Q75: Please provide an update on the District's current status for each of the CDC's Ending the HIV Epidemic (EHE) Goals: 95% of people living with HIV in the District know their HIV status, 95% of District residents living with HIV are in treatment, 95% of District residents in treatment are virally suppressed, a 90% reduction in new HIV cases, and at least 50% of the eligible population of District residents are on PrEP.

Response:

Ending the HIV Epidemic Plan Goal Update, 2023

Ending the HIV Epidemic Measures	2019	2020	2021	2022	2023	2030 Goal
Goal #1: 95% of HIV-positive District residents know their status	93%	94%	94%	95%	95%	95%
Goal #2: 95% of District Residents living with HIV are in treatment	80%	76%	78%	81%	80%	95%
Goal #3: 95% of District residents living with HIV who are in treatment reach viral suppression	87%	87%	86%	85%	88%	95%
Goal #4: Reduction in new HIV diagnoses	278	219	228	220	192	21*

*This target is linked to an algorithm determined by the Centers for Disease Control and Prevention (CDC).

The number of persons with undiagnosed HIV infection is estimated by subtracting cumulative diagnoses from cumulative infections using a standardized CD4-Based Model developed by CDC.

PrEP Update
The District of Columbia has made substantial progress toward the Centers for Disease Control and Prevention's (CDC) Ending the HIV Epidemic (EHE) goal of having at least 50% of the eligible population on Pre-Exposure Prophylaxis (PrEP). Eligible is defined as someone having an indication for PrEP which include, condomless vaginal or anal sex with a partner of unknown HIV status, HIV-positive sex partner (especially if partner's HIV viral load is detectable or unknown), a recent bacterial sexually transmitted infection (STI) (gonorrhea/chlamydia/syphilis), injection drug use with sharing of needles/equipment, any survival/transactional sex, and/or desire to conceive with a partner who is HIV-positive.

Key updates include:

- Increased Awareness and Education: Through community-based initiatives, technical assistance, and collaborations with local organizations, the District has actively promoted PrEP awareness, particularly among populations most at risk for HIV.
- Provider Engagement and Training: Partnerships with organizations like the Women's Collective, Washington Health Institute, and the Latin American Youth Center have enhanced provider capacity to integrate PrEP into their clinical offerings. Efforts include revising intake forms, streamlining workflows, and developing new outreach strategies.
- Data Optimization: Improved data collection and reporting mechanisms have enabled better tracking of PrEP uptake and identification of gaps in coverage. This has supported targeted interventions to address disparities.
- Improved Access and Linkage to PrEP: Initiatives such as integrating PrEPDAP (Drug Assistance Program) into clinical workflows and exploring replication of services like the PEP Hotline have strengthened access to PrEP and reduced barriers to timely initiation.
- Community-Specific Outreach: Tailored outreach programs have been implemented to address unique needs of priority populations, including women, youth, and Latino residents, to ensure equitable access to PrEP services.

Despite these efforts, challenges remain particularly in addressing structural barriers, stigma, and gaps in awareness among eligible populations. The District continues to refine its strategies to meet this EHE goal.

DC Health does not have any local PrEP coverage data for DC, but below are the most recent estimates from a CDC publication on EHE indicators.

Number of persons prescribed PrEP, number of persons with PrEP indications, and PrEP coverage during January 2019 through June 2023, among persons aged ≥ 16 years, by area of residence—United States and Puerto Rico (preliminary)

Source: Core Indicators for Monitoring the Ending the HIV Epidemic Initiative (CDC Report)

	Persons Prescribed PrEP	Persons with PrEP Indications	PrEP Coverage (%)
DC – 2019	5,935	12,950	45.8
DC – 2020	6,029	12,950	46.6
DC – 2021	6,840	12,950	52.8
DC – 2022	7,746	12,950	59.8
US – 2019	275,794	1,216,210	22.7
US – 2020	301,324	1,216,210	24.8
US – 2021	366,359	1,216,210	30.1
US – 2022	437,425	1,216,210	36.0

Q76: How many new diagnoses of HIV occurred in the District in FYs 2023, 2024, and 2025, to date? Please disaggregate data by age, gender, and race.

Response:

	FY23 Oct 1, 2022 - Sep 30, 2023		FY24 Oct 1, 2023 - Sep 30, 2024		FY25, to date*** Oct 1, 2024 - Dec 11, 2024	
	N	%	N	%	N	%
Gender Identity						
Male	160	79.2	162	75.7	42	82.3
Female	29	14.4	43	20.1	8	15.7
Transgender	13	6.4	8	3.7	0	0.0
Missing	0	0.0	1	0.5	1	2.0
Total	202	100	214	100	51	100
Race/Ethnicity						
White	18	8.9	25	11.7	9	17.7
Black	138	68.3	147	68.7	27	52.9
Latino	38	18.8	33	15.4	10	19.6
Other/Unknown**	8	4	9	4.2	5	9.8
Total	202	100	214	100	51	100
Age at Diagnosis						
<13	0	0.0	0	0.0	1	2.0
13-19	8	4.0	12	5.6	1	2.0
20-24	40	19.8	22	10.3	7	13.7
25-29	38	18.8	36	16.8	11	21.6
30-39	56	27.7	76	35.5	20	39.2
40-49	32	15.8	41	19.2	4	7.8
50-59	19	9.4	15	7.0	4	7.8
60 and older	9	4.5	12	5.6	3	5.9
Missing	0	0.0	0	0.0	0	0.0
Total	202	100	214	100	51	100

*Data as of January 1, 2025. Of note, data for the 2024 calendar year is still undergoing a rigorous routine of review and validation to ensure accuracy. The total number of cases for FY24 and FY25 may be inflated as many cases may be from other jurisdictions or not new cases. As a result, the final numbers of FY24 and FY25 new diagnoses are subject to change.

**Race and ethnicity are combined for this report into mutually exclusive categories. Individuals who identified as Hispanic or Latino are included in the Latino group. White, Black, and Other/Unknown race/ethnicity does not include Latino individuals. The term “Latino” is used in place of “Latinx” due to local focus group data revealing that many Latino individuals in DC do not identify with the term Latinx. However, in recognition of the gendered nature of the Spanish language, our use of "Latino" includes everyone on the gender spectrum. Other/Unknown race

includes mixed race, Asian, Alaska Native, American Indian, Native Hawaiian, Pacific Islander, and unknown race individuals.

***This data is not comprehensive and reflects only a small sample, as it includes only two months of the new fiscal year.

Q77: Please provide a ranked list of the most prevalent sexually transmitted diseases and infections in the District, including how many residents experienced each disease/infection in FY 2024 and FY 2025, to date. Please disaggregate data by race, age, gender, and Ward.

Response:

The most prevalent sexually transmitted infection is chlamydia, followed by gonorrhea and syphilis. Please refer to the tables below for FY2023, FY2024, and FY2025 data.

Chlamydia	Oct 1, 2022-Sep 30, 2023		Oct 1, 2023-Sep 30, 2024		Oct 1, 2024 - Dec 11, 2024*	
	N	%	N	%	N	%
Gender Identity						
Male	4553	53.7	3663	50.7	578	44.2
Female	3814	45.0	3508	48.5	718	54.9
Transgender	50	0.6	37	0.5	3	0.2
Missing	56	0.7	22	0.3	8	0.6
Total	8473	100	7230	100	1307	100
Race/Ethnicity						
White	804	9.5	644	8.9	131	10.0
Black	2249	26.5	2889	40.0	723	55.3
Latino	480	5.7	394	5.4	69	5.3
Other	183	2.2	385	5.3	112	8.6
Missing	4757	56.1	2918	40.4	272	20.8
Total	8473	100	7230	100	1307	100
Age at Diagnosis						
<13	5	0.1	5	0.1	0	0.0
13-17	836	9.9	814	11.3	150	11.5
18-19	831	9.8	792	11.0	159	12.2
20-24	2082	24.6	1769	24.5	316	24.2
25-29	1794	21.2	1455	20.1	257	19.7
30-39	2021	23.9	1675	23.2	283	21.7
40-49	587	6.9	481	6.7	93	7.1
50-59	224	2.6	155	2.1	37	2.8
60 and older	85	1.0	84	1.2	11	0.8
Missing	8	0.1	0	0.0	1	0.1
Total	8473	100	7230	100	1307	100

*This data is not comprehensive and reflects only a small sample, as it includes only two months of the new fiscal year.

STIs by Ward is not available by Fiscal Year, therefore STIs by Ward are presented for each STI by Calendar Year. There have been ongoing IT issues with the geocoder and geocoding large datasets is very difficult. HAHSTA is actively working with IT to resolve this issue.

Chlamydia cases by Ward, Calendar Years 2021-2023

	2021		2022		2023	
Ward	N	%	N	%	N	%
Ward 1	938	13.2	1087	13.2	1195	14.2
Ward 2	701	9.9	818	9.9	736	8.8
Ward 3	225	3.2	258	3.1	266	3.2
Ward 4	587	8.3	682	8.3	700	8.3
Ward 5	925	13.0	1093	13.3	1180	14.1
Ward 6	648	9.1	733	8.9	735	8.8
Ward 7	1289	18.1	1532	18.6	1505	17.9
Ward 8	1469	20.7	1533	18.6	1578	18.8
Missing	329	4.6	499	6.1	491	5.9
Total	7111	100	8235	100	8386	100

Gonorrhea	Oct 1, 2022-Sep 30, 2023		Oct 1, 2023-Sep 30, 2024		Oct 1, 2024 - Dec 11, 2024*	
	N	%	N	%	N	%
Gender Identity						
Male	4115	74.4	4280	73.7	940	78.5
Female	1351	24.4	1455	25.0	240	20.1
Transgender	53	1.0	61	1.1	11	0.9
Missing	15	0.3	13	0.2	6	0.5
Total	5534	100	5809	100	1197	100
Race/Ethnicity						
White	1148	20.7	1155	19.9	286	23.9
Black	2176	39.3	2777	47.8	625	52.2
Latino	437	7.9	501	8.6	91	7.6
Other	181	3.3	242	4.2	77	6.4
Missing	1592	28.8	1134	19.5	118	9.9
Total	5534	100	5809	100	1197	100
Age at Diagnosis						
<13	4	0.1	5	0.1	1	0.1
13-17	287	5.2	369	6.4	54	4.5
18-19	329	5.9	335	5.8	56	4.7
20-24	985	17.8	895	15.4	166	13.9
25-29	1243	22.5	1225	21.1	243	20.3
30-39	1862	33.6	2090	36.0	466	38.9
40-49	545	9.8	600	10.3	139	11.6
50-59	211	3.8	211	3.6	43	3.6
60 and older	68	1.2	78	1.3	29	2.4
Missing	0	0.0	1	0.0	0	0.0
Total	5534	100	5809	100	1197	100

*This data is not comprehensive and reflects only a small sample, as it includes only two months of the new fiscal year.

Gonorrhea cases by ward, Calendar Years 2021-2023

	2021		2022		2023	
Ward	N	%	N	%	N	%
Ward 1	656	14.6	825	16.6	957	16.3
Ward 2	540	12.0	613	12.3	684	11.7
Ward 3	105	2.3	132	2.7	139	2.4
Ward 4	315	7.0	328	6.6	370	6.3
Ward 5	586	13.0	646	13.0	844	14.4
Ward 6	408	9.1	480	9.7	559	9.5
Ward 7	794	17.6	863	17.4	976	16.7
Ward 8	817	18.1	840	16.9	1030	17.6
Missing	282	6.3	247	5.0	297	5.1
Total	4503	100	4974	100	5856	100

Primary, Secondary and Early Syphilis	Oct 1, 2022-Sep 30, 2023		Oct 1, 2023-Sep 30, 2024		Oct 1, 2024 - Dec 11, 2024*	
	N	%	N	%	N	%
Gender Identity						
Male	637	85.5	486	79.5	68	86.1
Female	76	10.2	88	14.4	6	7.6
Transgender	32	4.3	37	6.1	5	6.3
Missing	0	0.0	0	0.0	0	0.0
Total	745	100	611	100	79	100
Race/Ethnicity						
White	127	17.0	105	17.2	14	17.7
Black	449	60.3	367	60.1	42	53.2
Latino	118	15.8	79	12.9	17	21.5
Other	41	5.5	38	6.2	2	2.5
Missing	10	1.3	22	3.6	4	5.1
Total	745	100	611	100	79	100
Age at Diagnosis						
<13	1	0.1	0	0.0	0	0.0
13-17	5	0.7	1	0.2	0	0.0
18-19	8	1.1	12	2.0	1	1.3
20-24	49	6.6	42	6.9	3	3.8
25-29	113	15.2	100	16.4	15	19.0
30-39	299	40.1	237	38.8	36	45.6
40-49	132	17.7	120	19.6	17	21.5
50-59	88	11.8	69	11.3	2	2.5
60 and older	50	6.7	30	4.9	5	6.3
Missing	0	0.0	0	0.0	0	0.0
Total	745	100	611	100	79	100

*This data is not comprehensive and reflects only a small sample, as it includes only two months of the new fiscal year.

Primary, secondary, and early syphilis cases by Ward, Calendar Years 2021-2023

	2021		2022		2023	
Ward	N	%	N	%	N	%
Ward 1	121	16.0	119	13.6	117	17.0
Ward 2	95	12.5	106	12.1	78	11.3
Ward 3	20	2.6	24	2.7	16	2.3
Ward 4	60	7.9	76	8.7	49	7.1
Ward 5	100	13.2	132	15.1	93	13.5
Ward 6	78	10.3	93	10.7	59	8.6
Ward 7	106	14.0	142	16.3	100	14.5
Ward 8	111	14.7	130	14.9	119	17.3
Missing	66	8.7	51	5.8	57	8.3
Total	757	100	873	100	688	100

Q78: What was the total amount of Ryan White funding awarded to the District in FY 2024 and FY 2025, to date? Of that amount, please indicate how much was distributed to each jurisdiction within the Eligible Metropolitan Area (EMA).

Response:

Ryan White CARE Act:

The District receives two Ryan White CARE Act grants from the Health Resources and Services Administration (HRSA). Ryan White Part A is for Eligible Metropolitan Areas (EMA). The Washington EMA consists of the District of Columbia, five counties in Maryland, 11 counties and six independent cities in Northern Virginia, and two counties in West Virginia. The Part B grant is exclusively for District Residents.

The award period for Ryan White Part A is March through February. The award period for Part B is April through March. Both grants cross the District's fiscal year. As such, data for both Ryan White Grant Years 33 and 34 are presented in the responses below.
While HAHSTA delivers some services directly, most Ryan White funded services are awarded via a competitive process called a request for applications (RFA). HAHSTA disseminates a funding announcement requesting applications to deliver a prescribed set of services to residents of the respective jurisdictions. Each application is evaluated. Successful applicants become subrecipients that constitute the Ryan White Provider Network.
The Ryan White Program released two RFAs with new program designs in 2022: one for Ryan White Part A and one for Ryan White Part B. Grant Year 32 was the initial implementation year for those grant funded services. Grant Year 33 and 34 are continuation grant years for those funded services.
The subrecipient names, services, and award amounts for Grant Year 33 and 34 to date are detailed in the responses below.

Ryan White Part A GY 33 (EMA)

	Services	Administration	Quality Management	Total
Washington, DC	$24,331,340	$2,983,774	$995,291	$28,310,405
West Virginia	$442,699	N/A	N/A	$442,699
Northern Virginia	$1,873,414	N/A	N/A	$1,873,414
Suburban Maryland	$2,878,337	N/A	N/A	$2,878,337
TOTAL	$29,525,790	$2,983,774	$995,291	$33,504,855

Ryan White Part A GY 34 (EMA)

	Services	**Administration**	**Quality Management**	**Total**
Washington, DC	$22,026,740	$3,332,675	$1,359,579	$26,861,591
West Virginia	$452,699	N/A	N/A	$452,699
Northern Virginia	$2,248,355	N/A	N/A	$2,248,355
Suburban Maryland	$3,870,734	N/A	N/A	$4,531,361
TOTAL	$28,598,498	$3,332,675	$1,395,579	$33,326,752

Ryan White Part B GY33 – District of Columbia only

Program	Amount
AIDS Drug Assistance Program (ADAP)	$10,758,401
Minority AIDS Initiative (MAI)	$186,609
Formula - Services	$2,903,538
TOTAL	$13,848,548

Ryan White Part B GY34 – District of Columbia only

Program	Amount
AIDS Drug Assistance Program (ADAP)	$10,565,270
Minority AIDS Initiative (MAI)	$194,022
Formula - Services	$2,736,651
TOTAL	$13,495,943

Q79: 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 FY 2024 and FY 2025, to date. For each service category, please provide the following information broken out by funding resource:

a. The name of all programs funded under each service category and the grant amount;
b. Dollar amount budgeted for each category in FY 2024 and FY 2025;
c. Total program cost in FY 2024 and FY 2025, to date;
d. Number of people the program/funding served in FY 2024 and FY 2025, to date; and
e. Number of FTEs provided administering this program.

Response:

a. The name of all programs funded under each service category and the grant amount;

Ryan White Part A

Service	Sub - Recipients	Part A Grant Year 33	Part A Grant Year 34
Outpatient/Ambulatory Health Services	AIDS Healthcare Foundation	$424,780	$513,580
Outpatient/Ambulatory Health Services	Children's National Hospital	$210,331	$250,431
Outpatient/Ambulatory Health Services	District of Columbia	$545,362	$495,784
Outpatient/Ambulatory Health Services	Family and Medical Counseling Services	$114,684	$117,951
Outpatient/Ambulatory Health Services	Heart to Hand	$136,866	$255,621
Outpatient/Ambulatory Health Services	(The) Howard University	$350,362	$425,000
Outpatient/Ambulatory Health Services	La Clinica del Pueblo	240,602	$223,495
Outpatient/Ambulatory Health Services	Montgomery County Health Dept.	$411,484	$593,653
Outpatient/Ambulatory Health Services	Neighborhood Health	$106,516	$147,852
Outpatient/Ambulatory Health Services	Unity Health Care	$357,353	$457,353
Outpatient/Ambulatory Health Services	VHO	$124,621	$152,290
Outpatient/Ambulatory Health Services	Whitman-Walker Health	$1,264,161*	$109,237

Service	Sub - Recipients	Part A Grant Year 33	Part A Grant Year 34
Outpatient/Ambulatory Health Services - MAI	Children's National Hospital	$96,384	$96,384
Outpatient/Ambulatory Health Services - MAI	(The) Howard University	$218,143	$218,095
Outpatient/Ambulatory Health Services - MAI	Us Helping Us	$50,000	$50,000
Outpatient/Ambulatory Health Services - MAI	Whitman-Walker Health	$147,000	$147,000
Outpatient/Ambulatory Health Services-MAI	Neighborhood Health	$47,408	$43,408
Oral Health Care	District of Columbia	$0	$100,000
Oral Health Care	Greater Baden Medical Services	$32,836	$32,836
Oral Health Care	Montgomery County Health Dept.	$600,000	$700,000
Oral Health Care	Neighborhood Health	$43,693	$60,720
Oral Health Care	Unity Health Care	$300,000	$300,000
Oral Health Care	Whitman-Walker Health	$565,000	$450,000
Early Intervention Services	AIDS Healthcare Foundation	$545,000	$500,000
Early Intervention Services	Children's National Hospital	$260,000	$255,000
Early Intervention Services	FAHASS	$150,000	$140,000
Early Intervention Services	District of Columbia	$719,629	$654,2080
Early Intervention Services	Family & Medical Counseling Service	$310,000	$300,000
Early Intervention Services	Heart to Hand	$210,000	$256,824
Early Intervention Services	(The) Howard University	$125,000	$125,000
Early Intervention Services	Inova Health (Juniper) Services	$129,774	$180,000
Early Intervention Services	La Clinica del Pueblo	$275,000	$260,000
Early Intervention Services	MedStar	$195,000	$185,000
Early Intervention Services	Metro Health	$200,000	$180,000
Early Intervention Services	Neighborhood Health	$269,178	$260,000
Early Intervention Services	NovaSalud	$200,000	$195,000
Early Intervention Services	Terrific, Inc	$130,000	$120,000
Early Intervention Services	The Women's Collective	$200,000	$190,000
Early Intervention Services	Us Helping Us	$270,000	$255,000
Early Intervention Services	Washington Health Institute	$145,300	$160,000

Service	Sub - Recipients	Part A Grant Year 33	Part A Grant Year 34
Early Intervention Services	Whitman-Walker Health	$430,570	$395,000
Early Intervention Services - MAI	Children's National Hospital	$79,331	$79,331
Early Intervention Services - MAI	(The) Howard University	$57,579	$57,579
Early Intervention Services - MAI	Neighborhood Health	$93,228	$84,028
Early Intervention Services - MAI	Us Helping Us	$70,000	$70,000
Early Intervention Services - MAI	Whitman Walker Health	$150,000	$150,000
Health Insurance Premium Cost Sharing Assistance	Heart to Hand	$21,582	$28,449
Health Insurance Premium Cost Sharing Assistance	Shenandoah Valley Medical System	$88,201	$33,721
Home & Community Based Health	MedStar	$130,667	$130,667
Housing Services	Community Family Life Services	$0	$80,266
Housing Services	Housing Counseling Services	$0	$160,000
Mental Health Services	Children's National Hospital	$83,011	$80,000
Mental Health Services	Medstar	$90,000	$85,000
Mental Health Services	Unity Health Care	$50,632	$50,632
Mental Health Services	VHO	$47,000	$42,000
Mental Health Services	Washington Health Institute	$105,000	$95,000
Mental Health Services	Whitman-Walker Health	$272,000	$185,000
Mental Health Services - MAI	Children's National Hospital	$74,246	$74,246
Mental Health Services - MAI	(The) Howard University	$19,867	$19,867
Mental Health Services - MAI	Neighborhood Health	$7,737	$3,869
Mental Health Services - MAI	Us Helping Us	$10,471	$47,000
Mental Health Services - MAI	Whitman-Walker Health	$143,000	$143,000
Medical Nutrition Therapy	Children's National Hospital	$75,295	$59,720
Medical Nutrition Therapy	Food and Friends	$81,383	$62,000
Medical Nutrition Therapy	Greater Baden Medical Services	$53,065	$30,979

Service	Sub - Recipients	Part A Grant Year 33	Part A Grant Year 34
Medical Nutrition Therapy	Damien Ministries	$67,208	$53,229
Medical Nutrition Therapy	Shenandoah Valley Medical Systems	$6,226	$2,226
Medical Nutrition Therapy	Whitman-Walker Health	$110,151*	$131,833
Medical Case Management	AIDS Healthcare Foundation	$344,394	$341,723
Medical Case Management	Children's National Hospital	$207,007	$241,343
Medical Case Management	Damien Ministries	$117,798	$190,157
Medical Case Management	District of Columbia	$244,814	$222,558
Medical Case Management	Greater Baden Medical Services	$281,463	$381,671
Medical Case Management	Heart to Hand	$198,158	$265,159
Medical Case Management	(The) Howard University	$162,271	$140,679
Medical Case Management	La Clinica del Pueblo	$118,377	$89,007
Medical Case Management	Montgomery County	$190,105	$404,474
Medical Case Management	Shenandoah Valley Medical Systems	$138,465	$138,465
Medical Case Management	SLK	$7,978	$0
Medical Case Management	Terrific, Inc	$125,193	$123,458
Medical Case Management	The Women's Collective	$167,523	$185,000
Medical Case Management	Unity Health Care	$359,741	$433,516
Medical Case Management	Us Helping Us	$65,068	$80,825
Medical Case Management	VHO	$107,038	$130,459
Medical Case Management	Whitman-Walker Health	$569,197*	$333,619
Medical Case Management - MAI	Children's National Hospital	$71,193	$115,000
Medical Case Management - MAI	(The) Howard University	$65,095	$65,095
Medical Case Management - MAI	Neighborhood Health	$31,682	$17,682
Medical Case Management - MAI	Us Helping Us	$69,000	$69,000
Medical Case Management - MAI	Whitman-Walker Health	$115,000	$115,000
Non-Medical Case Management	AIDS Healthcare Foundation	$142,226	$136,647
Non-Medical Case Management	Children's National Hospital	$144,117	$165,877
Non-Medical Case	Damien Ministries	$210,054	$252,496

Service	Sub - Recipients	Part A Grant Year 33	Part A Grant Year 34
Management			
Non-Medical Case Management	District of Columbia	$133,254	$121,140
Non-Medical Case Management	Family Medical & Counseling Service	$49,427	$67,136
Non-Medical Case Management	Greater Baden Medical Systems	$298,205	$324,100
Non-Medical Case Management	Heart to Hand	$170,000	$193,213
Non-Medical Case Management	Homes for Hope	$173,933	$150,720
Non-Medical Case Management	(The) Howard University	$110,395	$100,564
Non-Medical Case Management	La Clinica del Pueblo	$115,105	$94,362
Non-Medical Case Management	Montgomery County	$74,131	$75,535
Non-Medical Case Management	Neighborhood Health	$102,665	$88,112
Non-Medical Case Management	SLK	$9,801	$0
Non-Medical Case Management	Terrific, Inc.	$125,193	$112,579
Non-Medical Case Management	The Women's Collective	$185,000	$190,000
Non-Medical Case Management	Us Helping Us	$144,678	$193,998
Non-Medical Case Management	Unity Health Care	$137,090	$133,115
Non-Medical Case Management	VHO	$97,103	$76,164
Non-Medical Case Management	Whitman-Walker Health	$822,780*	$514,233
Substance Use Services – Outpatient	Children's National Hospital	$16,679	$14,000
Substance Use Services – Outpatient	Medstar	$25,000	$25,000
Substance Use Services – Outpatient	Unity Health Care	$14,668	$14,668
Substance Use Services –	VHO		

Service	Sub - Recipients	Part A Grant Year 33	Part A Grant Year 34
Outpatient		$42,000	$40,000
Substance Use Services – Outpatient	Washington Health Institute	$35,000	$35,000
Substance Use Services – Outpatient	Whitman-Walker Health	$225,000	$185,000
Substance Use Services – Outpatient -MAI	Neighborhood Health	$3,447	$0
Substance Use Services – Outpatient - MAI	Children's National Hospital	$24,889	$24,889
Substance Use Services – Outpatient - MAI	(The) Howard University	$38,456	$0
Substance Use Services – Outpatient - MAI	Us Helping Us	$42,000	$42,000
Substance Use Services – Outpatient – MAI	Whitman-Walker Health	$70,000	$0
Emergency Financial Assistance	Children's National Hospital	$17,600	$15,000
Emergency Financial Assistance	Housing Counseling Services, Inc.	$2,500,000	$2,897,740
Emergency Financial Assistance	Shenandoah Valley Medical System	$165,021	$219,574
Food Bank, Home Delivered Meals	Damien Ministries	$407,899	$294,447
Food Bank, Home Delivered Meals	Family and Medical Counseling Services	$383,018	$474,157
Food Bank, Home Delivered Meals	Food and Friends	$1,101,344	$1,182,727
Other Professional Services	Whitman-Walker Health	$425,090*	$250,000
Medical Transportation Services	AIDS Healthcare Foundation	$6,500	$24,500
Medical Transportation Services	Children's National Hospital	$16,016	$14,000
Medical Transportation Services	Family and Medical Counseling Services	$28,955	$18,000
Medical Transportation Services	Greater Baden Medical Services	$30,722	$39,545
Medical Transportation Services	Heart to Hand	$21,056	$27,500
Medical Transportation Services	Homes for Hope	$5,000	$5,000

Service	Sub - Recipients	Part A Grant Year 33	Part A Grant Year 34
Medical Transportation Services	La Clinica del Pueblo	$7,700	$7,700
Medical Transportation Services	Medstar	$15,543	$10,000
Medical Transportation Services	Neighborhood Health	$3,200	$3,200
Medical Transportation Services	Shenandoah Valley Medical System	$43,200	$47,127
Medical Transportation Services	SLK	$1,667	$0
Medical Transportation Services	(The) Howard University	$10,000	$10,000
Medical Transportation Services	The Women's Collective	$7,600	$7,000
Medical Transportation Services	Us Helping Us	$33,600	$24,000
Medical Transportation Services	VHO	$4,500	$4,500
Medical Transportation Services	Washington Health Institute	$25,000	$22,000
Medical Transportation Services	Whitman-Walker Health	$42,108	$18,000
Medical Transportation Services	La Clinica del Pueblo	$7,700	$7,700
Outreach Services	Heart to Hand	$70,000	$65,000
Outreach Services	Greater Baden Medical Services	$100,000	$100,000
Outreach Services	Medstar	$50,000	$50,000
Outreach Services	Shenandoah Valley Medical Systems	$11,586	$11,586
Psychosocial Support Services	AIDS Healthcare Foundation	$44,262	$44,262
Psychosocial Support Services	Children's National Med Center	$146,428	$145,000
Psychosocial Support Services	FAHASS	$40,000	$35,000
Psychosocial Support Services	Family and Medical Counseling Services	$85,000	$80,000
Psychosocial Support Services	Heart to Hand	$105,000	$96,175

Service	Sub - Recipients	Part A Grant Year 33	Part A Grant Year 34
Psychosocial Support Services –	(The) Howard University	$85,182	$80,000
Psychosocial Support Services	Inova Health (Juniper) Services	$44,725	$58,000
Psychosocial Support Services	La Clinica del Pueblo	$130,000	$110,000
Psychosocial Support Services	Medstar	$191,000	$175,000
Psychosocial Support Services	Metro Health	$105,000	$90,000
Psychosocial Support Services	Neighborhood Health	$6,132	$5,000
Psychosocial Support Services	Nova Salud	$100,000	$95,000
Psychosocial Support Services	The Women's Collective	$115,000	$105,000
Psychosocial Support Services	Terrific, Inc	$95,000	$90,000
Psychosocial Support Services	Unity Health	$109,897	$95,000
Psychosocial Support Services	Us Helping Us	$49,851	$50,000
Psychosocial Support Services	VHO	$67,000	$65,000
Psychosocial Support Services	Washington Health Institute	$201,300	$205,000
Psychosocial Support Services	Whitman-Walker Health	$203,000	$180,000
Psychosocial Support Services – MAI	Children's National Hospital	$103,903	$103,903
Psychosocial Support Services – MAI	(The) Howard University	$13,787	$13,787
Psychosocial Support Services – MAI	Neighborhood Health	$117,464	$102,464
Psychosocial Support Services – MAI	Us Helping Us	$31,021	$47,000
Psychosocial Support Services – MAI	Whitman-Walker Health	$60,000	$60,000

* Reflects one-time award of carryover funds with the purpose of supporting new care access points East of the River expansion

Ryan White Part B

Service	Sub - Recipients	Part B Grant Year 33	Part B Grant Year 34
Early Intervention Services	District of Columbia	$0	$100,000
Outpatient Ambulatory Health Services	Children's National Hospital	$55,736	$55,736
Outpatient Ambulatory Health Services	(The) Howard University	$100,777	$100,777
Outpatient Ambulatory Health Services	Metro Health	$84,583	$84,583
Outpatient Ambulatory Health Services	Unity Health Care	$88,891	$88,891
Outpatient Ambulatory Health Services	Us Helping Us	$85,089	$85,089
Outpatient Ambulatory Health Services	Washington Health Institute	$130,000	$130,000
Outpatient Ambulatory Health Services	Whitman-Walker Health	$117,000	$117,000
Medical Case Management	Children's National Hospital	$82,557	$82,557
Medical Case Management	District of Columbia	$447,668	$0
Medical Case Management	Family and Medical Counseling Services	$211,250	$211,250
Medical Case Management	(The) Howard University	$126,497	$126,497
Medical Case Management	Metro Health	$68,723	$68,723
Medical Case Management	Unity Health Care	$74,445	$74,445
Medical Case Management	Us Helping Us	$57,642	$57,642
Medical Case Management	Washington Health Institute	$65,000	$65,000
Medical Case Management	Whitman-Walker Health	$117,000	$117,000
Mental Health Services	Children's National Hospital	$27,245	$27,245
Mental Health Services	(The) Howard University	$16,770	$16,770
Mental Health Services	Metro Health	$52,655	$52,655
Mental Health Services	Us Helping Us	$25,458	$25,458
Mental Health Services	Whitman-Walker Health	$74,750	$74,750
Health Education/Risk Reduction	Children's National Hospital	$51,870	$51,870
Health Education/Risk Reduction	(The) Howard University	$65,000	$65,000

Health Education/Risk Reduction	Us Helping Us	$28,098	$28,098
Health Education/Risk Reduction	Whitman-Walker Health	$74,750	$74,750
Non-Medical Case Management	Children's National Health	$73,537	$73,537
Non-Medical Case Management	Family and Medical Counseling Service	$65,000	$65,000
Non-Medical Case Management	(The) Howard University	$64,179	$64,179
Non-Medical Case Management	Metro Health	$75,163	$75,163
Non-Medical Case Management	Unity Health Care	$96,664	$96,664
Non-Medical Case Management	Us Helping Us	$72,298	$72,298
Non-Medical Case Management	Washington Health Institute	$81,250	$81,250
Non-Medical Case Management	Whitman-Walker Health	$117,000	$117,000
Medical Transportation Services	Children's National Hospital	$1,716	$1,716
Medical Transportation Services	Family & Medical Counseling Services	$3,952	$3,952
Medical Transportation Services	(The) Howard University	$4,550	$4,550
Medical Transportation Services	Whitman-Walker Health	$9,750	$9,750
Psychosocial Support Services	Children's National Hospital	$32,338	$32,338
Psychosocial Support Services	(The) Howard University	$44,727	$44,727
Psychosocial Support Services	Metro Health	$43,876	$43,876
Psychosocial Support Services	Us Helping Us	$23,915	$23,915
Psychosocial Support Services	Whitman-Walker Health	$74,750	$74,750

b. Ryan White Program Financials by Service Category:

The Part A financial table below includes all budgeted costs for the entire Eligible Metropolitan Area (EMA), which includes portions of Maryland, Virginia, and West Virginia. The Part B financial table below represents all budgeted costs for the District of Columbia exclusively.

Ryan White Services Categories	***Part A Grant GY 33***	***Part A Grant GY 34***
Outpatient Ambulatory Health Services	$4,787,122	$3,742,247
Outpatient Ambulatory Health Services - MAI	$558,935	$554,887
Oral Health Care	$1,541,529	$1,643,556
Early Intervention Services	$4,601,709	$4,611,032
Early Intervention Services – MAI	$450,138	$440,938
Health Insurance Premium Payment	$99,803	$62,170
Home & Community Based Health	$130,667	$130,667
Mental Health Services	$593,312	$537,632

Ryan White Services Categories	***Part A Grant GY 33***	***Part A Grant GY 34***
Mental Health Services – MAI	$287,589	$287,982
Medical Nutrition Therapy	$361,781	$339,987
Medical Case Management	$3,731,010	$4,075,721
Medical Case Management MAI	$354,970	$338,710
Substance Use Services – Outpatient	$358,347	$313,668
Substance Use Services – Outpatient – MAI	$178,792	$66,899
Emergency Financial Assistance	$2,665,021	$3,132,314
Food Bank, Home Delivered Meals	$1,992,261	$1,951,331
Other Professional Services	$411,454	$250,0000
Linguistic Services	$0	$0
Medical Transportation Services	$302,205	$302,072
Medical Transportation Services - MAI	$0	$10,000
Non-Medical Case Management	$3,345,157	$2,989,993
Non-Medical Case Management - MAI	$0	$170,000
Outreach Services	$281,310	$276,586
Psychosocial Support Services	$2,150,525	$1,808,437
Psychosocial Support Services – MAI	$342,153	$327,154
Housing Services	$0	$240, 266
Direct Services MAI Total	$2,172,577	$ 2,196,570
Direct Services Subtotal	$27,353,213	$26,401,928
Part A and MAI - Direct Services Total	$29,525,970	$28,598,498

Ryan White Part B

Ryan White Services Categories	***Part B Grant Year 33***	***Part B Grant Year 34***
Outpatient Ambulatory Health Services	$601,888	$612,076
Medical Case Management	$1,177,772	$779,415
Early Intervention Services	$0	$100,000
Mental Health	$178,981	$171,878
Non-Medical Case Management	$586,448	$613,990
Health Education/Risk Reduction	$140,653	$219,718
Medical Transportation Services	$18,153	$19,968
Psychosocial Support Services	$199,643	$219,606

Formula Services Total	$2,903,538	$2,736,651
Outreach Services – MAI Total	$186,609	$97,011
Health Education/Risk Reduction – MAI Total	$0	$97,011
ADAP Total	$10,758,401	$10,565,270
Part B – Direct Services Total	$13,848,548	$13,495,943

c. Total program cost in FY2024 and FY 2025, to date:

TOTAL GY33	Part A	$28,298,933.00
Year to Date GY34	Part A	$19,036,465.55
TOTAL GY33	Part B	$14,255,163.00
Year to Date GY34	Part B	$10,828,892.00

d. Number of people the program/funding served in FY 2024 and FY 2025, to date:

Part A Service Utilization

Service Category	Clients Served in GY33	Clients Served in GY34
Early Intervention Services	7,360	7,225
Non-Medical Case Management Services	1,841	1,746
Medical Case Management	1,620	1,428
Outpatient/Ambulatory Health Services	1,722	1,905
Emergency Financial Assistance	1,484	1,525
Medical Transportation Services	900	2,314
Oral Health Care	707	915
Psychosocial Support Services	792	949
Food Bank/Home-Delivered Meals	645	801
Medical Nutrition Therapy	445	501
Mental Health Services	346	410
Outreach Services	193	187
Substance Abuse Outpatient Care	404	223
Health Insurance Program (HIP)	56	77
Other Professional Services	35	45
Home & Community-Based Health Services	10	25

Housing Services	0	25

Part A MAI Youth Reach

Service Category	Clients Served GY 33	Clients Served GY 34
Early Intervention Services	1,206	951
Medical Case Management	135	215
Mental Health Services	123	163
Outpatient/Ambulatory Health Services	148	205
Psychosocial Support Services	82	219
Substance Abuse Outpatient Care	53	188
Non-Medical Case Management	0	105

Part B Service Utilization

Service Category	Clients Served GY33	Clients Served GY34
Early Intervention Services	0	20
Non-Medical Case Management Services	666	916
Medical Case Management	578	782
Outpatient/Ambulatory Health Services	675	851
Health Education/Risk Reduction	240	153
Medical Transportation Services	226	215
Psychosocial Support Services	161	472
Mental Health Services	148	66
Outreach Services – MAI	60	62
Health Education/Risk Reduction - MAI	240	153

e. Number of FTEs provided administering this program.

There are 46 FTEs that administer the Ryan White program.

Q80: Please provide the following information for all programs funded by DC Health under the Minority AIDS Initiative Youth Outreach Program in FY 2024 and FY 2025, to date:

a. Name of organization;
b. Amount of funding;
c. Number of units provided and number of individuals served; and
d. Differences in focus populations, Wards served, or services provided by each organization.

Response:

a. Name of organization; and b. Amount of funding

	GY33 (3/1/2023- 2/29/2024)	**GY34 (3/1/2024-2/29/2025**
Howard University	$ 412,927	$484,423
Neighborhood Health	$295,947	$251,451
Children's National Hospital	$ 450,695	$450,696
Us Helping Us	$298,746	$325,000
Whitman Walker	$684,999	$685,000

c. Number of units provided, and number of individuals served; and

Part A MAI Youth Reach

Service Category	**Clients Served GY 33**	**Clients Served GY 34**
Early Intervention Services	1,206	951
Medical Case Management	135	215
Mental Health Services	123	163
Outpatient/Ambulatory Health Services	148	205
Psychosocial Support Services	82	219
Substance Abuse Outpatient Care	53	188
Non-Medical Case Management	0	105

d. Differences in focus populations, Wards served, or services provided by each organization.

Below is a brief narrative on the programs funded throughout the Washington, DC EMA to provide Outpatient/Ambulatory Health Services, Early Intervention Services, Mental Health Services, Medical Case Management, Substance Abuse, Non-Medical Case Management,

Medical Transportation and Psychosocial Support Services under the MAI Youth Reach Program.

Howard University Hospital (HUH) - Center for Infectious Disease Management and Research (CIDMAR) - The HUH CIDMAR is a multi-specialty clinic designed to manage and treat complex Infectious Disease cases, as well as coordinate specialty care services. CIDMAR's Youth Program continued to focus on treatment, retention in care, and enhanced preventative and supportive services for youth and young adults aged 17 to 30. The program collaborates closely with the Howard University Student Center to offer onsite testing and counseling, referrals for medical appointments, and medical case management. Additionally, the program maintained strong partnerships with HUH's Ryan White Parts B and C programs, as well as other organizations, to ensure comprehensive wraparound services for clients attending the CIDMAR clinic.

Neighborhood Health - Neighborhood Health is a Federally Qualified Health Center in Northern Virginia that offers a range of services, including primary care and HIV specialty care. During this reporting period, Neighborhood Health continued to provide MAI services to youth of color living with HIV, ages 17 to 30. These services included routine assessments, peer support groups, telemedicine appointments, individual counseling sessions, and personal check-ins to ensure that clients received appropriate care and treatment for HIV.

Children's National Hospital (CNH) - CNH is funded to offer MAI services to youth and young adults ages 12 to 24 in the District of Columbia and Suburban Northern Maryland. The organization continued to operate two clinics: (1) the Special Immunology Services Clinic, which delivers specialized medical care to children and adolescents with perinatally acquired HIV, and (2) the Burgess Clinic, part of the Adolescent Health Center, providing primary and specialty care to young people ages 12 to 24 living with HIV. CNH has also maintained its practice of sending care packages to clients, which remain highly valued by the youth.

Us Helping Us (UHU) - UHU implemented programming entitled the DENIM Collection, an innovative, community based medical home that emphasizes co-located clinical, behavioral, and essential support services (i.e., wraparound services) for young MSM and transgender women of color living with HIV/AIDS in the greater Washington, DC area ages 17 to 30.

Whitman-Walker Health (WWH)– is a non-profit community health center in the Washington, D.C. metropolitan area with a special expertise in HIV/AIDS healthcare and LGBT healthcare. WWH continued to use community health workers in its Retention and Engagement Department to serve youth with risk behaviors, offer education and prevention, encourage linkage to care,

and retain youth at-risk of falling out of care. Additionally, flexible appointment times and community-based services were offered to accommodate individual schedules and priorities.

Q81: Please provide information on the grantees or sub-grantees in FY 2024 and FY 2025, to date, to support HIV testing and prevention services (including Pre-Exposure Prophylaxis or PrEP), including:

a. Name of vendor;
b. Amount of grant and grant term;
c. Focus population;
d. Number of residents served; and
e. Differences in focus populations, Wards served, or services provided by each organization.

Response:

Vendor	Grant Amount & Award Period	Population	Services	Differences in Focus Populations	Residents Served FY24 and FY 25 to date	Wards Served
Family and Medical Counseling Service, Inc.	$291,887 – 1/1/24 through 09/30/24 & 10/1/24 through 5/31/25	African American/Black men and women residing in the District who inject drugs (PWID), MSM, LGBTQ, Transgender Health individuals, People experiencing homelessness (PEH)	Syndemic Approach HIV/STI/Hepatitis Prevention (PWIDs) within Syringe Services Programs Harm Reduction Vending Machines	Family Medical Counseling Services founded in 1976, comprehensive community health center that addresses health disparities specifically in the Black community. Conducts a needs assessment every 3 years focusing on the vulnerable and hard to reach Black populations in Wards 7-8, identifying barriers to care.	HIV screened- 2,432 HCV screened - 618 HRVM data 20,474 products 6,909 machine transactions	6,7,8 2, 7, 8

Hepatitis B Initiative	$175,000 – 1/1/24 through 09/30/24 & 10/1/24 through 5/31/25	PWID/PWUD, Asian Pacific Islander, MSM Black and Hispanic, African descent, youth, Latinx population	Syndemic Approach Comprehensive HIV/STI/HCV/HBV Testing	HBI - DC was founded in 2006 to mobilize communities and health disparities. They reach MSM-gender loving Non-Hispanic Blacks, MSM-gender loving Hispanic individuals, African women and immigrants, adolescents, and young adults 16-25, and individuals with substance use disorders.	HIV screened- 996 HCV screened- 1,039 HBV screened – 572 STI screened- 717	1,3,7,8
HIPS	$270,411 – 1/1/24 through 09/30/24 & 10/1/24 through 5/31/25	African American, Latinx, Persons who Inject Drugs, Transgender women of color, commercial sex workers	Syndemic Approach Comprehensive (HIV/STI/HCV/HBV) Testing Drop-In Center Services focused on People who use Drugs PrEP Services HIV, STI, and Hepatitis Prevention for PWIDs within Syringe Services Programs Harm Reduction Vending Machines	HIPS has been in operation for 30 years. They offer comprehensive harm reduction services with a focus on people who use drugs and commercial sex workers.	HIV screened – 530 HCV screened- 509 STI screened - 85 PrEP education- 520 HRVM data 56,863 products	1,4,5,6,7,8 2,8

					12,533 machine transactions	
La Clinica del Pueblo	$270,000 – 1/1/24 through 09/30/24 & 10/1/24 through 5/31/25	High Risk Heterosexual, Men and Women, Latino MSM, and Transgender Women,	Syndemic Approach Comprehensive (HIV/STI/HCV/HBV) Testing Enhanced Home Self Testing Program	La Clínica del Pueblo was founded in 1983 to serve the Latinx community through linguistically and culturally appropriate LGBTQ-friendly health services.	HIV screened-731 HIV self-test kits distributed-253 Home Testing completed (Telehealth)-253 HCV screened – 284 STI screened – 350	1,2,4
Latin American Youth Center	$207,000 – 1/1/24 through 09/30/24 & 10/1/24 through 5/31/25	Latino, Latinx, and Black Youth 13-24	Syndemic Approach Comprehensive (HIV/STI/HCV/HBV) Testing PrEP Services	Latin American Youth Center, Incorporated was founded in 1974. It is a nationally recognized, community-based, multicultural and multilingual youth	HIV screened – 291 STI screened - 330	1,2,3,4,5,6,7,8

				development organization that serves thousands of youths in Washington, DC.	PrEP education-408	
The Women's Collective	$305,000 - 1/1/24 through 09/30/24 & 10/1/24 through 5/31/25	Low-income Black women	Syndemic Approach Comprehensive (HIV/STI/HCV/HBV) Testing PrEP Services	The Women's Collective has been in the community for 30 years offering support to black women throughout HIV epidemic. The Women's Collective continue to meet the needs of low-income Black Women in DC, impacted by poverty and low barrier health care.	HIV screened-599 HCV screened-249 PrEP education-379	5,6,7,8
Us Helping Us	$247,313 – 1/1/24 through 09/30/24 & 10/1/24 through 5/31/25	African American MSM, Transgender Women, Cisgender Women	Syndemic Approach Comprehensive (HIV/STI/HCV/HBV) Testing Enhanced Home Self Testing Program PrEP/PEP Services	Us Helping Us has serve the community for 35 years providing services to Black MSM men demonstrating commitment to their health and well-being.	HIV screened-313 HCV screened-258 STI screened-303 PrEP education-324	4,5,6,7,8

Washington Health Institute	$185,000 – 1/1/24 through 09/30/24 & 10/1/24 through 5/31/25	African American MSM same gender loving men aged18-39, cis-gender Black women, transgender, and gender non-conforming individuals over the age of 16	Syndemic Approach Comprehensive (HIV/STI/HCV/HBV) Testing PrEP Services	Washington Health Institute serves Black/African American men and women, Latino men who have sex with men (MSM), transgender individuals, people who use drugs, undomiciled individuals, and transitional aged youth in prioritized high incidence neighborhoods.	HIV screened-376 HCV screened – 190 STI screened - 198 PrEP education-386	4,5,7,8
Whitman Walker Health	$390,000 – 1/1/24 through 09/30/24 & 10/1/24 through 5/31/25	All Populations include LGBTQ, PLWHA, Youth, and PWUD	Syndemic Approach Comprehensive (HIV/STI/HCV/HBV) Testing Enhanced Home Self Testing Program PrEP/PEP Services	Whitman-Walker Health has been in the DC community for 50 years, serving a diverse urban community. They meet the health needs of different ethnicities and address a multitude of health disparities.	HIV screened-848 HCV screened-468 STI screened-780 PrEP education-730	1,2,3.4, 5, 6, 7, 8

Q82: How many HIV tests were administered in clinical settings and non-clinical/community outreach settings during FY 2024 and FY 2025, to date?

Response:

Clinical settings include community health centers, primary care centers, and STD clinics.

Nonclinical settings include shelters or transitional housing facilities, at home/self-testing, HIV testing sites, syringe service programs, mobile units, and other community settings.

Setting Type	Total of Setting
Clinical	9,889
Nonclinical	7,280
At Home/ Self-Testing	1,658
Emergency Room	0
Grand Total	**18,827**

	Male	Female	Transgender Men	Transgender Women	Transgender Unspecified	Additional Gender Identity	Unknown / Missing	Declined to Answer	Total of Age Group
0-4 Years	0	0	0	0	0	0	0	0	**0**
5-12 Years	0	0	0	0	0	0	0	0	**0**
13-19 Years	185	248	2	5	0	4	0	17	**461**
20-29 Years	3,288	2,471	25	97	36	42	14	230	**6,203**
30-39 Years	3,498	1,993	16	73	15	24	12	260	**5,891**
40-49 Years	1,517	1,008	13	22	6	10	7	187	**2,770**
50-59 Years	938	612	0	8	0	0	6	148	**1,712**
60+ Years	901	703	3	5	0	2	13	152	**1,779**
Unknown	6	5	0	0	0	0	0	0	**11**
Total of Sex /Gender Identity	**10,333**	**7,040**	**59**	**210**	**57**	**82**	**52**	**994**	**18,827**

Q83: The Committee invested $350,000 in the FY 2025 District budget to restore at-home HIV and STI self-testing through GetChecked DC, and in October 2024 DC Health reported to the Committee that self-testing will continue without interruption. Please provide an update on how many self-tests have been distributed and received in FY 2025, in comparison to FY 2024, and describe any reductions in distribution.

Response:

GetCheckedDC (GCDC) is a vital public health initiative aimed at increasing awareness and accessibility of HIV testing among residents of the District of Columbia. The program's efforts during FY24 and the strategic adjustments planned for FY25 reflect its commitment to empowering individuals to take control of their health through accessible testing and education.

FY24 Achievements:
In FY24, GetCheckedDC successfully delivered 1,477 at-home HIV and 2,353 STI testing kits to residents of the District of Columbia. This initiative was crucial in enabling individuals to manage their own health proactively by providing them with the tools to know their HIV status from the comfort and privacy of their homes.

The program not only facilitated self-testing but also offered comprehensive resources for maintaining an HIV-negative status. Through innovative partnerships, particularly with platforms like Waze, individuals received guidance on preventive measures and lifestyle choices that contribute to their overall health and well-being. Additionally, for those who tested positive, GCDC ensured that essential resources and support systems were readily available to facilitate their journey toward effective management of their health.

Challenges Faced in Q4 FY2024 and FY25:
Beginning in August 2024 and throughout the transition into FY25, the program encountered significant challenges because of the significant loss of HIV prevention funding, which hindered the distribution of in-home testing kits as the FTEs that packaged and mailed the test kits were no longer funded. Consequently, no testing kits have been mailed since August 2024. In response to this setback, GCDC pivoted to linking residents with the TogetherTakeMeHome website, a resource provided by the Centers for Disease Control and Prevention (CDC).

The GetCheckedDC website was redesigned to automatically redirect to the CDC Together Take Me Home webpage. Residents were also encouraged to visit the DC Health and Wellness Center or Labcorp Walk In option for screening needs. This was a temporary measure aimed to ensure continuity in providing valuable information and resources related to HIV and STI testing and prevention.

Looking Ahead FY25 Initiatives:
As we move into January 2025, GetCheckedDC (GCDC) is poised to launch a new initiative designed to enhance the accessibility of in-home HIV testing kits by partnering with community-based organizations. This initiative will empower providers to request testing kits to distribute to

their clients, significantly widening the reach of HIV testing resources by supplying providers who are not funded for HIV testing. Moreover, in conjunction with the distribution of in-home testing kits, self-testing kits will be made available at various community events throughout FY25.

Another enhancement to the GCDC program is the addition of a pilot to test teens in health suites in four high schools: Coolidge, Dunbar, Luke C. Moore and Eastern. There could be an opportunity to invite more schools at a later time. The program would allow high school students to take a urine test and health suite personnel would mail the specimen. The student and DC Health are alerted to the results via secure app/website. If a positive result is had, follow-up is conducted by DC Health (HAHSTA).

To ensure effective tracking and accountability, a database will be implemented to monitor the distribution of testing kits by each provider. This system will facilitate better understanding of outreach efforts and help identify areas in need of additional support.

GetCheckedDC remains dedicated to its mission of promoting HIV and STI awareness and testing in the District of Columbia. The achievements of FY24 laid a strong foundation, and despite the challenges faced in FY25, innovative strategies and collaborations are being implemented to ensure that residents have access to essential testing resources. Through these efforts, GetCheckedDC aims to empower individuals in their health journeys, reduce stigma around HIV testing, and ultimately contribute to a healthier community.

Of the appropriated funds of $350,000, $140,000 was used to cover urgent agency priorities, the remaining $210,000 is being used to continue the GCDC program.

Q84: How many diagnoses of Hepatitis B and C were reported in the District in FY 2023, FY 2024, and FY 2025, to date? Please disaggregate data by age, race, and gender.

Response:

Hepatitis C	Oct 1, 2022-Sep 30, 2023		Oct 1, 2023-Sep 30, 2024		Oct 1, 2024 - Dec 11, 2024*	
	N	%	N	%	N	%
Gender Identity						
Male	180	69.0	161	65.4	31	67.4
Female	80	30.7	83	33.7	15	32.6
Transgender	1	0.4	1	0.4	0	0.0
Missing	0	0.0	1	0.4	0	0.0
Total	261	100	246	100	46	100
Race/Ethnicity						
White	40	15.3	52	21.1	6	13.0
Black	181	69.3	153	62.2	25	54.3
Asian	2	0.8	7	2.8	4	8.7
Latino	16	6.1	10	4.1	0	0.0
Other	2	0.8	6	2.4	4	8.7
Missing	20	7.7	18	7.3	7	15.2
Total	261	100	246	100	46	100
Age at Diagnosis						
<13	0	0.0	1	0.4	0	0.0
13-17	0	0.0	1	0.4	0	0.0
18-19	3	1.1	1	0.4	0	0.0
20-24	6	2.3	11	4.5	1	2.2
25-29	25	9.6	21	8.5	6	13.0
30-39	71	27.2	52	21.1	14	30.4
40-49	24	9.2	38	15.4	5	10.9
50-59	38	14.6	25	10.2	4	8.7
60 and older	91	34.9	95	38.6	14	30.4
Missing	3	1.1	1	0.4	2	4.3
Total	261	100	246	100	46	100

*This data is not comprehensive and reflects only a small sample, as it includes only two months of the new fiscal year.

Hepatitis B	Oct 1, 2022-Sep 30, 2023		Oct 1, 2023-Sep 30, 2024		Oct 1, 2024 - Dec 11, 2024*	
	N	%	N	%	N	%
Gender Identity						
Male	79	62.2	71	62.8	21	58.3
Female	48	37.8	40	35.4	15	41.7
Transgender	0	0.0	0	0.0	0	0.0
Missing	0	0.0	2	1.8	0	0.0
Total	127	100	113	100	36	100
Race/Ethnicity						
White	13	10.2	10	8.8	4	11.1
Black	61	48.0	51	45.1	16	44.4
Asian	16	12.6	19	16.8	2	5.6
Latino	9	7.1	8	7.1	1	2.8
Other	3	2.4	3	2.7	1	2.8
Missing	25	19.7	22	19.5	12	33.3
Total	127	100	113	100	36	100
Age at Diagnosis						
<13	0	0.0	0	0.0	0	0.0
13-17	1	0.8	1	0.9	0	0.0
18-19	1	0.8	2	1.8	1	2.8
20-24	4	3.1	2	1.8	0	0.0
25-29	6	4.7	13	11.5	4	11.1
30-39	31	24.4	30	26.5	6	16.7
40-49	34	26.8	30	26.5	10	27.8
50-59	19	15.0	16	14.2	5	13.9
60 and older	31	24.4	18	15.9	6	16.7
Missing	0	0.0	1	0.9	4	11.1
Total	127	100	113	100	36	100

*This data is not comprehensive and reflects only a small sample, as it includes only two months of the new fiscal year.

Q85: In its FY 2023 oversight responses, DC Health reported that the updated Hepatitis Surveillance and Elimination Plan would be published in summer 2024. Please provide the Plan to the Committee.

Response:

The original plan for completing the Hepatitis Elimination Plan was being led by staff who are no longer in those roles. Funding decreases and role changes have greatly affected the completion of this plan. HAHSTA has shifted to complete the plan through the DC Hepatitis Collaborative. The group members represented DC Health public health team (nursing, epidemiology/data, management); DC Health peer workers (lived experience), providers from the DC Correctional Treatment facility; DC Health Care Finance (DC Medicaid); hepatology and infectious disease providers from Washington Hospital Center and Unity Health Care; community-based organizations such as HIPS (https://www.hips.org/); non-profit/advocacy participants from the Hepatitis B Initiative of Washington, DC (HBI-DC https://hbi-dc.org/); and one representative from the National Viral Hepatitis Roundtable. The Collaborative established a vision statement, established five workgroups based on five strategic goals, and revised the existing draft of the DC Hepatitis Elimination Plan to align with the U.S. Department of Health and Human Services Viral Hepatitis National Strategic (Elimination) Plan. Based on the pace at which the plan was being developed, the Collaborative changed its frequency to once every other month. The workgroups met with individualized frequency. The collective Collaborative identified areas of strengths, challenges, and potential opportunities for improvement in the District of Columbia concerning hepatitis elimination.

The Perinatal Hepatitis B Coordinator assumed responsibility for coordinating this effort, however, she retired in August 2024, leaving a knowledge and expertise gap. A replacement was identified, and she is in the process of reviewing and familiarizing herself with the goals and objectives of the plan. She will take an active role in coordinating the completion of the plan. HAHSTA plans to complete the plan by the end of the third quarter of FY25.

The Collaborative developed a draft plan that still requires editing and updates. The five strategic goals remained: (1) Prevent New Infections; (2) Improve Hepatitis Related Outcomes; (3) Reduce Hepatitis-Related Disparities; (4) Improve Surveillance and Data Usage; and (5) Improve Advocacy, Coordination and Policy Planning. Each group was tasked with identifying process and outcome objectives.

Q86: Please provide the following information regarding Hepatitis in FY 2024 and FY 2025, to date:

a. Number of perinatal Hepatitis B infections;
b. Hepatitis B vaccination rate for infants at each of the 5 birthing hospitals;
c. Number of Hepatitis B and C tests, positive tests, and linkages to care through Human Care Agreements in FY 2024 and FY 2025, to date.

Response:

The state Perinatal Hepatitis B (PHB) Prevention coordinator identified 22 births in 2023 to HBsAg positive individuals (including 11 transferred other jurisdictions and 19 infants born in 2024 to HBsAg positive individuals) including 7 transferred other jurisdictions. Of the infants who completed post-vaccine serologic testing for hepatitis B, there were zero perinatal infections since the last reporting to the DC Council. Universal hepatitis B vaccination of newborns was adopted by all five DC birthing hospitals with policy updates completed at three hospitals (Howard University, George Washington University (GWU), and Sibley). According to data published in August 2024 from the National Immunization Survey, the District of Columbia (DC) achieved an estimated 78.2% rate of Hepatitis B birth dose administration within the first three days of life, based on 2020–2021 data. This marks an increase from the 2019–2020 rate of 77.5%, reflecting a modest local improvement of 0.7%. However, DC's rate remains slightly below the national average of 79.5% for 2020–2021.

Nationally, the Hepatitis B birth dose administration rate declined by 1.3% from 2019–2020, highlighting a consistent downward trend. In contrast, DC's incremental progress stands out against the backdrop of this national decline. Just a note: the NIS data tends to give a lower figure for Hep B administration in DC as the NIS typically gets a sample of about 350-600 children to represent DC each year. However, due to an issue with retrieving vital record data, DC Health is unable to provide updated local data to determine birth dose administration within the five birthing hospitals. In April 2023, HAHSTA transitioned from Human Care Agreements back to subgrants. Through this effort, HAHSTA supported a Syndemic Approach that included hepatitis screening (as detailed in Q81). The results of integrated hepatitis screening are detailed in the table below:

Fiscal Year 2024 (Oct 1, 2023 - Sept 30, 2024) and FY 25 To Date	**Total**
Hepatitis B	
Total # of tests	572
Total # of positive tests	1
Link to care	1
Hepatitis C	
Total # of tests	3615
Total # of positive tests	82
Link to care	32

Adult Viral Vaccine Doses Administration Report *
FY2019 - FY2024

Fiscal Year (FY)	Hepatitis A	Hepatitis B	Twinrix (Hepatitis A&B)	Total
2019	3,961	6,712	1,117	11,790
2020	1,570	2,531	494	4,595
2021	1,229	3,143	501	4,873
2022	1,364	4,343	569	6,276
2023	1,732	6,384	895	9,011
2024	2,393	10,052	974	13,419

*This data is maintained by the Community Health Administration. Upon reviewing the FY22 table, they noticed an error in the calculations. The numbers were re-run using residency and age (19 and older) to filter vaccination rates. The number was updated.

Q87: Please provide the amount of funding and number of residents housed in FY 2024 and FY 2025, to date, for the following programs. Please include the focus population and average wait time for an eligible resident to participate in each program:

a. Housing Opportunities for People With AIDS program;
b. Transitional Opportunity Program (TOP) Program;
c. Senior Transitional Opportunity Program (S-TOP);
d. Housing Independence Through Employment (HITE) Program;
e. Sustainable Housing Assistance Rental Program (SHARP);
f. PrEP Housing; and
g. Total number of residents served by all programs.

Response:

Total number of residents served by all programs FY24: 6,431

Estimated number of residents served by all programs FY25: 6,624

Programs	***FY24 Funding***	***FY24 # Served***	***FY25 Funding***	***FY25 estimated # Served***	***Wait Time***	***Focus Population***
Housing Opportunities for Persons Living with HIV (HOPWA) Funds						
Tenant-Based Rental Assistance - TBRA	$9,773,429.00	367	$8,195,401.00	365	Waitlist Closed	Persons living with HIV
Short-Term Rental, Mortgage and Utilities Assistance - STRMU	$550,399.00	132	$591,152.00	130	Upon Application Approval	Persons living with HIV
Housing Information and Referral Services - HIRS	$580,616.00	5,800	$515,946.00	6,000	No Wait Time	Persons living with HIV
FB-Transitional Housing Homes for Hope and Community Family Life	$1,000,000.00	30	$1,000,000.00	36	Upon Application Approval	Persons living with HIV
FB-Emergency Housing-Homes for Hope	$400,000.00	13	$400,000.00	18	No Wait Time	Persons living with HIV
Transitional Opportunity Program (TOP) Program	$500,000.00	10	$500,000.00	10	Based on Bed Availability	Persons living with HIV
Senior Transitional Opportunity Program (S-TOP)	$625,000.00	10	$625,000.00	10	Based on Bed Availability	Persons 55 and older living with HIV
Housing Independence Through Employment (HITE)	$321,000.00	10	$321,000.00	10	Based on Bed Availability	High functioning Persons living with HIV

Sustainable Housing Assistance Rental Program (SHARP);	$219,000.00	15	$219,000.00	15	Based on Bed Availability	Persons living with HIV who are not receiving housing assistance
Bridges Fund	$110,000.00	36	$110,000.00	30	Upon Application Approval	Persons living with HIV
CDC (Ending The HIV Epidemic) Funds						
PrEP Housing- CDC Funding	$350,000.00	8	$350,000.00	8	No Wait Time	Youth men (ages 21-35) who have sex with men at high risk of contracting HIV.

Q88: Please provide the following information for the DC Health and Wellness Center for FY 2024 and FY 2025, to date:

a. The number of individuals seen;
b. The number of individuals who tested positive for each STI;
c. The number and percentage of individuals who received follow-up and were connected with care following a positive test result;
d. The educational, outreach, and other services provided by the clinic;
e. The number of individuals who received TB health services;
f. The number of individuals who received pre-exposure prophylaxis (PrEP); and
g. What DC Health sees as the biggest barriers to increasing access to testing and treatment at the Wellness Center.

Response:

The number of individuals seen:
STD Clinic: FY24 = 3,658 patients (7,547 visits)
STD Clinic: FY25 through 12/31/2024 = 1,374 patients (1,884 visits)

The number of individuals who tested positive for each STI:
Gonorrhea (all sites): FY24 = 481; FY25 through 12/31/2024 =125
Chlamydia (all sites): FY24 = 465; FY25 through 12/31/2024 = 98
Syphilis: FY24 = 183; FY25 through 12/19/2024 = 46

The number and percentage of individuals who received follow-up and were connected with care following a positive test result:
Gonorrhea: FY24 = 478/481 (99.38%); FY25 through 12/31/2024 = 121/125 (96.8%)
Chlamydia: FY24 = 457/465 (98.28%); FY25 through 12/31/2024 = 93/98 (94.9%)
Syphilis: FY24 = 178/183 (97.27%); FY25 through 12/19/2024 = 45/46 (97.83%)

The educational, outreach, and other services provided by the clinic:
DCHWC offers Express Clinic hours 4 days per week. The Express Clinic allows asymptomatic patients to come to DCHWC for HIV/STI testing only. The visits are provider-less, meaning that patients self-collect samples for STI testing and/or have blood drawn for HIV/syphilis testing—since these visits don't require face-to-face contact with a provider, the total time spent in clinic by patients is typically <20 minutes. In FY24, DCHWC provided Express Clinic services to 963 individual patients (1.67% increase compared to FY23). To date, DCHWC continues to provide Express Clinic services to approximately 80-90 individuals each month. If a patient attends an Express Clinic appointment and describe a pressing need that requires clinician attention, we make every effort to respond promptly and schedule patients for same day appointments.

DCHWC participated in several community events in FY24, including DC Black Pride, Capital Pride, and Mid-Atlantic Leather where we administered MPox vaccines and provided doxycycline post-exposure prophylaxis (DoxyPEP) to eligible individuals. In comparison to the same community events that DCHWC attended in FY23, we nearly doubled the number of individuals served in FY24 (~200% increase from 327 in FY23 to 651 in FY24). In response to the CDC's recently issued guidelines on the use of Doxycycline as post-exposure prophylaxis to prevent syphilis and chlamydia, DCHWC began offering Doxycycline to patients and event patrons in 2023. To date, Mid-Atlantic Leather (MAL) 2024 has been our most productive effort where we distributed 419 DoxyPEP starter packs to patrons at MAL who expressed interest in reducing the chance they would be infected with syphilis or chlamydia.

DCHWC continues to serve as the clinical lead for the GetCheckedDC program. This program allows DC residents to access home-based STI/HIV testing by requesting HIV/STI testing kits that are mailed to their homes or by requesting HIV/STI testing that is accomplished by walking into any LabCorp draw site. Positive results are followed up by disease investigators (DIS) and clinical staff at DCHWC. While some patients with a positive result choose to get treated with their own primary care provider, many come to DCHWC for treatment. Patients who come to DCHWC are automatically screened for HIV PrEP eligibility and providers can prescribe and dispense PrEP medication same day. We also provide education about STI/HIV prevention and other sexual health services available at our clinic.

DCHWC also continues to administer the DC PEP Hotline in conjunction with our contractual partner. The hotline provides 24-hour, 7 days/week access to a healthcare provider for DC residents who have had a recent non-occupational high risk HIV exposure. DCHWC provided HIV testing and PEP medication to 294 patients in FY2024 and 62 patients so far in FY2025. Since implementing the PEP Hotline, DCHCW has screened all callers for HIV PrEP knowledge, awareness and access to medication. Patients who are not on PrEP receive a referral to DCHWC's PrEP Coordinator and DIS to assist with application to patient assistance programs and for help with navigating insurance coverage of PrEP medications. To further reduce barriers to PrEP adherence, DCHWC began offering long-acting injectable PrEP (LAIP) to eligible patients in May 2023. Through FY2024, DCHWC provided LAIP to 46 patients. On average, DCHWC sees 15-20 patients for LAIP services each month and in FY2025 Q1 DCHWC added another 8 patients to the LAIP program. DCHWC also provides HIV treatment and care to persons living with HIV (PLWH) who are newly diagnosed or reengaging in care. DCHWC employs an HIV Case Manager who provides linkage to care and assists uninsured patients with application for ADAP, Medicaid, and other patient assistance programs that help with insurance premiums and copay costs. In FY24, 62 PLWH received case management services at DCHWC relating to health insurance, housing assistance, and referrals to other social services. Our Case Manager and

Infectious Disease clinicians also screen all PLWH for treatment adherence barriers and offer referrals wherever possible to improve treatment adherence over time. Due to significant patient interest and enthusiasm for long-acting injectable ART, DCHWC also began offering this service to PLWH in 2024. We are excited and eager to expand our roster of injectable ART patients and look forward to reporting our progress on increasing treatment adherence in the future.

In FY24 DCHWC continued to participate in DC Health's efforts to provide testing and treatment services for mpox cases, Jynneos immunizations for mpox contacts and other at-risk patients, and technical assistance for multiple community providers. While mpox cases in DC have declined significantly, DCHWC continues to see periodic cases (6 new cases at DCHWC in FY24). Through extensive efforts by our administrative and quality improvement specialist, DCHWC followed up with patients who had an incomplete Mpox vaccine series according to our records. Outreach communications invited patients to schedule an appointment with us to complete the series at no cost. In addition, our clinicians screened all PLWH for mpox vaccine need during exams. In total, DCHWC administered 533 Jynneos vaccines to 402 patients in FY24. We also offer other immunization services at DCHWC, such as HPV, hepatitis A, hepatitis B, meningococcal ACWY and B, pneumococcal, TdaP, and flu vaccines to PLWH.

In FY24 DCHWC continued its efforts to provide TB testing and treatment services to populations displaced from Ukraine, Cuba, Haiti, Venezuela, and several Central American countries. We conducted target outreach to refugees and provided TB testing and treatment as needed. We did not identify any new active TB cases, but we have identified and treated numerous cases of latent TB infection. In November 2024, DCHWC, along with the Global TB Institute from Rutgers University hosted a one-day TB Conference at DC Health headquarters at Shannon Place, SE. The conference, entitled "Fundamentals of TB Contact Investigation", was well-attended and well-reviewed. In FY24, the DC TB Program continued its long-standing participation in a workgroup with the regional Council of Governments (COG) that includes DC, Maryland, and Virginia health department TB controllers who meet regularly to discuss programmatic challenges, share best practices, and encourage collaborations. In FY24, DCHWC was also a clinical training site for more than 40 medical residents, NP students, and nursing students from a variety of DC Universities and residency programs, including Howard University Hospital, Howard University School of Nursing, MedStar Georgetown University Hospital, and Unity Health Care.

The number of individuals who received TB health services:
FY24: 888 patients (2,455 visits)
FY25 through 12/31/2024: 311 patients (585 visits)

The number of individuals who received pre-exposure prophylaxis (PrEP):
FY24: 794 patients (1,682 visits)
FY25 through 12/19/2024: 394 patients (412 visits)

What DC Health sees as the biggest barriers to increasing access to testing and treatment at the Wellness Center:

For patients who live beyond the immediate radius of DCHWC, travel to the clinic can be challenging. Patients who rely on buses for transportation are often faced with obstacles to timely arrival and may need to request time off from their employer to attend an appointment during their normal work hours. If a patient misses an appointment and needs to reschedule, this can interrupt time sensitive treatment regimens such as injectable PrEP or ART, and certain types of syphilis treatment. Transportation can also be challenging for youth patients who may be especially concerned about privacy from their parents.

An increase in funding would allow the DCHWC to expand hours to offer services in the evening or on the weekend. Current funding levels cannot support an increase in hours of service and the staffing required. Ideally, the clinic would open later and close later the days with evening hours.

Q89: Please provide the following information for the non-occupational post-exposure prophylaxis (nPEP) hotline in FY 2024 and FY 2025, to date:

a. Number of callers;
b. Number of callers referred for nPEP initiation; and
c. Number of callers with bridge prescriptions called in.

Response:

Number of callers:
FY24 = 421
FY25 through 12/24/2024 = 86

Number of callers referred for nPEP initiation:
FY24 = 294
FY25 through 12/24/2024 = 66

Number of callers with bridge prescriptions called in:
FY24 – 258
FY25 through 12/24/2024 = 60

Q90: Please provide the following information for the School-Based and Youth STD Screening Programs in FY 2024 and FY 2025, to date:

a. List of schools and screening sites, by Ward;
b. The number of students screened; and
c. The number of students who received follow-up care after a positive test.

Response:

In instances where no students were screened, there were several factors identified by students that made them reticent to be tested that day. Those reasons include concerns about confidentiality (in the space/environment of the event), stigma associated with testing, fear of a positive result, peer pressure, and the misconception that they are not at risk. In all instances, students were provided education and resources about sexual health and risk reduction, including one on one answers to their questions.

SBSP FY 2024

DC PHS	Screening Site date	DCPS by Ward	Students Screened	Positives	Treated and follow-up care
McKinley Technology HS	01/08/2024	5	32	1	1
Dunbar HS	02/13/2024	5	0	0	0
HAHSTA Youth Health Summit	02/23/2024	6 and 7	3	0	0
GWU Lovefest	03/04/2024	2	19	2	2
Roosevelt HS	03/20/2024	4	26	0	0
New Beginnings Youth Development Center	04/02/2024	7 and 8	0	0	0
Eastern HS	04/08/2024	7	112	12	12 (EPT 4)*
Roosevelt STAY @ Garnet Patterson	05/02/2024	1	6	0	0
Potomac JobCorps Center	05/21/2024	8	0	0	0

New Beginnings Youth Development Center	06/05/2024	7 and 8	0	0	0
EL Haynes PCS	06/17/2024	4	0	0	0
National HIV Testing Day Event with CVS	06/27/2024	1 and 2	28	5	4
Emery Community Center	07/10/2024	4	0	0	0
Hillcrest Recreation Center	07/17/2024	7	0	0	0
Columbia Heights Community Center	07/18/2024	1	0	0	0
Stead Recreation Center	07/22/2024	2	0	0	0
Joseph Cole Community Center	07/25/2024	5	0	0	0
Fort Davis Recreation Center	07/29/2024	7	0	0	0
Luke C. Moore	09/24/2024	5	12	2	2+ (1EPT)*

SBSP FY 2025

DC PHS	Screening Site date	DCPS by Ward	Students Screened	Positives	Treated and follow up care.
GWU Lovefest	09/30/2024	2	13	0	0
IDEA PCS	10/07/2024	7	34	3	3+(1EPT)*
Eastern HS	10/28/2024	7	110	3	3+(1EPT)*
DC Doors	11/06/2024	5	3	0	0
Potomac Jobcorps Center	11/13/2024	8	13	0	0
Woodson HS	11/18/2024	7	39	5	4+(1EPT)* Pending tx SBHC
Ballou STAY	12/10/2024	8	14	2	1 Pending tx SBHC

*EPT- Expedited Partner Therapy (EPT) is the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to his/her partner without the health care provider first examining the partner.

Q91: Please provide the following information regarding youth-oriented sexual health outreach grants:

a. List of grantee organizations;
b. Amount of funding per organizations;
c. Number of youth reached;
d. Specific projects, goals, and outcomes of funding.

Response:

List of Grantee Organizations	Amount of Funding Per Organization	Number of Youths Reached	Specific Projects, Goals, and Outcomes
Latin American Youth Center	$50,000 – FY24	FY24 - 441	The goal of this program is to provide gender inclusive curricula that will reduce the instance of teen pregnancies, increase knowledge of healthy relationships, reduce the instances of toxic masculinity, and set and accomplishing goals. LAYC aims to reach 50 youth to complete their SWAT/Gender inclusive curricula to incorporate and educate young people.

Q92: The Committee invested $150,000 to implement the Sexual Health Peer Educators Grant Budget Support Act subtitle. Has the RFP for this pilot been published? What is the timeline for implementing this grant/pilot?

Response:

The DC Department of Health (DC Health), HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) released a funding announcement on November 1, 2024 to solicit applications from youth-focused providers in the District of Columbia.

Two community partners submitted proposals, and one was selected through the external review process. DC Health has completed the pre-award process that includes notifying the winner and non-winner of the outcome of the solicitation. The program start-up began January 1, 2025.

Q93: Please providing the following data regarding the LinkU platform in FY 2024 and FY 2025, to date:

a. Top ten searches;
b. Most critical gaps in services offered on the platform;
c. Number of successful closed loop referrals and unsuccessful closed loop referrals; and
d. Description of challenges for closed loop referrals.

Response:

Top 10 Searches Conducted on LinkU	
FY24(10/1/23 to 9/30/24)	**FY25(10/1/24 – 12/31/24)**
Food pantry	HIV testing
Food delivery	Food pantry
HIV testing	STD testing
Help pay for food	Housing
Nutrition education	HIV treatment
STDs testing	Food
Food	Help find housing
HIV treatment	Rent
Housing	WIC
Help find housing	Clothing

Currently, data on critical gaps in services is unavailable. In FY 25, DC Health will work with our partners to conduct a qualitative analysis based on needs identified.

FY24 (10/1/23 to 9/30/24)					
	Total Number of Referrals	**Closed Loop Referrals**	**Closed Loop Referral Rate**	**Referrals with Responses**	**Referral Response Rate**
Open network are referrals placed on the platform to CBOs who are listed. This includes CBOs who may be a part of a Trusted Network (see below).	5,465	1,464	26.70%	1,871	34.20%

Trusted network are referrals placed on the platform to specific CBOs who DC DOH has formed a specific partnership with. By allowing our customers to set behind-the-scene preferences on which CBOs they prefer to work with, we let them create their own trusted network in addition to the full range of other programs we offer in our open network. Cultivating these trusted networks ensures that closed loop referrals occur, and residents are connected quickly to CBOs who are expecting them. DC DOH has three different trusted networks (DC CFSA, READY Center, and WIC).	1,811	1,329	73%	1,638	73%

FY25 (10/1/24 to present)					
	Total Number of Referrals	**Closed Loop Referrals**	**Closed Loop Referral Rate**	**Referrals with Responses**	**Referral Response Rate**
Open network are referrals placed on the platform to CBOs who are listed. This includes CBOs who may be a part of a Trusted Network (see below).	1,471	254	17.20%	394	26.70%
Trusted network are referrals placed on the platform to specific CBOs who DC DOH has formed a specific partnership with. By allowing our customers to set behind-the-scene preferences on which CBOs they prefer to work with, we let them create their own trusted network in addition to the full range of other programs we offer in our open network. Cultivating these trusted networks ensures that closed loop referrals occur and residents are connected quickly to CBOs who are expecting them. DC	486	245	50%	381	78%

DOH has three different trusted networks (DC CFSA, READY Center, and WIC).					

HAHSTA and FindHelp (the contractor that administers LinkU) currently approach LinkU referrals from a surveyor's perspective, which limits their ability to fully understand the challenges faced by platform navigators (including clients, case managers, and referral organizations) in executing closed-loop referrals. It is known that referral agencies do not always denote a closed loop referral in the LinkU system, but the reasons remain uncertain. Additional information on these challenges will be requested in the qualitative analysis that HAHSTA and FindHelp plan to implement in FY25.