

# HIV/AIDS IN THE NATION'S CAPITAL

Nine years ago, DC Appleseed issued its 2005 report, *HIV/AIDS in the Nation's Capital: Improving the District of Columbia's Response to a Public Health Crisis*. Since that time, the District government has made significant progress toward implementing many of the recommendations in the report.

Reflecting on the progress made in addressing HIV/AIDS in the District since our 2005 report, we cannot avoid the reality that the epidemic continues to have a profound impact on the District of Columbia. Although significant progress has been made, there are continuing challenges, and more still needs to be done.

## LEADERSHIP

Make HIV/AIDS a top public health priority in the District.

## PARTNERSHIPS & COLLABORATIONS

Improve District government partnerships and collaborations on HIV/AIDS issues with District agencies and with other community partners.

## GRANTS MANAGEMENT

Improve grants management, monitoring, and payment processes to ensure that funds for HIV/AIDS services are spent effectively and appropriately.

## HIV SURVEILLANCE; MONITORING & EVALUATION

Fully and appropriately staff the office responsible for tracking HIV/AIDS. Publicly report accurate data on HIV infections in the District. Implement a comprehensive system to monitor outcomes and maintain quality assurance standards in grant-funded HIV/AIDS prevention and care programs.

## HIV TESTING

Continue to support and expand routine HIV testing in all medical settings, targeted areas in the community, and non-traditional settings.

## CONDOM DISTRIBUTION

Continue to expand condom distribution in the District.

## PUBLIC EDUCATION IN THE DISTRICT

Develop a plan for enhancing HIV/AIDS policy for public education in the District. Establish mechanisms for ensuring compliance with system-wide health standards, including HIV/AIDS prevention, and provide data to the public about compliance with these standards.

## SYRINGE ACCESS SERVICES

Continue to fund syringe access and complementary services and adopt additional measures to address prevention with substance-using populations.

## SUBSTANCE USE TREATMENT

Increase the availability of substance use treatment in the District.

## HIV/AIDS AMONG THE INCARCERATED

Implement routine HIV testing. Improve collection of HIV/AIDS data, and ensure discharge planning services in DC detention facilities.

## HIV TREATMENT AND CARE

Provide quality HIV treatment and care. Improve health outcomes.

## HOUSING

Increase the availability of housing support for people living with HIV/AIDS in the District.

## REPORT CARD

NO. 9

NOVEMBER 2013 TO  
NOVEMBER 2014



### GRADES (A-F)

B

A-

B+

SURVEILLANCE: A-  
M&E: B-

A

A

C

A-

B

A

B

C+

# EXECUTIVE SUMMARY

In 2005, DC Appleseed published *HIV/AIDS in the Nation's Capital: Improving the District of Columbia's Response to a Public Health Crisis* at the request of the Washington AIDS Partnership. With the support of pro bono partners and in collaboration with the mayor, DC government, and community providers, DC Appleseed undertook this effort as an independent monitor to examine how the District has managed the HIV/AIDS epidemic. Over the last decade, DC Appleseed has continued to issue report cards to evaluate progress in various critical areas and offer recommendations for further improvements. We have seen a lot of improvement, but there is still work that needs to be done in order to end the HIV/AIDS epidemic in the nation's capital.

## Ninth Report Card Grades

Below are summaries of each section detailed in this report card. For each section, DC Appleseed collected information from government officials, HIV/AIDS service providers, and advocates, in order to assess trends, progress, and concerns. The “grade” for each section attempts to encapsulate the District’s effort to achieve results, address concerns, and implement best practices.

We are grateful to the many community and government partners for the information they provided for this report card and for their commitment to improving the health of District residents.

- **Leadership (increased grade from “B-” to “B”):** Mayor Vincent C. Gray has kept HIV/AIDS a priority of his administration and has continued to bring public attention to the issue. He has strong leadership in place with Dr. Joxel García at the Department of Health and Michael Kharfen at the HIV/AIDS, Hepatitis, STD, and Tuberculosis Administration (“HAHSTA”), which has attempted to address most of the concerns raised in the *Eighth Report Card*. However, there still has not been sufficient progress from the Office of the State Superintendent of Education (“OSSE”) in addressing concerns about HIV education for all students in District public schools, and we are disappointed that we have not seen real achievements from the Mayor’s HIV/AIDS Commission.
- **Partnerships & Collaborations (maintained grade of “A-”):** The District government has developed and sustained strong interagency collaborations and developed important partnerships with other stakeholders in the community; however, there is still room for improvement in communication and collaborations to support HIV/AIDS efforts.
- **Grants Management (increased grade from “B” to “B+”):** DC Appleseed observed an increase in timely payments, a renewed commitment to grants monitoring and provider training, and promising plans for the future of grants management in general. However, HAHSTA needs to improve in several areas, including invoicing, quality management, and fund allocation.
- **HIV Surveillance (increased grade from “B+” to “A-”):** HAHSTA has renewed its academic partnership with The George Washington University and continues to produce important research, publications, and national presentations. DC Appleseed is pleased that HAHSTA’s 2014 *Annual Epidemiology & Surveillance Report* included incidence data and that HAHSTA plans to start releasing data more frequently.
- **Monitoring & Evaluation (“M&E”) (increased grade from “C+” to “B-”):** While DC Appleseed is discouraged by the significant number of years and resources invested in developing the DC Public Health Information System (previously referred to as “Maven”), we are encouraged that HAHSTA has alternate plans in place for M&E and is no longer focusing on a program that was not progressing.
- **HIV Testing (maintained grade of “A”):** DC Appleseed commends the District for exceeding HIV testing targets as well as the expansion of screenings in clinical settings as a routine part of patient care. DC Appleseed is particularly encouraged by the District’s efforts to target testing messages to the highest-risk groups in the District, as well as its adoption of new testing technology. HAHSTA’s strong community partnerships continue to be cornerstones of its success in outreach and testing.
- **Condom Distribution (maintained grade of “A”):** DC Appleseed applauds the District’s continued efforts to develop innovative approaches to achieve condom distribution goals. HAHSTA successfully managed supplies, distribution, and communication with community partners. HAHSTA also continued to deliver its public service messaging about the importance of condom use and verified the effectiveness of its programs. Future efforts should further target these prevention efforts and measure the progress achieved.

- **Public Education in the District of Columbia (reduced to an overall grade of “C”):**
  - **OSSE (received assessment of “Insufficient”):** OSSE has fallen short in regard to its statewide role to provide transparent and accessible information about the quality of HIV/AIDS and health education in all schools. It also has not provided rules or regulations to implement the Healthy Schools Act requirements on health education, including HIV/AIDS education.
  - **Traditional Public Schools (received assessment of “Sustained Commitment”):** DC Public Schools has continued to focus significant resources on HIV/AIDS and sexual health education. The actual effectiveness of this sustained commitment is difficult to assess due to OSSE’s failure to provide the public with qualitative data.
  - **Public Charter Schools (received assessment of “Lack of Information”):** DC Appleseed continues to observe a lack of information and accountability with respect to the quality of HIV/AIDS education provided to charter school students. The Public Charter School Board (“PCSB”) also needs to take a more engaged leadership role by incorporating the results of the District’s Health Assessment into its Performance Management Framework so that charter schools are incentivized to provide a top-notch HIV/AIDS and sexual health education program.
- **Syringe Access Services (“SAS”) (maintained grade of “A-”):** HAHSTA maintained funding of existing programs and continued funding for its Enhancing Harm Reduction Program. HAHSTA-funded SAS programs met or exceeded their services targets; however, expansion may be hindered without grant increases. HAHSTA should better measure progress and deliverables. DC Appleseed has concerns about Metropolitan Police Department harassment and the delay in the grant award.
- **Substance Use Treatment (decreased grade from “B+” to “B”):** In October 2013, the DC Addiction Prevention and Recovery Administration and Department of Mental Health merged together to form the new Department of Behavioral Health (“DBH”). DC Appleseed is pleased to see progress being made in the merger of these two critical agencies, but is concerned that the process is much slower than originally anticipated, which impacts program planning and execution.
- **HIV/AIDS Among the Incarcerated (maintained grade of “A”):** Excellent HIV treatment, testing, and care continue in the DC Jail. DC Appleseed is concerned that the decision to award the contract for medical care to a provider that does not have experience providing care in the community might not result in a program based on the community health model. We are concerned that if this contract award is approved by the Council, the Department of Corrections’ ability to provide HIV/AIDS care in the community following inmates’ release could be affected.
- **HIV Treatment and Care (maintained grade of “B”):** In this *Ninth Report Card*, DC Appleseed focused on the District’s progress in expanding treatment options, improving health outcomes, and dealing with changes in funding. The District has made strides in expanding coverage, and continues to do a good job engaging community members and organizations to provide treatment and care to people living with HIV/AIDS. Given the number of changes to the healthcare landscape and the decreases in funding, the District continues to maintain progress against the epidemic. However, there are areas for concern, particularly with the barriers to accessing coverage, which could erode progress if not addressed.
- **Housing (maintained grade of “C+”):** HAHSTA and the District are getting technical assistance from the Department of Housing and Urban Development and are developing plans to address the tremendous shortage of housing for people living with HIV/AIDS. The current waiting list is practically 100 years long. While we are glad to see the technical assistance and development of plans, we refrain from raising the grade until the plans start to be implemented and produce results.

In summary, most section grades remained the same or were increased in this report card to reflect improvements in leadership, partnerships, coverage, systems, and programs. Prevention marketing and strategic relationships with community groups allow the District to reach high-priority groups. The only two reductions in report card grades were seen in Substance Use Treatment, due to slow progress from the new DBH and Public Education, and for insufficient oversight by OSSE and lack of information from charter schools related to the sexual health education of District youth. Public Education received the lowest grade in the report card with a "C." While not the lowest grade awarded, Housing received a "C+" and should be addressed in creative and sustainable ways to maintain the progress made in other areas to reduce HIV in the District. In fact, sustained progress continues to be needed in all areas. With the shifting funding landscape, government agencies must be proactive to keep intact the systems and partnerships that are responsible for the District's great progress fighting the epidemic in recent years.

## SIGNIFICANT CHANGES ON THE HORIZON

Mayor-Elect Muriel Bowser is coming into office at a time of significant change in the HIV/AIDS funding and services landscape.

The success of the Patient Protection and Affordable Care Act ("ACA"), the National HIV/AIDS Strategy, and the implementation of exciting new biomedical advances are predicated on the strength of the HIV/AIDS service delivery system. However, many experts believe that implementation of the ACA will fundamentally change how community-based HIV/AIDS efforts are funded.

Although much progress has been made on the epidemic over the last several years, HIV/AIDS is still impacting the lives of far too many DC residents. The District of Columbia has been fortunate to be home to many of the nation's most highly regarded AIDS Service Organizations ("ASOs"). In particular, our community boasts a number of population-specific organizations – many of which have existed since the earliest days of the epidemic.

The role of the nonprofit ASO network in the District is crucial if the District is ever to finally end the HIV/AIDS epidemic. In the coming years, the leadership of Washington, DC will most likely be faced with a narrowing of HIV-related services – including prevention services. Federal dollars are likely to shrink and this will impact the community as well as the government. An inclusive and honest dialogue between government and the community about these issues is critical. DC Appleseed strongly encourages HAHSTA to lead this community/government conversation.

## TOP FIVE HIV/AIDS PRIORITIES FOR MAYOR-ELECT BOWSER'S ADMINISTRATION

Mayor-Elect Muriel Bowser will assume leadership with the opportunity to build on the tremendous progress that the District has made in addressing HIV/AIDS over the last 10 years. We are confident she can take on the most pressing aspects of the HIV epidemic, based on her experience on the DC Council, and the issues on which she campaigned. In hopes of assisting Mayor-Elect Bowser's administration in addressing this complex issue, DC Appleseed proposes a list of the top five HIV/AIDS priorities to be addressed. Although there are other items that certainly could have been added to this list, these five priorities seem to us crucial to sustaining momentum and increasing the impact of the District's response to HIV/AIDS.

### **1. Make HIV/AIDS a Top Priority of the New Administration**

Mayor-Elect Bowser should maintain visible leadership on HIV/AIDS in order to carry on the significant progress the District has made in responding to the epidemic. This Ninth Report Card shows overall progress, but the Mayor should make sure that the District remains vigilant to avoid backsliding. The Mayor's executive leadership also can help smooth any communication issues and facilitate effective cross-agency collaboration. Many recommendations throughout this report highlight how essential it will be for the Mayor's first budget to secure robust funding in order to maintain and strengthen the current provider network, supplement programs losing federal funds with local dollars, and provide adequate resources for new initiatives.

### **2. Engage the Entire City in the Fight Against HIV/AIDS**

The DC government cannot fight HIV/AIDS alone. We urge the Mayor-Elect and her administration to build on successful and innovative private/public partnerships and involve all sectors of the community in the District's efforts to combat HIV/AIDS. These private partners should include businesses, hospitals and medical providers, academic institutions, civic organizations, sports and entertainment industries, and media and advertising outlets. We know that Mayor-Elect Bowser has a good track record collaborating with private entities, and we hope to see her administration capitalize on opportunities to leverage funding and other resources to better fight the HIV epidemic in her hometown.

### **3. Ensure that District Youth Receive HIV Education**

Because of the increasing rates of transmission of HIV among District youth, one of the Mayor-Elect's most pressing tasks will be to promulgate rules and regulations under the Healthy Schools Act, require concrete progress and increased leadership from OSSE and the PCSB in the next year, and ensure students in charter schools receive adequate HIV/AIDS and sexual health education. Mayor-Elect Bowser's transition plan indicates she is already starting to focus on some of these tasks.

### **4. Data**

Over the last decade, data tracking and systems have improved dramatically in the District, giving policymakers and providers better data about new infections, high-risk populations, and barriers to treatment. We hope to see the next administration use the latest epidemiological data to inform planning, further refinement and connection of data systems, and oversee frequent and accurate tracking at the agency level. We are pleased that Mayor-Elect Bowser already has indicated that strengthening surveillance databases is an administrative priority.

### **5. Housing**

Stable housing is a critical issue affecting HIV prevention, care, and treatment. This is one of the most essential economic and social elements affecting the District generally, and people living with or at risk for HIV in particular. DC Appleseed hopes to see Mayor-Elect Bowser work closely with HAHSTA and other agencies to develop innovative solutions which address the barriers and resource issues that leave so many District residents without health-promoting housing options.

The struggle to beat the HIV epidemic in the District has depended on the strong leadership of past mayors, and we believe Mayor-Elect Bowser will take the baton running. The issues she must address are complex and numerous, and we look forward to working with her administration to take on these important issues.



Below is a chart showing the grades on our past and current report cards:

	FIRST REPORT CARD	SECOND REPORT CARD	THIRD REPORT CARD	FOURTH REPORT CARD	FIFTH REPORT CARD	SIXTH REPORT CARD	SEVENTH REPORT CARD	EIGHTH REPORT CARD	NINTH REPORT CARD
LEADERSHIP	B-	B-	B+	B+	B+	B	B	B-	B
PARTNERSHIPS & COLLABORATIONS	N/A	C-	B-	B	A-	A-	A-	A-	A-
GRANTS MANAGEMENT	B	B-	B	B	B+	B	B+	B	B+
HIV SURVEILLANCE	Incomplete	B	A	A	A	A-	A-	B+	A-
MONITORING AND EVALUATION	N/A	B-	B-	B-	B-	B-	B-	C+	B-
RAPID TESTING	B	B	B+	A-	A	A	A-	A	A
ROUTINE HIV TESTING	C								
CONDOM DISTRIBUTION	D	D+	B	B	B+	A-	A-	A	A
PUBLIC EDUCATION IN THE DISTRICT	B-	C-	D	C	C+	OSSE: C- DCPS: B+ CHARTER: Incomplete	OSSE: B- DCPS: B+ CHARTER: C	OSSE: C DCPS: B+ CHARTER: C	C
SYRINGE ACCESS SERVICES	B-	B-	B+	A-	B+	B	B	A-	A-
SUBSTANCE USE TREATMENT	D+	D+	C+	B	B	B+	B+	B+	B
HIV/AIDS AMONG THE INCARCERATED	C+	B+	A	A	A	A	A	A	A
HIV TREATMENT AND CARE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	B	B
HOUSING	N/A	N/A	N/A	N/A	N/A	N/A	N/A	C+	C+

DC Appleseed would like to acknowledge and thank the Washington AIDS Partnership and its steering committee for the initiation of and continued support for this project. We also would like to thank Hogan Lovells US LLP and Paul, Weiss, Rifkind, Wharton & Garrison LLP for their continued invaluable pro bono work on this project and Terrapin Studios LLC for its donated design and production services. Finally, we would like to thank the District government for its cooperation in this effort and community stakeholders for their assistance.

# NINTH REPORT CARD

DECEMBER 2014

## LEADERSHIP: B

### **Make HIV/AIDS a top public health priority in the District.**

Visionary leadership and commitment to results have been, and continue to be, central to addressing the HIV/AIDS epidemic. In the *Eighth Report Card*, DC Appleseed reduced the grade for District leadership from a "B" to a "B-" due to concerns about instability in key leadership positions and lack of results from the Mayor's Commission on HIV/AIDS. In this *Ninth Report Card*, the grade for leadership has been raised to a "B."

This report card comes at a time of great transition in District leadership, with a new mayor and councilmembers taking office. Four years ago, Mayor Gray assumed leadership at a critical juncture in the District's fight against HIV/AIDS. Tremendous progress had been made under the leadership of Mayor Anthony Williams and Mayor Adrian Fenty, and in the *Sixth Report Card*, DC Appleseed urged the newly inaugurated Mayor Gray to continue to make HIV/AIDS a priority, to build on past progress, and to address areas where more work was necessary. Soon after his inauguration in 2011, Mayor Gray promptly appointed a Senior Deputy Director at the HIV/AIDS, Hepatitis, STD, and TB Administration ("HAHSTA") and announced the new Mayor's Commission on HIV/AIDS.

DC Appleseed was encouraged that Mayor Gray made HIV/AIDS a priority and brought attention to the epidemic throughout his term. He continued the tradition of the Mayor of the District of Columbia attending the release of every DC Appleseed report card and spoke articulately about the epidemic at the release of every Epidemiology Report

from HAHSTA. He made a personal statement by publicly being tested for HIV and he made special attempts to draw national and global attention to the epidemic in the District during the International AIDS Conference held in DC in 2012. Mayor Gray also appeared at many HIV/AIDS-related events over the course of his term, including participating in AIDS Walk fundraisers and attending the kick-off celebration for the DC Government World AIDS Day Food Drive to support charities working with people living with HIV/AIDS.

In the *Eighth Report Card*, the District's grade in Leadership was reduced to a "B-" because of concerns about the impact of leadership changes at the Department of Health ("DOH") and HAHSTA, ongoing difficulties with communication and vision from HAHSTA, and the lack of results from the Mayor's Commission on HIV/AIDS. Since then there has been progress on many fronts under the leadership of Dr. Joxel García at DOH and Michael Kharfen at HAHSTA. The change is refreshing and has energized HAHSTA, which is now more open, responsive, and accountable to providers, stakeholders, and the community than in past years. HAHSTA also is focusing on cost effectiveness as it fills key positions and strengthens systems. Mr. Kharfen has expanded engagement with researchers at The George Washington University ("GW") to study timely issues related to policy, service delivery, and epidemiology. HAHSTA has included incidence estimates in its latest Epidemiology Update and plans to release data more frequently.

In the *Eighth Report Card*, we also reported that the Mayor reauthorized the Commission on HIV/AIDS in 2013, but results of its work are still not apparent, and DC Appleseed was unable to find records of meetings or progress. This appears to be a missed opportunity to bring leadership and focus to key HIV/AIDS issues facing the District.

At the release of the *Eighth Report Card*, Mayor Gray restated his commitment to HIV/AIDS and pledged to have his administration prepare a plan to address the concerns raised by DC Appleseed. While a formal document was not released, HAHSTA examined the areas under its purview, assessed the areas of concern, and described DOH's planned strategies to address areas where grades



were reduced. This response has resulted in grade increases in each of those areas.

An area of increasing and continuing concern to DC Appleseed, as noted in several prior report cards, has been the lack of progress in the District assuring that public charter schools uniformly provide the quality HIV/AIDS and sexual health education that is provided through District of Columbia Public Schools ("DCPS") for traditional public school students. DC Appleseed has not seen any improvement or indication of a plan from OSSE or the Mayor's office to address this appropriately. The District needs to see strong, focused leadership from the Office of the State Superintendent for Education ("OSSE") to protect the health of DC students.

In the *Eighth Report Card*, DC Appleseed reported encouraging statements of support for HIV/AIDS issues from Committee on Health Chair Councilmember Yvette Alexander — including support for housing, care, and education issues. She facilitated the transfer of funds to HAHSTA to address mother-to-child transmission. DC Appleseed was pleased that she participated in the release of the *Eighth Report Card*. During the last year, Councilmember Alexander has continued to comment on and circulate news related to HIV/AIDS in the District. We look forward in the next council year to both the Committee on Health and Committee on Education using their oversight authority to bring attention and leadership to key HIV/AIDS issues facing the District.

As Mayor-Elect Muriel Bowser takes office, we look forward to working with her administration to build on the progress that has been made and take the District's response to another level. DC Appleseed is encouraged that Mayor-Elect Bowser committed in her campaign to strengthen surveillance databases and enforce implementation of the Healthy Schools Act. Her transition plan references several issues discussed in this report card, including affordable housing, reducing HIV infection rates, sharing best practices among the District's schools, supporting innovative and experienced public health leadership in the DOH, and creating a Board of Health under her administration. Building on the strong leadership of past mayors, we

believe Mayor-Elect Bowser can be an effective advocate for necessary changes to end HIV in DC.

Over the last year, DOH and HAHSTA have displayed improved leadership and greater community engagement. DC Appleseed is especially glad that HAHSTA included HIV incidence data in the Epidemiology Report for the first time and has committed to update and report surveillance data more frequently. On the other hand, we have not seen leadership from the Mayor's Commission, nor the necessary oversight from OSSE on HIV education. Thus, the grade is slightly increased to a "B." Going forward, we will continue to monitor the creation, improvement, and implementation of HIV policies and services throughout the District government.

## PARTNERSHIPS & COLLABORATIONS: A-

**Improve District government partnerships and collaborations on HIV/AIDS issues among District agencies and with other community partners.**

Improved interagency coordination has been a priority for DC Appleseed since our original report, when we noted the near absence of collaboration among District agencies in supporting the response of the HIV/AIDS, Hepatitis, STD, and TB Administration ("HAHSTA") to the disease. Since then, the District has made great progress in improving collaboration and communication among agencies. Evidence of this can be seen throughout most sections of this report card. We summarize below the partnerships and collaborations described in this report card, in addition to some of the District's youth-focused initiatives.

### LEADERSHIP

- HAHSTA has improved communication and engagement with the community and service providers.

## HIV SURVEILLANCE

- HAHSTA renewed its academic partnership with The George Washington University ("GW"), working together on research projects, publications in peer-reviewed journals, and participating and presenting at national, regional, and local conferences, workgroups, and committees.

## HIV TESTING

- HAHSTA continues to support HIV tests performed in District hospitals.
- HAHSTA continues to engage a variety of community partners in its testing and outreach initiatives, including offering free HIV testing supplies to organizations wishing to incorporate testing into existing services. In FY 2014, HAHSTA provided 34 organizations with testing supplies.
- Gilead remains a strong partner supporting and expanding the use of new technology throughout DC. In partnership with Gilead, venue-based testing was expanded to include the Taylor Street Economic Security Administration Service Center.
- DC Public Schools ("DCPS"), the Public Charter School Board ("PCSB"), the Department of Behavioral Health ("DBH"), the DC Concerned Providers Coalition, and the Metropolitan Washington Public Health Association.
- OSSE has continued to be involved in various youth-engagement efforts including overseeing the Youth Advisory Committee; participating in the Wrap M.C. condom education and distribution program; and participating in a community roundtable with youth-oriented organizations including Metro TeenAIDS, Supporting and Mentoring Youth Advocates and Leaders ("SMYAL"), and Sasha Bruce Youthwork.
- DCPS continues to collaborate with organizations like Metro TeenAIDS, Answer, and the Grassroots Project for professional development trainings.
- In collaboration with the Department of Health ("DOH"), DCPS opened two new school-based health centers in DC public schools.
- PCSB, in collaboration with DOH conducted two webinars regarding HIV screenings and offered to provide HIV screenings in charter schools.

## CONDOM DISTRIBUTION

- HAHSTA's partnerships in the community are essential to its successful condom distribution. Through its network of over 600 community partners (including health centers, businesses, government offices, and other community settings) HAHSTA distributed 6.8 million male condoms, 77,000 female condoms, and 2.5 million packets of lubricant in FY 2013.
- HAHSTA contracted with GW to study the optimal scale of its condom distribution efforts in order to prevent the transmission of HIV.

## PUBLIC EDUCATION IN THE DISTRICT

- The Office of the State Superintendent of Education ("OSSE") collaborated with various stakeholders in the District to strengthen HIV and sexual health resources and services. Partnerships included:

## SUBSTANCE USE TREATMENT

- DBH provided training to nearly 100 agency staff, representatives, and providers on competent service delivery for co-occurring substance use and mental health disorders.
- DBH and the District's Department of Health Care Finance ("DHCF") still have not implemented the Medical State Plan Amendment that the Centers for Medicare & Medicaid Services ("CMS") approved to allow the District's Medicaid program to pay for Adult Substance Abuse Rehabilitative Services.
- DBH also is working with CMS and DHCF to further expand Medicaid-covered services in 2015 through a "health home" initiative targeted at individuals with serious mental illness.

## HIV/AIDS AMONG THE INCARCERATED

- The Department of Corrections (“DOC”) continues to provide quality HIV testing, treatment, and care through its medical contract with Unity Health Care.

## HOUSING

- HAHSTA has received technical assistance from the U.S. Department of Housing and Urban Development to address issues with the Housing Opportunities for People with AIDS program and will be developing a plan with input from service providers and program participants that should be released in 2015.
- HAHSTA has begun a new partnership with the DC Department of Housing and Community Development to expand housing availability for people living with HIV/AIDS.

## YOUTH INITIATIVES

- HAHSTA continues to fund Metro TeenAIDS for the RealTalkDC campaign — a large-scale social marketing program which integrates texting, workshops, referrals, counseling, and peer trainings.
- HAHSTA continues to expand its partnerships with schools to provide education, testing, and care to young people in the District:
  - Over 300,000 condoms were distributed to youth in 2013 through the Wrap M.C. program in 25 DCPS locations, 17 public charter schools, and 25 community-based organizations (“CBOs”).
  - HAHSTA supports sexual health education, professional development, and healthcare delivery in DCPS schools.
  - HAHSTA’s School-Based STD Screening Program (“SBSP”) first implemented in 2010 in 25 public, charter, and alternative high schools, reaches 4,875 youth. Among other youth-friendly elements, SBSP utilizes text messaging reminders to students to ensure they receive their HIV test results.
- HAHSTA is conducting a “pop-up” screening pilot in three DCPS high schools in addition to the HIV testing furnished at school-based health centers.
- DOH reports to be engaging with the PCSB to expand access to sexual health services in public charter schools.
- In partnership with Metro TeenAIDS, HAHSTA empowers parents to be health educators through The Parents Matter! Program, as well as through parent meetings at schools, and online resources.
- HAHSTA also reported partnerships in clinical settings:
  - As part of HAHSTA’s broader initiative to increase testing in clinical environments, it supported testing at Children’s National Medical Center (“CNMC”) where HIV tests are available to all Emergency Department patients who are 13 and older.
  - HAHSTA supports case management services at CNMC to improve health outcomes of HIV-positive patients by ensuring timely and coordinated access to medical and support services. The primary population served are 18-24 year old African American and Latino patients, both male and female.
  - HAHSTA also collaborated with youth “secret shoppers” to create a Health Youth Resource Guide for those seeking youth-friendly medical care in the District.
- Partnerships with CBOs allow HAHSTA to more effectively reach young people with education, outreach, and testing programs. For example, HAHSTA funded Metro TeenAIDS, SMYAL, and The Women’s Collective to deliver the Peer Education Program to DC youth. Sasha Bruce Youthwork, Latin American Youth Center, The Young Women’s Project, Saving Teens in Crisis Collaborative, and La Clínica del Pueblo are also important partners in expanding services for youth.
- Since discontinuing its partnership with the Mayor’s Summer Youth Employment Program in 2013, HAHSTA instead has been facilitating education and screening activities as part of the Mayor’s One City Summer Initiative through the Deputy



Mayors for Public Safety and Health and Human Services in several DC Housing Authority developments in 2013 and 2014.

Interagency collaborations and partnerships with other sectors of the community continue to play a key role in the District's efforts to address HIV/AIDS. Such strategies improve communication, efficiency, and effectiveness of interventions, which are especially critical in times of limited resources. Examples of improved DC government collaborations and partnerships with other sectors of the community are very encouraging and highlighted throughout this *Ninth Report Card*. Various sections also show that there is still room for DC government improvement in communication and collaborations to support HIV/AIDS efforts. For example, DC Appleseed would recommend better communication and coordination among DC Health Link, Medicaid, and HAHSTA; greater coordination and consistency regarding communication, policies, and procedures; and improved interaction between the Metropolitan Police Department and syringe access programs.

Because of this continued attention to improving collaborative work, the District's grade for Partnerships & Collaborations remains an "A-."

## GRANTS MANAGEMENT: B+

**Improve grants management, monitoring, and payment processes to ensure that funds for HIV/AIDS services are spent effectively and appropriately.**

In the *Eighth Report Card*, the HIV/AIDS, Hepatitis, STD, and TB Administration ("HAHSTA") received a grade of "B" for Grants Management. At that time, DC Appleseed stated that the District needed to ensure timely payment of invoices, and that the anticipated transition in the Request for Applications ("RFA") process would require planning and acceptance by stakeholders whose collaboration was essential for success. DC Appleseed recommended that HAHSTA continue external training and education efforts, and monitor the community's reaction to the impact of the new grant structure.

In preparing the *Ninth Report Card*, DC Appleseed observed an increase in timely payments, a renewed commitment to grants monitoring and provider training, and promising plans for the future of grants management in general. As a result, the District's grade is raised to a "B+" for Grants Management. However, HAHSTA has progress to make in several areas, including invoicing, quality management, and fund allocation.

### PAYMENT PROCESS

HAHSTA saw a significant increase in the timely payment to providers in the past year. In the *Eighth Report Card*, DC Appleseed noted that only 75 percent of invoices were paid on time for FY 2012. In contrast, approximately 85 percent of invoices received between FY 2013 and FY 2014 were processed and paid within 30 days of receipt. HASTA reports that the remaining 15 percent of invoices were late as a result of untimely submission by providers. HAHSTA attributed this improvement to certain efforts it initiated in this area, including an assessment of provider involvement and a marked effort to increase communications with providers. In particular, HAHSTA worked with those who were struggling with new administrative responsibilities resulting from the newly configured Ryan White grant, which required providers to invoice on behalf of their partners.

Despite this progress, HAHSTA continues to rely upon a manual invoicing system, as the Oracle-based system originally expected in 2013 remains delayed and has yet to be implemented. To manage the system, Grants Management Specialists currently maintain a detailed invoice control log that monitors the status of invoices on a monthly basis. Additionally, HAHSTA staff uses the District's Procurement Automated Support System and the System of Accounting and Reporting.

In FY 2013, HAHSTA initiated three corrective actions due to late invoice submission. All three were completed and closed. HAHSTA also is developing a technical assistance curriculum for providers so that those with new billing staff can quickly come up to speed in the cost principles and invoicing guidelines.



## GRANT MONITORING AND OVERSIGHT

### Agency Capacity Assessment and Monitoring

As described in the past two report cards, HAHSTA continues to employ the Agency Capacity Assessment and Monitoring ("ACAM") process to monitor sub-grantees. This process consists of fact-finding investigations, on-site consultation with sub-grantees, and a review of information contained in the Agency Self-Assessment. To date, just over 50 percent of providers have received their initial site visit and ACAM grades. Since 2013, as a result of ACAM assessments, HAHSTA held 12 targeted, extensive technical assistance sessions with specific providers to address a variety of issues, such as budget development, invoice preparation and submission process, and program implementation. Through these sessions, HAHSTA was able to avoid remediation and corrective action for several providers.

In FY 2014, HAHSTA issued four corrective actions for programmatic and/or fiscal reasons. Each was resolved, and the grantees complied with all HAHSTA requests. In December 2013, HAHSTA withdrew funding from one provider that had funding through two programs. HAHSTA was able to identify issues with the provider and its grants by coordinating between the programs. HAHSTA took several actions before ultimately terminating the funding, including issuing a final notice of outstanding payment and a stop-work order.

### Quality Management

HAHSTA conducts several quality-related activities which feed into an administration-wide Quality Management Program. With regard to sub-grantee oversight, the current activities include:

- Annual grantee evaluation coordinated through the Office of the Director (HAHSTA-wide);
- Annual comprehensive site visits (HAHSTA-wide);
- Annual clinical chart reviews (Care Division-specific); and

- Quarterly, internal joint program, grant and quality reviews of Ryan White funded providers (Care Division-specific).

Appropriate quality improvement measures are instituted following each activity. As part of this effort, HAHSTA organizes and oversees comprehensive site visits. The visits occur annually, or more frequently if needed, based on previous performance. A team of trained HAHSTA representatives uses standardized tools to assess the compliance of the sub-grantee's administrative and program practices, which are either required by law or regulation, program expectations, or recommended as good practice. DC Appleseed has heard concerns regarding the consistency and objectivity with which these assessments are performed, as well as the general scheduling and organization of the visits. DC Appleseed recommends that HAHSTA provide objective metrics to providers in advance so that everyone is aware of what will be reviewed and by what standards.

HAHSTA conducts annual clinical chart reviews of Ryan White Part A and Part B sub-grantees to assess compliance with U.S. Department of Health and Human Services Treatment Guidelines. In addition, HAHSTA monitors quarterly performance using Health Resources and Services Administration ("HRSA") HIV/AIDS Bureau Performance Measures on key quality indicators.

Although DC Appleseed commends HAHSTA for these programs, it is concerning that outcomes from these assessments currently are not directly linked to funding decisions. It is not clear how these assessments are used or considered. An improvement in this area would increase transparency, encourage provider cooperation and performance, and aid HAHSTA in making effective and responsible funding determinations.

### A-133 Audit Policy

A-133 audits are mandated by the federal government for organizations expending \$500,000 or more in federal funds. HAHSTA continues to require providers to self-certify compliance, and the reconfiguration of the Ryan White Grant has not impacted this process. As noted in the *Eighth Report Card*, the standard method of tracking A-133

compliance of grantees is self-certification with follow-up.

#### **License and Certification**

In 2013, applicants were required for the first time to self-certify that they possess the proper licenses and certifications. HAHSTA provides a list of all license and certification requirements to grant applicants, as well as an Assurance Checklist that must be submitted with funding applications. Among other things, the Assurance Checklist requires that applicants report whether they have a current business license, certificate of licensure, or registration to transact business in the relevant jurisdiction and a current Certificate of Clean Hands (formerly a Certificate of Good Standing). To monitor these self-certifications and ensure completeness and accuracy, HAHSTA reports that its grant monitors perform peer reviews of sub-recipient folders.

#### **Provider Eligibility**

This year, HAHSTA added a new protocol to monitor provider eligibility for funding. Effective FY 2013, the Office of Grants Management ("OGM") will not approve any continuation or modification of a funding request by HAHSTA without a corresponding submission demonstrating that HAHSTA has performed the appropriate diligence confirming that no entity that would receive additional funding or have their grants renewed if it had been suspended and/or debarred from receiving federal funds. Accordingly, HAHSTA must provide information concerning prior issues that resulted in a grantee being temporarily suspended or prohibited entirely from participation in public grants and contracts. OGM also put in place a specific protocol if suspensions or debarments are identified, which results in status reports from the entity at issue until resolution. OGM's policy is to not process a modification or continuation unless the matter is resolved. Reviewing suspension and debarment information will further inform the grants continuation and modification processes, and work to eliminate the possibility that funding will be provided to irresponsible and potentially ineligible entities, thus reducing the risk of mismanaged or misused funds.

## **GRANT AWARDS AND RENEWALS**

In 2013, HAHSTA reported on three major sources of funding related to HIV/AIDS treatment and care. The largest of these programs is Ryan White Part A, which awarded HAHSTA \$31.2 million in funds for distribution throughout the Eligible Metropolitan Area- over \$14.7 million of which was allocated to the District of Columbia and \$1.7 million to the Minority AIDS Initiative. Additionally, in 2013, HAHSTA received Centers for Disease Control and Prevention grants to fund 13 providers to support HIV testing and direct medical care under two separate RFAs that focused on comprehensive treatment support activities for people living with HIV and prevention for high-risk negatives, as well as HIV counseling, testing and linkage to care. Finally, HAHSTA continues to strengthen the Effi Barry HIV/AIDS program, in FY 2014 funding 13 grantees a total of approximately \$457,000 to improve the internal administration and capacity of small community- and faith-based organizations to expand prevention and support programs. Many providers who received 2013 Effi Barry funding, such as Homes For Hope and Metro TeenAIDS, have already received some funding in 2014 as well.

#### **Ryan White: Implementation of New Application Structure and Rollout**

As discussed in the *Eighth Report Card*, the 2013 Ryan White RFA presented a new configuration. Under this structure, HAHSTA made direct awards to fewer grantees than before, and those grantees were tasked with providing the full spectrum of HIV/AIDS services through agreements with other providers. Grantees were expected to manage the administration of their subcontractors and were held accountable to HAHSTA to ensure that those subcontractors remained in compliance with program requirements. As a result of this new structure, the number of providers eligible to apply for grants was reduced. This was primarily because there was a shift in the roles of providers with respect to services; some providers were eligible to apply directly for awards, and others had to align themselves with other entities to receive funding. However, despite this shift, the number of total providers remained about

the same, with one new provider added this year.

One issue faced by HAHSTA in 2013 related to “Tier 1” Ryan White funding for primary medical services. HAHSTA received applications from 10 providers; however, the amount of funds requested by those providers exceeded the amount of available funding by approximately \$6 million. Confronted with this challenge, HAHSTA decided (with DOH management approval) to fund all 10 applicants in part, rather than fully fund fewer applicants. HAHSTA reasoned that this method of funding would best cover the full provider network and, therefore, make a wider variety of services available to patients. HAHSTA recognizes that the inevitable result of this approach was less funding for each applicant and acknowledges that there were considerable pros and cons. Because this was the first year for the newly configured Ryan White grant, HAHSTA plans to reflect upon its decision when the RFA is open again to decide whether partially funding all applications remains the best option.

As discussed in the *Eighth Report Card*, HAHSTA held two training sessions in spring 2013 to educate providers about the new structure and offered to meet with providers to discuss the new grant system. Although HAHSTA believes that it addressed most provider concerns individually, HAHSTA recognizes that there may be some issues outstanding. It also noted that, generally, the rollout could have been improved by increased communication. HAHSTA intends to continue to hold similar training sessions when the Ryan White grant funding is up for renewal in 2015.

## ANTICIPATED CHANGES TO GRANTS MONITORING AND OVERSIGHT

### Health Resource and Services Administration Manual Drawdown

As reported in the FY 2013 Oversight Response conducted by DOH, HAHSTA remains in “manual drawdown” status with HRSA for CARE Act Part A and Part B funds.

HRSA instituted the restricted drawdown in 2010 in response to concerns including financial management, sub-recipient monitoring, and AIDS Drug Assistance Program documentation. HAHSTA is addressing the concerns and is receiving technical assistance from HRSA. Manual drawdown means HAHSTA cannot receive automatic disbursements of HRSA funds, which is the typical payment method. The drawdown restriction also may limit opportunities to apply for other HRSA funding. In response to a November 2012 site visit, HAHSTA prepared a corrective action plan that includes specific benchmarks for lifting the manual drawdown. Two key actions must be completed for the manual drawdown to be lifted: (1) implementation of the CAREWare application, which supports programming and quality oversight for Ryan White CARE Act programs; and (2) technical training for program and grant monitors. The CAREWare application was implemented in March 2014, and HAHSTA held a three-day technical training in September 2014. HRSA has indicated that it will review HAHSTA’s activities and consider discontinuance of the manual drawdown by the end of 2014.

### Funding

In July 2014, the local Ryan White Planning Council passed a new resolution that permits HAHSTA to reallocate up to 15 percent of funding within each service category without the Planning Council’s prior approval. This provides HAHSTA increased flexibility to allocate funding to where it is needed most. In light of the changes resulting from the implementation of the Affordable Care Act in the District, there has been a shift in the types of services that will require funding. For example, whereas in prior years, funding was needed for basic services related to care and, as more patients are enrolled with insurance, the focus now is directed at ancillary services that are not covered by standard insurance packages, such as transportation. Allowing HAHSTA to reallocate funding from areas where providers are underutilizing their funds to those that have a funding need will be a critical improvement in the effort to align grants oversight with the continuum of care. Additionally, better utilization of the existing funds helps to ensure that funds can be

justified in future years, reducing the fear of funding reductions due to underutilization.

### Oversight

The effort by OGM to implement system and policy changes to the grants processes has been one of HAHSTA's largest undertakings in the past year. OGM is currently revising all Standard Operating Procedures for FY 2015. This includes a revision to protocols for scheduling, planning, conducting, reporting, and following up on site visits. Existing procedures will be enhanced to provide uniform instructions for monitors to notify grantees of results, set deadlines for the development of corrective action resolutions, and modify terms. These changes also will incorporate the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, more commonly known as the "Super Circular." This provision consolidates and streamlines eight federal regulations into a single, comprehensive policy guide. These new federal rules were instituted in December 2013 and are required to be implemented by all federal agencies with respect to federal awards by December 2014.

DOH also intends to rollout the Enterprise Grants Management System ("EGMS") in 2015. This will provide a uniform, electronic grants management system throughout the agency that can help eliminate repetitive and manual processes, manage full grant lifecycles, and increase the efficiency and effectiveness of grant management practices. As of the date of this report card, DOH had received responses to its Request for Proposals ("RFP") and is currently developing the framework for the newer system by soliciting and incorporating feedback from providers, end-users, and current and potential grantees.

If implemented, the electronic system is expected to improve efficiency by automatically moving information to relevant personnel. The current environment, which is highly manual, creates blind spots and the potential for mismanagement. By improving transparency and adding mutual approval layers among the programmatic and fiscal grant monitors, HAHSTA aims to improve oversight and the achievements of its grantees.

In addition to the EGMS, HAHSTA is considering a move from the RFP process to a fee-for-service/unit cost and performance-based approach for its grants application and funding process. It has commissioned The George Washington University to study other jurisdictions that employ performance-based approaches and provide feedback to HAHSTA.

## CONCLUSION

DC Appleseed applauds HAHSTA for the progress made since the last report card in increasing timely payments, maintaining fiscal and programmatic monitoring systems, and continuing its work to train staff and providers. DC Appleseed also commends HAHSTA for the steps it is taking to improve efficiency in FY 2015. However, concerns exist regarding the quality management review process, programmatic oversight, and fund allocation. Accordingly, the grade for Grants Management is raised to a "B+."

## HIV SURVEILLANCE; MONITORING & EVALUATION

**Fully and appropriately staff the office responsible for tracking HIV/AIDS. Publicly report accurate data on HIV infections in the District. Implement a comprehensive system to monitor outcomes and maintain quality assurance standards in grant-funded HIV/AIDS prevention and care programs.**

Because of the overlap in the Surveillance and Monitoring & Evaluation ("M&E") issues, especially around staff of the Strategic Information Division ("SID"), DC Appleseed combines the discussion of these sections, while maintaining separate grades for each activity.

In the *Eighth Report Card*, DC Appleseed expressed concern about vacancies in important surveillance positions within the HIV/AIDS, Hepatitis, STD, and TB Administration ("HAHSTA"). Although several vacancies have been filled, we are particularly concerned that the Division Chief position



has remained vacant for over 20 months. HAHSTA reports that it plans to fill this position with a medical epidemiologist, and has requested a temporary assignment from the Centers for Disease Control and Prevention ("CDC"). It is also planning for a long-term Chief as part of its academic partnership with The George Washington University ("GW"). HAHSTA also reports that it is evaluating the organization of SID to maximize efficiency and better integrate surveillance and epidemiology. DC Appleseed will continue to monitor staffing in this important area. HAHSTA's ongoing vacancy issues and lack of permanent leadership puts the progress it has made in strengthening surveillance and reporting activities at risk.

## HIV SURVEILLANCE: A-

In the *Eighth Report Card*, we reduced the District's grade for Surveillance from an "A-" to a "B+" because of concerns about ongoing staff vacancies, the uncertain future of HAHSTA's partnership with GW, and delays in reporting on key HIV indicators, such as HIV incidence. The District's grade this year for Surveillance is raised to an "A-."

HAHSTA's current academic partnership with GW is in its last year. This successful partnership has been central to the progress that SID has made over the last decade. DC Appleseed is very pleased to learn that HAHSTA and GW have renewed this contract for one year with four one-year option periods. The GW partnership includes two main areas related to surveillance: CDC's National HIV Behavioral Surveillance ("NHBS") and local surveillance.

HAHSTA and GW currently are conducting NHBS research on modes of transmission in one of three annual cycles; this year's work focused on publishing findings from the research on injection drug users, analyzing data from the heterosexual contact cycle, and collecting data on men who have sex with men.

HAHSTA released a new annual Epidemiology Report in July 2014. DC Appleseed was extremely encouraged to see HIV incidence estimates reported for the first time. HAHSTA used CDC's Serologic Testing Algorithm for Recent HIV Seroconversion to estimate incidence data. With five years'

of incidence data and a sufficient level of completeness, HAHSTA's data were finally robust enough to report. DC Appleseed views this as an important step forward and hopes that the public release of incidence data will help the public better understand transmission trends in the District. In future years, we hope to see more precision in the reported data. For example, the District's report included wide ranges, or confidence intervals, for each year's incidence estimate, and the most recent year presented was 2011. It also is unclear how the new data will inform future initiatives, strategies, and priorities. HAHSTA reports that CDC will be using a new methodology in the future, and we look forward to even stronger, more accurate reporting on incidence in the future.

DC Appleseed has long been concerned about the lag in timely data. In an attempt to provide data more frequently, HAHSTA plans to collect and analyze data on six-month cycles. Interim reports will allow HAHSTA to provide the public with the most current information as well as supplemental reports for special populations. DC Appleseed applauds these initiatives as important steps forward; only through evaluation of the most up-to-date data can HAHSTA effectively formulate strategies to address current and emerging challenges in the District's HIV/AIDS epidemic.

SID and GW continued their work on important research projects, which resulted in several publications in peer-reviewed journals since the *Eighth Report Card*:

- "Linkage, engagement, and viral suppression rates among HIV-infected persons receiving care at medical case management programs in Washington, DC" in the *Journal of Acquired Immune Deficiency Syndrome* (November 2013);
- "HIV medical providers' perceptions of the use of antiretroviral therapy as nonoccupational postexposure prophylaxis in 2 major metropolitan areas" in the *Journal of Acquired Immune Deficiency Syndrome* (November 2013);
- "Temporal association between expanded HIV testing and improvements in population-based HIV/AIDS clinical outcomes,

District of Columbia" in *AIDS Care* (June 2014);

- "Use of geosocial networking (GSN) mobile phone applications to find men for sex by men who have sex with men (MSM) in Washington, DC" in *AIDS and Behavior* (September 2014);
- "Childhood sexual abuse and HIV-related risks among men who have sex with men in Washington, DC" in *Archives of Sexual Behavior* (February 2014);
- "HIV testing among heterosexuals at elevated risk for HIV in the District of Columbia: has anything changed over time?" in *AIDS and Behavior* (April 2014);
- "HIV among women in the District of Columbia: an evolving epidemic?" in *AIDS and Behavior* (April 2014);
- "Site migration in seeking care services from multiple providers is associated with worse clinical outcomes among HIV-infected individuals in Washington, DC" in *AIDS Care* (May 2014);
- "Correlates of group sex among a community-based sample of men who have sex with men (MSM) in Washington, DC" in *AIDS and Behavior* (August 2014); and
- "Perspectives on the role of patient-centered medical homes in HIV Care" in the *American Journal of Public Health* (July 2014).

SID and GW also presented at various conferences in 2014, including the Conference on Retroviruses and Opportunistic Infections in Boston, the International Conference on Viral Hepatitis in New York, and the 2014 International AIDS Conference in Melbourne, Australia. Staff attended national conferences, such as the Council of State & Territorial Epidemiologist Annual Meeting in Nashville, and represented HAHSTA on national workgroups including the CDC HIV Surveillance Coordinators Workgroup and the CDC HIV Incidence and Molecular Surveillance Workgroup. At the regional and local levels, HAHSTA participated in several workgroups and committees, including the Regional Data Sharing Workgroup, the HIV Prevention Community Planning Group, the Ryan White Planning Council, and the Youth HIV & STD Workgroup, among others.

DC Appleseed is pleased that HAHSTA reported incidence estimates in its latest Epidemiology Report. This has long been a priority because it will enable HAHSTA, other stakeholders, and the public to better evaluate recent infections and better target resources to prevent new infections. DC Appleseed also is pleased that HAHSTA has renewed the academic partnership with GW and is planning to report data more frequently. With this progress, the grade for Surveillance is raised to an "A-."

## MONITORING & EVALUATION: B-

As DC Appleseed has reported since 2009, HAHSTA has set an ambitious goal for DC Public Health Information System ("DCPHIS") (previously referred to as "Maven") as a comprehensive, single software platform for Monitoring & Evaluation ("M&E"). The goal was that DCPHIS would simplify and improve data collection, analysis, and reporting for HIV/AIDS, hepatitis, sexually transmitted infections ("STIs"), and Tuberculosis ("TB"). The DCPHIS project stalled, however, due to technical and budget issues. The continued delay in the implementation of the plan for DCPHIS was a key reason that we lowered the grade for M&E from a "B-" to a "C+" in the *Eighth Report Card*. Since then, HAHSTA has decided to implement DCPHIS as a surveillance program only, rather than trying to use the system for M&E as well. DC Appleseed is troubled over the time and resources invested over the years for this program, but because HAHSTA is putting alternative systems in place, the grade for M&E is raised to a "B-."

Though HAHSTA still intends to build a unified M&E system, M&E is currently being accomplished with the implementation of EvalWeb for HIV prevention programs and CAREWare for HIV care programs. CAREWare is a software platform for client-level Ryan White service data supported by HRSA. In prior years, HAHSTA viewed CAREWare as a short-term solution for M&E until DCPHIS was ready for implementation. CAREWare can generate provider- and grantee-level reports, as well as quality indicators. HAHSTA is currently training providers

to use the program. With regard to STIs and TB, HAHSTA is using DCPHIS for M&E.

Thus, while the promise of a comprehensive M&E system to collect and analyze HIV/AIDS, hepatitis, STDs, and TB data is in process, HAHSTA's use of a variety of M&E systems to collect disease data represents a practical solution for the moment. In the last report card, HAHSTA saw full implementation on the horizon. While DC Appleseed is discouraged by the significant amount of years and resources invested in developing this system, we are encouraged that HAHSTA has alternate plans in place for M&E and is no longer focused on a program that was not progressing. Because of this shift, DC Appleseed raises the grade slightly for M&E to a "B-," with hope of further progress.

## HIV TESTING: A

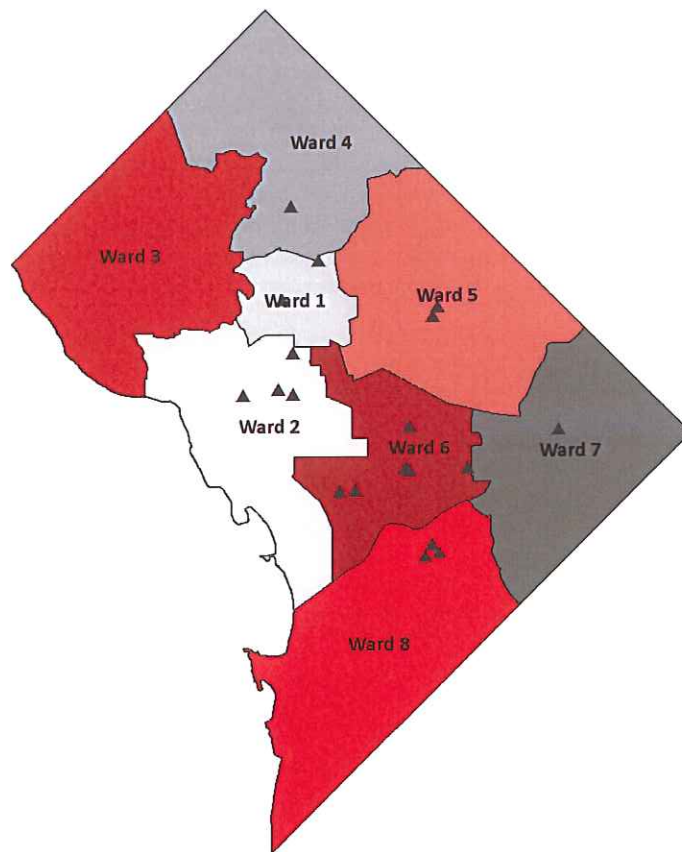
**Continue to support and expand routine HIV testing in all medical settings, targeted areas in the community, and non-traditional settings.**

In the *Eighth Report Card*, DC Appleseed commended the District for the increase in HIV tests performed, its ongoing efforts to make HIV testing a routine part of patient care, a decrease in complaints, and the use of new testing technology. Accordingly, the District received an "A" in the *Eighth Report Card* for its testing efforts. The HIV/AIDS, Hepatitis, STD, and TB Administration ("HAHSTA") has continued to engage in thoughtful, strategic planning, and developed effective social marketing campaigns to spread prevention messages and encourage testing. As the number of new HIV infections in the District has remained relatively stable, HAHSTA hopes to make incremental gains in targeted populations to further reduce the transmission of HIV. DC Appleseed has noted significant, stable progress in the availability of test kits and provider training for HIV testing. HAHSTA should be proud of the continued momentum of its testing efforts. Accordingly, the District maintains an "A" for its expansion of routine HIV testing in all medical settings, targeted areas in the community, and in non-traditional settings.

For the third year in a row, HAHSTA has not reported shortages of necessary testing supplies. Likewise, DC Appleseed received few complaints from providers regarding the availability of test kits or training for testing. Based on provider feedback, we do suggest streamlining the current process for placing orders for tests and establishing more predictable ordering cycles and delivery dates.

HAHSTA surpassed its 2013 goal of delivering 125,000 publicly-supported tests, delivering a total of 160,000. The testing target for 2014 was again 125,000; as of September, providers had reported 88,532 tests to date and were on track to meet this goal. HAHSTA intends to again provide 125,000 tests in 2015. Since its testing strategy has been successful in recent years, HAHSTA's current approach focuses on testing individuals who have not been tested in the previous two years. It is possible that with this more focused strategy, the actual number of HIV

**Free HIV Test Locations Sponsored by DOH**



tests provided may decline, which would not necessarily indicate backsliding.

HAHSTA is striving to make HIV testing routine in all medical settings — currently about 80 percent of testing takes place in medical settings, including hospital emergency departments (“EDs”). Testing in hospitals remains an important part of the District’s testing initiative, especially for vulnerable populations who primarily receive care at the hospital. As of September, HAHSTA supported almost 30,000 HIV tests performed in District hospitals, about one-third of all tests administered to date. Five District hospitals provide routine screening in their EDs and are reimbursed by HAHSTA: Providence Hospital, Howard University Hospital, Georgetown University Hospital, Children’s National Medical Center, and United Medical Center.

HAHSTA and its partners are incorporating new testing technology as tests become more rapid and accurate. Pharmaceutical manufacturer Gilead remains a particularly strong partner in supporting and expanding the use of new technology throughout the District. Howard University Hospital, Providence Hospital, and United Medical Center are using the latest “4th generation” testing technology. HAHSTA also plans to support use of the Integrase Strand Transfer Inhibitors (“INSTI”) rapid HIV test device, which provides results in 60 seconds, as well as the “Rapid-Rapid algorithm” for HIV testing, aimed at simplifying the HIV diagnoses process for certain community-based providers in the year ahead.

In addition to encouraging medical providers to administer routine HIV tests in their practice, HAHSTA also hopes they can be reimbursed by third parties, such as Medicaid and private insurance providers, in order to preserve District funds. As we reported in the *Eighth Report Card*, this effort should be bolstered by new regulations on preventive services under the Affordable Care Act. However, getting reimbursed for testing in EDs has proven difficult in the past, so HAHSTA pays for testing when insurance does not. HAHSTA encourages hospitals to implement routine HIV testing for inpatients, as that testing can be easily reimbursed. HAHSTA also provides technical assistance to providers for billing. DC Appleseed supports the drive to further expand testing to

all clinical settings and is optimistic about HAHSTA’s concerted efforts in this area.

As reported in previous report cards, HAHSTA continues to engage a variety of community partners in its testing and outreach initiatives, offering free HIV testing supplies to organizations wishing to incorporate testing into existing services. In FY 2014, the agency provided 34 such organizations with testing supplies, an investment of approximately \$750,000. HAHSTA directly funds five community organizations and five community health centers for HIV testing. HAHSTA also continues to expand HIV testing offered at community-based venues such as Economic Security Administration (“ESA”) Service Centers and the Department of Motor Vehicles. In partnership with Gilead, venue-based testing has been expanded to include the Taylor Street ESA Service Center.

As the numbers of new infections has stabilized in DC, HAHSTA is focusing on targeting prevention and testing messages to the highest-risk groups. One of the most important testing efforts centers on youth, since rates of new HIV cases and other sexually transmitted infections (“STIs”) are rising in younger age cohorts. In response to this trend, HAHSTA administered tests to 713 students last year in 10 of the District’s public and charter schools. HAHSTA intends to expand this initiative system-wide to complement existing school-based STI testing programs. HAHSTA also issued a Request for Applications (“RFA”) for new programs that focus on black men who have never been tested for HIV.

At the time of the *Eighth Report Card*, HAHSTA had begun using a Social Networks Strategy testing model to identify new cases of HIV through community-based organizations. However, the Social Network Strategy did not reach the desired level of success. Recognizing the shortcomings, HAHSTA received technical assistance from the Centers for Disease Control and Prevention (“CDC”) and revamped the initiative. The modified approach will utilize a performance-based, incentive-driven model (a “Human Care Agreement” platform) that will pay providers for the services under certain criteria, including engaging “Network Recruiters,” completing coaching modules, providing testing, and linking newly diagnosed individuals to care.



HAHSTA will engage more providers who will be trained by CDC. Although HAHSTA is still working to fully implement the performance-based model, the agency is encouraged by the preliminary results, and says it will continue to revise the model as necessary.

DC Appleseed commends the District for exceeding HIV testing targets and expanding screenings in clinical settings as a routine part of patient care. DC Appleseed is particularly encouraged by the District's efforts to target testing messages to the highest-risk groups in the District, and adoption of new testing technology including the 4th generation test and INSTI rapid HIV test device. HAHSTA's strong community partnerships continue to be a cornerstone of its success in outreach and testing. The HIV Testing grade remains an "A."

## CONDOM DISTRIBUTION: A

### Continue to expand condom distribution in the District.

In the *Eighth Report Card*, DC Appleseed recognized the District for achieving its ambitious condom distribution goals, continuing its Female Condom Project, and enacting various social media campaigns to disseminate messages about safer sex. DC Appleseed also applauded the District's innovative social marketing campaigns on the importance of condom use. The District effectively remedied supply issues and communication problems with providers that impeded progress in years past. Accordingly, the District received an "A" in the *Eighth Report Card* for Condom Distribution. Over the past year, The HIV/AIDS, Hepatitis, STD, and TB Administration ("HAHSTA") again surpassed its target for condom distribution and sustained its effective social media campaigns. HAHSTA has undertaken a formal evaluation of its public education campaigns related to testing and condom use, and the results were very positive. DC Appleseed looks forward to learning more about the results and metrics used to evaluate the programs when the data are finalized. Once again, HAHSTA has not reported any supply issues this year.

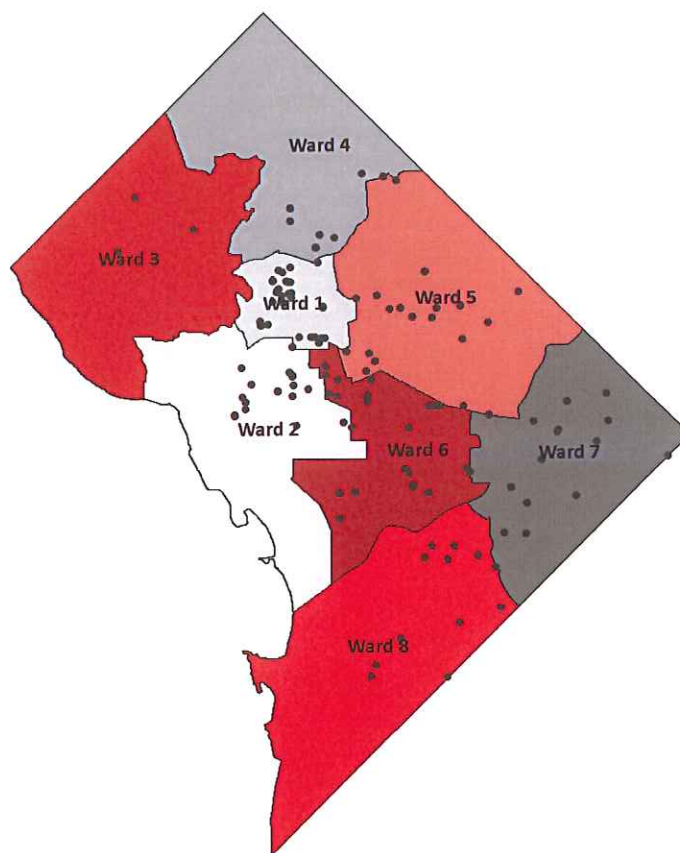
Accordingly, HAHSTA continues to receive an "A" for its efforts to maintain an innovative condom distribution program.

Condom distribution and funding for community partners are important elements of HAHSTA's prevention strategy. In FY 2013, HAHSTA distributed 6.8 million male condoms and 77,000 female condoms, as well as 2.5 million packets of lubricant. Preliminary data for 2014 show that HAHSTA distributed 6 million male condoms and 75,000 female condoms, as well as 2.1 million packets of lubricant.

HAHSTA's partnerships in the community are essential to its successful condom distribution strategy. Its network consists of more than 600 community partners, including health centers, businesses, government offices, and other community settings.

As noted above, HAHSTA's social media marketing campaigns have proven to be

### Condom Distribution Sites for DOH's Rubber Revolution Campaign



extremely effective in conveying the importance of condoms in reducing the transmission of HIV. HAHSTA continues its "Rubber Revolution" and "DC's Doin' It" campaigns, which DC Appleseed has reported on in previous years. HAHSTA reports that survey results confirm that social media marketing campaigns are reaching the target audience.

HAHSTA contracted The George Washington University to study the optimal scale of condom distribution efforts that are aimed at reducing the transmission of HIV. The analysis revealed that condom distribution in the District currently approximates the optimal level necessary to reduce the number of new HIV cases. The results suggest that increasing the number of condoms distributed will not necessarily correlate to a decreased rate of HIV transmission. Accordingly, HAHSTA will continue to evaluate the model and develop new strategies to target specific sub-populations that are at the highest risk of infection. DC Appleseed strongly supports such targeting, as well as measurements designed to assess progress.

Unfortunately, the Female Condom Project has not achieved the level of success that HAHSTA desired. HAHSTA explained that as a general proposition, many individuals are still wary about using female condoms. HAHSTA also faces a challenge because the funding from the MAC AIDS Fund has expired for this project. Nevertheless, HAHSTA continues to provide and promote female condoms. HAHSTA anticipates hiring a new condom coordinator in early 2015, and will resume conducting trainings for community providers and additional outreach activities on the female condom.

Unlike testing technology and efforts to improve clinical care, interventions for safer sex have not benefited from innovations or improvements. HAHSTA recognizes that it must rely on innovative messaging and education to ensure District residents adopt safer sex practices.

DC Appleseed applauds the District's continued efforts to develop innovative approaches to achieve condom distribution goals. HAHSTA successfully managed supplies, distribution, and communication with its community partners. HAHSTA also continued to deliver its public service messaging about the

importance of condom use and verified the effectiveness of the programs. Future efforts should target these prevention areas and measure progress. The grade for Condom Distribution remains an "A."

## PUBLIC EDUCATION IN THE DISTRICT: C

**Develop a plan for enhancing HIV/AIDS policy for public education in the District. Establish mechanisms for ensuring compliance with system-wide health standards, including HIV/AIDS prevention, and provide data to the public about compliance with these standards.**

In the *Eighth Report Card*, DC Appleseed reported on the state of HIV/AIDS education in the District's public schools, with a particular focus on compliance with the Healthy Schools Act ("HSA"). A critical finding of the *Eighth Report Card* was a lack of transparency about whether individual schools were providing quality HIV/AIDS education. DC Appleseed's recommendation was that the Office of the State Superintendent of Education ("OSSE") needed to properly incentivize sexual health education in all DC schools — traditional and charter schools alike — by promulgating rules and regulations under the HSA and releasing school-specific results of the Health Assessment.

For the reasons to follow, DC Appleseed believes that OSSE's performance remains "Insufficient," that the DC Public Schools ("DCPS") have demonstrated a "Sustained Commitment" to HIV/AIDS education, and that there is a "Lack of Information" with respect to the public charter schools. Overall, we believe the grade for Public Education in the District is a "C."

OSSE is the government agency that oversees and supports public and charter schools. While DCPS centralizes the curriculum, testing, and operations of traditional public schools, charter schools operate independently with some coordination from the Public Charter School Board ("PCSB"). In the *Eighth Report Card*, grades for OSSE, DCPS, and public charter schools were provided separately. OSSE received a "C" grade, DCPS received a grade of "B+" for its



sustained commitment to HIV/AIDS education, and the charter schools as a group received a grade of “C” due to a lack of information and transparency in regards to whether, and to what extent, charter schools provided satisfactory HIV/AIDS education.

DC Appleseed is disappointed to report that little has changed over the course of the past year and the District remains plagued by a lack of transparency as to the quality of sexual health education in DC schools. DC Appleseed considers school-based prevention efforts a critical component to fighting the HIV epidemic in DC. As highlighted in the most-recent Epi Report, while the overall number of newly diagnosed HIV/AIDS cases decreased significantly for nearly every age group, the rate of new infections among the 13-19 age group has remained constant since 2009. All relevant stakeholders must take this as a clear sign that accountability and first-rate HIV/AIDS education in our public schools are needed immediately.

## OSSE: INSUFFICIENT

In the *Eighth Report Card*, DC Appleseed urged OSSE to adopt rules and regulations implementing the HSA and publish the school-specific results from the DC Comprehensive Assessment System (“CAS”) Health Assessment. DC Appleseed is disappointed that neither recommendation has occurred.

The *Eighth Report Card* highlighted the fact that neither OSSE nor the Mayor had promulgated rules or regulations to implement the HSA. In May 2010, the DC Council passed the HSA, a landmark law designed to improve the health and wellness of students attending all DC schools. The law created standards and oversight in a number of areas, including health and wellness, and health education. The HIV/AIDS epidemic in the District was a strong impetus for the passage of the HSA. Section 38-828.01 of the HSA explicitly states that “[t]he Mayor . . . shall issue rules to implement the provisions of this act.” (Emphasis Added). Under the DC Administrative Procedure Act, OSSE, as an executive agency of the Mayor, can promulgate rules following the same notice-and-comment process that is used to effectuate

regulations on a variety of subjects in the District.

By promulgating regulations as to the enforcement and scope of the HSA, OSSE has the ability to provide guidance to all DC schools, including public charter schools, as to their obligations under the Act. In doing so, OSSE could have properly aligned all DC schools’ incentives with the right of District youth to an adequate health education. The fact that OSSE and the Mayor had not promulgated rules and regulations under the HSA in 2013 was disappointing. The fact that OSSE and the Mayor still have not promulgated rules and regulations under the HSA — four years after the HSA took effect and a year after this issue came to their attention in the *Eighth Report Card* — seems to us, inexcusable. If OSSE and the Mayor’s Office continue not to act, DC lawmakers need to take action. This is particularly so given the critical importance of having clear regulations to guide schools and hold them accountable for the health of the District’s students.

DC Appleseed has been informed that new leadership on OSSE’s Health and Wellness Team is undertaking the process of drafting HSA regulations with the goal of having the proposed regulations available for public comment by April 2015. This is welcome news and DC Appleseed will closely monitor OSSE’s progress over the coming year.

As described in prior report cards, the DC CAS Health Assessment is comprised of 50 multiple-choice questions covering a range of health topics, including HIV/AIDS. No other jurisdiction in the country conducts standardized tests for health and sexual education. Participation in the DC CAS Health Assessment has been nearly universal with students answering 63 percent of questions correctly. However, since the DC CAS Health Assessment was first administered in 2012, OSSE has elected to publish the data from this examination only in the aggregate. By failing to disclose school-specific results to the public, OSSE is depriving parents, students, and citizens the ability to understand whether students in individual schools are receiving adequate health and sexual health education. OSSE’s choice to withhold available data is the primary reason that transparency does not exist as to the quality of sexual health education across DC schools. If OSSE

had released school-specific data, numerous benefits would have come to DC public school students. By way of limited example, the publication of individual school data could encourage low performing schools to dedicate more resources to health education, which, in turn, would improve the education that students in such schools receive. Likewise, low performing schools would understand which other schools were doing well and could seek to improve their health education programs by modeling themselves on higher performing schools.

DC Appleseed understands that OSSE's explanation for not releasing school-specific health scores is that the DC CAS Health Assessment is scored on a raw basis as opposed to a proficiency basis, like other DC CAS subjects are. This is not a sufficient justification. Having administered and refined the Health Assessment for the past three years, this examination should already be at the point where the data are reliable enough to release, particularly given that all DC public schools take valuable time to administer the Health Assessment. If the Health Assessment, after three years, is not refined enough to release school-specific data, this falls squarely on OSSE.

OSSE has stated that it is working to develop a more rigorous health assessment for rollout in 2014-15 entitled the "DC Next Generation Health Assessment." The DC Next Generation Health Assessment will replace the prior DC CAS Health Assessment. One notable difference between the two assessments is that the DC Next Generation Health Assessment will be based on proficiency levels, although these levels will not be comparable to the proficiency level on other assessments. The DC Next Generation Health Assessment will include questions related to HIV/AIDS awareness and will be based on OSSE's health and physical education standards. OSSE has not, however, committed to releasing the results of the new health assessment on a school-by-school basis. It is puzzling why OSSE has not released school-by-school results, despite having spent years improving the Health Assessment and rolling out a refined Health Assessment based on proficiency levels.

Some basic information about schools' health education programs is made publicly available

through HSA and Centers for Disease Control and Prevention ("CDC") health profiles, including the time per week spent on health education and whether there is an on-site school nurse. Approximately 96 percent of schools complete the HSA school health profiles and 85 percent of schools completing a profile are following OSSE's Health Education Standards. OSSE has begun to conduct site visits to assist high-need schools and verify the accuracy of data reported in the HSA profiles. DC Appleseed commends this course of action, which it recommended in the *Eighth Report Card*. Participation rates for the CDC School Health Profiles are also high, with an approximate 90 percent response rate.

OSSE continues to use the Health Education Curriculum Analysis Tool ("HECAT") to review health curricula against CDC criteria, as well as national and local standards. Although this process has taken several years, 33 curricula have been scored using the HECAT and are available to all health education teachers in the District.

OSSE recently received a five-year CDC grant which is being used for needs assessments and HIV/STI prevention efforts. As DCPS has received the same grant, OSSE will focus on charter schools to provide a parallel scope of support. DC Appleseed will monitor implementation, particularly how OSSE will provide statewide coordination and strategic direction for all schools. As described in prior report cards, OSSE continues to receive grant money from the U.S. Department of Health and Human Services to run the DC Personal Responsibility Education Program. OSSE funded the same five sub-groups as the previous year for this program: the Grassroots Project (through Athletes for Social Justice), Children's National Medical Center, Latin American Youth Center, Planned Parenthood, and the StreetWise Foundation. In the past three years, these five sub-groups have served 1,800 youth. This funding will run through 2016.

DC Appleseed is encouraged by OSSE's collaborations with various stakeholders in the District, including:

- DCPS and PCSB in order to develop a system to track services to which students are being referred;



- The Department of Behavioral Health and DCPS to engage youth as “secret shoppers” to evaluate whether condom providers are youth-friendly;
- The DC Concerned Providers Coalition, which seeks to decrease HIV/STI rates among young homosexual men of color and young transgender women of color;
- Presenting at the 2014 Health and Human Services Teen Pregnancy Prevention Grantee Conference on the topic of HIV/STD prevention; and
- Conducting a sexual health education and awareness workshop in partnership with the Metropolitan Washington Public Health Association.

OSSE has continued to be involved in various youth-engagement efforts, for example:

- Overseeing the Youth Advisory Committee for the sixth year, which focuses on creative ways to carry out STI and HIV prevention messaging;
- The Wrap M.C. program, through which school staff and students distribute condoms and educate students on what condoms protect against, how to use them, and how to negotiate condom use with partners; and
- A community roundtable involving Metro TeenAIDS, Supporting and Mentoring Youth Advocates and Leaders (“SMYAL”), Sasha Bruce Youthwork, and other groups has allowed this program to further expand.

OSSE recently obtained approval for a contract to implement an online professional development system for teachers to enhance health education skills with interactive features, such as pre-tests and post-tests, live sessions, sub-groups, and a learning management system. OSSE is also planning to organize a Charter School Health Symposium for Health and Physical Education Teachers, similar to that offered by DCPS. This symposium will be an opportunity for teachers to share best practices with colleagues in other charter schools. DC Appleseed will monitor these plans, as well as the impact that the restructuring of OSSE’s Health and Wellness Team has on their work regarding HIV/AIDS.

On the programmatic level, it appears that OSSE is moving in the right direction, and DC Appleseed commends the hard-working staff at OSSE who implement their programs. However, OSSE has fallen short in regard to its statewide role to provide transparent and accessible information about the quality of health education in all schools. It was very disappointing that the results of the DC CAS Health Assessment were again published only in the aggregate. Until OSSE releases Health Assessment data on a school-by-school basis, the public will continue to be deprived of much needed information about the performance of individual schools with regard to sexual health education. As such, DC Appleseed believes that the most accurate characterization of OSSE’s performance is “Insufficient.”

## TRADITIONAL PUBLIC SCHOOLS: SUSTAINED COMMITMENT

In the *Eighth Report Card*, we credited DCPS for improving sexual health education curricula, utilizing student programs that address sexual health, outreach efforts to Lesbian, Gay, Bisexual, Transgender, and Questioning (“LGBTQ”) students, emphasizing mandatory professional development for its educators and staff, and hiring an HIV/STI Prevention Manager. Over the last year, DCPS has improved upon many of these developments. Notably, DCPS made strides with professional development, student programs, strategic partnerships, and increased student access to resources. DC Appleseed remains encouraged by the comprehensive approach implemented by DCPS, but, through no fault of DCPS, the lack of publicly-available qualitative data constrains our ability to evaluate the effectiveness of DCPS’s multifaceted approach.

DCPS continues to require teachers to attend professional development trainings during the school year. Collaborating with organizations such as Metro TeenAIDS, and Answer and Grassroots Project, at least one workshop per year focuses on ensuring that teachers are well trained and comfortable teaching sex education.

DCPS has utilized the grant received from the CDC Division of Adolescent and School Health to hire an STI Prevention Program Manager and a Risk Reduction Coordinator. This funding will also magnify the successful Wrap M.C. program, which provides training and assistance to school staff and student liaisons in an effort to distribute condoms and resources to students. As a result of this grant, DCPS will be able to focus more intensively on the 22 schools that have been deemed high-risk priority schools.

DCPS has maintained its strategic partnerships in an effort to bolster sexual health services for students. For example, DCPS also worked with the Department of Health to open two new school-based health centers in DC public schools, bringing the total to seven. These centers serve as free-standing medical clinics that provide a range of free medical services to students, including HIV screenings. In addition, as part of the STI screening program, nine DCPS high schools offer HIV screenings.

DCPS continues to train staff on how to make schools safer environments for LGBTQ students. To achieve this, DCPS encourages staff to serve as allies and provide resources to LGBTQ students. These allies also assist students in hosting LGBTQ events, including anti-bullying campaigns and PRIDE celebrations. DCPS has made a concerted effort to reach out to parents to build a consensus on how to address the various issues LGBTQ students face. This initiative to ensure safer and more welcoming schools can also improve health outcomes for these students who may be at an increased risk of contracting HIV.

Overall, DCPS has continued to focus significant resources on sexual health education. Unfortunately, there remains a lack of transparency as to the effectiveness of education in traditional public schools because the public lacks access to qualitative data (i.e. the school-specific Health Assessment scores). Had DC Appleseed continued to grade DCPS on its own merit, DCPS would have received an "A-." DC Appleseed believes that there has been a "Sustained Commitment" to HIV/AIDS education in traditional public schools, but that the actual effectiveness of this commitment is difficult to assess due to OSSE's

failure to provide the public with the needed qualitative data.

## **PUBLIC CHARTER SCHOOLS: LACK OF INFORMATION**

In the *Eighth Report Card*, DC Appleseed concluded that while some individual charter schools made progress in their HIV and sexual health education programs, charter schools as a whole had achieved only marginal improvement. DC Appleseed urged PCSB to take a more active role in encouraging and assisting charter schools to deliver proper HIV/AIDS education. DC Appleseed also strongly recommended that PCSB integrate the results of the DC CAS Health Assessment into the Performance Management Framework used to evaluate charter schools.

This year, DC Appleseed again observes that a lack of information and accountability exists with respect to the quality of HIV/AIDS education provided to charter students. This dearth of information is due in part to the independent nature of charter schools, but it is also attributable to OSSE and PCSB — the two entities with oversight responsibilities for charter schools.

It is encouraging that PCSB has hired a Manager of Intergovernmental Relations and School Support, whose responsibilities include working with city agencies and community organizations to bring services and support to charter schools. DC Appleseed was also pleased to learn that PCSB distributes a weekly bulletin to schools to disseminate information about educational grant opportunities.

PCSB, however, has declined to integrate available data, such as the DC CAS Health Assessment results, into its Performance Management Framework. Individual school data are provided to the schools even though these data have not been made publicly available. If they desired, PCSB could have requested that charter schools submit their scores. By choosing to exclude health-related data from the Performance Management Framework, PCSB is sending the message to charter schools that health education is not as important as other subjects, despite the unequivocal data that healthy children learn better and the clear need for intervention on

HIV and other STIs. The appropriate PCSB task force should strongly urge PCSB to incorporate Health Assessment data into the Performance Management Framework and PCSB should do so, as DC Appleseed has called for since the *Seventh Report Card*.

With regard to HIV screenings, PCSB, in collaboration with the Department of Health, conducted two webinars regarding HIV screenings and offered to provide HIV screenings in charter schools. Despite this effort by PCSB and the Department of Health, it is disappointing that only a handful of charter schools participated.

At the individual school level, charter schools almost universally participate in the Health Assessment and reliably complete HSA school health profiles. Other promising developments include that 17 charter schools have received funding from the CDC to implement a five-year sexual health education program focusing on HIV/AIDS prevention, with OSSE supervising the program implementation at each school. Furthermore, at least ten charter schools have collaborated with Metro TeenAIDS, Peer Health Exchange, and SMYAL in efforts to improve their sexual health programs. Many charter schools also have bullying prevention policies that include information on making environments safer for LGBTQ students, which can improve health outcomes for students at an increased risk of contracting HIV. Overall, however, the prioritization of non-health subjects by OSSE and PCSB has resulted in a system that disincentivizes charter schools from dedicating resources to sexual health education. While progress is being made at certain schools, DC Appleseed still finds it difficult to accurately describe the progress made by charter schools generally.

As mentioned above, we primarily attribute this to a lack of leadership on health issues at OSSE, but also at PCSB. It is understandable that institutions may perceive this work as beyond their original missions. However, changing the course of the HIV epidemic requires the whole city, including all schools, to participate. What may be perceived as a burden to some charter schools should be seen as a baseline investment in the current and future health of all DC students, and compliance with the HSA. OSSE needs to take a more engaged leadership role by making the

Health Assessment data publicly available. PCSB also needs to take a more engaged leadership role by incorporating the results of the Health Assessment into its Performance Management Framework so that charter schools are properly incentivized to provide a first-rate sexual health education program. On the whole, DC Appleseed notes that there is a complete “Lack of Information” as to the quality of sexual health education in charter schools.

## CONCLUSION

The lack of transparency highlighted in prior report cards remains a serious issue. For the third consecutive year, OSSE has elected not to publish the results of the DC CAS Health Assessment on a school-by-school basis. Likewise, in the four years since the passage of the HSA, OSSE and the Mayor’s Office have still not yet complied with their obligations under the law to promulgate the required rules and regulations. For its part, DCPS has continued many of the developments described in prior report cards and made strides in professional development, student programs, strategic partnerships, and student access to resources. By contrast, the quality and extent of HIV/AIDS education in charter schools remains difficult to assess due to a lack of transparency. The District government should require concrete progress and increased leadership from OSSE and PCSB next year. Despite a sustained commitment by DCPS to improve sexual health education in traditional public schools and OSSE’s continued improvements on a programmatic level, DC Appleseed is disappointed by a failure of leadership at OSSE and PCSB, and unfortunately must give Public Education in the District a “C.”

## SYRINGE ACCESS SERVICES: A-

**Continue to fund syringe access and complementary services, and adopt additional measures to address prevention and substance-using populations.**

In the *Eighth Report Card*, the District received an “A-” for its continued efforts and promise to increase funding for syringe

access and complementary services. While syringe access services ("SAS") have continued to play a key role in the District's HIV policy, DC Appleseed is concerned about delays in awarding new grants, declines in testing provided to injection drug users ("IDUs"), and increasing concerns about police activity at exchange sites. In this *Ninth Report Card*, the city's grade is again an "A-."

The District's recent Epidemiology Report shows a continued drop in the number of newly diagnosed HIV cases associated with injection drug use, from 109 cases in 2008 to 21 in 2012 — a decrease of more than 80 percent. Deaths among HIV cases from transmission by injection drug use also fell, though not as precipitously, dropping from 131 deaths in 2008 to 52 deaths in 2012 — a decrease of more than 60 percent. DC Appleseed recognizes the role SAS programs played in providing testing and facilitating linkage to care; both of these are important complementary services that improve the health of IDUs participating in the programs.

In FY 2013, The HIV/AIDS, Hepatitis, STD, and TB Administration ("HAHSTA") awarded \$667,430 to community-based organizations ("CBOs") for SAS. In FY 2014, the District made \$865,930 available for SAS. This amount includes \$667,430 for direct syringe access services (the same amount as in FY 2013) plus an additional \$198,500 for the Enhancing Harm Reduction program. The goals of the Enhancing Harm Reduction program are to increase HIV and Hepatitis testing and linkage to care for persons diagnosed, linkage to primary medical care, and connection to substance use treatment. HAHSTA awarded these funds to three organizations: Family Medical Counseling Services ("FMCS") - \$450,000; HIPS - \$378,500; and Bread for the City - \$37,430. HAHSTA also was able to expand services for the transgender community by allocating an additional \$200,000 to HIPS and its collaboration with Casa Ruby to expand SAS and support a drop-in center. All of these CBOs provide essential services.

FMCS is a community health center using mobile outreach to provide syringe exchange to IDUs. The mobile unit provides services at 12 regularly-scheduled sites in six wards across the city, four days a week. Fixed-site exchanges are provided one day a week at

FMCS's facility. Safer injection kits, safer sex kits, and educational materials are distributed in addition to syringe exchanges. Wound care, risk reduction, and prevention education sessions are conducted on the van. Outreach workers have been trained to make referrals for needed medical and social services. The van frequently co-locates with FMCS's HIV/hepatitis C mobile outreach van that provides HIV and hepatitis C testing/screening and linkage to care. The nurse assists with linking persons with a positive screen for HIV and/or hepatitis C to primary care and support services.

HIPS serves individuals who inject drugs or other substances, including hormones and silicone. Participants include IDUs, sex workers, and transgender individuals. HIPS' exchange is designed to reach those who cannot or will not access traditional exchange services, providing syringe access through nighttime outreach, deliveries, drop-in, and peer exchange. HIPS' mobile unit is staffed by a team of harm reduction counselors equipped to discuss safer sex and safer injection of drugs or other substances, provide risk reduction information for non-injection drug use, distribute a variety of condoms and lubricant, answer hotline calls, conduct HIV and hepatitis C testing, and make late-night referrals to HIPS' client advocates and crisis response team. All exchange participants are invited to participate in HIPS' enhanced harm reduction services including HIV/hepatitis C testing, case management, support groups and use-reduction groups for active drug users, drug treatment referrals, and overdose prevention education.

Bread for the City is a community-based medical clinic targeting District residents, especially the most vulnerable. It provides syringe access and Naloxone (overdose prevention medication) kits in addition to the services available at its primary care clinic. Importantly, the other SAS programs can refer patients to Bread for the City for Naloxone kits and other medical care services.

START (Syringe, Training, Advocacy, Resources, and Treatment) at Westminster is a faith-based harm reduction, prevention, and awareness program. Their main office is housed at Westminster Presbyterian Church. Though not currently funded by the District for SAS, it provides services three days a



week from a mobile unit with rotating scheduled sites in all sections of the city.

DC Appleseed commends the District and the SAS programs on their continued momentum. In total, the programs reported 10,533 exchange transactions (an increase of 6,900 from the previous year). HAHSTA reported that in FY 2013, the SAS programs it funded met or exceeded all service targets:

- The goal for number of needles returned was 367,000, and providers collected 690,000.
- The goal for linkages to HIV testing was 450, and the providers linked 798.
- The goal for linkages to hepatitis C screening was 200, and the providers assess 698 persons for risk and tested 582, with 118 testing positive.
- The goal for new registrants was 425, and the providers registered 877 new program participants.
- The goal for linkages to substance use treatment was 95, and providers linked 97 to drug treatment.
- The goal for condom distribution was 4,000, and the providers distributed over 139,000.

DC Appleseed praises the DC government for long recognizing the role SAS plays in fighting HIV/AIDS in the District and the importance of integrated services. In the *HIV/AIDS Implementation Plan* released by DOH in 2013, specific objectives were set for integrated service delivery within syringe exchange programs. The progress indicator is “to increase the number of injection drug users engaged in needle exchange programs who receive screenings for HIV, hepatitis, and STIs by 10 percent annually.” DC Appleseed notes that despite the progress detailed above, the specific metric set by DOH in the Implementation Plan to measure progress does not seem to have been met. DC Appleseed recommends that HAHSTA review the appropriateness of its goal-setting and metrics to continue to advance SAS and its impact in the community.

HAHSTA’s notice of funding for FY 2015 includes \$720,000 for SAS for up to four organizations. DC Appleseed was encouraged

to hear from HAHSTA that it received applications from an expanded pool of applicants this year. DC Appleseed also is pleased to learn that HAHSTA again will allocate an additional \$200,000 for enhanced harm reduction services, as well as \$200,000 to fund transgender drop-in services including syringe access. HAHSTA reported that it was not able to make awards based on the review of proposals. Instead it extended current grants for three months, issued a new RFA for SAS the end of October, and expects to award and start new grants by January 1, 2015. While DC Appleseed is disappointed by this delay, we commend HAHSTA for extending current grants, and hope that they are awarded soon with minimal disruption to services.

It is particularly concerning that several programs reported frequent and ongoing challenges with the Metropolitan Police Department (“MPD”). While MPD as a whole is supportive of the programs, the activities and presence of officers at and during exchange hours creates a barrier to service. SAS programs reported to DC Appleseed instances of police officers confiscating SAS cards from participants and running checks for outstanding warrants on participants leaving SAS sites. As a result, programs noted significant drops in participation and reports of more syringe-sharing. DC Appleseed is troubled by these reports, and will continue to monitor disruptions in services resulting from police conduct.

DC Appleseed commends Bread for the City for making Naloxone available to participants of any of the District SAS programs and urges the District to find ways to expand access to this life-saving tool. HAHSTA reports that it is exploring opportunities and looking at best practices in other jurisdictions. DC Appleseed is encouraged by this and looks forward to reporting on progress in this area in the next report card.

In conclusion, DC Appleseed is pleased to see continued support for essential SAS programs and enhanced harm reduction services, and that data show the impact of these programs. We are concerned about delays in awarding new grants, and barriers to services posed by police officers. Because of HAHSTA’s clear commitment, DC Appleseed is optimistic that the coming year will see not only a continued increase in the number of

syringes exchanged, but significant improvements in the number of participants linked to testing and treatment, with greater coordination among DC government agencies to support syringe access and complementary services. DC Appleseed again grades the District an "A-."

## SUBSTANCE USE TREATMENT: B

### **Increase the availability of substance use treatment in the District.**

Substance use treatment is an essential component of a successful response to the HIV/AIDS epidemic. The District received a grade of "B+" on substance use treatment in the *Sixth, Seventh, and Eighth Report Cards*. As described in the *Eighth Report Card*, the District established a new Department of Behavioral Health ("DBH"), combining the Department of Mental Health ("DMH") and the Addiction Prevention and Recovery Administration ("APRA") in October 2013. At that time, it was not yet apparent how the change would impact access to vital substance use treatment services. The District is still implementing the transition of the coordination, delivery, and funding of services previously provided by DMH and APRA. In this *Ninth Report Card*, because progress has been slow, the grade for the District's efforts in providing substance use treatment is reduced to a "B."

The District's goals in establishing DBH were to improve care across the full range of mental health and substance use treatment services, and make meaningful progress towards a "no wrong door" policy for individuals seeking any of those services. This is important because a substantial number of the approximately 30,000 individuals who sought mental health or substance use treatment in FY 2014 reported co-occurring disorders. DC Appleseed recognizes that implementing such a major change takes time and must be carried out carefully.

Providers of substance use treatment services reported that generally, DBH is moving in the right direction, and much of the former leadership from DMH and APRA continues to direct DBH. But providers report there are

still problems to be addressed. A year has passed since the agency was established, but many of the key components that will be needed to deliver better-integrated services are in nascent stages or have not yet been implemented. DC Appleseed believes that even greater efforts are needed to ensure that the District continues to improve substance use treatment services that are critical to fighting HIV/AIDS.

DBH has achieved some of the steps toward integrating the delivery of services that were laid out in its July 2013 Work Plan. It has provided training to nearly 100 agency staff, representatives, and providers on competent service delivery for co-occurring substance use and mental health disorders. It also has merged the monthly meetings for providers of these services. It increased the reimbursement rates for substance use treatment providers in order to retain qualified professionals and to align reimbursement with mental health providers of similar services. And DBH has started launching a new electronic data management system, iCAMS, that should bridge APRA's and DMH's different electronic medical records and billing systems. The two data systems were previously incompatible, but the provider billing records from APRA's DATA system have been fed into DMH's eCura system since early in FY 2014.

DBH and the District's Department of Health Care Finance ("DHCF") still have not implemented the Medicaid State Plan Amendment ("SPA") that the Centers for Medicare & Medicaid Services ("CMS") approved in March 2012 to allow the District's Medicaid program to pay for Adult Substance Abuse Rehabilitative Services ("ASARS"). DBH has determined that in 2013, more than 78 percent of District residents who obtained substance abuse treatment services were eligible for Medicaid. That includes both individuals who were already enrolled in Medicaid and those who became eligible as a result of the Affordable Care Act. DBH hopes that Medicaid will be a sustainable source of funding for covered services, freeing up monies for non-Medicaid services, particularly recovery support services such as transitional housing. However, the District encountered delays in implementing the SPA because of various other new guidelines, including the new Diagnostic and Statistical Manual of

Mental Disorders definitions of substance use disorders. DC Appleseed is concerned that this process is a year behind the schedule DBH projected at the time of the *Eighth Report Card*.

DBH also is working with CMS and DHCF to further expand Medicaid-covered services in 2015 through a “health home” initiative for individuals with serious mental illness. DBH and DHCF are in the process of conducting site visits for 15 DBH-certified Core Services Agencies (CSAs) or non-CSA providers of Assertive Community Treatment who have expressed interest in developing one or more Medicaid health home teams.

It is too early to tell whether and how the on-the-ground delivery of services can be truly integrated. Several issues remain:

- Although APRA leadership has been part of the DBH senior management team, APRA leadership still is not located in the same building as the rest of DBH staff.
- DBH is still in the process of consolidating the operational functions of DMH and APRA, including financial management, provider certification, and information technology. For example, at the time of the *Eighth Report Card*, DBH identified streamlining the certification process and standards for providers of mental health services and substance abuse treatment services as a priority. Effective October 1, 2014, there is one team within the DBH Office of Accountability that is responsible for certifying both mental health services and substance use treatment services, and there is a single certification process and application for both types of providers. DBH issued revised regulations on certification requirements for substance use treatment and recovery providers for comment in October 2014. Providers will be required to re-certify under the standards adopted in the revised regulations.
- Providers continue to have concerns about their ability to hire and retain licensed professionals who meet the Medicaid requirements. They emphasize the need for the District to invest in workforce development for substance use treatment services.
- Only five providers are certified for both substance use and mental health

treatment, and even fewer are equipped to manage the full spectrum of services for individuals with co-occurring disorders.

- Given that iCAMS is still in the very early phases of a two-to-three year development process and that there are significant regulatory barriers to sharing sensitive patient information regarding substance use treatment, it is too soon to tell whether a shared electronic records system will facilitate integrated service delivery as anticipated.

In the meantime, DC Appleseed is pleased to report that DBH has continued and expanded several important initiatives, including:

- A “no wrong door” approach to screening and treatment for mental health issues, substance use disorders, and HIV at any point of entry into the District’s treatment system. For example, hospitals that accept patients for involuntary mental health hospitalization will have access to the DATA system so that patients can now be directly referred to substance use treatment upon discharge, rather than referred first to the Assessment and Referral Center (“ARC”) and then to treatment. DBH also will operate a mobile outreach vehicle for HIV and other sexually transmitted infection screening and referrals throughout the District;
- Pilot programs for HIV and hepatitis C testing and referral to treatment using funding under a three-year, \$4 million grant. The first of these projects has administered more than 2,789 HIV tests at the ARC since November 2012;
- Creation of an integrated provider network for behavioral health and primary care services to recipients of Temporary Assistance for Needy Families at risk for or living with HIV. DBH has awarded contracts to three providers for integrated physical and behavioral healthcare and to perform rapid HIV testing;
- Continued provision of detoxification services under contracts with two private entities, Providence Hospital Seton House and Psychiatric Institute of Washington. In FY 2014, 7,422 individuals received assessments through the ARC as of July 30, 2014 and 996 patients were referred for

detoxification services (of which 866 were referred from the ARC);

- Continued operation of the Urgent Care Clinic at the DC Superior Court through a contract with Pathways to Housing, Inc.; and
- DBH increased the number of individuals assessed for treatment during FY 2013 to 8,138 individuals, compared to 7,893 in FY 2012 and 7,714 in FY 2011.

Substance use treatment providers in the community noted a marked increase in the number of young adults they serve, as well as an increased number of women and women with children seeking treatment. Providers also observed that many of these younger clients reported having HIV. DC Appleseed applauds DBH's attention to these trends and its support of youth-focused initiatives, including:

- The Adolescent Substance Treatment Expansion Program, which allows youth enrolled in Medicaid to participate in the treatment program of their choice; and
- Funding from four federal grants for services for youth: the Strategic Prevention Framework State Incentive Grant ("SPF SIG"), which supports prevention activities that target youth and adolescents, including new initiatives to provide support to families of children and adolescents with substance use disorders; the Strategic Prevention Framework Partnerships for Success Grant, which will allow DBH to continue and expand prevention activities after the SPF SIG terminates in 2014; the State Youth Treatment cooperative agreement grant, which was awarded to support community-based treatment providers for adolescents and transitional aged youth (ages 18–24); and a recently awarded five-year grant to expand the array of services offered to transitional youth.

The substance use treatment program at the DC Department of Corrections ("DOC") serves a particularly vulnerable population. The program is partially funded by a Department of Justice Residential Substance Abuse Treatment ("RSAT") grant to the DOC. The RSAT men's unit currently can serve up to 60 inmates with four staff members. The female unit can currently serve up to 15

women, with one full-time staff member. DC Appleseed continues to be impressed by the inmates' overwhelmingly positive comments about the program. During our visit to the RSAT units, inmates in the men's and women's units said they appreciated the opportunity to address their substance abuse and mental health needs and to receive effective treatment and education, including peer-to-peer counseling, GED courses, and job skills training. Inmates also praised the staff's dedication.

However, inmates and staff expressed a need for continued treatment and support after their release from the Jail, especially access to inpatient settings to prevent recidivism. In order to facilitate this process, DBH has designated a staff person at the ARC to help connect inmates with a provider before they are released. DC Appleseed recommends that the District provide sufficient resources to properly staff the program and to support programs in the community so that participants may complete their recovery upon release.

In conclusion, DC Appleseed supports the District's plans to provide better coordinated, integrated care across all mental health and substance use treatment services through DBH. We are encouraged by DBH's continued commitment to address the challenges posed by the changing funding landscape and its focus on the long-term financial sustainability of programs. However, we are concerned that so many of the changes needed to make progress towards these objectives have yet to be implemented, nearly a year after the new agency structure was established. We are also concerned that the delay in implementing the needed changes has impeded the District's ability to expand access and improve the delivery of efficient, high-quality substance use treatment services to District residents. Accordingly, the District's grade for Substance Use Treatment is reduced to a "B."



## HIV/AIDS AMONG THE INCARCERATED: A

**Implement routine HIV testing. Improve collection of HIV/AIDS data, and ensure discharge planning services in DC detention facilities.**

The District continues its strong efforts with HIV/AIDS testing, treatment, and discharge planning among the incarcerated. The District's grade was an "A" in the *Eighth Report Card* for its continued commitment to the care and discharge needs of those incarcerated with HIV/AIDS. In this report card the grade continues to be an "A." However, proposed changes could impact the District's services during the 2015 calendar year, most importantly the potential for a change in healthcare service providers within the Department of Corrections ("DOC"). If the contract is awarded to a new entity, the DOC's ability to provide HIV/AIDS care in the community following the release of inmates could be affected. DC Appleseed will closely monitor the status of all proposed changes addressed in this report card to evaluate what, if any, impact they could have on the HIV/AIDS care provided to inmates.

DOC continues to offer rapid HIV testing to inmates. DOC inmates initially are offered testing at the time of intake, and are provided pre- and post-test counseling. Intake testing is available to all newly incarcerated individuals who do not have a documented HIV test within the last six months. Additional testing options also are available. Inmates can request testing at sick call or during their annual health screening.

DOC's automatic, voluntary testing program continues to reach a large number of inmates. From July 2013 to June 2014, rapid testing was performed on 6,561 inmates (73 percent) housed in the DOC during this time period. The District reported a noticeable decrease in the number of inmates who refused testing or were not tested for other reasons. DOC data identified only 6 percent of inmates who were eligible for testing (396 inmates) who declined or were inadvertently not tested at intake. This percentage of inmates is a noticeable improvement from last year, when nine percent of inmates refused testing or were accidentally not tested. A total

of 2,411 additional inmates did not undergo testing during this time period, due to one of three factors: (1) the inmate already received testing outside of DOC within the past six months, (2) the inmate previously tested positive and either disclosed their status or their status was captured by the DOC electronic health record, or (3) the inmate declined testing because they were not sexually active. These numbers demonstrate that the DOC's automatic testing program continues to improve and is reaching nearly all inmates who should be tested. DC Appleseed applauds these continued testing efforts and encourages DOC to maintain this commitment.

DOC also continues to show strong outcomes from its HIV treatment efforts. For 2013, DOC reported that 100 percent of HIV-positive inmates on antiretroviral therapy for at least six months had an undetectable viral load. Statistics from Unity Health Care ("Unity"), the current health services provider contracted by DOC, suggest that 100 percent of HIV-positive patients received initial care within 30 days of incarceration and had at least one follow-up appointment within 90 days of incarceration.

The DOC discharge planning services remain largely unchanged from prior years. DOC continues to have limited staff — four discharge planners currently are contracted through Unity to serve HIV-positive individuals, as well as other individuals with chronic conditions such as diabetes and mental health issues. As in the past, these discharge planners meet with inmates prior to release to assist in scheduling treatment appointments with providers in the community, and to address needs like refills on prescription drugs. DOC continues to provide a 30-day supply of medications to HIV-positive inmates upon discharge. Unlike prior years, DOC did not report any difficulties in receiving reimbursement from the AIDS Drug Assistance Program for all of its expenses related to HIV/AIDS medication provided at discharge. However, DOC did express concern about the increasing cost of medication for current inmates. DC Appleseed encourages DOC to continue to explore all funding opportunities for both in-care and discharge drugs.

Because of the importance of continuity of care, linkages to community-based services continue to be an important issue

for HIV-positive inmates upon release. Linkages to care were previously identified as a focal point in the March 2013 HIV/AIDS Implementation Plan ("Plan") issued by the HIV/AIDS, Hepatitis, STD, and TB Administration ("HAHSTA"). As noted in last year's report card, the Plan said the agency aimed to increase pre-release planning and linkages to care for HIV-positive inmates released from DC correctional facilities.

Specifically, the agency set a goal to increase the percentage of released HIV-positive inmates who are linked to care within 30 days to 75 percent by September 30, 2013. The goal was to further increase to 90 percent by September 2014 for newly diagnosed inmates. DC Appleseed was not provided with 2013-2014 figures; however, 2012 figures provided by Unity suggest that 40 percent of released inmates with an HIV/AIDS diagnosis visited a Unity facility within one year after release, and these inmates averaged eight visits per patient. Further, almost half of this population visited a Unity facility within three months of release. Most inmates' first visit was to a family medicine practitioner. Due to a lack of statistical information, we are unable to assess the District's efforts in meeting the goals set by HAHSTA. DC Appleseed strongly encourages DOC and its medical provider to continue efforts to increase inmates' linkages to care upon release and to provide data measuring its success.

In the Plan, HAHSTA also identified a number of action items, including increasing the number of HIV providers that are affiliated with the District's participating providers' network. We recommend that the District, DOC, and its health service provider consider these proposals and other methods for increasing inmates' linkage to care upon release. We also encourage the District to consider implementing a formal mechanism to measure and evaluate linkage to care for inmates following release.

Unity continues to provide comprehensive medical services to DOC inmates. Unity currently is operating under a contract extension until January 31, 2015. As we were preparing this report card, the District had a Request for Proposals ("RFP") under competition for the continuation of medical services. Of particular note, although the current contract requires the contractor to be a DC-based

community healthcare provider with "demonstrated experience caring for low income, uninsured, and underinsured patients," this requirement was not in the RFP under competition. Given the importance of ensuring that inmates have continuity of care upon release, DC Appleseed supports the standards in the current contract. The RFP suggested that the provider deliver HIV counseling and testing to all inmates at intake who have not had a documented HIV test within 90 days. This is a noted change from the current six-month standard. The RFP also required that the service provider continue to offer and conduct HIV tests at intake, sick call, and upon release; create an HIV education plan to ensure that infected inmates are aware of their status and available medical services; and provide initial discharge treatment plans, which includes diagnosis, thirty day supply of medications, and follow-up. As this report went to press, we learned that the contract was awarded to a new service provider that does not have experience providing care in the community. This contract is subject to review and approval by the Council. If it is approved, it could affect the District's HIV/AIDS efforts, especially with linkage to care. One of the cornerstones of Unity's services to DOC inmates is its community-oriented model which facilitates an essential link to healthcare facilities in the community

Construction of a new intake center also may impact delivery of HIV/AIDS services. The intake center was initially scheduled for completion in March 2014; however, it is our understanding that it will open in the fall of 2014. DC Appleseed looks forward to assessing its services related to HIV and AIDS.

Although the District's grade remains an "A" in this *Ninth Report Card*, we encourage the District to continue to strive to make progress. In particular, we encourage the District to ensure that inmates are tested for HIV, receive the necessary counseling, and are linked to care upon release. We will monitor what, if any, affect the medical services RFP and construction of the new intake center will have on HIV services provided to inmates. We also will closely monitor the District's progress in areas such as linkage to care, particularly in light of the targets set by HAHSTA in these areas.



# HIV TREATMENT AND CARE: B

## Provide quality HIV treatment and care. Improve health outcomes.

In the early days of the HIV epidemic, public health measures were almost entirely focused on prevention. As medical treatment for HIV has advanced, care for infected individuals has become increasingly important. Effective treatment not only improves individual health outcomes, but also can prevent new HIV infections. DC Appleseed first included a section on HIV/AIDS Treatment and Care in its annual report card in 2012. Given the changing healthcare coverage landscape and federal funding for HIV/AIDS programs, this section has expanded to include evaluation of the District's implementation of the Patient Protection and Affordable Care Act of 2010 ("ACA"), provider funding and quality, and progress towards national indicators of treatment and care. In the *Eighth Report Card*, the District received a "B." Despite huge shifts in care coverage and delivery systems, the District has maintained high levels of access to care for people living with HIV/AIDS ("PLWHA"), and maintains a "B" in this report card.

## HEALTHCARE REFORM IMPLEMENTATION AND OTHER CHANGES IN COVERAGE

We are grateful to have received technical assistance from the Harvard Center for Health Law and Policy Innovation in addressing and evaluating the District's implementation of the ACA.

2014 was a year of transitions, with the roll-out of the District's Health Benefit Exchange (DC Health Link) and the ripple effect the rollout had on other sources of coverage in DC (Medicaid, the AIDS Drug Assistance Program ("ADAP") and the Alliance). We are pleased by the progress the District has made in expanding coverage to people living with HIV/AIDS, but are concerned by the presence of logistical barriers to accessing coverage. Although some barriers may be related to the transitional nature of the year, we have heard reports of systemic problems

in accessing public benefits in the District. We strongly urge the District to identify and eliminate any access barriers.

### DC Health Link

On October 1, 2013, the District launched DC Health Link, the District's web-based insurance exchange marketplace where District residents could choose from over 30 private health insurance plans rated Platinum, Gold, Silver, or Bronze (based on the plan's actuarial value) and offered by Aetna, CareFirst BlueCross BlueShield, and Kaiser Permanente.

The opening of DC Health Link helped make health insurance coverage affordable and accessible to District residents, including PLWHA. People with incomes between 100 percent and 400 percent of the Federal Poverty Limit ("FPL") are eligible for Advanced Premium Tax Credits if they are not eligible for Medicaid or affordable employer-sponsored health coverage, and those with incomes between 100 percent and 250 percent FPL also may be eligible for Cost-Sharing Reductions ("CSRs"). CSRs lower the consumer's out-of-pocket expenses for deductibles, insurance, and copayments upon enrollment in a Silver-level plan.

Although access to private insurance for PLWHA has increased as a result of the ACA, certain elements of DC Health Link present several major challenges for this population. The District launched a relatively stripped-down exchange as a strategic move designed to help DC avoid some of the pitfalls other states experienced with malfunctioning web-based exchanges. However, the downside of this approach is that key functionalities are missing. For example, consumers cannot search drug formulary information or the provider network of available health plans without leaving the DC Health Link site, and DC Health Link lacks direct URL links to this information on insurance carrier websites. For PLWHA, this information is essential to their ability to select a plan that best serves their unique health needs and pattern of care. We are encouraged that the DC Health Benefit Exchange Authority (which operates DC Health Link) will add provider directories to the website in a searchable fashion in 2015, and ongoing upgrades are planned.

During the 2013 Open Enrollment period, In-Person Assistors ("IPAs") or insurance brokers helped consumers evaluate and enroll in plans on DC Health Link. In the *Eighth Report Card* and again this year, we applaud the District for including 11 organizations that provide services specifically to PLWHA in the broader group of 33 organizations selected to provide in-person assistance with 2013 enrollment. Because of the prior relationships these organizations had with PLWHA, we believe they were much more effective in enrolling PLWHA in appropriate coverage. However, IPAs reported difficulties obtaining technical support during the first enrollment period, which challenged their ability to effectively assist consumers, made serving clients more time-consuming, and limited the number of clients they could assist. As discussed further below, IPAs frequently ran into trouble when individuals were identified as eligible for Medicaid. Many IPAs reported that they independently identified strategies to address to recurring problems. We applaud the DC Health Benefit Exchange Authority for holding monthly training and sharing sessions with the IPAs, but feedback from IPAs strongly suggests that these trainings did not sufficiently address the issues they faced. We encourage the DC Health Benefit Exchange Authority to consider providing additional methods of support, including establishing a technical support telephone line reserved for IPAs, creating an IPA listserv, and reserving time at monthly trainings for troubleshooting and sharing of best practices. In addition, we underscore the importance of providing IPAs with robust training regarding helping enrollees to access and evaluate information about formularies and provider networks.

### **Medicaid**

In the *Eighth Report Card*, we applauded the District for expanding Medicaid as early as 2010 to cover low-income childless adults up to 133 percent of the FPL, and for obtaining a Section 1115 Waiver that enabled DC Medicaid to cover adults up to 200 percent FPL. This expansion of coverage has been crucial in providing PLWHA with access to vital medical services and prescription drugs. Originally, the expansion was temporary, but in 2014 the District permanently expanded Medicaid coverage up to 200 percent through a State Plan Amendment.

Last year, it was uncertain whether the 2014 expansion population would have access to the same package of Medicaid benefits as the "traditional" Medicaid and the pre-2014 expansion populations. We were concerned that PLWHA in the expansion population might only be eligible for a less generous benefit package. DC Appleseed is pleased that the District has provided the expansion population with the same package of Medicaid benefits available to the traditionally eligible Medicaid population.

However, we are concerned by logistical barriers eligible individuals faced in obtaining these benefits during the 2013 Open Enrollment period for the DC Health Link. As expected, the rollout of DC Health Link created a "woodwork effect" in which individuals who had long been eligible for, but not enrolled in Medicaid, submitted applications for coverage through DC Health Link. According to CMS, by May 2014, over 19,464 individuals were identified as Medicaid or CHIP eligible via DC Health Link. This flood of applications, combined with a lack of interoperability between DC Health Link and the Medicaid enrollment system, seems to have resulted in processing problems. We are alarmed by reports of lost applications and backlogs in the processing of Medicaid applications received during the first DC Health Link Open Enrollment period. Delayed and lost applications can result in high out-of-pocket costs, inability to access benefits, and disruptions in care. We were informed that these problems lessened in the spring of 2014.

DC Appleseed urges the District to take steps to ensure the application processing system is prepared to meet the District's continued needs and decrease barriers to enrollment. We understand that the District hopes to make it possible for individuals to enroll in Medicaid directly through DC Health Link in a future rollout of the site. We strongly urge the District to accelerate efforts to make enrollment systems interoperable.

### **ADAP**

ADAP helps PLWHA in the District pay for drugs in two ways: (1) direct payment for drugs (regular ADAP); and (2) co-payment and/or premium assistance (insurance assistance). To be eligible for the program, a PLWHA must reside in the District, live at or



below 500 percent FPL, and have no more than \$25,000 in liquid assets. As of mid-August 2014, DC ADAP had 1,706 enrollees, of whom 1,413 received regular ADAP and 293 received insurance assistance. DC Appleseed commends the District for using insurance assistance to increase the affordability of exchange plans for PLWHA. However, we are concerned that during the first Open Enrollment period some IPAs were unaware of how ADAP benefits could be used with exchange plans, which may have prevented some individuals from receiving benefits. With the increased availability of private insurance through DC Health Link, ADAP has already experienced growth in the insurance assistance part of the program, and this is expected to continue. It is crucial that both IPAs and ADAP staff understand how ADAP insurance assistance can be used to provide wrap-around coverage for PLWHA with access to insurance.

DC's ADAP program has not had a waiting list since we began monitoring Treatment & Care. However, there are reports of logistical barriers — similar to those identified in Medicaid and DC Health Link — faced by individuals trying to access ADAP benefits. Prior to 2012, ADAP stated its timeline for approving applications was two business days; now it is 15 days, and approval reportedly actually takes roughly three to four weeks. There also was an emergency approval process for individuals with a late diagnosis and high viral load; however, no emergency process exists now. Once approval is granted, ADAP has reportedly been slow to notify clients, leading to additional delays in how soon clients access benefits. We also have been told that prior authorization requests, which are supposed to be processed within 24 hours, are typically processed in two to three days, with some delays longer than a week. Finally, we encourage the District to increase transparency related to the ADAP program. It is reportedly difficult for providers to get answers to questions about the status of clients' applications and/or benefits, and ADAP policies and procedures are not readily available online or in materials given to providers.

## FUNDING

Medical care, counseling, and support services for PLWHA in the District are funded through multiple mechanisms. According to the most recently compiled Health Resources and Services Administration ("HRSA") data, for FY 2011, more than 90 percent of District residents are covered by some form of medical insurance. In the same year, the District reported 14,359 PLWHA, and of these, approximately 9,000 received some form of treatment, care, or support service funded by Ryan White Care Act Grants. An increasing percentage of Ryan White clients are receiving primary healthcare through Medicaid as the expansion reaches more eligible people in DC — from 53 percent in FY 2010 to 57 percent in FY 2011. We expect to see bigger changes in insurance coverage in HRSA reporting for FY 2012, which corresponds with the implementation of Medicaid expansion and other provisions of the ACA.

On the other hand, DC's Ryan White funding decreased in FY 2013, with the biggest decrease (26 percent) in the ADAP program. While the healthcare coverage landscape shifts, Ryan White funding remains critical to full coverage for PLWHA. Currently the amount of Ryan White funds used for non-medical services is capped at 25 percent; DC is applying for a waiver under Part A of Ryan White to increase the percentage of funds that may be used for non-medical services to provide greater flexibility to medical providers and community-based organizations ("CBOs"). DC is being asked to do more with less, and is working to maintain providers of critical services and meet the needs of all PLWHA in the District. While the District may want to consider additional non-federal funding sources, we also encourage it to adopt performance-based evaluation for providers receiving Ryan White funding to ensure high quality services to PLWHA and to maximize increasingly scarce resources, as recommended in the Grants Management section.

## TREATMENT AND CARE INDICATORS

In line with the National HIV/AIDS Strategy ("NHAS") and Ryan White reporting, DC has been tracking key indicators of the treatment

“cascade,” or care continuum: new diagnoses, linkage to care, continuation in care, and viral load suppression. Because of the importance of viral load suppression for individual health and prevention of new infections, prompt identification and treatment of HIV-positive individuals is critical to ultimately stemming the epidemic in DC. Tracking “late testers” who are diagnosed at a more advanced disease stage (progression to AIDS within 12 months of diagnosis) provides an indication of testing and treatment outreach to susceptible individuals. Happily, all of DC’s indicators are moving in the right direction; however, there is need for improvement.

DC continues to excel at linking newly diagnosed individuals to HIV care, with more than 90 percent overall and 73 percent linked within three months of diagnosis, demonstrating the continued success of the Red Carpet program. Through various funding mechanisms and a number of CBOs, DC has embraced the use of Community Health Workers — HIV positive individuals with good control of their disease who engage in outreach to at-risk individuals in their community. While currently it is not possible to quantify the number of prevented infections or the improvement in care with this model, we believe the use of Community Health Workers is critical for HIV testing, getting HIV-positive individuals into care and helping them stay in care. Community Health Workers and the organizations with which they operate are reaching populations that may not be well served by mainstream health outreach programs. PLWHA may not be aware of their eligibility for healthcare, may be unaware of available services, or may be reluctant to receive healthcare because of stigma. Members of their own community are the best conduits for helping these individuals overcome these barriers.

DC’s percentage of late testers — individuals who have been living with HIV without a diagnosis and at increased risk for transmitting the virus because they did not know their status — has decreased over the last four years from 56 percent to 44 percent of new diagnoses. While the downward trend indicates successful testing efforts, a large number of people may be living with HIV for years without any treatment or care. Thus, continued outreach is essential.

Even with community support and increasing access to medical care, retention in care and maintaining viral suppression remain challenging. Of Ryan White clients with at least one medical visit in 2013, 89 percent were in continuous care and 71 percent had viral load suppression at last testing. The 2015 NHAS target is for 80 percent of Ryan White clients to be in continuous care (at least two visits for routine HIV medical care in 12 months at three months apart); DC is making headway towards this goal, with 64 percent of Ryan White clients in continuous care in the latest report, up from 55 percent in the 2011 data. However, in the 2008-2012 cohort for DC, 57 percent of PLWHA ever achieved viral suppression, indicating that RW clients in continuous care have better viral suppression than the DC population at large.

Providers are essential partners to effective, accessible treatment and care to PLWHA in the District. HAHSTA conducted a quality assessment of providers receiving Ryan White funding, evaluating against U.S. Public Health Service Guidelines and HRSA Monitoring Standards for HIV/AIDS Bureau service delivery through chart review and client satisfaction surveys. The survey tool identified areas of strengths and weaknesses in provider care delivery and client satisfaction. We encourage HAHSTA to continue to expand the use of quality-based evaluations to inform interventions and dissemination of best practices.

The District has clearly exceeded its targets for linkage to care over the last several years, contributing to better health outcomes for PLWHA. We encourage the District to focus equal energy towards retention in care, which should lead to increased viral suppression above current rates. This is critical to improving HIV treatment and care, maintaining normal and healthy lifespans for PLWHA, and curbing the epidemic.

## CONCLUSION

In this *Ninth Report Card*, DC Appleseed focused on the District’s progress in expanding treatment options, improving health outcomes, and dealing with funding changes. The District has made strides in expanding coverage, and continues to do well engaging community members and organizations

to provide treatment and care to PLWHA. Given the number of changes in the health-care landscape and the decreases in funding, the District is maintaining progress against the epidemic. However, there are areas for concern, particularly related to barriers to accessing coverage, which could erode that progress if not addressed. For these reasons, the District's grade for this year for Treatment and Care remains a "B."

## HOUSING: C+

**Increase the availability of housing support for people living with HIV/AIDS in the District through additional local resources and new models.**

Safe, stable, and affordable housing is a critical pillar of health for all District residents, and can be especially important for people living with HIV/AIDS who may struggle with weak immune systems, complicated treatment regimes, and financial issues due to disability and medical costs. In the *Eighth Report Card*, the District's grade for housing was a "C+." Since then, the HIV/AIDS, Hepatitis, STD, and TB Administration ("HAHSTA") has been able to slightly increase availability in a program that provides housing assistance and related supportive services for low-income people living with HIV/AIDS ("PLWHA"), called the Housing Opportunities for People with AIDS ("HOPWA") program, and Mayor Gray announced an affordable housing initiative. However, more action is needed to address the critical state of housing availability in the District, including addressing problems with the HOPWA waitlist and prioritizing PLWHA in local housing initiatives. DC Appleseed is encouraged by plans HAHSTA is developing, but until the District can show that the housing situation is improving, its grade remains a "C+."

DC Appleseed met with a variety of community providers to prepare this report card, and housing emerged as a strong theme in almost every discussion. They reported myriad barriers PLWHA face as they seek housing in DC, including limited access to programs; discrimination against PLWHA and those on government assistance; housing entrance requirements regarding sobriety, and/or credit and criminal history; a range of economic

difficulties due to medical issues including unemployment, disability, and other chronic conditions; and an unrealistic definition of "low-income" that is based on a high area median income when it comes to eligibility for assistance.

District leaders have shown recognition of the need to fund housing programs in recent budgets and special projects. In the *Eighth Report Card*, we praised Mayor Gray for prioritizing affordable housing and pledging to invest and increase funding. We again commend Mayor Gray for having completed or initiated construction on 5,000 affordable units as of March of this year, and projecting to build or preserve an additional 7,000 units by 2020 — an initiative backed by \$187 million of District funds. The District set aside five percent of this commitment for permanent supportive housing, though no funds have been specifically earmarked for PLWHA as we had recommended in the *Eighth Report Card*.

The DC Council demonstrated its support for affordable housing by increasing the budget allocation by over 30 percent, to \$125 million, in the District's FY 2014 budget. For FY 2015, Mayor Gray's proposed budget included \$100 million for housing in addition to the \$187 million commitment from FY 2013 and 2014. Despite these financial commitments to affordable housing from the District, federal funding for HAHSTA's HIV/AIDS Housing and Supportive Services decreased from \$15 million in FY 2014 to \$14.3 million in FY 2015. Stable and dedicated local resources are essential to making meaningful change in the housing system, and DC Appleseed applauds Mayor Gray and the DC Council for prioritizing this important issue. With a pending administration change, DC Appleseed hopes to see this momentum sustained and the needs of PLWHA prioritized.

HAHSTA, in addition to overseeing HIV/AIDS prevention and care in the District, administers federal programs that support housing for PLWHA. The U.S. Department of Housing and Urban Development's ("HUD") HOPWA program is a primary funding source supporting housing specifically for low-income PLWHA. HOPWA funding can be used for a variety of activities related to housing:

- **Tenant-Based Rental Assistance (“TBRA”)** is a basic rental subsidy provided to eligible participants. Historically, TBRA subsidies have accounted for the bulk of the HOPWA funds distributed in the District. TBRA’s aim is to serve as a gateway to permanent housing through the Housing Choice Voucher Program (formerly Section 8), and/or to support clients until they are able to return to work. As with past years, few people made that transition and the TBRA waiting list grew in 2014. For FY 2013, HAHSTA provided 349 households with TBRA, a slight increase from 332 in FY 2012, with funding of about \$4.5 million. As of August 26, 2014, the year-to-date expenditure for TBRA is just over \$4 million.
- **Short-Term Rent, Mortgage, and Utility Assistance (“STRMU”)** is a time-limited intervention to cover rent, mortgage and utility payments. For FY 2013, HAHSTA provided 217 households with STRMU with funding totaling approximately \$628,000; for FY 2014, as of September 2014, HAHSTA has provided only 104 households with approximately \$501,000. This decrease is likely due to the fact that the amount of assistance provided varies by client; serving high-need clients may diminish the total number of people helped each year.
- **Short-Term Supported Housing** is a program for which HOPWA provides financial assistance for PLWHA to pay debt in order to avoid eviction. About 200 households receive short-term assistance.
- **Transitional and Emergency Housing** are facility-based programs serving clients in crisis for a limited period of time. Transitional housing provides shelter and on-site supportive services for up to two years. Emergency housing is extended to persons in an immediate state of homelessness for up to 90 days. There are only seven HIV-specific transitional housing providers with a total of 102 slots in the District under the HOPWA program; one of these groups also provides emergency housing, but only 50 beds are available.

HUD allocates HOPWA funding to states and cities through a formula based on the area’s population, the number of cumulative AIDS

cases confirmed by the CDC since 1981, and AIDS incidence. The District’s HOPWA funding has gradually decreased from \$14.1 million in FY 2011 to \$12.5 million in FY 2014. HAHSTA expects that funding for FY 2015 will decrease even further to \$10.7 million. As reported in the *Eighth Report Card*, HUD is expected to change the formula for HOPWA funding from counting cumulative HIV/AIDS cases to including only living HIV/AIDS cases. This may result in a further cut to District funding. Given potential reductions in funding and the substantial unmet need, DC Appleseed again recommends that the District rely less on federal funding and increase local funding for housing for PLWHA.

Even those who qualify for support are not always able to obtain housing, as the HOPWA waitlist continues to grow. The waitlist nearly doubled over the last five years, growing from 612 in 2009 to 1,171 in 2014. HAHSTA reports that less than 10 people leave the program each year, generally when a client dies or moves to another state. Therefore, the waitlist is essentially over 100 years long. Since people are living longer as HIV treatment and care improve, there is little turnover in housing programs. Recipients of HOPWA assistance reported to DC Appleseed that they hesitate to exit these programs, even when they are in good health for fear that if their health should decline, they would not have access to HOPWA support again. DC Appleseed is concerned that the waitlist is an insurmountable barrier for people struggling with HIV and unstable housing. We will continue to monitor the situation.

We reported in the *Eighth Report Card* that HAHSTA expected to receive technical assistance from HUD to address issues with the program. This year, DC Appleseed is encouraged that with this assistance, HAHSTA is currently developing a vision for a housing program that integrates new strategies across a “housing continuum” — from homelessness to homeownership. The plan will be developed with input from service providers and program participants and should be released in 2015. The plan aims to better leverage decreasing resources and coordinate HAHSTA’s housing assistance with other available District and federal housing programs. Moreover, HAHSTA also has begun a new partnership with the Department



of Housing and Community Development to expand housing availability for PLWHA. HAHSTA will be conducting an assessment of all HOPWA clients to determine their current housing status. It will assess factors affecting their housing stability and identify resources for which they might be eligible, including transitioning to other housing settings, such as permanent supportive housing, senior housing, among others. DC Appleseed looks forward to reviewing the plan and learning more about clients' needs revealed in the assessment. We will monitor the implementation of the plan and hope to be able to report progress on this critical issue in the next report card.

New York is one model of a state investing in supportive housing for high-risk homeless and unstably housed Medicaid recipients. For fiscal year 2011-2012, New York allocated \$75 million from the state's share of Medicaid Redesign funding for supportive housing for 4,500 people, in the form of newly constructed supportive housing units, subsidies and service support for use in existing units. One DC provider reported that his clients have moved to New York City and were granted housing within days. DC Appleseed looks with interest to the results of this demonstration to determine if and how it may be replicated in the District.

In conclusion, DC Appleseed applauds the Gray administration, the DC Council, and HAHSTA for making affordable housing a priority over the last year, and hopes that even more attention, as well as local funds, will be dedicated in the future. We also commend HAHSTA for maintaining the HOPWA program despite funding cuts and developing a new vision for housing for PLWHA. To stabilize the housing system, the District must increase access to affordable and stable housing for PLWHA. New ideas and resources are needed to respond to the housing crisis in the District for residents, especially those living with HIV/AIDS. DC Appleseed is encouraged by the plans that are in the pipeline and hopes that the results of these initiatives will provide a basis to raise the grade next year. While we look forward to future plans, the District's grade for Housing remains a "C+."

