

HIV/AIDS IN THE NATION'S CAPITAL

The D.C. government endorsed DC Appleaseed's August 2005 report, *HIV/AIDS in the Nation's Capital: Improving the District of Columbia's Response to a Public Health Crisis*, as a "blueprint" for change.

Since the release of DC Appleaseed's report, there has been a surge of constructive energy in the District—within and outside the government—devoted to addressing the HIV/AIDS epidemic. Even with that constructive energy, much remains to be done to produce the needed results—as the individual grades below reflect. Those grades range from a B+ for improvements made to the District's HIV/AIDS website to a D for increased condom distribution.

LEADERSHIP

MAKE **HIV/AIDS** A TOP PUBLIC HEALTH PRIORITY IN THE DISTRICT.

HIV DATA

PUBLICLY REPORT DATA ON **HIV** INFECTIONS IN THE DISTRICT.

SURVEILLANCE STAFFING

FULLY AND APPROPRIATELY STAFF THE OFFICE RESPONSIBLE FOR TRACKING THE SPREAD OF **HIV AND AIDS**.

GRANTS MANAGEMENT

IMPROVE THE MANAGEMENT OF GRANTS TO ORGANIZATIONS THAT PROVIDE **HIV/AIDS** SERVICES.

RAPID TESTING

OFFER RAPID **HIV** TESTING AT DISTRICT-RUN FACILITIES (INCLUDING STD CLINIC, D.C. JAIL, TB CLINIC, AND SUBSTANCE ABUSE TREATMENT FACILITIES).

ROUTINE HIV TESTING

DEVELOP CITYWIDE STRATEGY FOR ROUTINE **HIV** TESTING IN ALL MEDICAL SETTINGS.

CONDOMS

SIGNIFICANTLY EXPAND CONDOM DISTRIBUTION IN THE DISTRICT.

D.C. PUBLIC SCHOOLS

ADOPT SYSTEM-WIDE HEALTH EDUCATION STANDARDS, INCLUDING **HIV/AIDS** PREVENTION.

SYRINGE EXCHANGE SERVICES

FUND COMPLEMENTARY SERVICES PROVIDED BY THE PRIVATELY FUNDED SYRINGE EXCHANGE PROGRAM.

SUBSTANCE ABUSE TREATMENT

INCREASE THE AVAILABILITY OF SUBSTANCE ABUSE TREATMENT PROGRAMS IN THE DISTRICT.

HIV/AIDS AMONG THE INCARCERATED

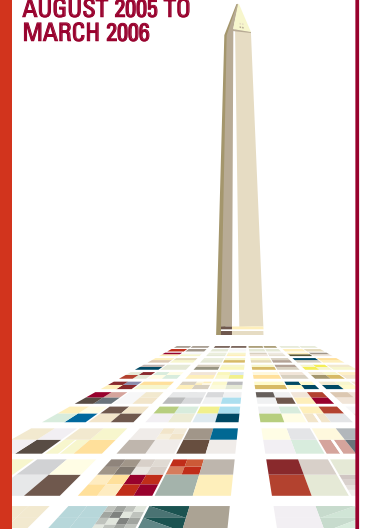
IMPROVE COLLECTION OF **HIV AND AIDS** DATA IN D.C. DETENTION FACILITIES.

WEBSITE

IMPROVE THE **HIV/AIDS** ADMINISTRATION'S WEBSITE.

REPORT CARD

AUGUST 2005 TO
MARCH 2006



GRADES (A-F)

B-

INCOMPLETE

INCOMPLETE

B

B

C

D

B-

B-

D+

C+

B+

EXECUTIVE SUMMARY

DC Appleseed's August 2005 report, *HIV/AIDS in the Nation's Capital: Improving the District of Columbia's Response to a Public Health Crisis*, showed that—in spite of the considerable time and resources many individuals, government officials, and nonprofit organizations have devoted to addressing HIV/AIDS in the District—the epidemic continues to devastate District residents. An estimated one in 20 District residents is infected with HIV.

The DC Appleseed report provides a detailed analysis and specific recommendations concerning needed improvements. Following the release of the report, several important things occurred. The District's HIV/AIDS epidemic received and continues to receive heightened media attention, and the Mayor voiced support for the report and promised his personal involvement in the implementation of the recommendations. In addition, Department of Health (DOH) Director Dr. Gregg Pane hired Dr. Marsha Martin to lead the HIV/AIDS Administration, which Dr. Martin has since renamed the Administration for HIV Policy and Programs (AHPP).

The D.C. government has endorsed DC Appleseed's report as a "blueprint" for change. However, to help bring continued public attention to the District's response to HIV/AIDS and to monitor the District's progress, DC Appleseed will issue periodic report cards assessing the implementation of the recommendations.

This first report card is intended to assess the progress made by the District government *as a whole* (not any one individual or agency) in the implementation of twelve recommendations from the report. These recommendations are not the only important recommendations in the report. DC Appleseed will assess progress in additional areas on future report cards.

DC Appleseed has not assigned a single overall grade for the District's efforts. However, DC Appleseed does believe that the District is making significant efforts to move forward on the issue. All individuals and organizations DC Appleseed interviewed in preparation of this report card agree that in the past seven months there has been a surge of constructive energy in the District—within and outside the government—devoted to addressing the HIV/AIDS epidemic. AHPP's leadership is taking innovative approaches to longstanding problems, and new and meaningful discussions and collaborations within District agencies, among the community and providers, and with federal partners are taking place. Nevertheless, as the individual grades reflect—and as the community and DC government leaders agree—much more remains to be done.

This first in a series of report cards shows that the District has acted responsibly in some critical areas. At the same time it also points out that our government and community together continue to have much more to do to effectively address our HIV/AIDS epidemic. The recommendations that received the lowest grades—condom distribution (D) and substance abuse treatment (D+)—are essential components of an effective response to HIV/AIDS, and immediate attention is imperative. Further, although leadership received one of the higher grades (B-), DC Appleseed believes persistence and improvement in all of the critical areas is indispensable and will be important future evidence of sustained leadership.

In order to assess the progress made in the implementation of the twelve recommendations, DC Appleseed staff collected information from government officials—including AHPP, the Addiction Prevention and Recovery Administration (APRA), the DOH, the D.C. Public Schools (DCPS), and the Department of Corrections (DOC)—as well as from HIV/AIDS service providers, advocates, and consumers. DC Appleseed determined a separate grade for progress made on each of the twelve recommendations based on objective, independent research. An explanation for each of the twelve grades is provided. The entire report card—with letter grades and explanations—was vetted with many of the same stakeholders.

DC Appleseed expects to issue another report card late this fall and will announce the areas that will be assessed several months in advance.

REPORT CARD

MARCH 2006

LEADERSHIP: B-

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

DC Appleseed's 2005 report urges District leadership—including the Mayor, City Administrator, Deputy Mayor, and Director of DOH—to "clearly, forcefully, and publicly make the HIV/AIDS epidemic a top public health priority in the District." Doing so would "help ensure that the necessary reforms occur and will galvanize support within the government and the community." DC Appleseed is heartened by progress in this area since the report was released but believes, for reasons stated below, that further efforts are still needed.

The day after the report was issued, Mayor Williams announced his intention to form and personally lead a task force to spearhead improvements to the District's response to HIV/AIDS. The same day, DOH Director Dr. Gregg Pane said he intended to follow through on various reforms. Within a week, Dr. Pane replaced the head of the HIV/AIDS Administration (now known as AHPP) with Dr. Marsha Martin. Dr. Martin immediately announced that she intended to implement needed reforms. One month later, the DC Board of Education (School Board) passed a resolution calling for the DCPS Superintendent to issue a plan for enhancing HIV/AIDS policy for DCPS.

On World AIDS Day, the Mayor issued a proclamation that the District of Columbia government is "committed to the eradication of HIV" and called upon District residents to join him in a commitment to help stop the spread of HIV. Dr. Martin delivered the mayoral proclamation at several events around the city and emphasized her commitment to improving the District's response to HIV/AIDS.

By Mayor's Order dated December 16, 2005, a task force was established to advise the Mayor, Dr. Pane, and Dr. Martin on issues related to HIV/AIDS and the District's response to and coordination of programs and services related to HIV/AIDS. The members of the task force have been selected and are in the process of being confirmed by the District's Office of Boards and Commissions. Although the task force has neither been convened nor its membership disclosed, Mayor Williams announced the formation of the task force in his March 20, 2006 letter to D.C. Council Chair Linda Cropp submitting the Mayor's proposed FY 2007 budget.

DC Appleseed is disappointed that the task force has taken so long to develop; however, the prolonged formation of the task force was due in part to the ambitious effort to have a very broad and experienced group of participants. The Mayor's Order mandates that the task force include 28 members, including seven District government representatives. The District representatives include the directors of the DOH, Department of Mental Health, DCPS, and the DOC. The DC Appleseed report emphasized the importance of coordination among these agencies. The task force has great potential to strengthen the District's response to HIV/AIDS and DC Appleseed urges the Mayor to convene and energize the task force as soon as its members are confirmed.

Furthermore, continued leadership and oversight from the D.C. Council Committee on Health and the Committee's Chair, Councilmember David Catania, have played a large and important role in improving the District's response to the HIV/AIDS epidemic.

Notwithstanding the efforts of the School Board to enhance HIV/AIDS policy for DCPS, Superintendent Clifford Janey has not taken action. Although, the School Board gave the Superintendent 90 days to present his plan for addressing the Board's recommendations, nearly 180 days have elapsed and no plan has been presented.

Although some progress has been made, it is not enough. Controlling HIV/AIDS requires determination and commitment from our public officials that DC Appleseed

has yet to see fully realized. The risk-taking behaviors that lead to the transmission of HIV—sexual activity and drug use—are difficult behaviors to change, requiring never-ending individual, familial and group-level vigilance and public health interventions. The District's leaders must speak frequently, strongly, and clearly about HIV/AIDS in our community and use the task force to identify ways of delivering that message. Straight talk about HIV by public health officials and governmental leaders will send a signal to District citizens that the HIV epidemic is being taken seriously.

HIV DATA: INCOMPLETE

Publicly report data on HIV infections in the District

The number of District residents currently infected with HIV and the number of new HIV infections in the District each year is not known. This is particularly astounding considering what we *do know*: the District's annual rate of new AIDS cases is nearly 12 times the national average.

As stated in the DC Appleseed report, the District must determine the extent of HIV infection in the city. Estimates (the most commonly cited estimate is that approximately 1 in 20 District residents may be infected with HIV) do not help public health officials address the epidemic. Surveillance data on HIV infections must show the number of infected people, the particular populations infected and how they became infected—thereby providing a complete picture of the epidemic and a roadmap for targeted prevention and care services.

AHPP will lack the ability to report data on HIV infection in the District until its Surveillance Division has the capacity to routinely collect HIV infection data and evaluate the data's accuracy and completeness. As recommended in the DC Appleseed report, AHPP is partnering with George Washington University School of Public Health and Health Services (GW) to oversee and improve AHPP's HIV surveillance program. AHPP and GW staff report that the contract formalizing the partnership will be finalized in the very near future. However, even once this contract is

initiated, HIV data are not likely to be reported publicly for some time.

Rather than grading the District's progress toward publicly reporting data on HIV infections in the District, DC Appleseed has assigned the District an "incomplete." The sense of the community is that AHPP's new partnership with GW is promising and warrants a "wait and see" posture. Therefore, DC Appleseed will revisit this issue on its next report card and will assign a letter grade at that time.

SURVEILLANCE STAFFING: INCOMPLETE

Fully and appropriately staff the office responsible for tracking the spread of HIV and AIDS

DC Appleseed's report found that AHPP's Surveillance Division has suffered from a lack of permanent leadership and has a staff vacancy rate of greater than 50 percent. This has had a significant negative impact on the Surveillance Division's ability to fulfill its responsibilities, including collection and dissemination of comprehensive HIV and AIDS data.

As noted above, AHPP is contracting with GW to augment and enhance the collection of vital information on the transmission of HIV and AIDS in the District. The partnership between AHPP and GW will address several ongoing needs of the AHPP with respect to its HIV Surveillance Division. In collaboration with AHPP, GW will carry out the Behavioral Surveillance activities required under the DOH Cooperative Agreement with CDC. In addition, GW will recruit a PhD level epidemiologist to assist in coordination of the partnership and provide guidance and technical expertise to AHPP's Surveillance Division. GW will also begin a comprehensive technical assessment of the surveillance division to determine further specific technical assistance to be provided.

Although AHPP has not yet filled vacancies in its Surveillance Division, AHPP intends to use the new public health/academic partnership with GW to attract and employ qualified epidemiology and data professionals. AHPP has begun the recruitment and hiring process to find such

professionals to fill vacancies and rebuild its data and research infrastructure.

As with "HIV Data" above, DC Appleseed has decided in this case to give the District an "incomplete" rather than assigning a letter grade. DC Appleseed will revisit this issue on its next report card and will assign a letter grade at that time.

GRANTS MANAGEMENT: B

Improve the management of grants to organizations that provide HIV/AIDS services

Chronic payment delays have hindered the provision of services by community-based organizations and have put unnecessary financial pressure on these providers. In response to oversight by the D.C. Council and an investigation by the D.C. Office of the Inspector General, AHPP has improved its grant payment process. All providers interviewed reported that there has been a significant improvement in the timely payment of invoices to providers. AHPP has instituted a tracking system to monitor that payments are processed timely. As of January 1, 2006, the federal Health Resources and Services Administration (HRSA) allowed AHPP to regain local control of the payment process to its sub-grantees due to improvement in its grants management system.

AHPP has reported that it has done a preliminary review of the entire grant monitoring process and has created a plan to correct remaining deficiencies. For example, in order to ensure that providers utilize their grants in a timely fashion, a computer program has been implemented to monitor spending and modify grants when necessary. AHPP has also increased oversight of sub-grantees by improving monitoring through site visits. Although improvements have been made, several providers reported continued difficulty with delays in the grant renewal and extension process resulting in potential disruption of services.

RAPID TESTING: B

Offer rapid HIV testing at District-run facilities (including STD Clinic, D.C. Jail, TB Clinic, and substance abuse treatment facilities)

Rapid testing allows individuals to learn their HIV status immediately and receive counseling and referrals to HIV prevention and care services. DC Appleseed has recommended that rapid testing be implemented in District-run facilities serving populations at high risk for HIV infection.

The District has now implemented rapid testing at the STD Clinic, the D.C. Jail, and APRA's detox and methadone treatment centers. This is largely due to a collaborative effort between AHPP and APRA. That effort implements a federal Substance Abuse and Mental Health Services Administration (SAMHSA) pilot initiative that provides free rapid testing kits to reduce HIV transmission among minority populations whose risk may also be associated with substance abuse and mental health disorders. The initiative began in February 2005 and is set to end in September 2007. In addition, the District should be commended for implementing voluntary rapid testing at the D.C. Jail during the medical intake process. AHPP modified the provider's contract to allow for the additional staffing that was needed at the Jail.

However, rapid testing has not been implemented at the TB Clinic. According to medical experts, this is a crucial missing link. Given that TB is the leading cause of death among people infected with HIV, knowledge of the patient's HIV status is critical to assessing appropriate treatment for individuals who are suspected or proven to have TB. The District must act immediately to implement rapid testing at the TB Clinic.

ROUTINE TESTING: C

Develop citywide strategy for routine HIV testing in all medical settings

Individuals who know their HIV status are more likely to change their behavior to reduce the risk of contracting or spreading the infection and, if necessary, to seek appropriate care and treatment. More people

would likely undergo HIV testing and learn their status if HIV testing were routinely offered as part of medical care.

According to AHPP staff, a concerted effort is being made to address the need for a citywide strategy on routine testing at all public and private medical settings. The development of a citywide policy on routine HIV testing requires the involvement of various stakeholders. The AHPP Director plans to utilize the members of the Mayor's HIV/AIDS Task Force, which includes representatives of the District's major hospitals, to develop and advance such a policy.

Until a citywide strategy is developed, routine testing should be implemented in public medical settings that engage clients at high risk for HIV infection. HIV testing is offered at the STD Clinic, the D.C. Jail, and APRA's detox and methadone treatment centers. However, HIV testing is not routinely offered in the District's mental health centers or at the TB clinic. The District must act immediately to implement routine testing in these settings.

The TB clinic offers HIV testing only to those clients who are confirmed to have active TB. Yet, CDC Guidelines recommend that HIV testing and counseling be provided for those who are confirmed or suspected of having TB. As stated, knowing the HIV status of an individual helps to determine appropriate treatment for TB. Therefore, the District should follow CDC guidelines and routinely offer HIV testing to individuals who are suspected or proven to have TB.

CONDOMS: D

Significantly expand condom distribution in the District

The use of condoms is one of the most basic, universal, safe, and effective prevention methods for reducing HIV/AIDS transmission. Given the District's high HIV/AIDS rates, expanding condom availability should be an immediate priority.

DC Appleseed's report showed that in 2004, AHPP fell far short of its condom distribution goals of approximately 600,000, distributing only 290,000 condoms. According to information provided by AHPP, in 2005, about

125,000 were provided directly from AHPP for distribution. Compared to other jurisdictions, the District has failed to make condoms widely available. Organizations have complained that when requesting condoms from AHPP directly, either their requests were ignored or they were told condoms were not available. Other organizations are confused as to the method of accessing condoms from AHPP.

Although Dr. Martin has spoken publicly about the need for expanded access to condoms in the District, AHPP has not taken specific action towards increasing condom availability in the District. AHPP should make it an immediate priority to increase its own condom distribution and to develop and advertise a clearer and more streamlined process for providers to obtain and distribute condoms.

DCPS: B-

Adopt system-wide health education standards, including HIV/AIDS prevention

Developing curriculum standards is an important first step in ensuring that all DCPS students have access to comprehensive, evidenced-based health education that includes needed HIV prevention tools. Once standards are finalized, educational programming must meet those standards, ensuring that community-based organizations operating in schools provide effective evidence-based education.

The resolution passed by the School Board to enhance HIV/AIDS policy for DCPS called for the adoption of system-wide health education standards. The CDC-funded HIV/AIDS Education Program Director is now working closely with the DCPS Executive Director for Health, Physical Education, and Athletics in revising DCPS' health education standards. They are engaging CBOs and other key stakeholders to provide feedback on the development of these standards, which are slated for review during the Summer/Fall 2006. Although these standards are not expected to be finalized until the 2007/2008 school year, DCPS plans to develop interim standards for the 2006/2007 school year.

SYRINGE EXCHANGE SERVICES: B-

Fund complementary services provided by the privately-funded syringe exchange program

The distribution of sterile injection equipment, through syringe exchange programs (SEPs), is widely recognized as an effective means to prevent the transmission of HIV infection and plays an important role in engaging high-risk populations in other prevention interventions and treatment. Such programs are critically needed in the District, where approximately one-third of new AIDS cases are attributable to injection drug use. Because Congress has barred the District from using federal or local public funds to support SEPs, only private funds may be used.

Significantly, the Congressional prohibition does not preclude federal or local public funding for complementary services that do not entail the distribution of syringes. Thus, the District's privately-funded needle exchange program is eligible for public funding for services that do not involve the distribution of sterile syringes. Public funding would allow expansion of complementary services—e.g., HIV testing and counseling, prevention case management, and drug treatment and mental health referrals—that would likely increase the program's effectiveness in preventing the spread of HIV and reducing drug use.

Dr. Martin has engaged in discussions with the District's privately-funded SEP concerning possible grants for complementary services. Although AHPP has not yet funded complementary services at the District's privately-funded syringe exchange program, Dr. Martin has publicly voiced support for needle exchange as an effective prevention intervention and has created a staff position at AHPP focusing on HIV/AIDS services for drug users and the incarcerated in the District.

SUBSTANCE ABUSE TREATMENT: D+

Increase the availability of substance abuse treatment programs in the District

For substance users who engage in high-risk behavior such as unsafe injection practices and/or unprotected sex, substance abuse treatment is a proven HIV prevention strategy that reduces the risk of HIV infection.

The substance abuse problem in the District is well known. The District's citywide household survey conducted in the year 2000 estimated that 60,000 District residents are addicted to alcohol or other drugs. For illegal drugs, the rate of addiction in the District was 40 percent higher than the rate of addiction for the nation that same year.

Although the District has made some progress in expanding accessibility to substance abuse treatment programs to special populations, expansion of substance abuse treatment programs has been impeded due to insufficient funds. APRA has received virtually flat-lined funding in the amount of approximately \$34 million since 1998. In fact, according to the Mayor's Interagency Task Force's report of 2005, from FY 2003 to FY 2004, APRA's budget decreased from \$36.5 million to \$36 million, further declining to \$33.4 million in FY 2005. There was a meager increase of \$1 million in the FY 2006 appropriation. It is important to note, however, that the \$1 million increase was dedicated for the treatment of individuals with co-occurring substance abuse and mental health conditions—one of the first meaningful attempts to invest in treatment for this population.

In January 2005, the Mayor's Interagency Task Force on Substance Abuse recommended that the Mayor increase the FY 2006 substance abuse related budget requests by \$12 million to help expand treatment capacity. The Mayor did not act on this recommendation, and the additional \$12 million was not provided. For FY 2007, the Mayor's Substance Abuse Task Force has recommended additional funding of \$24 million. The FY 2007 budget for APRA has not been determined. Without additional funding, the District will not be able to

expand its substance abuse treatment capacity.

Due to the seriousness of this problem, a group of advocates and providers has organized a coalition called "Community Partners" to lead the effort to improve substance abuse services in the District. In recent testimony before D.C. Council and a letter to the Mayor, the group has voiced the need for additional funding to address this problem.

While access to substance abuse treatment is generally inadequate, the District has attempted to expand access to services for the homeless and incarcerated. APRA has partnered with Unity Health Care on a pilot program to do substance abuse assessment and outreach for the homeless. APRA and DOC have also applied for a Department of Justice grant, which would create 290 beds for substance abuse treatment in the D.C. detention facilities. Collaboration between agencies to leverage funding is important and useful; however, additional appropriated dollars are necessary to fully address the substance abuse epidemic in the District.

HIV/AIDS AMONG THE INCARCERATED: C+

Improve collection of HIV and AIDS data in D.C. detention facilities

In order to provide needed medical care and discharge planning services at the D.C. Jail, it is necessary to know the level of HIV infection in the incarcerated population. Such data have been lacking. The D.C. Jail has implemented rapid HIV testing, which will improve data collection about inmates who test positive. From October 2005 through January 2006, 986 inmates opted for rapid testing at intake, and 46 inmates tested positive (4.6%). However, a true seroprevalence study—which determines prevalence across the population rather than among a self-selected group of individuals—has not been performed since 1998. There have been discussions about conducting another seroprevalence study at the Jail, but no plans have been made. It is essential that the District conduct a seroprevalence study at the jail.

Data collection related to inmates with HIV has improved through increased collaboration regarding discharge planning. A continuity of care committee consisting of multiple agencies has been meeting monthly at the D.C. Jail to improve the discharge planning process for those with HIV and other chronic diseases. Reports detailing the number of inmates discharged with HIV will be produced.

WEBSITE: B+

Improve AHPP's website

AHPP's website should be an important mechanism for educating the public and informing the community about the HIV/AIDS epidemic in the District. Although AHPP's website contains vastly more information than it did six months ago, the navigability and reader-friendliness of the website needs further improvement. Important and useful information is hard to find. For example, the CDC's "HIV/AIDS Basics" containing clear answers to frequently-asked questions is buried eight pages deep in one section of the website. Furthermore, some of the important facts and definitions on the website are difficult for a layperson to understand. We encourage AHPP to continue refining and improving its website by consulting the websites of comparable agencies in other jurisdictions and soliciting advice and/or feedback from members of the District community.