



Meeting Agenda - Thursday, December 8th, 2022

Location: **In Person at Old South Church**

Meeting Focus

- Funding Streams Expo! Join us for an in-person meeting at Old South Church to learn more about the Funding Streams.

Agenda Topic	Time Frame
1. Welcome and Moment of Silence <i>Patrick Baum, Chair</i>	4:00pm – 4:05pm
2. Review Meeting Agenda & Approval of November 10, 2022 Meeting Minutes <i>Patrick Baum, Chair</i>	4:05pm – 4:10pm
3. Agency Representative Updates & Committee Reports <i>-Office of Medicaid; New Hampshire Department of Health and Human Services; Massachusetts Department of Public Health; Mayor’s Office; Boston Public Health Commission</i> <i>-PC and Subcommittee Leadership</i>	4:10pm – 4:25pm
4. Funding Streams Expo <i>Planning Council Support & Guests</i>	4:25pm – 5:40pm
5. Report Back and Q&A <i>PCS Staff</i>	5:40pm – 5:55pm
6. Evaluations and Adjourn <i>Patrick Baum, Chair</i>	5:55pm – 6:00pm



Planning Council Meeting
Thursday, December 8, 2022
Old South Church
4-6 PM

Summary of Attendance

Members Present

Daniel Amato
Patrick Baum
Lamar Brown-Noguera
Henry Cabrera
Barry Callis
Stephen Corbett
Damon Gaines
Beth Gavin
Robert Giannasca
Amanda Hart
Brian Holliday
Allison Kirchgasser
Wendy LeBlanc
Kathy Lituri
Allan McClendon
Nate Ross
Darren Sack
Mariead Skehan Hillis
Michael Swaney
Bryan Thomas
Catherine Weerts
Karen White
Naika Williams
Kim Wilson
Tim Young

Members Excused

Justin Alves

Jordan Lefebvre
Margaret Lombe
Ericka Olivera
Ethan Ouimet
Manuel Pires
Serena Rajabiun

Members Absent

Adam Barrett
Stephen Batchelder
Joey Carlesimo
Sandra Custodio
Larry Day
Jerome Hazen
Melissa Hector
Darian Hendricks
Lorraine Jones
Keith Nolan
Arielle Pierre
Mahara Pinheiro
Luis Rosa

Staff

Claudia Cavanaugh
Clare Killian
Beth Williams

Guests

Topic A: Welcome and Introductions

The Chair of the Planning Council called the meeting to order and led a moment of silence. PCS team took roll call and introduced the new PCS intern.

Topic B: Review Meeting Minutes

Motion to Approve: Bryan Thomas

Second: Wendy LeBlanc

Result: The meeting minutes were approved (100% approved).

Topic C: Funding Streams Expo

PCS and the Chair introduced the Funding Streams Expo, how it would run and then separated members into teams for the activity. Each team had a scenario of a client situation. Teams rotated between each table that represented a different type of funding that provides social and medical services, including Medicaid, HOPWA, State of MA & NH, and Ryan White Parts A, B, C, D & F. After all teams went through the various funding stream tables, the group came back together to discuss what was talked about, what they learned, etcetera.

Topic D: Debrief from the Expo

What was learned:

- There are a lot of resources available
- Case management is very important
- Learned more about HOPWA
 - o Prioritizes people who are unhoused
 - o Helps with undocumented finance
- Learned part C and D separate people by gender
- Resources for undocumented individuals

Topic E: Announcements, Evaluation & Adjourn

Announcements about upcoming Planning Council meetings and the Community Servings volunteer event on December 22nd.

Meeting to Adjourn

Motion: Bryan Thomas

Second: Henry Cabrera

Result: The meeting was adjourned at 5:40 pm



Funding Streams Expo

December 8, 2022

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Expositors

Ryan White Part A

Eileen Merisola & Melanie Lopez
Division Director & Senior Program Manager
Ryan White Services Division
Boston Public Health Commission (BPHC)

Ryan White Part B (Massachusetts)

Barry Callis
Director of Behavioral Health & Infectious Disease
Prevention
Office of HIV/AIDS
Bureau of Infectious Disease
Massachusetts Department of Public Health

Ryan White Part B (New Hampshire)

Megan Heddy & Yvette Perron
Section Chief, Infectious Disease Prevention,
Investigation & Care Services & Program Manager
NH Department of Health & Human Services

Ryan White Part C (Massachusetts)

Michael Swaney, RN
Quality Nurse Data Manager
Family Health Center

Ryan White Part C & D (New Hampshire)

Ashley Romeo
Program Manager, HIV Program
Infectious Disease & International Health
Dartmouth Hitchcock Medical Center and Clinics
Presenting virtually

Ryan White Part F (NEAETC)

Amanda Hart
Program Manager
New England AIDS Education & Training Center
AccessHealth MA (formerly Community Research
Initiative)

Ryan White Part F (Dental)

Kathy Lituri
Oral Health Promotion Director
Henry M. Goldman School of Dental Medicine
Boston University

Medicaid (Massachusetts)

Alison Kirchgasser
Director of Federal Policy Implementation and CHIP
Massachusetts Office of Medicaid (MassHealth)

Housing Opportunities for People With AIDS (HOPWA) New Hampshire

Wendy LeBlanc
Director of HIV Services
Harbor Care

Housing Opportunities for People With AIDS (HOPWA) City of Boston

Tom Lane
Assistant Director
Mayor's Office of Housing



Ryan White Part A

What Does Part A Do?

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.

Funded Core Services	Funded Support Services
AIDS Drug Assistance Program (ADAP) Medical Case Management Medical Nutrition Therapy Oral Health Care	Emergency Financial Assistance Food Bank/Home-delivered Meals Health Education/Risk Reduction Housing Services Linguistic services Medical Nutrition Therapy Medical Transportation Services Non-medical Case Management Other Professional services Psychosocial Support Services

Number of Agencies/Programs Funded

32

Number of People Living with HIV (PLWH) who Accessed Funded Services

In FY22, the Boston EMA served 4354 unduplicated clients as of October 2022.

Geographic Areas Covered by Funding

The Boston EMA

MA : Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester

NH: Hillsborough, Rockingham, and Strafford

Impact of COVID-19

Agencies have been impacted by COVID-19 in a variety of ways, including:

- ❖ Access to care and service delivery systems across the Boston EMA have been impacted because of evolving agency clinical and programmatic shifts.
 - During the first three months of the COVID-19 pandemic, many of the services provided by funded agencies under normal circumstances shifted their focus to COVID-19 patients, leaving many individuals struggling with safely accessing healthcare services.
 - The burdens on physical, emotional, and social well-being associated with COVID-19 also interfered with the delivery of effective healthcare and access to HIV treatment during the beginning of the pandemic, especially for minority PLWH. Some of the most common barriers encountered included:
 - client engagement and outreach;
 - lack of telehealth policies;

- lack of protocols and equipment;
- shutdown of dental clinics;
- difficulty filling staff vacancies;
- increased demands for food, housing, mental health/psychosocial support;
- challenges with provider access to personal protective equipment (PPE);
- and a lack of client access to internet, phones, computers/tablets, as well as health insurance supports.
- A rise in unemployment rates combined with a significant need for food, housing, transportation, and legal services also resulted in additional barriers to care for clients across the EMA.
- ❖ Despite the various challenges faced during the COVID-19 public health emergency, Ryan White funded agencies have quickly innovated and adapted to ensure continuity of services and the safety of staff and clients through the development of new models to support access to care while also protecting the safety of clients and staff.
- ❖ CARES Act funding has also provided an opportunity for the Boston Public Health Commission to assist funded agencies with additional investments in telehealth infrastructure, enhanced safety measures, and increased access to critical services for which there is an increased demand.
- ❖ Additional ways that COVID-19 have impacted agencies include the following:
 - Health Insurance: Due to the ongoing COVID-19 public health emergency, both public and private insurers have had to respond quickly to concerns around loss of insurance coverage from unemployment, loss of income, inability to update eligibility paperwork, and other circumstances.
 - Substance use: Among people who use intravenous drugs, the pandemic has been noted as a stressor that may result in behavior that increases vulnerability to HIV infection.
 - Communities that have been marginalized: COVID-19 has had a disproportionate effect on groups that are already marginalized, both in terms of increased infection rates and secondary economic and emotional well-being effects. The volatility of the ongoing situation has also created unique challenges in delivering a consistently high quality of care and in emphasizing routine HIV prevention, testing, and care services.
 - Funded agencies: Operations of many of the community-based organizations and funded recipients that serve these priority populations have been severely disrupted.
 - Multiple agencies have reported an increase in relapse this fiscal year.

Gaps in Services for Planning Council to Consider

- ❖ The public health sector has faced staff shortages across the board. Agencies have reported ongoing vacancies which has led to some underspending and existing staff being spread thin.
 - Some agencies have shared that during exit interviews some staff have resigned due to lack of training and mental health support.
- ❖ Agencies continue to operate on a hybrid model with some agencies reporting more clients coming in person for services.
 - All still offer telehealth options.

**Boston EMA Ryan White Planning Council
Funding Streams Expo – December 8, 2022**



Ryan White Part B

What Does Part B Do?

Part B provides funding to all 50 states, the District of Columbia, and several 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 ensures direct access to needed medications.

Core Services	Support Services
AIDS Drug Assistance Program	Food Bank/Home-delivered Meals
Early Intervention Services	Housing Services
Health Insurance Premium/ Cost-Sharing Assistance	Legal Services
Home Health Care	Medical Transportation Services
Medical Case Management	Psychosocial Support Services
Mental Health Services	
Oral Health Care	
Outpatient/Ambulatory Medical Care	
Substance Abuse Services – Outpatient	

Number of Agencies/Programs Funded

MA: Data not available

NH: 1, NH CARE Program

Number of People Living with HIV (PLWH) who Accessed Funded Services

MA: Data not available

NH: Approximately 650 PLWH

Geographic Areas Covered by Funding

MA: Commonwealth of Massachusetts

NH: Statewide

Impact of COVID-19

MA: Data not available

NH: During the pandemic, there has been an increase in the number of clients and non-HIV related medical expenses. Therefore, we have to reprioritize our funding capabilities to identify what we can afford to cover for clients. There also have been more outpatient procedures (knee and hip replacements), which has higher cost for the NH CARE Program.

Gaps in Services for Planning Council to Consider

MA: Data not available

NH: The cost of Cabenuva, gaps in oral healthcare due to provider shortages

**Boston EMA Ryan White Planning Council
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Ryan White Part C

What Does Part C Do?

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, such as ambulatory medical clinics. Part C also funds planning grants, which help organizations more effectively deliver HIV/AIDS care and services.

Core Services	Support Services
Early Intervention Services Medical Case Management Medical Nutrition Therapy Mental Health Services Oral Health Care Outpatient/Ambulatory Medical Care Substance Abuse Services – Outpatient	Health Education/Risk Reduction Legal Services Linguistic Services Medical Transportation Services Non-Medical Case Management Outreach Services Psychosocial Support Services Referral for Health Care/Supportive Services Treatment Adherence Counseling

Note: Dartmouth-Hitchcock receives both Ryan White Part C and Part D funding.

Number of Agencies/Programs Funded

MA: 14,

- ❖ Family Health Center Worcester funds one other Community Health Center in the city of Worcester. In addition to FHCW, University of Massachusetts Medical School in Central MA receives part C funding. Additionally, there was one recipient award for Part C Capacity Development Awards totaling \$150,000.

NH: 1, Dartmouth-Hitchcock Medical Center and Clinics, HIV Program

Number of People Living with HIV (PLWH) who Accessed Funded Services

MA: Approximately 440

NH: Approximately 867

Geographic Areas Covered by Funding

MA: Commonwealth of Massachusetts

NH: All of NH and Eastern Border of VT

Impact of COVID-19

COVID-19 impacted this part positively, by enabling agencies to increase pharmacy services, patient education and provide protective equipment such as masks, gloves, shields and testing kits. It also expanded telehealth enabling agencies to meet people where they were throughout the pandemic.

Gaps in Services for Planning Council to Consider

MA: None at the moment

NH: Dental

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Ryan White Part D

What Does Part D Do?

Part D funding provides family centered outpatient care and support services for women, infants, children, and youth living with HIV/AIDS.

Core Services	Support Services
Early Intervention Services Medical Case Management Mental Health Services Oral Health Care Outpatient/Ambulatory Medical Care	Emergency Financial Assistance Food Bank/Home-delivered Meals Health Education/Risk Reduction Medical Transportation Services Non-medical Case Management Outreach Services Psychosocial Support Services

Dartmouth-Hitchcock receives both Ryan White Part C and Part D funding.

Number of Agencies/Programs Funded

MA: Data not available

NH: 1, Dartmouth-Hitchcock Medical Center and Clinics, HIV Program

Number of People Living With HIV (PLWH) who Accessed Funded Services

MA: Data not available

NH: Approximately 867

Geographic Areas Covered by Funding

MA: Data not available

NH: All of NH and Vermont

COVID-19 Impact

MA: Data not available

NH: To our knowledge, funding was not significantly impacted, however general workflow has slowed down due to staffing issues caused by the pandemic.

Gaps in Services for Planning Council to Consider

MA: Data not available

NH: Behavioral Health, Consumer Transportation, Food and Nutrition, Dental



Ryan White Part F

What Does Part F Do?

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.

- ❖ The AIDS Education and Training Centers (AETC): This program supports education and training of health care providers through a network of 8 regional and four national centers.

Boston EMA: The New England AIDS Education and Training Center (NEAETC), established in 1988, is one of eight Regional Education Centers, and four National Centers, funded by the Health Resources Services Administration (HRSA) (Ryan White Part F), and sponsored regionally by the University of Massachusetts Medical School (UMMS). NEAETC covers the 6 New England states – MA, CT, RI, NH, VT & ME.

- ❖ Minority AIDS Initiative (MAI): It was established to improve access to HIV/AIDS care and health outcomes for disproportionately affected minority populations.

Boston EMA: Ryan White Part A (BPHC) and Part B (MDPH) receive MAI funds. BPHC uses MAI funds for Medical Case Management and Psychosocial Support (Peer Support).

- ❖ The Special Projects of National Significance (SPNS): This program supports the demonstration and evaluation of innovative models of care delivery for hard-to-reach populations. SPNS also provides funds to help grantees develop standard electronic client information data systems.
- ❖ The HIV/AIDS Dental Reimbursement Program: This program reimburses dental schools, hospitals with postdoctoral dental education programs, and community colleges with dental hygiene programs for a portion of uncompensated costs incurred in providing oral health treatment to patients with HIV disease.

Boston EMA: There are three dental schools in Massachusetts that receive Part F funding to provide dental services, these schools are: Boston University Henry M. Goldman School of Dental Medicine, Harvard School of Dental Medicine, Tufts University School of Dental Medicine. These dental schools are not restricted to a specific geographic area. Boston University also receives Part F money for a community-based clinic in Holyoke (outside of the EMA).

Core Services
Oral Health Care

The New England AIDS Education and Training Center (NEAETC)

MISSION AND OVERVIEW

The New England AIDS Education and Training Center (NEAETC), established in 1988, is one of eight Regional Education Centers, and four National Centers, funded by the Health Resources Services Administration (HRSA) (Ryan White Part F), and sponsored regionally by the University of Massachusetts Medical School (UMMS). The goal of our program is to provide education, skills building and clinical mentoring opportunities for providers addressing effective counseling, diagnosis, treatment and care management of people with HIV or AIDS, as well as to promote prevention strategies. The project serves Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont. The NEAETC offers programs in collaboration with community health centers, Ryan White affiliates, hospitals and medical centers, state and local health departments, AIDS service organizations, medical, nursing, dental, osteopathic schools, and other community agencies.

The vision of the NEAETC is to improve the quality of HIV care by expanding provider workforce and facilitating skills development to counsel, diagnose, and provide state-of-the-art treatment, management of care and to facilitate prevention of activity that may lead to transmission of HIV.

CLINICAL CONSULTATION

NEAETC offers multiple levels of training including:

1. Didactic presentations/lectures/online programs
2. Participatory skills building workshops
3. Clinical training and clinical mentorship
4. Group/individual clinical consultation
5. Technical assistance/capacity building

The emphasis is on education and clinical consultation utilizing the expertise of a diverse HIV positive resource faculty and a seasoned HIV expert faculty. NEAETC also provides technical assistance to a variety of universities, organizations, agencies and individuals. The clinical mentorship and support components are critical to the success of NEAETC and the retention and quality of workforce in the region is the goal.

STATE OF THE ART INFORMATION

NEAETC provides translation of HIV research and information dissemination to include:

1. The most recent HIV clinical guidelines
2. State-of-the-art HIV science
3. Current co-morbidity management and HIV care across the HIV Continuum of Care

EDUCATION AND SKILLS BUILDING

NEAETC provides educational opportunities to a broad range of providers throughout New England, including short and long-term clinical preceptorships to all providers who practice in the following sites: Community Health Centers, Emergency/Urgent Care facilities, Labor & Delivery Departments, Primary Care/Ambulatory offices and HIV clinics/agencies (list not exclusive). All minority providers and providers serving minority populations are a major focus of NEAETC educational programming.

PARTNERSHIPS

Partnerships are critical to the success of the program. Key partners also include the Centers for Disease Control and Prevention (CDC) and the Federal Trainings Centers Collaborative (FTCC). These partnerships inform the NEAETC on information and practice regarding tuberculosis (TB), Hepatitis A, B, C, HIV Testing Best Practice, Alcohol and Drug related issues, Reproductive Health, and Prevention.

HIV INTERPROFESSIONAL EDUCATION PROJECT (IPE)

NEAETC is partnering with Beth Israel Deaconess Medical Center's (BIDMC's) residency program in conjunction with Fenway Health to create an internal medicine primary training program for physicians

and partnering with the Massachusetts General Hospital Institute of Healthcare Professions (MGHIHP) to create an NP training program. The IPE Project incorporates hands-on clinical learning opportunities for students and faculty to reflect on various learning activities. The IPE project includes integrated didactic coursework and mentorship. Students who complete the IPE Project are encouraged to obtain HIV-focused professional certification.

Outcomes for the IPE Project: Health care practitioners will be able to:

1. Provide for the diagnosis, care and treatment of people with HIV or AIDS as part of an interprofessional health care team; and
2. Integrate their unique professional role into a compassionate and patient-centered HIV model of care.

PRACTICE TRANSFORMATION PROJECT (PTP)

The PTP is a comprehensive longitudinal training approach incorporating multiple exposures, in a variety of mediums that will result in a high-functioning organization that provides high quality, comprehensive care and treatment to people with HIV or AIDS. For this project, NEAETC is partnering with several of its Regional Partner sites, key faculty and community health centers in New England. The purpose of the PTP is to transform clinical practice in alignment with the goals of the National HIV/AIDS Strategy and as measured by progress along the HIV Care Continuum.

Answers below have been provided by NEAETC:

Number of Agencies/Programs Funded

We currently fund 9 in New England.

Number of People Living with HIV (PLWH) who Accessed Funded Services

We do not collect this type of data for our HRSA Cooperative Agreement – we collect data on the health care providers we provide training and TA to.

Geographic Areas Covered by Funding

6 New England states are funded by NEAETC, including New Hampshire, Massachusetts, Rhode Island, Connecticut, Maine and Vermont.

Impact of COVID-19

NEAETC has been impacted in the following ways:

- ❖ Generally, bandwidth for training decreased and we had to pivot and get creative. Bandwidth has improved but only marginally as new variants bring cases back up intermittently.
- ❖ In-person activities were cancelled, postponed, and/or transitioned to virtual platforms.
 - Initially, virtual programs had very high attendance, but as available webinar trainings increased, burnout has also increased, and those numbers have leveled off
 - We have returned to in-person trainings as able, attendance has not returned to pre-pandemic levels
- ❖ Clinical and ancillary staff at CHCs needed to provide direct care and monitoring activities related to COVID-19 as a priority. Since the pandemic, providers participating in NEAETC activities, especially those related to EHE and PT, reported that HIV testing decreased, patients with STI symptoms needing evaluation and treatment increased, and PrEP initiation and refills decreased.

Gaps in Services for Planning Council to Consider

Mental Health services, Substance Use Disorder services and Care Navigation services



Medicaid

What is 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 then 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 ACA. <http://www.cms.gov/>

- **MA Medicaid:** MA Medicaid (MassHealth) is the state’s contribution to the Medicaid program. <http://www.mass.gov/eohhs/gov/departments/masshealth/>
- **NH Medicaid:** It is the state’s contribution to the Medicaid program. <http://www.dhhs.nh.gov/ombp/medicaid/>

Core Services	Support Services
Home & Community-based Health Services Home Health Care Hospice Services Medical Case Management Mental Health Services Oral Health Care Outpatient/Ambulatory Medical Care Substance Abuse Services – Outpatient	Medical Transportation Services Rehabilitation Services

Number of Agencies/Programs Funded

MA: MassHealth is only one agency. MassHealth services are funded by a combination of state and federal funds.

NH: N/A

Number of People Living with HIV (PLWH) who Accessed Funded Services

MA: Approximately 27,484 in the MA EMA counties

NH: N/A

Geographic Areas Covered by Funding

MA: Statewide

NH: Statewide

Impact of COVID-19

MA: Yes, and MassHealth has made several temporary policy changes in response to COVID-19. For example, with a few exceptions, MassHealth did not terminate any Medicaid members during the public health emergency period and is allowing all services to be provided through telehealth if clinically appropriate to do so.

Gaps in Services for Planning Council to Consider

MA: While MassHealth provides coverage for comprehensive medical services, it generally doesn't cover several support services such as Housing or Other Professional Services (Legal).

**Boston EMA Ryan White Planning Council
Funding Streams Expo – December 8, 2022**



HOPWA

What is HOPWA?

The Housing Opportunities for Persons With AIDS (HOPWA) Program is the only Federal program that provides housing assistance and supportive services for low-income 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 housing assistance 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.

<https://www.hudexchange.info/hopwa/>

Core Services	Support Services
Medical Case Management (MA and NH) Mental Health Services (MA and NH) Substance Abuse Services – Outpatient (MA and NH)	Emergency Financial Assistance (MA and NH) Employment Services* (MA and NH) Food Bank/Home-delivered Meals (MA) Health Education/Risk Reduction (MA) Housing Services (MA and NH) Linguistic Services (NH) Medical Transportation Services (MA and NH) Non-medical Case Management (MA) Referral for Health Care/ Supportive Services (MA and NH) Substance Abuse Services – Residential (MA)

**This is not a HRSA service category, however these services are provided under HOPWA grants in NH and MA.*

Number of Agencies/Programs Funded

MA: 5 agencies and 8 programs

- ❖ Fenway Health/AIDS Action of Massachusetts, Metro Housing Boston. Commonwealth Land Trust. Father Bill’s MainSpring, Justice Resource Institute

NH: Southern NH HIV/AIDS Task Force

Number of People Living with HIV (PLWH) who Accessed Funded Services

MA:

- ❖ Provided tenant based rental assistance to 87 HOPWA households
- ❖ Provided short term rental assistance and startup costs to 98 at-risk households
- ❖ Stabilized the tenancies of 333 households through housing related supportive services
- ❖ Assisted 322 households with housing information and search
- ❖ Overall, provided HOPWA assistance to 840 households

NH: Approximately 45 households currently receiving tenant based rental assistance long term housing vouchers and about 100 served through supportive services

Geographic Areas Covered by Funding

MA: Suffolk, Plymouth and Norfolk counties

NH: Harbor Care – 3 towns in Rockingham county and Southern Hillsborough county

Impact of COVID-19

COVID-19 created a lot of challenges but we also got lots of other funds to help with client needs such as groceries and extra transportation services through CARES Act funds.

Gaps in Services for Planning Council to Consider

None at the moment

**Boston EMA Ryan White Planning Council
Funding Streams Expo – December 8, 2022**



SAMHSA

What is SAMHSA?

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA funding supports a wide variety of mental health and substance use disorder treatment programs for PLWH. These funds are administered by the MA Bureau of Substance Abuse Services (BSAS) in Massachusetts and the Bureau of Drug and Alcohol Services (BDAS) in the State of New Hampshire.

- The Massachusetts Bureau of Substance Abuse Services (BSAS) oversees the substance abuse and gambling prevention and treatment services in the Commonwealth. Responsibilities include: licensing programs and counselors; funding and monitoring prevention and treatment services; providing access to treatment for the indigent and uninsured; developing and implementing policies and programs; and tracking substance abuse trends in the state.
- The Bureau of Drug and Alcohol Services (BDAS) is part of the New Hampshire Department of Health and Human Services (DHHS), Division of Community Based Care Services (DCBCS). Also included in this Division are the Bureaus of Behavioral Health, Developmental Services, and Elderly and Adult Services, as well as the New Hampshire Hospital (acute psychiatric services).

Core Services	Support Services
Substance Abuse Services – Outpatient	Non-medical Case Management Psychosocial Support Services Substance Abuse Services – Residential

Number of Agencies/Programs Funded

MA: Data not available

NH: Data not available

Geographic Areas Covered by Funding

MA: Commonwealth of Massachusetts

NH: Statewide

The New Hampshire Bureau of Drug and Alcohol Services

Description of Organization:

The Bureau of Drug and Alcohol Services (BDAS) is part of the New Hampshire Department of Health and Human Services (DHHS), Division of Community Based Care Services (DCBCS). Included in this Division are the Bureaus of Behavioral Health, Developmental Services, and Elderly and Adult Services, as well as the New Hampshire Hospital (acute psychiatric services).

Vision

We envision a society that supports the physical, mental, and social well-being of all individuals, families and communities, free from negative effects of alcohol and other drugs.

Mission

To join individuals, families and communities in reducing alcohol and other drug problems thereby increasing opportunities for citizens to achieve health and independence.

Internal BDAS Structure

- Prevention Services
- Clinical Services
- Impaired Driver Services
- Resources and Development
- Business and Financial Services

The Governor's Commission's (BDAS is part of the commission, as well as eight other state agencies) most recent state strategy, **Collective Action – Collective Impact** was formally endorsed and disseminated in March of 2013. The following problem areas and populations are the current priorities of the Commission and of state efforts to prevent substance misuse.

Priority Populations

- Youth
- Young adults
- Pregnant & parenting people
- Military personnel & their families
- Justice-involved youth & adults
- Individuals needing but not receiving treatment
- Individuals with co-occurring disorders

Priority Areas

- Alcohol misuse
- Marijuana misuse
- Prescription drug misuse

<https://www.dhhs.nh.gov/programs-services/health-care/substance-misuse>

<https://www.dhhs.nh.gov/about-dhhs/advisory-organizations/governors-commission-alcohol-other-drugs>

The Six Sectors

The Bureau of Drug and Alcohol Services (BDAS) developed a six-sector model for state and community application that serves as the foundation for building readiness, promoting best practices, and leveraging resources in a comprehensive and collective manner, which include:

- Health & Medical
- Safety & Law Enforcement
- Education
- Community & Family Supports
- Government
- Business

Other Information

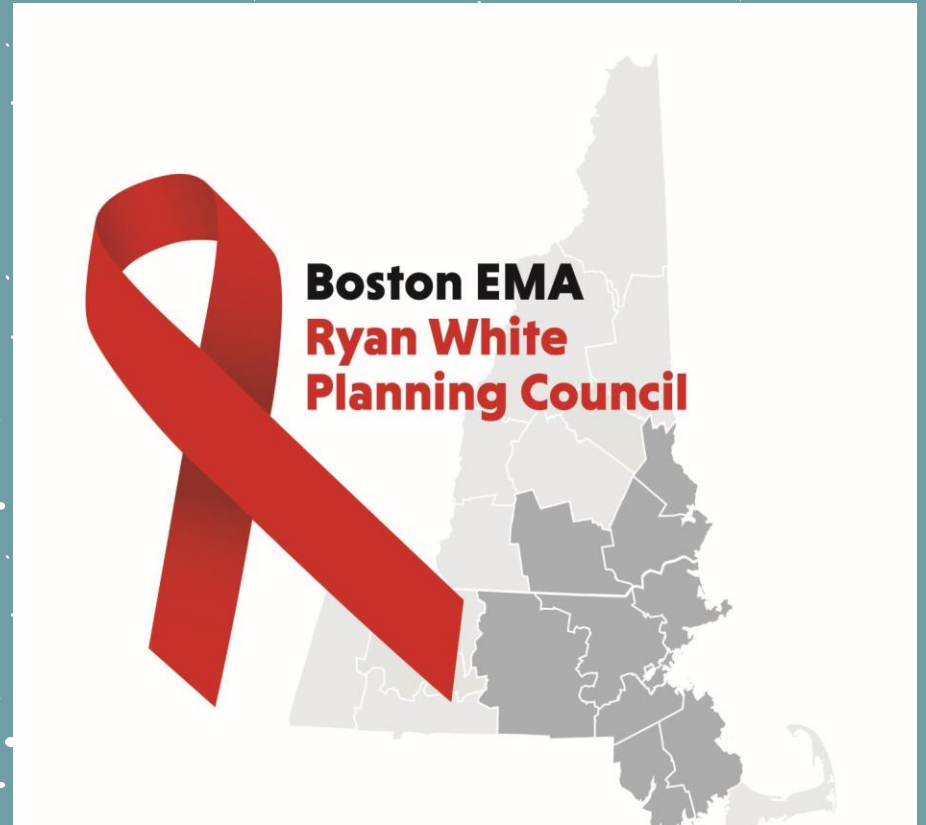
On January 2015, the New Hampshire Department of Health and Human Services' (DHHS) Bureau of Drug and Alcohol Services (BDAS) launched a new website directory for locating alcohol and other drug treatment services in New Hampshire. The site, <http://nhtreatment.org/>, was developed to help New Hampshire citizens in need of substance use disorder treatment find available service providers.

Welcome to the Boston EMA
Ryan White Planning Council
December Meeting:

Funding Streams Expo!

Patrick Baum, Planning Council Chair
Darren Sack, Planning Council Chair-Elect

December 8th, 2022



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

Please state your name
for the record.

Our New PCS Intern!



BETH WILLIAMS

A few facts about me:

- I am currently pursuing my MPH at Boston University School of Public Health
- I am passionate about global health equity and volunteer for a grassroots global health organization in my free time
- I am from the San Francisco Bay Area in California
- I have a dog named Stormy (back home in California)
- I enjoy going on hikes, reading, and baking

Ground Rules & Meeting Etiquette



- Be on time
- No side conversations
- Silence cell phones
- Presenters represent agencies
- 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 and 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

Be patient! This is our first all in person meeting this year.

Review November 10th Meeting Minutes

Steps in approving minutes:

1. Review Minutes
2. Make a first and second motion to approve minutes
3. Vote via Zoom poll

All in Favor: Yes, approve minutes

Opposed: No, do not approve minutes

Abstention: Absent from previous meeting/Decline to vote



Agency Rep Updates & Committee Reports

**Office of
Medicaid**

**New Hampshire
Department of
Health & Human
Services**

**Boston Public
Health
Commission**

**Massachusetts
Department of
Public Health**

Mayor's Office

**Planning Council
Subcommittee
Leadership**

SPEC – Margaret Lombe

NRAC – Catherine Weerts

MNC – Michael Swaney

Consumer – Robert Giannasca

Exec – Patrick Baum

FUNDING STREAMS EXPO



Overview

- Our guests represent different types of funding that provide social and medical services
 - Medicaid, HOPWA, State of MA & NH, Ryan White Parts A, B, C, D & F
- PC members are assigned to teams, each team has a scenario of a client situation
- Teams rotate *counterclockwise* to each table and present scenario, then collect feedback of what services that funder could provide for the client
- Teams will report back to the full Council at the end

Report Back

Q&A

What is one thing your team learned through the Funding Streams Expo?



Reminders & Announcements

Fill out meeting evaluations!



Community Servings
Volunteering

December 22nd, 4-7 PM

Email nross@servings.org
and pcs@bphc.org to sign up!

Upcoming Meetings

Dec 13th, 2:30 PM – Bylaws Revision Working Group

Dec 15th, 3 PM – NRAC

Dec 19th, 3 PM – Exec

Service standards working group – Keep an eye out on your emails for a meeting invite

