



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
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To: Licensees of the Board of Registration of Social Workers, the Board of Registration of Allied Mental Health and Human Services Professions, and the Bureau of Substance Addiction Services

From: H. Dawn Fukuda, Assistant Commissioner, Director, Bureau of Infectious Disease and Laboratory Sciences  
Dierdre Calvert, Director, Bureau of Substance Addiction Services  
James Lavery, Director, Bureau of Health Professions Licensure

Date: April 1, 2026

**Re: Strengthening HIV Prevention, Reducing Stigma, and Expanding PrEP Access**

Dear Colleagues,

In Massachusetts, we have made significant strides to reduce new HIV infections and optimize health outcomes for our residents who are living with, or who are at risk for, HIV. However, this progress has not been equitable. [Surveillance data for Massachusetts](#) reveals profound disparities: the average HIV diagnosis rate for Black (non-Hispanic) residents is 11 times that of White residents, and for Hispanic residents, it is 5 times that of White residents.

Behavioral health professionals are uniquely positioned to address these disparities. You are often the primary point of contact for individuals navigating the very challenges—substance use, housing instability, and mental health concerns—that can intersect with HIV risk. Your expertise in building trust and navigating complex systems is essential to our efforts to end the HIV epidemic in the Commonwealth.

To further reduce HIV infections and health disparities, we must normalize the integration of HIV prevention into behavioral health care. We are writing to ask for your partnership in four critical areas: 1) normalize conversations regarding sexual health and substance use; 2) actively dismantle HIV-related stigma; 3) provide Pre-Exposure Prophylaxis Medication (PrEP) navigation and support; and 4) enhance access to safer drug use supplies.

## 1. Normalizing the Conversation: Sexual Health and Substance Use

Sexual health is an integral part of overall mental and physical well-being, yet these topics are not always addressed in behavioral health treatment due to time constraints or discomfort. DPH provides robust support for providers when assessments indicate a need for HIV care or substance use disorder (SUD) treatment.

We urge you to integrate a comprehensive sexual health and substance use history into routine intakes and ongoing counseling for all adult and adolescent patients, regardless of perceived behavioral risk.

- **Screening as Care:** Use the ["5 Ps"](#) (Partners, Practices, Protection, Past STIs, Pregnancy) as a conversation guide to help patients understand their needs without judgment.
- **Destigmatize Substance Use:** Utilize a [harm-reduction](#) approach that creates a safe space for patients to disclose injection drug use behaviors without fear of negative judgment.

## 2. Reducing Stigma

Stigma remains the single greatest barrier to HIV prevention and timely access to care. Patients who fear judgment regarding their sexual orientation, gender identity, or substance use are less likely to seek HIV testing and preventive care such as PrEP. Provision of affirming care enables individuals to access prevention and care interventions in a timely manner, reduce risks for HIV infection, and protect the health of their partners and community members. Your role in providing an affirming, trauma-informed clinical experience is essential to keeping patients engaged in the healthcare system.

- **Audit Your Environment:** Ensure your intake forms, office space, and educational materials are inclusive of all gender identities and sexual orientations. Download HIV and PrEP educational materials from the [Massachusetts Health Promotion Clearinghouse](#).
- **Language Matters:** Train all staff in person-first, trauma-informed language and harm reduction approaches.
- **Build Trust:** When providers approach sensitive topics with compassion, cultural humility, and without judgment, patients are more likely to return for follow-up care.

## 3. PrEP Navigation: Bridging the Gap to Prevention

Pre-Exposure Prophylaxis (PrEP) is 92% to 99% effective in preventing HIV, yet it remains dramatically underutilized. While you may not prescribe PrEP, you are the "bridge" that helps patients access it. Your endorsement of PrEP as a routine self-care tool can be a deciding factor for your clients.

- **Identify Candidates:** If a patient's assessment reveals indications for PrEP—such as having a partner with HIV, inconsistent condom use, a recent STI diagnosis, or sharing injection equipment—introduce PrEP as a standard preventive option. For more detailed clinical criteria, refer to the [CDC's PrEP Clinical Practice Guidelines](#).

- **Navigation & Enrollment:** Many patients are discouraged by administrative hurdles. You can support them by:
  - Helping them enroll in the [Massachusetts PrEP Drug Assistance Program \(PrEPDAP\)](#) to cover medication and lab costs.
  - Providing a warm handoff regarding potential HIV risk and consideration of PrEP to their existing provider, or referring to a [DPH-funded sexual and reproductive health provider](#).
  - Addressing psychological barriers or misconceptions regarding medication adherence.

#### 4. Supporting Safer Drug Use: Harm Reduction

Access to sterile injection equipment is a proven, evidence-based strategy to prevent HIV and Hepatitis C transmission. As a counselor or social worker, you can provide the education and referrals that save lives.

- **Education over Judgment:** Discuss the importance of using a new needle for every injection and provide education on safe disposal to prevent community sharps injury.
- **Refer to Syringe Services:** Connect patients to local Syringe Services Programs (SSPs). These programs provide comprehensive harm reduction services, including free sterile supplies, sharps disposal, naloxone, and linkage to treatment, in a non-judgmental environment.
- **Ensure Safe Disposal:** Encourage patients to use community-based [sharps disposal sites](#) to safely dispose used sharps and help to prevent community sharps injury.

#### Resources for Support and Training

The Massachusetts Department of Public Health offers robust resources specifically for behavioral health professionals:

- **Patient Navigation:** If your patient needs assistance paying for PrEP, or for help enrolling in health insurance coverage, contact the [Massachusetts PrEP Drug Assistance Program \(PrEPDAP\)](#) at [prepdap@accesshealthma.org](mailto:prepdap@accesshealthma.org) or by calling (617) 502-1700, option 4.
- **Syringe Service Programs (SSPs):** [Syringe Service Program Locator](#).
- For more information about prevention services for men who have sex with men, including PrEP, Post-Exposure Prophylaxis (PEP) and other prevention options, check out [Care That Fits You](#).

Other Resources:

- **Behavioral Health Training:** The [Grayken Center for Addiction](#) and [NEAETC](#) offer specific modules for non-prescribers on PrEP navigation and trauma-informed sexual health counseling.
- **CEU Opportunities:** Free CEUs for social workers and mental health counselors are often available through the [DPH/Fenway Health Training Initiative](#).

- **Clinical Consultation:** If you are unsure where to refer a patient for PrEP or PEP, contact the [National PrEPline](#) at (855) 448-7737.

Thank you for your continued dedication to the health and dignity of the residents of the Commonwealth. By normalizing these conversations, we can end the HIV epidemic in Massachusetts together.