



## MEETING AGENDA - Thursday, March 10, 2022

### Meeting Focus

- The Services, Priorities, and Evaluation Committee (SPEC) will share recommended updates to the Ryan White Part A Boston EMA Service Standards.
- SPEC will also review HRSA service categories and provide the *Priority Setting Ground Rules* presentation in preparation for the Planning Council's Priority Setting exercise.
- The Needs, Resources and Allocations Committee (NRAC) will present on the *Needs Assessment* process in the Boston EMA.

Agenda Topic	Time Frame
1. Welcome and Introductions <i>Kathy Lituri, Chair</i>	4:00pm – 4:05pm
2. Review and Approve February 10 <sup>th</sup> , 2022 Meeting Minutes <i>Kathy Lituri, Chair</i>	4:05pm – 4:10pm
3. Committees Reports <i>NRAC, SPEC, MNC, Consumer, Executive Committee Chairs</i>	4:10pm – 4:15pm
4. Agency Reports <i>Office of Medicaid; NHDHHS; MDPH; Mayor's Office; BPHC</i>	4:15pm – 4:20pm
5. Standards of Care – Update and Vote <i>Manuel Pires and Keith Nolen, SPEC</i>	4:20pm – 4:40pm
6. Needs Assessment Presentation <i>Joey Carlesimo and Catherine Weerts, NRAC</i>	4:40pm – 5:05pm
7. Needs Assessment Discussion <i>Planning Council</i>	5:05pm – 5:20pm
8. Service Category Presentation <i>Patrick Baum and Ericka Olivera, SPEC</i>	5:20pm – 5:45pm
9. Priority Setting Ground Rules <i>Patrick Baum, Keith Nolen and Tim Young, SPEC</i>	5:45pm – 5:55pm
10. Announcements and Adjourn <i>Kathy Lituri, Chair</i>	5:55pm – 6:00pm



Planning Council Meeting  
Thursday, March 10, 2022  
Zoom  
4:00 - 6:00pm

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### Summary of Attendance

#### Members Present

Justin Alves  
Ayla Baraka  
Stephen Batchelder  
Patrick Baum  
Cindi Bell  
Lamar Brown-Noguera  
Joey Carlesimo  
Stephen Corbett  
Damon Gaines  
Robert Giannasca  
Amanda Hart  
Melissa Hector  
Darian Hendricks  
Brian Holliday  
Alison Kirchgasser  
Kathy Lituri  
Margaret Lombe  
Wendy LeBlanc  
Omar Martinez-Gonzalez  
Tim Mercier  
Lea Nelligan  
Keith Nolen  
Ericka Olivera  
Mahara Pinheiro  
Manuel Pires  
Serena Rajabiun  
Darren Sack

Michael Swaney  
Richard Swanson  
Bryan Thomas  
Catherine Weerts  
Tim Young

#### Members Excused

Tad Bailey  
Adam Barrett

#### Members Absent

Ta’Nisha Maitre  
Lorraine Jones

#### Staff

Claudia Cavanaugh  
Lianne Hope  
Abiola Lawson  
Tegan Evans  
Melanie Lopez  
Eileen Merisola  
Paola Rivas

#### Guests

Sam Cutaia  
Dr. Clark Azubiuke

### Topic A: Welcome and Introductions

Meeting called to order by Kathy Lituri, Chair at 4:01pm. A moment of silence was observed to honor those infected with and affected by HIV/AIDS. PCS did a roll call. Kathy reviewed the agenda.

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### Topic B: Review Meeting Minutes

February 10, 2022 minutes were reviewed.

Corrections: The PHE was renewed through mid-April and MassHealth is not terminating members during the PHE unless they are moving out of state or voluntarily disenroll.

**Motion to Approve with corrections:** Justin Alves

**Second:** Bryan Thomas

97% approved

3% abstentions

**Result:** The minutes were approved with edits.

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### **Topic C: Committee Reports**

Council members were encouraged to refer to the written committee reports posted on Basecamp. Darren added that NRAC focused on the Funding Principles presentation and that Jamie Nguyen was a great speaker at the Consumer Committee and discussed HIV among the API Community.

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### **Topic D: Agency Updates**

**MA Department of Public Health (Barry Callis)-** We are submitting a single state Integrated Care and Prevention Plan in December 2022 and are working closely with the Ryan White Services Division, and John Snow Inc. Thanks to those that made Statewide CAB meeting on Monday. Will continue inviting folks as it relates to stigma priorities.

**NH Department of Health and Human Services (Cindi Bell)-** Also working with JSI to work on Integrated Care and Prevention Plan. We have a statewide HIV planning group full membership meeting on march 18. Will have presentation of final recommendations from the needs assessment and a presentation on therapeutic cannabis.

**Ryan White Services Division, BPHC (Tegan Evans)-** We are wrapping up FY21 and received a partial award from HRSA. Award letters are going out for the new fiscal year. Katie Keating stepped down and we will hold interviews for her position. Tegan will step in as the interim director.

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### **Topic E: Needs Assessment Presentation and Discussion**

Joey Carlesimo introduced the objectives of the needs assessment, and the components included such as the epidemiological profile of PLWH in MA and NH, estimates of PLWH out of care and available resource inventory. Catherine Weerts reviewed results from the 2018-2020 Consumer Survey, 2021 Provider Survey and Focus Group and highlighted the top services needed and barriers to care. They also provided a summary of the current consumer survey and consumer focus groups the Needs Assessment Adhoc Group is working on to help inform the resource allocation process. Key Takeaways include:

- The Needs Assessment provides the basis for important decisions using consumer and provider data and information
- Disparities among Black and Hispanic PLWH are evident in the data gathered from MA and NH
- Needs Assessment Process/Efforts – limitations gathering data, connecting with consumers, achieving statistically sound sample size
- COVID-19-Technology on the client side seems to be a main barrier to care so far.
- Barriers to Care - Survey and focus group analysis determined that mental health is one of the largest barriers to care. Substance Use disorder, Mental Health and Housing consistently came up as top barriers to care.

#### **Questions/Comments:**

Members discussed issues in the service system related to technology including lack of access to electronic medical records, multiple systems that don't share information, and how these issues lead to

barriers to care for clients who have to then do multiple intakes, and frustration for providers who are unable share client data with each other. Members discussed the option of adding technology-related questions to the new survey tool or focus group questions, and the limitations of the Planning Council to impact agency level processes.

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### **Topic F: Service Category Presentation**

Patrick Baum and Ericka Olivera highlighted HRSA core and support service categories, reviewed service category definitions and led a quiz session to review service category concepts.

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### **Topic H: Priority Setting Ground Rules**

The priority setting process was introduced with a short video. Keith Nolen reviewed the importance of priority setting and instructions on how to complete the exercise. Per HRSA's guidance, the Boston EMA will no longer be selecting which service categories to be prioritized and will prioritize all HRSA service categories. In the case the Boston EMA needs to fund a new service category, prioritizing all the categories versus a selection lets the Council be able to allocate funds to the new service category. A link will be sent to submit your ballot online through survey monkey. The deadline to submit your online ballot is April 12. Results will be revealed at the next Planning Council meeting on April 14.

#### **Questions/Comments:**

- Can we have a folder on basecamp that houses all the presentations and data we would be using for the process? Yes
- Can you say more about why HRSA wants us to prioritize all 28 categories? HRSA conducted a training on the PSRA process and stated that Planning Councils should prioritize all the HRSA service categories. If the service category has not been prioritized, you run the risk of not being able to fund the category immediately in the event an emergency need occurs. Keep in mind the Council prioritizes for future years, if the category is not prioritized there would be a delay in funding allocation. If it's already prioritized, the Council can proceed to allocating funds into it.
- Can we see the priority setting results from the last few years? Yes we can put the historical ranking in basecamp.

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### **Topic I: Announcements, Evaluation & Adjourn**

#### **PCS made the following announcements:**

1. Planning Council Recruitment:
  - Applications and Flyers available on Basecamp
  - Events Calendar - Bayard Rustin Breakfast – April 2nd
2. Anti-Stigma Campaign
  - High School Panels and Tik Tok Videos
3. New Intern Hires: Vicki Lee (Anti-Stigma Campaign) and Clark Azubuike (Needs Assessment)

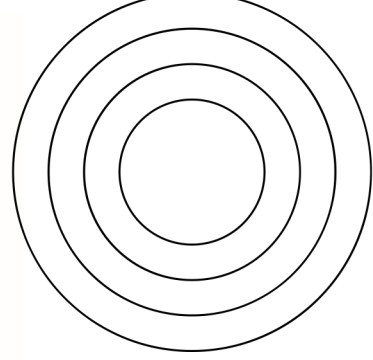
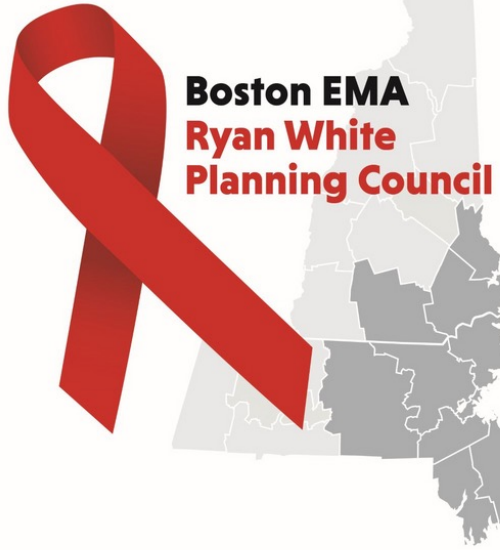
#### **Meeting to Adjourn**

**Motion:** Patrick Baum

**Second:** Richard Swanson

**Result:** The meeting was adjourned at 5:51pm





# Planning Council Meeting

Kathy Lituri, Chair  
Patrick Baum, Chair-Elect

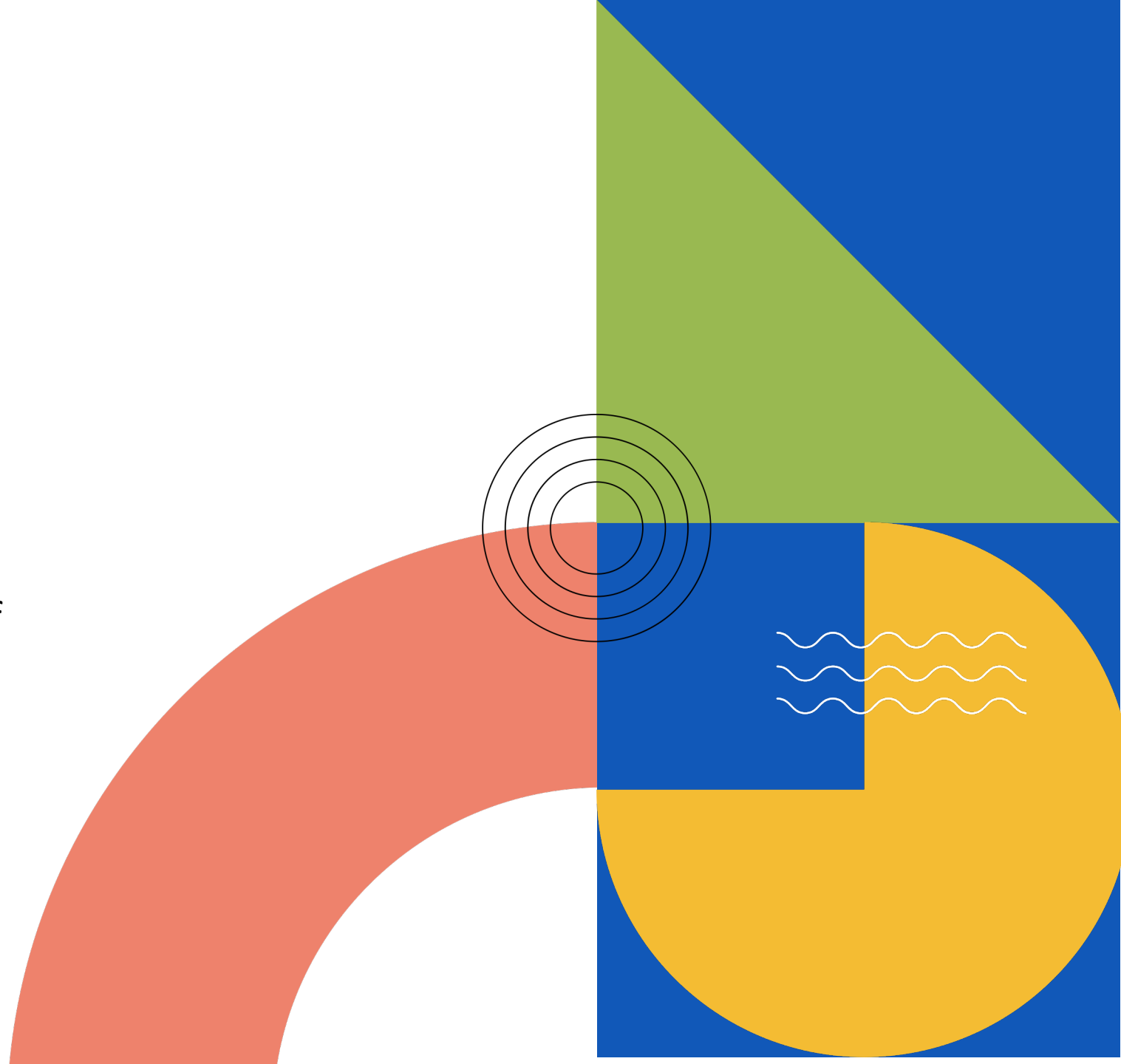
March 10, 2022



# 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. before an audience.



# Attendance



## ROLL CALL

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

# Overview

## TODAY'S AGENDA DISCUSSION TOPICS

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- Approve February meeting minutes
- Subcommittee and Agency updates
- Needs Assessment Introduction
- Service Categories Presentation
- Priority Setting – Ground rules & exercise



# Approving meeting minutes

February 10, 2022

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## Steps in approving minutes:

- Review minutes
- Make a first and second motion to approve minutes
- Vote (Zoom poll)
  
- All in Favor: Yes, I approve the minutes
- Opposed: No, I do not approve the minutes
- Abstention: Decline to vote



# Subcommittee updates

INFORMATION PERTAINING TO THE  
COUNCIL'S WORK

- 
- Needs, Resources, and Allocations (NRAC)– Darren Sack
  - Membership and Nominations (MNC) – Michael Swaney
  - Service, Priorities, and Evaluation (SPEC) – Margaret Lombe
  - Consumer Committee – Adam Barrett
  - Executive Committee – Patrick Baum



# Agency Updates

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

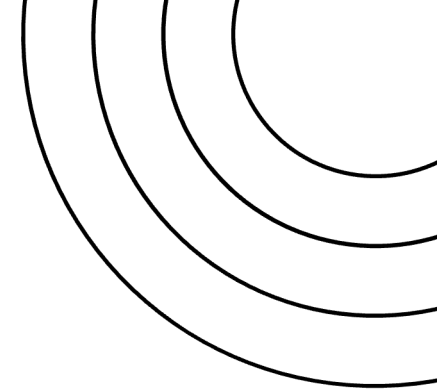
**Cindi Bell**

MA OFFICE OF MEDICAID

**Alison Kirchgasser**

BOSTON PUBLIC HEALTH COMMISSION

**Eileen Merisola**



# Needs Assessment of People Living with HIV in the Boston EMA

Joey Carlesimo & Catherine Weerts

Needs, Resources, & Allocations Committee (NRAC)

March 10, 2022



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# Presentation Overview

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1. What is a Needs Assessment?
2. The Numbers
  - Epidemiological Profile
3. Special Populations
  - Estimates of PLWH In and Out of Care
4. Resource Inventory and Provider Profile
5. Assessment of Service Needs of PLWH In and Out of Care
  - 2018-2020 Needs Assessment
  - 2020-2021 Provider Survey
6. Conclusions and Next Steps



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# Presentation Objectives

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- ❖ Understand the Needs Assessment process
- ❖ Analyze the Boston EMA Epidemiological Profile data
- ❖ Define “out of care” and estimate the percentage of PLWH that are out of care in the EMA.
- ❖ Estimate the percentage of people who don’t know their HIV status.



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# What is a Needs Assessment?

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Information collected on the general **needs of PLWH** in the EMA – both those receiving care and those not in care - so the Planning Council may make informed decisions related to the **prioritization of service categories** and Ryan White Part A **funding allocations process.**



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# How is this done during the Council year?

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Through **presentations at monthly Planning Council meetings** (October-March), the Planning Council learns about:

1. HIV epidemic trends in the EMA
2. Services available to meet the needs of PLWH
3. Gaps in the services for PLWH

Incorporates **input from community members**, PLWH, service providers, and caregivers.

**Assesses whether resources** are being expanded to populations most in need and to emerging populations.

**Assesses co-morbidities and barriers** to care experienced by PLWH.





# Needs Assessment Timeline

<b>Three-Year Needs Assessment Plan (PC Term: Sept-June)</b>			
<b>Component</b>	<b>Year 1 (2020-2021)</b>	<b>Year 2 (2021-2022)</b>	<b>Year 3 (2022-2023)</b>
<b>Epidemiologic Profile</b>	<b>Update current information based on State Surveillance data</b>		
<b>Estimates of PLWH</b> - Unaware - Out of Care	<b>Update current information based on State Surveillance data</b>		
<b>Assessment of Service Needs</b> - PLWH in care - PLWH out of care	1) Develop procurement process for agencies interested in conducting a consumer study within the EMA	<b>Design and implement consumer study</b>	Present final results
	2) Select agency to conduct consumer study		
	3) Analyze current reports, Unmet Need Project, E2Boston data	<b>Present results</b>	
<b>Resource Inventory</b>	Gather information from/about services providers	<b>Organize information</b>	Present results
	<b>Update funding stream data</b>		
<b>Profile of Provider</b> - Capacity - Capability	Develop methodology and implement	<b>Analyze results</b>	Present results
<b>Assessment of Unmet Need/Service Gaps</b>	Summarize data from all other components	<b>Analyze and present results</b>	Create Final Needs Assessment Report (April 2023)



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# Boston EMA Epidemiological Profile

Goal: Look at information from MA & NH to understand the profiles of PLWH in the Boston EMA



# Massachusetts

Data provided by the Massachusetts Department of Public Health Bureau of Infectious Disease and Laboratory Sciences (MDPH BIDLS)



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# Massachusetts HIV/AIDS Epidemic at a Glance

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- ❖ As of January 1, 2022 a cumulative total of **37,286** individuals have been diagnosed and reported with HIV / AIDS in MA. (this is the entire state of MA, including the counties outside the EMA)
  - **21,698** are living with HIV / AIDS
  - 15,588 have died
  - An additional 4,102 MA residents living with HIV / AIDS were first diagnosed in another state
  - **437** new diagnoses were reported in 2020
  - Median (approximate average) viral load (most recent) is <20
  - Median CD4 count (most recent) is 520



# Prevalence & Incidence\* Cases in MA

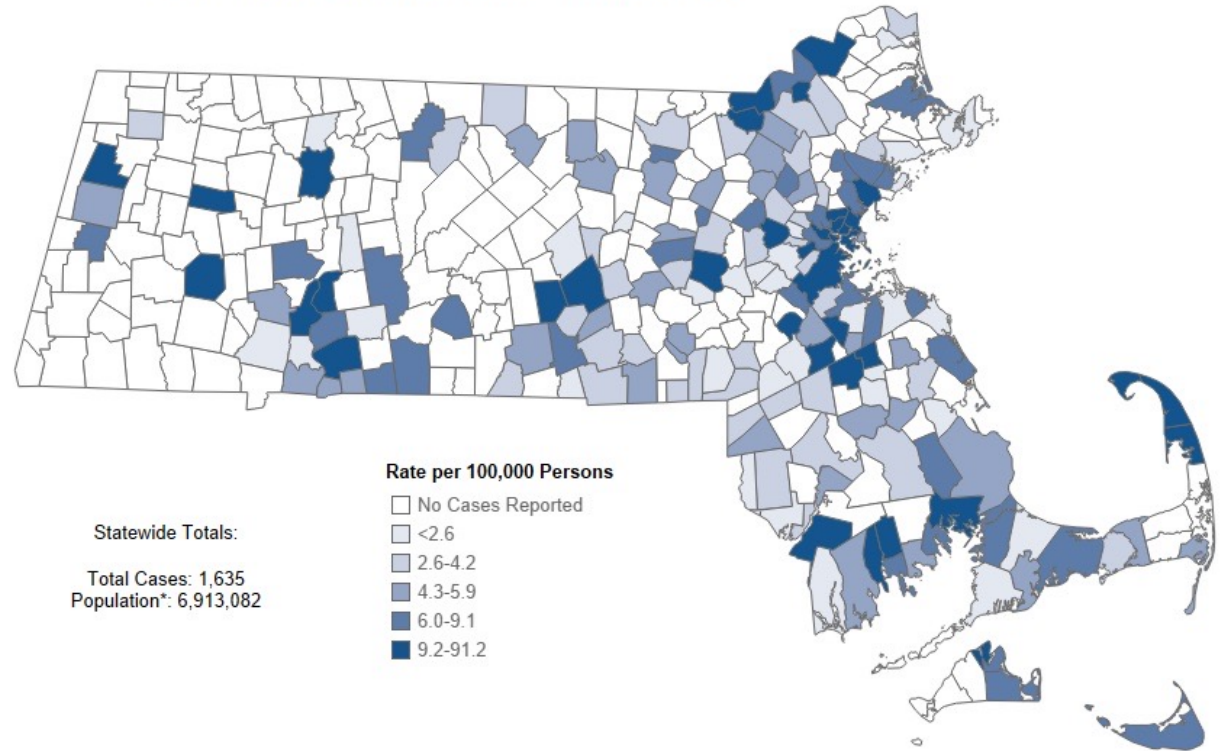
Trends in HIV/AIDS Prevalence by Year: Massachusetts, 2011-2020



Prevalence = Overall number of cases  
 Incidence = Rate at which new cases are recorded

Data Source: Data as of 01/01/2022 from the HIV/AIDS Surveillance Program, Bureau of Infectious Disease and Laboratory Sciences, Massachusetts Department of Public Health.

Average Incidence Rate of HIV Diagnosis per 100,000 Persons\*, by City/Town: Massachusetts, 2018-2020\*\*



Statewide Totals:  
 Total Cases: 1,635  
 Population\*: 6,913,082

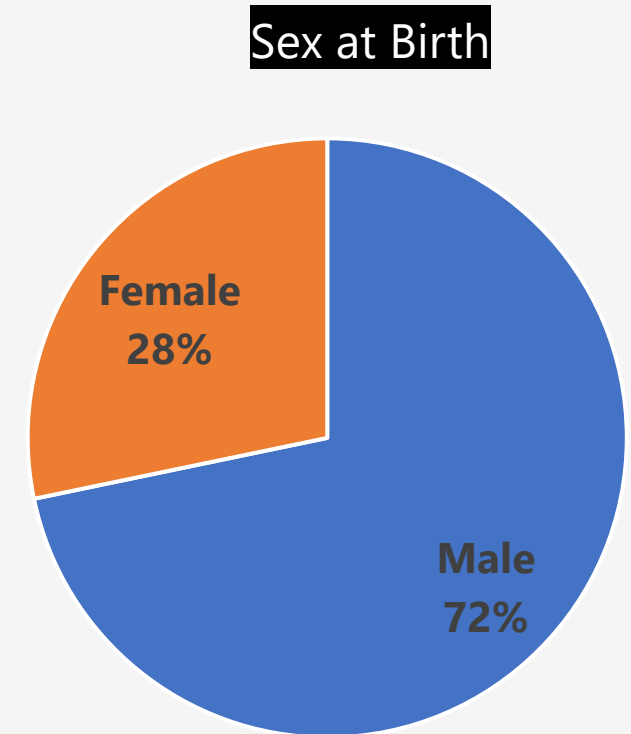
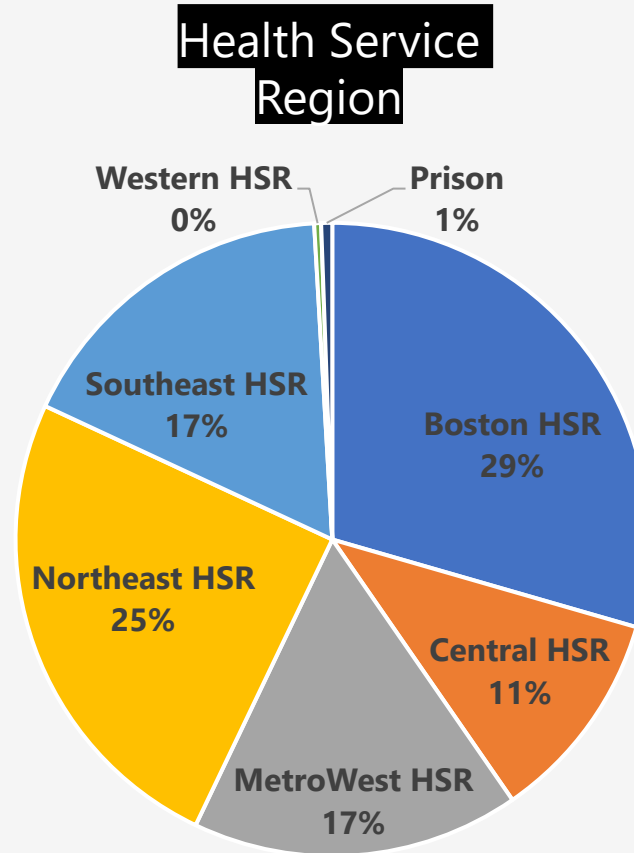
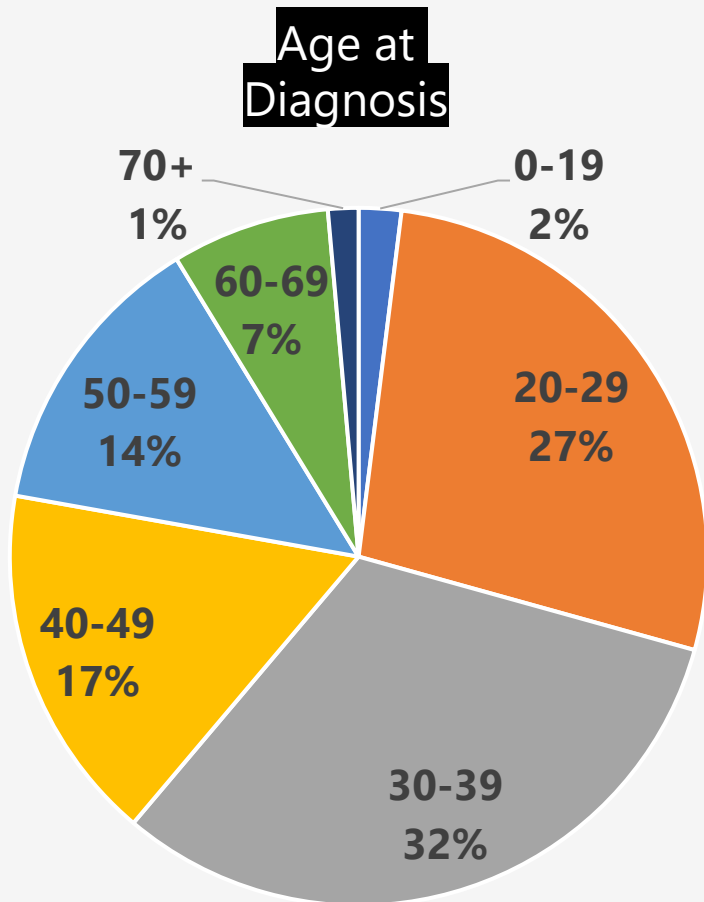
\*Population based on University of Massachusetts Donaghue Institute Estimates  
 \*\*Data are current as of 01/01/2022 and subject to change

Bureau of Infectious Diseases and Laboratory Sciences

Average incidence rate of HIV cases, per 100,000 persons: 2018-2020\*\*

# 2018-2020 New HIV Diagnoses in Boston EMA by Select Demographics

**Boston EMA**  
**N=1,419**

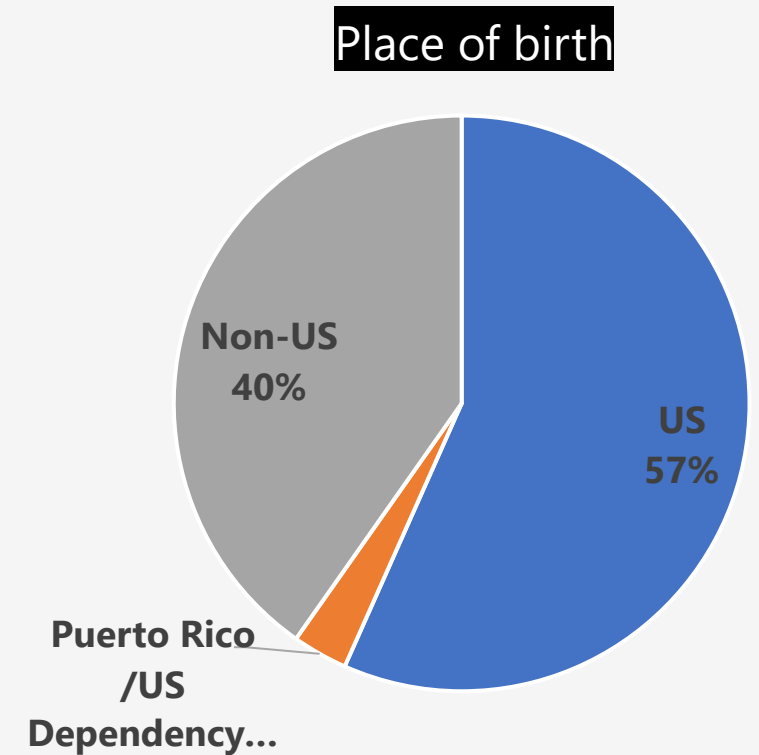
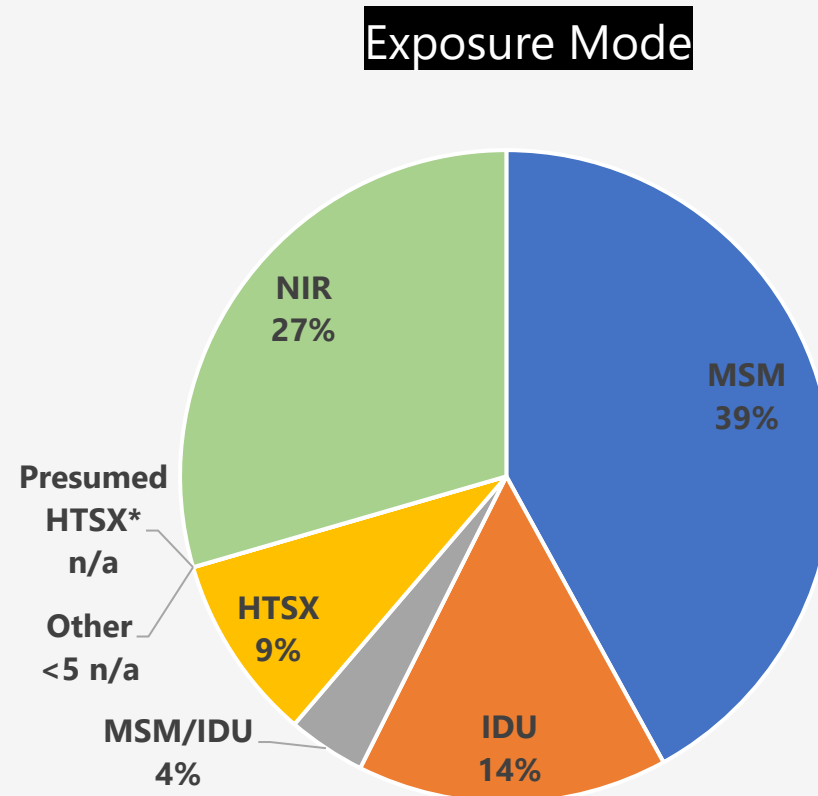
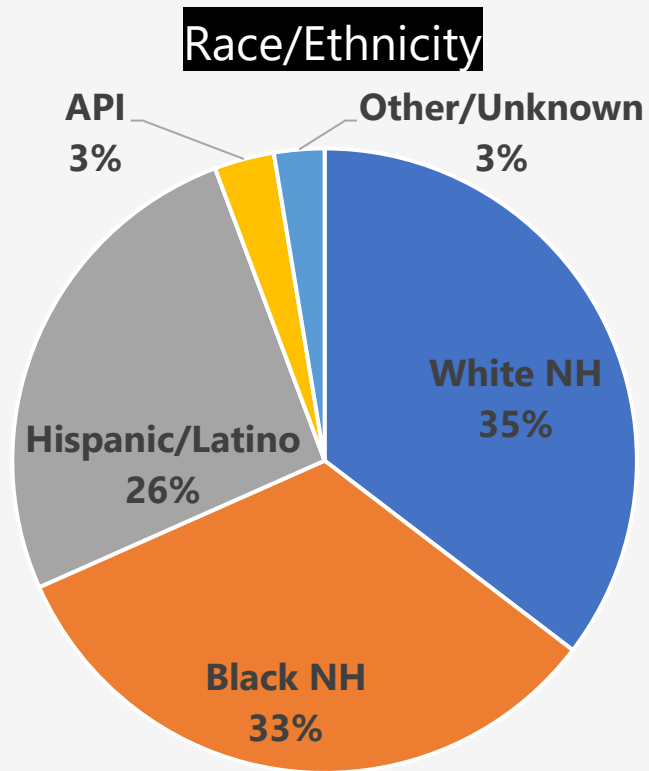


\*Current Gender  
Transgender : 1%

Data Source: Data as of 01/01/2022 from the HIV/AIDS Surveillance Program, Bureau of Infectious Disease and Laboratory Sciences, Massachusetts Department of Public Health.

# 2018-2020 New HIV Diagnoses in Boston EMA by Select Demographics

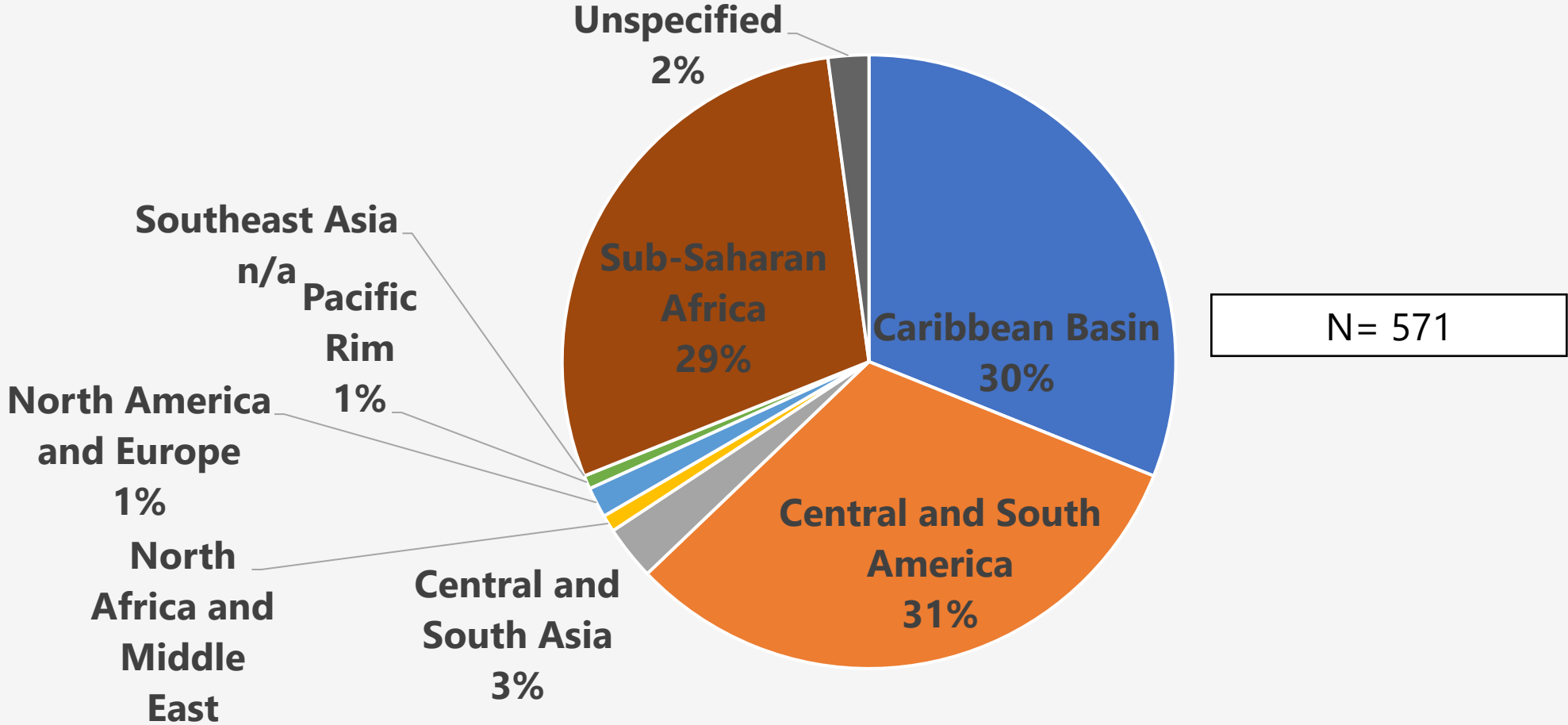
Boston EMA  
N=1,419



Data Source: Data as of 01/01/2022 from the HIV/AIDS Surveillance Program, Bureau of Infectious Disease and Laboratory Sciences, Massachusetts Department of Public Health.

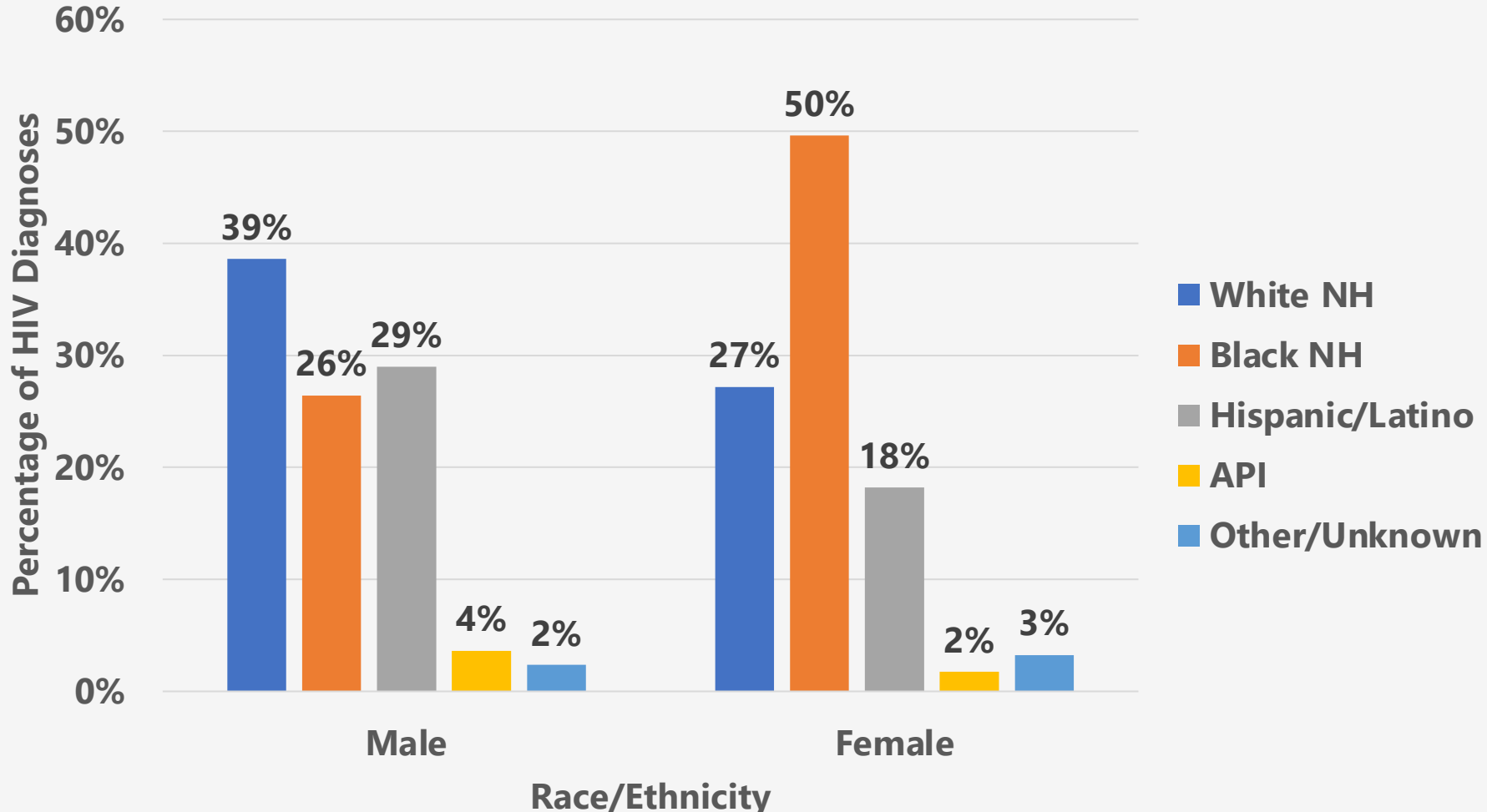


# People Born Outside the US and Diagnosed with HIV Infection in Massachusetts from 2018- 2020 by World Region of Origin\_\_\_\_\_



Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 01/01/20

# People Diagnosed with HIV Infection by Sex at Birth and Race/Ethnicity: Boston EMA, 2018–2020



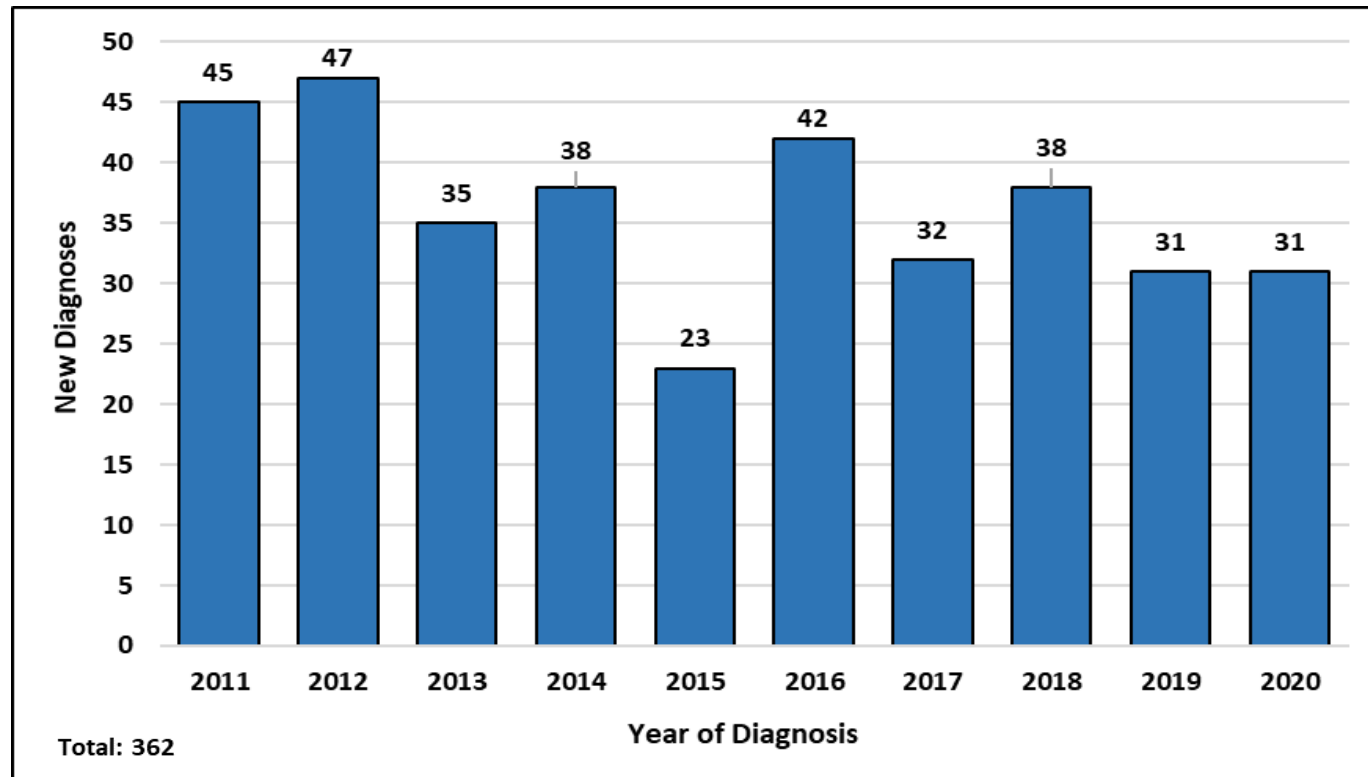
\*API = Asian/Pacific Islander

Data Source: Data as of 01/01/2022 from the HIV/AIDS Surveillance Program, Bureau of Infectious Disease and Laboratory Sciences, Massachusetts Department of Public Health.

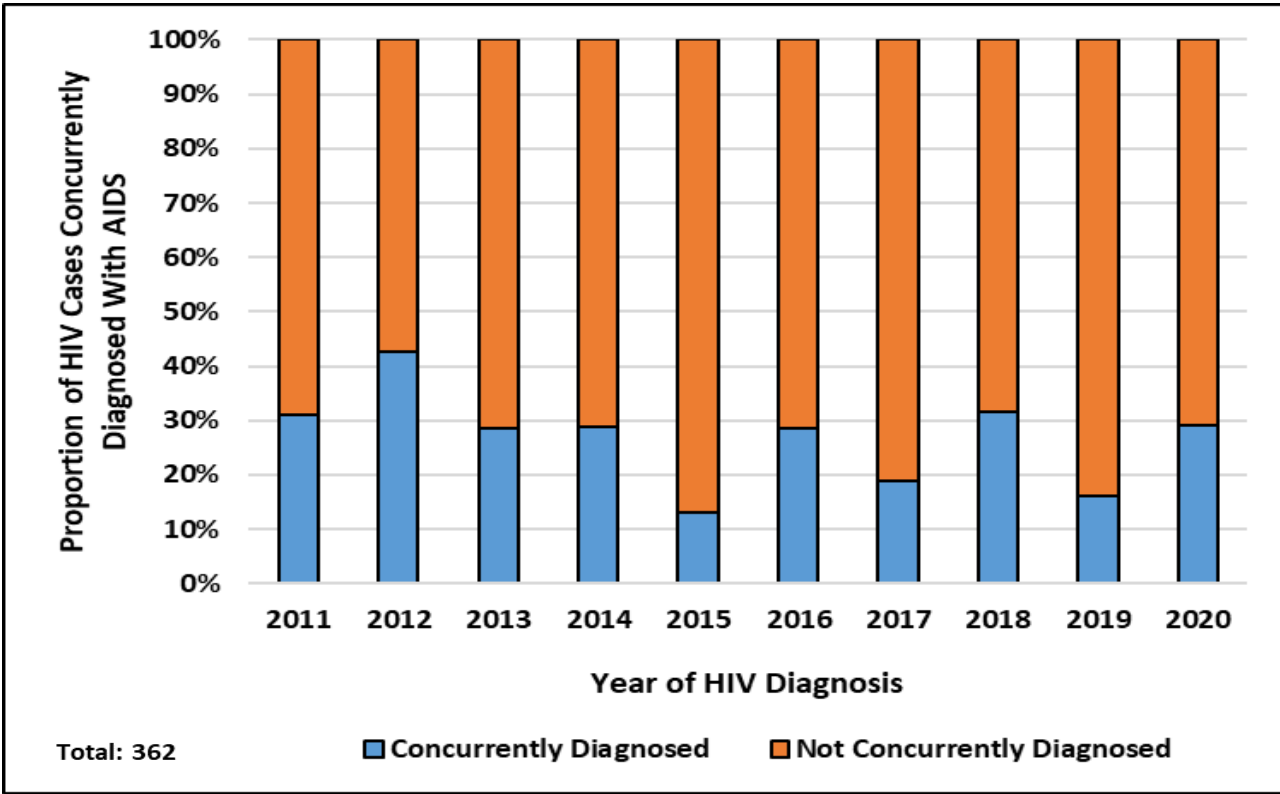
# New Hampshire

Data provided by the NH Division of  
Health and Human Services (NHDHHS)

# Incidence: Persons Newly Diagnosed with HIV, NH, 2011-2020



# Concurrent Diagnosis, NH, 2011-2020



Concurrent diagnosis defined as AIDS diagnosis within 12 months of initial HIV diagnosis.

2020 concurrent diagnosis data not yet complete



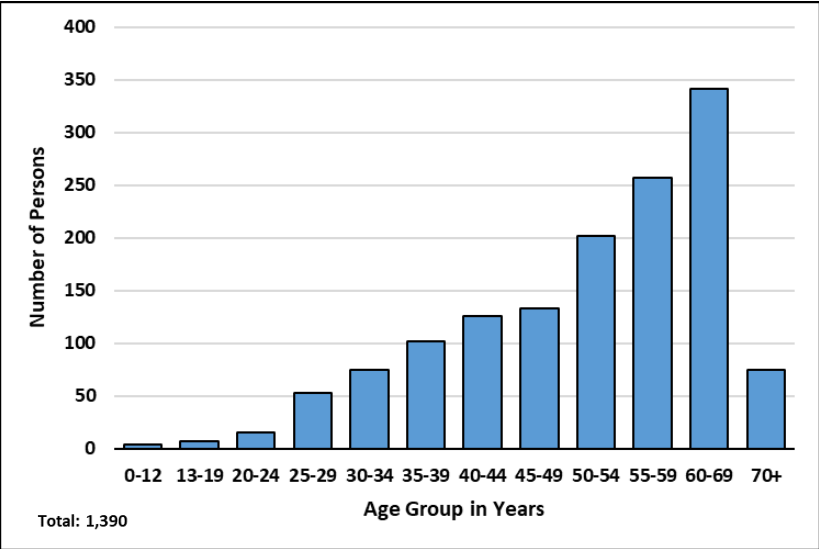
# Prevalence: Persons Living With HIV in NH as of December 31, 2020

**HIV: 721**

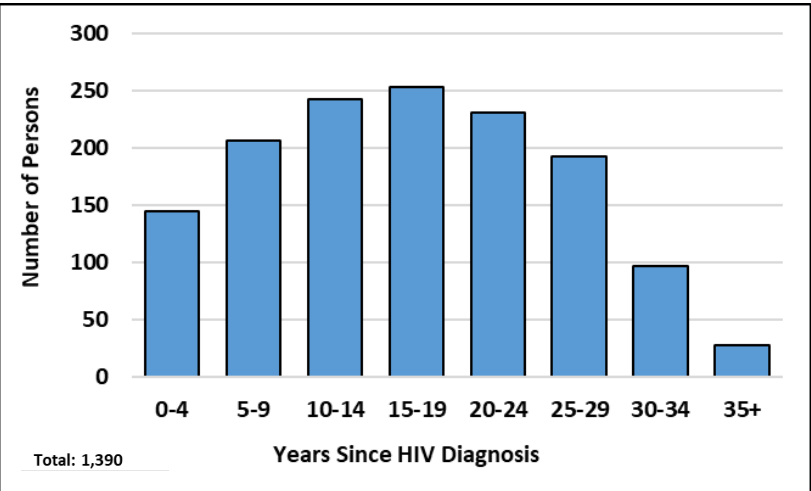
**AIDS: 669**

**Total: 1,390**

# Prevalence by Current Age Group, NH, as of December 31, 2020

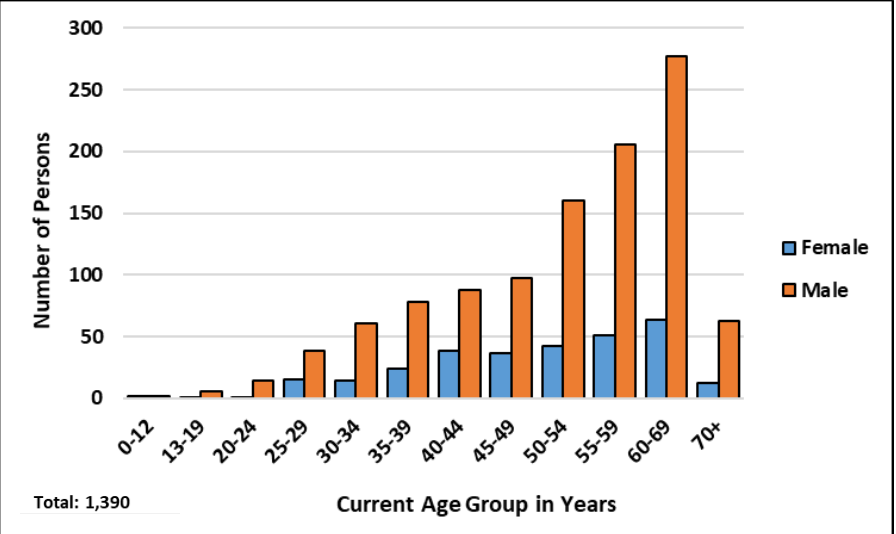


# Prevalence by Years Since Initial HIV Diagnosis, NH, as of December 31, 2020

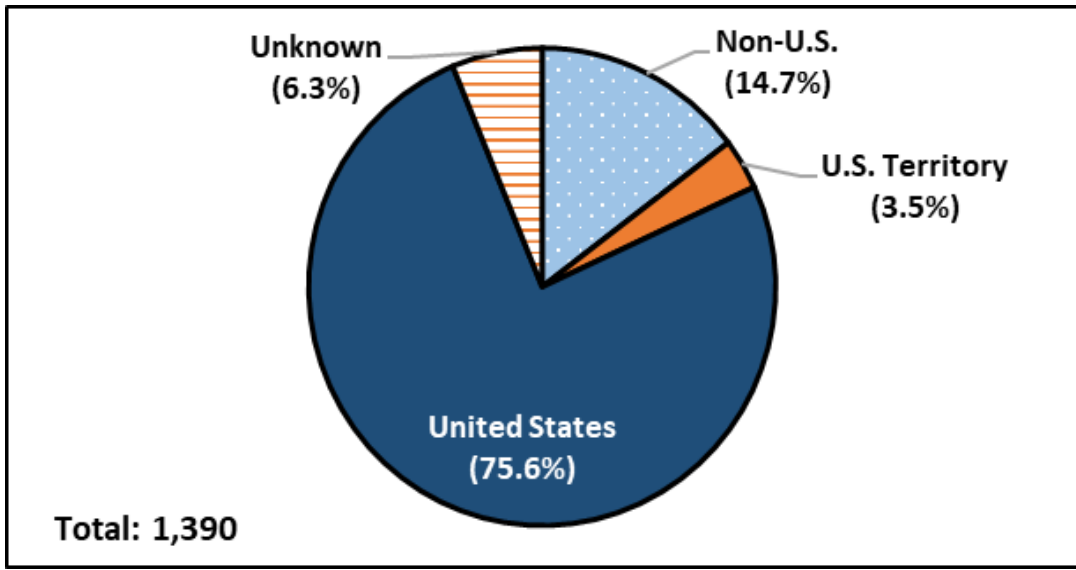




# Prevalence by Current Age Group & Sex Assigned at Birth, NH, as of December 31, 2020



# Prevalence by Region of Birth, NH, as of December 31, 2020



# Race & Ethnicity Among General Population & PLWHA in NH as of December 31, 2020

Race/Ethnicity	% NH Population	% NH PLWHA
White	89.7%	67.5%
Black	1.4%	13.0%
Asian/Pacific Islander	2.6%	1.7%
AmInd/Alaska Nat	0.1%	0.1%
Hispanic (may be any race)	4.0%	14.0%
Multi-Racial	2%	2.8%
Other/Unknown	0.2%	0.9%

PLWHA: People living with HIV/AIDS.



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# Estimates of PLWH Out of Care





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## “Unmet Need” HRSA Definition

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“**Unmet Need**” - the need for HIV-related primary health care among individuals who are aware of their status but are not receiving care.

**Out of Care** - An individual is out of care when there is no evidence of the following within the last 12 months:

- CD4 count,
- Viral load test
- Rx for HIV med, or
- A primary medical care visit

- In New Hampshire – **24%** out of care.
- In Massachusetts – **31%** out of care.

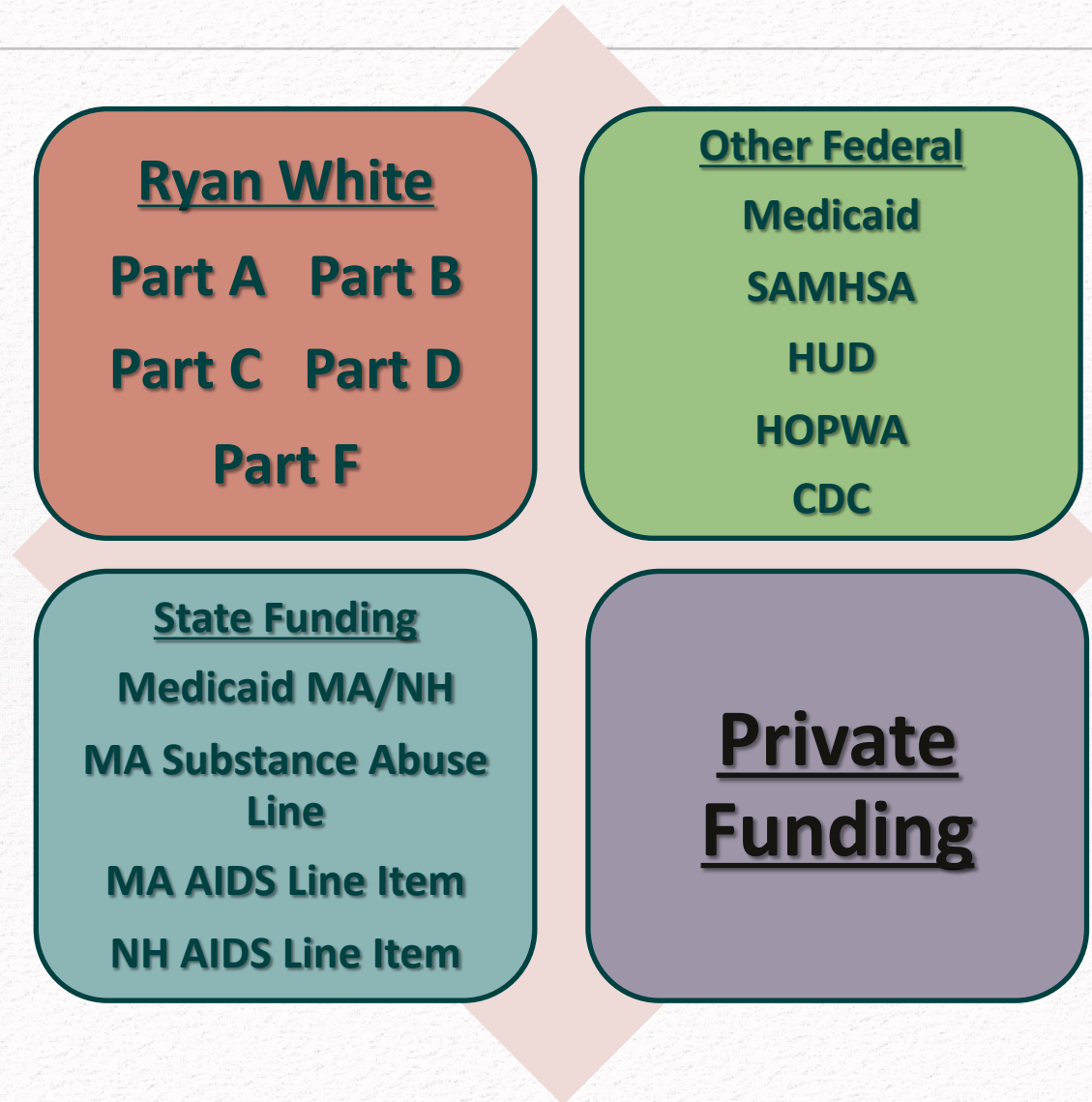
\* *Data from HIV Care Continuum*



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# Resource Inventory and Provider Profiles

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# Assessment of Service Needs

PLWH IN CARE  
PLWH OUT OF CARE





# 2018-2020 Consumer Needs Assessment

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# 2018-2020 Consumer Survey Development

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- NRAC developed survey to identify gaps in services & barriers to accessing services
- Survey 19 questions
- In order to complete survey, respondents must be :
  - Living with HIV
  - 18 years of age or older
  - Living in the Boston EMA

## Survey Distribution

- Flyers
  - PC homepage
  - Agencies
  - Living centers
  - BPHC outreach
- Virtual outreach
  - DPH advisory groups
- Online survey



# 320

Total surveys collected

253 surveys in 2019  
67 surveys in 2020

We did not get a representative sample. We'd need about **377** surveys to have a respondent pool representative of the 18,149 PLWH in Boston EMA

- 216 paper
- 46 online
- 6 focus groups
  - 1 in 2020
- 10 counties:
  - Suffolk
  - Hillsborough
  - Plymouth
  - Rockingham
  - Worcester
  - Norfolk
  - Strafford
  - Bristol
  - Middlesex
  - Essex



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# Demographic Survey Data

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## Age:

- ❖ 64.1% of respondents were over the age of 50

## Gender:

- ❖ 66% Male and 30% Female
- ❖ Male-to-Female transgender data is representative @ 1%

## Race:

- ❖ White – 46%
- ❖ Black – 25%
- ❖ Hispanic – 35%

## Language:

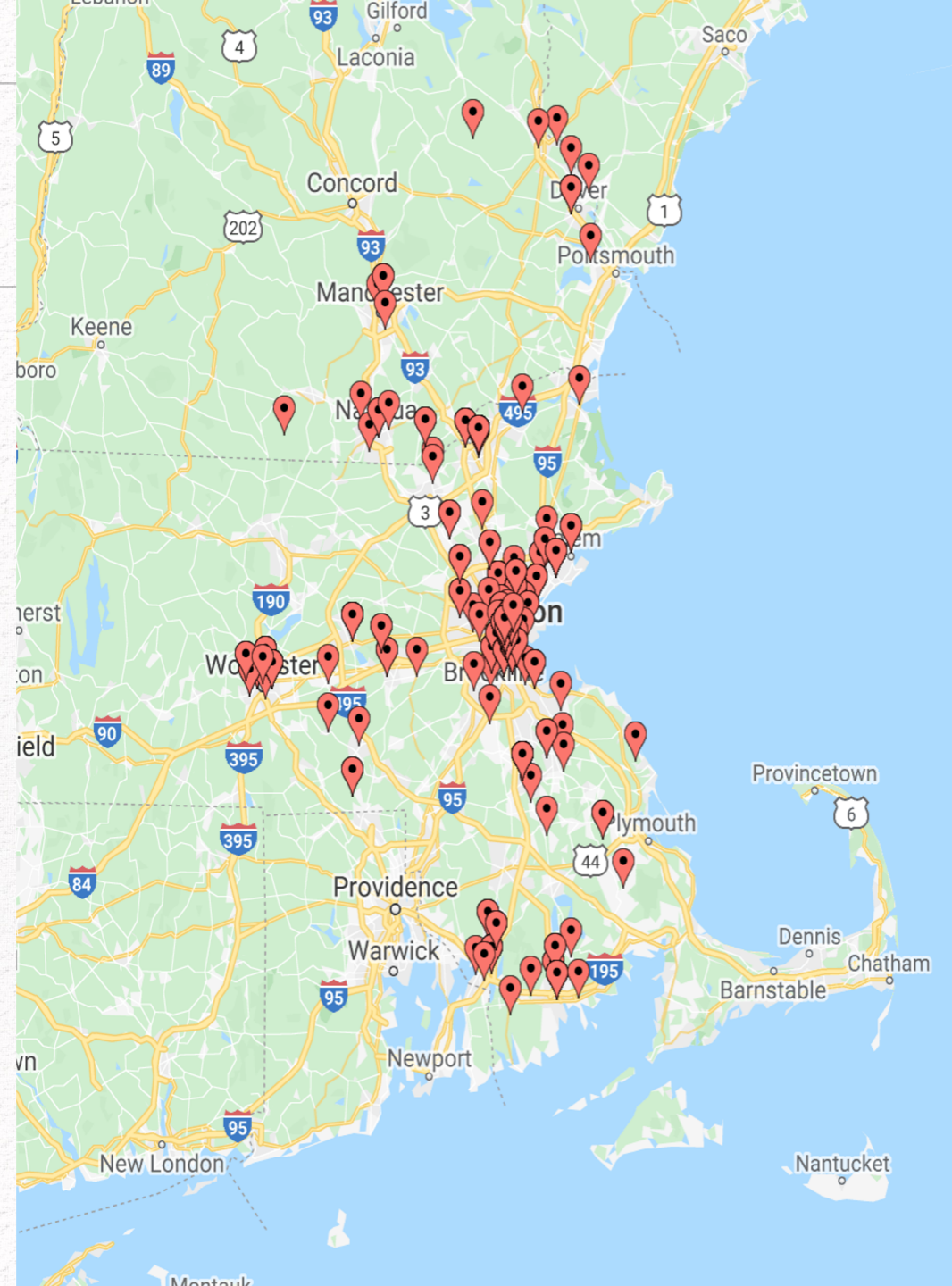
- ❖ English – 65%
- ❖ Spanish – 21%
- ❖ Portuguese – 7%

## Immigration Status:

- ❖ 80.5% citizens
- ❖ 6.4% undocumented,
- ❖ 7% legal permanent residents



# Map of Respondent Zip Codes





# Consumer Needs Assessment Results

If you want to receive more services, what is preventing you?	Of those who experience barriers (N=155)	
	N	%
Transportation	53	19.4%
Income/Ability to pay	52	19.0%
Housing status	62	22.7%
Language barrier	13	4.76%
Child care/Family needs	14	5.13%
Competing priorities	24	8.79%
Fear of stigma	31	11.4%
Immigration status	21	7.69%
Lack of support	28	10.3%
Other	18	6.59%

Top  
Barriers

Q.17 What additional services would you like to access that are not available?

- Utility Assistance
- Financial Assistance
- Housing Assistance
- Educational services
- Support for a healthy lifestyle, such as exercise gyms, health education
- Employment assistance



# 2020 Consumer Needs Assessment: Limitations, Challenges

- ❖ Low Response Rate
- ❖ Data does not reflect population of PLWH who are not engaged in care – they are hard to reach to survey
- ❖ Limited response from 18-29 years age range
- ❖ Does not reflect impact of covid on last 24 months of services

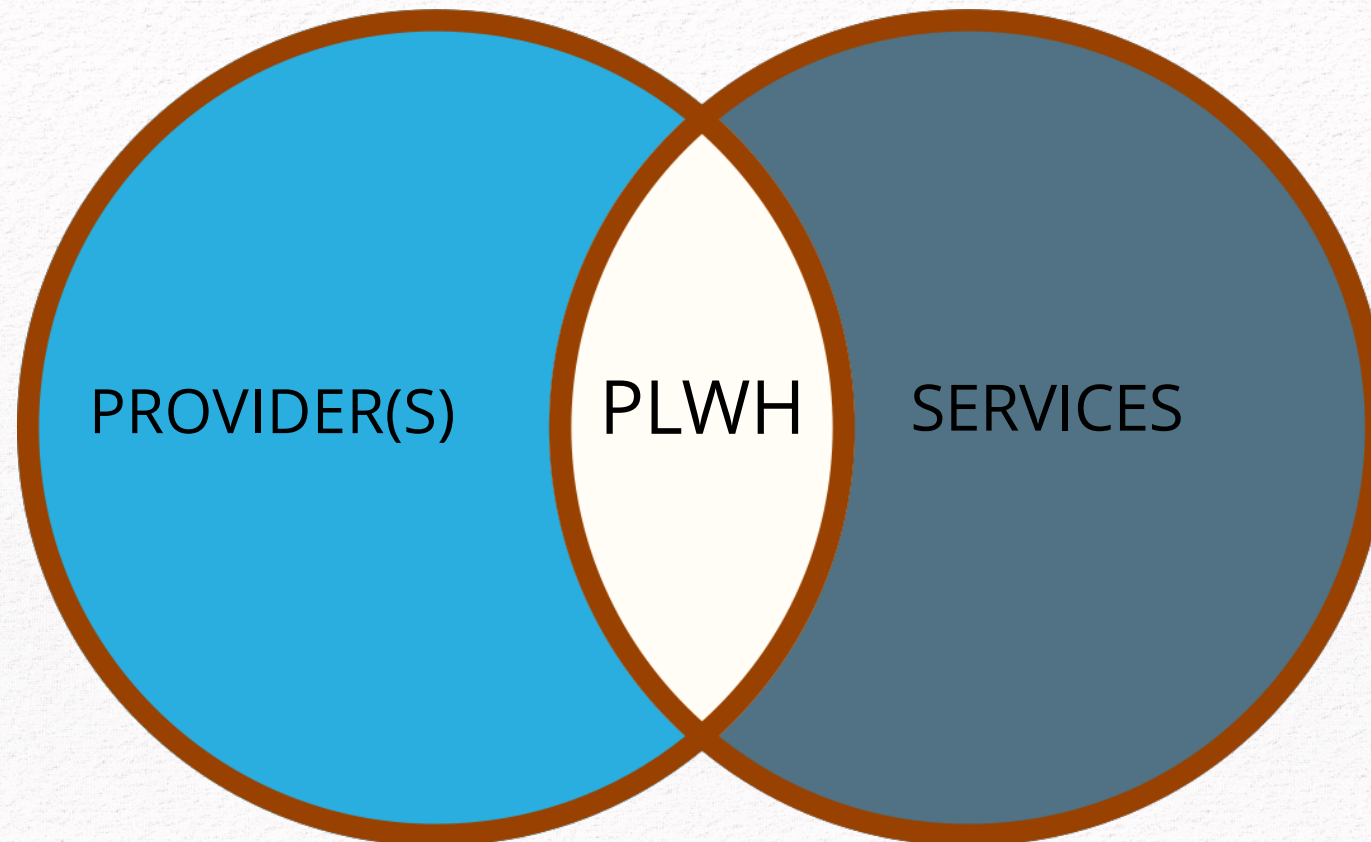
# 2020-2021 Provider Assessment



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# Why is surveying providers important?

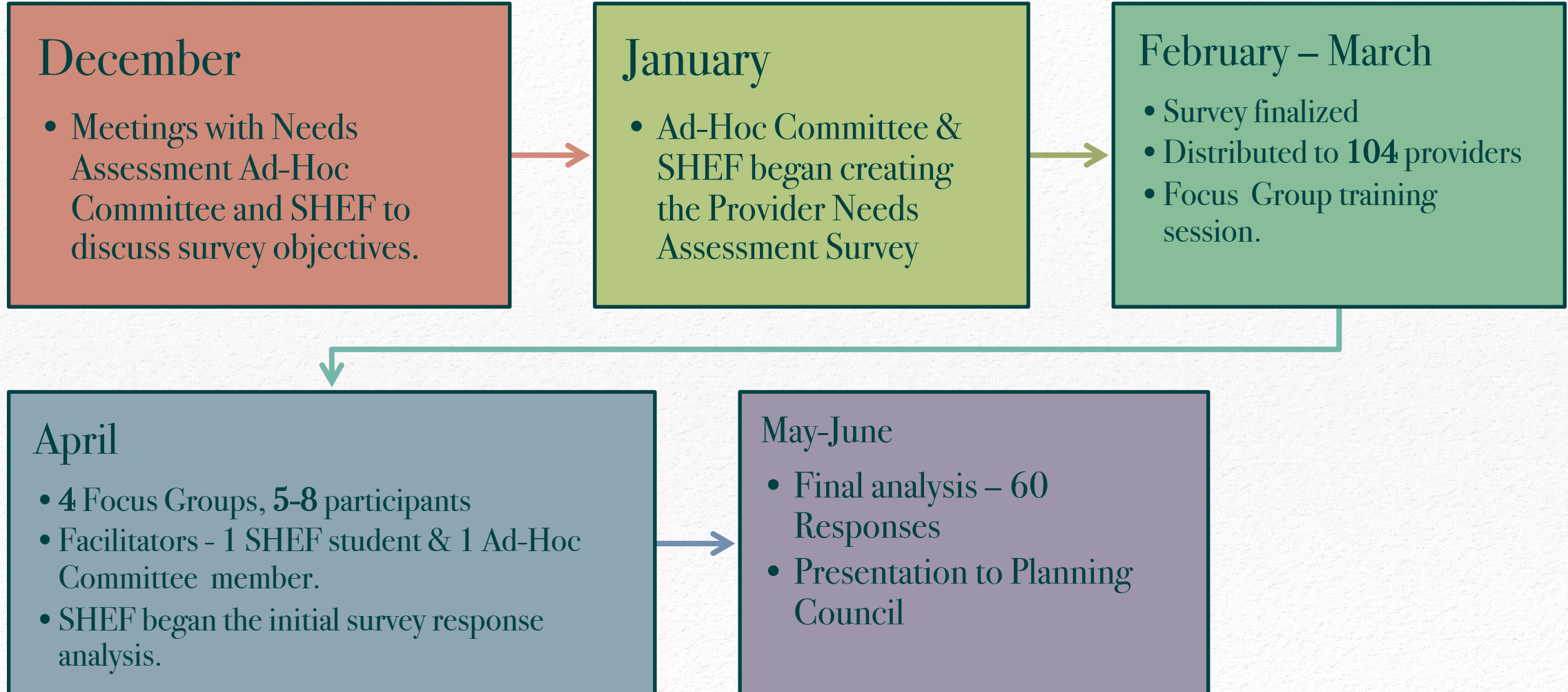
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By assessing the needs of Part A providers, we can learn how it affects the overall systems of care and how COVID-19 has impacted services provided to Part A clients.



# 2020-2021 Provider Assessment Timeline





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# Provider Demographics

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## ❖ Age

- 18-25: 8%
- 26-30: 8%
- 31-40: 18%
- 41-50: 22%
- 51-60: 32%
- 61-70: 10%

## ❖ Gender

- Female: 62%
- Male: 33%
- Non-Binary: 2%
- Gender Fluid: 2%

## ❖ Ethnicity / Race

- 37% Hispanic/Latinx
- 36% Black/African American
- 34% White
- 2% Asian

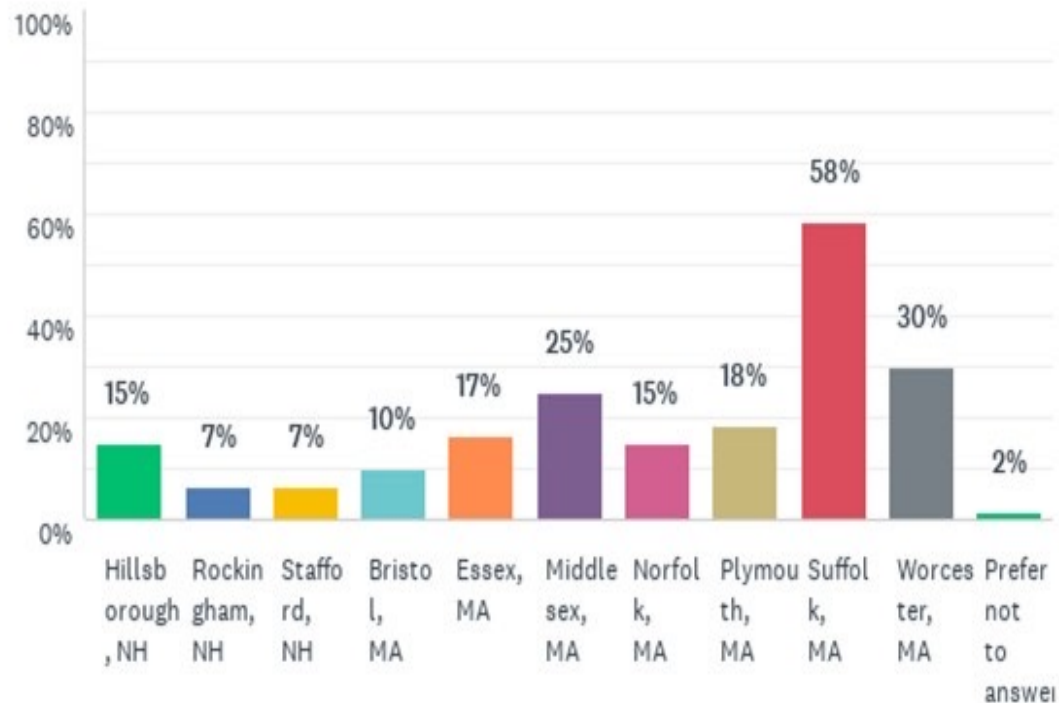
## ❖ Language

- English: 97%
- Spanish: 35%
- Haitian Creole: 7%
- Portugese: 5%
- French: 2%
- Cape Verdean Creole: 2%



# Provider Information

Q7 In what counties do you provide services? check all that apply



- Service Category Position Most Closely Falls Under:
  - Medical Case Management: 57%
  - Medical Transportation: 34%
  - Non-Medical Case Management : 30%
  - Health Education and Risk Reduction: 30%
  - Psychosocial Support : 28%



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# **Provider Survey**

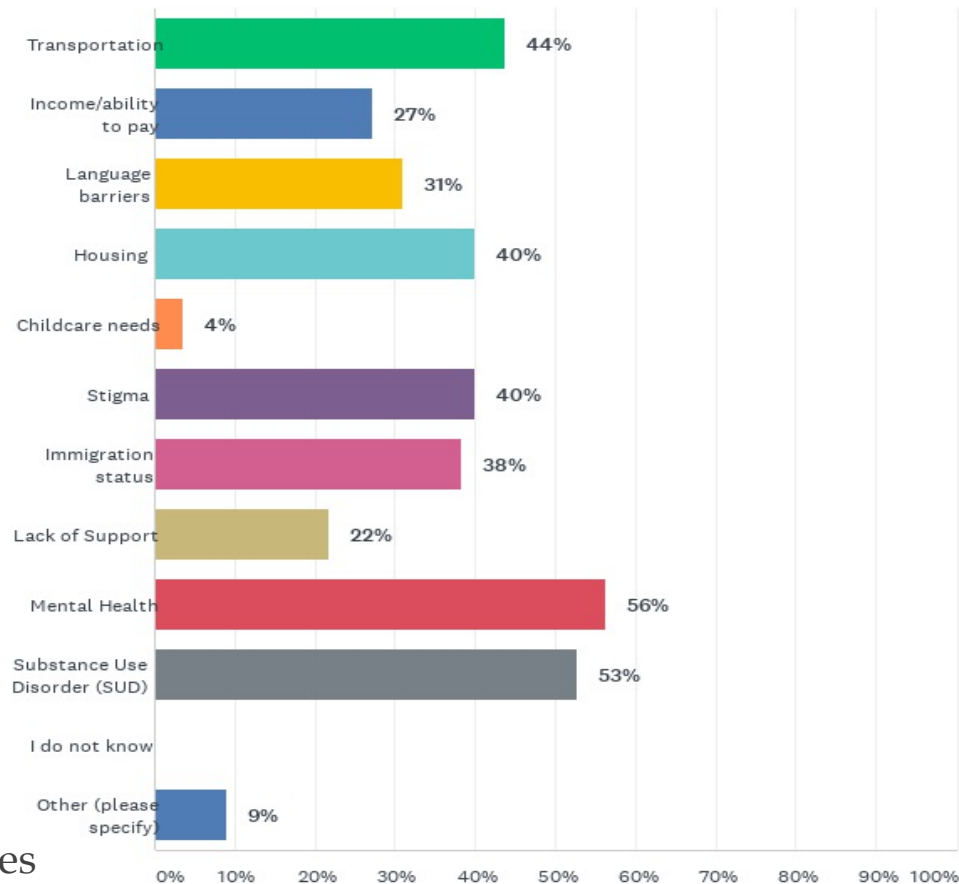
## **Barriers to Care**

### **&**

## **Impact of COVID-19**

# Provider Survey Results

Q14 Which of the following are the most significant barriers to accessing and engaging in care for your clients? Check three biggest barriers.



N= 55 Responses

## Top 3 Barriers:

- Mental Health
- Substance Use Disorder (SUD)
- Transportation

## \*Other (Please Specify):

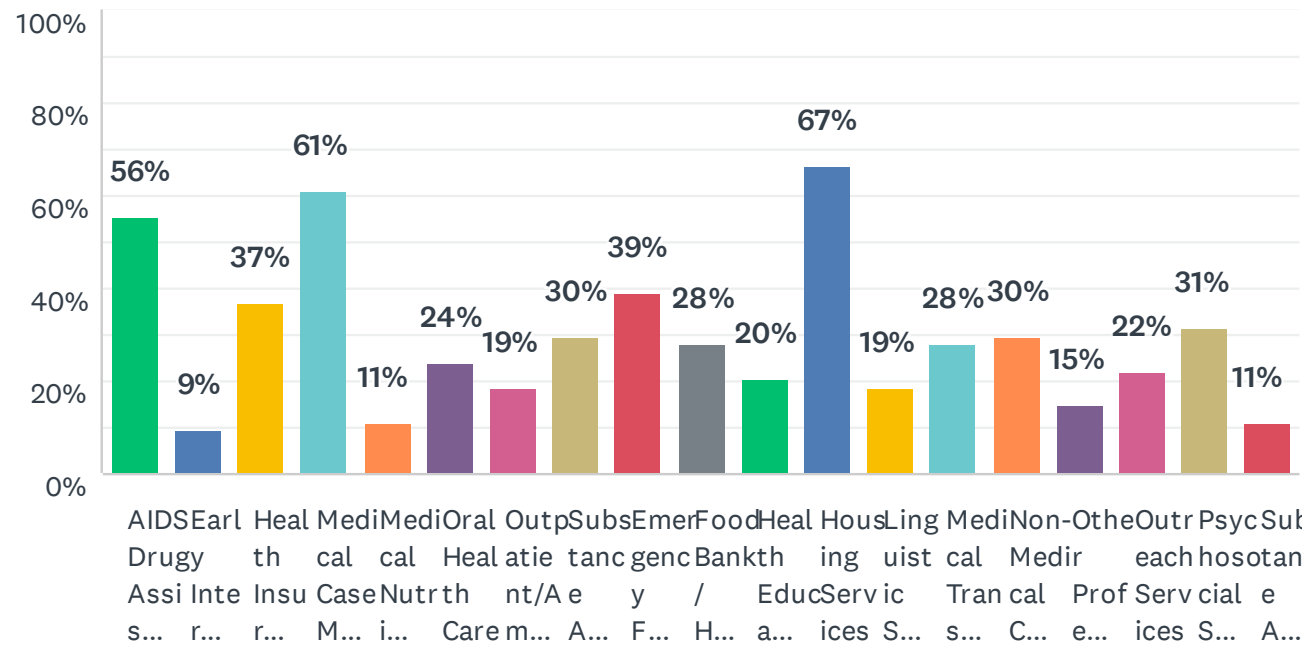
- Health Insurance
- Homelessness
- Lack of access to local quality providers



# Provider Survey Results

Q23 In your opinion, which of the following services are most essential to the care of people with HIV? Check three.

Answered: 54 Skipped: 6



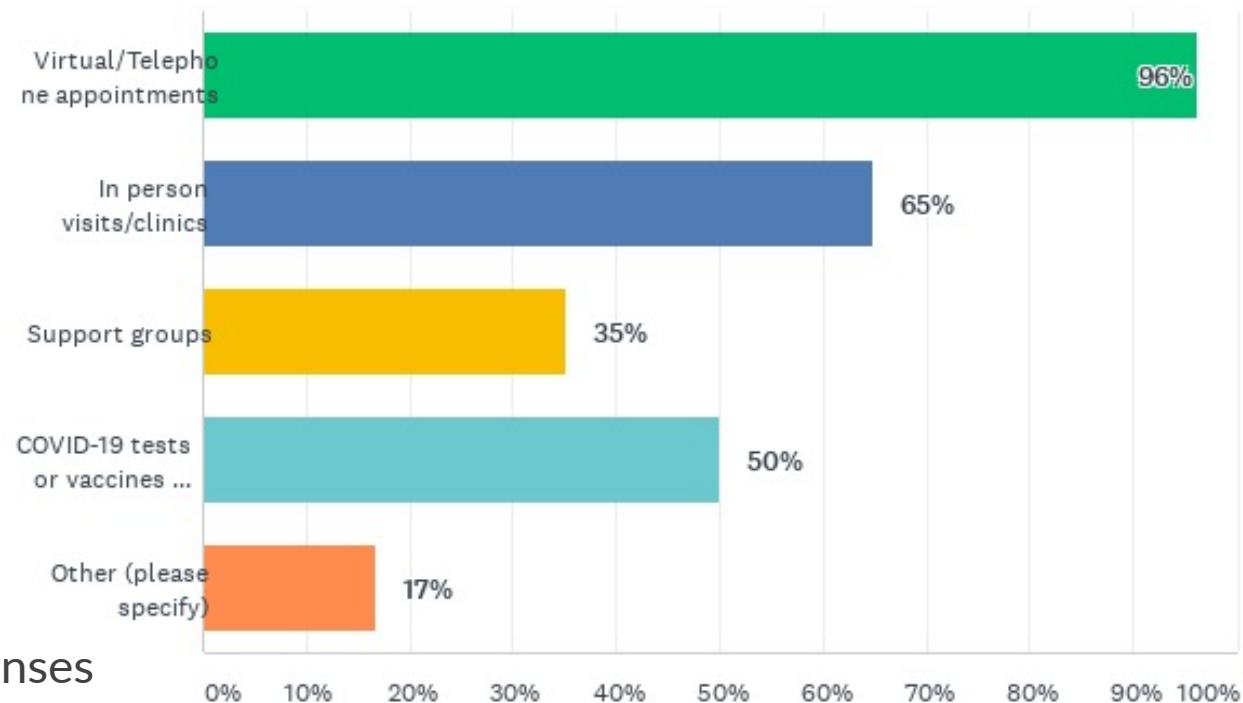
## Top 3 Essential Services:

- Housing
- Medical Case Management
- ADAP



# Provider Survey Results

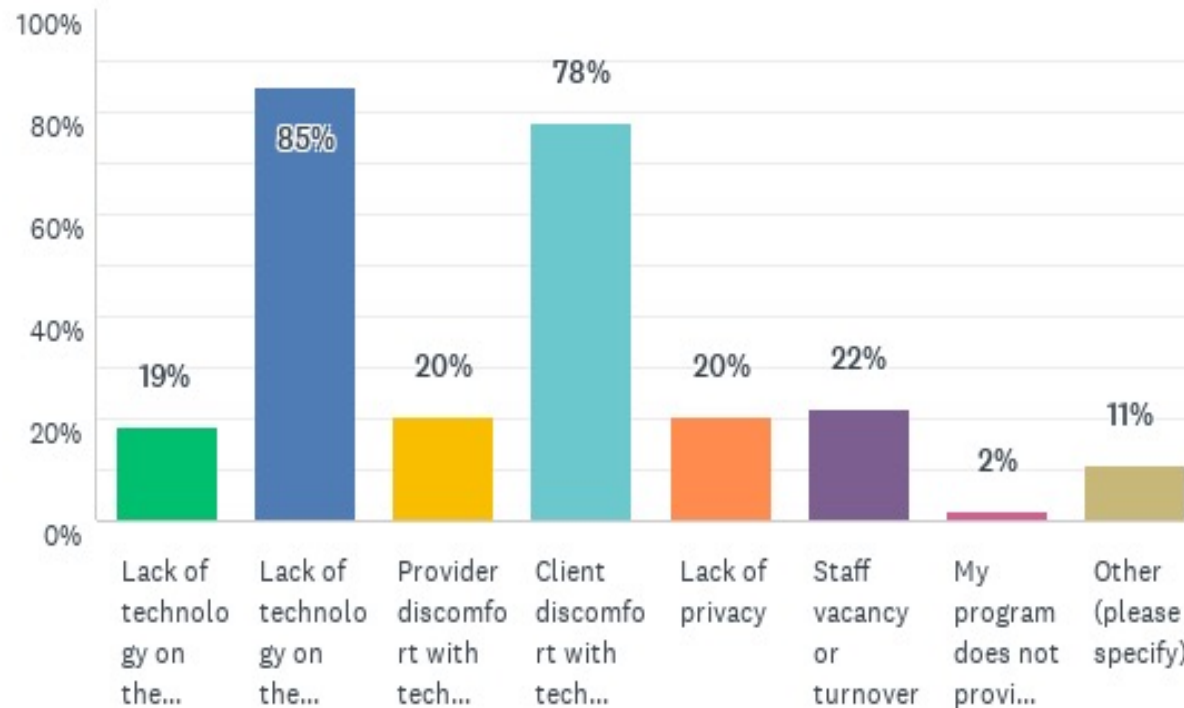
Q27 As a result of the pandemic, what kinds of services have you been able to provide to clients that are compliant with federal/local precautions mandated by the pandemic? Select all that apply.



N = 54 Responses

# Provider Survey Results

Q31 Which of the following was the biggest barrier in the transition to virtual operations during the COVID-19 pandemic? Check the top 3 barriers.



N= 54 Responses



# Provider Focus Group

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## Background:

Lead by SHEF and Needs Assessment Ad Hoc members.

Focus groups held  
March 29th – April 1st

## 4 Focus Groups :

- Aligned Consumers
- Managers and Supervisors
- Underrepresented Counties (New Hampshire, Essex, and Bristol)
- Other (Various locations in Boston i.e. any region in Boston EMA)

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# Provider Focus Group - Results

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## COMMON THEMES AND BARRIERS TO CARE

	Aligned consumers	Managers & supervisors	Underrepresented counties	Other
Common Barriers to Care	Stigma, mental health, SUD, housing	Stigma, mental health, SUD, telehealth	Stigma, mental health, SUD, telehealth	Stigma, mental health, technology
Differences	Psychosocial support	HDAP insurance, privacy	Transportation	Language services



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# Provider Focus Group - Results

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## CULTURAL SENSITIVITIES

	Aligned consumers	Managers & supervisors	Underrepresented counties	Other
Cultural Sensitivities	Psychosocial support	Matching staff representation with client demographic	Telehealth	Representation, bilingual speakers, connecting people to resources



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# Provider Focus Group - Results

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## TOP 5 SERVICES FOR PLWH BASED ON LEVEL OF NEED/DEMAND

Aligned Consumers	Managers and Supervisors	Underrepresented Counties	Other
<ul style="list-style-type: none"><li>• Housing</li><li>• Mental Health Services</li><li>• SUD Outpatient Care</li><li>• Psychosocial Support</li><li>• Linguistic Services</li></ul>	<ul style="list-style-type: none"><li>• EFA</li><li>• Housing</li><li>• Health Insurance Premium</li><li>• Outpatient and Ambulatory Medical Care</li><li>• ADAP</li></ul>	<ul style="list-style-type: none"><li>• ADAP</li><li>• Medical Case Management</li><li>• Health Insurance and Cost Sharing Assistance</li><li>• Transportation</li><li>• Linguistic Services</li></ul>	<ul style="list-style-type: none"><li>• Psychosocial Support and Mental Health Services</li><li>• Housing</li><li>• Transportation</li><li>• Legal Services</li><li>• Food Bank</li></ul>



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# Provider Assessment - Highlights

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Analyzing how findings for barriers to care overlap with Focus Group responses:

- Over **50%** of providers responded that mental health and substance use disorder are imminent barriers to care.
- **Transportation, Housing, and Stigma** also received high response rates.
- Most providers responded that a **lack of technology** on the client side resulted in the biggest barrier to care during COVID-19.
- **78%** of providers felt that they received adequate technical assistance to support their care provision.



## Comparing Barriers to Care

### Consumer Survey

### Provider Survey

### Provider Focus Group

Housing Status

Mental Health

Stigma

Transportation

Substance Use Disorder

Mental Health

Income/Ability to pay

Transportation

Substance Use Disorder

Fear of Stigma

Housing

Housing

Lack of Support

Stigma

Telehealth



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# Next Steps



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# Update: Where are we now?

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## Distribution Plan

- ❖ Survey distribution via SurveyMonkey
- ❖ Surveys will be collected on a rolling basis (Target deadline for preliminary analysis is April 30<sup>th</sup>, 2022)

## Updated Consumer Survey

- ❖ Additional questions with emphasis on impact of COVID

## Focus Groups

- ❖ Needs Assessment Ad hoc members, PCS and Intern will facilitate the focus groups
- ❖ 10 Identified agencies
- ❖ The Focus Groups will take place during March and April



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# Take Away Points

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- ❖ The Needs Assessment provides the basis for important decisions using consumer and provider data and information
- ❖ Disparities among Black and Hispanic PLWH are evident in the data gathered from MA and NH
- ❖ Needs Assessment Process – limitations gathering data, connecting with consumers, achieving statistically sound sample size
- COVID-19
  - Technology on the client side seems to be a main barrier to care so far.
- Barriers to Care
  - Survey and focus group analysis determined that mental health is one of the largest barriers to care.



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# QUESTIONS?

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# DISCUSSION

- ❖ What information stood out to you within this presentation?
- ❖ Based on this presentation what do you think are the most important service needs in the Boston EMA
- ❖ How can the Planning Council help reduce disparities among Black and Hispanic PLWH?

**Thank you!**

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# FY23 Service Categories

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Patrick Baum and Ericka Olivera

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# Introduction

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## **Why is this presentation important?**

- To prepare for Priority Setting and Resource Allocation (PSRA)
- To be aware of the services that can be funded with Part A dollars
- To understand how the service is provided in the Boston EMA



# HRSA SERVICE CATEGORIES

CORE MEDICAL (13)	SUPPORT (15)
<b>AIDS Drug Assistance Program (ADAP/HDAP)</b>	Child Care Services
AIDS Pharmaceutical Assistance	<b>Emergency Financial Assistance (EFA)</b>
Early Intervention Services (EIS)	<b>Food Bank/Home Delivered Meals</b>
<b>Health Insurance Premium and Cost Sharing Assistance</b>	<b>Health Education/Risk Reduction</b>
Home and Community-Based Health Services	<b>Housing</b>
Home Health Care	<b>Linguistic Services</b>
Hospice Services	<b>Medical Transportation Services</b>
<b>Medical Case Management, including Treatment Adherence Services</b>	<b>Non-Medical Case Management</b>
<b>Medical Nutrition Therapy</b>	<b>Other Professional Services, Legal</b>
Mental Health Services	Outreach Services
<b>Oral Health Care</b>	<b>Psychosocial Support Services</b>
Outpatient /Ambulatory Health Services	<b>Referral for Healthcare &amp; Support Services</b>
Substance Abuse Services - Outpatient	Rehabilitation Services
<i>*Blue = Boston EMA Approved FY22 Service Categories</i>	Respite Care
	<b>Substance Abuse Services - Residential</b>

# Medical vs. Non-Medical Case Management

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## Similarities

- Services both include: assessment of service needs, development of a care plan, client monitoring, and evaluation of care plan
- Both services aim to improve health outcomes for PLWH

## Differences

- Medical: assistance with medical related care
- Non-medical: assistance with access to legal, social, financial, & community programs



# Medical Nutrition Therapy

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Referred by medical provider, assigned to a registered dietitian or other licensed nutrition professional who develops a nutritional plan, recommends food and nutritional supplements, and provides nutrition education.



# Mental Health Services

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Provides psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services. A treatment plan is developed and sessions are conducted in a group or individual setting, and provided by a licensed mental health professional.





# Oral Health

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Provides diagnostic, preventive, and therapeutic services by dental health care professionals.



# Outpatient/ Ambulatory Health Services

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Diagnostic and therapeutic services provided by a licensed healthcare provider in an outpatient medical setting (clinics, medical offices, mobile vans) where clients do not stay overnight.

Services include:

- Medical history taking
- Physical examination
- Laboratory testing
- Preventive care and screening
- Treatment and management of health conditions





# Substance Abuse Outpatient vs Residential

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## Similarities

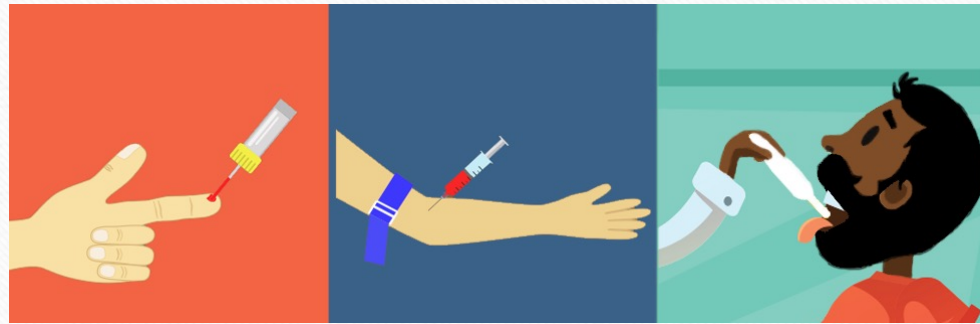
- Both for treatment of drug or alcohol use disorders.
- Allowable treatments include: Recovery readiness programs, harm reduction, behavioral health counseling, medication assisted therapy, and acupuncture

## Differences

- Outpatient services- patient goes home after treatment
- Residential – patient stays at a residential facility for a certain period of time.
- Outpatient Services- can cover syringe access

# Early Intervention Services

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- HIV testing
- Referral services
- Access and linkage to treatment services
- Outreach Services



# Food Bank/Home Delivered Meals

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Provides actual food items, hot meals, or vouchers to purchase food. Also includes the following non-food items:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification system



# Other Professional Services

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The provision of professional and consultant services which may include:

Legal Services	Permanency Planning
Provided to PLWH and involving legal matters related to their HIV disease	Help clients make decisions about the placement and care of minor children after the parents/caregiver is deceased or are unable to care for them



# Linguistic Services

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Provides interpretation and translation services, both oral and written, to eligible clients. These services must be provided by qualified linguistic services providers to facilitate communication between the provider and client.

# Medical Transportation

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Provides nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services.





# Psychosocial Support

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Provides group or individual support and counseling services to address behavioral and physical health concerns including:

- Bereavement counseling
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling
- Pastoral care/counseling services



# Referral for Healthcare and Support Services

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Supports referral of clients to needed core medical or support services in person or through telephone, written, or other types of communication.

Includes referrals to assist clients in obtaining access to public or private benefit programs for which they may be eligible.





# KNOWLEDGE CHECK

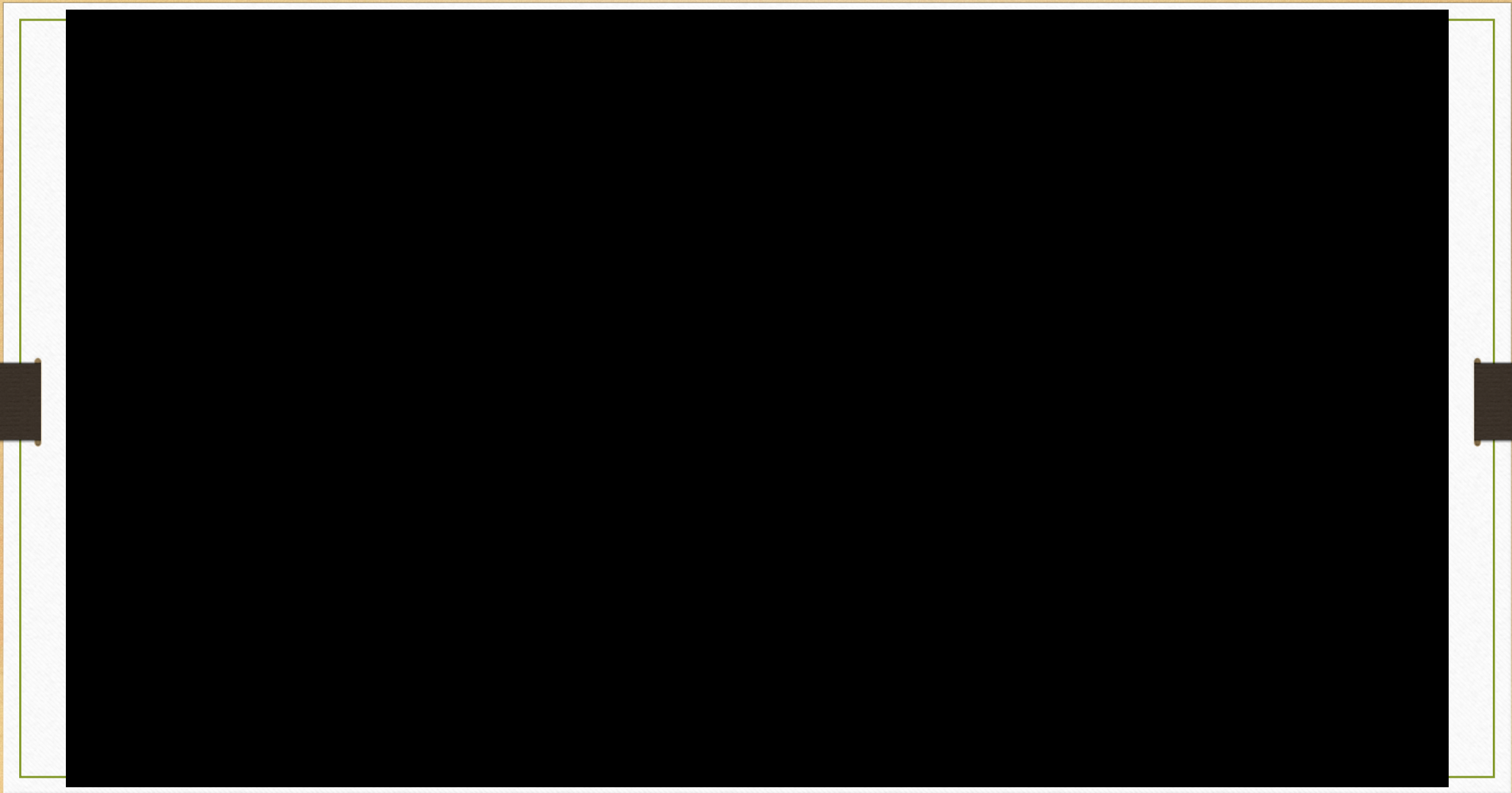


Next Steps...

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**PRIORITY SETTING**







# FY23 Priority Setting Exercise

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March 10, 2022



# What is Priority Setting?

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The process of ranking **all 28** service categories in order of importance to PLWH in the Boston EMA

# Why Is this Exercise Important?

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- Informs the recipient of which categories to allocate and re-allocate funds
- Eliminates health disparities and strengthens our continuum of care



# Which fiscal year are we setting priorities?

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The previous fiscal year ended Feb. 2022



We are currently in fiscal year 2022 which began March 1, 2022



The council will set priorities for FY 2023, which starts March 1, 2023

# How Do We Set the Priorities?

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- Review past data presentations to inform your decisions
- Review the service category definitions
- Utilize knowledge from personal and professional experiences

\*Note - Ranking does not determine the amount of funds allocated



### Priority Setting Ballot

Directions: Rank service categories from 1 to 28, with 1 being the most important.

SERVICE CATEGORIES	RANK
AIDS Drug Assistance Program Treatments (ADAP)	
AIDS Pharmaceutical Assistance	
Child Care Services	
Early Intervention Services (EIS)	
Emergency Financial Assistance	
Food Bank/Home Delivered Meals	
Health Education/Risk Reduction	
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	
Home and Community-Based Health Services	
Home Health Care	
Hospice	
Housing	
Linguistic Services	
Medical Case Management, including Treatment Adherence Services	
Medical Nutrition Therapy	
Mental Health Services	
Medical Transportation	
Non-Medical Case Management Services	
Oral Health Care	
Other Professional Services (Legal Services and Permanency Planning)	
Outpatient/Ambulatory Health Services	
Outreach Services	
Psychosocial Support Services	
Referral for Health Care and Support Services	
Rehabilitation Services	
Respite Care	
Substance Abuse Outpatient Care	
Substance Abuse Services (residential)	

# Priority Setting Instructions

- PCS will send out a link to the online ballot after the meeting
- Enter your ranking for ALL service categories:  
1 = most important  
28 = least important
- Deadline to submit rankings: April 12
- PCS will reveal the final rankings to be voted on at the April 14 Planning Council Meeting (late ballots not accepted)

# Announcements

SHARE WITH THE COUNCIL

- Planning Council Recruitment
  - Applications and Flyers available on Basecamp
  - Bayard Rustin Breakfast – April 2<sup>nd</sup>
  - Events Calendar
- Anti-Stigma Campaign
  - High School Panels
  - Tik Tok Videos
- New Intern Hires
  - Vicki Lee (Anti-Stigma Campaign)
  - Clark Azubuike (Needs Assessment)





# Thank you!

DO NOT FORGET TO SUBMIT YOUR EVALUATION!!!!

