
Dimock Community Health Center, Inc.
Dartmouth-Hitchcock (NH) – *outside the EMA*

(There are subrecipient agencies not listed)



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in the EMA
4 in MA, 1 in NH



Clients:
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Ryan White Part F

Part F 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.

Recipients:

AETCs - Domestic public or private, non-profit organizations, schools, academic health science centers, faith-based organizations, tribes, and tribal organizations



Recipient: UMass Chan Medical School

SPNS – Recipients are the same as above



Currently 4 SPNS grants in our EMA

Dental Programs - Dental schools, hospitals with postdoctoral dental residency programs, community colleges with dental hygiene programs



1 Recipient: Boston University

Minority AIDS Initiative - RWHAP recipients (additional funding under Parts A, B, C, D, or F)



All RWHAP can receive MAI funding

Medicaid

Medicaid is a joint federal and state program that helps income-eligible people 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.



1 agency - MassHealth

Clients:

Estimated 31,000 in the
MA counties of the EMA



1 agency – NH Medicaid

Clients:

Estimated 554 in the NH
counties of the EMA

HOPWA

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.



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Clients (some may be outside of the EMA):
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Recipients: *(There are subrecipient agencies not listed)*

MA

Action, Inc.
City of Boston
City of Cambridge
Community Healthlink
Fenway Community Health Center
Justice Resource Institute
State of MA (through DPH)
City of Worcester
City of Springfield – *outside the EMA*

NH

Merrimack Valley Assistance Program (2 grants) – *serves the whole state*
City of Nashua
Harbor Care – *program administration for City of Nashua*





**Let's learn about
Funding Streams!**

Scenario 1

This client is a single mother with two children, ages 6 and 10. She rents an apartment in North Hampton, NH and works full-time at a local daycare. She has been HIV positive for 8 years. In the last lease cycle, her rent was increased, and she is having a difficult time affording food and other essential items for her children. She thinks she qualifies for benefits to help with food and housing but does not know how to access them. Her last appointment with her doctor was over a year ago, and she is struggling to figure out if she can schedule telehealth or should go to a clinic in person.

Scenario 2

This client is a 30-year-old man, living with his wife, who also has HIV, and three young children in East Boston. His primary language is Spanish. He recently lost his job and his health insurance that covered their children. His partner is an undocumented immigrant and does not have health insurance. He was diagnosed with HIV three years ago and was doing well, but since losing his job, he feels like he is struggling with taking his medication. He is also struggling with mental health issues, including depression and anxiety, and wants to get involved with other men his age living with HIV who speak Spanish.

Scenario 3

This client was diagnosed with HIV in 1998. She started gender-affirming care five years later and has found support in the transgender community. However, she has not disclosed her HIV status and avoids going to medical appointments. Her HIV providers met her before her transition, and she fears being misgendered. She is now 50 years old. She lives in a subsidized housing unit in Nashua, NH. She is feeling increasingly isolated and is overwhelmed with administrative tasks. She does not know where to start to reconnect with HIV care and has been rationing medication, so she doesn't have to request refills. She has new symptoms that she fears are related to poor medication adherence.

Scenario 4

This client is a 23-year-old who lives in Dorchester and is being told he has HIV for the first time. He is about to leave his doctor's office and is in shock. He has little to no resources, is terrified and does not want to ask anyone for help. He would be terrified to talk about this or tell anyone and didn't hear a word the doctor said.

Scenario 5

This client is a 32-year-old case manager living in Somerville, MA. He has been living with HIV since 2018 and working as an HIV case manager since 2020. He does not own a car and uses public transportation to get to work and to his medical appointments. He has also struggled with depression on and off for years, and currently feels he needs to get back on anti-depressant medication. He feels burnt out at his job and with his own HIV status, and he knows this is affecting his rapport with his clients and health. The agency that he works for does not have sufficient resources to help with provider training and he wants to look into additional trainings or local conferences that his team could attend.

Scenario 6

This client is in his mid-50s, living with and undetectable for HIV, is currently working, and has health insurance paid for by his employer. The client lives in Brighton, MA. The client requires major orthodontic surgery and is afraid their insurance will only cover a portion of the surgery.

Scenario 7

This client is a 19-year-old woman from Haiti. She resides in Worcester, MA with family members who have been in the States for several years. She was diagnosed with HIV in Haiti but was unable to get consistent medical care. Since her arrival to Worcester, MA six months ago, she has not sought medical care, as she is afraid of her family finding out her status. She gets sick frequently and is unaware of services or resources to seek in her community. She really would like to speak to other Haitian immigrants about their experiences in the United States but is not sure if something like that exists.

Scenario 8

This client is an African American woman in her 60s that has been living with HIV for 20 years. She is currently not working because she is disabled and living with HIV-related complications but has been able to contribute time, voice, advocacy work, networking and being there for others who have been diagnosed. This client lives in the South Shore of Massachusetts, and she often faces challenges such as food insecurity, transportation to and from appointments, communicating with medical case managers to get HDAP, and being able to fill out documents.

Scenario 9

This client is a 35-year-old white woman, is married, and is 3 months pregnant. She also has an 8-year-old son. She was diagnosed with HIV in February 2019. This client is a teacher in Boston Public School District, and lives in Dorchester. She previously was a patient at Carney Hospital, but due to the hospital closing, she is worried about her and her family's medical care. She thinks she can still go to the Seton Medical Office Building for outpatient services, but her family has utilized emergency services at Carney and are now not sure where to go. At her last HIV care appointment, this client had an undetectable viral load, however that was prior to her getting pregnant. She is worried that there might be long lasting side effects to her unborn child but is hesitant to reach out to her case manager because she has not been adherent to her HIV medication.

Scenario 10

This client recently got out of jail after being incarcerated for 3 years in MA. She was diagnosed with HIV while in jail and she has not been able to talk to someone about what her diagnosis means. She knows they gave her medication every day while she was incarcerated, but now that she is out, she is running low on the medication. They gave her a lot of paperwork when she was leaving the jail, and she is confused on where to start to seek medical care. This client is currently staying with her sister in Manchester, NH. She doesn't know how to cope with being alone, living with HIV, and disclosing her status to her sister.

Scenario 11

This client is 27 years old, lives in Framingham, MA, and has recently been released from a detox facility with a doctor's referral to enter a short-term residential substance use program. He has been living with HIV for a year and has been doing okay on his medications but sometimes does not take them every day. He has accessed detox services and residential programs two times in the past five years, staying for 30 days each time. This time, he has been encouraged to complete a 90 day stay. He is hesitant because he will need to take a leave from his full-time job to complete treatment, and he doesn't know how that will affect his insurance coverage or if he will have to disclose his status and substance use to his employer.

Scenario 12

This client is a 72-year-old white man who has been living with HIV/AIDS for over thirty-five years. He has been virally suppressed for ten plus years. This client lives alone in a four-story walk-up in the South End of Boston and does not own a vehicle. In general, he feels his overall health is fair, but as an aging long-term survivor, this client is challenged by multiple comorbidities, including neuropathy and cardiomyopathy, as well as chronic fatigue and difficulty walking any distance. All these together make it increasingly difficult to continue navigating his own health care and using public transportation. Over the past few months, the client has been isolating himself and not engaging in any social activities or volunteerism in the community.

▷ Activity Debrief!



1 key takeaway from the activity
Any questions?

Announcements & Adjourn



- Please take today's meeting evaluation!
- ***SAVE THE DATE:*** Someone You Know and Love Gala, February 22nd, 2025
- **Remainder of Dec. 2024 Meetings:**
 - Dec. 16 – Exec
 - Dec. 19 – ARC
 - Dec. 23 – NAC
- **See you in 2025!!**

