



Massachusetts Integrated Prevention and Care Committee Operating Statements



The Massachusetts Integrated Prevention and Care Committee (MIPCC) is an advisory body to the Office of HIV/AIDS within the Bureau of Infectious Disease Prevention, Response, and Services at the Massachusetts Department of Public Health.

Statement of Purpose

The Massachusetts Integrated Prevention and Care Committee (MIPCC) is a Massachusetts Department of Public Health (MDPH) facilitated group whose primary purpose is to act in an advisory capacity to the Office of HIV/AIDS (OHA). Active participation by individuals who have diverse expertise and experience, and a direct connection to HIV prevention and care services in Massachusetts is prioritized. The MIPCC tasks are to provide feedback and proactive guidance on programmatic and policy approaches and to inform the development and implementation of prevention and care initiatives for individuals living with and at risk for HIV infection in the Commonwealth.

The OHA has convened the MIPCC to engage in an integrated planning process to address the needs of persons living with and at risk for HIV/AIDS. For the purposes of the MIPCC scope of work, integration is defined as the joint consideration of both HIV prevention and care activities, including consideration of the public health response to sexually transmitted infections and viral hepatitis. Guidance received from the Centers for Disease Control (CDC) and the Health Resources and Services Administration (HRSA) supports integration of care and prevention planning activities in the jurisdiction to advance the goals of the National HIV/AIDS Strategy (NHAS).

The mission and priorities of the MIPCC are directed by the OHA.

Statement of Work

The MIPCC will maximize current provider expertise across HIV/AIDS prevention and care services as well as leverage expert public health capacities and consumer involvement to advance the goals of the OHA. In an advisory capacity to the OHA, the MIPCC will participate in the following activities:

- Review epidemiological data and highlight implications for current and future service provision.
- Discuss select core components of federal (notably HRSA and CDC) grant applications and work plans.
- Review funded prevention and care programmatic models and offer recommendations to strengthen programming, enhance service response, identify gaps in programming, and highlight emerging population groups or needs.

- Participate in the concurrence processes for CDC HIV prevention work.
- Participate in the development of State Plans as required by CDC, HRSA, and the White House.
- Receive briefings on initiatives and programs that complement HIV services, including: STD prevention work, partner services, viral hepatitis prevention and treatment, substance use prevention and treatment, homelessness, and issues related to gender identity and transgender health.

Statement of Participation

The Office of HIV/AIDS will engage a variety of stakeholders. Representative participation by state residents living with HIV/AIDS will be prioritized. Participation can be achieved through one of the following participant engagements:

Member: Appointed by the Office of HIV/AIDS after the completion of application process, members are providers, consumers, and community members that, as a body, are representative of the epidemic in Massachusetts. Emphasis is placed on ensuring that the membership reflects the spectrum of socio-demographic groups impacted by HIV/AIDS in the jurisdiction and is inclusive of race/ethnicity, place of birth, exposure mode, gender identity, and sexual orientation. The OHA will attempt to ensure that all geographic regions and service modalities are represented with parity.

Technical Advisors: Appointed by the Office of HIV/AIDS, technical advisors represent content experts in a number of prioritized disciplines identified by the OHA and prioritized by federal funders. Technical advisors support the work of the MIPCC through presentations and information sharing during MIPCC meetings. Types of disciplines that may be represented on this panel include but are not limited to: viral hepatitis prevention and treatment, STI prevention and treatment, HIV and STI surveillance, substance abuse prevention and treatment, research and evaluation, and intergovernmental relations.

Collaborative Partners: Additional planning body and/or organization representatives may be engaged to participate in the work of the MIPCC. Collaborative Partners will be invited to participate in group briefings, activities, and dialogues. Please see "Statement of Collaboration" for more detail.

Guests: The MIPCC conducts meetings in an open forum. Guests are invited to attend all meetings and are expected to abide by the meeting ground rules. Guests may be invited to participate in group briefings, activities, and dialogues.

MIPCC Leadership Team: The Office of HIV/AIDS has convened a core group of health department staff that represents a variety of office functions and disciplines: the consumer office, health communications and capacity building, prevention and screening, and client health services. This group is responsible to support the MIPCC in their work as an advisory body to the Office of HIV/AIDS by providing administrative support, including: meeting

planning, logistics, facilitation, research and policy analysis, and evaluation.

Statement of Collaboration

The efforts of the MIPCC complement the work of other state HIV/AIDS planning and advisory bodies, including: the Statewide Consumer Advisory Board, the Ryan White Part A Planning Council, One Love (a Program of Next Step, Inc.), and the Scientific Advisory Board of the HIV Drug Assistance Program. These partners represent their respective planning groups through routine meetings with MIPCC leadership and attendance as guests during MIPCC meetings.

Statement of Member Expectations

Appointed members are expected to adhere to the following expectations as a condition of membership:

- Members are required to attend all meetings unless absence has been excused for illness or emergency. Whenever possible, members should notify staff in advance of their absence.
- Members are expected to make positive contributions to the advancement of the planning and advisory process through a number of avenues including: active participation in meetings, written and oral feedback, participation in special projects or working groups, and the representation of the MIPCC within the provider/consumer community.
- Members are required to abide by the guidelines and ground rules established for all meeting participants.
- Additional detail about member expectations will be outlined in a membership agreement document.