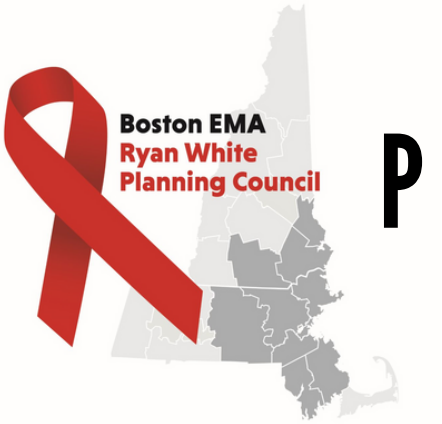

2022-2023

Planning Council Meeting

Thursday, November 10th, 4:00 pm - 6:00 pm

https://us02web.zoom.us/j/9178940335?pwd=R3VRY2t1TTN2SE52ZVcyTDhtbTEvdz09

Passcode: 20222023

Welcome/Intro/Moment of Silence — 4:00 pm

Patrick Baum, PC Chair

Review and Approve October 13, 2022 Minutes — 4:05 pm

Patrick Baum, PC Chair

Committee Reports and Agency Updates — 4:10 pm

Executive Cte, NRAC, SPEC, MNC, Consumer Cte, Agency Reps

Introduction to Service Categories - Overview of all Service Categories — 4:20 pm

Clare Killian and Claudia Cavanaugh, PCS

MA & Boston EMA Integrated HIV/AIDS Prevention & Care Plan Review — 5:20 pm

JSI

Announcements, Evaluation and Wrap-Up — 5:45pm

PCS and PC Chair

Meeting Adjourn — 6:00 pm

Planning Council Meeting
Thursday, October 13th, 2022
Zoom
4:00 - 6:00pm

Summary of Attendance

Members Present
Justin Alves
Daniel Amato
Adam Barrett
Stephen Batchelder
Patrick Baum
Cindi Bell
Lamar Brown-Noguera
Henry Cabrera
Barry Callis
Stephen Corbett
Sandra Custodio
Larry Day
Beth Gavin
Robert Giannasca
Amanda Hart
Melissa Hector
Darian Hendricks
Brian Holliday
Alison Kirchgasser
Wendy LeBlanc
Jordan Lefebvre
Kathy Lituri
Margaret Lombe
Allan McClendon
Keith Nolen
Ericka Olivera
Ethan Ouimet
Arielle Pierre
Mahara Pinheiro
Manuel Pires
Serena Rajabiun
Darren Sack
Mairead Skehan Gillis
Michael Swaney
Bryan Thomas
Catherine Weerts
Karen White
Kim Wilson
Tim Young

Members Excused
Nate Ross
Naika Williams
Melissa Hector

Members Absent
Joey Carlesimo
Damon Gaines
Jerome Hazen
Lorraine Jones
Luis Rosa

PCS
Claudia Cavanaugh
Clare Killian
Abiola Lawson
Clark Azubuike, Intern

BPHC Staff
Melanie Lopez
Eileen Merisola

Guests:
Roxy Dai

Topic A: Welcome and Introductions

Patrick Baum, Planning Council Chair, welcomed everyone, led a moment of silence, reviewed the ground rules and meeting agenda. He directed members to write questions in the chat or raise their hands. Claudia Cavanaugh, PCS led member roll call.

Topic B: Review Meeting Minutes

September 15th, 2022, minutes were reviewed.
Motion to Approve: Bryan Thomas
Second: Kimberly Wilson
Result: The minutes were approved. Online Poll: 86% Approve; 14% Abstain

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Topic C: Agency Updates

Members received the following agency updates:

Massachusetts Department of Public Health, Office of HIV/AIDS – Barry Callis

- The Integrated Prevention and Care Plan (IP 2.0) in draft - John Snow Institute (JSI) worked with advisory groups including members of the Planning Council since the spring to develop the Integrated Plan. It will be jointly submitted by DPH and BPHC. Draft is in review and working on edits in anticipation of having a meeting mid-November with Integrated Prevention and Care Committee.
- Per the feedback from the meeting on Sept. 12th to review core goals and objectives, there is a commitment to make sure the plan is grounded in a racial and health equity framework.
- The OHA is convening a short-term group of individuals interested in advising us on reducing disparities and improving access to the JYNNEOS vaccine (Monkeypox Vaccine) among gay, bisexual, and other men who have sex with men, transgender, gender non-conforming, or nonbinary people, particularly among BIPOC communities. Fosu8c will be on generating practical and creative strategies. Contact: Barry.Callis@Mass.Gov

NH Department of Health and Human Services, NH Care Program – Cindi Bell

- Cindi Bell will be leaving the NH CARE team and her role as ADAP Analyst and Acting Program Manager on October 20th to transfer to a clinical nurse manager role at DHHS. Therefore, she will step away as a member of the RW Planning Council. A new Program manager is scheduled to be on-boarded early November.
- NH CARE is still recruiting to fill vacancies for the following:
    - Oversight and Monitoring Coordinator
    - Enrollment Specialist

  Interest in these positions can be directed to Megan Heddy at Megan.S.Heddy@dhhs.nh.gov
- NH CARE is preparing for ACA Marketplace open enrollment which begins each year in November. NH CARE pays for ACA insurance premiums for clients of the Program.
- NH is working with JSI to complete the updated Integrated HIV Prevention and Care Plan, due in December. The workgroup held 4 sessions over the summer to gather stakeholder input on new goals and objectives that will guide DHHS in the coming years
- During the pandemic emergency, clients who are eligible for expanded NH Medicaid continue to access this coverage. Staff are watching notifications closely to determine when benefits for this group will end. Clients eligible for ACA insurance will be enrolled should they lose NH Medicaid coverage

Massachusetts Office of Medicaid (MassHealth) - Alison Kirchgasser
• Alison introduced herself as the representative to the Planning Council from the Massachusetts Office of Medicaid. She provides updates on the Massachusetts program which is the largest health insurer for PLWH and AIDS in Massachusetts.

On September 28, 2022 the Commonwealth of Massachusetts received approval for an extension of its MassHealth 1115 Demonstration "waiver", effective 10/1/22 through 12/31/2027. The waiver allows MassHealth to provide additional benefits and cover additional people than states are normally allowed to do in traditional Medicaid i.e. The CommonHealth Program for disabled individuals and special program for PWH whose income is over traditional Medicaid level are authorized under this waiver. The waiver is renewed every 3-5 years and includes initiatives to advance health equity and reduce disparities.

The five primary goals for this 1115 demonstration:
1. Continue the path of restructuring and re-affirm accountable, value-based care – increasing expectations for how ACOs improve care and trend management, and refining the model
2. Reform and invest in primary care, behavioral health, and pediatric care that expands access and moves the delivery system away from fee-for-service health care
3. Advance health equity, addressing health-related social needs and specific disparities
4. Sustainably support the Commonwealth's safety net, including increased funding for safety net providers, with a continued linkage to accountable care
5. Maintain near-universal coverage, including updates to eligibility policies to support coverage and equity:

MassHealth will hold a public meeting to discuss the recent approval by the Centers for Medicare and Medicaid Services (CMS) of the current MassHealth 1115 Demonstration on October . During this meeting MassHealth will also discuss the recently released annual report on the progress of delivery system reform and the Delivery System Reform Incentive Program (DSRIP) for calendar year 2020. Stakeholders will have an opportunity to ask questions.

For more information on the approval and the public meeting please visit: 1115 MassHealth Demonstration ("Waiver") | Mass.gov

BPHC Ryan White Services Division – Eileen Merisola
- New CQM Program Coordinator starts 10/31 and will be the SPEC Liaison.
- HRSA site visit is the week of 10/24.
- RWSD is preparing for sweeps and releasing EHE (Ending the HIV Epidemic) awards.

Topic D: Committee Updates

Planning Council leadership provided updates on their meetings that took place this month:

Executive Committee Meeting
- Reviewed evaluations & attendance
- Reviewed October PC agenda
- Meeting location discussion – Due to audio challenges with the hybrid meetings at the Old South Church, the Planning Council meetings will be virtual. NRAC and SPEC will remain hybrid. Members are encouraged to show up in person and to complete the attendance tracker.

SPEC

- Member spotlight intro and sign-up – Henry Cabrera did the member spotlight for October.
- Reviewed committee charge and workplan
- Reviewed FY23 Service Categories
- Vice-Chair nominations - Election to be held 11/3

MNC

- Reviewed committee charge & workplan
- Member update: Reviewed 22-23 Planning Council Slate
- Orientation evaluations
- Registered for Planning CHATT learning collaborative
- Mentorship planning
- Vice-Chair nominations - Election to be held 11/7

Consumer

- Robert Giannasca was elected as the committee chair and Tim Young was elected vice-chair
- Reviewed workplan and committee charge
- Had discussion on educational presentations e.g., Injectable HIV Medication. Members were asked to share any topics they would like to see presented
- Anti-Stigma Campaign – Creating an adhoc committee of folks interested in working with the anti-stigma video and working on potential events where the video can be shared along with panel discussions. Anyone on Planning Council is welcome to join the meeting. Next meeting will be before Planning Council next month at 2pm.

Questions/Comments:

- Are the meetings virtual for just the remainder of 2022 or for the remainder of the Planning Council year? There will be a few mandatory in-person meetings for the Planning Council meetings such as December for the Funding Streams Expo.

Action Item: PCS will send an email out with updates on the in-person meetings.

Topic E: Data & Decision Making

Claudia Cavanaugh, PCS Staff, led the group in a data and decision-making presentation. The presentation began with a brainstorming activity, where Council members were asked to think of 2-3 words that they think of when they hear the word data and type it into the chat. The responses were shared in a word cloud.

The goal of the presentation was to learn the importance of using data to make an informed, evidence-based decision. This is intended to support the Planning Council to better understand, use, and manage data for decision-making.

She reviewed the types of data (qualitative and quantitative) and examples of data sources used by the Planning Council including needs assessment data epi data of the EMA, spending and utilization data, performance data from quality improvement projects and focus group data.

Topic F: Demographic Overview of Part A Client Population

Sarah Kuruvilla, RWSD Clinical Quality Management Coordinator, presented the Demographic Overview of Part A Client Population for FY21-22.

Presentation Objectives:

- To provide a snapshot view of who the Boston EMA Ryan White Part A Program serves
- To share insight into FY 2021 demographics of the Part A population that helps contextualize planning and decision- making this planning cycle
- To familiarize Planning Council members with e2Boston data

Demographic Overview of Part A Clients

- Background information on e2Boston Data, purpose and utility and explanation of data measures
- Epidemiological Profile of Boston EMA for FY21 and FY22 (up to July 2022)
  - Diagnostic Information of Part A Clients
  - Gender of Part A Clients - Population of females have been increasing
  - Age Groups of Part A Clients
  - Race/Ethnicity of Part A Clients
  - Exposure Category of Part A Clients
  - Income of Part A Clients
  - Insurance Status of Part A Clients
  - Housing Status of Part A Clients
- HIV Care Continuum Among Newly Diagnosed Clients – Snapshots from diagnosis to Viral suppression
  - Linkage to care and retention is low so CQM team is working to understand why.
  - 60% of clients newly diagnosed with HIV have become virally suppressed within the same year
  - Viral Suppression by Race and Ethnicity, Exposure Category and by Housing/Living Arrangement
  - Majority of virally suppressed individuals are white and black non-Hispanic or LatinX. Majority identify heterosexual contact as exposure category and largest proportion are permanently housed at 88%. Data aligns with the overall makeup of the EMA
- More data on the demographics of PLWH in the entire Boston EMA will be presented later in the year.

Note – The Planning Council uses this date to understand who is impacted and allocate funds for healthcare and social services.

Questions/Comments:

- For housing, how do you classify the homeless population? Broken this down more specifically which is why there are multiple categories. It is per the discretion of the person entering the data and the way each agency assesses their clients. We have a breakdown of different types of temporary or transitional situations. If a client is completely unhoused or unsheltered typically people check off "Place not meant for human habitation".

- How do you define retention in care? Measure used by CDC and HRSA, medical visit frequency – 2 care engagements (medical visits, CD4 counts or viral load test) within at least 2 months in a given year. Note, this is a high standard as it is not necessarily needed by every PLWH, but it is part of the care continuum and with those critiques to note, still helpful to look at especially for newly diagnosed clients.
- Homelessness does not fit into the categories "Place not meant for human habitation" and transitional housing. Those terms are very stigmatizing to the homeless population. How were these terms

developed? The categorizations are commonly used ways of defining housing status, incorporated when E2Boston was created. Unfortunately, a lot of the federal language used are outdated – Both terms are language still used by HUD. There is potential for discussion on future categorizations but generally we maintain the categories to align with other data sets.

- Language Used – HRSA will categorize housing status as unstably housed (includes homeless), temporary and permanent. We might want to consider using these definitions.

- Can you explain the income levels, why is there an option for greater than 500%FPL? Eligibility criteria is for clients to be at or below 500% FPL. Greater than 500% might be due to a client's progress at a particular time. This category is constantly updated to monitor compliance.

- Does some of your data come directly from Mass HDAP? No. Have ability to see some of it in E2Boston. All data excludes Massachusetts HDAP data.

- Is the categorization of AIDS those who are currently in an AIDS diagnosis or have had an AIDS diagnosis at some time? Anyone who has ever had an AIDS diagnosis is listed as having an AIDS diagnosis and will stay reported that way.

- Have you done any overlay of information relative to understanding the transitional impact of clients as it compares to non-client HIV population?
  - For example, if I get an HIV diagnosis, is there an overlay of my income went from a specific level, how long am I staying as a Part A client and what's the trigger point that made me exit out as a client to normal stabilization. i.e., How do Part A clients compare to PLWH over 500% FPL not on Ryan White Services?
  - E2Boston only shows Part A clients, don't get to easily compare with general population. Not able to track individuals as the data is deidentified.
  - Clients have client codes within Part A agencies but don't have code for those not receiving Part A Services.
  - Has there been a look at the trigger points of entry into Ryan White and exit out so people can strategize what services keeps people more stabilized? Regular contract monitoring can get descriptive agency level information on successes and challenges with clients, but the database doesn't track reasons people are entering or exiting care or where the entry points are.

- This year, Social Security increase may put people over 500% of FPL. Concerned people may lose MassHealth coverage. Federal Poverty Level is $13, 590.

- Example of over 500% - If you are making over 500% of FPL, you could still qualify for Ryan White Dental if you had over 10% of your income out of pocket on medical expenses, you would be able to qualify for Ryan White Dental. Check Ryan White provider handbook for more information.

Topic G: Needs Assessment Update: Findings From 2022 Consumer and Provider Surveys

Clark Azubuike, Needs Assessment Intern, presented findings from the 2022 Needs Assessment Consumer and Provider Capacity and Capability Surveys. The presentation included the following:

- Methodology for Needs Assessment
- Consumer Survey Results
- Focus Group Discussion Results
- Provider Capacity and Capability Survey Results
- Limitations of the study and next steps

Copies of the survey result are posted on Basecamp.

Questions/Comments:

- Why not ask about relationship status (married, single) or had children? Not something typically considered in the past.

- Why did you think it's an important question or something that should be collected for future data collection?
  - For the slide that showed identification of sexual identity, heterosexual and gay population was large. Heard increase in HIV infection is higher with those having multiple sexual partners and identify as bisexual so fascinated bisexual classification wasn't higher.
  - Curious to know whether heterosexual populations are married or gay are partner populations, and whether people would identify if they had multiple partners in a relationship or not in a relationship, as it relates to getting to medication adherence and viral suppression.
  - Previous presentation showed correlation between housing stability and adherence and undetectability. Wondering if there is correlation with relationship status to allow for identification of services that help with the Care Continuum outcomes.
  - Additionally, the question on stigma, I wonder if single people or those in relationships feel a higher sense of stigma.

- Why were surveys sent to 95 individuals in 30 organizations? Sent to all staff members in the agencies to send out to contacts to share with their networks and clients to complete the survey.

- For seven-day noncompliance with medications, 90% WERE compliant with taking their HIV medications and 9% were non-compliant. In line with what we see clinically.

- For those administering intravenous, how are people going to track adherence and what's the impact if someone doesn't show up for their scheduled monthly injection? How do you measure impact of non-compliance and undetectability? Anecdotally, have patients who have developed resistance to the injectables because of the infrequency with which they were taking them. Think that is rare and works really well for most people who go on injectables. MSM who are IDUs might be a vulnerable group.

- If I miss injection by two weeks, would I then become detectable? Yes, see risk of resistance if people keep doing that, they start getting detectable viral loads and get re-exposed and treated with the drugs. Don't necessarily know the effect of that until we've been doing it longer.

- Have forms on E2Boston been updated to see if people have started taking injectables or oral medication? No, it doesn't track that

- Most people interested in nuances of data but be mindful of scope of what the Planning Council has a purview on (prioritizing services and allocating funds). Data might not be able to answer all the questions as it is limited. Might be a useful topic to explore in the Coffee Chat.

- Members shared their desire to continue conversations on people being served to understand risks, needs and realities, to the degree they align with the work that is legislatively mandated. Additionally, we should also make opportunities for people to learn.

- One piece that's important for example is the slide on seven-day compliance: If you're on injectables, you would answer no since you don't take pills. It also changes the importance of the office visit; you can still pick up pills without the office visit but would be a different case if you miss office visit for

injectables. It's an important concept to think about as we plan. Don't have enough people on injectables to see an impact on decisions we have to make but it could change the way we think about things.

Topic H: Announcements, Evaluation & Adjourn

PCS made the following announcements:

1. Meeting Update – Council and Consumer will be virtual, SPEC and NRAC remain hybrid
2. Attendance Tracker – Complete for NRAC and SPEC meetings. Tracker is sent with all reminders.
3. Staffing Update - The new PCS Program Manager, Clare Killian was introduced. Patrick thanked the PCS Consultants

Meeting to Adjourn
Motion: Bryan Thomas
Second: Margaret Lombe
Result: The meeting was adjourned

Boston EMA Planning Council

Nov 10, 2022

Chair: Patrick Baum

Chair-Elect: Darren Sack

Moment of Silence

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.

Attendance & Roll Call

State “present” when you hear your name called for the record

Ground Rules & Etiquette

Be on time
No side conversations
Silence your cell phones
Remember that presenters represent agencies - no personal attacks
Participate!
Ask questions regarding information, rather than assuming where someone is coming from
Be respectful
Respect the option for presenters to come back with additional information or answers
Agree to disagree
Ask questions or use the 'Parking Lot' (chat your questions!) - PCS or Exec will get back to you!
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

Meeting Agenda

Review and Approve October 13th Meeting Minutes
Patrick Baum

Committee Reports and Agency Updates
Committee/Agency Reps

Introduction to Service Categories - Overview of all Service Categories
PCS

MA & Boston EMA Integrated HIV/AIDS Prevention & Care Plan Review
JSI

Announcements, Evaluation and Wrap-Up
Patrick Baum

Review & Approve Minutes

Steps in approving minutes:
- Review minutes
- Make a first and second motion to approve minutes
- Vote via Zoom poll

All in Favor: Yes, I approve the minutes
Opposed: No, I do not approve the minutes
Abstention: Decline to vote

October 13th, 2022

Agency Updates

Mayoral Liaison to the Ryan White Planning Council
Melissa Hector

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

NH Department of Health and Human Services, NH Care Program

MA Office of Medicaid
Alison Kirchgasser

Boston Public Health Commission
Eileen Merisola

Subcommittee Updates

Executive Committee

Bylaws Revision Working Group meeting time decision: November 21, 1 PM – 2 PM

Review of meeting facilitation recommendations and points for improvement

SPEC

Chair – Margaret Lombe

Vice Chair was elected – Henry Cabrera!

Service Standards working group created and Doodle Poll sent out to determine meeting time

Service Categories Deep Dive #1

NRAC

Chair – Catherine Weerts

Review of 2021-2022 YER Recommendations and 2022-2023 workplan

Vice Chair was elected – Joey Carlesimo!

Needs Assessment Debrief

MNC

Chair – Michael Swaney

Review of recruitment materials

Recruitment event brainstorming

Vice Chair was elected – Bryan Thomas!

Consumer Committee

Chair – Robert Giannasca

Anti-stigma ad hoc working groups to begin meeting every other month starting Nov. 10

Dec. 8th – Transgender Health and HIV Education Presentation

Service Categories Overview

Let's play Service Categories Jeopardy!

We will put you into break out groups. You will have about 8 minutes at the beginning to discuss an icebreaker and a few extra credit questions.

We will then play the game!

- Each team will have a chance to choose and answer a question. When a team is playing, only members of that team can answer the question! PCS will guide you!
- Raise your hand either on video or using the raise hand function to be called on.
- Remember, in Jeopardy, you will be given a statement or definition and you must respond in the form of a question with what that statement is referring to.
    - For example – the question may be "a season when it usually snows" and the answer would be "what is winter?"

Jeopardy categories:

MAI Core Funded Core Non-Funded Support Funded Support Non-Funded

Jeopardy Teams

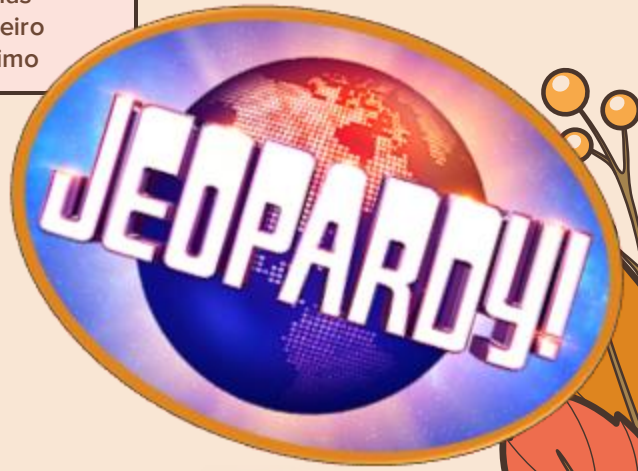
Team 1
Margaret Lombe
Ericka Olivera
Allan McClendon
Damon Gaines
Stephen Corbett
Jerome Hazen
Stephen Batchelder
Luis Rosa
Jordan Lefebvre

Team 2
Kathy Lituri
Lamar Brown-Noguera
Naika Williams
Beth Gavin
Sandra Custodio
Allison Kirchgasser
Brian Holliday
Larry Day
Keith Nolen

Team 3
Catherine Weerts
Justin Alves
Henry Cabrera
Daniel Amato
Tim Young
Michael Swaney
Bryan Thomas
Mahara Pinheiro
Joey Carlesimo

Team 4
Darren Sack
Cindi Bell
Kim Wilson
Darian Hendricks
Barry Callis
Ethan Oiumet
Amanda Hart
Karen White
Manuel Pires

Team 5
Robert Giannasca
Adam Barrett
Wendy LeBlanc
Lorraine Jones
Arielle Pierre
Nate Ross
Patrick Baum
Serena Rajabiun
Mairead Skehan Gillis



BREAKOUT GROUP INTRO QUESTIONS

Icebreaker: Find 2 things everyone on your team has in common

Question #1: For the 2022-2023 planning council year, what are the 2 subcommittees that are meeting on a hybrid schedule, a.k.a., in person at Old South Church with an option to join on Zoom?

Question #2: True or False: During the priority setting process that takes place in the Spring, planning council members will prioritize and rank all 28 service categories.

> **-Bonus Points (+100)**: What is the purpose and benefit of prioritizing all 28 service categories, rather than just the service categories that are funded?

Question #3: What is the difference between a Core Service and a Support Service?

Team Leaders: Be prepared to share answers with the group when we return!

BREAKOUT GROUP EXIT QUESTIONS

Question # 1: What is something you learned about a service category or the prioritization process that you didn't know before?

Question #2: Are there any service categories that you're still confused about or want more information on?

Question #3: What is something you're grateful for?

Team Leaders: Be prepared to share answers with the group when we return!

MA-Boston IP 2.0
Boston EMA Planning Council Concurrence Mtg
Nov 10, 2022

ta4si
TECHNICAL ASSISTANCE FOR SERVICE INTEGRATION

JSI RESEARCH & TRAINING INSTITUTE, INC.

Agenda for Today

- Presentation
  - Introducing the issues by pillar
  - Re-orient participants to relevant background information
  - Support healthy discussion
  - Ensure that the group addresses key questions
- Review decision making process
  - Letter of concurrence vs. letter of concurrence with reservations
  - Describe process for reaching consensus
  - Ask people to signal whether they agree or disagree
  - If you don’t have consensus, go back to earlier stage of process

Strategy: Diagnose

- Move the MA-Boston HIV System to a 100% Status Neutral Approach
- Expand Syndemic Approach to Diagnosis of HIV/all Infectious Diseases to 100% of funded providers
- Ensure equitable access to HIV testing/counseling services by sexual and racial/ethnic people made vulnerable to HIV
- Ensure equitable access to HIV testing/counseling among the different geographic areas across the State and the EMA

Strategy: Diagnose (continued)

- Consult with stakeholders about the need for and rare use of rapid HIV testing
- Increase access to testing for individuals lacking medical and personal homes
- By 2026, achieve a reduction in the proportion of cases reported to Massachusetts HIV Surveillance Program with No Identified Risk (NIR), from 30% to 15% of all reported cases.

Strategy: Treat - Improve Health Outcomes for People with HIV

- Build upon the EHE effort to boost the "Rapid Start" model with a goal of making it universal
- Increase access to housing, behavioral health services to support linkage to and maintenance in care through
  - Expansion of culturally competent/multi-lingual MH services
  - Increase low-threshold housing for transgender, nonbinary and gender expansive people
  - Increase MH training for CHWs
  - Increase MH services at SSPs

Strategy: Treat - Improve Health Outcomes for People with HIV

- Increase cultural awareness, responsiveness, and humility to support linkage to and maintenance in care
  - For people aging with HIV (age 50 and older)
  - For transgender, nonbinary and gender expansive people with HIV
- By 2026, improve rates of viral suppression by 10% for all people with HIV
- By 2026, eliminate disparities in viral suppression rates between non-white and white (non-Hispanic) people
- Increase peer support services for people with HIV

Strategy: Prevent - Reduce number of new HIV infections and increase HIV awareness

- Increase PrEP uptake by 15%
- Increase targeted prevention efforts through increased assessments and partnerships
  - Acuity scale
  - Partner with black community organizations
  - Reduce risk for women who have sex with non-gay/bi identified MSM

Strategy: Prevent - Reduce number of new HIV infections and increase HIV awareness

- Develop and conduct HIV prevention education campaigns to increase HIV awareness and reduce stigma
  - Work with AYA, Boston Public Schools, School-based HCs
  - Pool resources to support prevention activity on dating sites
  - Continue to promote "Someone You Know and Love" video
- Develop widely accessible resources to improve access to information about prevention and other HIV services

Strategy: Respond - Improve HIV Respond Functions through Systems Strengthening

- Implement and improve upon cluster and outbreak detection and response plans
- Conduct assessments to create, improve, and monitor data sources to anticipate needs of populations vulnerable to outbreaks
    - Transgender, nonbinary and gender expansive people in MA, Black people, Native Americans, and at-risk women

Strategy: Respond - Improve HIV Respond Functions through Systems Strengthening

- Strengthen response function at community level and in rural areas
- Increase equity in response to outbreaks by reducing structural racism and strengthening programs that address social determinants of health
    - Strengthen protections associated with use of molecular surveillance

Strategy: Workforce - Strengthen and expand HIV workforce

- Increase HIV workforce participation and satisfaction through various strategies
  - Re-establish provider networks for support, knowledge exchange, and better care coordination through strategies like "Communities of Practice”
- Increase racial and ethnic equity in the HIV workforce
- Increase equity in the HIV workforce for the transgender, nonbinary and gender expansive communities

Next Steps for this “living document”

- Amending the plan
  - Ryan White Services Division staff will work with the Planning Council going forward to consider the Integrated HIV Prevention and Care Plan 2022-2026 at an agreed upon schedule
  - Look at what’s working, what’s not, what to change
  - Updates based on those discussions

Announcements!

Stay safe during the holidays!

BPHC Home for the Holidays COVID-19 Safety

World AIDS Day Videos

Don't forget to send us your videos or paragraphs: What does World AIDS Day mean to you?

Consumer Education Presentation

Our first Consumer Committee presentation is on Dec. 8th, and we will be learning about Transgender Health and HIV! We'd love to see everyone there.

Community Servings Volunteer Opportunity

Want to volunteer with us at Community Servings? Look out for a form or scan this QR code to sign up!

Next Month: Funding Streams Expo

In person at Old South Church on Dec. 8th!

Anti-Stigma Ad Hoc Group

Every other month, starting this month, we will have our Anti-Stigma Ad Hoc Group meeting. Join us to work on the Anti-Stigma Campaign and outreach!

Meeting Evaluation and Adjourn!