

**DOH OVERSIGHT – HIV/AIDS, Hepatitis, STD, and Tuberculosis Administration
(HAHSTA)**

Organization, Performance Plan and General Questions

Q1: Please provide a current organizational chart for HAHSTA. Please provide information to the activity level. In addition, please identify the number of full time equivalents at each organizational level and the employee responsible for the management of each program and activity. If applicable, please provide a narrative explanation of any organizational changes made during FY14 or to date in FY15.

See attachment Q1 for the HAHSTA organization chart.

Q2: How many vacancies were posted during FY14? To date in FY15? Which positions? Why was the position vacated? In addition, please note how long the position was vacant, what steps have been taken to fill the position and whether or not the position has been filled.

FY14

POSITION TITLE	REASON POS WAS VACATED	VAC STATUS	HOW LONG VACANT	STEPS TAKEN TO FILL POS
Executive Assistant	Involuntary separation	Vacant	5/14-present	Requested reclassification by DCHR to Management Analyst
Administrative Officer (DDO)	Promotion outside HAHSTA	Vacant	6/13-present	Proposed elimination
Supervisory Grants Management	Involuntary separation	Vacant	10/14-present	Documents submitted to DOH HR for Posting
Grants Management Specialist (Grants)	Promotion	Vacant	3/13-present	Proposed elimination
Health Technician (STD/TB)	Retirement	Vacant	9/30-present	Documents submitted to DOH HR for Posting
Health Technician (STD/TB)	Retirement	Vacant	9/30-present	Documents submitted to DOH HR for Posting
Motor Vehicle Operator (STD/TB)	Deceased	Vacant	4/14-present	Proposed elimination
Health Technician (STD/TB)	Retirement	Vacant	9/30-present	Documents submitted to DOH HR for Posting
Practical Nurse (STD/TB)	Retirement	Vacant	9/30-present	Documents submitted to DOH HR for Posting
Chief Medical Officer (STD/TB)		Vacant		Pending classification by DCHR
Supervisory Medical Officer (STD/TB)	Involuntary separation	Vacant	9/13 - present	Requested reclassification to Supvy. Public Health Manager(Clinic Manger)
Supervisory Medical Officer (STD/TB)	Involuntary separation	Vacant	9/13-present	Proposed elimination
Clinical Nurse II (STD/TB)	Promotion	Vacant	6/13- present	Recruitment on hold
Investigator (STD/TB)	Retirement	Vacant	9/14-present	Documents submitted to DOH HR for Posting
Public Health Services Specialist (STD/TB)	Resignation	Vacant	8/14	Pending reclassification by DCHR
Public Health Services Specialist (STD/TB)	Resignation	Vacant	8/14	Pending reclassification by DCHR
Deputy Director of Programs and Policies	Involuntary separation	Vacant	7/13-present	Proposed elimination

*Department of Health
FY14 Oversight Questions*

Writer (DPP)	New Position	Vacant	10/13	Proposed elimination
Bureau Chief (Care)	Deceased	Filled	7/13-present	Filled on 8/11/14
Public Health Analyst (CARE)	Resignation	Filled	5/13 present	Filled on 8/13/14
Public Health Analyst B-lingual (Prevention)	Promotion	Vacant	10/13 - present	Position description under review
Public Health Analyst (Prevention)	Promotion	Filled	9/12 - present	Filled on 8/25/14
Bureau Chief (SID)	Resignation	Vacant	1//13 - present	Recruitment ongoing
Supervisory Public Health Analyst (SID)	Involuntary separation	Filled	10/13 - present	Filled on 8/11/14
Deputy Bureau Chief (SID)	Resignation	Filled	1/13 - present	Filled on 10/5/14
Statistician (SID)	Resignation	Filled	8/13 – present	Filled on 11/3/14
Epidemiologist (SID)	Resignation	Filled	6/13 - present	Filled on 12/29/14
Data Analyst (SID)	Resignation	Vacant	3/23/13 - present	Position posted
Supervisory Public Health Analyst (Capacity)	Resignation	Vacant	1/14-present	Proposed elimination
Supervisory Public Health Analyst (Capacity)	Promotion	Filled	1/2/14 – present	Filled on 12/23/14

FY15

POSITION TITLE	REASON POS WAS VACATED	VAC STATUS	HOW LONG VACANT	STEPS TAKEN TO FILL POS
Executive Assistant/Management Analyst	Involuntary separation	Vacant	5/14-present	Position is currently posted
Administrative Officer (DDO)	Promotion	Vacant	6/13-present	Acting AO in place
Supervisory Grants Management Specialist	Involuntary separation	Vacant	10/14-present	Documents submitted to DOH HR for posting Posting
Grants Management Specialist (Grants)	Promotion	Vacant	3/13-present	Not funded
Grants Management Specialist (Grants)	Retirement	Vacant	12/14-present	Documents submitted to DOH HR for Posting
Health Technician (STD/TB)	Retirement	Vacant	9/30-present	Documents submitted to DOH HR for Posting
Health Technician (STD/TB)	Retirement	Vacant	9/30-present	Documents submitted to DOH HR for Posting
Motor Vehicle Operator	Deceased	Vacant	4/14-present	Not funded

*Department of Health
FY14 Oversight Questions*

(STD/TB)				
Health Technician (STD/TB)	Retirement	Vacant	9/30-present	Documents submitted to DOH HR for Posting
Practical Nurse (STD/TB)	Retirement	Vacant	9/30-present	Documents submitted to DOH HR for Posting
Chief Medical Officer (STD/TB)		Vacant		Offer made to candidate
Supervisory Medical Officer (STD/TB)	Involuntary separation	Vacant	9/13 - present	Requested re-classification by DCHR to Supvy. Public Health Manager/Clinic Manager
Supervisory Medical Officer (STD/TB)	Involuntary separation	Vacant	9/13-present	Not funded
Nurse Practitioner (STD/TB)	New Position	Vacant	10/13 - present	Not funded
Clinical Nurse II (STD/TB)	Promotion	Vacant	6/13- present	Recruitment on hold
Investigator (STD/TB)	Retirement	Vacant	9/14-present	Offer made to candidate
Public Health Services Specialist (STD/TB)	Resignation	Vacant	8/14	Documents submitted to DOH HR for Posting
Public Health Services Specialist (STD/TB)	Resignation	Vacant	8/14	Documents submitted to DOH HR for Posting
Deputy Director, Programs and Policy	Involuntary separation	Vacant	7/13-present	Proposed elimination
Writer (DPP)	New Position	Vacant	10/13	Not funded
Supervisory Public Health Analyst (ADAP Manager)	Involuntary separation	Vacant	10/14	Documents submitted to DOH HR for reclassification and Posting
Supervisory Public Health Advisory (Housing Coordinator) (Care)	Resignation	Vacant	10/13 - present	Selection made
Public Health Analyst Bi-lingual (Prevention)	Promotion	Vacant	10/13 - present	Documents submitted to DOH HR for posting
Bureau Chief (SID)	Resignation	Vacant	1/11/13 - present	Recruitment ongoing
Deputy Bureau Chief (SID)	Resignation	Filled	1/5/13 - present	Filled on 10/5/14
Statistician (SID)	Resignation	Filled	8/28/13 – present	Filled on 11/3/14
Epidemiologist (SID)	Resignation	Filled	6/29/13 - present	Filled on 12/29/14
Data Analyst (SID)	Resignation	Vacant	3/23/13 - present	Offer made; candidate accepted another position. Will restart recruitment process.

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Supervisory Public Health Analyst (Capacity)	Resignation	Vacant	1/14-present	Proposed elimination
Supervisory Public Health Analyst (Capacity)	Promotion	Filled	1/2/14 – present	Filled on 12/23/14

Q3: Did HAHSTA meet the objectives set forth in the performance plan for FY14? Please provide a narrative description of what actions HAHSTA undertook to meet the key performance indicators or any reasons why such indicators were not met.

HAHSTA - Provided is the HAHSTA portion of the DOH FY 14 Performance Accountability Report (PAR).

OBJECTIVE 1: Reduce transmission/prevent new infections of HIV, STD, TB, and Hepatitis through early diagnosis and treatment, harm reduction, and behavior change interventions (One City Action Plan Action 3.2.3).

INITIATIVE 1.1: Increase efforts to identify individuals newly infected with HIV or STDs.

Fully achieved: HAHSTA reports 163,522 publicly supported HIV tests inclusive of both HAHSTA and Medicaid funded testing. HAHSTA expected the number of HAHSTA funded HIV tests to decline as it promoted more HIV testing through medical providers and insurance coverage. With the District's implementation of expanded Medicaid and the first year of the health insurance marketplace, many more residents now have insurance coverage. In FY14, the U.S. Preventive Services Task Force increased the grade rating for HIV testing to A, which covers all adults and adolescents. Insurance carriers use the Task Force rating for coverage of routine screenings. HAHSTA supported 122,978 tests. The decrease in HAHSTA funded testing does not indicate an overall decrease in HIV testing. HAHSTA is now obtaining HIV testing data from the DC Medicaid program. For FY14, Medicaid covered 40,544 tests, which brings a new total of 163,522. In FY14, HAHSTA shifted policy on providing funding support to hospitals for testing in emergency departments. HAHSTA determined that sustained funding was a priority as insurance would not necessarily cover testing in emergency department settings. HAHSTA started providing funds later in FY14 while leveraging hospitals to increase in-patient HIV screening. HAHSTA approached hospitals on the opportunity to acquire the 4th generation HIV testing architect. HAHSTA currently supports United Medical Center for its 4th generation testing architect. However, the hospitals opted not to seek HAHSTA funds to purchase the lab device.

INITIATIVE 1.2: Reduce the Prevalence of STDs and HIV in Youth.

Not achieved: HAHSTA sought more community partners and new schools to provide STD testing. HAHSTA did engage a new community partner SMYAL for STD testing. It has also contacted public charter schools to offer testing. However, FY14, HAHSTA encountered similar conditions with date changes in screening and low attendance days at schools, which resulted in fewer students to be offered STD testing. The percentage of students voluntarily undertaking STD tests declined from around 70% to 50%. This may be because of students accessing STD testing at other sites or changes in behavior that reduce their risk of STD infection. In fact, HAHSTA saw an encouraging decline from an average infection rate from 6% in FY13 to 4% in FY14. For FY15, HAHSTA is recruiting up to five public charter schools and engaged more community partners to increase STD testing availability. HAHSTA did successfully expand school-based HIV testing from about 200 tests in FY13 to 900 in FY14. HAHSTA expects an increase in FY15 as more schools are willing to make HIV

testing available.

OBJECTIVE 2: Improve care and treatment outcomes, as well as quality of life, for HIV/AIDS-infected individuals through increased access to, retention in, and quality of care and support services.

INITIATIVE 2.1: Increase the Number of People in quality HIV medical care (One City

● **Action Plan Action 3.2.3)**

Fully achieved: HAHSTA with its community partners succeeded in increasing the linkage to care within 3 months of diagnosis rate to 88% in FY14.

HAHSTA								
	KPI	Measure Name	FY 2013 YE Actual	FY 2014 YE Target	FY 2014 YE Revised Target	FY 2014 YE Actual	FY2014 YE Rating	Budget Program
●	1.1	# of new HIV/AIDS cases reported within the fiscal year	494	700	n/a	360	51.43%	HIV/AIDS, HEPATITIS, STD, TB ADMIN
●	1.2	# of youth (15-19) screened for STDs through youth outreach programs	4,449	7,500	n/a	3,825	51.00%	HIV/AIDS, HEPATITIS, STD, TB ADMIN
●	1.4	# of needles off the streets through DC NEX Program	647,838	500,000	n/a	696,807	139.36%	HIV/AIDS, HEPATITIS, STD, TB ADMIN
●	1.5	# of condoms (female and male) distributed by DC DOH Condom Program	6,941,760	5,000,000	n/a	6,081,900	121.64%	HIV/AIDS, HEPATITIS, STD, TB ADMIN
●	2.1	% of clients linked to care within 3 months of diagnosis	83.82%	85%	n/a	87.60%	103.06%	HIV/AIDS, HEPATITIS, STD, TB ADMIN

Q4: What are the objectives set forth in the performance plan for FY15? Please provide a narrative description of the progress HAHSTA has made to meet the objectives of the FY15 performance plan. Please describe any legislative goals or initiatives for FY15.

HIV/AIDS, Hepatitis, STD, and TB Administration

SUMMARY OF SERVICES

The HIV/AIDS, Hepatitis, STD and TB Administration's (HAHSTA) mission is to prevent primary infection of HIV/AIDS, STDs, Tuberculosis and Hepatitis, reduce transmission of the diseases and provide care and treatment to persons with the diseases. HAHSTA partners with health and community-based organizations to offer HIV and STD testing and counseling, prevention education and interventions, free condoms, as well as medical support, medication at no cost and other support services needed by clients living with HIV/AIDS. In addition, HAHSTA provides direct services at its STD and TB Clinics for residents of the District, administers the District's budget for HIV/AIDS, Tuberculosis, and Hepatitis programs, and collects and manages data on disease specific programs and services.

OBJECTIVE 1: Reduce transmission/prevent new infections of HIV, STD, TB, and Hepatitis through early diagnosis and treatment, harm reduction, and behavior change interventions (One City Action Plan Action 3.2.3).

INITIATIVE 1.1: Increase identification of individuals newly infected with HIV or STDs

Routine, opt-out HIV testing is the key component of HAHSTA's strategy to prevent new infections. HAHSTA has worked to incorporate this policy as a standard of care in all facilities in the District and HIV testing has been expanded to motor vehicles offices and an addiction recovery center. In FY15, HAHSTA will continue its partnership with hospitals by supporting emergency room testing while increase billing for in-patients and ambulatory care patients. HAHSTA will enhance its outreach testing by using new rapid-rapid confirmatory testing per the CDC guidance, including an additional public benefits office and a revised social networking program. HAHSTA will also retool its HIV testing and introduce a new STD social marketing program. **Completion Date: September, 2015.**

INITIATIVE 1.2: Reduce the Prevalence of STDs and HIV in Youth.

It is critical that the District support young people to develop awareness, skills, and behaviors that lead to a reduction of risk for STDs and HIV throughout their lifetime. Activities to achieve this goal include: mainstreaming of STD/HIV information into youth activities; expanding HIV testing in schools; expanding peer educators, including distribution of condoms in public schools; expanding the HAHSTA youth social marketing program to address peer norms that influence sexual activity; and expanding youth outreach and STD/HIV testing and treatment services to venues other than the school. In FY15, HAHSTA will increase the number of youth screened for STDs. **Completion Date: September, 2015.**

OBJECTIVE 2: Improve care and treatment outcomes, as well as quality of life, for HIV/AIDS-infected individuals through increased access to, retention in, and quality of care and support services, as part of the District’s adoption of the National HIV/AIDS Strategy, with targets to be accomplished by 2015 (One City Action Plan Action 3.2.3).

INITIATIVE 2.1: Increase the Number of People in quality HIV/AIDS medical care (One City Action Plan Action 3.2.3).

HAHSTA will continue to increase the utilization of HIV/AIDS care services by DC residents and ensure the availability of critical and effective support services to maximize retention in care and health outcomes. HAHSTA will expand the peer community health worker model program to support newly diagnosed and persons returning to care to connect and retain in HIV treatment. HAHSTA will collaborate with the Department of Health Care Finance on optimizing Medicaid coverage for care and appropriate support services for persons living with HIV and HAHSTA funds for ensuring improved health outcomes. HAHSTA will expand its HIV treatment social marketing program to emphasize that HIV is a manageable disease. In FY 15, HAHSTA will increase the percentage of clients linked to care within 3 months of diagnosis. **Completion Date: September, 2015.**

Objective 3: Increase, monitor and evaluate the number of persons recommended for screening of hepatitis C and linkage to care for persons diagnosed.

INITIATIVE 3.1: With new screening recommendations and treatment option for hepatitis C, HAHSTA has an overall goal to eradicate hepatitis C in the District of Columbia. HAHSTA will promote and increase screening among recommended populations (“baby boomers” born between 1945 and 1965 and persons with a history of injection drug use). HAHSTA will expand screening at its STD Clinic, provide funding to community partners for outreach testing and employ its academic detailing program to educate primary care and other clinicians in their health settings. HAHSTA will increase the percentage of persons screened based on the screening recommendations. **Completion Date: September, 2015.**

KEY PERFORMANCE INDICATORS - HIV/AIDS, Hepatitis, STD, and TB Administration

Measure	FY 2013 Actual	FY 2014 Target	FY 2014 Actual	FY 2015 Target	FY 2016 Projection	FY 2017 Projection
Number of new HIV/AIDS cases reported within the fiscal year [One City Action Plan Action 3.2.3]	494	700	360	650	600	600
Number of publicly supported HIV tests reported [One City Action Plan Action 3.2.3]	177,609	125,000	163,522	125,000	125,000	125,000
Number of needles off the streets through DC NEX Program [One City Action Plan Action 3.2.3]	647,838	500,000	696,807	550,000	550,000	550,000
Number of condoms (female and male) distributed by DC DOH Condom Program [One City Action Plan Action 3.2.3]	6,941,760	5,000,000	6,081,900	6,000,000	6,000,000	6,000,000
Number of youth (15-19 years) screened for STDs through youth outreach programs	4,449	7,500	3,825	7,500	7,500	7,500
Percent of clients linked to care within 3 months of diagnosis [One City Action Plan Action 3.2.3]	83.82%	85%	86.60%	85%	85%	85%
Percent of recommended persons who were screened once in their lifetime for hepatitis C.				75%	75%	75%

Q5: Please complete a Program and Activity Detail Worksheet for each program and activity within HAHSTA.

See Attachment Q5 for the HAHSTA Program and Activity Detail Worksheets.

Q6: Please provide an update of the impact of federal health care reform on HAHSTA's programs and activities including any identified potential cost savings.

The District of Columbia began implementation of health care reform with the expansion of Medicaid on July 1, 2010. HAHSTA worked concertedly with the Department of Human Services and Department of Health Care Finance (DHCF) to enroll all persons eligible into Medicaid. With the launching of the Health Insurance Marketplace, there was another opportunity for individuals to purchase health insurance coverage. DHCF funded multiple organizations to provide navigation for individuals signing up for insurance coverage. About 12 of the navigator organizations were HIV service providers.

The result has been a significant enrollment of persons with HIV with public or private health insurance. HAHSTA has seen this in the reduction of beneficiaries of the AIDS Drug Assistance Program (ADAP) and an increase in persons receiving ADAP insurance assistance. Since 2010, approximately two-thirds of the ADAP enrollment has moved onto Medicaid. In the past year with the availability of private insurance, HAHSTA has seen an approximate five-fold increase in the number of persons receiving ADAP support for premiums, deductibles and co-pays for HIV medications.

Health care reform enables HIV medical providers to improve their billing of Medicaid and other third-party payer sources. The revenue generated from Medicaid and other payers will enhance the fiscal status of Ryan White CARE Act funded agencies to ensure their organizational stability, administrative infrastructure and compensation for the systematically high costs of providing care to people with HIV. The expanded health insurance coverage enables HAHSTA to work with the Ryan White Planning Council to better allocate funding for wrap around/support services not covered by insurance, incentives for improving quality care and health outcomes and a safety net for individuals ineligible for insurance.

With the expansion of insurance for persons living with HIV, HAHSTA is working with the Ryan White Planning Council on a waiver of the 75% core medical services requirement. The waiver would enable the Council to allocate more funds for supportive services to complement medical care provided through insurance.

HAHSTA has been planning the expansion and enhancement of its STD and TB clinical services by leveraging health care reform and third party reimbursement. The City Council Committee on Health included provisions in the FY15 Budget Support Act to grant authority to DOH/HAHSTA to bill third parties for clinical services and established the Communicable and Chronic Disease Prevention and Treatment Fund, a non-lapsing fund for the revenue collected. HAHSTA anticipates that the revenue will increase services for District residents and eventually reduce local funding requirements.

HAHSTA continues to make progress on its redesign of its STD and TB clinical services. In FY14, it procured an Electronic Medical Record (EMR) system eClinical Works (ECW) with billing clearinghouse capacity. ECW is used by many District community-based medical providers and will help facilitate patient co-management. HAHSTA's consultant SciMetrika on the project prepared the required HIPAA documents. SciMetrika will be assisting in the deployment of the EMR and practice management features, such as appointment scheduling and

web-based patient portal. SciMetrika will also be training HAHSTA staff on billing procedures. HAHSTA plans a phased in implementation of the EMR with anticipated commencement of billing in first quarter FY16.

Q7: Please provide an update on the work of the Mayor's Commission on HIV/AIDS. Please provide a timeline for new appointments to the Commission and any additions and/or changes to its composition.

The Mayor's Commission on HIV/AIDS (the Commission) held two meetings during FY14 on February 26, 2014 and its first meeting on February 26, 2014 and April 30, 2014. The February meeting was chaired by former Mayor Vincent C. Gray and former DOH director Dr. Joxel Garcia. The activities at the meeting included a swearing-in of new members, an overview of the current state of the HIV epidemic in the District and a preliminary planning on the Commission's scope of work, including defining role of Commission, goals and objectives, topic priorities, timeframe with milestones, committee structure, member participation, work plan development and evaluation.

The April meeting was a working session for the Commission to identify topics, define goals and objectives, develop a work plan, and determine a committee structure. The Commission members discussed a range of topics:

- Optimizing HIV care with ACA and health care reform
 - Models of care, including HIV health home
- HIV testing
 - Expansion and routinization
 - Insurance reimbursement
- Addressing population disparities
 - Gay/bisexual men
 - Young people
 - Hispanics
 - Heterosexuals
 - African-American men
 - African-American women
- Translating science into public health application
 - Biomedical interventions: PrEP, nPEP, treatment as prevention
- Role of primary prevention for persons who are negative
- Role of health department
 - Accountability for providers and/or individuals
- Co-occurring conditions and co-morbidities: mental illness, substance use, hepatitis C, STDs, etc.

The members considered preliminary overall goals and objectives:

- 50% proposal: reduction number new cases, reduction deaths, increase in viral load suppression.
- Percentage of the population based on screening recommendations to be tested per year.

The Commission preferred topic based sessions rather than standing committees for in-depth examination and discussion.

Since April, there has been no Commission activity. HAHSTA as the support for the Commission has postponed further meetings until consideration can be made by Mayor Bowser on the future of the body.

The Commission has 28 members, 16 public members; eight government representatives and four ex officio members. Current members include:

Public Members (One vacancy)

Dr. Jeffrey Akman, *Interim Vice Provost - Health Affairs, George Washington University*
Alexandra Beninda, *DC Transgender Unitarian Progressive Democratic Activist*
Don Blanchon, *CEO, Whitman Walker Clinic*
Diana Bruce, *Director of Health and Wellness, District of Columbia Public Schools*
Earline Budd *Treatment Adherence Specialist, Transgender Health Empowerment, Inc.*
Corrie Franks, *Substance Abuse Counselor, Samaritan Inns Residential Treatment Program*
Isaac Fulwood, Jr., *Chairman - U.S. Parole Commission*
Dr. Flora Hamilton, *CEO, Family and Medical Counselor Services, Inc.*
George Johnson, *Activist*
Michael Kharfen, *Senior Deputy Director - HIV/AIDS, Hepatitis, STD, & TB Administration*
Rev. Dyan Abena McCray, *Founding Pastor, Unity Fellowship Church*
Lillian Perdomo, *Retiree*
Ron Swanda, *Retiree*
Omonigho Ufomata, *Director, Healthcare Foundation*
Toni Zollicoffer, *Sr. Director, Behavioral Health Services, So Others May Eat, Inc.*

District Government Representatives (Two vacancies)

**Director - Department of Behavioral Health (DBH)*
**Director - Department of Human Services (DHS)*
Thomas Faust, *Health Systems Administrator, Department of Corrections (DOC)*
**Director, Department of Housing and Community Development*
**Co-Chair, Director - Department of Health*
**Director, Office on Aging*

Ex-officios Members

Muriel Bowser, *Mayor, Commission Chair - D.C. Government*
City Administrator - Office of the City Administrator
Deputy Mayor Health and Human Services
The Honorable Yvette Alexander, *Health Committee Chair, DC Council*

The following members resigned during FY 2014.

Dr. Lisa Fitzpatrick, *Medical Director, United Medical Center*
Antonio Mason, *Student Representative, Banneker High School*
Mariella Sanchez, *Health Educator, Mary's Center for Maternal & Children*

*District government representatives and ex-officio members to be named/appointed by Mayor Muriel Bowser.

Grants Management and Oversight

Q8: How many Remediation/Corrective Action plans were initiated in FY14 or to date in FY15 due to violations of the invoice submission policy? What percent of invoices were paid within 30 days in FY14 and to date in FY15? What percentage of invoices were submitted late?

HAHSTA processed and paid approximately 75% of the invoices received in FY14 and to date in FY15 within 30 days of receipt. During this period, approximately 16% of invoices were submitted late to HAHSTA, resulting in delayed payments. Submissions beyond the time frame triggered late invoice notices and if were not resolved, escalated to Remediation/Corrective action and or technical assistance as appropriate.

The late submissions are primarily attributable to providers not completing their categorical budget and negotiating aspects of their grant agreement. Once resolved, most providers proceed to submit their invoices timely.

HAHSTA is currently conducting a review of its grant management practice to improve communication and collaboration between grant and program officers, streamlining procedures and ensuring stricter compliance with protocols, particularly on remediation and corrective action plans.

In FY14, HAHSTA initiated three (3) Remediation/Corrective actions due to late invoice submission. All three have been completed and closed. To date in FY15, HAHSTA has issued four (4) actions. All of the actions for FY15 are in the implementation stage with the providers.

Q9: What is the status of the technical limitations of the District's Automatic Clearing House payment system with the OCFO and grantees?

OCFO resolved the primary technical limitation – providing vendors with detailed remittance advice – in FY 14. HAHSTA sent out two communications to all of its vendors in FY 14 on the opportunity for electronic payment. All HAHSTA grant monitors have access to the application on the HAHSTA internal shared drive so that it can be quickly made available to vendors upon request. At this time 23 HAHSTA vendors are signed up with ACH.

Q10: How many grantees and sub-grantees received fiscal site visits as a result of a low rating on the Agency Capacity and Monitoring (ACAM) assessment tool? How many grantees received a Corrective Action Plan or Remediation Plan and what is the status of these plans? What were some of the most common deficiencies that were cited in the assessment tool? Have all grantees received the HAHSTA Contract Management Guidebook and other grants management tools? How many grants management trainings have been conducted in FY14 and to date in FY15 with grantees and sub-grantees?

HAHSTA conducts at least one site visit per year to all sub-grantees and will subject sub-grantees to additional scrutiny as deemed necessary by the program and or grant monitors. HAHSTA conducted two (2) site visits due to low capacity or observed deficiencies.

The most commonly observed deficiencies involved late or inadequate submission of Categorical Budgets, invoices, programmatic report monthly submissions and under-expenditures, usually due to vacancies within that agency. HAHSTA provided support and technical assistance to the community providers toward addressing those issues.

In FY14, HAHSTA initiated three (3) Remediation/Corrective actions due to late invoice submission. All three have been completed and closed. To date in FY15, HAHSTA has issued four (4) actions. These actions for FY15 are in the implementation stage with the providers.

HAHSTA ensures that all providers receive a copy of their executed grant agreement which includes detailed requirements including guidelines on invoice due dates and other instructions. DOH Office of Grants Management put on hold the revision of the Grants Management Guidebook in expectation of developing the new agency-wide Electronic Grants Management System.

As a complement to Remediation and Corrective action plans, HAHSTA grant and program monitors provide continuous support and guidance to providers. HAHSTA has conducted 10 extensive technical assistance sessions thus far in FY15. These technical assistance sessions addressed issues such as budget development, the invoice submission and generation process and program implementation.

Q11: How many HAHSTA grantees or sub-grantees received awards in FY14 and to date in FY15 to support HIV/AIDS testing and direct medical care? Please provide a breakdown by service provided and targeted community or ward. Please list community providers by ward. In addition, please provide FY14 and FY15 counseling, testing and referral data, broken out by gender and age.

The table below provides a list of grantees and relevant service information:

Services by target population

Name of Sub-Grantee	Target population	Service Provided	Ward
START at Westminster	General, high risk populations, mobile	CTR, Mobile Services	7, 8 (1-8)
Us Helping Us	Men who Have Sex with Men, African Americans, Transgender	CTR, Couples HIV CTR	1
Metro Teen AIDS	LGBTQ youth, PLWHA	CTR, Navigation & Pregnancy Support	6
HIPS	African Americans, Commercial Sex Workers, People Who Inject Drugs, Transgender	CTR, Mobile Services	5 (1-8)
Andromeda Transcultural Health	Latino men, women, MSM	Billable/Clinical CTR, Mobile Services	4 (1-8)
Metro Health	All populations	Billable/Clinical CTR, Mobile Services	2 (1-8)
Bread for the City	Low income, un/under-insured, Homeless, People Who Inject Drugs	Billable/Clinical CTR	1-8
Children's National Medical Center	Youth	Routine HIV Screening in Hospital Settings	5 (All Wards 1-8)
Providence Hospital	All populations	Routine HIV Screening in Hospital Settings	5 (All Wards 1-8)
Howard University Hospital	All populations	Routine HIV Screening in Hospital Settings	1 (All Wards 1-8)
Not-for-Profit Hospital Corporation dba United Medical Center	All populations	Routine HIV Screening in Hospital Settings	8 (All Wards 1-8)
MedStar Washington Hospital Center	All populations, PLWHA	Comp. Tx Support	5 (All Wards 1-8)
Family and Medical	African Americans, People Who Inject Drugs	CTR, Comp. Tx Support, Couples HIV CTR,	8 (1-8)

Counseling Services		Mobile Services	
Unity Healthcare	African American, men & women, Uninsured	Routine HIV Screening	All Wards 1-8
Whitman-Walker Health	LGBT, PLWHA	Billable/Clinical CTR, Comp. Tx Support	1, 8
Community Education Group	African Americans, Heterosexual men & women, MSM, PLWHA	Comp Tx Support, CTR, Mobile Services	7 (1-8)
Georgetown University Hospital	All populations, PLWHA	Routine HIV Screening in Hospital Settings	2 (All wards 1-8)
La Clinica del Pueblo	Latino Heterosexual men and women, LGBT	Billable/Clinical CTR, Prevention to High Risk Negatives	1 (4)

HIV Testing Data from 10/01/2013 - 09/30/2014

Total Tests Performed = 122,978

Age Range

Label	Total	Percent
(No Data)	319	0.26%
Age 00 to 04	77	0.06%
Age 05 to 12	31	0.03%
Age 13 to 19	11,103	9.03%
Age 20 to 29	38,403	31.23%
Age 30 to 39	25,142	20.44%
Age 40 to 49	17,604	14.31%
Age 50 to 59	18,482	15.03%
Age 60 and over	11,817	9.61%

Ethnicity

Label	Total	Percent
Declined to Answer	947	0.77%
Don't Know	7,230	5.88%

Hispanic or Latino	14,588	11.86%
Not Asked	13	0.01%
Not Hispanic or Latino	100,200	81.48%

Primary Race

Label	Total	Percent
American Indian or Alaska Native	142	0.12%
Asian	1354	1.10%
Black or African American	96,867	78.77%
Declined	515	0.42%
Do not know	14,682	11.94%
More Than One Race	288	0.23%
Native Hawaiian or Other Pacific Islander	305	0.25%
Not Asked	33	0.03%
White	8,792	7.15%

Gender at Birth

Label	Total	Percent
Declined to Answer	191	0.16%
Female	62,831	51.09%
Male	59,929	48.73%
Not Asked	27	0.02%

Gender

Label	Total	Percent
Additional (specify)	6	0%
Declined to Answer	207	0.17%
Female	62747	51.02%
Male	59,654	48.51%
Not Asked	23	0.02%
Transgender - FTM	70	0.06%
Transgender - MTF	271	0.22%

Previous HIV Test

Label	Total	Percent
Declined to Answer	158	0.13%
Don't Know	49,080	39.91%
No	9,322	7.58%
Not Asked	14,238	11.58%
Yes	50,180	40.80%

Self-Reported Result - Only for those reporting a previous HIV test

Label	Total	Percent
(No Data)	72,798	59.2%
Declined to Answer	35	0.03%
Don't Know	5,301	4.31%
Indeterminate	9	0.01%
Negative	44,518	36.2%
Not asked	13	0.01%
Positive	291	0.24%
Preliminary Positive	13	0.01%

Test Result

Label	Total	Percent
(No Data)	1,498	1.22%
Indeterminate	12	0.01%
Invalid	58	0.05%
Negative	120,765	98.2%
No Result	66	0.05%
Positive/Reactive	579	0.47%

MSM- Defined as identifying current gender as Male and having reported Anal Sex with a Male

Label	Total	Percent
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MSM	7,243	100%
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IDU – Defined as reporting Injection Drug Use

Label	Total	Percent
IDU	789	100%

Ryan White CARE Act and the Effi Barry Initiative

Q12: What was the total amount of Ryan White CARE Act funding awarded to the District in FY14 and FY15? Of that amount, please indicate how much was distributed to each jurisdiction within the Eligible Metropolitan Area (EMA). Who within HAHSTA is responsible for ensuring technical assistance plans for the EMA?

Ryan White Part A

	Services	Administration	Quality Management	Total
Washington DC	\$13,671,011	\$2,194,409	\$1,120,913	\$16,986,333
Northern Virginia	5,402,793	381,373	178,503	5,962,669
Suburban Maryland	7,050,855	497,708	237,329	7,785,892
TOTAL	\$26,124,658	\$3,073,490	\$1,536,745	30,734,893

Ryan White Part B

ADAP	\$9,449,635
MAI	\$212,450
Formula - Services	\$4,003,842
TOTAL	\$13,665,927

Clover Barnes, Care, Housing and Support Services Division Chief, is the responsible staff person within HAHSTA for ensuring technical assistance plans for the EMA.

Q13: Please indicate what service categories (i.e. primary care, case management, and treatment adherence) were funded with Ryan White Title A and B resources in FY14 and to date in FY15. For each service category, please provide the following information broken out by funding resource:

- **The name of all programs funded under each service category;**
- **A description of the specific services provided by each program;**
- **How much was budgeted for the program in FY14 and FY15;**
- **The funding source of each program (Local, federal, or other);**
- **How much the program cost in FY14 and to date in FY15;**
- **How many people did the program/funding serve in FY14 and to date in FY15;**
- **How many locally-funded FTEs provided oversight of this program; and**
- **How many non-locally funded FTEs provided oversight of this program.**

Programs and Service Categories

Service	Sub-Grantee	Part A Grant Year 24	Part B Grant Year 24
Ambulatory Outpatient Medical Care	AIDS Healthcare Foundation	X	
Ambulatory Outpatient Medical Care	Andromeda Transcultural Health Center	X	
Ambulatory Outpatient Medical Care	Children's National Medical Center	X	
Ambulatory Outpatient Medical Care	Family and Medical Counseling Services	X	
Ambulatory Outpatient Medical Care	Howard University CIDMAR	X	
Ambulatory Outpatient Medical Care	Metro Health	X	
Ambulatory Outpatient Medical Care	Regional Addiction Prevention	X	
Ambulatory Outpatient Medical Care	United Medical Center	X	
Ambulatory Outpatient Medical Care	Unity Health Care	X	
Ambulatory Outpatient Medical Care	Whitman-Walker Health	X	
Ambulatory Outpatient Medical Care – MAI	Children’s National Medical Center	X	
Ambulatory Outpatient Medical Care - MAI	Family and Medical Counseling Services	X	
Ambulatory Outpatient Medical Care - MAI EMA-Wide	La Clinica del Pueblo	X	
Oral Care	Howard University CIDMAR	X	
Oral Care	Unity Health Care	X	
Oral Care	Whitman-Walker Health	X	
Early Intervention Services	Howard University/HUH CARES		X
Early Intervention Services	Andromeda Transcultural Health	X	X

*Department of Health
FY14 Oversight Questions*

Service	Sub-Grantee	Part A Grant Year 24	Part B Grant Year 24
	Center		
Early Intervention Services	Institute for Public Health Innovation	X	
Early Intervention Services	The Women's Collective		X
Early Intervention Services	Us Helping Us		X
Early Intervention Services	Whitman-Walker Health		X
Health Insurance Premium Payment	DC Care Consortium		X
Home & Community Based Health	Whitman-Walker Health	X	
Mental Health Services	Andromeda Transcultural Health Center	X	
Mental Health Services	Children's National Medical Center	X	
Mental Health Services	Family and Medical Counseling Services	X	
Mental Health Services	Howard University CIDMAR	X	
Mental Health Services	Metro Health	X	
Mental Health Services	United Medical Center	X	
Mental Health Services	Us Helping Us		X
Mental Health Services	Whitman-Walker Health	X	
Mental Health Services – MAI	Whitman-Walker Health	X	
Mental Health Services - MAI EMA-Wide	La Clinica del Pueblo	X	
Medical Nutrition Therapy	Children's National Medical Center	X	
Medical Nutrition Therapy	Damien Ministries		X
Medical Nutrition Therapy	Family and Medical Counseling Services	X	
Medical Nutrition Therapy	Food and Friends		X
Medical Nutrition Therapy	Regional Addiction Prevention	X	
Medical Nutrition Therapy	Whitman-Walker Health	X	
Medical Case Management	AIDS Healthcare Foundation	X	
Medical Case Management	Andromeda Transcultural Health Center	X	
Medical Case Management	Children's National Medical Center	X	
Medical Case Management	Community Family Life		X
Medical Case Management	Damien Ministries		X
Medical Case Management	Family and Medical Counseling	X	

*Department of Health
FY14 Oversight Questions*

Service	Sub-Grantee	Part A Grant Year 24	Part B Grant Year 24
	Services		
Medical Case Management	Homes for Hope		X
Medical Case Management	Howard University/HUH CARES		X
Medical Case Management	Metro Health	X	
Medical Case Management	Regional Addiction Prevention	X	
Medical Case Management	Terrific, Inc.		X
Medical Case Management	United Medical Center	X	
Medical Case Management	Unity Health Care	X	
Medical Case Management	Us Helping Us		X
Medical Case Management	Whitman-Walker Health	X	
Medical Case Management	The Women's Collective		X
Medical Case Management	Children's National Medical Center	X	
Medical Case Management	Family & Medical Counseling Services	X	
Medical Case Management – MAI	Casa Ruby	X	
Medical Case Management – MAI	Children's National Medical Center	X	
Medical Case Management – MAI	Family and Medical Counseling Services	X	
Medical Case Management – MAI	Whitman-Walker Health	X	
Medical Case Management - MAI EMA-Wide	La Clinica del Pueblo	X	
Substance Abuse Services – Outpatient	Andromeda Transcultural Health Center	X	
Substance Abuse Services – Outpatient	Children's National Medical Center	X	
Substance Abuse Services – Outpatient	Family and Medical Counseling Services	X	
Substance Abuse Services – Outpatient	Howard University CIDMAR	X	
Substance Abuse Services – Outpatient	Metro Health	X	
Substance Abuse Services – Outpatient	Regional Addiction Prevention	X	
Substance Abuse Services – Outpatient	United Medical Center	X	
Substance Abuse Services – Outpatient	Whitman-Walker Health	X	
Substance Abuse Services - Outpatient - MAI	Children's National Medical Center	X	
Substance Abuse Services - Outpatient - MAI	La Clinica del Pueblo	X	
Substance Abuse Services - Outpatient - MAI	Whitman-Walker Health	X	
Child Care	DC Care Consortium	X	

*Department of Health
FY14 Oversight Questions*

Service	Sub-Grantee	Part A Grant Year 24	Part B Grant Year 24
Emergency Financial Assistance	DC Care Consortium	X	
Food Bank, Home Delivered Meals	Damien Ministries		X
Food Bank, Home Delivered Meals	Family and Medical Counseling Services	X	
Food Bank, Home Delivered Meals	Food and Friends		X
Legal Services	Whitman-Walker Health	X	
Linguistic Services - MAI EMA-Wide	La Clinica del Pueblo	X	
Medical Transportation Services	Andromeda Transcultural Health Center	X	
Medical Transportation Services	Children's National Medical Center	X	
Medical Transportation Services	Howard University/HUH CARES		X
Medical Transportation Services	Us Helping Us		X
Medical Transportation Services - MAI EMA-Wide	La Clinica del Pueblo	X	
Outreach Services – MAI	Children’s National Medical Center	X	
Outreach Services -- MAI EMA-Wide	La Clinica del Pueblo	X	
Psychosocial Support Services	Andromeda Transcultural Health Center	X	
Psychosocial Support Services	Children's National Medical Center	X	
Psychosocial Support Services	Whitman-Walker Health	X	
Psychosocial Support Services – MAI	Metro Health	X	
Psychosocial Support Services – MAI	Whitman-Walker Health	X	
Psychosocial Support Services - MAI EMA-Wide	La Clinica del Pueblo	X	
Treatment Adherence Services	Andromeda Transcultural Health Center	X	X
Treatment Adherence Services	Children's National Medical Center	X	X
Treatment Adherence Services	Family and Medical Counseling Services		X

*Department of Health
FY14 Oversight Questions*

Service	Sub-Grantee	Part A Grant Year 24	Part B Grant Year 24
Treatment Adherence Services MAI	HIPS	X	
Treatment Adherence Services	Unity Health Care	X	
Treatment Adherence Services	Us Helping Us		X
Treatment Adherence Services	Whitman-Walker Health	X	

Services Categories	Part A Grant Year 24	Part B Grant Year 24
Category 1: Ambulatory Outpatient Medical Care	\$3,644,762	-
Category 1: Ambulatory Outpatient Medical Care - MAI	500,732	-
Category 4: Oral Care	343,252	-
Category 5: Early Intervention Services	520,353	\$209,306
Category 7: Health Insurance Premium Payment	-	1,040,000
Category 8: Home & Community Based Health	193,897	-
Category 10: Mental Health Services	727,715	119,896
Category 10: Mental Health Services MAI	100,888	-
Category 11: Medical Nutrition Therapy	449,160	-
Category 12: Medical Case Management	2,387,303	1,164,868
Category 12: Medical Case Management MAI	622,442	-
Category 13: Substance Abuse Services - Outpatient	439,948	-
Category 13: Substance Abuse Services - Outpatient - MAI	18,736	-
Category 15: Child Care	22,222	-
Category 16: Emergency Financial Assistance	435,556	-
Category 17: Food Bank, Home Delivered Meals	388,728	568,957
Category 20: Legal Services	122,921	-
Category 21: Linguistic Services	-	-
Category 21: Linguistic Services - MAI EMA-Wide	37,830	-
Category 22: Medical Transportation Services	37,071	7,012
Category 22: Medical Transportation Services - MAI EMA-Wide	3,906	-
Category 23: Outreach Services - MAI	25,376	160,043
Category 24: Psychosocial Support Services	75,556	40,592
Category 24: Psychosocial Support Services - MAI	25,113	-
Category 28: Treatment Adherence Services	347,979	157,505
Direct Services Total	\$11,469,446	\$3,552,649

Clients Served	Part A / MAI	Part B / MAI
Core Medical Services	Mar - Dec 2014	Apr - Dec 2014
Primary and Specialty Medical Care	3,022	N/A
Oral Health Care	506	N/A
Early Intervention Services	233	N/A
Home and Community Based Health Services	6	N/A
Mental Health Services	644	10
Medical Nutrition Therapy (including supplements)	208	132
Medical Case Management (including Treatment Adherence)	1,886	342
Substance Abuse Services – Outpatient	189	N/A
Clients Served	Part A / MAI	Part B / MAI
Support Services	Mar - Dec 2014	Apr - Dec 2014
Child Care Services*	N/A	N/A
Emergency Financial Assistance*	656	N/A
Food Bank / Home Delivered Meals	418	688
Health Insurance Premium	N/A	219
Legal Services	62	N/A
Linguistic Services	3	N/A
Medical Transportation Services	498	17
Psychosocial Support Services	N/A	16
Treatment Adherence Counseling	323	N/A

There are two (2) locally funded FTEs providing oversight to the Ryan White Parts A and B programs and 29.96 grant funded FTEs.

Q14: Please provide the names of all programs supported by the Ryan White CARE Act Minority AIDS Initiative during FY14 and to date in FY15. Please provide a narrative update on the performance of each program.

Children’s National Medical Center (CNMC) – CNMC is funded to provide several services under the MAI program. The primary population served includes African American and Latino male and female patients’ ages 18-24 years. Case Management services are provided to improve the health outcomes of the HIV positive patients who receive services at CNMC by ensuring timely and coordinated access to medical and support services. The Medical Case Manager, as part of the Transition Program, works closely with the multidisciplinary Care Team to specifically address one of the most pressing issues impeding good health outcomes and quality of life for youth with HIV, transitioning from pediatric to adult care to see providers of their choice. As of December 2014, there were 36 clients served under outpatient ambulatory medical care, 102 clients served under medical case management, 13 clients served under mental health services, 9 clients served under substance abuse services, 10 clients served under psychosocial services, 22 clients served under medical transportation, and 40 clients served under outreach services under the MAI program.

Family and Medical Counseling Services – The agency is funded to provide both primary medical care and medical case management. In primary medical care, a total of 168 clients have been served as of December 2014. In medical case management, a total of 38 clients have been served as of December 2014.

La Clinica del Pueblo - This agency is funded to provide primary medical care, medical case management, mental health, substance abuse, medical transportation, outreach, linguistic services and psychosocial support under the MAI program. As of December 2014, there were 86 clients served under primary care, 16 clients served under mental health services, 101 clients served under medical case management, 3 clients served under substance abuse services, 19 clients served under outreach services, 11 clients served under psychosocial support services, [Pending] clients served under linguistic services, and [Pending] clients served under medical transportation.

Shenandoah Valley Medical System – The agency is funded to provide medical nutrition therapy, emergency financial assistance, and outreach services. As of December 2014, the following numbers of clients have been served: in medical nutrition therapy a total of 14 clients have been served; in emergency financial assistance a total of 63 clients have been served; and in outreach services a total of 22 clients have been served.

Whitman Walker Health – This agency is funded to provide primary medical care, medical case management, and mental health services under the MAI program. As of December 2014, there were 387 clients served under primary care. In medical case management, there were 215 clients served. There were 91 clients served under mental health services.

Q15: Please provide an update on the work of the HIV Health Services Planning Council during FY14 and to date in FY15, including an update on the status of any current vacancies on the Planning Council. In addition, please provide an update on services that were provided as a result of the new 3% funding requirement for programs and services geared towards older District residents.

The Metropolitan Washington Regional Ryan White Planning Council (formerly HIV Health Services Planning Council) works to address the needs of, and access to, services for persons living with HIV/AIDS (PLWHA) throughout the Washington D.C. Eligible Metropolitan Area (EMA), an area that comprises the District of Columbia and parts of Northern Virginia, suburban Maryland and West Virginia.

Membership

Effective May 2014, the Mayor appointed 17 returning members and 12 new members. In June 2014, the Mayor appointed an additional three (3) returning members; and in November 2014, the Mayor appointed three (3) new members and two (2) members were reappointed for a total 36 members to fill the stipulated 37 member slots with two ex-officio slots. The Mayor appointed Stephen Bailous as the chairperson.

Following the May appointments, a total of three people withdrew their applications. In November, Stephen Bailous resigned from the Planning Council. The Planning Council plans to interview potential members in early 2015 to fill the vacant member slots and is currently awaiting the new mayor to appoint a new Chair. There are currently four (4) unfilled seats on the Planning Council.

Priority Setting and Resource Allocation

In 2014, the Planning Council designed and conducted a streamlined and revised PSRA Process that condensed the calendar of meetings. For 2015, the Planning Council plans to further revise the PSRA process to make the process even more cost efficient.

Directives for Appropriate Service Delivery

In 2014, the Planning Council formed an ad hoc work group to create new Directives and convened several ad hoc Directives meetings. While potential directives were thoroughly discussed, no new directives were proposed in this grant year.

Assessment of the Efficiency of the Administrative Mechanism

In 2014, led by the Financial Oversight and Allocations Committee in collaboration with the Needs Assessment Comprehensive Planning Committee, the Planning Council designated a team to conduct the Assessment of the Efficiency of the Administrative Mechanism. The team compiled a series of questions to evaluate the process and solicited inputs from the Planning Council committee chairs, grantee, administrative agents and the executive committee to determine the outcome. The findings were shared with the Planning Council and a statement was presented to the grantee for inclusion in the Part A application.

Standards of Care

The Care Strategies and Coordination of Services Committee formed an ad hoc committee to review the current Standards of Care. In collaboration with the Grantee, the committee is drafting a new Standard of Care for the Emergency Financial Assistance programs. This Standard of Care is expected to be completed in 2015.

Needs Assessment

During 2014, the Planning Council initiated and completed a comprehensive consumer survey. The consumer survey, completed in the summer of 2014, provided the Planning Council with an assessment of clients who are currently receiving care throughout the EMA. The Planning Council plans on utilizing the data and needs assessment findings to improve understanding of data and needs of individuals living with HIV/AIDS.

Below is a brief summary of the PLWH Consumer Survey:

Total Respondents:

- **Targeted:** 520 to 600
- **Actual Completed Surveys:** 608

Respondents by Jurisdiction:

	DC	MD	VA	WV
Surveillance (Epi) Data	47%	29%	23%	1%
Targeted, with WV Oversampling	45%	28%	22%	5%
Actual	45%	27%	24%	4%

Race/Ethnicity:

Race/Ethnicity	Epi Data	Ryan White Client Data (RSR)*	Actual Respondents
Black/African/African American	68%	*74%	73%
White	21%	*16%	11%
Hispanic	8%	10%	11%
Asian	1%	1%	1%
American Indian/Other/Mixed Race/Unreported	2%	9%	4%

* RSR data separate race and ethnicity, so no separate data are available for Black non-Hispanic or White non-Hispanic. Hispanics are counted twice, in the racial group and by ethnicity. The Percent Total in the Ryan White Clients Column is therefore 110%.

Age:

Age	≤12	13-24	25-34	35-44	45-54	55-64	65+
RSR	2%	6%	17%	22%	32%	18%	4%
Actual	0*	6%	16%	20%	31%	22%	5%

* Not targeted in this survey.

Gender:

	Male	Female	Transgendered
Target: Sex at Birth	69%	31%	–
Target - Gender	66%	29%	*5%
2013 RSR**	62%	35%	2%
Actual	61%	34%	5%

* Targeted 25 transgendered PLWH as a special population.

** 1% unknown/unreported.

Special Populations Targeted:

Population	Target	Actual	Notes
Transgender PLWH	25	33	All but 1 M to F
African Immigrants	25	51	Born in Africa
Substance Users	25	80	Reported as an issue in last 12 months
Homeless or Unstably Housed	25	42	Number currently homeless or staying temporarily with friends or relatives; 61 indicated dealing with homelessness in last 12 months
Young MSM of Color	25	26	Age under 25, minority (19 Black, 2 Hispanic, 1 American Indian, 4 Mixed Race), and gay or bisexual
Young Adults Transitioning to Adult Care	25	38	Age under 25; 54% (23) diagnosed at least 5 years ago; 12 (29%) born with HIV
Formerly or Peri-incarcerated	25	54	Number reporting being incarcerated for at least 90 days during the past 5 years; 21 reported incarceration in past 12 months
Recently Diagnosed	25	43	Diagnosed in 2013 or 2014

Some Possible Additional Populations for Special Analysis:

[Comparisons will also be made by at least the following: jurisdiction, gender, race/ethnicity, age, and risk factor]

Population	Actual Number	Explanation
Older PLWH	55-64: 132 65+: 32 Total 55+: 164	Respondents aged 55 and older, with separate review of data on respondents aged 55-64 and 65+

PLWH with Mental Health Issues	226	Number reporting “depression or other mental health issues” in past 12 months
PLWH Living in Outer Suburbs or Rural Areas	82	Number of respondents living in counties or municipalities beyond DC and the inner suburbs of Prince George’s and Montgomery County, MD, and the Northern Virginia Health region (Arlington, Fairfax, Loudon, and Prince William Counties and Alexandria, Falls Church, Fairfax City, Manassas, and Manassas Park cities)
Immigrants	123	Number reporting birth outside the U.S. and its territories (20% of respondents)

Persons 45 and older

The proportion of clients ages 45 and older who were served through the CARE Act system, across all services, in 2013 was 57%. The four services categories with a minimum of 3% of services targets to clients forty-five years old and older include primary medical care, medical case management, medical nutrition therapy and home delivered food. The breakdown in each targeted service areas is provided in the table on the next page.

Persons 45 and older served by Ryan White in CY2013				
Ryan White clients, CY 2013	DC			
	Total Number Served	Total Number, Persons ≥ 45	Percent > 45	
Clients served (RW White funded services excluding ADAP)	8,449	4,804	57%	
Persons aged 45 and older by selected Ryan White Eligible Services, CY2013				
Ryan White Eligible Services	DC			
	Total Number Served	Total Number, Persons ≥ 45	Percent > 45	
Primary and Specialty Medical Care	6,006	3,314	55%	
Medical Case Management	4,581	2,531	55%	
Medical Nutrition therapy	2,464	1,731	70%	
Food Bank/Home Delivered Food	2,736	1,895	69%	
Source: 2013 Ryan White Services Report				

Q16: Please provide an update on the activities of the Effi Barry Initiative during FY14 and to date in FY15. At a minimum, please indicate the following:

- **Number and amount of grants awarded in FY14 and to date in FY15.**
- **Summary of Initiative participants by ward, participant performance, and program expansions.**

The Effi Barry Program is a capacity-building initiative that seeks to strengthen the infrastructure of District medical and non-medical providers and to prepare organizations for the changes in HIV care, treatment, and prevention brought on by the Affordable Care Act. The Effi Barry Program supports innovative collaborative programmatic approaches that promote integrated HIV services.

In FY14, HAHSTA maintained the four program components: Effi Barry Institute, Strategic Planning, Linkages, and demonstration projects. The programs have the following focus:

- **Effi Barry Institute** – the Institute serves as community training center designed to strengthen capacity and competency of individuals and organizations in the field of HIV and sexual health services. The Institute conducts workshops, trainings and information sessions on core knowledge on HIV, basic HIV service competencies and advanced skills in health care systems, data and health informatics, partnerships/subcontracting, and high impact prevention through a series of group level trainings and community forums.
- **Strategic Planning** – this component prepares organizations for the changes in care, treatment, prevention, and the provision of services provided to persons living with HIV that the Affordable Care Act, new program models, such as the Patient-Centered Medical Homes, and other changes in the public health system.
- **Linkages** – this component supports collaborations among two or more organizations to develop and pilot integrated HIV service delivery program models.
- **Demonstration Projects** – this area provides support for innovative projects that leverage other funding sources through public-private partnerships. The current project is “Positive Pathways” through the Washington AIDS Partnership of the Washington Regional Grantmakers Association. “Positive Pathways” is a demonstration project supported primarily through the federal Social Innovation Fund to implement a HIV peer community health worker model for enhancing linkage and engagement in care for newly diagnosed and returning to care individuals.

Strategic Planning

As a feature of the Strategic Planning initiative, HAHSTA provided support for community-wide sessions on critical topics, including Medicaid, third-party reimbursement, HIV and hepatitis C and continuum of care strategies. HAHSTA formed this partnership with the Washington AIDS Partnership and the Institute for Public Health Innovation (IPHI).

FY14 Effi Barry HIV/AIDS Program grantees

Organization	Ward	Program	Grant Amount
Angels and Associates			Suspended
Athletes United for Social Justice 727 15 th Street, NW - Suite 210 Washington, DC 20005	2	Strategic Planning	\$18,000
Community Education Group 3233 Pennsylvania Avenue, SE Washington, DC 20020	7	Strategic Planning	\$18,000
Damien Ministries 2200 Rhode Island Avenue, NE Washington, DC 20018	5	Strategic Planning	\$21,000
DC Care Consortium 7059 Blair Road, NW Washington, DC 20012	4	Strategic Planning	\$16,000
Food and Friends 219 Riggs Road, NE Washington, DC 20011	4	Strategic Planning	\$35,000
Homes for Hope, Inc. 3003 G Street, SE Washington, DC 20019	7	Strategic Planning	\$17,000
La Clinica del Pueblo 2831 15 th Street, NW Washington, DC 20009	1	Strategic Planning	\$18,000
Metro Teen AIDS 651 Pennsylvania Avenue, SE Washington, DC 20003	6	Strategic Planning	\$18,000
Us Helping Us, People Into Living, Inc. 3636 Georgia Avenue, NW Washington, DC 20010	1	Strategic Planning	\$35,000
Wanda Alston Foundation* 300 New Jersey Avenue, NW - Suite 900 Washington, DC 20001	6	Strategic Planning	\$18,000
Daddy's Corner 620 46 th Place, SE - Unit #12 Washington, DC 20019	7	Linkages	\$48,000
Empowerment Enterprise II 1610 T Street, SE Washington, DC 20020	8	Linkages	\$40,000
DC Care Consortium 7059 Blair Road, NW Washington, DC 20012	4	Effi Barry Institute	\$125,000
Washington Regional Association of Grantmakers 1400 16 th Street, NW - #740	All	Demonstration	\$75,000

Washington, DC 20036			
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FY15 Effi Barry HIV/AIDS Program grantees

Organization	Ward	Program	Grant Amount
Athletes United for Social Justice 727 15 th St. NW. Suite 210 Washington, DC 20005	2	Strategic Planning	\$22,500
Casa Ruby 2822 Georgia Avenue, NW Washington, DC 20001	1	Strategic Planning	\$20,000
Damien Ministries 2200 Rhode Island Avenue, NE Washington, DC 20018	5	Strategic Planning	\$18,000
DC CARE Consortium 7059 Blair Road, NW – Suite 101 Washington, DC 20012	4	Strategic Planning	\$29,000
Helping Individual Prostitutes Survive 1309 Rhode Island Avenue, NE - #2B Washington, DC 20018	5	Strategic Planning	\$44,000
Homes for Hope, Inc. 3003 G Street, SE Washington, DC 20019	7	Strategic Planning	\$31,500
Institute of Urban Living 1060 Bladensburg Road, NE Washington, DC 20002	5	Strategic Planning	\$20,000
Residing In Group Housing Together 17 Mississippi Avenue, SE Washington, DC 20032	8	Strategic Planning	\$18,000
Wanda Alston Foundation* 300 New Jersey Avenue, NW Washington, DC 20001	6	Strategic Planning	\$17,000
Empowerment Enterprise II 1610 T Street, SE Washington, DC 20020	8	Linkages	\$40,000
Sasha Bruce Youthwork 741 8 th Street, SE Washington, DC 20003	7	Linkages	\$40,000
DC CARE Consortium 7059 Blair Road, NW – Suite 101 Washington, DC 20012	4	Effi Barry Institute	\$125,000
Washington Regional Association of Grantmakers 1400 16 th Street, NW - #740 Washington, DC 20036	All	Demonstration	\$76,200

Data Collection and Prevention Programs

Q17: Please provide an update on the work of the Prevention Planning Group during FY14 and to date in FY15.

During FY14, the HIV Prevention Planning Group (HPPG) reviewed HAHSTA's Jurisdictional Plan for 2012-2015 as part of its activities in support of the District's management of the CDC core prevention grant PS12-1201. HAHSTA updated the Plan with the latest information based on the HAHSTA epidemiology report, as well as the unmet need – an estimate the number of people living with HIV/AIDS who are not in routine care. The Plan describes several prevention and care needs and how they will be addressed (i.e. routine HIV screening, partner services, linkage to care).

A separate section, the Comprehensive Plan (<http://doh.dc.gov/node/377212>), sets goals and objectives for the HIV prevention activities described in the Jurisdictional Plan that are responsive to the CDC's new strategy for "High Impact Prevention." They address expanded HIV testing, prevention with HIV-positive individuals, condom distribution, evidence-based interventions for high-risk negatives, HIV prevention planning, capacity building, social marketing, and program monitoring and evaluation as required by the CDC under Program Announcement PS12-1201.

With this plan in mind, the HPPG membership was a key source of feedback and advice as HAHSTA developed its FY14 Prevention RFA. The full membership participated in a full review of the latest epidemiological information and received a briefing on the current portfolio of locally funded prevention programs. The membership engaged in a fruitful deliberation and provided ideas and perspectives which were taken into consideration as the new programs were designed and made public.

Lastly, the membership through its Plan Development Advisory Committee (PDAC) conducted some community engagement activities ensuring that they meet all of the requisites and deliverables set forth by the CDC PS12-1201 announcement.

Q18: Please provide an update on efforts to continue routine HIV testing in emergency rooms and other medical settings. How many tests were administered in emergency rooms during FY14 and to date in FY15?

Routine HIV screening in all medical settings continues to serve as a core component of HAHSTA's prevention strategy. Specifically, HAHSTA continues to emphasize sustainable, routine HIV testing through reimbursable practices for its hospital partners inclusive of publically funded testing within emergency department screening programs. In FY14, HAHSTA's total HIV testing efforts yielded approximately 122,000 HIV tests of which nearly 80% were conducted in a clinical setting. Furthermore, DC Medicaid paid for approximately 40,500 tests. While HAHSTA cannot unequivocally state this is a result of its prevention strategy, it is reflective of HAHSTA's strategy to integrate HIV testing into routine health care through insurance. HAHSTA is encouraged that its approach is achievable and sustainable. HAHSTA has made great strides in its partnership with DCHF and with efforts aimed at increasing payment of HIV testing services by private payers. In FY14, HAHSTA directly supported 13 clinical programs inclusive of the DC Jail in the form of direct funding, technical assistance and/or the provision of free rapid HIV testing supplies.

HAHSTA utilized District dollars to support six (6) community providers to incentive and increase billable HIV testing: Whitman-Walker Health, Bread for the City, Metro Health, La Clinica del Pueblo, Unity Health Care and Andromeda Transcultural Health. With HAHSTA funding, the providers have implemented routine testing and are now revising their service model to increase billable HIV testing through either or both standard blood-draw testing or rapid testing devices. HAHSTA is encouraged by the progress the providers are making, including one provider that was successful in receiving reimbursement for rapid testing. Though there is a CPT modifier code for rapid HIV testing, it has not been highly utilized. The success with the one provider offers more choices to do HIV testing in a variety of billable settings.

HAHSTA continued to encourage its hospital partners (emergency department screening programs) to pursue third party opportunities. The HAHSTA funding continues to support testing in emergency departments as to not miss opportunities to diagnose individuals. Through agreement with the hospitals, the funding now leverages billable conventional blood testing and expanding HIV screening in other areas of the hospital. The hospitals are: Providence Hospital, Howard University Hospital, United Medical Center, Children's National Medical Center, and Georgetown University Hospital.

In FY14, HAHSTA hired an Expanded HIV Testing Program Coordinator to provide direct technical assistance and facilitate other resources to providers (both community and hospital partners). Additionally, HAHSTA partnered with the CDC-funded Center for Health and Behavioral Training (CHBT) for internal capacity building assistance on third party reimbursement. Recognizing that providers (hospital and community) have unique barriers (institutional and structural), HAHSTA partnered with the Primary Care Development Corporation (PCDC) to provide individualized technical assistance in third party reimbursement and the maximization of reimbursement. In collaboration with PCDC, HAHSTA is in the process of conducting site assessments aimed at identifying barriers and challenges to third party reimbursement to ensure customized trainings addressing specific issues. In particular, HAHSTA is optimistic that its partnership with capacity building experts will assist hospitals with

expansion of HIV testing in other areas of the hospitals through successful billable practices. Additionally, HAHSTA has revised its program monitoring and evaluation tools to capture providers' performance on billable testing.

HAHSTA will continue this focus in FY15 to transition providers from reliance on publicly funded support for testing programs. HAHSTA expects that there will be a reduced expenditure need for HIV test kits as more providers utilize third party reimbursement. HAHSTA aims to redirect some of those funds to provide additional capacity building to organizations that lack the infrastructure to bill for HIV testing services.

Emergency Department Testing Data

HAHSTA continued to work with seven (7) of the District's emergency departments (EDs) to implement HIV testing. The overall program remains successful. Two hospitals (Howard and UMC) have installed the the 4th generation Abbott Architect, which can detect HIV acute infection. Sibley Hospital still remains the only ED that does not participate in HAHSTA's ED testing program. Sibley contends that its patient population is not in need of HIV testing as it is not at high risk for HIV infection.

The table below reflects the HIV screening efforts of participating EDs for the last three years.

Emergency Department (Hospital)	FY12	FY13	FY14
Children's National Medical Center	2,708	2,622	2,845
George Washington University Hosp.	6,569	10,244	3,163
MedStar Georgetown University Hospital	100	201	462
Howard University Hospital	10,260	14,639	12,930
Providence Hospital	1,416	6,541	10,312
MedStar Washington Hospital Center	268	1,448	166
United Medical Center	7,872	10,132	3,155
Total number of tests performed	29,193	45,827	33,033

Q19: How many District community providers received free HIV rapid test technology and technical assistance in FY14 and to date in FY15?

For FY14, HAHSTA provided HIV testing supplies to 33 clinical and non-clinical community partners. HAHSTA continues to provide technical assistance on aforementioned devices to all agencies interested in participating in HAHSTA's test kit distribution program.

HAHSTA recently added a third HIV testing technology to its portfolio after balancing HAHSTA's commitment to accommodating the needs of both our providers and community served. HAHSTA previously offered OraQuick Advance (oral rapid test) and Clearview Complete (finger stick rapid test). HAHSTA is now adding the INSTI 60 second (finger stick) HIV test. The addition of the INSTI test offers a different technical diagnostic algorithm than Clearview and OraQuick. The CDC recently updated its rapid testing guidance that allows for a "rapid-rapid" confirmatory testing approach when there devices use different diagnostics. The CDC endorsed this approach as preferred to reduce the duplication of same false positive/negative test results.

As rapid HIV testing technology continues to advance, particularly in the detection of acute infection and sensitivity, HAHSTA will continue to explore other testing technologies to complement its existing portfolio of testing devices.

Q20: Please provide an update on the administration’s program which administers HIV tests at the Department of Motor Vehicles ESA service center and the Department of Human Services’ Anacostia Service Center. How many tests were conducted in FY14 and to date in FY15? Has HAHSTA expanded this testing to other government sites and service centers?

HAHSTA continued funding HIV testing in the Department of Motor Vehicles (DMV) and the Anacostia Service Center in FY14. HAHSTA funds Family and Medical Counseling Services to conduct the testing and linkage to care for any persons newly diagnosed or returning to care.

The table below demonstrates the testing and positivity numbers at participating sites:

Site	Year	Tests	Positive	Positivity rate
DMV	FY14	6,713	0	0%
	FY15 (Oct-Dec)	840	0	0%
Anacostia Service Center	FY14	2,209	5	0.2%
	FY15 (Oct-Dec)	846	0	0%

HAHSTA partnered with Gilead Sciences and Family and Medical Counseling Service to initiate testing at the Taylor Service Center. Gilead provides the funding for this expansion. The focus populations include Latinos who utilize that center for public benefits. The testing started in the summer FY14.

Q21: How has HAHSTA used the latest HIV/AIDS Epidemiology Update to make policy and programmatic decisions during FY14 and to date in FY15?

HAHSTA uses the epidemiologic profile for scale up of prevention, care and treatment programs and to monitor and evaluate quality of programs and services. For the past five years, HAHSTA worked on and met relevant standards and requirements of the U.S. Centers for Disease Control and Prevention (CDC) by improving the method and quality of its surveillance data collection. The 2013 HIV, Hepatitis, STD and TB Epidemiology Update Report contained up-to-date methodologies to provide a more accurate snapshot of HIV, STDs, Hepatitis and TB in the District than previous reports. The District remains one of the few jurisdictions in the country to have an integrated epidemiology report, including an analysis of how all the reported diseases interact with one another in the context of populations and communities.

In the 2013 Report, issued in FY14, the report contained two new data on the District's epidemics:

- **HIV Incidence** – for the first time, the HAHSTA reported estimated HIV incidence data for the District. HIV incidence estimates the number of new HIV infections that occurred during the year. This estimate provides another snapshot into the District's HIV epidemic. This first estimate shows that there is a decline in new infections, new infections are proportionately impacting younger people and new infections are proportionately more heterosexual.
- **Hepatitis C** – with the introduction of new medications with the potential to eradicate hepatitis C, the leading cause of liver disease and transplants in the country, HAHSTA compiled data on the total number of reported chronic hepatitis C cases in the District from 2008 to 2012. With 15,915 cases documented during this timeframe, the magnitude of the hepatitis C epidemic in the District is at a minimum, comparable to that of HIV.

In December 2014, HAHSTA released the first report with a preliminary assessment of HIV/AIDS cases diagnosed in the District of Columbia during the 2013 calendar year. HAHSTA intended the interim report to provide more timely data to local community, governmental, clinical, and academic institutions contributing to the public health response targeting the prevention and treatment of HIV. The interim report showed a further decline to 497 preliminary new HIV cases.

The epidemiology reports continue to be a chief source of data and context to motivate stakeholders, public officials, medical and community providers, civic and business leadership, people living with HIV/AIDS, and every District resident to translate statistics and trends into policy and programmatic action. HAHSTA has made the data accessible to community providers.

HAHSTA has utilized the data in every submission for federal funding to justify the need for increased resources due to the depth and breadth of the epidemic. The data has also been used by the Ryan White Planning Council to determine its allocation of federal care and treatment funding. It has been utilized by the HIV Prevention Planning Group in its review of prevention intervention priorities and population priorities.

The data has been used for all strategic planning documents. HAHSTA has utilized the data as the basis of its Request for Applications (RFA) for prevention and care and treatment services, and used information on the modes of transmission to develop targeted programs and geospatial analysis to target neighborhoods to expand service delivery. This has included increasing focus on continuum of care from linkage to care to viral suppression. Expansion of testing, linkage to care and navigator services through a renewed focus services that foster retention and re-entry into care as well as treatment on demand as a strategy that reduces incidence.

HAHSTA has become nationally recognized in its ability to use surveillance and epidemiology data routinely, rapidly and innovatively to inform policy and program decisions. HAHSTA surveillance staff contributed to articles in peer-reviewed journals and submitted abstracts and posters and made presentations at prominent scientific conferences, including the Conference on Retroviruses and Opportunistic Infections (CROI).

HAHSTA has collected surveillance data and analyzed it to disseminate descriptive statistics to inform programmatic activities, planning bodies, and community groups on the status of the HIV/AIDS, viral hepatitis, sexually transmitted infections, and tuberculosis.

The epidemiology update provides the following among District of Columbia residents:

1. Number of living HIV cases
2. Number of newly diagnosed HIV cases
3. Number of perinatal HIV cases
4. Number of newly diagnosed AIDS cases
5. Number of deaths among persons identified with HIV infection
6. Number of sexually transmitted infections:
 - a. Chlamydia
 - b. Gonorrhea
 - c. Syphilis
7. Number of viral hepatitis reports
 - a. Hepatitis A
 - b. Hepatitis B
 - c. Hepatitis C
8. Number of tuberculosis cases

HAHSTA continues to use this data in programmatic activities to make decisions on modification to their policies and procedures to improve outcomes, disease interruption, and resource allocation.

In addition, epidemiologic analyses of surveillance data for specific activities have included:

1. Clinical supplement – HIV Care Continuum: an assessment of testing, linkage, retention, and viral suppression.
 - a. Testing, Linkage to Care activities
 - b. HPTN065: TLC Plus
 - c. Recapture Blitz

2. MSM Report (NHBS)
3. Ryan White Part A
4. Ryan White Part B
5. Social Network Testing: assessment of the ability to identify new infections through social networks

Q22: Please describe major activities undertaken in FY14 and to date in FY15 to address hepatitis including the number of Hepatitis A and B vaccinations provided and efforts to raise the awareness of Hepatitis A, B, and C.

HAHSTA continued its efforts to engage and educate the community on hepatitis to promote screening, linkage to care and treatment and vaccinations. HAHSTA has also focused on building capacity among community providers on integrate hepatitis screening and prevention in their program activities.

This past year has seen major developments in the response to the hepatitis epidemic. The U.S. Department of Health and Human Services updated the National Viral Hepatitis Action Plan. HAHSTA released its first ever prevalence numbers of all chronic hepatitis C cases in the District at 15,915, which is a 2.5% prevalence rate. The CDC issued a new funding opportunity for jurisdictions to promote testing and treatment. Most significantly, the FDA approved the first new directly acting antiretroviral medication that effectively cures hepatitis C. The FDA also approved the first Interferon-free treatment combination medication. This is important as most of the persons living with hepatitis C in the District are Interferon in-eligible for treatment. With these developments, HAHSTA has now set a goal to eradicate hepatitis C in the District of Columbia.

HAHSTA entered into discussions with the Department of Health Care Finance (DHCF) to establish the clinical criteria needed for prior authorization for Sovaldi® (sofosbuvir) in DC. Sovaldi® is a new oral treatment option for patients with chronic hepatitis C virus (HCV) genotype 1, 2, 3, or 4 infection, including those with hepatocellular carcinoma meeting Milan criteria (awaiting liver transplant) and those with HCV/human immunodeficiency virus (HIV)-1 co-infection. DHCF issued clinical criteria in June 2014 for Sofosbuvir as per FDA treatment approval.

In FY14, the Viral Hepatitis Coordinator conducted two *Hep T: Basic Knowledge Hepatitis Trainings* for community providers where 33 staff members were trained. The training provided basic information regarding viral hepatitis risk, modes of transmission, vaccination, screening, and treatment options for hepatitis B and C. The training sessions also included a module on harm reduction practices for working with persons at high risk for viral hepatitis infection. The primary audiences for the trainings were community based providers that have direct access to PWID's, high-risk youth, the baby boomer cohort and foreign born persons ≥ 2 HBsAg prevalent countries. The agencies trained included:

- 1.) Sexual Minority Youth Assistance League (SMYAL)
- 2.) Terrific, Inc.
- 3.) Latin American Youth Center
- 4.) HIPS
- 5.) United Planning Organization/Comprehensive Treatment Center
- 6.) Unity Healthcare
- 7.) Community Pharmacy
- 8.) Department of Behavioral Health
- 9.) Metro Teen AIDS

- 10.) Southeast STD Clinic- DC Department of Health
- 11.) Hepatitis B Initiative of Washington, DC
- 12.) Washington, DC Department of Health-1U51PS004079
- 13.) Providence Hospital- Seton House
- 14.) La Clinica del Pueblo
- 15.) Providence Hospital- Emergency Room Department
- 16.) Partners in Drug Abuse Rehabilitation and Counseling (PIDARC)

The Viral Hepatitis Coordinator took ill in December 2013 and was unable to continue working. Before a new coordinator was identified, HAHSTA entered into an agreement with Grubb’s Pharmacy in DC. The pharmacy has specialized nurses and a peer support component to assist hepatitis C patients. Grubbs agreed to facilitate two trainings for HAHSTA during the next reporting period. The trainings will be held at HAHSTA.

HAHSTA continued academic detailing through the Alosa Foundation on the new HCV screening recommendations. The Alosa Foundation, with its team of clinical nurses, made educational visits to private primary care providers and other practitioners. Alosa also provided the HAHSTA-developed hepatitis handbook for providers and other informational materials. HAHSTA set a goal of 225 unique prescriber visits. Alosa exceeded the goal with 238 visits between November 2013 and February 2014. In addition, the team educated other medical and non-medical staff, including physician assistants, nurse practitioners, nurses, receptionists and office managers. The initiative was well-received by the practices. HAHSTA will be resuming the project in the next reporting period.

HAHSTA supported three needle exchange (NEX) providers with DC local funds through December 31, 2014. The providers screened 2,406 persons using injection drug for hepatitis C. HAHSTA monitored the programs and evaluated their effectiveness. Additionally, HAHSTA continued to support a wellness center for the transgender population with DC appropriated funds. This program was funded to offer harm reduction services, such as needle exchange and linkages to hepatitis C screening. The provider linked 560 individuals to hepatitis C screening and confirmed attendance at their appointments, more than double its target of 250.

HAHSTA engaged the DC Immunization Registry to gather data related to hepatitis A and B vaccinations throughout the city. The Registry clarified for HAHSTA that the submitted data was only reflective of individuals between the ages of birth and 26. The numbers only included a handful of individuals over the age of 26 who were uninsured due to immigration issues, therefore making them ineligible for DC Medicaid.

**Hepatitis Vaccine Doses Administration Report
FY 2008-2014**

Fiscal Year (FY)	Hepatitis A	Hepatitis B	Twinrix (Hepatitis A&B)	Total
FY 2014	1,873	2,702	470	5,045

(Source: Washington DC Immunization Registry)

HAHSTA continued its hepatitis screening at the SE STD Clinic. The Clinic conducted 206 hepatitis C antibody tests from November 1, 2013 - October 31, 2014 with 47 positives at a positivity rate of 22.8%. HAHSTA has established partnerships with Unity Health Care, Washington Hospital Center, Whitman-Walker Health and Providence Hospital for linkage to care and treatment.

HAHSTA formed a partnership with Prince George's County and more than 30 community-based providers to submit a proposal to the CDC under Funding Opportunity Announcement PS14-1413. The Coalition consisted of primary medical providers, hospitals, and community-based organizations along with District government agencies. The proposal consisted of capacity building among primary care providers for hepatitis treatment, expanded screening in clinical and community settings, enhanced surveillance and enhancements to electronic medical records systems. The proposal also contained a unique collaboration with DHCF whereby primary care providers trained by the Coalition would be approved for hepatitis C treatment under Medicaid without prior authorization. Unfortunately, CDC did not select the District for funding. HAHSTA is now examining components of the proposal for the potential allocation of local funding for implementation.

Q23: Please provide an update on HAHSTA’s collaborations with community providers to reduce the infection rate of hepatitis among injection drug users and other at-risk populations. Please discuss HAHSTA’s collaborations with community providers to reduce the infection rate of hepatitis among injection drug users and other at-risk populations.

To reduce the rate of hepatitis infection among injection drug users, HAHSTA funded the Enhancing Harm Reduction program. The goal of the Enhancing Harm Reduction program is to increase the number of District residents who know their hepatitis status by offering updated information about new hepatitis treatment options, recommendations, and protocols.

Through September 30, 2014, HAHSTA funded HIPS as the provider to conduct these services. During the grant year, HIPS held meetings to discuss efforts to maintain active drug users in care and the challenges and barriers faced. The most pressing issue was patients being lost to care when an individual transitioned from drug treatment and/or transferred from clinic to clinic. Based on this feedback, HIPS implemented the policy that its community health workers maintained contact with all patients enrolled in the Enhanced Harm Reduction program throughout the life of the project. Additionally the Drug User Health work group, facilitated by HIPS, was able to improve its collaboration with the Department of Behavioral Health (DBH) and Regional Addiction Prevention (RAP), a provider of recovery services, to increase linkages for patients. As a result HIPS and RAP share an active client list, and HIPS staff serves on the Recovery Advisory Committee, which resulted in hepatitis C testing services being offered at drug treatment facilities.

During FY14, HAHSTA developed a new funding announcement that included the Enhancing Harm Reduction program. HAHSTA allocated District local funds to support this program. The funding announcement was released in July 2014. The scope of this program area was expanded beyond injection drug users to include other hepatitis risk persons of foreign-born individuals and members of the birth cohort born between 1945 and 1965. Based on national surveillance data, foreign-born persons are more at risk for hepatitis B.

Through the competitive process, HAHSTA identified the Community Education Group (CEG) as the FY15 provider. CEG will continue to provide support and linkages to members of the target population, as well as education and updates to other community based and clinical providers. New programming started on October 1, 2014 and will continue through September 30, 2015. In addition to targeting injection drug users, “baby boomers” and foreign-born individuals, CEG will also target the veteran population. The US Department of Veteran’s Affairs (VA) estimates that veterans have a higher prevalence of hepatitis C infection than the general population. Updates on CEG’s work with veterans will be included in future reports.

Outcome of Enhancing Harm Reduction Program (11/1/13-10/31/14)

The Enhancing Harm Reduction Program engaged in the following activities to meet the aforementioned goals:

- (a) Performing risk assessments for hepatitis B and C infection

- (b) Testing persons with identified risk for hepatitis C
- (c) Providing navigation services for persons testing positive for hepatitis C
- (d) Providing navigation services for persons testing positive for hepatitis B
- (e) Conducting support groups for persons at risk for hepatitis
- (f) Providing individual support sessions for persons at risk for hepatitis
- (g) Providing group educational sessions for persons at risk for hepatitis

Below is a table of activities delivered under the Enhancing Harm Reduction program:

Measure	Target Numbers	Actual
Number of clients assessed for hepatitis risk	600	794
Number of persons tested for HIV	600	868
Number of HIV positive results	25	27
Number of persons tested for HCV	600	794
Number of HCV positive results	25	83
Number of HIV+ clients linked to medical provider	25	32
Number of group educational sessions	208	153
Number of task force meetings	3	6
Number of packages of hepatitis educational materials distributed	300	908

*These numbers includes data collected from HIPS from 11/1/13-10/31/14 and one month of data (10/1/14-10/31/14) from the current EHR provider CEG.

Q24: Please describe HAHSTA's efforts to prevent STIs among the adult population. What type of education and outreach efforts were undertaken in FY14 and to date in FY15? What type of screenings and assessments are available to District residents?

Based on surveillance data, HAHSTA staff has prioritized STD education and outreach to those populations at greatest risk of infection: chlamydia and gonorrhea prevention among youth and infectious syphilis prevention among men who have sex with men (MSM).

The highest number of syphilis cases reported in the District is among the population of adult men who have sex with men (MSM). HAHSTA partners with Whitman-Walker Health to provide support to the Tuesday and Thursday evening Gay Men's Health and Wellness Clinics. Technical assistance is provided for the diagnosis, screening, and treatment of STDs by the Division's Medical Epidemiologist. Disease intervention and surveillance technical assistance is provided by STD Division staff who help with interviewing clients with STIs, specifically early syphilis and HIV, and by assisting Whitman-Walker with fulfilling disease reporting requirements.

In addition, HAHSTA has one of the country's first successful Internet Partner Notification (IPN) Programs. IPN uses the e-mail addresses or Internet Service Provider (ISP) screen names of pseudo-anonymous partners of early syphilis and HIV cases to notify them of their disease exposure and encourage them to get tested and treated. IPN has been shown to augment traditional syphilis case management and has aided in the location, notification, testing, and treatment of hundreds of partners of infectious syphilis and HIV cases who otherwise would not have been investigated, treated, and/or linked to care.

Education and outreach in this fiscal year have included two sessions at the United Planning Organization Methadone Clinic, one session at the EF International language school and the SE STD Clinic staff provides services to clients five days per week and offers STI/HIV screening, physical exams, laboratory testing (some point-of-care), treatment, follow up, disease intervention counseling, and referral services.

Screening and treatment is available to all District residents through the SE STD clinic and to adults ages 18-26 without insurance through community based organization supported through our Youth STD Screening Program (YSSP).

Q25: Please update on HAHSTA’s efforts in STI prevention for seniors and youths.

Because the vast majority of chlamydia and gonorrhea cases are found in DC residents 15-24 years of age, HAHSTA focuses its efforts to combat these infections in those communities. HAHSTA currently has two youth initiatives: (1) the School-based STD Screening Program (SBSP) and (2) Youth STD Screening Program (YSSP).

Through the YSSP, HAHSTA partners with youth-serving community-based organizations to offer free and confidential chlamydia and gonorrhea screening to young adults under the age of 26 years old, both young men and women. The community-based organizations include Planned Parenthood of Metropolitan Washington (PPMW), Latin American Youth Center (LAYC), Metro TeenAIDS (MTA), Sasha Bruce and Us Helping Us. HAHSTA provides these partners with the ability to screen their clients for chlamydia and gonorrhea and they are required to yield a minimum of a 3% positivity rate to ensure HAHSTA is having impact in locating and treating disease among this vulnerable.

Number of Youth (14-25 years of age) Screened For Chlamydia & Gonorrhea – October 1, 2013 – September 30, 2014 – By Site						
	PPMW – Schumacher	PPMW - Egypt	LAYC	MTA	Sasha Bruce	UHU
Number Tested	308	337	583	976	254	194

Q26: Please provide an update on the MAVEN system. Was the goal reached to operationalize viral hepatitis and HIV modules by May 2014 achieved?

HAHSTA staff continues to direct efforts towards the incremental operationalization of the DC Public Health Information System (DCPHIS), previously known as Maven. In addition to the utilization of DCPHIS for tuberculosis and STD related data collection, management, and reporting; HAHSTA initiated the use of the hepatitis module within DCPHIS in FY14 as scheduled. With each of these modules, programmatic, surveillance, and information technology (IT) staff remain engaged in the iterative process of evaluating system performance and modifying/adding application functions as needed to ensure the efficiency and accuracy of data collection, management, and reporting processes.

With regards to the HIV module, HAHSTA identified several functional deficiencies impacting case identification and monitoring after an initial transfer of historical data from the District's Enhanced HIV/AIDS Reporting System (eHARS) into DCPHIS. The reconciliation of these issues, as well as additional testing to ensure compliance with local and federal reporting needs are required prior to the transition to DCPHIS as the primary HIV surveillance system for the District. In order to supplement staff effort associated with the further development of DCPHIS, HAHSTA is pursuing the acquisition of in-house technical assistance from a contractor with expertise in systems development to aid in identifying and implementing solutions for specified application needs. Assuming the acquisition of a systems project manager and health informatics specialist, the goal is to operationalize HIV surveillance in DCPHIS by the end of August 2015.

Housing Assistance Programs

Q27: How many individuals received rental assistance through HOPWA during FY14 and to date in FY15? What was the total amount of rent paid in FY14 and to date in FY15? Is there currently a waiting list for HOPWA programs? If so, how many individuals are on the waiting list? Please provide the data regarding whether tenants who receive HOPWA rental assistance achieve and maintain permanent housing.

The following table reports the number of households (can be more than one person in the case of a family) and the funding for the three direct assistance components of the HOPWA program in the District of Columbia.

Program	Households	Funding
Tenant Based Rental Assistance (TBRA)	342	\$4,415,970.18
Facility Based Rental Assistance (FBRA)	149	\$1,415,000.16
Short-term Rent, Mortgage, and Utility Assistance (STRMU)	116	\$621,992.58

Currently, there are 1,185 persons on the HOPWA waiting list.

In both TBRA and FBRA, all clients achieved and maintained their housing during FY14 through FY15. There were no terminations during this time period.

Of the 116 clients who received STRMU assistance during FY14, all 116 maintained their housing with the assistance of STRMU.

Q28: How many District residents on HOPWA’s waiting list for short-term supports were transitioned to tenant-based rental assistance or long-term supports? What other changes, if any, have occurred? What is the impact on services, i.e., residents’ ability to access short or long-term supports?

There were no clients that transitioned from short-term housing support to tenant-based rental assistance during FY14 due to the significant decrease in HOPWA funding from HUD. The decrease in funding was approximately \$2 million which did not allow the District to place any additional clients into permanent housing. Additionally, there were no clients that transitioned to the Housing Choice Voucher Program (HCVP) from the HOPWA waiting list due to the HCVP not accepting new clients and the closing of the waiting list. The overall impact is that clients are living longer in transitional housing until they can find other long term housing, which demonstrates a need for changes to the program to ensure that clients are receiving the necessary services to move into economic self-sufficiency and reduce dependency on housing assistance.

Q29: Who is now responsible for the management of the HOPWA housing program in the District? Have there been any changes to the manner in which HAHSTA monitors and works with the HOPWA housing grantee to address tenant concerns and complaints. If so, please explain. How many complaints were reported last year and to date this fiscal year? Please provide an update as to HAHSTA's efforts to work with sub-grantees to create an appropriate format to report client complaints to HAHSTA.

Clover Barnes, Care, Housing and Support Services Division Chief, is responsible for the management of the HOPWA program with assistance from the Senior Deputy Director, Michael Kharfen. There have not been any changes in the manner in which HAHSTA monitors and works with the Greater Washington Urban League (GWUL), its grantee that provides rental payments. GWUL has its policies and procedures for clients to address complaints regarding their housing. Clients must first put their concern in writing to their housing specialist, who makes the primary effort to address the complaint. If the concern is not resolved, it will be elevated to the housing supervisor. If the supervisor cannot resolve the issue, GWUL will refer the complaint to HAHSTA for resolution. There was one housing complaint during FY14 and none thus far in FY 15.

In an effort to give HOPWA clients an additional voice, HAHSTA completed its first HOPWA client survey this year. HAHSTA provided surveys to all HOPWA clients with 229 completing surveys. HAHSTA will use the results to assist in program management and development.

Q30: Please provide an update on any adjustments or improvements to housing assistance through the Metropolitan Housing Access Program. Please provide an update on the implementation of the Single Point of Payment system for processing and payment of rent subsidies. Additionally, please expand on HAHSTA's efforts to be more responsive to client needs regarding case management and support services.

HAHSTA, along with the sub-grantee Housing Counseling Services (HCS), provides financial application assistance to clients who do not have case management. This previous gap in services impeded clients' ability to meet programmatic deadlines. HCS meets with walk-in clients without a case manager to initiate the application process. After the client's immediate financial need is met, HCS links the client to a community-based case manager for continued support.

There has not been a change in the Single Point of Payment system for processing and payment of rent subsidies. HAHSTA continues to provide a sub-grant to Greater Washington Urban League for this service.

HAHSTA has begun a project to conduct an assessment of all HOPWA clients. This information will be used to create housing plans for each client with a focus on long-term housing settings, employment opportunities and other strategies for economic self-sufficiency. This is a first step in HAHSTA's efforts to better understand the housing continuum for persons living with HIV, identify the relevant supportive services and refocus the goals of the program for greater housing independence. HAHSTA is leveraging this opportunity to partner with other District agencies and programs to optimize the limited HOPWA funds. This is timely as HUD is reducing HOPWA funding for the District.

Q31: In D.C. Appleaseed's recently released "HIV/AIDS in the Nation's Capital Report Card" the district received a "C+" grade for our efforts in the housing of individuals with HIV/AIDS. Does HAHSTA have any new initiatives or programs that will increase the availability of housing for HIV/AIDS infected residents?

HAHSTA recognizes the significance of housing and housing stability for health outcomes for persons living with HIV. In FY14, HAHSTA has made a concerted effort to build new collaborations with District housing agencies, in particular the Department of Housing and Community Development (DHCD), and participate in planning for homeless services through the Interagency Council on Homelessness.

HAHSTA sought and received technical assistance on several aspects of its housing program (see response to Q32). It also identified some unexpended HOPWA funds to contribute to the DHCD Super NOFA, which will support three supportive housing projects.

Through its technical assistance, HAHSTA has initiated a planning process to redesign its housing program. This effort was made more timely by a recent reduction in HUD funding for HOPWA to the District. It has raised the questions as to what is the optimal role of HOPWA for persons living with HIV and its goals.

When HOPWA was established in 1992, the average life span of a person with HIV was about two years. In effect, HOPWA was a transitional housing program. With medical advances since the introduction of antiretroviral treatment, persons with HIV can live a standard life span. For nearly 20 years, the program has maintained its basic design and served a limited number of individuals. Many current HOPWA clients have been receiving assistance for 10 years or more.

HAHSTA has considered, with the support of technical assistance and the encouragement of HUD, to develop a new goal for the program to provide temporary support for individuals to achieve economic independence and housing self-sufficiency. It also needs to be attuned to an individual's housing continuum. For example, as people grow older, they become eligible for other housing resources, such as Section 202 senior housing. Some persons may have behavioral health conditions and will require permanent supportive housing. Most persons will be healthy with the potential to be employed and productive. HOPWA could leverage more employment and educational resources to ensure that each program participant has a housing goal and plan to achieve it.

HAHSTA has entered into a contract with Enterprise Community Partners to conduct a client assessment for all HOPWA participants and develop housing plans. This will be an important start to understanding where current HOPWA clients are in their housing continuum. HAHSTA is also considering the data system used by housing agencies HMIS. This will enable HAHSTA to track clients and their plan progress.

HAHSTA will be conducting a series of consultation sessions with providers and stakeholders to explore a variety of program redesign opportunities: vocational services, leveraging and revamping transitional housing services, shallow rent subsidies and other strategies. The overall aim is to serve more persons living with HIV and maximize the available funds to promote greater housing stability.

Q32: Last year you stated that HAHSTA was going to be obtaining technical assistance from HUD to explore more opportunities to increase the availability of permanent affordable housing. Do you have any updates on this effort?

HAHSTA requested and HUD approved technical assistance for the District of Columbia's HOPWA program. HUD designated Enterprise Community Partners, which is one of the HUD technical assistance contractors, to work with HAHSTA for approximately eight months with an extension. The technical assistance is expected to conclude in February 2015.

The work plan covered the following:

1. Program Redesign

Assess city needs and facilitate with program stakeholders the creation of best practice program design that is appropriate for the needs of PLWHAs in the EMSA.

- a. Review/summarize documents;
- b. Analyze and summarize 2012 CAPERS;
- c. Describe current model and gaps;
- d. Confer w/DC, MD, VA, and WV staff and stakeholders;
- e. Import national best practice models;
- f. Draft, review with stakeholders and revise program design;
- g. Discuss with client and revise to final.

2. Staffing Analysis

Evaluate current job descriptions, individual knowledge/capacity and staffing gaps/needs to be addressed in order for the Department to appropriately staff the proposed program redesign

- a. Analyze DC staff job descriptions and map against operational requirements;
- b. Interview staff, assess and describe: strengths, gaps and needs;
- c. Develop staffing recommendations.

3. Financial Management

- a. Confirm proper IDIS utilization;
- b. Analyze IDIS-accounting interface;
- c. Review resolution strategies with program leadership;
- d. Work with HAHSTA staff to implement resolution strategies.

4. Develop and Test New HAHSTA HOPWA Monitoring Tools

- a. Collect and analyze HAHSTA monitoring documents
- b. Collect best-practice monitoring documents
- c. Update HAHSTA monitoring tools and prepare new template
- d. Interview HOPWA program staff about prior monitoring protocols
- e. Test new tools with 1 DC and 1 Northern Virginia project sponsors
- f. Debrief experience with HOPWA staff and revise tools

5. Initiate New Project Sponsor Monitoring Schedule & Protocols

- a. Review existing policies & procedures and staff compliance

- b. Suggest updates to HAHSTA P&P to meet best practice standard
- c. Discuss changes needed with Supervisor and affected staff
- d. Develop monitoring schedule for all HOPWA sub-recipients
- e. Finalize materials & pre-/post-visit communications and protocols
- f. Schedule on-site monitoring visits in DC, Maryland, Virginia, and West Virginia

6. Mentoring HAHSTA Staff

- a. Train HOPWA program staff on utilization of new tools
- b. Assist them in summarizing and using remote monitoring findings
- c. Help them prepare for first solo on-site monitoring visit
- d. Debrief experience with HOPWA staff and revise tool/protocols
- e. Assist them to summarize findings and draft f/u letter to S/R
- f. Assist them to complete monitoring checklists, close out, etc.

HAHSTA and Enterprise have been meeting the work plan deliverables through multiple on-site meetings and staff training sessions. Enterprise and its subcontractor have facilitated planning sessions with regional HOPWA providers, made site visits to providers and conducted focus group sessions with program participants. This effort is culminating into the development of HAHSTA's HOPWA component of the new HUD required jurisdictional consolidated plan.

As described in Q31, HAHSTA is aiming for a redesign of the HOPWA program. The first consultation with stakeholders is January 28, 2015. HAHSTA will be outlining a refocus of HOPWA to modernize housing assistance, emphasize case management and supportive services, setting new continuum goals (housing self-sufficiency), revamping transitional programs to focus on rapid rehousing and partnering with other agencies to leverage services. The stakeholder session will be facilitated by the technical assistance provider.

HAHSTA will be contracting separately at the end of the technical assistance period to ensure continuity for completion of the redesign effort and development of the consolidated plan through the summer 2015.

Treatment and Population Specific Programs

Q33: What was the total budget for the AIDS Drug Assistance Program in FY14 and FY15? What was actually spent in FY14 and to date in FY15? Please indicate the number of clients enrolled in the program, including utilization data and pharmaceutical prices for FY14 and to date in FY15.

The following table reports on AIDS Drug Assistance Program (ADAP) expenditures and enrolled clients.

	FY14 (Oct 2013 - Mar 2014)	FY15 (April 2014 –Mar 2015)
Total ADAP Grant Amount	\$6,529,122	\$7,338,950
Total ADAP Expenditures (Drug Costs)	\$6,995,037	\$7,338,950
No. of clients enrolled	1,815	1,439
No of clients served	1,350	774

*Average number of clients per quarter

Q34: Please update on HAHSTA's efforts to address the co-occurrence of HIV and substance abuse. Please include the efficacy of any specific plans, programs, initiatives, or activities developed or undertaken in FY14.

During FY14, HAHSTA placed a major effort on properly screening clients for substance abuse and mental health conditions. HAHSTA worked collaboratively with the Department of Behavioral Health (DBH) to identify a common screening instrument to streamline this process. The two agencies selected the evidence-tested Global Assessment of Individual Need Short Screener (GAIN-SS). HAHSTA piloted the GAIN-SS at Family and Medical Counseling Service, which reported high client satisfaction and stronger results in determining the need for further assessment for mental health and substance use conditions. DBH has adopted the GAIN-SS for implementation for both its addiction and mental health services.

HAHSTA secured a contract with Chestnut Health Systems to provide access to the web-based GAIN-SS for all Ryan White funded agencies that provide primary medical services and/or medical case management. HAHSTA conducted trainings for providers. The web-based system provides an added feature of secure and confidential communication of screening results for enhanced referrals to DBH for linkage to services.

Q35: Please provide an update on prevention and service delivery programs implemented during FY14 and to date in FY15 that target special populations including:

- **LGBTQ populations;**
- **Homeless populations;**
- **Elderly populations;**
- **Low-income populations; and**
- **Imprisoned populations (Project START).**

Population	Services/Programs/Interventions
Lesbian, Gay, Bisexual, Transgender	Counseling, Testing, Referral (CTR) Drop-In Center Needle Exchange Condom Distribution
Ethnic Minority populations	Counseling, Testing, Referral (CTR) Navigator Services Community Promise STI screening
Imprisoned	Counseling, Testing, Referral (CTR)
Faith-Based	Prevention for African American Women through Faith-Based Approaches Places of Worship Advisory Board (POWAB)
Senior Citizens	Older Adults and HIV Program

In FY14, HAHSTA continued support for HIV Prevention for African-American Women through Faith-Based programs. The program area supports a faith-based approach that improves the health seeking habits of African-American women. This change in attitudes, norms and beliefs will support HIV testing as well as screenings for other health conditions and develop additional innovative activities and services to strengthen the HIV response.

HAHSTA funded Leadership Council for Healthy Communities (LCHC) to implement the Faith-Based Mainstreaming program. LCHC and Community Education Group (CEG) were teamed to implement the Prevention for African-American Women through Faith-Based program. LCHC is a faith-based program that works with places of worship to educate them about HIV/AIDS prevention and services. CEG is a community based organization with extensive experience in providing HIV testing, education, outreach and group level interventions. HAHSTA funded CEG to provide capacity building and technical assistance to LCHC on engaging individuals in discussion about HIV screening.

In FY14, the providers worked together to achieve the deliverables below:

Program area	Number
African American woman educated about HIV risk taking behavior and health screenings	1,609

African American Woman linked to HIV screening	319
African American Women screened for HIV	319
Identified and trained Health Coordinators within faith institutions	79
African American Women linked to health screenings for additional health conditions	319
Faith Institutions reached with stigma reducing information	215
Partnered with capacity building entity develop prevention messaging	10
Participants reached through social media	27,876

In FY14, HAHSTA continued support for the Faith-Based Leadership and Mainstreaming Program. This program provides training to places of worship on integrating HIV prevention information into their faith messages. LCHC was funded to provide this service and they achieved the following deliverables:

Program area	Number
Faith leaders provided HIV mainstreaming training	215
Outreach and networking sessions to faith institutions of different faiths	66
Outreach sessions to faith institutions	64
Faith leaders trained to broaden HIV messages and HIV/AIDS testing capacity	1,734
Faith organizations that adopted HIV related programs/materials based on the training they received	117
Participants attending mainstreaming events	3,159

In FY15, HAHSTA merged the Faith-Based Mainstreaming program into the Prevention for African American Women through Faith-Based Approaches. This decision was made as the two programs were basically serving the same faith-based organizations. Through the competitive grant process, HAHSTA selected Terrific, Inc. to implement the faith based prevention program for women.

Since October 1, 2014, Terrific delivered the following services:

Program area	Number
Number of African American woman with in faith institutions educated about HIV and health screenings	641
Number of African American woman linked to HIV screening	70
Number of African American women screened for HIV	75
Number of African American faith leaders referred to partnership with POWAB	33
Number of African American women linked to health screenings for additional health conditions	80

Number of faith institutions reached with stigma reducing information	625
Number of activities that promote the “whole person” health	40
Number of individuals reached the HIV messages who were linked to HIV testing and attended appointments	55
Number of faith leaders reached through social media outreach	800

In addition, Terrific, Inc. reported linking 54 women to hepatitis C screening since October 1, 2014.

In FY14, HAHSTA and the Places of Worship Advisory Board completed a strategic plan for the next three years. HAHSTA engaged its capacity building contractor Reingold to assist the POWAB to develop goals and deliverables. POWAB leadership is supportive of this activity. The next step is submission of the plan to HAHSTA’s Senior Deputy Director for approval.

In FY15, HAHSTA will support two programs specifically targeting African American men. One program will target heterosexual African American men and the other will focus on African American men who have sex with men. The purpose of this program area is to support a HIV prevention program to improve the health seeking habits of heterosexual African American men and men who have sex with men. This program will promote behavior change, HIV testing promotion among individuals that have never been tested, increased condom usage and HIV and STD risk awareness through the use of outreach activities and social mobilization. Through the competitive process, HAHSTA funded Family and Medical Counseling Service, Inc., to target heterosexual African American men and Us Helping Us to target African American men who have sex with men.

Q36: Please provide an update on HAHSTA’s efforts to address the rising HIV/AIDS epidemic in the population of District residents aged 50 and older.

In FY14, HAHSTA released a funding announcement that included the Older Adults and HIV program. HAHSTA selected Terrific, Inc., which had previously implemented the program, for the next two-year grant award. HAHSTA utilized \$100,000 in locally appropriated funds to support this program. Terrific, Inc. will continue to conduct outreach and education for older adults. New for this grant year, Terrific Inc. will offer HIV screening. Previously, Terrific, Inc. collaborated with other community partners to provide HIV screening to the older adult population. Terrific, Inc. had to depend on the availability of its collaborative partner to offer testing. At the end of FY14, HAHSTA trained Terrific, Inc. staff members to conduct HIV screening, which will allow the agency to provide HIV screening at all of their venues. In addition to HIV testing, Terrific, Inc., will recruit and train peer educators to lead and/or participate in the program activities. Further, Terrific, Inc. trained and supported community providers on the older adult specific program model.

During FY14, the following deliverables were met:

Program area	Number
New Peer Educators	329
Number of group sexual health sessions	181
Number of individuals trained during sexual health sessions	4775
Technical Assistance sessions with providers	30
Number of educational materials distributed	11,658
Number of condoms distributed	63,815

In FY15, the Older Adults and HIV will focus on:

- Outreach and education of the senior population
- HIV counseling and testing
- Recruitment and training of peer educators
- Forming partnerships with older adult service organizations, faith-based organizations and DC Government agencies with direct services to older adults, such as the Department of Parks and Recreation and DC Housing Authority.

Q37: Please provide an update on new HIV initiatives, including the *Red Carpet Entry* program and the *Recapture Blitz*.

Recapture Blitz Report

“Recapture Blitz” is an initiative that was originally pioneered in 2009 and is designed to identify individuals who have dropped out of care, and recruit and encourage them to return to care. The last Recapture Blitz conducted by HAHSTA involving all sub grantee was in 2013. HAHSTA prepared an abstract on the activity, which was accepted for presentation at the next Conference on Retroviruses and Opportunistic Infections (CROI) meeting at Seattle Washington State in February 2015. Of the 691 persons investigated, 573 (83%) were contacted for re-engagement: 121 (21%) were in care elsewhere, 61 (11%) had moved to another jurisdiction, and 59 (10%) were re-engaged in care. As of April 2014, the majority of re-engaged persons remained in care (n=44, 75%); 32 (54%) were retained in continuous care and 12 (20%) were sporadically engaged in care. Fifteen people (26%) had no evidence of being in care as per surveillance records. Among persons retained in care at 12 months of follow-up, 25 (57%) were virally suppressed at their last reported viral load. The median CD4 results among persons retained in care increased significantly from 26 cells/ μ l at last known laboratory to 458 cells/ μ l after 12 months of follow-up while the median viral load decreased from 1,800 to 85 copies/ml. The Recapture Blitz demonstrates an effective combination of surveillance and clinical data for successful re-engagement in care in addition to improved longer-term health outcomes post-re-engagement. This underscores the importance of re-engaging persons who have fallen out of care to improve overall rates of retention and viral suppression

This initiative has become a routine part of care and sub-grantees are encouraged to perform recapture and re-engagement of clients’ loss to care routinely. Currently, HAHSTA is discussing performing a district wide Recapture Blitz every other year to allow sub grantees to collate information on individuals who may have missed medical care in the previous year.

Red Carpet Entry Report

HAHSTA has continued to provide guidance on program implementation with the intention of increasing program consistency and linkage outcomes for District residents living with HIV/AIDS. The Red Carpet Entry (RCE) program is HAHSTA’s response to a need for a rapid linkage to care. RCE is designed to facilitate efficient and effective entrance into HIV medical care for District residents who have been newly diagnosed with HIV/AIDS or who have fallen out of care. RCE providers commit to providing clients with a HIV specialist appointment within 72-hours following initial clinic contact, a designated RCE-site contact or “conciierge” to facilitate the first appointment, and a password phrase that would enable a client to discreetly ask for services once they arrive on site.

Entry into care through Red carpet initiative is a reportable item in the current Ryan White Care system. In addition, from March 2014 to December 2014, 607 new and returning clients into medical care, 92% of them were engaged through Red Carpet Entry program. The availability of this program has generated widespread use as an updated brochure for Red carpet providers are at the DOH website and updated annually to ensure relevance and correctness for anyone who

will want to use the contacts. Other private medical providers are encouraged to join the network of providers.

Q38: Please provide an update on HAHSTA's efforts in combatting and treating tuberculosis in the District of Columbia including whether any new programs and services have been introduced.

The HAHSTA Division of STD/TB Control provides the following TB prevention and control services for residents of the District:

- Screening, diagnosis, treatment, case management and follow up of persons infected with or suspected of having TB.
- Contact investigations, including the evaluation and treatment of close contacts of TB cases.
- Screening and medical evaluation of individuals at high risk for TB infection and disease.
- Medical consultations, educational activities, and technical assistance for health care providers and others with an interest in TB prevention and control.
- Participation in TB Treatment Control Trials and Epidemiologic Studies sponsored by CDC.
- Training of nursing, medical and post-doctoral students and fellows in TB management.
- Participation in national trainings such as grand round webinars on TB and contact investigation courses.

Health care providers (including practitioners, clinics and hospitals) and laboratories are required to report suspected cases of TB in District residents to the DC Department of Health. All incoming reports are reviewed by TB Control Program staff. Reports with sputum smears showing acid-fast bacilli on microscopic examination are assigned immediately, as suspected cases of TB, and an investigation is initiated prior to diagnostic confirmation.

The following report on program activities:

Case Counts and Rates

- In 2013, there were a total of 38 reported Tuberculosis cases with a case rate of 5.9 (based on 2013 US Census Data)
- In 2014, there were a total of 34 reported Tuberculosis cases with a case rate of 5.3 (based on 2013 US Census Data)

Completion of Treatment (based on 2013 final data)

- 38 (100%) cases started treatment
- 30 cases were eligible to complete treatment within 12 months (12 months based on CDC's recommendations/Cooperative Agreement Indicator)
- Of the 30 who were eligible to complete, 26 (86.7%) completed within 12 months. This proportion is higher than the CDC's National Average of 81.5%

New Innovations

In April 2014, DC TB Program implemented the use of the latest CDC recommended treatment regimen for Latent TB Infection (LTBI). The treatment is a 12-dose regimen that can be completed within three months, which is the shortest treatment regimen for Latent TB Infection.

April 2014-December 2014, DC TB Program started 23 LTBI patients on the 12-dose LTBI treatment regimen. Of the LTBI patients, 89% who were eligible to complete treatment by December 31, 2014 actually completed the 12-dose regimen. This is DC's highest recorded LTBI treatment completion rate for one LTBI treatment regimen.

Q39: Please provide an update on the SE STD Clinic operated by HAHSTA. Specifically, please include:

- **The number of individuals seen in FY14 and to date in FY15;**
- **The number of individuals who tested positive for each STI;**
- **The number of individuals who received follow-up and were connected with care following a positive test result; and**
- **The educational, outreach, and other services provided by the clinic.**

The SE STD Clinic provides services to clients five days per week and offers STI/HIV screening, physical exams, laboratory testing (some point-of-care), treatment, follow up, disease intervention counseling, and referral services.

The number of unique clients seen at the SE STD Clinic from FY October 1, 2013 – September 30, 2014 was **23,820**.

The number of unique clients seen at the SE STD Clinic from FY October 1, 2015 – December 31, 2015 was **2,976**.

Below are the numbers of individuals who tested positive for each reportable STD October 1, 2013 – September 30, 2014:

STD	No. Testing Positive
Chlamydia	313
Gonorrhea	237
Genital Herpes	107
Early Syphilis	293

Below are the numbers of individuals who tested positive for each reportable STD October 1, 2014 – December 31, 2014:

STD	No. Testing Positive
Chlamydia	161
Gonorrhea	104
Genital Herpes	31
Early Syphilis	408

From FY October 1, 2015 – December 31, 2015, **1,635** persons were screened for HIV at the SE STD Clinic. Of these, **6** tested positive for HIV and **5** were linked to care.

Since October 1, 2013 to December 29, 2014 **330** persons were screened for hepatitis C antibody at the Southeast STD Clinic. Of these, **57** tested positive and **10** were linked to care.

The educational, outreach, and other services provided by the SE STD Clinic staff:

- Counsel patients that return for test results (at the very least, provide educational pamphlets/condoms).
- Counsel patients who are diagnosed with an STD or received preventive treatment for syphilis.
- Partner services/interview for patients infected with syphilis and HIV.
- Partner services/interview for patients that have a previous HIV diagnosis and a new STD infection.
- Link patients who are newly diagnosed with HIV to medical care.
- Link patients to medical care that are previously HIV positive but do not have a medical home.
- STD/HIV prevention presentations upon request/partner services training.
- Case management for patients diagnosed with syphilis and HIV.
- Field investigations/Internet Partner Notification (IPN) to contact and notify patients who are positive or exposed to syphilis, HIV, chlamydia, gonorrhea.
- Field investigations.
- Provide syphilis and HIV testing for patients and partners (phlebotomy in the field).
- Act as liaisons to major health facilities (hospitals, detention, community health, and youth centers) with high morbidity rates of syphilis, HIV, chlamydia, gonorrhea.
- Provide other health departments, private providers, and other health facilities with treatment verification, patient and partner follow-up.
- Outreach screenings upon request or need (target high risk areas/populations) (collaborate with other health departments and health providers upon request or need).

Social Marketing Campaigns

Q40: Please provide an update on HAHSTA's condom distribution programs, including number of condoms distributed in FY14 and to date in FY15. In addition, please indicate all distribution sites and partners. Categorize by non-traditional and non-stigmatized locations and condom brand request. What measures have been taken to ensure the success of the program including timely and accurate delivery and distribution?

In FY14, our Condom Distribution Program distributed 5.25 million condoms. This exceeds HAHSTA's performance plan goal of 5 million, but a decrease from FY13 distribution of 6.9 million condoms. HAHSTA attributes the decrease to the vacancy in the condom coordinator position, which HAHSTA aims to hire in early 2015. Though the program was successful in besting its target for the year, the program lacked the focused attention to recruit more community partners and develop more distribution strategies. Overall, the program remains effective and a national model for condom distribution programs. The Program features multiple components: male and female condom (and lubricant) distribution, condom education, social marketing and youth-focused educational activities.

This program provides male condoms and lubricant packages monthly or quarterly to community partners, shipped directly by its contractor. Community partners complete an online form to receive the condom and lubricant deliveries. HAHSTA also makes female condoms and dental dams available to community partners for pickup in limited quantities. HAHSTA also distributes Trojan brand Magnum condoms to high schools and youth-serving organizations. This includes all DCPS senior high and STAY schools as well as 20 public charter schools involved in our Wrap MC school condom distribution program.

HAHSTA did not experience any significant payment or delivery issues. There were occasional minor delays in providing select condoms to community partners due to warehouse and stock availability with the contractor, Ansell Healthcare LLC. The contractor has stayed in constant communication with HAHSTA's Acting Condom Distribution Coordinator regarding any delays they foresee and has been proactive in identifying an alternative product as a replacement when necessary. They have additionally been helpful in letting HAHSTA know about refused condom shipments, enabling HAHSTA to follow up or troubleshoot these orders in a timely manner.

FY14 male condoms distributed: **6,045,500**

FY14 lube distributed: **2,448,000**

FY14 female condoms distributed: **36,400**

FY14 total partners: **625**

FY15 male condoms distributed to date: **1,634,000**

FY15 female condoms distributed to date: **10,000**

HAHSTA continues to provide condoms to a wide-range of venues throughout the District, including health and social services organizations, businesses (bars, clubs, hair salons, barbers

shops, restaurants, clothing stores, pharmacies, etc.), and District government agencies (including correctional facilities).

Q41: Please provide an update on each of the new and ongoing social media campaigns being undertaken by HAHSTA. At a minimum, please include the overall message, their targeted population, how the materials are disseminated, and a copy of the related materials for each campaign.

HAHSTA continued and expanded its comprehensive social marketing program “DC Takes on HIV” in FY14. The program consists of four primary areas: HIV testing, treatment promotion, condom (male and female) promotion and youth health promotion. HAHSTA introduced in FY15 a new campaign on STDs focusing on young people and men who have sex with men. The campaigns are based on a multi-media approach with traditional advertising (public transit, print, radio, and television), new media (Internet-based advertising, Facebook, and Twitter) and consumer- and provider-focused educational and outreach materials (brochures, palm cards, posters, and promotional items). HAHSTA has developed a schedule with its contractor, Octane LLC, to rotate the implementation of the campaigns to maximize available resources.

In FY14, HAHSTA sought to evaluate the effectiveness of its social marketing program. Its contractor Octane engaged Braun Research, Inc. to conduct the sampling, screening, interviewing and tabulation for the poll. The poll showed significant awareness of the HAHSTA social marketing programs and that it promoted directed action on HIV testing, condom use and sexual health information.

The *DC Takes on HIV: Public Awareness, Resident Engagement and a Call to Action* poll was based on telephone interviews conducted January 3 through February 9 with adults, 20-64 years of age, in the city of Washington, DC. A total of 810 respondents representing the citywide population of the District were interviewed January 3 through February 4.

The HAHSTA campaigns had high visibility throughout the city, with a wide reach and high recall among survey respondents: DC Takes on HIV (44%), Ask for the Test (39%), and Rubber Revolution (14%). Primary campaign messages of get tested (54%), protect yourself (44%), and practice safe sex (52%) were clearly and consistently received by DC residents.

The social marketing campaigns increased DC residents’ awareness of and knowledge about the city’s free condom and HIV testing services. More than two thirds (71%) of survey respondents said they know about the city’s free condom services because of the campaigns. And half (50%) of respondents also said the campaigns provided them with new knowledge about HIV and testing. Survey respondents reported displaying protective behaviors ranging from getting HIV information (36%), to getting tested for HIV (27%) and using condoms more frequently (28%) as a result of seeing the social marketing campaigns.

The HAHSTA campaigns feature the diversity of the District population, including African Americans, Latinos, white individuals with a range of ages from youth to older adults.

Here is a brief summary of HAHSTA’s ongoing campaigns.

Ask for the Test

HAHSTA continued its HIV testing promotion campaign “Ask for the Test”. The campaign has gained popular recognition attention – demonstrated in focus groups conducted to develop other campaigns. The overall message is to ask for the HIV testing when visiting one’s doctor. The target audience is the general population with images that cover a range of the District’s demographics. HAHSTA has primarily focused advertising in public transit and Internet-based advertising and placed the television ad developed in 2010 back on air. In FY14, HAHSTA directed a refresh of the campaign and Octane developed new messages including “Update Your Status” and “Check Your Selfie”.

Rubber Revolution

HAHSTA continued its “Join the Rubber Revolution” campaign to promote condom use. The overall message is to cast condoms in an engaging way that complements one’s lifestyle. The target audience is the general population, with versions that focus on gay/bisexual men and other demographics. The core component of the campaign is a web site www.RubberRevolutionDC.com, which is integrated with social networking sites. The Rubber Revolution campaign also features text messaging, ads on radio, newspapers, Metro and the Internet, as well as educational materials (e.g. pamphlets, palm cards) for distribution. HAHSTA also renewed airing of its award-winning television commercial entitled “Take on the Night”. HAHSTA expects a refresh of this campaign in FY15.

Also, in FY15, HAHSTA will be integrating its female condom campaign, previously entitled “DC’s Doin’ It” into the Rubber Revolution program.

Treatment Promotion

In FY14, HAHSTA continued its HIV treatment promotion campaign, which features messages that HIV is manageable, treatable, not my whole life and preventable (for mother to child transmission). The campaign has received positive reactions from the community as the first empowering campaign to promote treatment that is practical and achievable.

Hepatitis

HAHSTA conducted for a short period around hepatitis awareness month (May 2014) its promotion of hepatitis screening entitled “Do You Know if Your Liver is Healthy”. HAHSTA is deploying these materials effectively in its academic detailing program that is educating primary care physicians and practices on hepatitis screening and vaccinations.

Youth Social Marketing Campaign

In FY12, HAHSTA undertook primary qualitative research, a convening of a panel of youth experts from various fields, and a review of the literature on peer norms that drive decision-making around adolescent sexual behavior. The research brought up several key points that are driving the disproportionate burden of STDs borne by DC youth:

- Sexual activity starts young, at times as young as 11 or 12.
- There is a great deal of pressure from peers to have sex, though the consequences differ for girls (“roller” stigma) and boys (good to have several female partners).

- Community issues affect how teens feel about themselves and sex (e.g. neighborhood violence, presence of older male predators, lack of afterschool programs, inadequate or nonexistent sex education classes.).
- LGBT teens are feared and face discrimination from their peers.

HAHSTA has worked with Octane to develop the lessons learned from this formative research into a DC Youth Social Marketing campaign that will impact peer norms around adolescent sexual behavior. The campaign aims to influence and shift the attitudes regarding peer norms that drive decision making related to adolescent sexual behavior and provide youth with the knowledge, awareness and skills necessary to resist peer pressure to engage in sexual activity.

In FY13, HAHSTA launched Phase I of the Youth Social Marketing campaign. The campaign uses “#Showoff” as its tagline, a reference to the hashtags used on social media platforms that target youth use frequently. In Phase I, Octane recruited youth to be “ambassadors” of the program, involving them in crafting some details of the campaign and featuring them as models in the campaign materials. Print and online advertising materials for Phase I emphasized the importance of individuality and being true to oneself and one’s interests.

HAHSTA launched Phase II, which aims to emphasize young people’s individuality while participating in teen social groups. The campaign continued its engagement of young people through existing events where it has been well received. Octane receives constant requests for participation in youth program events. The campaign continues to utilize youth popular social media platforms, including Instagram, Twitter, and Facebook. HAHSTA and Octane promoted awareness of the #Showoff “brand” by distributing premium items (e.g. rubber bracelets, sunglasses) at community events.

The campaign held a contest for young people to develop a music video and in July selected Jason Goolsby a.k.a Kid Kwesi, 17, and Demi Stratmon a.k.a Demi the Dancer, 15, who entered the Show Off song contest to record a song and film a music video with Jerry Vines, owner of 1228 Management and Bob Terry, owner of Big Bob Productions. Both Vines and Terry have worked with renowned artists such as Jamie Foxx and Raheem Devaughn. The campaign ran the Show Off song contest via [Instagram](#), [Twitter](#), [Facebook](#), and [YouTube](#), where District residents between the ages 13 and 19 submitted videos of themselves singing, rapping and/or dancing. The music video for the song titled, “DC Made Me (ShowOff)” premiered at the Trillectro festival at RFK Stadium.

New Campaigns

STDs

HAHSTA launched two new population focused campaigns on STDs – primarily chlamydia, gonorrhea, and syphilis – to reach young persons and men who have sex with men (gay/bisexual men). The umbrella title of the campaign is “DC Takes on STDs”, which maintains a consistency with the HIV umbrella campaign. The STD campaign consists of a gay and bisexual men site called “Do It Right DC” and a youth oriented site “The Hook Up DC”. HAHSTA conducted focus groups with young people to develop the campaign name. The sites contain specific information on STDs and links to resources and services. The messages are affirming to

encourage use of the site and the actions recommended, including regular STD screening and condom use. The youth site will also feature a plug-in for young people to ask questions, which will be answered by HAHSTA STD staff. HAHSTA will roll out the sites and campaign materials in the early months of 2015.

Campaigns in Development

HAHSTA is in the development phase for two new campaigns on Pre-Exposure Prophylaxis (PrEP) and Stigma. HAHSTA plans to implement a PrEP campaign to complement its community provider outreach and education in the summer 2015. HAHSTA is still formulating the mixture of messages to address stigma concerns on HIV, sexual health and LGBTQ.

See Attachment Q41 for a sample of social marketing materials.

Q42: Please provide an update on the Wrap M.C. program including any progress made addressing the turnover issues cited as issues in realizing the goals of the program.

Due to the vacancy of the HAHSTA Condom Coordinator position, HAHSTA designated staff of the School Based Screening Program and fellows from the One City Fellow Program to conduct the Wrap MC program. HAHSTA updated protocols to ensure that all schools and community-based organizations had points of contact for information on Wrap MC certification and supplies. HAHSTA worked with DCPS to provide access to members of the DCPS central office to certify teacher Wrap MC's. The Wrap MC website was minimally updated to provide quicker access to the certification test and the HAHSTA manager for STD education and outreach began conversations with community partners to gain a better understanding of the needs of both adult and youth Wrap MC's.

HAHSTA plans to fill the condom vacancy in early 2015 at which time the current HAHSTA staff will work with the new coordinator to provide insight on needs raised and any changes to the program already in the works.

Q43: In D.C. Appleseed's recently released "HIV/AIDS in the Nation's Capital Report Card" the district was given a grade of "C" for public education. What steps will HAHSTA take to improve public education in regards to HIV/AIDS?

HAHSTA is most effective in efforts to improve public education on HIV, STDs and sexual health through its collaboration with DC Public Schools (DCPS), the Office of the State Superintendent of Education (OSSE), public charter schools, students and community-based organizations. HAHSTA developed a memorandum of understanding with DCPS and OSSE to work in partnership on expanding educational opportunities on sexual health and access to sexual health services, including STD and HIV screening and condom education and availability. HAHSTA provides funds to community-based organization partners to also work with schools on educational activities.

It is important to note that public education in the District is not monolithic. In public education, slightly more than half of District students attend DCPS schools with nearly half attending public charter schools. DCPS, with the advantage of its central administration and active engagement on sexual health education, has made tremendous strides through curriculum development and implementation and teacher training. With each public charter school acting as its own LEA, there is no central adoption of sexual health education curriculum nor universal implementation. HAHSTA has worked closely with OSSE on the assessment and selection of curriculum options for public charter schools. Directly, HAHSTA has initiated new working relationships with public charter schools through the School-Based STD Screening Program and the Wrap MC condom education and availability program. For example, HAHSTA has fostered a new working relationship with Latin American Youth Center, which operates three public charter schools, to enhance sexual health education and screening services in its schools. The challenge remains with public charter schools that each school has the authority to select its course on sexual health education.

HAHSTA will continue to provide expertise, direct health services and leverage its community supported resources through youth-focused organizations to enhance sexual health education in public schools. In its Youth and HIV/STD Prevention Plan, HAHSTA outlined a number of specific programmatic directions to build on DCPS achievements, reach younger age children with appropriate sexual health education and aim for public charter schools to reach parity with DCPS on sexual health education. HAHSTA intends to work with the changing leadership at OSSE and the continuing leadership at DCPS, as well as its new relationships with individual public charter schools, to strategize on specific actions it can take to advance sexual health education in FY15.

Youth

Q44: Please provide an update on HAHSTA's work with DCPS to promote age appropriate sexual health education within public schools including the Wrap M.C. program.

HAHSTA continues to work with DCPS in several capacities to promote age-appropriate sexual health education: school-based STD and HIV health education and screening and expanded condom education and distribution. DCPS has developed evidence-based curricula for middle and senior high schools and has an extensive program of teacher training and professional development to implement the curricula. HAHSTA and DCPS are collaborating on the Wrap MC condom education and availability program and ensuring that all DCPS high schools have Wrap MC coordinators and educators and that youth Wrap MC's in these schools are working with the adult Wrap MC's.

HAHSTA staff meet regularly with DCPS and OSSE staff to review progress on implementation of the goals of the CDC Division of Adolescent and School Health (DASH) Cooperative Agreements awarded to DCPS and OSSE and the Youth HIV/STD Prevention Work Group provides opportunity for HAHSTA to help facilitate collaboration between DCPS and OSSE and community based organizations seeking opportunities to partner with DC public schools. In FY14, HAHSTA identified and partnered with five public charter schools to implement STD screening for school year 2014-2015.

Q45: Please provide an update on HAHSTA's efforts to address HIV/STD prevention and treatment for District youth and children. Specifically, please include:

- **Efforts at Children's National Medical Center in support of HIV/AIDS prevention and treatment;**

HAHSTA partners with Children's National Medical Center (CNMC) to support HIV prevention and treatment by testing all patients 13 and older who are seen in its emergency department. The programs aimed to make HIV testing universal at CNMC, so that the hospital does not miss individuals who are not necessarily considered at risk. Testing occurs on a 24-hour basis and the test is presented to patients in an opt-out format by testers, physicians, nursing staff and trained specialist.

HAHSTA collaborates with CNMC to ensure that youth (ages 12-24) diagnosed with HIV are linked, engaged, and retained in appropriate clinical care. A CNMC staff person housed within the Strategic Information Division (SID) in HAHSTA works with SID staff to track clinical service utilization patterns among newly diagnosed youth through the use of surveillance data.

HAHSTA has provided technical assistance to CNMC to begin third party reimbursement of HIV tests completed scheduled to begin in FY15. Feedback concerning HIV positive youth tested in DC is provided to community partners to support the implementation of targeted outreach efforts to link, engage, and retain HIV-positive youth in care.

- **Funding for Metro TeenAIDS program to train school nurses employed by Children's;**

Previously HAHSTA awarded funding to Metro TeenAIDS for the school nurses training program and capacity building for youth-serving organizations. Based on utilization, HAHSTA merged the two programs into an overall capacity building assistance program, which now includes school nurse trainings. HAHSTA promoted and trained school nurses through its WRAP MC condom education program.

- **New condom training for school nurses; and**

HAHSTA has contacted school nurses about its Wrap MC condom education program and encouraged them to participate in the training offered. Of the 20 DCPS high school nurses, currently 8 have been trained and certified as Wrap MCs.

- **Efforts to support the adolescent peer education program.**

In FY14, HAHSTA continued the third year of funding for its Peer Education Program. HAHSTA funded community based providers to recruit and train youth peer educators, formed partnerships with other youth-serving organizations, public and public charter schools, and other youth-serving government agencies to integrate peer education into their programs and support peers in those settings. The program consists of training on basic sexual health, STDs/HIV, behavior change, motivational tools, stress management, group dynamics, role modeling and

other relevant skills. HAHSTA funded Metro TeenAIDS, SMYAL and The Women's Collective to provide the Peer Education Program to DC youth.

For FY15, the City Council allocated \$100,000 to support teen peer educators who provide sexual and reproductive health education to their peers. The funds were originally assigned to the Community Health Administration (CHA) in DOH. HAHSTA and CHA discussed the best method to ensure the program was established. As HAHSTA has experience with peer education programs and had designed a similar approach to maximizing the number of young people receiving stipends, it volunteered to administer the funds. HAHSTA worked with the DOH Contracts Office and prepared a contract scope of work to establish a Peer Educator Partnership Administrator. The entity chosen will administer stipends for adolescent peer health educators and facilitate training and/or support for sites hosting peer educators. The objective of the contract is to increase the number of young people trained and receiving stipends to provide vital education to peer young persons promoting healthy behaviors, increasing condom use, instilling routine health screening practices, providing health literacy support, counseling young people on healthy relationships in a variety of community settings. The overall impact of the program will be to reduce the incidence of sexually transmitted diseases and unwanted pregnancies. HAHSTA anticipates making an award by February 2015.

Q46: Please provide an update on the School-Based STD Screening Program. Please include data regarding the number of students screened during FY14 and to date in FY15 and efforts undertaken to ensure that students are connected to appropriate follow-up care. How many students received follow-up care as a result of STD screenings in FY14 and to date in FY15? Please provide a listing of all schools that received STD screenings in FY14 and to date in FY15 for the first time.

HAHSTA maintained its effective School-Based STD Screening Program in FY14 and made a priority to recruit new schools for the school year starting in FY15. The following table provides data on the program for school year 2013-2014 and preliminary data for school year 2014-2015:

	SY2013/2014	SY2014/2015
Screened	2,717	1,453
Positive	108	60
Treated	99	N/A
Screened for HIV	713	537

This is a description of HAHSTA’s efforts to ensure that students are connected to care and treatment. All students that test positive are contact by a HAHSTA Disease Intervention Specialist (DIS) and offered three treatment options: (1) utilize the SE STD clinic for treatment, (2) receive confidential treatment at their school when the DOH staff returns (typically 7-10 days after screening) or (3) receive treatment from their own physician. Most students choose treatment at school as it is the most convenient. Students that are not reached in advance by the DIS are called down on school treatment days for counseling and treatment. Any students not seen on treatment days are reached out to again through phone or in person at school until treatment can be provided or confirmed.

In school treatment is provided directly by HAHSTA clinical staff or by Unity Health Care unless the school has a school-based health center run by another clinical provider. In the latter case, HAHSTA staff works with the school-based health center to provide treatment. The health center staff benefit from the opportunity to engage students they may not already have enrolled in the center. During FY14, in partnership with HAHSTA, Metro TeenAIDS provided high quality, culturally-competent, comprehensive risk counseling and services to high-risk youth (those infected with chlamydia, gonorrhea or both) during in-school treatment days. Metro TeenAIDS received CDC funding for its program activity, which ended in FY14. For FY15, HAHSTA’s school-based team will provide high impact counseling employing motivational interviewing principles with positive and high risk negative students during treatment days.

Schools FY14

- Anacostia High School
- Ballou High School
- Ballou STAY High School
- Banneker High School
- Cardozo High School
- CHOICE Academy
- Columbia Heights Education Campus

Coolidge High School
Duke Ellington School of the Arts
Dunbar High School
Eastern High School
Friendship Collegiate
Friendship Collegiate Tech Prep
High Road Upper School
Luke C. Moore High School
McKinley Technology High School
Phelps High School
Roosevelt High School
Roosevelt STAY
School Without Walls
Spingarn High School
Spingarn STAY High School
Washington Metropolitan High School
Wilson High School
Woodson High School

New Schools FY15

KIPP DC
LAYC Youth Build
Next Step Public Charter School (February 2015)
LAYC Career Academy (January 2015)
EL Haynes (April 2015)

Q47: Please provide an update to the implementation of the Youth and HIV/STD Prevention Plan.

The following is an update on the implementation of the Youth and HIV/STD Prevention Plan:

**DC Youth HIV/STD 2012-2015 Prevention Work plan
Summary of Accomplishments**

This list includes the work of a variety of DC government agencies and community based organization that focus on sexual health including HIV/STD education and prevention. DC Youth HIV/STD Prevention Working Group Members: DC Government Agencies- DOH, DCPS, OSSE, DBH; Community Organizations: LAYC, MTA, Sasha Bruce Youthworks, STICC, The Grassroots Project, CNMC, SMYAL, The Young Women's Project

**Element 1: HIV and STD Education, Awareness, Access and Treatment
Increase youth: awareness and knowledge of available HIV and STD testing; access to HIV and STD testing; knowledge of HIV/STD status; understanding of HIV/AIDS and STDs and risks; access to condom availability; access to treatment**

- ✓ ShowOff Campaign launched
- ✓ Youth with low service penetration reached through a variety of CBO and government initiatives to increase education, outreach and testing (populations reached include, out of school, 11-13, LGBTQ, immigrant, runaway and homeless)
- ✓ Interagency outreach including: education and training of DYRS staff and youth and partnership with DC-CFSA clinic
- ✓ DC youth resource guide developed in partnership with youth secret shoppers
- ✓ Youth resources referral system to capture service utilization
- ✓ Pop up STD screening pilot at DCPS high schools (3 in SY2014)

Needed:

- STD screening in school health suites

Element 2: Increasing support for LGBTQ youth in and out of school, education of non-LGBTQ youth to reduce stigma and addressing issues of age discordant relationships among LGBTQ youth.

- ✓ Promotion and support of Youth Pride
- ✓ STD social media campaign with specific messaging to youth and MSM
- ✓ Mentors Inc. mentoring program specifically for LGBTQ youth launched in Fall of 2014
- ✓ GSA conference held
- ✓ Safe Space trainings for school staff
- ✓ LGBTQ Town hall held
- ✓ Wrap MC's receive LGBTQ competency training
- ✓ CHET review of curriculum that addresses Stigma and homophobia

Needed:

- Ongoing information and resources directed at youth regarding age discordant relationship and the heightened potential for diseased infection due to the greater rate of HIV in age 20+

Element 3: Support DC Public Schools (DCPS) comprehensive sex educational initiatives for youth

- ✓ 2 trainings held for DCPS teachers
- ✓ Letter sent out in spring 2014 to all DCPS high schools supporting the CAP and Wrap MC's
- ✓ Over 75 peer educators trained as Wrap MC in SY2013
- ✓ HIV testing included in 10 DCPS STD screening days in SY2013; 15 slated for SY2014
- ✓ DC CAS health education question include question on sexual health

Needed:

- Translation of sexual health education materials in to Spanish and provide training and support to bilingual teachers
- Explore option to included relevant sexual health education into other subjects

Element 4: Start sexual health education and prevention early with DC youth (ages 8-11)

- ✓ Expansion of Parents Matter
- ✓ ShowOff campaign to target younger youth including this age group
- ✓ DCPS and OSSE working on parent education and communication in education campuses and middle schools

Needed:

- Expansion of CAP and Wrap MC's in DCPS and charter middle schools
- Working group to ensure health curriculum addressing sexual health/puberty learning standards for younger youth are implemented

Element 5: Work with Charter Schools to achieve sex education initiatives for youth on par with those for DCPS.

- ✓ DOH and PCSB in discussion around importance of sexual health education as part of education for any DC public student and ways to ensure all charter schools address sexual health education
- ✓ OSSE has created health education lending library and list of recommended curricula
- ✓ OSSE led School health provider network links schools to CBO and government resources focused on sexual health education and services
- ✓ Wrap MC teacher trainings

Needed:

- Expansion of CAP and wrap MC's in each school

Element 6: Increase engagement of parents of DC youth

- ✓ Parent Matter expansion
- ✓ DCPS parent meetings at the school level
- ✓ Parent communication regarding HPV vaccine through radio and movie ads
- ✓ MTA dissemination of literature to parents

Needed:

- A website directed at parents with information and resources

Element 7: Ensure access to care and treatment for HIV positive young people.

- ✓ LTC best practice guidelines; including information on transition from youth to adult care

Needed:

- Access to health insurance coverage for any young people needing independent coverage of their parents
- A more streamlined approach to collect linkage to care data

Element 8: Continue to build and develop partnerships within government and in community-based organizations toward all of the above Elements.

- ✓ Youth HIV/STD Prevention Workgroup – government and CBO’s focused on sexual health
- ✓ OSSE’s School Health Network Provider group
- ✓ STICC- DC, MD and VA STD coalition
- ✓ DCCP- focused on Youth MSM and transgender women of color
- ✓ DC One City Youth Initiative- all DC agencies represented
- ✓ DC-PEN- CBO’s with peer educators
- ✓ Prevention funding- supports youth peer education and capacity building initiatives @ CBO’s

Needed:

- HAHSTA to partner with organizations providing youth enrichment activities

Element 9: Improved data collection and research

- ✓ DC CAS
- ✓ HAHSTA social marketing campaign study
- ✓ Professional development for school staff collected through profiles
- ✓ Healthy Youth Resource Guide developed

Needed:

- Inventory of services/resources

- Inventory of available data at organization and local level
- Youth behavioral study

Q48: Please provide an update on prevention and service delivery programs implemented during FY14 and to date in FY15 that target District youth.

In FY14, HAHSTA released a funding announcement to maintain the Social Mobilization, Building HIV/STD Capacity among Providers to Young People and the Youth Peer Education programs. HAHSTA funded Metro TeenAIDS for the Social Mobilization and Building HIV/STD Capacity among Providers to Young People programs. HAHSTA funded Metro Teen AIDS, SMYAL and The Women's Collective to provide the Peer Education Program to DC youth.

- **Expansions of existing programs and all new other new projects planned**

In SY2014-2015 the HAHSTA School-Based STD Screening Program (SBSP) launched *Check Your Risk*, a campaign aimed at having students assess their risk for STDs and screen based on their risk. The *Check Your Risk* message is used in promotional materials as well as numerous times during the screening presentation in order to allow students to stop, think and assess their behaviors and their risk for STD infection based on their behavior. Also in SY2014-2015, the SBSP team will pilot Pop Up Clinics, which will be screening days occurring three (3) months after the initial school-based screening and will allow students to be screened at school. Pop Up Clinics will be an opportunity for those who missed the screening day to be screened and those that may have tested positive to be re-screened at three months per CDC guidelines. Schools have stated the need for screening more often and this initiative is meant to meet that need and if successful will be expanded into more schools in the next school year.

- **The work and recommendations of the Youth and HIV/STD Work group**

The Youth and HIV/STD Work Group continues to meet on a monthly basis to review progress, make recommendations and find possible collaborations to meet the needs of District youth. In December, the workgroup reviewed their accomplishments and next steps and needs for 2015 (see response to Q47 for the report). The Work Group will begin looking at the development of the next work plan in spring 2015.

Q49: Please provide an updated list of community-based organizations that receive funding for youth-oriented sexual health programming by HAHSTA. Please include the funding amount and whether the organizations have a peer education component.

FY14 Youth Serving Organizations

Name of Organization	Intervention Name and Type (GLI, CLI, ILI, testing, social network, navigation)	Population Served (AA males, HIV +, Deaf, Youth, commercial sex workers, MSM, etc.)	Funding Amount	Peer Education Component
Children's National Medical Center	Testing services	Youth 13-24	\$125,000	N/A-Not Funded by HAHSTA
Latin American Youth Center	STI Testing	Youth	\$50,000	Yes
Metro Teen AIDS	Parents Matter!	Parents of adolescent youth	\$150,000	Yes
	Social Mobilization	Youth 13-24 years old	\$150,000	
	Peer Education		\$75,000	
	Capacity Building		\$150,000	
	Navigator/Pregnancy Support/CTR		\$225,000	
	Condom Distribution		\$50,000	
SMYAL	Peer Education		LGBT Youth	\$75,000
	CTR/HIV Testing	\$100,000		
The Women's Collective	Peer Education	Youth/Women	\$75,000	Yes

Q50: Please provide an update of the Parents Matter Program and the training provided for foster and birth parents in the CFSA system. How many foster parents and how many birth parents participated in FY14 and to date in FY15? What marketing strategies are being undertaken to significantly increase the number of participants?

The Parents Matter! program is a group level intervention designed to increase parents' awareness of their need to be sex educators for their children and provide opportunities for parents to build positive parenting skills.

HAHSTA initiated the local implementation of the Parents Matter! program as a demonstration with a focus on foster parents. HAHSTA funded the Consortium for Child Welfare, which had a successful track record in providing training for child welfare organizations and foster parents. In 2012, HAHSTA expanded the program to foster and birth parents within the child welfare system.

Based on the success of the program and interest from community partners, in 2012 HAHSTA, through its competitive Request for Application (RFA) process, selected Metro TeenAIDS to implement the program by training other community organizations and conducting parent sessions. The focus of the program expanded from foster parents exclusively to any parents interested in participating. This continued through FY14.

During FY 14, Metro Teen AIDS conducted the Parents Matter! five weekly sessions that focus on increasing parents' awareness of issues children face, improving participants' ability to communicate with their children about sex and encourage parenting practices that will increase the chance that children will not engage in sexual risk behaviors. By the end of the FY14, 90 parents had completed the Parents Matter! program.

Beginning FY15, HAHSTA has integrated the support for the Parents Matter! program into its capacity building assistance program for youth-serving organizations. This new approach will allow Parent's Matter! to be included in the capacity building curriculum. HAHSTA funded Metro TeenAIDS for the capacity building program. It continues its skills and expertise in supporting other youth-serving organizations to establish Parents Matter! activities within their current program activities. Parents Matter! is an intervention that is not complicated to operate and is very appealing to organizations and parents. HAHSTA expects this approach to increase the number of Parents Matter! activities and participants.

Q51: Please provide an update on the REALtalk text messaging campaign including the number of individuals that have texted REALtalk in FY 14.

HAHSTA funded Metro TeenAIDS for a social mobilization program that continues support for the *RealTalkDC* project. *RealTalkDC* includes text messaging for sexual health information and service referral, a website, materials, workshops, and peer education trainings. HAHSTA directly contracts with YTH, a non-profit organization, that provides the text messaging component for *RealTalkDC*, along with other HAHSTA text messaging services (HIV testing and condom locations and notification messages for School-Based STD Screening Program participants). During FY14, HAHSTA noticed a decline in the text messaging component of *RealTalkDC*. HAHSTA plans to work with Metro TeenAIDS to refresh the campaign in FY15 with a stronger connection to other HAHSTA's current youth programs.