WELCOME

RYAN WHITE PLANNING COUNCIL MEETING

JANUARY 16, 2020

At this moment, 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.

Please state your name for the record.

GROUND RULES

Be on time	No Side Conversations
Silence cell phones	Presenters represent agencies- no personal attacks
Participate	Don't ask questions that accuse or assume where someone is coming from. Stick to asking questions regarding information.
Be respectful	Respect the option for presenters to come back with additional information or answers.
Agree to disagree	Send questions with more detailed explanations to the Executive Committee or PCS
Ask questions	Whenever possible, enjoy yourself
Speak up so everyone can hear you	Don’t assume everything is public knowledge
Raise your hand and wait to be acknowledged by the Chair	Step up, step back
Don't interrupt	

APPROVE MEETING MINUTES *December 12, 2019*

(H-1 or on Basecamp)

Steps in approving minutes:

1. Review minutes
2. Make a first and second motion to approve minutes
3. Vote

All in Favor: Yes, I approve the minutes

Opposed: No, I do not approve the minutes

Abstention: Absent from previous meeting/ Decline to vote

COMMITTEE REPORTS

(H-2) or Basecamp

Each month, the Committee Chair(s) will provide a summary of their committee's activities.

You can also refer to a handout in your packet for written updates.

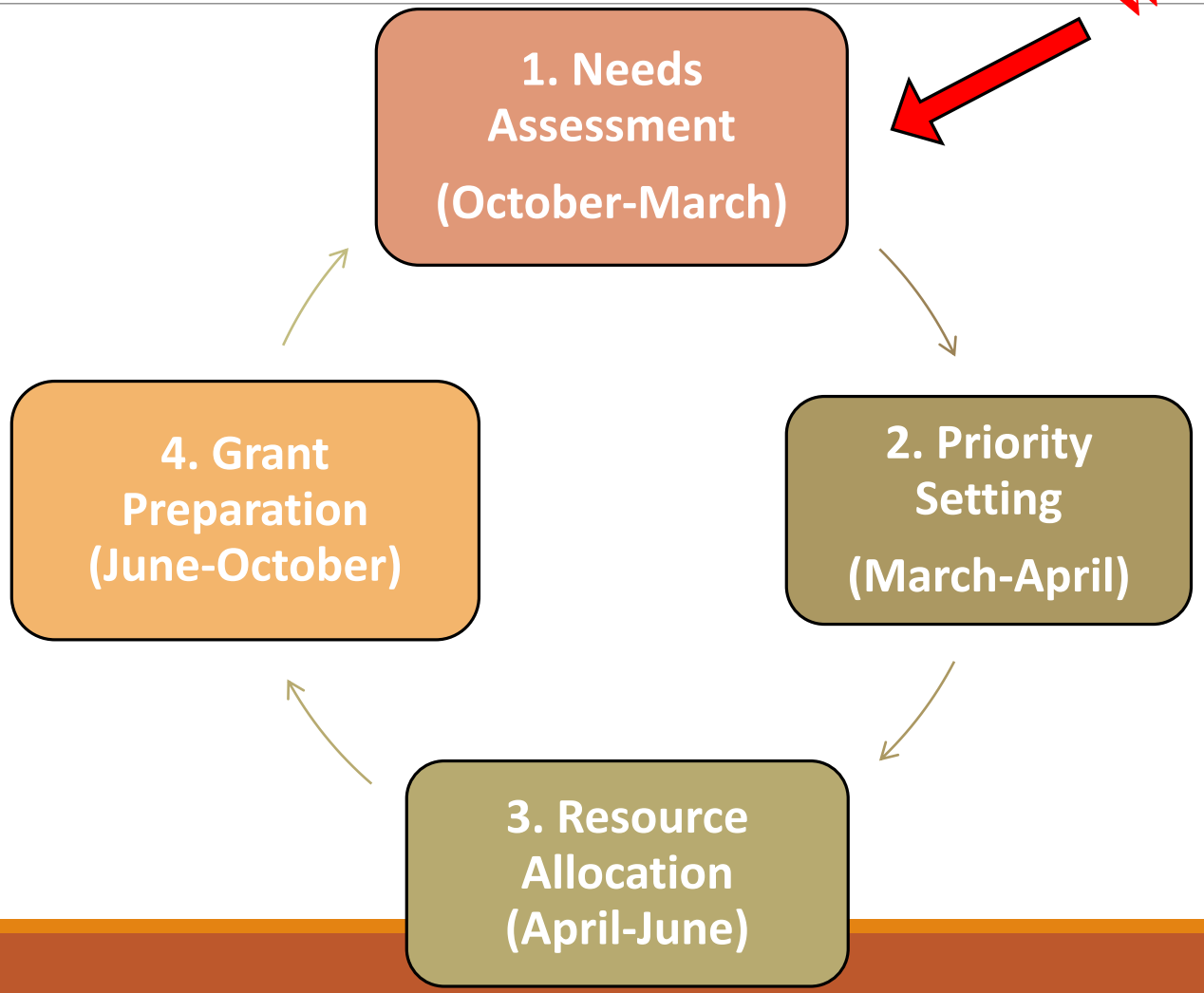
Knowledge Check!

LIZ RIOS, PCS

Where are we in the annual PC cycle?

LIZ RIOS, PCS

Planning Council Cycle



Other Processes:

- Evaluation of service delivery system (ongoing)
- Procurement of services (every three years)
- Program and contract monitoring (ongoing)

Planning Council Cycle cont.

NRAC

Needs Assessment

- Consumer Survey
- Focus Group
- Distribution of survey's

SPEC

Service Categories

- Epi presentation – Dr. DeMaria
- Research service categories
- Discussing service categories to approve/recommend to the Council

Ending the HIV Epidemic

CARMEN FONSECA

JOHN GATTO

JUSTICE RESOURCE INSTITUTE

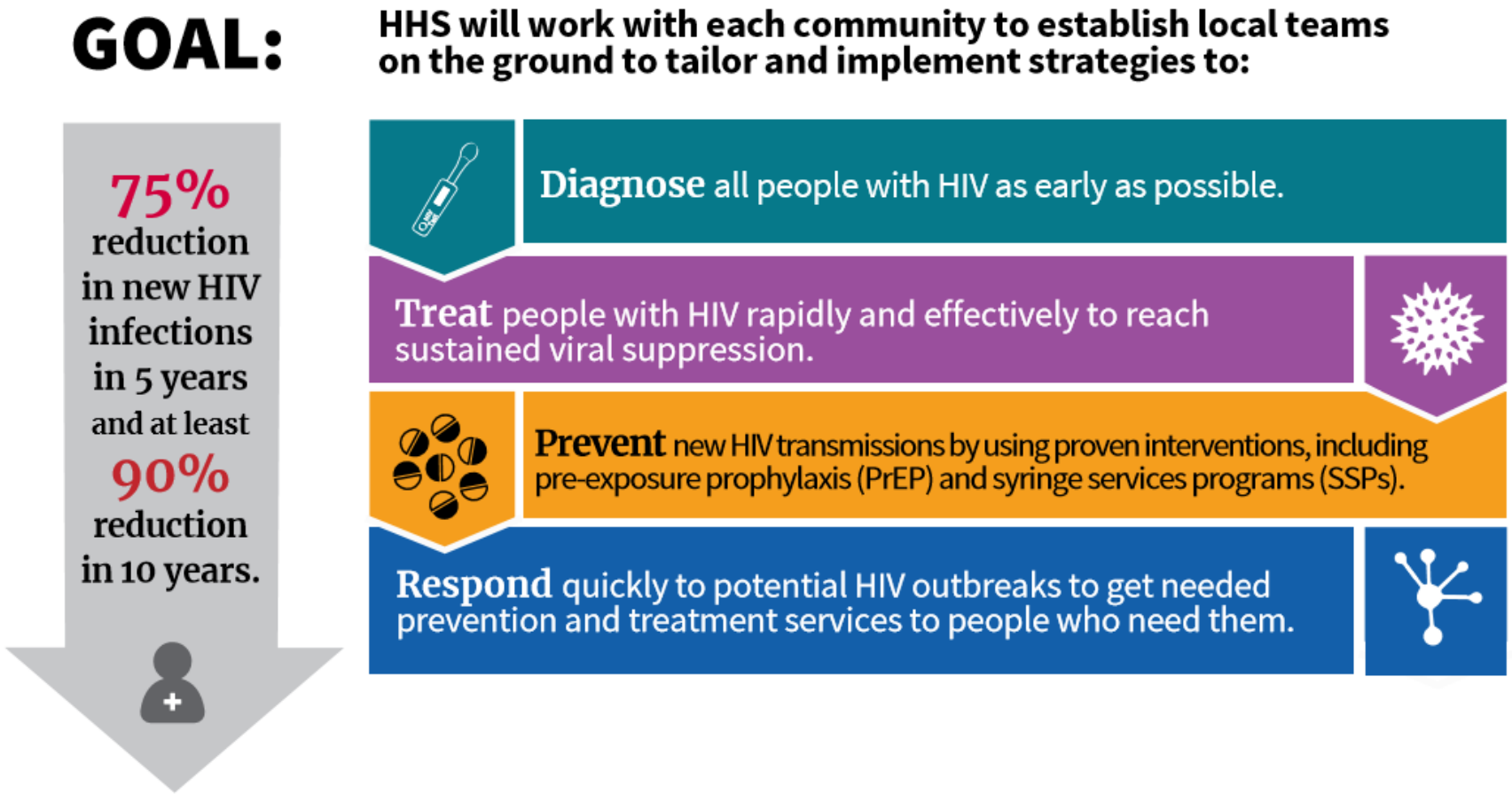
ENDING THE HIV EPIDEMIC

Ryan White Planning Council meeting, January 16, 2020

Agenda

- Introductions
- Overview of work completed
  - Draft plan submitted December 30, 2019
- Next Steps
  - Final plan due September 2020
- Questions

Ending the HIV Epidemic: The Four Pillars



The EHE Process

Crosswalk

- Consolidated existing plans under four pillars
- Used as starting point for community feedback

Draft Plan

- Submitted December 30, 2019
- Specific, directed feedback from Jan-June

Final Plan

- Due September 2020

The Crosswalk

- Bringing together existing plans to create a foundation for a new plan
- The existing plans:
  - Massachusetts Integrated State Plan
  - Getting To Zero Blueprint
  - Integrated Boston EMA Plan

- Increase access to HIV testing for young MSM
- Continue to evolve the service model to focus on comprehensive health promotion services for MSM, including linkages to behavioral health services, medical care, biomedical interventions, and coordination of housing and other supportive services
- Sustain investments in HIV, HCV, STI testing programs to increase levels of sexual risk assessment and risk reduction planning services
- Initiate stakeholder engagement with MSM, racial and ethnic MSM, and HIV+ MSM over 50, to discuss barriers to accessing prevention and care services
- Support capacity building/technical assistance activities to bolster services to MSM

WORKFORCE DEVELOPMENT

- **Train providers on taking stigma-free sexual histories and behavioral health assessments**

- Support peer outreach staff to use social media for education and outreach
- Use epi data to identify at risk populations
- Continue to offer HIV testing to partners of newly diagnosed individuals
- Simplify mobile 4th generation testing
- Require EOB documents to be sent to patients, rather than policy holder
- Modify MA testing consent law to opt-out testing
- Adoption of sexual health as a human right

WORKFORCE DEVELOPMENT

- **Train providers on routine HIV screening**
- **Train providers in client-centered care**
- **Ensure facilities with EHR technology are using HIV screening prompts**

Integrated HIV, HCV, STI screening for disproportionately impacted groups

DIAGNOSE

Diagnose all people with HIV as soon as possible.

- MIPCC
- Getting to Zero (GTZ)
- Boston Public Health Commission (BPHC)

TREAT

Treat people with HIV rapidly and effectively to reach viral suppression.

- MIPCC
- Getting to Zero (GTZ)
- Boston Public Health Commission (BPHC)

- Successfully link newly diagnosed HIV+ individuals to care within 45 days of diagnosis
- Increase enrollment in HIV Drug Assistance Program (HDAP), use to identify PLWH not in treatment
- Deploy Field Epidemiologists for acute HIV infections within 24 hours of diagnosis, link to care within 72 hours
- Collaborate with BSAS to implement treatment in sites serving LGBTQ youth
- Improve MA HIV Care Continuum outcomes to 90% diagnosed; 90% retained in care; 90% of PLWH virally suppressed (90/90/90)
- Support technical assistance/capacity building for programs serving MSM

WORKFORCE DEVELOPMENT

- **Expand routine HIV testing to PCP, OB/GYN, community health centers and hospitals**
- **Expand efforts to reduce stigma, provide training on acute HIV infection**
- **Expand capacity, training, utilization of interdisciplinary care teams**

- **Improve linkages to care**
- **Utilize diverse, interdisciplinary teams (including peers, social workers, nurses)**
- **Maximize HDAP enrollment and coverage, especially for populations disproportionately impacted**
- **Improve use of various data systems (clinic data, chart review) to monitor in care and viral suppression rates**

- Identify undiagnosed individuals, link to care, start ART ASAP
- Retention in care and achievement of viral suppression for PLWH
- Reduce out of pocket costs for PLWH by expanding HDAP
- Strengthen engagement by offering diverse variety of community programming, particularly in less metropolitan areas
- Require EOB doc to be sent securely to patient rather than policy holder
- Reduce wait times for supportive services, make eligibility criteria more flexible
- Ensure proposed state, federal health system and payment reform changes enhance access to clinical, supportive services
- Adoption of sexual health as a human right

WORKFORCE DEVELOPMENT

- **Train providers so that they have the skills necessary to provide client-centered care**

- Improve viral suppression rates from 85% to 90% for PLWH on Part A
- Reduce number of clients that have lapse in coverage
- Increase percentage of Part A clients who have health insurance
- Complete a comprehensive needs assessment on current HIV+ prevention and care needs of PLWH
- Require comprehensive HIV services for individuals utilizing Part A case management and peer support services
- Ensure access to “treatment as prevention” services incl. partner notification, family/reproductive health, and risk/harm reduction

WORKFORCE DEVELOPMENT

- **Expand services that address persistent challenges to viral suppression (mental health, substance abuse, homelessness, etc.), increase funding for high acuity case manager positions**

- Expand access to PrEP and NPEP to agencies serving MSM and PWID
- Improve population targeting to at-risk MSM particularly young, Black & Latino MSM
- Implement universal STI testing and treatment
- Expand support for community-based outreach, linkage services
- Support diverse workforce including peers, community health workers, and other direct care providers with demonstrated effectiveness to competently engage PWID
- Support capacity building/technical assistance (CB/TA) activities, including the use of Electronic Learning Management System, to improve services for MSM

- Advertise PrEP to the communities with most need making full use of epidemiologic surveillance data in order to create focused advertising campaigns that are tailored to local communities
- Reduce out of pocket costs for persons on PrEP
- Use clinic database/surveillance data to monitor PrEP candidates with emphasis on equitable PrEP uptake by race/ethnicity
- Offer ancillary supportive services to persons at an elevated risk of HIV
- Adoption of sexual health as a human right

WORKFORCE DEVELOPMENT

- **Train providers on PrEP for HIV prevention**
- **Train providers on client-centered preventive care**

Reduce the number of new HIV infections by:

- **Targeted outreach and support for communities most in need**
- **Providing comprehensive health promotion, education, and support services**

WORKFORCE DEVELOPMENT

- **Training diverse workforce of providers**

- Reduce new HIV infections

PREVENT

Prevent new HIV transmissions by using proven interventions, including PrEP and SSPs.

- MIPCC
- Getting to Zero (GTZ)
- Boston Public Health Commission (BPHC)

RESPOND

Respond quickly to HIV outbreaks to get needed prevention and treatment services to people who need them.

- MIPCC
- Getting to Zero (GTZ)
- Boston Public Health Commission (BPHC)

- Reduce NIR from 25%-15% MA HIV Surveillance Program
- Deploy Epidemiologists to follow up with providers submitting CRFs with incomplete exposure data
- Establish baseline understanding of new infections among transgender individuals and set benchmarks for outcomes, data analysis collaboration with Trans Health Advisory Group
- Standardize HIV/STI/HCV surveillance and data collection forms to include sex at birth and current gender identity, monitor and provide TA to agencies around fields and trans competency
- Insurance premiums and medication co-payment assistance through HDAP for all income-eligible HIV+ people

WORKFORCE DEVELOPMENT

- **Training for providers re: exposure mode and CAPs**

- Advocate for new research in cure, vaccine, treatment options
- Centralize and increase frequency of epi data reporting, innovative data analysis and (biannual) visualization technologies, digital dashboard with key indicators for MA GTZ initiative
- Strengthen continuum of HIV-related services within correctional and institutional settings
- Strategically placed SSP sites and strengthening support services to prevent outbreaks among PWID
- Support local community development projects tackling root causes of HIV in neighborhoods with high prevalence
- Utilize HIV surveillance data to identify and monitor disparities in health outcomes and HIV-related care among regions and populations

- **Culturally responsive HIV-related services for key populations (ex. Black and Latinx) in their communities and neighborhoods**
- **Reduced HIV-related health disparities**
- **Enhanced health surveillance and data reporting systems**

WORKFORCE DEVELOPMENT

- **Training and capacity building for work with transgender communities of color**

- Support NH anti-stigma campaign
- Request SSP waiver to engage PLWH affected by substance abuse
- Expand collaboration with partners and Part A program sites to fund newly diagnosed individuals
- Invest in comprehensive housing services, improve collaboration with HUD HOPWA grantees
- Part A clients who need housing services 34%-29%
- Implement data-to-care quality improvement for programs with > 10% virally unsupressed Black or Hispanic PLWH
- Coalition dedicated to expanding HIV services at shelters, drop in centers

WORKFORCE DEVELOPMENT

- **Training program to expand number of community health workers**

Community Engagement

- Round 1
  - Steering Committee
  - Planning Bodies
  - Population Health Advisory Groups
- Plans for Round 2
  - Return to groups from Round 1
  - Additional outreach to individuals and groups

Feedback from Round 1

- Use clear, specific language
  - Be explicit
  - Avoid use of jargon, explain any acronyms or shorthand
- Be innovative!
  - How will this plan build upon, be different from previous plans?
- Acknowledge trauma related to healthcare
  - Systemic racism, homophobia, transphobia, xenophobia and other forms of oppression and bias play significant role in willingness to seek and likelihood to receive care

Overview – Diagnose

Diagnose all people with HIV as soon as possible

Goal #1 Increase testing and diagnosis among individuals from disproportionately impacted groups

Goal #2 Improve and expand testing services and access to testing services for disproportionately impacted groups

Overview – Treat

Treat people with HIV rapidly and effectively to reach sustained viral suppression

Goal #1 Ensure all newly diagnosed people with HIV are connected to care within 7 days

Goal #2 Ensure that 97% of PLWH linked to care are retained in care

Goal #3 Identify PLWH who do not have at least one medical visit every six months within a 24 month period with a minimum of 60 days between medical visits

Goal #4 90% of PLWH engaged in care will receive an assessment of need related to the social determinants of health and be linked to appropriate resources

Overview – Prevent

Prevent new HIV transmissions by using proven interventions including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs)

Goal #1 Disseminate comprehensive educational information about prevention, transmission, testing, and treatment of HIV to disproportionately impacted groups utilizing all available technological tools

Goal #2 Incorporate screening and referrals for social determinants of health (SDOH) into prevention services

Goal #3 Ensure access to comprehensive and inclusive sexual health education for school-aged youth

Overview – Prevent

Prevent new HIV transmissions by using proven interventions including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs)

Goal #4 Create a sense of urgency to end the epidemic through a renewed call to action that engages disproportionately impacted groups

Goal #5 Integrate prevention services and messaging at institutions and sites serving at risk individuals

Overview – Respond

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them

Goal #1 Improve systems for more rapid collection, analysis, and utilization of data related to outbreaks, especially within disproportionately impacted communities

Goal #2 Enhance health surveillance and data reporting systems to reduce HIV-related health disparities across race and gender identity

Goal #3 Systematize regular communication between funders, government organizations and provider agencies to identify outbreaks in real time and have a coordinated response, leveraging collective resources

Overview – Workforce Development

Workforce Development Goal The workforce will provide culturally responsive and multidisciplinary care by teams including peer navigators and community health workers that reflect priority populations, receive comprehensive and ongoing training, and are supported through technical assistance, capacity building, and professional development opportunities

Next Steps

- Continue community engagement process
  - Return to individuals and groups from previous round of planning
  - Reach out to additional individuals and groups
  - Looking for:
    - Specific feedback from providers, community organizations, PLWH, and other stakeholders regarding feasibility, timing, funding, etc.
    - What is still missing?
- Write and submit final plan!
  - Due September 2020

Questions?

Utilization & Spending Report

KATIE KEATING, RWSD DIRECTOR

FY19 UTILIZATION SPENDING UPDATE
Boston EMA

Time Frame: March 1 - December 31, 2019

Katie Keating
Director, RWSD
January 16, 2020

Objectives

1. **Summarize Year to Date Spending for FY19**
2. **Summarize Year to date clients served**
3. **Highlight 6 categories, remainder as handout -**
   - ***Medical Case Management (MCM)***
   - ***Housing***
   - ***Oral Health***
   - ***Psychosocial Support***
   - ***Emergency Financial Assistance***

FY 19 Overview

- **33 funded agencies**
- **12 services categories**
- **5500 clients**
- **89% viral suppression rate**

Medical Case Management

Psychosocial Support

Medical Nutrition Therapy

Medical Transportation

Substance Abuse

Housing

Food Bank/Home-Delivered Meals

AIDS Drug Assistance Program

Oral Health Care

EMERGENCY FINANCIAL ASSISTANCE

HEALTH EDUCATION / RISK REDUCTION

Q3 MARCH 2019-DEC 2019

Medical Case Management

- **17 Funded Agencies**
- **Provides services that link clients with primary medical care and all health-related support services**
- **Category also funded with MAI (Minority AIDS Initiative)**

Medical Case Management

Total FY 19 Allocation		Total Spent YTD
General	$4,333,055	$2,840,806 (66%)
MAI	$560,248	$391,844 (70%)

Total Clients Served vs. Proposed # to be served	2529/2492 (101%)
Undetectable Viral Load	87.24%

Housing

- 5 Agencies Funded
- Provides short term , emergency or transitional housing assistance
- Provides housing search support and advocacy
- Goal is to improve access, medical adherence and health outcome

Housing

Total FY19 Allocation	Total Spent YTD
$1,308,960	$881,253 (67%)

Total Clients Served vs. Proposed # to be served	**343/492 (70%)**
Undetectable Viral Load	**87.82%**

Oral Health Care

- Increase access to dental care
- **Preventive services**
- **Diagnostic services**
- **Therapeutic services**
- Recruitment of dentists

Oral Health Care

Total FY19 Allocation	Total Spent YTD
$1,468,226	$719,017 (49%)
Total Clients Served vs. Proposed # to be served	2234/2380 (94%)
Undetectable Viral Load	89.65%

Psychosocial Support

- **Provides counseling and emotional support to PLWH**
- **Individual and group sessions**
- **Support for people who experience stigma, isolation, and behavioral health issues**

Psychosocial Support

	Total FY19 Allocation	Total Spent YTD
General	$933,169	$533,062 (57%)
MAI	$203,766	$79,701 (39%)

Total Clients Served vs. Proposed # to be served	642/802 (80%)
Undetectable Viral Load	90.51%

Emergency Financial Assistance

- **Limited one-time or short-term payments to assist the client with an emergency need directly related to health status**
- **Services include essential utilities, housing, food (including groceries and food vouchers), transportation and medication**

EMERGENCY FINANCIAL ASSISTANCE

Total Allocation	Total Spent YTD
$132,627	$74,748 (56%)

Total Clients Served/Proposed	148/648 (23%)


THANK
YOU

Updates for the Planning Council

RICHARD SWANSON, PLANNING COUNCIL CHAIR

Updates

- Membership
- Attendance policy
- Ryan White Conference in August 2020

Mayor's Office of Health and Human Services - Melissa Hector

MA Department of Public Health, Office of HIV/AIDS - Barry Callis

NH Department of Health and Human Services, NH Care Program – Chris Cullinan

MA Office of Medicaid – Alison Kirchgasser

Boston Public Health Commission –Katie Keating

AGENCY REPRESENTATIVE REPORTS

OTHER ANNOUNCEMENTS?

This is your chance to spread the word about community events, research studies, or other resources that are related to the Planning Council's work.

EVALUATION AND ADJOURN

Please fill out your evaluation forms!