

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

**WORKFORCE DEVELOPMENT**

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

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

- Utilize HIV surveillance data to identify and monitor disparities in health outcomes and HIV-related care among regions and populations

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

**WORKFORCE DEVELOPMENT**

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

- Support NH anti-stigma campaign
- Request SSP waiver to engage PLWH affected by substance abuse

- Expand collaboration with partners and Part A program sites to fund newly diagnosed individuals
- Invest in comprehensive housing services, improve collaboration with HUD HOPWA grantees
- Part A clients who need housing services 34%-29%
- Implement data-to-care quality improvement for programs with > 10% virally unsuppressed Black or Hispanic PLWH
- Coalition dedicated to expanding HIV services at shelters, drop in centers

**WORKFORCE DEVELOPMENT**

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

# RESPOND

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

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

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

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

**Reduce the number of new HIV infections by:**

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

WORKFORCE DEVELOPMENT

- Training diverse workforce of providers

WORKFORCE DEVELOPMENT

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

- Reduce new HIV infections

# PREVENT

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

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

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

#### WORKFORCE DEVELOPMENT

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

**Integrated HIV, HCV, STI screening for disproportionately impacted groups**

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

#### WORKFORCE DEVELOPMENT

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

# DIAGNOSE

Diagnose all people with HIV as soon as possible.

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

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

#### WORKFORCE DEVELOPMENT

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

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

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

- Adoption of sexual health as a human right

#### WORKFORCE DEVELOPMENT

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

- Improve viral suppression rates from 85% to 90% for PLWH on Part A
- Reduce number of clients that have lapse in coverage

- Increase percentage of Part A clients who have health insurance
- Complete a comprehensive needs assessment on current HIV+ prevention and care needs of PLWH
- Require comprehensive HIV services for individuals utilizing Part A case management and peer support services
- Ensure access to “treatment as prevention” services incl. partner notification, family/reproductive health, and risk/harm reduction

#### WORKFORCE DEVELOPMENT

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

# TREAT

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

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

# PARKING LOT

- Coordinate with other New England regional Getting to Zero initiatives
- Work with a combination of community partners, program designers, and academic clinicians to continuously refine a set of unique Massachusetts headline and key indicators for Getting to Zero
- Support the national Act Now: End AIDS Initiative
- Encourage Boston and other major cities in the Commonwealth to become Fast-Track Cities by signing the Paris Declaration