

Table I.C.1 History of HIV/AIDS in the Boston EMA (1986-2008)

First Decade (1980s) – Boston’s First Response to the Epidemic

Year	Activities
1986	<ul style="list-style-type: none"> The <i>ad hoc</i> committee established in response to the first AIDS cases in New England became a formal AIDS service organization – AIDS Action Committee.
1987	<ul style="list-style-type: none"> A workgroup was formed to assess the sustainable efforts by the City of Boston on prevention programs and HIV-related services.
1988	<ul style="list-style-type: none"> Boston AIDS Consortium (BAC), a project of the Harvard School of Public Health, was founded as a multi-cultural, community-based organization. Members of the BAC included consumers of HIV/AIDS services, health and human service providers, policymakers, funders, and representatives from government agencies.

Second Decade (1990s) – Developing the Boston EMA and Planning Council

Year	Activities
1990	<ul style="list-style-type: none"> The CARE Act was established. The BAC Steering Committee was appointed as the first Planning Council in the Boston EMA. Public hearings were held to obtain information on needs of PLWH in the Boston EMA. Information gathered was used as a tool to prioritize needs and allocate funding for services. The Planning Council identified the following goals: <ol style="list-style-type: none"> 1. Improve access to care by strengthening case management services 2. Provide supported housing/transitional assistance 3. Maintain persons in their own homes by expanding home services 4. Improve access to primary care through ancillary services
1991	<ul style="list-style-type: none"> The Boston EMA Planning Council conveyed its needs to the U.S. Department of Health and Human Services. Ten service categories were funded through thirty agencies.
1992	<ul style="list-style-type: none"> The Council began implementing various steps to formalize its role in ensuring access, and effective service delivery, to PLWH. The Council adopted a mission statement which further defined the Council’s role in addressing and alleviating the impact of HIV/AIDS in the Boston EMA through the following: <ul style="list-style-type: none"> - Continued allocation of funding based on need - Utilization of Part A (Title I) funds to resolve unmet needs of those infected - Fostering the integration of HIV/AIDS services in the EMA - Overseeing and assessing HIV/AIDS service delivery within the Boston EMA

1993	<ul style="list-style-type: none"> • The Council began using public hearings to garner information on the needs of PLWH, and to re-evaluate the prioritization and allocation of funds in the Boston EMA. • Council made funding recommendations based on findings from a needs assessment tool that measured: <ul style="list-style-type: none"> - HIV/AIDS services utilization - Level of consumer satisfaction - Barriers or obstacles to services • The Boston EMA was expanded to include the enlarged Boston Standard Metropolitan Statistical Area. • The geographic area of the Boston EMA was increased 100 times to include 6,500 square miles, two states, and ten counties, which consequently doubled the HIV population eligible for services.
1994	<ul style="list-style-type: none"> • The Council's membership expanded to 51 seats, with four alternates self-identified as PLWH. • Each of the three counties within the NH portion of the Boston EMA was guaranteed a seat. • Added stipulations by the CARE Act for diversity on the Council were implemented, including requirements that: <ul style="list-style-type: none"> - 25% of the Council be consumers of HIV/AIDS services - 25% of the Council be persons of color - 25% of the Council be women
1995	<ul style="list-style-type: none"> • The Nominations Committee was created to review Council applications. • The Resource and Allocations Committee was developed to focus on funding distributions for the Grantee.
1996	<ul style="list-style-type: none"> • The CARE Act was re-authorized. • The Council approved and adopted the first Comprehensive Plan called <i>Until There's a Cure</i>. • By recommendation of the Council, the Grantee funded a project to assess consumer's experiences with Part A services called <i>Voices of Experience</i>.
1997	<ul style="list-style-type: none"> • By recommendation of the Council, the Grantee funded an evaluation project to assess the impact of new treatments on the service delivery system. • The Council began the development of Standards of Care for a portion of Part A (Title I) services.
1998	<ul style="list-style-type: none"> • The Consumer Caucus was re-structured into the Consumer Committee. • By recommendation of the Council, the Grantee funded a project that began developing outcome measures for Part A (Title I) services through Suffolk University for a streamlined data collection process. • By recommendation of the Council, the Grantee funded a follow-up project to assess the impact of new treatments on the service delivery system through John Snow Institute (JSI). • The Council expanded to 65 individuals to meet newly mandated "reflectiveness" measures for the 1998-1999 term.
1999	<ul style="list-style-type: none"> • The Council reduced in size to 48 members in order to efficiently carry-out the Council term workplan and maintain the requirements set by Legislation.

Third Decade (2000s) – Improving Consumer Standards of Care and Outcomes

Year	Activities
2000	<ul style="list-style-type: none"> • The CARE Act was reauthorized. • For FY00, the Boston EMA received its largest increase in Part A (Title I) funds, nearly 17% more than FY99. • The Council completed the development of the Standards of Care Part A (Title I) Services. • The Council undertook the development of Standards of Care for Culturally and Linguistically Appropriate Services. • The Council continued the development of outcome measures for Part A (Title I) services, which were implemented later in FY00. • By recommendation of the Council, the Grantee funded a follow-up research project to the 1996 <i>Voices of Experience</i> called <i>The Changing Voices of Experience 2000</i>. • The Council continued supporting the JSI data collection for <i>HIV Care and Clinical Outcomes in Boston EMA Sites Providing Medical care, Phase 2</i>.
2001	<ul style="list-style-type: none"> • The Planning Council approved an updated Comprehensive Plan entitled <i>Entering the Third Decade of the HIV/AIDS Epidemic: Achievements and Challenges</i>. • The Boston EMA was awarded more than \$15 million, a significant increase, which was able to alleviate the burden on providers from the State FY02 budget cuts in AIDS line items, and the MassHealth (Massachusetts Medicaid) HIV waiver loss of \$500,000 in funding. • The Council voted to merge the previously separate category of OB/Gyn services for women into the primary care services category.
2002	<ul style="list-style-type: none"> • The Grantee partnered with the MDPH for joint projects, such as the revised HIV Case Management Standards of Care for Part A (Title I) and Part B (Title II) funded providers. • The Grantee and MDPH, with the support of the Council, adopted a common methodology for creating a unique client identifier across the two systems.
2003	<ul style="list-style-type: none"> • The Boston EMA received its highest award ever (\$15,398,403). • The Grantee was able to assist providers affected by the Massachusetts state AIDS line item, which was cut from \$41.4 million to \$35.8 million. • The Grantee, MDPH, Planning Council members, providers, and consumers began working on consolidating existing individual Standards of Care into a single “Universal” set that would apply to all providers funded through Part A (Title I). • The Grantee, in collaboration with MDPH, and with support from the Council, held a Case Management Services meeting with providers and consumers to address changing needs in the case management system and upcoming reprourement. • By recommendation of the Council, the Grantee funded a third <i>Voices of Experience</i>.
2004	<ul style="list-style-type: none"> • The Grantee and MDPH released a joint case management Request for Response to reprocure services state wide.

	<ul style="list-style-type: none"> • The Boston EMA experienced budget cuts from \$15.4 million to \$14.8 million. • The Massachusetts state AIDS line experienced budget cuts from \$35.8 million to \$30.3 million. • The HIV MassHealth waiver reduced its eligibility to 133% of FPL from 200% FPL. • By recommendation of the Planning Council, the Grantee funded a report on <i>HIV Care and Clinical Outcomes in Boston EMA Sites</i> by JSI, in order to assess the impact in service utilization and delivery. • The Council approved expansion of efforts to analyze health and quality of life outcomes data through regional and cohort analysis.
2005	<ul style="list-style-type: none"> • The HIV MassHealth waiver eligibility was restored to 200% FPL.
2006	<ul style="list-style-type: none"> • The CARE Act was reauthorized as the <i>Ryan White HIV/AIDS Treatment Modernization Act of 2006</i>. • There was a shift in focus to money being spent on direct health care services, and extended reach to minority clients through MAI. • Under Part A, MAI was embedded in Part A, but now required a separate competitive application process. • In order to adjust to the delay in the 2006 funding reauthorization, the Planning Council had to revisit its previous recommendations and develop an addendum based on potential funding reductions. • The Council was able to sustain the current system of care in the Boston EMA and preserve continuity of service.
2007	<ul style="list-style-type: none"> • The Council developed a process for eliminating zero-funded categories from their priority list. • The Council tracked the impact of the 2006 RWTMA reauthorization including evaluating the legislation and its implementation to determine the direct consequences for the Part A Boston EMA. • Beginning 1/1/07, the Commonwealth of Massachusetts switched to a names-based reporting system for HIV cases to comply with the new CDC recommendations. • The Council adjusted to changes in the waiver process and new requirements from HRSA. • The Planning Council evaluated the Massachusetts Health Reform Law implementation, which extends access to medical insurance to all U.S. citizens and qualified residents in the state.
2008	<ul style="list-style-type: none"> • The Grantee continues to collaborate with MDPH and JSI to conduct clinical chart reviews of Part A funded primary care funded sites, along with HIV primary care sites throughout MA. • Suffolk University continues to update outcome measurements biannually, and conducts projects that integrate outcomes data and client utilization data on a yearly basis. • The Planning Council's composition now reflects more than 50% membership of PLWH, of which 34% are non-aligned consumers.

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| | <ul style="list-style-type: none">• The services funded through Part A under the guidance of the Planning Council have changed in response to the continuing evolution of the epidemic and the resources available to meet the needs of PLWH.• With a current award in FY08 of \$13,189,240, the Boston EMA is able to support 51 agencies and 94 programs that affect 14,420 PLWH in the region.• Funds are allocated throughout the following 11 priority categories:<ol style="list-style-type: none">1. Primary Care2. Drug Reimbursement3. Housing4. Case Management5. Substance Abuse6. Mental Health7. Food8. Dental9. Transportation10. Peer Support11. Client Advocacy |
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