

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

Note: If a particular question is not applicable to this particular program, simply state “N/A” as the response and indicate to which administration the program is applicable.

Organization, Performance Plan and General Questions

- 1. 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 FY15 or to date in FY16.**

See attachment Q1 for the HAHSTA organization chart.

HAHSTA was the recipient of a new CDC demonstration project that included four new FTEs. HAHSTA received approval from HRSA to add several new positions under the Ryan White CARE Act program funding, including a government co-chair for the Ryan White Planning Council, a clinical pharmacist and health insurance analyst for the AIDS Drug Assistance Program. HAHSTA is also developing a new approach to clinical quality management by converting a current contract into FTE positions that are funded by the Ryan White CARE Act program. HRSA is supporting HAHSTA’s new staffing approach. HRSA also approved HAHSTA to hire a HIV services planner. HAHSTA also converted its HIV housing manager position into a housing coordinator and a program monitoring position into a housing planner position. These changes will enhance the capacity and effectiveness of the HAHSTA housing program.

2. **How many vacancies were posted during FY15? To date in FY16? 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.**

**FY-15**

<b>POSITION TITLE</b>	<b>REASON POS WAS VACATED</b>	<b>VAC STATUS</b>	<b>HOW LONG VACANT</b>	<b>STEPS TAKEN TO FILL POS</b>
Executive Assistant	Temporary Position expired	Filled	5/14/14 - 7/13/15	Position was reclassified to Management Analyst Filled on 7/13/15
Administrative Officer (DDO)	Promotion outside HAHSTA	Vacant	6/13/14 - present	Acting AO in place
Supervisory Grants Management (Grants)	Involuntary separation	Filled	10/14/14 - 6/29/15	Filled on 6/29/15
Health Technician (STD/TB)	Retirement	Vacant	9/30/14 - present	Position eliminated
Motor Vehicle Operator (STD/TB)	Deceased	Vacant	4/14/14 - present	Position eliminated
Health Technician (STD/TB)	Retirement	Vacant	9/30/14 – 7/27/15	Filled on 7/27/15
Practical Nurse (STD/TB)	Retirement	Vacant	9/30/14 - present	Position on hold pending funding
Chief Medical Officer (STD/TB)		Filled		Filled on 10/21/15
Supervisory Medical Officer (STD/TB)	Involuntary separation	Vacant	9/13/14 - present	Position was re-classified to Chief Medical Officer. Filled on 10/21/15.
Clinical Nurse II (STD/TB)	Promotion	Vacant	6/13/14 - present	Pending classification by DCHR
Investigator (STD/TB)	Retirement	Filled	9/14/14 - 2/23/15	Filled on 2/23/15
Public Health Services Specialist (STD/TB)	Resignation	Filled	8/14/14 – 10/4/15	Filled on 10/4/15
Public Health Services Specialist (STD/TB)	Resignation	Filled	8/14/14 – 11/24/15	Filled on 11/24/15
Deputy Director of Programs and Policies	Involuntary separation	Vacant	7/13/14-present	Position deactivated and replaced with Chief Medical Officer. Filled on 10/21/15
Writer (DPP)	New Position	Vacant	10/13/14 - present	Position eliminated
Public Health Analyst B-lingual (Prevention)	Promotion	Filled	10/13/14 – 1/11/2016	Filled on 1/11/2016
Bureau Chief (SID)	Resignation	Vacant	1/13/14 - present	Recruitment ongoing

*Department of Health - HAHSTA  
FY15 Oversight Questions*

Data Analyst (SID)	Resignation	Vacant	3/23/13 - present	Recruitment on hold, pending funding
Supervisory Public Health Analyst (Capacity)	Resignation	Vacant	1/14/14 - present	Position deactivated
Deputy Director of Operation	Termination	Filled	4/15/15 - 10/4/15	Filled on 10/4/15
Administrative Specialist (DPP)	Resignation	Filled	8/8/15 - 1/11/16	Filled on 1/11/16
Public Health Analyst (Care)	Resignation	Vacant	8/8/15 – current	In the process of interviewing

**FY-16**

<b>POSITION TITLE</b>	<b>REASON POS WAS VACATED</b>	<b>VAC STATUS</b>	<b>HOW LONG VACANT</b>	<b>STEPS TAKEN TO FILL POS</b>
Administrative Officer (DDO)	Promotion	Vacant	6/13/14 - present	Acting AO in place
Grants Management Specialist (Grants)	Retirement	Filled	12/14/15 - 10/4/16	Filled on 10/4/16
Health Technician (STD/TB)	Retirement	Vacant	9/30/14 - present	Position eliminated
Health Technician (STD/TB)	Retirement	Vacant	9/30/14 - present	Recruitment on hold
Practical Nurse (STD/TB)	Retirement	Vacant	9/30/14 - present	To be submitted for re-classification
Chief Medical Officer (STD/TB)		Filled		Filled on 10/21/15
Supervisory Public Health Analyst (STD/TB)	Retirement	Filled	10/1/15 – present	Position was re-classified to a Clinic Manager. Filled on 12/28/15.
Supervisory Medical Officer (STD/TB)	Involuntary separation	Vacant	9/13/14 – present	Position was re-classified to Chief Medical Officer. Filled on 10/21/15.
Clinical Nurse II (STD/TB)	Promotion	Vacant	6/13/15 - present	Pending classification by DCHR
Public Health Services Specialist (STD/TB)	Resignation	Filled	8/14/14 – 10/4/15	Filled on 10/4/15
Public Health Services Specialist (STD/TB)	Resignation	Filled	8/14/14 – 11/24/15	Filled on 11/24/15
Deputy Director, Programs and Policy	Involuntary separation	Vacant	7/13/14 - present	Position deactivated and replaced with Chief Medical Officer. Filled on 10/21/15
Supervisory Public Health Analyst (ADAP Manager)	Involuntary separation	Vacant	11/15/14 – 6/14/15	Filled on 10/4/15

*Department of Health - HAHSTA  
FY15 Oversight Questions*

Supervisory Public Health Advisor (Housing Coordinator) (Care)	Resignation	Filled	10/13/14 – 3/23/15	Filled on 3/23/15
Supervisory Public Health Advisor (Housing Coordinator) (Care)	Termination	Filled	9/16/15 – 1/13/16	Position was re-classified to a non-supervisory Public Health Analyst Housing Coordinator. Filled on 1/13/16.
Public Health Analyst Bi-lingual (Prevention)	Promotion	Filled	10/13 - present	Filled on 1/11/16
Bureau Chief (SID)	Resignation	Vacant	1/11/13 - present	Recruitment ongoing
Data Analyst (SID)	Resignation	Vacant	3/23/13 - present	Recruitment on hold
Deputy Director of Operations	Termination	Filled	4/15/15 - 10/4/15	Filled on 10/4/15
Administrative Specialist (DDP)	Resignation	Filled	8/8/15 - 1/11/16	Filled on 1/11/16
Program Specialist (Care)	Promotion	Filled	10/4/15 - 1/25/16	Incumbent to start on 1/25/16
Deputy Bureau Chief (Care)	Promotion	Filled	10/4/15 – current	Awaiting DCHR approval
Public Health Analyst (Prevention)	Resignation	Vacant	12/26/15 – current	Position posted
Public Health Analyst	Resignation	Vacant	8/8/15 - current	In the process of interviewing
Management Analyst	Promotion	Vacant	1/10/16 - current	In the process of recruiting
Pharmacist (Care)	New Position	Vacant	10/1/15 – current	References and verification in progress
Public Health Services Specialist - Program Monitor (PCBCOD)	New Position	Vacant	10/1/15 – current	In the process of interviewing
Supervisory Public Health Advisor - Project Manager (PCBCOD)	New Position	Vacant	10/1/15 – current	In the process of interviewing
Data Analyst (PCBCOD)	New Position	Vacant	10/1/15 – current	In the process of interviewing
Public Health Analyst - Housing Services Planner (PCBCOD)	New Position	Vacant	10/1/15 – current	In the process of interviewing
Public Health Services Specialist (PEP Program Support) (PCBCOD)	New Position	Vacant	10/1/15 – current	In the process of interviewing
Supervisory Public Health Analyst (Co-Chair) (PCBCOD)	New Position	Filled	10/1/15 – 1/10/16	Filled on 1/10/16

*Department of Health - HAHSTA  
FY15 Oversight Questions*

Public Health Analyst (ADAP)	New Position	Filled	10/1/15 – 1/25/16	Incumbent to start on 1/25/16
Public Health Analyst - HIV Services Planner (Care)	New Position	Vacant	10/1/15 - Current	Position posted

3. **Did HAHSTA meet the objectives set forth in the performance plan for FY15? 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.**

**HIV/AIDS, Hepatitis, STD, and TB Administration**

**OBJECTIVE 1: Reduce transmission/prevent new infections of HIV, STD, TB, and Hepatitis through early diagnosis and treatment, harm reduction, and behavior change interventions.**

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

**Fully achieved.** HAHSTA reports 195,971 publicly supported HIV tests inclusive of both HAHSTA and Medicaid funded testing. With the District's implementation of expanded Medicaid and the availability 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 125,748 tests. HAHSTA is now obtaining HIV testing data from the DC Medicaid program. For FY15, Medicaid covered 36,477 tests, which brings a new total of 162,225. In FY15, HAHSTA continued its policy of providing funding support to hospitals for testing in emergency departments. Sustained funding continued to be a priority as insurance does not necessarily cover testing in emergency department settings. HAHSTA leveraged funding to support HIV testing in emergency departments by having hospital partners agree to increase conventional HIV screening activities in inpatient and/or outpatient settings.

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

**Not achieved.** In FY15, school based screening rates were similar to those in FY14, at 55%, this is a decrease from average school screening rates of 65% in years past. The infection rate averaged 4%, same as FY14, but a decrease from previous years at 6%. A review of programs by the School-Based Screening Program (SBSP) staff shows that a number of factors may have led to the decrease in screening rates over the past two years; these include changes in screening dates from schools, low attendance day, message fatigue and increased diversion to HIV testing. While in FY2015, the SBSP saw an increase in students opting for HIV tests, with a total of 821, the program continued to have a decrease in STI screening. HAHSTA tested 2,778 students. HAHSTA attributes some of this decline to offering both HIV and STI testing, which due to time constraints, had students opting for one but not both. In FY15, the SBSP team reviewed the overall program and made changes in an effort to increase participation and focus on building in opportunities for previously positive students to rescreen at 3 months. HAHSTA continued building relationships with charter schools and in FY15, was able to sign on four schools for the 2015-2016 school year. HAHSTA's community screening program was able to screen approximately 2,384 youth in four (4) sites. HAHSTA recruited a new site that is able to reach a high risk population. In addition, HAHSTA will continue to increase the number of community partners that offer low barrier STI screening to youth, increase opportunities for re-screening and treatment of positive youth and provide increased partner services as a means to reduce prevalence.

**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**  
**Fully achieved.** HAHSTA, with its community partners, succeeded in increasing the linkage to care within three (3) months of diagnosis rate to 85% in FY15.

4. **What are the objectives set forth in the performance plan for FY16? Please provide a narrative description of the progress HAHSTA has made to meet the objectives of the FY16 performance plan. Please describe any legislative goals or initiatives for FY16.**

#### **SUMMARY OF SERVICES**

The mission of the HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) is to reduce HIV, STD, TB, and hepatitis-related morbidity and mortality and insure healthy outcomes for persons living with those diseases. HAHSTA provides directly and with health and community-based partners testing and counseling, prevention education and interventions, free condoms, medical support, free medication and insurance, housing, nutrition, personal care, emergency services and STD and TB partner and clinical services. HAHSTA administers federal and local funding, provides grants to service providers, monitors and evaluates programs, ensures quality services and tracks the cases and status of the epidemics in the District.

**OBJECTIVE 1: Reduce transmission/prevent new infections of HIV, STD, TB, and Hepatitis through early diagnosis and treatment, harm reduction, behavior change and biomedical interventions.**

#### **INITIATIVE 1.1: Increase identification of individuals newly diagnosed with HIV, STDs, hepatitis and TB**

HAHSTA promotes, educates providers and engages community partners to implement routine, opt-out testing of HIV, STDs, hepatitis and TB for population-based and frequency recommendations to accomplish early diagnosis and linkage to care and treatment. HAHSTA will continue its partnership with medical providers and community-based organizations for clinical and non-clinical, including social network-based, settings. HAHSTA will focus on several priorities in screening strategies: focus on persons not tested for HIV within previous 24 months, repeat STD infections, prior STD diagnoses for HIV testing, hepatitis C testing among high-risk populations, approaches to identify acute HIV infection and protocols for immediate treatment, and enhanced TB screening for risk populations and identification of Latent TB Infection (LTBI).  
**Completion Date: September, 2016.**

**Progress:** HAHSTA is expanding the use of 4<sup>th</sup> generation lab-based HIV testing among its clinical partners, which is able to detect HIV infection earlier than standard anti-body tests. The advantage is to initiate HIV treatment sooner for persons newly diagnosed, which will have improved health outcomes and reduce new transmissions by persons unaware of their status. HAHSTA will be implementing 4<sup>th</sup> generation testing at its STD and TB clinical program for all patients. The FDA approved a new point-of-care rapid 4<sup>th</sup> generation test kit that HAHSTA has procured and is training non-clinical, community-based providers to use the new test in social networking testing programs. HAHSTA is partnering with the National Institutes of Health (NIH) to provide hepatitis C testing at clinical and non-clinical programs that serve active or previous substance users.

**INITIATIVE 1.2: Reduce the Incidence of HIV, STDs, and hepatitis among focus populations.**



The District maintains generalized epidemics across population groups. However, there are focus populations based on current available epidemiological data. HAHSTA continues to enhance its surveillance and epidemiology capacity to obtain data among all potential focus populations. For HIV, African-American men who have sex with men and African-American heterosexual women have the highest new case rates at 25% and 18%, respectively. For STDs, young people ages 15-24 report 67% of new chlamydia and gonorrhea cases. For hepatitis, 90% of new cases of hepatitis C are among persons ages 40 and older and HAHSTA reported more than 400 new diagnoses of hepatitis A and B in 2012. HAHSTA also will identify concentrations of new cases by census tract. Activities to achieve this goal include: increasing access to Pre-Exposure Prophylaxis (PrEP) programs, increasing condom distribution, increasing trained youth peer educators, expanding social marketing programs, increasing STD and HIV testing in schools, increasing access to hepatitis C treatment, increasing adult hepatitis A/B vaccinations, building capacity among medical providers for PrEP, hepatitis C screening and treatment. Enhance the timeliness of disease interruption strategies, including initiating early partner services, to reduce new transmissions from new diagnoses.  
**Completion Date: September, 2016.**

**Progress:** The CDC awarded HAHSTA a new demonstration project grant for men who have sex with men of color at risk and living with HIV. HAHSTA has expanded the project to include transgender persons of color. The grant will expand a range of prevention, linkage to care, STD screening, treatment retention and other social determinants of health, such as employment, behavioral health conditions and housing. HAHSTA expanded the number of community partners providing, educating and supporting persons on PrEP to six sites. HAHSTA will also be initiating PrEP and PEP services at its clinical program. HAHSTA is collaborating with the Dept. of Health Care Finance (DHCF) on expanding hepatitis C treatment access. HAHSTA will be providing hepatitis C treatment to persons with HIV with hepatitis C through the AIDS Drug Assistance Program.

**OBJECTIVE 2: Improve care and treatment outcomes, as well as quality of life, for persons living with HIV, STDs, TB and hepatitis through increased access to, retention in, and quality of care and support services.**

**INITIATIVE 2.1: Increase the rates of treatment adherence and viral load suppression for persons living with HIV/AIDS.**

HAHSTA will continue to increase the utilization of HIV 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 continue its collaboration 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 develop through a public-private partnership a new Retention in Care model project with more accessible services to persons living with HIV, including non-standard clinic hours, non-clinical sites and in-home services. HAHSTA will enhance its collaboration with the Department of Behavioral Health on improving care coordination for persons with HIV and co-

occurring mental health and substance use conditions. HAHSTA will develop a new clinical care quality approach to ensure compliance with HIV care standards. HAHSTA will develop new medication management strategies to ensure routine prescription refills and use. **Completion Date: September, 2016.**

**Progress:** HAHSTA continues its partnership with DHCF to optimize HIV care and treatment. The Washington AIDS Partnership in collaboration with HAHSTA successfully obtained \$1.1 million in private foundation funding to launch the Mobile Outreach Retention Expansion (MORE) project. HAHSTA is on track to convert a contract for clinical quality assurance to an in-house clinical quality management team during FY16. The George Washington University at HAHSTA's direction analyzed jurisdictions' clinical quality programs to guide HAHSTA implementation. HAHSTA is in process of hiring another clinical pharmacist to develop the new medication management approach for treatment adherence. HAHSTA is also procuring a new Pharmacy Benefit Management (PBM) system for ADAP that will enhance medication management, ensure timely eligibility and enrollment, leverage more cost efficient medication procurement through the HRSA 340B program and meet federal reporting requirements,

**INITIATIVE 2.2: Increase the rates of treatment and cure of STDs, TB and hepatitis.**

HAHSTA will continue to increase the utilization of treatment for STDs, TB and hepatitis by DC residents and ensure the availability of critical and effective support services to maximize cure rates and health outcomes. HAHSTA will continue its collaboration medical providers on recommendations for treatment, including changes in medication regimens and treatment durations. HAHSTA will seek to expand STD treatment options, including with non-clinical youth-focused community partners. HAHSTA will collaborate with the Department of Health Care Finance on optimizing Medicaid coverage for STD, TB and hepatitis treatment. HAHSTA will enhance its efforts on treatment verification. **Completion Date: September, 2016.**

**Progress:** HAHSTA is meeting its targets for STD treatment verification at 90% and TB treatment completion at 100%. HAHSTA continues to expand opportunities for hepatitis treatment and cure.

**INITIATIVE 2.3: Establish the DOH Health and Wellness Center.**

HAHSTA will implement the redesign of the STD and TB clinical program to expand health and wellness services, including increased women's and men's health programs. HAHSTA will install an Electronic Medical Record (EMR) system, which will enhance clinical quality. The EMR system will also have capacity for third party billing of public (Medicaid and Medicare) and private health insurance. The Center will also expand hours for young adults and other focus populations. HAHSTA will initiate PrEP and PEP HIV prevention services. HAHSTA also plans to provide hepatitis C treatment. HAHSTA will relocate the two clinics into a new shared site.

**Progress:** HAHSTA implemented the EMR system eClinicalWorks in December 2015 and aims to begin billing in the third quarter FY16. HAHSTA procured new medical equipment to enhance clinical services, which are synched automatically with the EMR. HAHSTA has identified the new laboratory tests necessary for its enhanced clinical services and is modifying its laboratory contract. HAHSTA procured PrEP and PEP medications at the end of FY15 to start the program in early 2016. HAHSTA is making progress on securing a new location for the Health and Wellness Center. HAHSTA aims to open the center by summer 2016.

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

Measure	FY 2014 Actual	FY 2015 Target	FY 2015 YTD	FY 2016 Target	FY 2017 Projection	FY 2018 Projection
Number of DOH supported HIV tests	163,522	125,000	125,748	125,000	100,000	75,000
Number of DOH supported HIV tests among focus populations				15,000	16,500	18,000
Number of needles off the streets through DC NEX Program	696,807	550,000	738,544	600,000	650,000	700,000
Number of condoms (female and male) distributed by DC DOH Condom Program	6,081,900	6,000,000	7,473,700	6,600,000	7,300,000	8,000,000
Number of youth (15-19 years) screened for STDs through youth outreach programs	3,825	7,500	5,162	4,500	5,500	6,500
Percent of clients linked to care within 3 months of diagnosis	86.0%	85%	87.6%	87%	88%	90%
Number of publicly support hepatitis C tests				14,500	16,000	17,500
Proportion of Ryan White clients with viral suppression				83%	87%	91%
Number of publicly-supported HIV medication prescriptions refilled				85,386	93,924	103,316
Proportion of TB patients completing treatment				85%	90%	95%
Proportion of gonorrhea cases with appropriate treatment confirmed				50%	75%	90%

Note: HAHSTA added new Key Performance Indicators for the FY16 Performance Plan

HAHSTA does not have legislative goals or initiatives planned for FY16.

- 5. 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.

Grants Management and Oversight

- 6. How many Remediation/Corrective Action plans were initiated in FY15 or to date in FY16 due to violations of the invoice submission policy? What percent of invoices were paid within 30 days in FY15 and to date in FY16? What percentage of invoices were submitted late?**

There were no remediation/corrective action plans initiated due to lateness of invoice submissions. In FY15, HAHSTA sent select providers formal notices regarding late invoice submission and provided technical assistance to those providers that required additional support with the invoicing process. The late submissions were primarily attributed to providers not completing their categorical budgets and negotiating aspects of their grant agreements. Once resolved, providers proceeded to submit their invoices timely.

HAHSTA processed and paid approximately 86% of the invoices received in FY15 and to date in FY16 within 30 business days of receipt. During this period, approximately 24% of invoices were submitted late to HAHSTA, resulting in some delayed payments. Submissions beyond the time frame triggered late invoice notices and technical assistance where appropriate; if not resolved, the issue escalated to remediation/corrective action.

DOH is currently in the process of implementing a new Electronic Grants Management System (EGMS) that will include HAHSTA sub-grants and will improve communication and collaboration between fiscal and program monitors and their providers. EGMS will restructure the invoicing process and allow for greater transparency and accountability for external stakeholders as well as internal staff. Providers will submit invoices directly into EGMS and receive system alerts when invoice submissions are past due. Remediation/Corrective Action plans will then be implemented by grant monitors for repeated infractions.

- 7. 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 FY15 and to date in FY16 with grantees and sub-grantees?**

In FY15, HAHSTA initiated six (6) Remediation/Corrective Actions. The most commonly observed deficiencies involved late submission of the A-133 annual audit, failure to provide sufficient supporting documentation during invoice submissions, inadequate tracking of program income, and failure to adequately implement financial controls. HAHSTA provided support and technical assistance to the community providers toward addressing these issues. Four of the Corrective Action plans have been completed and closed. The remaining two are in the process of being completed during FY16. To date in FY16, HAHSTA has not issued additional Remediation/Corrective Actions.

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

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 has put on hold the revision of the Grants Management Guidebook in expectation of implementation of the EGMS.

As a complement to Remediation and Corrective action plans, HAHSTA grant and program monitors provide continuous support and guidance to providers. During FY15, HAHSTA conducted a Grantee Forum that was attended by all providers. Additionally, ongoing technical assistance was provided to sub-recipients as needed and is continuing in FY16. These technical assistance sessions address issues such as budget development, the invoice submission and generation process and program implementation.

- 8. How many HAHSTA grantees or sub-grantees received awards in FY15 and to date in FY16 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 FY15 and FY16 counseling, testing and referral data, broken out by gender and age.**

HAHSTA funded 18 grantees in FY15 and FY16 to date to support HIV testing. The following table describes the community providers, services, focus population and ward.

***Services by target population***

<b>Name of Sub-Grantee</b>	<b>Focus population</b>	<b>Service Provided</b>	<b>Ward</b>
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, Social Networks	1
HIPS	African Americans, Commercial Sex Workers, People Who Inject Drugs, Transgender	Social Networks	5 (1-8)
Andromeda Transcultural Health	Latino men, women, MSM	Social Networks	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, Mobile Services	8 (1-8)

*Department of Health - HAHSTA  
FY15 Oversight Questions*

Counseling Services			
Unity Healthcare	African American, men & women, Uninsured	Routine HIV Screening	All Wards 1-8
Whitman-Walker Health	LGBT, PLWHA, Youth	Billable/Clinical CTR, Comp. Tx Support	1, 8
Community Education Group	African Americans, Heterosexual men & women, MSM, PLWHA, Substance Users	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)
The Women's Collective	African American Women	Social Networks	5 (All wards 1-8)
La Clinica del Pueblo	Latino Heterosexual men and women, LGBT	Social Networks, Prevention to High Risk Negatives	1 (4)

The following table reports HIV testing numbers by sex, gender and age.

Age in Years	Declined	Men	Women	Other	Transgender Men	Transgender Women	Transgender Unspecified	Total
(No Data)		79	76					
>4		19	21					
5-12		10	18					
13-19	8	3,595	5,421	3	8	14	1	
20-29	49	16,785	19,519	8	44	145	2	
30-39	21	12,062	12,916	6	19	85		
40-49	11	8,416	8,440	2	8	24		
50-59	13	10,851	8,838	2	1	13		
60+	3	8,803	9,382	1	2	7	1	
<b>Total</b>	105	60,620	64,631	22	82	288	4	<b>125,748</b>



Ryan White CARE Act and the Effi Barry Initiative

9. What was the total amount of Ryan White CARE Act funding awarded to the District in FY15 and FY16? Of that amount, please indicate how much was distributed to each jurisdiction within the Eligible Metropolitan Area (EMA).

**Ryan White Part A GY 24**

	Services	Administration	Quality Management	Total
<b>Washington DC</b>	\$13,671,011	\$2,194,409	\$1,120,913	<b>\$16,986,333</b>
<b>Northern Virginia</b>	5,402,793	381,373	178,503	<b>5,962,669</b>
<b>Suburban Maryland</b>	7,050,855	497,708	237,329	<b>7,785,892</b>
<b>TOTAL</b>	<b>\$26,124,659</b>	<b>\$3,073,490</b>	<b>\$1,536,745</b>	<b>\$30,734,894</b>

**Ryan White Part B GY24**

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

**Ryan White Part A GY25**

	Services	Administration	Quality Management	Total
<b>Washington DC</b>	\$13,939,900	\$2,234,615	\$1,135,998	<b>\$17,310,513</b>
<b>Northern Virginia</b>	\$5,547,385	\$385,227	\$182,744	<b>\$6,115,356</b>
<b>Suburban Maryland</b>	\$7,178,449	\$506,713	\$244,536	<b>\$7,929,698</b>
<b>TOTAL</b>	<b>\$26,665,734</b>	<b>\$3,126,555</b>	<b>\$1,563,278</b>	<b>\$31,355,567</b>

**Ryan White Part B GY25**

<b>ADAP</b>	\$12,946,258
<b>MAI</b>	\$168,082
<b>Formula - Services</b>	\$3,910,268
<b>TOTAL</b>	<b>\$17,093,491</b>

**10. 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 FY15 and to date in FY16. 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 FY15 and FY16;**
- **The funding source of each program (Local, federal, or other);**
- **How much the program cost in FY15 and to date in FY16;**
- **How many people did the program/funding serve in FY15 and to date in FY16;**
- **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 24/25	Part B Grant Year 24/25
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	

*Department of Health - HAHSTA  
FY15 Oversight Questions*

<b>Service</b>	<b>Sub-Grantee</b>	<b>Part A Grant Year 24/25</b>	<b>Part B Grant Year 24/25</b>
Early Intervention Services	Howard University/HUH CARES		X
Early Intervention Services	Andromeda Transcultural Health Center	X	X
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	

*Department of Health - HAHSTA  
FY15 Oversight Questions*

<b>Service</b>	<b>Sub-Grantee</b>	<b>Part A Grant Year 24/25</b>	<b>Part B Grant Year 24/25</b>
Medical Case Management	Community Family Life		X
Medical Case Management	Damien Ministries		X
Medical Case Management	Family and Medical Counseling Services	X	
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	

*Department of Health - HAHSTA  
FY15 Oversight Questions*

Service	Sub-Grantee	Part A Grant Year 24/25	Part B Grant Year 24/25
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	
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 Trnscltural Health Center	X	X

*Department of Health - HAHSTA  
FY15 Oversight Questions*

<b>Service</b>	<b>Sub-Grantee</b>	<b>Part A Grant Year 24/25</b>	<b>Part B Grant Year 24/25</b>
Treatment Adherence Services	Children's National Medical Center	X	X
Treatment Adherence Services	Family and Medical Counseling Services		X
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	

<b>Ryan White Services Categories</b>	<b>Part A Grant Year 25</b>	<b>Part B Grant Year 25</b>
Category 1: Ambulatory Outpatient Medical Care	\$3,889,647	-
Category 1: Ambulatory Outpatient Medical Care - MAI	516,099	-
Category 4: Oral Care	582,625	-
Category 5: Early Intervention Services	591,376	\$210,976
Category 7: Health Insurance Premium Payment	-	1,233,393
Category 8: Home & Community Based Health	241,363	-
Category 10: Mental Health Services	818,093	123,896
Category 10: Mental Health Services MAI	104,105	-
Category 11: Medical Nutrition Therapy	227,481	-
Category 12: Medical Case Management	2,616,839	1,187,595
Category 12: Medical Case Management MAI	637,640	-
Category 13: Substance Abuse Services - Outpatient	454,042	-
Category 13: Substance Abuse Services - Outpatient - MAI	24,859	-
Category 15: Child Care	-	-
Category 16: Emergency Financial Assistance	469,018	-
Category 17: Food Bank, Home Delivered Meals	861,862	564,412
Category 20: Legal Services	122,921	-
Category 21: Linguistic Services	-	-
Category 21: Linguistic Services - MAI EMA-Wide	37,830	-
Category 22: Medical Transportation Services	48,962	9,764
Category 22: Medical Transportation Services - MAI EMA-Wide	3,969	-
Category 23: Outreach Services - MAI	28,184	-

*Department of Health - HAHSTA  
FY15 Oversight Questions*

<b>Ryan White Services Categories</b>	<b>Part A Grant Year 25</b>	<b>Part B Grant Year 25</b>
Category 24: Psychosocial Support Services	159,400	44,484
Category 24: Psychosocial Support Services - MAI	26,391	-
Category 28: Treatment Adherence Services	353,724	144,530
<b>Direct Services Total</b>	<b>\$12,816,430</b>	<b>\$3,519,050</b>

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

PROVIDER NAME	RW PROGRAM	GY 24		GY 25	
		CLIENTS SERVED	UNITS DELIVERED	CLIENTS SERVED	UNITS DELIVERED
AIDS HEALTHCARE FOUNDATION	A	40	384	122	442
ANDROMEDA TRANSCULTURAL	A	162	7,566	143	2,139
CASA RUBY	PART A MAI	10	38	14	44
CHILDREN'S NATIONAL MED CENTER	A	294	6,249	128	532
CHILDREN'S NATIONAL MED CENTER	MAI	161	686	36	120
COMMUNITY FAMILY LIFE SERVICES	B	56	451	48	115
DAMIEN MINISTRIES	B	288	2,574	159	634
DC CARE CONSORTIUM	A	688	1,317	208	357
DC CARE CONSORTIUM	B	219	1,087	163	429
FAMILY MEDICAL & COUNSELING SVCS	A	673	43,666	406	5,260
FAMILY MEDICAL & COUNSELING SVCS	MAI	293	8,125	138	570
FOOD AND FRIENDS	A	120	9,222	0	0
FOOD AND FRIENDS	B	580	246,374	317	49,037
HELPING INDIVIDUAL PROTITUTES SURVIVE	A	65	320	5	8
HOMES FOR HOPE	B	47	1,201	44	260
HOWARD UNIVERSITY HOSPITAL - CIDMAR	A	566	7,371	0	0
HOWARD UNIVERSITY HOSPITAL - CIDMAR	B	121	1,541	0	0
INTITUTE FOR PUBLIC HEALTH INNOVATION	A	152	1,818	106	596
LA CLINICA DEL PUEBLO	A	42	294	10	26
LA CLINICA DEL PUEBLO	MAI A	180	1,448	67	187
LA CLINICA DEL PUEBLO	MAI B	150	509	41	80
METRO HEALTH, INC	A	235	4,663	150	818

*Department of Health - HAHSTA  
FY15 Oversight Questions*

REGIONAL ADDICTION PREVENTION	A	85	906	34	216
TERRIFIC, INC	B	67	753	32	68
THE WOMEN'S COLLECTIVE	B	229	3,240	92	631
UNITED MEDICAL CENTER, NFP	A	215	1,899	130	514
UNITY HEALTHCARE	A	1,385	11,522	123	1,294
US HELPING US	B	123	1,196	65	339
WHITMAN WALKER HEALTH	A	2,040	34,882	1,346	7,685
WHITMAN WALKER HEALTH	MAI	496	3,974	322	933
GRAND TOTAL		9,782	405,276	4,449	73,334



**11. Please provide the names of all programs supported by the Ryan White CARE Act Minority AIDS Initiative during FY15 and to date in FY16. Please provide a narrative update on the performance of each program.**

**Casa Ruby** – The agency is funded to provide medical case management services to transgender individuals throughout DC and the EMA. As of December 2015, in medical case management 11 clients have been served. Of the clients served in medical case management, 90% have been retained in care.

**Children’s National Medical Center** – The agency is funded to provide medical case management, primary medical care, substance abuse, mental health, outreach and medical transportation services. The primary population served includes African-American and Latino men and women patients’ ages 18-24 years. Case Management services are provided to improve the health outcomes of the patients living with HIV who receive care at CNMC by ensuring timely and coordinated access to medical and support services. The Medical Case Manager (MCM), as part of the new 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 2015, in medical case management a total of 100 unduplicated clients have been served, 53 clients in primary medical care, 20 clients in substance abuse, 30 clients in mental health, 28 clients in outreach and 46 clients in medical transportation services. Of clients served in medical case management, 92% have been retained in care.

**Family and Medical Counseling Services** – The agency is funded to provide both primary medical care and medical case management. In primary care, a total of 132 unduplicated clients have been served as of December 2015. In medical case management a total of 174 unduplicated clients have been served as of December 2015. Of clients served in primary medical care and medical case management, 85% have been retained in care.

**Whitman Walker Health** – The agency is funded to provide primary medical care, medical case management and mental health. As of December 2015, in primary care 370 clients were served. In medical case management a total of 136 unduplicated clients have been served. In mental health, a total of 103 unduplicated clients have been served. Of clients served in the following service categories primary medical care, medical case management and mental health, 68% have been retained in care.

**La Clinica del Pueblo** – The agency is funded to provide primary medical care, medical case management, substance abuse, mental health, medical transportation, outreach, linguistic services and psychosocial support. As of December 2015, in primary care 90 unduplicated clients have been served, 91 unduplicated clients in medical case management, 20 clients in mental health, 30 clients in medical transportation, 25 clients in outreach, 29 clients in linguistic services, 65 clients in substance abuse and 30 clients in psychosocial support. Of clients served in the following service categories primary medical care, medical case management, substance abuse, mental health, medical transportation, outreach, linguistic services and psychosocial support, 80% have been retained in care.

**Prince George’s County Health Department** – The PGCHD serves as the administrative agent for Suburban Maryland. The agency has fully executed all grant agreements with their sub-recipients and services are being delivered under the MAI cluster of services.

**Northern Virginia Regional Commission** - The NVRC serves as the administrative agent for Northern Virginia. The agency has fully executed all grant agreements with their sub-recipients and services are being delivered under the MAI cluster of services.

**Shenandoah Community Health Center-** The agency is funded to provide outreach services, emergency financial assistance (EFA), medical nutrition therapy (MNT) and local pharmaceutical assistance (LPA). As of December 2015; 4 clients have received outreach services, 131 clients have received emergency financial assistance, 29 clients have received medical nutrition therapy services and 18 clients have received local pharmaceutical assistance services.

- 12. Please provide an update on the work of the HIV Health Services Planning Council during FY15 and to date in FY16, 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**

In November 2014, then Mayor Gray appointed three (3) new members and reappointed two (2) members for a total of 36 of the 39 members of the Planning Council. In November 2014, Stephen Bailous resigned as chairperson. The Community Co-Chair Justin Goforth became the acting chairperson. There was an additional resignation in March 2015. By the end of FY15, there were six (6) vacancies.

Mayor Bowser as chief executive responsible for the establishment of the Planning Council and membership under the Ryan White statute directed the DOH/HAHSTA to prepare recommendations for a newly constituted Planning Council. The Mayor charged DOH/HAHSTA with a Planning Council design that would enhance effectiveness of its planning responsibilities, recruiting membership with subject matter expertise on HIV care and services and a leadership structure to improve productivity. HAHSTA obtained guidance from HRSA and examined the structure and composition of Planning Councils in other jurisdictions. The Mayor reviewed the recommendation and selected a structure similar to New York City with a government and community co-chair leadership and a smaller number of members at 32 for efficiency. DOH/HAHSTA informed the Planning Council that the Mayor would restructure the body to start in the fall 2015. All current members were eligible to apply for membership.

The Mayor directed DOH/HAHSTA to implement a membership recruitment process. DOH/HAHSTA formed a panel of representatives from the District, Maryland and Virginia health departments, a representative of persons living with HIV and a representative of HIV providers. The panel prepared an application and conducted interviews of applicants. The panel submitted its recommendations to the Mayor's Office of Talent and Appointments (MOTA). MOTA vetted the candidates and were submitted for the Mayor's appointment.

Effective November 5, 2015, the Mayor appointed eight (8) previous members, 16 new members, and one *ex-officio* member for a total of 26 of the 32. The Planning Council opened nominations for the Community Co-Chair and is expected to vote in January 2016.

The Mayor's order establishing the Planning Council included the designation of a Government Co-Chair, who will be an employee of the Department of Health. The staff person will not be part of the division responsible for administering the Ryan White grant. The position is located in the HAHSTA Partnerships, Capacity Building and Community Outreach Division. HAHSTA

conducted recruitment for the position, which is currently in the selection process. Subsequent to hiring, the Mayor will appoint the individual as a member and Government Co-Chair.

The Planning Council's Membership Committee is currently preparing a plan for recruitment of the remaining six (6) members.

### **Priority Setting and Resource Allocation**

In 2015, the Planning Council conducted a streamlined and revised PSRA Process that condensed the calendar of meetings. For 2016, the Planning Council plans to further revise the PSRA process to make the process even more cost efficient.

### **Directives for Appropriate Service Delivery**

In 2015, the Planning Council formed an ad hoc work group to create new directives but did not approve any directives for the grant year.

### **Assessment of the Efficiency of the Administrative Mechanism**

In 2015, led by the Financial Oversight and Allocations Committee, the Planning Council designated a team of consultants 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 worked on drafting a revised Standard of Care for the Emergency Financial Assistance programs.

### **Needs Assessment**

After successfully completing its comprehensive Consumer Survey in 2014, during 2015, the Planning Council began discussing how it would be able to create an Unmet Needs Survey based on clients living with HIV/AIDS who were not in care, or those who just recently began receiving care. The Planning Council plans to conduct interviews to find out how to better help people living with HIV/AIDS but who are not in care to get HIV medical care and services that they need. The Planning Council is seeking to have this done in 2016.

Additionally, the Planning Council had preliminary discussions with the Grantee on the Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, 2017-2021. The Planning Council expects to work closely with the Grantee to get this document done in a coordinated and timely manner.

**Persons 45 and older**

The proportion of clients ages 45 and older who were served through the CARE Act system, across all services, in 2014 was 56%. There were eight (8) service categories with greater than 50% of clients served in the 45+ age category. These include primary medical care, oral health care, medical case management, medical nutrition therapy, mental health, outpatient substance abuse, emergency financial assistance and food bank/home delivered food. The breakdown in each targeted service areas is provided below.

**Persons 45 and older served by Ryan White in CY2014**

Ryan White clients, CY 2014	District of Columbia		
	Total Number Served	Total Number, Persons $\geq 45$	Percent > 45
Clients served (RW White funded services excluding ADAP)	7,657	4,273	56%

**Persons aged 45 and older by selected Ryan White Eligible Services, CY2014**

Ryan White Eligible Services	District of Columbia		
	Total Number Served	Total Number, Persons $\geq 45$	Percent > 45
Primary and Specialty Medical Care	5,622	3,350	60%
Oral Health Care	1,266	854	67%
Medical Case Management	4,345	2,617	60%
Medical Nutrition therapy	600	560	93%
Mental Health Services	1,073	581	54%
Substance Abuse, Outpatient Services	354	197	56%
Emergency Financial Assistance	889	554	62%
Food Bank/Home Delivered Food	1,335	1,000	75%

**13. Please provide an update on the activities of the Effi Barry Initiative during FY15 and to date in FY16. At a minimum, please indicate the following:**

- **Number and amount of grants awarded in FY15 and to date in FY16.**
- **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 paradigm shift in HIV care, treatment, and prevention brought on by the Affordable Care Act. The Effi Barry Program supports innovative and sustainable collaborative programmatic approaches that promote integrated HIV services.

In FY15, 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 Association of Grantmakers. “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.

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 continued its partnership with the Washington AIDS Partnership and the Institute for Public Health Innovation (IPHI).

In FY16, HAHSTA redesigned the program to address further changes in the health environment. During this period, the Effi Barry Program provided funding in three focus areas to implement new innovative approaches on building organizational capacity for sustainability within the changing landscape of HIV, continuation of the demonstration project from FY15 and a single award for training, technical assistance and capacity building. In this redesign, the program had the following focus areas:

- **Effi Barry Institute** – same as previous description above.
- **Innovation** – this component focused on three priority areas.
  - **PrEP** – support to assist organizations to build capacity to implement and support new biomedical prevention technology that has been proven to reduce the number of new HIV infections
  - **Billing** – support to build organization capacity to rethink the shift in how funding will be made available in the new paradigm (i.e. cost reimbursement to cost per unit of service) and support to assist organizations to build the back office capacity to shift to this new accounting process.
  - **Resource Management** – support to building the organizations capacity to create mechanisms for sustainability and implement strategies to created systems for support a stronger cash flow.
- **Demonstration Projects** – this area continued support for the conclusion of the “Positive Pathways” demonstration. It also provided new support to evaluate the demonstration of using mobile care units as a re-engagement and retention strategy for persons living with HIV who are either lost or in sporadic care. The funding leverages \$1.1 million in private foundation support to the Washington AIDS Partnership.

**FY15 Effi Barry HIV/AIDS Program grantees**

<b>Organization</b>	<b>Ward</b>	<b>Program</b>	<b>Grant Amount</b>
<b>Athletes United for Social Justice</b> 727 15 <sup>th</sup> St. NW. Suite 210 Washington, DC 20005	2	Strategic Planning	\$22,500
<b>Casa Ruby</b> 2822 Georgia Avenue, NW Washington, DC 20001	1	Strategic Planning	\$20,000
<b>Damien Ministries</b> 2200 Rhode Island Avenue, NE Washington, DC 20018	5	Strategic Planning	\$18,000
<b>DC CARE Consortium</b> 7059 Blair Road, NW – Suite 101 Washington, DC 20012	4	Strategic Planning	\$29,000
<b>Helping Individual Prostitutes Survive</b> 1309 Rhode Island Avenue, NE - #2B Washington, DC 20018	5	Strategic Planning	\$44,000
<b>Homes for Hope, Inc.</b> 3003 G Street, SE Washington, DC 20019	7	Strategic Planning	\$31,500
<b>Institute of Urban Living</b> 1060 Bladensburg Road, NE Washington, DC 20002	5	Strategic Planning	\$600 Terminated
<b>Residing In Group Housing Together</b> 17 Mississippi Avenue, SE Washington, DC 20032	8	Strategic Planning	\$18,000
<b>Wanda Alston Foundation*</b>	6	Strategic Planning	\$17,000

300 New Jersey Avenue, NW Washington, DC 20001			
<b>Empowerment Enterprise II</b> 1610 T Street, SE Washington, DC 20020	8	Linkages	\$40,000
<b>Sasha Bruce Youthwork</b> 741 8 <sup>th</sup> Street, SE Washington, DC 20003	7	Linkages	\$40,000
<b>DC CARE Consortium</b> 7059 Blair Road, NW – Suite 101 Washington, DC 20012	4	Effi Barry HIV/AIDS Institute	\$125,000
<b>Washington Regional Association of Grantmakers</b> 1400 16 <sup>th</sup> Street, NW - #740 Washington, DC 20036	All	Demonstration	\$96,200

**FY16 Effi Barry HIV/AIDS Program grantees**

<b>Organization</b>	<b>Ward</b>	<b>Program</b>	<b>Grant Amount</b>
<b>Community Education Group</b> 3233 Pennsylvania Avenue, SE Washington, DC 20020	7	Innovation	\$22,000
<b>DC CARE Consortium</b> 7059 Blair Road, NW Washington, DC 20012	4	Innovation	\$39,000
<b>Empowerment Enterprise II *</b> 1610 T Street, SE Washington, DC 20020	8	Innovation	\$12,500
<b>Helping Individual Prostitutes Survive</b> 906 H Street, NE Washington, DC 20002	5	Innovation	\$33,000
<b>Wanda Alston Foundation D.B.A. Project Healthy Living</b> 300 New Jersey Avenue, NW - Suite 900 Washington, DC 20001	6	Innovation	\$42,860
<b>The Women's Collective</b> 1331 Rhode Island Avenue, NE Washington, DC 20018	1	Innovation	\$28,000
<b>Wanda Alston Foundation</b> 300 New Jersey Avenue, NW - Suite 900 Washington, DC 20001	6	Innovation	\$10,540
<b>Sasha Bruce Youthwork *</b> 741 8 <sup>th</sup> Street, SE Washington, DC 20003	7	Innovation	\$12,500
<b>DC CARE Consortium</b> 7059 Blair Road, NW	4	Effi Barry HIV/AIDS Institute	\$135,000



*Department of Health - HAHSTA  
FY15 Oversight Questions*

Washington, DC 20012			
<b>Washington Regional Association of Grantmakers</b> 1400 16 <sup>th</sup> Street, NW - #740 Washington, DC 20036	All	Demonstration	\$120,880

\*currently in approval process

Data Collection and Prevention Programs

**14. 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 FY15 and to date in FY16?**

Routine HIV screening in all medical settings continues to serve as a core component of HAHSTA's prevention strategy. Specifically, HAHSTA continues to promote, routine HIV testing through reimbursable practices for its hospital partners inclusive of publically funded testing within emergency department screening programs. In FY15, HAHSTA's total HIV testing efforts yielded approximately 125,748 HIV tests of which 79% were conducted in a clinical setting. Further, DC Medicaid paid for approximately 36,500 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 has made great strides in its partnership with DHCF and with efforts aimed at increasing payment of HIV testing services by private payers. In FY15, HAHSTA directly supported 20 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 local funds to support five (5) community providers to implement and increase billable HIV testing: Whitman-Walker Health, Bread for the City, Metro Health, La Clinica del Pueblo, and Andromeda Transcultural Health. With HAHSTA funding, the providers have implemented routine testing and are in various stages of revising their service models to increase billable HIV testing through the use of standard blood-draw testing and/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. 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 FY15, HAHSTA partnered with the CDC funded Primary Care Development Corporation (PCDC) to provide technical assistance (TA) to HAHSTA's clinical HIV testing partners in third party reimbursement and the maximization of reimbursement. The TA plan consisted of conducting a needs assessment and a one-day provider training for each of HAHSTA's clinical cohorts: hospitals and community health centers. Upon conclusion of the TA session, HAHSTA staff and PCDC staff determined that additional TA was needed.

In collaboration with PCDC’s subject matter expert, HAHSTA created two cohorts of clinical HIV testing providers based upon their readiness to receive TA. PCDC staff then conducted on-site assessments aimed at identifying barriers and challenges to third party reimbursement in an effort to ensure that future capacity building activities addressed the specific needs of the providers. The TA sessions concluded during FY15; final reporting, provider feedback and implementation of lessons learned will be prioritized for FY16.

*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 4<sup>th</sup> generation Abbott Architect, which can detect HIV acute infection. While Providence Hospital does not have a 4<sup>th</sup> generation platform in-house, it uses a reference laboratory that does perform 4<sup>th</sup> generation testing.

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

<b>Emergency Department (Hospital)</b>	<b>FY14</b>	<b>FY15</b>
Children's National Medical Center	2,845	2,590
George Washington University Hosp.	3,163	399
MedStar Georgetown University Hospital	462	4,881
Howard University Hospital	12,930	15,643
Providence Hospital	10,312	14,175
MedStar Washington Hospital Center	166	970
United Medical Center	3,155	8,962
<b>Total number of tests performed</b>	<b>33,033</b>	<b>47,620</b>

- 15. 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 FY15 and to date in FY16? 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 FY15. HAHSTA funded Family and Medical Counseling Services to conduct the testing and linkage to care for any persons newly diagnosed or returning to care. For FY15, HAHSTA continued to support testing at the Taylor Service Center which focused on the Latino population that utilized the center for public benefits.

The table below demonstrates the testing and positivity numbers at participating sites for fiscal year 2015:

<b>Site</b>	<b>Tests</b>	<b>Positive</b>	<b>Positivity rate</b>
DMV- Penn Branch SE	3,699	0	0%
Anacostia Service Center	4,741	0	0%
Taylor Street	3,933	0	0%
<b>Total</b>	<b>12,373</b>	<b>0</b>	<b>0%</b>

While the funded program conducted a significant number of HIV tests and was successful at increasing public awareness of HIV testing, it did not identify any HIV positive people in FY2015. In fact, the number of HIV positive individuals identified in the previous year had declined to five (5). In recent years, the District has experienced a decline in the rate of new HIV infections. HAHSTA continues to promote increased routinized HIV screening in medical settings; however, it is shifting its community based HIV testing programming to highly targeted models that are more likely to lead to the diagnoses of new HIV cases. As such, HAHSTA has decided not to continue supporting testing at these settings. HAHSTA redirected the funds that were used to support HIV testing in the DMV and Economic Security Administration and initiated several Human Care Agreements to implement Social Network Strategy for HIV Testing.

**16. How has HAHSTA used the latest HIV/AIDS Epidemiology Update to make policy and programmatic decisions during FY15 and to date in FY16?**

The annual epidemiologic profile and additional targeted data supplements produced by HAHSTA throughout the year provide a comprehensive overview of infection patterns within the population and provide the foundation for understanding community needs related to the prevention, care, and treatment of HIV, hepatitis, STDs, and TB in the District. While current reports document many positive trends including the continued decline in the number of newly diagnosed HIV cases and improved rates of HIV care linkage and retention, such reports also highlight ongoing challenges related to health disparities associated with race and sexual preference, as well as emerging infection patterns such as the increasing proportion of newly diagnosed HIV cases documented among young adults. While building on the primary and secondary prevention strategies that have sustained overall declines in HIV infection in recent years, HAHSTA is increasingly focused on targeted efforts directed toward improving the responsiveness and cultural competency of the regional public health system in addressing the unique needs of those disproportionately impacted by HIV, as well as the implementation of enhanced public health programs that leverage recent advances in HIV testing (i.e., 4<sup>th</sup> generation HIV Ag/Ab combo assay) and pharmaceutical intervention (i.e., PrEP and PEP).

The 2015 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 2015 Report, containing data through December 2013, the report contained new data on the District's epidemics:

- **Stage of HIV disease** – HAHSTA has closely measured the stage of HIV disease based on CD4 counts and observed how a person's health status changes over time. In the past HAHSTA recorded AIDS diagnoses; primarily determined by CD4 T-cell counts below 200 cells / $\mu$ l and/or the person is diagnosed with an opportunistic infection. However, this is not a static condition, as people can improve their immune system through treatment. This measure replaces a reporting on new AIDS diagnoses and provides a more accurate assessment of improving the health status of persons living with HIV in the District.

Consistent with needs documented in the current epidemiologic profile, HAHSTA has initiated the implementation of a CDC funded demonstration project focused on the provision of comprehensive care for men who have sex with men (MSM) of color at risk for and living with HIV. The purpose of this project is to develop a holistic health and wellness system that strengthens and supports MSM of color in healthy decision making and ensures equitable access to health care services. In addition to a targeted focus on a population disproportionately impacted by HIV within the District, this project is data-driven with regards to the type of activities being initiated including the promotion of routine HIV testing; HIV care linkage,

retention, and adherence services; PrEP and PEP utilization among high-risk negatives; STD screening and treatment; navigation services; and behavioral health services.

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.

**17. Please describe major activities undertaken in FY15 and to date in FY16 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.**

With the number of hepatitis cases in the District higher than the number of HIV cases, HAHSTA continues to place a high priority on promoting hepatitis awareness, primarily through screening, vaccinations and access to new treatment opportunities. HAHSTA's strategy focuses on high prevalence populations: persons born between 1945 and 1965 ("Baby Boomers"), persons with a history of injection drug use, men who have sex with men and focus populations with endemic hepatitis (foreign-born populations).

HAHSTA continued support of the Enhanced Harm Reduction program during FY15. The program's purpose is to increase the numbers of District residents who know their HIV and hepatitis status and to implement strategies for increasing utilization of primary medical care, substance abuse treatment and hepatitis diagnosis and treatment.

As the funded Enhanced Harm Reduction provider, Community Education Group (CEG) provided HIV testing, hepatitis C testing, linkage to care, education group for risk reduction and medication adherence, condom distribution to businesses throughout DC and created health care partnerships for client support. Through this program, CEG screened 638 individuals for hepatitis C and identified 28 hepatitis C positive patients. Additionally, HAHSTA screened 2,431 individuals for HIV and identified 31 HIV positive individuals. CEG linked 22 of the 28 HCV positive patients to care and they linked 15 of the 31 HIV positive patients to medical care. CEG partnered with five community based and clinical care organizations to institute sustainable HIV/AIDS and hepatitis C prevention and support programs.

The CDC released a supplemental funding application for the Adult Viral Hepatitis Prevention Coordinator in FY15. HAHSTA responded to the application and received a one year continuation grant for this program. The funds will be used to support a .5 FTE who is responsible for educating the community and community partners about hepatitis. This individual is also responsible for monitoring the needle exchange and Enhanced Harm Reduction programs.

In FY15, the Viral Hepatitis Coordinator conducted five hepatitis trainings for community providers with 200 participants 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 persons who inject drugs, high-risk youth, the baby boomer cohort and foreign born persons from hepatitis prevalent countries. The training participants included:

- 1.) Terrific, Inc.
- 2.) Latin American Youth Center
- 3.) Capital Clinical Integrated Network
- 4.) Places of Worship Advisory Board

- 5.) HAHSTA Prevention Staff
- 6.) Senior Wellness Health Fairs (staffed a table at the event)

HAHSTA employed its contractor the Alosa Foundation with its team of clinical nurses to make educational visits to private primary care providers and other practitioners known as detailers. The detailers visit clinical partners and educate them on Hepatitis screening and leave them with materials about hepatitis C. At the completion of each education session, the medical detailers conduct a survey to assess knowledge gained. At HAHSTA's request, Alosa added a question to the survey to gain a clearer understanding of treatment pathways and linkage levels. Alosa also provided the HAHSTA-developed hepatitis handbook to providers and other informational materials. Since the start of the project in 2013, the Alosa Foundation has educated 433 physicians, physician assistants, nurse practitioners about hepatitis C screening. Through this program, HAHSTA has been able to expand its' reach into the community.

HAHSTA continued its social media campaign, "Do You Know if Your Liver is Healthy?" by ordering posters and palm cards for distribution at health fairs and during training sessions. HAHSTA placed hepatitis awareness advertisements on Metro buses. Additionally, HAHSTA had a mobile billboard that parked in conspicuous locations to raise awareness.

HAHSTA has supported Providence Hospital's HIV testing program since 2012. The hospital offered point of care screening to patients visiting the emergency department. Based on the demographics of their population and the success of their HIV screening program, Providence decided to implement a pilot study on hepatitis C screening. The hospital modified its' standard emergency room orders to include hepatitis C screening. The emergency room doctors just have to check off the order to ensure that the patient is screened. The program started in early October 2014. Since November 2014, Providence screened 4,902 individuals and identified 577 (11%) as hepatitis C positive. Although Providence does not receive dedicated funding for this screening, its leadership realized that this was an important screening to offer. The VHPC met with the clinicians at Providence to learn more about the program and to serve as a contact person between HAHSTA and Providence. In addition to Providence's expansion into hepatitis screening, HAHSTA funded Providence to conduct navigation services to patients diagnosed with Hepatitis C. To date, 63 individuals have been linked to care.

HAHSTA supported three needle exchange (NEX) providers with DC local funds through September 30, 2015. The providers screened 487 persons using injection drugs for hepatitis C. 80 (16%) were identified as hepatitis C positive and 6 (1%) were identified as hepatitis B positive. 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 20 individuals to hepatitis C screening and confirmed attendance at their appointments.

The DCDOH SE STD Clinic offered hepatitis immunization to clinic patients. Below is the breakdown of the types of immunizations offered and the number of doses.



**HEPATITIS IMMUNIZATIONS GIVEN AT THE SE STD CLINIC  
FY 2015 (OCTOBER 1, 2014 - SEPTEMBER 30, 2015)**

<b>Vaccine type/Dosage</b>	<b>B</b>	<b>A</b>	<b>A/B</b>	<b>Total</b>
1st Dose	107	32	38	177
2 <sup>nd</sup> Dose	37	6	15	58
3 <sup>rd</sup> Dose	27	6	15	48
<b>Total</b>	<b>171</b>	<b>44</b>	<b>68</b>	<b>283</b>

In FY16, through the use of AIDS Drug Assistance Program (ADAP), HAHSTA will provide a limited number of hepatitis C medications to ADAP clients. HAHSTA plans to purchase the medications before the end of the year. To be eligible, clients are required to complete a disclosure and commitment form, as well have the prescribing physician complete a prior authorization upon initiation of therapy. Four new hepatitis C medications have been approved on the ADAP formulary. This is exciting news because the new hepatitis C medications offer a cure for the disease.

**18. Please provide an update on the needle exchange program including the following**

- **Number of needles exchanged**
- **Number of HIV Tests administered**
- **Service days and locations**
- **Number of Vans used**

<b>Provider</b>	<b>Number of needles exchanged</b>	<b>Number of HIV tests</b>	<b>Service days and location</b>	<b>Number of vans used</b>
Family and Medical Counseling Service, Inc.	532,700	1,808	FMCS office (2041 MLK Jr., Ave., SE) Walk in hours 9 to 4. Home deliveries on Fridays only 8 – 4:30 p.m. Monday thru Friday from 8 am until 5.30 pm, Locations 6 wards 13 sites: 1- Potomac garden SE, 2 - Chesapeake /Southern 3- Division Ave NE 4- Half and O SW 5- East /Capitol Benning Rd. NE 6 - Martin Luther King Ave SE 7- 14th Good Hope Rd SE 8 - Montello /Simms NE 9 - Minnesota /Clay NE 10 -Georgia /Morton NW 11 - 19th Benning, Rd. NE	4
Bread for the City	22,351	1,194	Monday-Thursday (9-5), Friday 9 a.m.- 12 p.m. Southwest location: 1640 Good Hope Road, SE Northwest location: 1525 7 <sup>th</sup> Street, NW	0 (stationary site)
HIPS	183,313*	6	Site Based: Mon-Fri 10:30am-5:00pm: HIPS 906 H St. NE Mobile: Mon 12pm-5pm:	1

*Department of Health - HAHSTA  
FY15 Oversight Questions*

			Rolling NW/NE Tues 12pm-5pm: Rolling/Deliveries Wed 12pm-5pm: Rolling/SE Thur 12pm-5pm: Rolling NE/SW Thur 11pm-6am: Rolling NE-NW-SW- SE Friday 11pm-6am: Rolling NE-NW-SW- SE	
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\*includes numbers from the Transgender Drop-In Center and Needle Exchange program

**19. The Mayor's 90-90-90-50 plan was very well received by HIV/AIDS advocates. How can we, as a city, hasten our progress in reaching these goals?**

HAHSTA is working in a public-private partnership with the DC Appleseed Center to develop the plan. The plan will leverage the most recent scientific evidence to implement strategies that will effectively achieve the goals of diagnosing persons who do not know their status, connect, maintain or return persons into treatment, achieve viral load suppression and reduce new HIV cases in half by the year 2020.

Since the announcement of the plan, HAHSTA and DC Appleseed have focused the plan structure around the prevention continuum (ensuring persons stay negative), care continuum (treatment adherence and viral load suppression for positive health outcomes), data metrics and modeling to select effective program approaches, and cost effective analysis to guide resource allocation, including a health equity framework to reduce barriers to accomplish the plan goals.

HAHSTA and DC Appleseed conducted a community engagement session in December 2015 and has scheduled another on February 11, 2016. HAHSTA and DC Appleseed is now synthesizing the recommendations from the first session to guide the activity at the second session.

While the plan is still in development, there are some strategies identified that HAHSTA sees as promising. These include expansion of PrEP and PEP; rapid initiation of anti-retroviral treatment; mobile/flexible clinical programs that engage persons who have barriers to traditional clinical settings; among others. HAHSTA envisions that a component of the plan will include proposals for short-duration demonstration projects to test feasibility and effectiveness of new approaches.

Housing Assistance Programs

**20. How many federal dollars did Washington D.C. receive for the Housing Opportunities for People With AIDS program? How does this compare to FY13, FY14, and FY15?**

The following table reports on the HOPWA program grants. Please note that the total amount covers the Eligible Metropolitan Statistical Area (EMSA), including the District, select counties in southern Maryland and northern Virginia and one county in West Virginia. The District receives 55% of the funds, Virginia (24.5%), Maryland (19.8%) and West Virginia (less than 1%).

Fiscal Year	Grant Award
2013	\$13,623,582
2014	\$12,479,642
2015	\$10,732,310
2016	\$11,165,299

**21. How many individuals received rental assistance through HOPWA during FY13, FY14, FY15 and to date in FY16? What was the total amount of rent paid in FY13, FY14, FY15 and to date in FY16? Is there currently a waiting list for HOPWA programs? If so, how many individuals are on the waiting list?**

The following table reports on clients served and expenditures for rental assistance and short-term assistance:

Fiscal Year	Tenant Based Rental Assistance (TBRA) Expenditures	TBRA Clients Served	Short Term Rent, Mortgage, & Utility Assistance (STRMU) Expenditures	STRMU Clients Served
FY 13	\$3,978,785.89	349	\$550,728.67	152
FY14	\$3,890,707.28	342	\$572,998.63	128
FY15	\$3,682,020.59	327	\$289,633.20	96
FY16	\$1,191,711.23	312	\$43,642.22	24

At the end of FY15, there were more than 1,239 households on the HOPWA TBRA waiting list. Based on the average of 16 transitions from TBRA from 2012 to 2015, this makes the average wait for a new person on the waiting list at approximately 77 years. This is effectually not a realistic waiting list. During the fiscal year, HAHSTA conducted a series of consultations with housing providers, representatives from the regional jurisdictions, District government housing, homeless services and behavioral health agencies and other stakeholders for the development of the HUD required updated consolidated housing plan. HAHSTA also conducted an open community meeting for clients to provide comments. Through this process, HAHSTA is developing a new framework for its HIV housing programs that enhances integration with the other housing strategies and resources in the District and changes a focus to help program participants succeed to housing independence or the next stage in their housing continuum. During the year, HUD reduced the HOPWA grant to the District by eliminating a bonus provision for higher prevalent metropolitan areas. HAHSTA has also seen an increase in rental payment for individual program participants. With the reduction in funding, rent increases and the ongoing planning for the regional HOPWA program, HAHSTA has suspended the TBRA waiting list. This short-term suspension will enable HAHSTA to develop in consultation with partners, a new screening instrument and eligibility for HOPWA rental assistance and assess funding capacity of the program due to the higher rent averages in the region. HAHSTA maintains access to STRMU assistance for persons with one-time emergency needs.

22. **How many District residents on HOPWA’s waiting list for short-term supports were transitioned to tenant-based rental assistance or long-term supports? Please provide a comparison over FY13, FY14, FY15 and FY16 to date.**

The following table reports on the number of households that transitioned from tenant-based rental assistance and the equivalent number of new enrollees for assistance. There were no transitions during FY15 due to lack of funding for more TBRA slots.

<b>Fiscal Year</b>	<b>TBRA Households</b>
FY2012	29
FY2013	33
FY2014	5
FY2015	0
FY2016 to date	0

Treatment and Population Specific Programs

- 23. What was the total budget for the AIDS Drug Assistance Program in FY14, FY15, and FY16? What was actually spent in FY14, FY15, and to date in FY16? Please indicate the number of clients enrolled in the program, including utilization data and pharmaceutical prices for FY15 and to date in FY16.**

	<b>Grant Year 23</b>	<b>Grant Year 24</b>	<b>Grant Year 25</b>
ADAP Award	\$14,092,127	\$9,449,635	\$12,946,258
Amount Spent	\$11,413,771	\$8,928,766	*\$8,336,200
Client Utilization	1,460	1,471	1,242

\*Note: Year to date.

HAHSTA cannot disclose pharmaceutical prices as it is proprietary information based on variable contract prices. Under the Ryan White CARE Act, HAHSTA is obligated to seek the lowest possible price for medications. HAHSTA is currently planning to procure a new Pharmaceutical Benefit Management (PBM) system for ADAP. The new PBM will enable HAHSTA to leverage HRSA’s 340B pharmacy program, which has the lowest prices for HIV medications. The new PBM will also have the feature of virtual inventory management, which will improve efficiency and cost effectiveness. Further, the PBM system will meet HRSA requirements for data collection and reporting. It will also enhance HAHSTA’s program goal on medication management to improve treatment retention.



**24. Please provide an update on prevention and service delivery programs implemented during FY15 and to date in FY16 that target special populations including:**

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

The following table reports the services HAHSTA funds for prevention programs for focus populations:

<b>Population</b>	<b>Services/Programs/Interventions</b>
Lesbian, Gay, Bisexual, Transgender	Counseling, Testing, Referral (CTR) Drop-In Center and Needle Exchange Condom Distribution Pre-Exposure Prophylaxis (PrEP) Support and Education HIV Prevention for African American MSM
Ethnic Minority populations	Counseling, Testing, Referral (CTR) Navigator Services HIV Prevention for African American Heterosexual Men STI screening Pre-Exposure Prophylaxis (PrEP) Support and Education
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

**Lesbian, Gay, Bisexual, Transgender, Queer/Questioning**

HAHSTA supports a range of prevention interventions for the LGBTQ population, including testing, behavioral and biomedical interventions. HAHSTA has set Pre-Exposure Prophylaxis (PrEP) as a top priority HIV prevention intervention. PrEP is a scientifically proven intervention that effectively prevents HIV transmission. Several multinational, randomized, double-blind, placebo-controlled, phase III clinical trials of daily oral anti-retroviral medication prevented the acquisition of HIV infection among uninfected but exposed persons. The studies found the use of tenofovir disoproxil fumarate [TDF] and emtricitabine [FTC], known by its marketing name *Truvada*, between 44% and 75% effective in preventing HIV. Among those who followed the study protocol consistently there was a 92% reduction in risk for HIV acquisition. With the

provision of risk reduction counseling in the study protocol, participants reported lower numbers of sex partners and higher percentages of condom use than at baseline.

Gilead Sciences applied to the US Food and Drug Administration (FDA) for approval of the medication for preventive use. On July 16, 2012, the FDA issued its approval of Truvada “the first drug approved to reduce the risk of HIV infection in uninfected individuals who are at high risk of HIV infection and who may engage in sexual activity with HIV-infected partners. Truvada, taken daily, is to be used for PrEP in combination with safer sex practices to reduce the risk of sexually-acquired HIV infection in adults at high risk.”

In FY14, HAHSTA released a funding announcement that included support for PrEP services. HAHSTA selected two providers Whitman Walker Health and Andromeda Transcultural Health. The services include: 1.) support an increase in the awareness of PrEP as a potential prevention strategy for persons who are HIV negative, 2.) educate possible participants in the requirements of the intervention, inform medical providers on the intervention as an option for their patients, and 3.) provide support in the form of risk reduction counseling, medical appointments for relevant health screenings and access to appropriate resources for successful participation in the program. In FY15, HAHSTA expanded its PrEP funding to additional programs for outreach, education and support. HAHSTA released a funding announcement to focus on African-American men who have sex with men, African-American women and the transgender population. HAHSTA selected Us Helping Us, The Women’s Collective, Metro Health and HIPS. Although HAHSTA planned to fund three providers, HAHSTA supported a collaboration between Metro Health and HIPS to serve transgender and injection drug use communities. The funding does not support the purchase of the medication for PrEP.

Whitman Walker Health and Andromeda Transcultural Health were able to meet the following deliverables:

Service area	Number
People educated about PrEP	4,479
Clinicians educated about PrEP	113
People enrolled in PrEP	181
Clinicians prescribing PrEP	19

The District has supported a transgender drop in center for many years. To further expand on that service area, HAHSTA released a funding announcement during FY15 to provide a comprehensive program that leads to positive health outcomes for transgender persons who are HIV negative and persons living with HIV. HAHSTA selected HIPS. These services are intended to fund client support services that will promote individual health, well-being and self-sufficiency to prevent HIV, STDs, hepatitis and TB.

The goals of the Transgender Health Initiative program are to:

- Increase healthy outcomes and individual success through strategies to enhance economic, behavioral health, social services, housing and other opportunities;
- Provide a safe and confidential environment for transgender persons;

- Increase the number of transgender persons accessing HIV, STD, hepatitis and TB screening, primary medical care, Post-Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP), HIV medical care and treatment (including linkage and retention to achieve viral load suppression), health insurance, and additional health services; and
- Increase cultural competency among health and non-health providers to ensure safe, respectful and appropriate services for transgender persons.

During FY15, CDC awarded HAHSTA a four-year demonstration grant for men who have sex with men of color at risk for and living with HIV. The planned funding amount is \$1.75 million each year. HAHSTA developed a regional project (the District, Suburban Maryland and Northern Virginia) that will be a culturally sensitive and competent community collaborative to provide a comprehensive health and wellness system. The goal of the system is to strengthen and support men who have sex with men of color (gay, bisexual and non-gay identified) and transgender persons of color (HAHSTA added the population to the project) with initiatives that promote healthy decision-making and equitable access to screening, care, treatment, behavioral health, economic opportunities, peer support, and other supportive services.

Since the award in September 2015, HAHSTA is in the process of hiring project staff and expanding the initial region-wide community coalition. HAHSTA had a kick-off meeting of the coalition in October 2015. The coalition formed four work groups to implement the project. These work groups are program development, program mechanism, program evaluation, and program cultural competency. HAHSTA anticipates hiring the four staff positions funded under the grant by March 2016. It is currently developing a new process to sub-award funds to coalition members, which it expects to distribute by early summer 2016.

**Prevention for Ethnic Minorities**

In FY15, 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 Terrific, Inc. to implement this service area. The provider planned and executed workshops at various faith institutions. The workshops empowered the attendees to learn their HIV status, discussed clinical depression, mental health, sexual/domestic violence, housing, linkages to care, domestic violence, risky sexual behavior and substance abuse.

In FY15, the provider achieved the deliverables below:

<b>Deliverable</b>	<b>Numbers</b>
African American women educated about HIV risk taking behavior and health screenings	2,771
African American women linked to HIV screening	540
African American women screened for HIV	435
Identified and trained Health Coordinators within faith institutions	143

African American women linked to health screenings for additional health conditions	615
Faith institutions reached with stigma reducing information	2,130
Partnerships reached through social media	1,880

HAHSTA supported two programs specifically targeting African-American men. One program focuses on African-American heterosexual men and the other focuses on African-American men who have sex with men (MSM). The programs promote behavior change, HIV testing promotion among individuals who 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 selected Family and Medical Counseling Service, Inc. for African-American heterosexual men and Us Helping Us for African-American MSM.

In FY15, FMCS achieved the following deliverables:

<b>Deliverables</b>	<b>Numbers</b>
Clients screened or linked and confirmed as screened for HIV	579
Clients screened or linked and confirmed as screened for HIV that have never been screened or had not been screened for HIV in the previous two years	579
Clients tested positive	0
Number of EBI's that are being conducted which focus on drivers of HIV infection, such as substance use, partner concurrency, and repeated STI infection	10
Number of participants enrolled in each EBI	28
Number of participants that successfully completed each EBI	10
Number of condoms distributed	5,050
Number of risk reduction educational sessions offered which included culturally sensitive language and messages targeting African American heterosexual men	15
Number of clients that participated in risk reduction educational sessions offered which included culturally sensitive language and messages targeting African American heterosexual men	462
Number of educational materials distributed containing culturally sensitive language and messages targeting African American heterosexual men	1,400

In FY15, Us Helping Us achieved the following deliverables:

<b>Deliverables</b>	<b>Numbers</b>
Clients screened or linked and confirmed as screened for HIV	289
Clients screened or linked and confirmed as screened for HIV that have never been screened or had not been screened for HIV in the previous two years	289
Clients tested positive	1

Number of EBI's that are being conducted which focus on drivers of HIV infection, such as substance use, partner concurrency, and repeated STI infection	2
Number of participants enrolled in each EBI	32
Number of participants that successfully completed each EBI	26
Number of condoms distributed	20,100
Number of risk reduction educational sessions offered which included culturally sensitive language and messages targeting African American MSM	25
Number of social marketing materials adapted from the CDC's "Testing Makes Us Stronger" or DC's "Ask for the Test" that were developed	1,975
Number of social marketing materials adapted from the CDC's "Testing Makes Us Stronger" or DC's "Ask for the Test" that were distributed through outreach activities and placed in venues	1,975

**Prevention for Older Adults**

For FY15, HAHSTA continued to support its Older Adults and HIV Prevention program. The program was funded to implement a program model developed by HAHSTA's Older Adult and HIV Work Group. The model includes outreach/education and testing when appropriate to older adults. In addition, the model is designed to train and support community providers on the older adult program model in order to expand the reach. The provider recruits and train peer educators to lead and/or participate in the program activities. The provider identifies and forms partnerships with older adult service organizations, faith-based organizations and DC Government agencies that serve older adults, such as the Department of Parks and Recreation and DC Housing Authority. HAHSTA selected Terrific, Inc. as the provider for this service.

In FY15, Terrific, Inc., met the following deliverables:

<b>Program Area</b>	<b>Numbers</b>
Number of persons tested for HIV	75
Number of persons positive with HIV	5
Number of Persons linked to Medical Care	5
Number of Peer Educators Recruited and Trained	208
Number of Group Sexual Health Trainings Provided	245
Number of Individuals Trained in Sexual Health	173
Number of Technical Assistance Sessions Provided	108

*Department of Health - HAHSTA  
FY15 Oversight Questions*

Number of condoms distributed	1,230
Number of materials distributed	630

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

- **The number of individuals seen in FY14, FY15 and to date in FY16;**
- **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 following is the number of individuals seen at the STD Clinic by fiscal year:

<b>Fiscal Year</b>	<b>Unduplicated Individuals</b>
FY14	4,314
FY15	4,773
FY16	1,205

In December 2014, HAHSTA migrated from the legacy STD Management Information System (STD\*MIS) to the DC Public Health Information System (DC PHIS) for STD surveillance and clinic data. That migration has resulted in some report function delays, which can contribute to some underreporting of data. In December 2015, HAHSTA moved to the Electronic Medical Record System eClinicalWorks (eCW). HAHSTA will record all clinic activities in eCW, greatly enhancing clinical quality management and data reporting. Further, HAHSTA’s contract with eCW includes third party billing features. HAHSTA is in the process in registering with DC Medicaid and Medicare. Subsequent to that enrollment, HAHSTA will also engage private insurance providers to be included in their networks. HAHSTA aims to start billing by the summer 2016.

The following tables report the number of tests and positive results:

**2015**

Test type	Chlamydia		Gonorrhea		Syphilis		HIV		Herpes	
	total	positive	Total	Positive	Total	Positive	Total	Positive	Total	Positive
STD Clinic	3,229	427	4,143	222	3,670	264	102	23	199	62

**2014**

Test type	Chlamydia		Gonorrhea		Syphilis		HIV		Herpes	
	total	positive	Total	Positive	Total	Positive	Total	Positive	Total	Positive
STD Clinic	2,659	340	2,686	246	2,933	281	245	9	259	103

Of the 23 positive HIV cases, 20 cases were linked to care for follow-up services.

The educational, outreach, and other services provided by the clinic:

- Youth Providers Training, September 2015 – this training is for youth focused CBOs that work in the community and during school based screening
- What’s New in HIV Prevention, June 2015 – this training was for social workers to get an update on HIV prevention, including testing and PrEP
- STI Community Coalition Conference, April 2015 – provided a review of Epi data, programs and services offered through HAHSTA
- Prevention at Home Training, Summer 2015 – training for outreach workers.
- EF International, January and September 2015 – STI 101 training for international students
- SYEP Registration, June 2015 – provided condoms and educational materials to youth registering for SYEP
- SEED School, March 2015 – an overview of HAHSTA programs, including a WRAP MC training for adult WRAP MC’s.
- WRAP MC Training, August 2015 – training for 40 youth peer leaders.



Condom Distribution/Social Marketing Campaigns

- 26. Please provide an update on HAHSTA's condom distribution programs, including number of condoms (male and female) distributed in FY15 and to date in FY16. In addition, please indicate all distribution sites and partners. Please describe how the Department of Health evaluates the efficacy of the condom distribution program.**

In FY15, the HAHSTA Condom Distribution Program distributed 7.5 million condoms, an increase of 20% from 6.1 million condoms in FY14. This exceeds HAHSTA's performance plan goal of 6 million. The program continues to be 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. Though the condom coordinator staff position remained vacant during FY15, HAHSTA hired a new coordinator in early FY16.

The 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 address changes and nuances with the contractor, Ansell Healthcare LLC. The contractor has stayed in constant communication with HAHSTA staff regarding any delays they foresee and has been proactive in identifying an alternative product as a replacement when necessary.

FY15 male condoms distributed: **7,402,900**

FY15 lube distributed: **2,530,500**

FY15 female condoms distributed: **70,800**

FY15 total partners: **625**

- DCPS and PCS – **64**
- Monthly and Quarterly Ordering Partners – **280**
- Periodic Ordering Partners - **281**

FY16 male condoms distributed to date: **1,439,100**

FY16 lube distributed to date: **471,000**

FY16 female condoms distributed: **19,000**

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

HAHSTA assesses the efficacy of the program through multiple analyses. HAHSTA measures distribution and community partner numbers and trends as a process indication of the program performance. HAHSTA has previously conducted qualitative feedback sessions with community partners on the program performance and materials through periodic meetings. With the condom coordinator position vacant, HAHSTA had to suspend the meetings temporarily. The new condom coordinator will be resuming the sessions.

HAHSTA assesses condom utilization through population-based study sources: the National HIV Behavioral Surveillance System (NHBS), the Behavioral Risk Factor Surveillance System (BRFSS) and the Youth Risk Behavioral Surveillance System (YRBS). HAHSTA has added local questions to the core questions to measure condom use frequency and female condom use. All studies have shown progress increases in condom utilization.

To assess the effectiveness of its condom social marketing program, HAHSTA has directed its contractor Octane Public Relations to conduct focus groups and a poll. The focus groups provide qualitative feedback on the program messages and communication outlets. The poll found that a significant: more than two thirds (71%) of survey respondents said they know about the city's free condom services because of the campaigns and 28% said they were using condoms more frequently as a result of seeing the social marketing campaign. HAHSTA plans to conduct another survey in FY16.

Attachment Q26 – List of HAHSTA Condom Community Partners\*

\*Note: this is a partial list of condom distribution sites. HAHSTA is in the process of developing a new database of condom distribution partners and orders that will be improve the tracking of distribution sites.

**27. Please provide an update on the effectiveness of HAHSTA's social media campaigns.**

In FY15, HAHSTA continued and expanded its comprehensive social marketing program. Campaigns continued to feature the diversity of the District population, including African Americans, Latinos, and white individuals with a range of ages from youth to older adults. HAHSTA maintained its contracts with Octane Public Relations for its social marketing program.

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 – demonstrated in focus groups conducted to develop other campaigns and through a District-wide population survey. 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 launched a refresh of the campaign with new messages and design. The campaign emphasized the individual empowering him or herself to know their status. The tag lines included *Check Your Selfie* and *Update Your Status* with social media platforms as a backdrop. The campaign also featured a message of "Ask Know Act" or "AKA" of individuals with many different characteristics and backgrounds who want to know their status. In addition to public transit, Internet, and social media outlets, HAHSTA directed Octane to develop a new television commercial. This was based on the social marketing program evaluation that showed many District residents saw the campaign on television. The television ad aired on multiple local stations and cable networks. HAHSTA added a question about its social marketing campaigns to the 2013 heterosexual cycle of the National HIV Behavioral Surveillance (NHBS) system. The results found that over two-thirds reported that they have seen an advertisement about HIV on TV, 65.8% on a bus, 58.4% on the Metro or in a Metro station, 48.3% on a billboard and 45.8% on the Internet.

**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](http://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". Also, in FY15, HAHSTA integrated its female condom campaign, previously entitled "DC's Doin' It" into the Rubber Revolution program. HAHSTA has deferred a refresh of its condom social marketing program until FY17. For the same NHBS study mentioned previously, HAHSTA added questions about its general condom campaign and female condom campaign. On the general campaign, the results found that two-thirds of study participants reported seeing an advertisement about condom use on TV (66.5%), 58.2% on the bus, 47.5% on the Metro or Metro station, 44.8% on a billboard and 40.8% on the Internet. When asked about female condoms, over a third of participants saw an advertisement on TV, 25.6% on a billboard, 23.7%

on the internet, 23.5% on the bus and 20.9% of participants saw an advertisement on the Metro or at a Metro station.

### **Treatment Promotion**

In FY15, HAHSTA maintained 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 continued to receive 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 2015) its promotion of hepatitis screening entitled “Do You Know if Your Liver is Healthy”.

### **Youth Social Marketing Campaign**

In FY15, HAHSTA continued its DC Showoff program with more focused messages on STD testing, HIV testing, condom use and healthy relationships. HAHSTA released the new web site [dcshowoff.com](http://dcshowoff.com) with more content on STDs, HIV and navigating relationships. HAHSTA also developed messages and materials of “Check Your Risk” and “DC Keep It 100” to complement its school-based STD screening program.

### **STDs**

HAHSTA launched two 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 was “DC Takes on STDs”, which maintained the consistency with the HIV umbrella campaign. The STD campaign consisted of a gay and bisexual men site called “Do It Right DC” and a youth oriented site “DC ShowOff”. 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.

### **PrEP**

HAHSTA launched the specific campaign to help increase the knowledge and awareness of this effective biomedical prevention approach. The campaign was included in the MSM specific “Do It Right DC” that specifically address STD issues among men who have sex with men. The campaign provides an opportunity of MSM individuals to explore their options as it relates to PrEP. The campaign provides clear information on PrEP and how it works.

Youth

28. **Please provide an update on the School-Based STD Screening Program. Please include data regarding the number of students screened during FY15 and to date in FY16 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 FY15 and to date in FY16? Please provide a listing of all schools that received STD screenings in FY15 and to date in FY16 for the first time.**

The following table reports on the number of students screened and treated. It also includes the number of schools for each fiscal year:

Year	# Tested	# Treated	# of schools
FY 15	2,539	71	26
FY 16*	1,381	pending	**16

\*through December 2015

\*\*16 schools are scheduled for FY16 with a repeat screening at each school 3 months later

FY2015 Schools Screened

- Anacostia High School
- Ballou High School
- Ballou STAY High School
- Banneker High School
- Cardozo High School
- CHOICE Academy
- Columbia Heights Education Campus (CHEC)
- Coolidge High School
- Duke Ellington School of the Arts
- Dunbar High School
- Eastern High School
- Friendship Collegiate Tech Prep
- Kipp DC
- High Road Upper School
- Luke C. Moore High School
- McKinley Technology High School
- Phelps High School
- Roosevelt High School
- Roosevelt STAY
- School Without Walls
- Washington Metropolitan High School
- Wilson High School
- Woodson High School

FY2016 Schools Screened

Roosevelt High School  
JobCorps\*  
KIPP DC  
Luke C. Moore High School  
Ballou Stay High School  
Anacostia High School  
Ballou High School  
SEED High School  
Washington Metropolitan  
IDEA  
Woodson High School  
EasternHigh School  
DunbarHigh School  
CHEC  
Cardozo High School  
CHOICE Academy  
Coolidge High School

\*youth site not DCPS or Charter

**29. 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 how the effectiveness of the recipient’s initiative is measured.**

The following is a list of providers funded by HAHSTA in FY15 to provide youth services:

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	\$110,000	N/A-Not Funded by HAHSTA
Latin American Youth Center	STI Testing	Youth	\$49,995	N/A-Not Funded by HAHSTA
Whitman-Walker Health	Social Mobilization	Youth 13-24 years old	\$125,000	Yes
	Peer Education		\$75,000	
	Capacity Building		\$75,000	
	Navigator/Pregnancy Support/CTR		\$225,000	
	Condom Distribution		\$49,995	
SMYAL	Peer Education	LGBT Youth	\$75,000	Yes
The Women’s Collective	Peer Education	Youth/Women	\$75,000	Yes

In March 2015, Whitman-Walker Health (WWH) incorporated Metro TeenAIDS to expand its prevention and clinical services for young people. WWH assumed HAHSTA’s funded HIV youth HIV prevention programs previously awarded to Metro TeenAIDS. This organizational change expands WWH’s population focus as it previously did not serve persons under 16 years of age. As a result WWH will be able to provide a range of health care services, including HIV treatment, to youth enhancing linkage and retention in care.

HAHSTA continued its Youth STD Screening Program (YSSP) with community partners. In YSSP, HAHSTA provides testing materials, supplies and technical assistance to provide chlamydia and gonorrhea testing. The partners include: Whitman-Walker Health-Youth Services,

Latin American Youth Center and Sasha Bruce YouthWorks. YSSP sites must maintain a 3% morbidity rate to stay enrolled in the program. This is to ensure that the screening is reaching those most in need of screening and treatment.

HAHSTA also funded Planned Parenthood of Metro Washington through a contract to provide STI screening to uninsured women under age 26. The contact total was \$26,500. Monitoring of clinic records and case report forms ensured deliverables of the contract were met.

HAHSTA assumed responsibility for the peer education funding allocated by the Council Committee on Health. It conducted a competitive contract solicitation and awarded the contract to The Young Woman's Project (YWP) to train, support and pay youth peer educators. In FY15, YWP trained 40 peer educators to provide sexual health information and were certified as Wrap MC's. Program measures included: the number of peers trained , the number of educational interventions, and the number of peers certified as Wrap MC's.



Additional Questions

- 30. While we are seeing decreases in the annual rate of new HIV diagnoses, the rates among those in their 20s and 30s, especially among black MSM and black heterosexual women, remain troubling high. How is DOH targeting these groups for HIV prevention?**

According to the latest Department of Health, HAHSTA *Annual Epidemiology & Surveillance Report*, African-American men who have sex with men and heterosexual women were the two leading transmission populations reported among newly diagnosed and identified HIV cases. Based on this data, HAHSTA has supported programming that targets these populations through HIV testing, awareness raising and risk reduction education. Funded agencies engage men who have sex with men in culturally appropriate activities that promote HIV screening among those individuals never tested, increase condom utilization, and raise awareness about HIV risk through social mobilization HAHSTA funded Us Helping Us to provide PrEP support and outreach.

For FY2015, HAHSTA implemented its social networks HIV testing program and funded Us Helping Us to focus on African-American men who have sex with men and The Women's Collective on African-American women. The Social Networks Model for HIV testing is an incentive-based program that targets individuals at high risk for acquiring HIV/AIDS as a result of social, sex and drug sharing practices with HIV infected individuals. HIV positive persons with high-risk behaviors act as recruiters to enlist their sex partners and drug-sharing networks to take an HIV test. Social Networks consists of four primary phases: Recruiter Enlistment, Engagement (Orientation, Interview, and Coaching), Recruitment of Network Associates, and Counseling, Testing and Referral. The overall goal is to utilize the four phases to engage social networks with known high risk behaviors and/or HIV infection to offer members HIV testing services and linkage to care.

As mentioned earlier, during FY15, CDC awarded HAHSTA a four-year demonstration grant for men who have sex with men of color at risk for and living with HIV. The planned funding amount is \$1.75 million each year. HAHSTA developed a regional project (the District, Suburban Maryland and Northern Virginia) that will be a culturally sensitive and competent community collaborative to provide a comprehensive health and wellness system. The goal of the system is to strengthen and support men who have sex with men of color (gay, bisexual and non-gay identified) and transgender persons of color (HAHSTA added the population to the project) with initiatives that promote healthy decision-making and equitable access to screening, care, treatment, behavioral health, economic opportunities, peer support, and other supportive services.

Through its new Health and Wellness Center, HAHSTA will be providing enhanced HIV prevention clinical services to African-American men who have sex with men and African-American women with comprehensive men's and women's health services. HAHSTA will also be providing PrEP and PEP services.

**31. Data prepared by DOH staff show that people living with HIV enrolled in our local AIDS housing programs are much more likely to remain engaged in medical care and to achieve HIV viral suppression. To what do you attribute their greater success in care? What are the strategies for building on this success? Are there ways that this committee and the council can support you in expanding the housing options available to people living with HIV?**

HAHSTA conducted an analysis of its HOPWA clients and the HIV care continuum. The analysis found that of HOPWA clients 99.8% were linked to HIV care, 93% of those clients were engaged in care in 2014 with 81% ever virally suppressed and 74% suppressed at last known status in 2014. Studies confirm that stable housing enables persons living with HIV to focus on their health care. Housing ensures proper and reliable access to medication.

Housing assistance for persons living with HIV has taken many forms since the start of the epidemic. In the years before 1996, when there was no effective treatment, housing for people with HIV was often hospice care or other forms of temporary housing for end of life. In 1990, the federal government established the Housing Opportunities for Persons with AIDS (HOPWA) program, now administered by the US Department of Housing and Urban Development (HUD). HOPWA provides housing information and referral services, tenant-based rental assistance and short-term assistance either through transitional programs or direct financial payment for housing-related debts. There has not been a change in the core program since its enactment.

Though the housing program has remained static, the landscape of HIV has changed significantly for the better. With the introduction of anti-retroviral treatment, the health prospects for persons living with HIV changed substantially. Today, many persons are on one-dose daily treatments with little or no side effects. A person with HIV is expected to live a standard life span while adhering to treatment. As the HIV care continuum provides a framework for health outcomes for persons living with HIV, the housing continuum offers a similar framework that consists of periods of time when individuals need temporary housing assistance, moving to housing independence and/or for persons unable to work into supportive housing and when older than 55 years to access senior housing. Based on HAHSTA's analysis, more than 80% of current HOPWA clients are older than 40 years of age with nearly 50% now eligible for senior citizen housing.

The opportunity for persons living with HIV to be productive and achieve economic self-sufficiency is greater than ever. HAHSTA recognizes that the measure of success for a housing program is not long-term receipt of assistance, but the opportunity for success through employment and achieving independent housing stability.

There are studies that show employment benefits HIV health outcomes. Employed persons were 39% more likely to have achieved optimal adherence to antiretroviral meds (>95% adherence). Employed individuals ranged from 13% to 71% greater likelihood of achieving optimal adherence rates. Employment increased self-care (49%), CD4 count (37%), and medication adherence (21%).

HAHSTA is developing a new HIV housing program that will enhance integration and collaboration with the District's housing agencies, strategies and programs for person across the housing spectrum from highly vulnerable to persons in need of brief support to gain their self-sufficiency. The program opportunities include:

- **Housing navigation** – HAHSTA envisions a new program component that will support persons to develop and achieve their individual housing plans and goals. The program could include peers who have successfully accomplished their housing expectations, which would be of particular help to older persons with HIV who have been long-time recipients of housing assistance.
- **Workforce development** – HAHSTA seeks to partner with the District's workforce development agencies to increase employment opportunities for persons living with HIV. HAHSTA intends to collaborate with the Department of Employment Services and Department of Disability Services vocational rehabilitation program.
- **Rapid Rehousing** – the District is leveraging the new HUD direction on homeless services to place individuals into apartments and provide wrap around services. HAHSTA could see this program approach applying to persons with HIV who are not stably housing.
- **Capital Development** – HAHSTA has allocated \$2.1 million in HOPWA funds to support the development of permanent supportive housing and other housing programs through the Department of Housing and Community Development. HAHSTA sees the potential to expand the availability of affordable housing for persons who are in need of supportive settings to general affordable housing for persons living with HIV.

HAHSTA looks forward to engaging the Committee and the HIV and low-income housing community on innovative approaches to increase housing stability among persons living with HIV.

**32. For the first time, we have client-level data for those using services funded by the Ryan White program. Are there any key lessons we can take from that data? Do they indicate the need for any shifts or changes to the types or mix of services offered?**

HAHSTA started collecting client-level data for the Ryan White Program in 2014. With more than one year of full client level data reporting, HAHSTA has the advantage to analyze the HIV care continuum by demographic factors such as sex at birth, gender, race, and age. Additionally, HAHSTA is now able to stratify by HIV risk factor, housing status, and federal poverty level. HAHSTA also examined populations of interest such as transgender, young men who have sex with men of color, and older adults (persons older than 50 years of age).

HAHSTA found that persons living with HIV who identified as transgender, were less likely to be linked to care compared to the general Ryan White population at 32% compared to 19%. HAHSTA also found that young men who have sex with men of color were less likely to have their viral load suppressed compared to the general population at 17% compared to 14%.

HAHSTA will continue to analyze this data and work collaboratively with the Ryan White Planning Council to identify new service approaches and care standards to address disparities in care and health outcomes among populations of focus.

**33. How many District youths were tested for STIs as part of the school testing program in the 2014-15 school year and the 2013-14 school year?**

The following table reports on District young people tested for chlamydia and gonorrhea as part of the School-Based Screening Program:

<b>School Year</b>	<b>Students Screened</b>
2013-2014	2,717
2014-2015	2,778

**34. How many youth were tested for HIV as part of the school testing program in 14-15 and 13-14?**

The following table reports on District young people tested for HIV as part of the School-Based Screening Program:

<b>School Year</b>	<b>Students Screened</b>
2013-2014	713
2014-2015	831

**35. How many Wrap-MCs were enrolled in 14-15 and 13-14? Please provide a list of schools and the number condoms distributed and educational interventions conducted in each.**

HAHSTA reports there are currently 162 Wrap MCs. The schools include:

Coolidge High School  
Roosevelt High School  
School Without Walls High School  
Luke C. Moore Alternative High School  
Wilson High School  
Eastern High School  
Cardozo High School  
Bell Multicultural  
Dunbar High School  
Benjamin Banneker High School  
McKinley Technology High School  
Maya Angelou PCS  
Columbia Heights Educational Center (CHEC)  
Ballou High School  
Duke Ellington School  
Thurgood School  
Anacostia High School  
Friendship Collegiate  
Phelps High School

In FY15, HAHSTA supported 162 Wrap MCs, primarily from The Young Women's Project, the Office of the State Superintendent of Education (OSSE)'s Youth Advisory Committee, Whitman- Walker Health Youth Program and Promising Futures. The Wrap MCs distributed 76,000 condoms and dental dams, conducted 12,960 educational interventions and reached 2,892 young people. HAHSTA worked collaboratively with DCPS to ensure at least two (2) adult Wrap MCs (1 man and 1 woman) were available in each high school and high school program totaling 38 Wrap MCs.

**36. Provide STI/HIV rates per school for the 14-15 school year and the 13-14 school year.**

HAHSTA has a policy that it does not release school-specific STD and HIV rates. This is part of the agreement between HAHSTA, DC Public Schools and the specific DCPS and public charter schools. HAHSTA aims to avoid stigmatization of any school.



**37. What benchmarks have you set to reduce STI and HIV rates among youth? What progress has been made? How are community partners contributing to this work?**

HAHSTA is developing new benchmarks for its goals on STD rates among young people, which is the primary focus of its health interventions. HAHSTA also recognizes that STD screening, diagnosis, and treatment represents its most significant HIV prevention strategy. Overall the rate of HIV among adolescents continues to decrease. In 2009, HAHSTA reported 32 new HIV cases among 13-19 year olds. This number decreased by 40% to 19 in 2013. HAHSTA reports a preliminary number of 15 new HIV cases in 2014, which shows a 50% decrease since 2009.

HAHSTA has set program goals for its School-Based Screening Program and Youth STD Screening Program:

School-Based

- Screening rate of 65% or above annually (this is consistent with the screening rates of other jurisdictions)
- 90% confirmed treatment rate
- 3 month re-screen at all schools

Overall Youth STD Programs

- 4,500 youth screened annually for STI's
- 60% confirmed treatment rate

In FY15, HAHSTA had four (4) YSSP partners that screened approximately 2,000 young people. In FY16, HAHSTA expanded to three (3) more sites with hopes to reach populations that do not often engage in health screening at current partner locations. The YSSP sites play a vital role in HAHSTA's STD outreach and screening as they provide a low barrier option for young people to get screening, treatment and information. Community partners are also helping with the school-based program. They assist HAHSTA staff onsite at schools. Additionally many partners have Wrap MCs that are in the schools who assist with promoting the school testing days and are available to distribute condoms.

HAHSTA places a high priority on peer educators as an essential component of its youth services. Numerous studies have found that trained peer educators are a credible source of information for some young people. Through their communication and serving as positive role models, peer counselors produce greater attitude changes in adolescents' perception of personal risk of HIV and STD infection compared to adult-led sessions. Youth counseled by peers were more likely to engage in interactive discussion and take actions to reduce transmission. For example, studies show that adolescents who believe their peers are using condoms are also more than twice as likely to use condoms compared to adolescents who do not believe their peers use condoms. Further, peer educators themselves are proven to achieve greater sexual health knowledge, hold more positive attitudes, and report fewer risk behaviors.

HAHSTA aims to train 100 peer educators with a subset of them working as navigators to school-based health centers. HAHSTA also plan to train a cohort of disengaged youth to serve as peer educators. This project can both help HAHSTA reach young people most at risk and often difficult to engage in services and provide a connection to an organization and paycheck to young people who are in most need.

HAHSTA is setting a new goal on reducing repeat infection. Currently more than 30% of young people diagnosed and treated for STIs through HAHSTA programs have repeat infections with 12 months. HAHSTA is developing a new program approach to increase repeat screening, partner services and other interventions.

**38. What has HAHSTA identified as an area of importance for the remainder of FY16 and for FY17?**

HAHSTA has identified multiple areas of importance for FY16 and FY17. The following areas are grouped in categories:

- **Organization**

- New capacity: Planning, Clinical Quality – HAHSTA is hiring new staff with planning expertise to enhance its program strategies and implementing its new clinical quality team to enhance quality assurance and quality improvement for improved health outcomes. HAHSTA also aims through its academic partnership with The George Washington University to implement its joint public health/research position that will be dually at HAHSTA as its chief of strategic information and research faculty.
- Business process – HAHSTA plans to develop a new funding process that is unit cost based to improve accountability and results for funding and transition to a system where community partners are eligible for funding based on competency and capacity as an approach to ensure continuity and diversity of services.
- Community Planning – HAHSTA looks forward to a new integrated HIV care and prevention planning process and working more collaboratively with planning bodies.

- **Program Direction**

- DOH Health and Wellness Center – HAHSTA aims to open its new center with enhanced services in the summer 2016.
- PrEP/and PEP – HAHSTA plans to expand these evidence-based interventions through its community partner network and directly through its Health and Wellness Center.
- HIV treatment – HAHSTA wants to test new strategies to enhance HIV treatment, including rapid initiation of anti-retroviral treatment and new approaches for treatment retention and medication management.
- Data to Care – HAHSTA is developing new protocols to leverage data to more timely identify persons out of care or not in consistent care that can lead to viral load and not as successful health outcomes.
- Hepatitis C elimination – HAHSTA has set a goal to eliminate hepatitis C in the District through the breakthrough effective treatments available and soon to be available.
- HIV housing redesign – HAHSTA, as described previously, aims to complete its redesign of its HIV housing program and launch new program innovation during FY16 and FY17.
- STD Prevention/Expedited Partner Therapy (EPT) – HAHSTA will be launching an education outreach program to clinicians and pharmacists on the District's EPT law that enables providers to prescribe safe antibiotics to partners of newly diagnosed chlamydia patients.

- **Research**

- DC Partnership for HIV/AIDS Progress – HAHSTA continues its unique collaboration with the National Institutes of Health to expand the research portfolio in the District, enhance clinical quality, promote clinical research and address health disparities among persons with HIV.
- DC Center for AIDS Research – HAHSTA will continue to support the DC CFAR and its opportunity to engage young researchers on a range of medical and behavioral research related to HIV.
- Health and Wellness Center – HAHSTA is developing a new collaboration with the George Washington University and other research opportunities to establish a clinical research component at the HAHSTA Health and Wellness Center.