

HIV/AIDS IN THE NATION'S CAPITAL

Over five years ago, DC Applesseed 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.

While there continue to be important advancements, this *Sixth Report Card* shows that in several key areas progress is not sufficient and in others there have been troubling declines. We urge Mayor Gray, his administration, and the District community to make fighting HIV/AIDS a top priority.

In addition to describing the status of the District's response to the epidemic, the *Sixth Report Card* proposes a list of HIV/AIDS priorities for the Gray Administration to address going forward.

REPORT CARD

NO. 6
OCTOBER 2009 TO
FEBRUARY 2011



GRADES (A-F)

LEADERSHIP

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

B

INTERAGENCY COORDINATION

Improve communication and collaboration on HIV/AIDS issues among key District agencies, including DOH, DMH, DOC, and DCPS.

A-

HIV SURVEILLANCE

Fully and appropriately staff the office responsible for tracking the spread of HIV and AIDS. Publicly report data on HIV infections in the District.

A-

GRANTS MANAGEMENT

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

B

MONITORING AND EVALUATION

Implement comprehensive system of program outcome monitoring and quality assurance standards utilizing data to assess the effectiveness of grant-funded HIV/AIDS prevention and care programs.

B-

HIV TESTING

Develop citywide strategy for routine HIV testing in all medical settings and offer rapid HIV testing at District-run facilities (including STD clinic, D.C. Jail, TB Clinic, and substance abuse treatment facilities).

A

CONDOM DISTRIBUTION

Significantly expand condom distribution in the District.

A-

PUBLIC EDUCATION IN THE DISTRICT

Adopt system-wide health education standards, including HIV/AIDS prevention. Establish system for monitoring implementation of standards. Develop and implement a plan for enhancing HIV/AIDS policy for DC schools.

OSSE: C-
DCPS: B+

CHARTER: Incomplete

YOUTH INITIATIVES

Establish and implement a youth HIV education and prevention program that involves all District agencies that have regular contact with or programming for young people.

B+

SYRINGE EXCHANGE & COMPLEMENTARY SERVICES

Continue to fund syringe exchange programs and complementary services (e.g., HIV testing and counseling and drug treatment referrals) and adopt additional measures to address prevention with substance-using population.

B

SUBSTANCE ABUSE TREATMENT

Increase the availability of substance abuse treatment programs in the District.

B+

HIV/AIDS AMONG THE INCARCERATED

Implement routine HIV testing, improve collection of HIV and AIDS data, improve discharge planning services, and ensure that HIV-positive inmates receive medication at discharge.

A

EXECUTIVE SUMMARY

This *Executive Summary* of DC Appleseed's *Sixth Report Card* is divided into two sections. The first section describes the grades assigned to the District's response in addressing the HIV/AIDS epidemic over the past 16 months, and the second section presents our suggested list of the top five HIV/AIDS priorities for Mayor Vincent Gray's administration.

It has been over five years since DC Appleseed published its report, *HIV/AIDS in the Nation's Capital: Improving the District of Columbia's Response to a Public Health Crisis*. Then-Mayor Tony Williams embraced the recommendations and endorsed the report as a "blueprint" for change. Under his administration, the city began to see the strengthening of surveillance, expansion of HIV testing, and improvements in HIV/AIDS services at the DC Jail.

Mayor Fenty continued the momentum and made HIV/AIDS the number-one public health priority of his administration. As detailed in the *Leadership* section of this report card, the District has made

considerable progress in addressing HIV/AIDS, and many of DC Appleseed's recommendations have been implemented under Mayor Fenty. In the *Fifth Report Card*, the District received a significant number of grade increases reflecting the progress made by the Fenty administration toward building the basic infrastructure essential to combat the epidemic. The only grade decrease was in *Syringe Exchange & Complementary Services*, because of the insignificant expansion of services to meet the District's need. However, in the *Fifth Report Card*, DC Appleseed also expressed the concern that Mayor Fenty's public focus on the severity of the epidemic had waned.

As a Councilmember and Council Chair, Mayor Gray demonstrated a commitment to the fight against HIV/AIDS, particularly in Ward 7. We believe it is imperative that Mayor Gray continue the momentum set by his predecessors by making HIV/AIDS a priority and by improving prevention, treatment, surveillance, and other efforts. Without this commitment, the District will not be able to effectively combat this continuing epidemic or measure the results of its prevention efforts.

SIXTH REPORT CARD GRADES

Since our original 2005 report, the District has made steady and significant improvements in its overall response to HIV/AIDS. Through follow-up report cards, DC Appleseed has tracked this progress and offered further recommendations when there has been a lack of progress or the opportunity for further improvements. This *Sixth Report Card*, for the first time, shows the District's response declining in several key areas. This signals the need for a reinvigorated commitment from the Gray administration.

In this *Sixth Report Card*, the District has received grade increases in three sections: *Condom Distribution* ("B+" to "A-"), *Youth Initiatives* ("B" to "B+"), and *Substance Abuse Treatment* ("B" to "B+").

- The District has made substantial progress from distributing 115,000 condoms in 2006 to more than four million in 2010. The HIV/AIDS, Hepatitis, STD and TB Administration ("HAHSTA") has collaborated with private partners to promote the new female condom ("FC2"), and launched the Rubber Revolution social marketing campaign to promote condom use.
- The District has delivered on most of the goals set forth in the *2007-2010 Youth and HIV/AIDS Prevention Initiative* ("2007-2010 Youth Initiative") and maintained its multi-agency programming and collaboration to expand HIV testing and education.
- The District's Addiction Prevention and Recovery Administration ("APRA") has continued to improve its substance abuse services, reduce costs, and increase efficiency.

In this report card, the District maintained "A" grades both in *HIV Testing* and in *HIV/AIDS Among the Incarcerated*, maintained an "A-" in *Interagency Coordination*, and maintained a "B-" in *Monitoring and Evaluation* ("M&E").

- The District is at the forefront nationwide in its efforts to increase the number of HIV tests conducted and the number of HIV-infected individuals identified and linked to care. The District has successfully promoted routine testing in medical settings, continued targeted testing initiatives in the community, and expanded testing in innovative locations like the Department of Motor Vehicles ("DMV").
- The Department of Corrections ("DOC") continues to conduct HIV testing of inmates at intake, make available both male and female condoms, and maintain the strong partnership with Unity Health Care to provide high-quality treatment and discharge-planning for HIV-positive inmates.

- The District has sustained strong interagency coordination, as shown by HAHSTA's continued multi-agency initiatives and plans for new collaborations, and by other District agencies' continuing role in addressing HIV/AIDS.
- It is troubling that M&E has not increased from the "B-" it received when this section was added to the *Second Report Card*. While there has been some progress toward streamlining M&E with a centralized database system called Maven, repeated delays in the implementation of the program and lingering staff vacancies have resulted in the continuing need for improvement.

In this report card, four sections received grade decreases: *HIV Surveillance* (from "A" to "A-"), *Grants Management* (from "B+" to "B"), *Syringe Exchange & Complementary Services* (from "B+" to "B"), and *Leadership* (from "B+" to "B").

- The District has enhanced surveillance staffing since the original 2005 report and has improved greatly the quality and regularity of quantitative surveillance data updates. HAHSTA continues to produce annual surveillance reports and states that by the end of 2012, the Strategic Information Bureau will produce a three-year HIV incidence estimation. Despite this progress, after receiving an "A" grade in the last three report cards, the grade for *HIV Surveillance* was decreased in this report card because of extended staff vacancies that are troubling given the broadened scope of the infectious diseases for which HAHSTA is responsible. Furthermore, there have been continued delays and poor communication in delivering data for prevention and care planning.
- HAHSTA reports that many grant management systems are in place to streamline contract monitoring, track documentation requirements, oversee subgrantee services, and pay invoices. However, DC Appleseed's review has highlighted several shortcomings in grants management over the past year; we also are concerned by discrepancies in HAHSTA's invoice tracking reports.
- DC Appleseed commends the District for funding four syringe exchange programs since 2008 when local public funding was allowed. But since then, the funding and number of providers has not expanded, and recently one large provider announced it would be closing. Also troubling are declines in complementary services and recent delays in finalizing grant agreements for programs to continue providing syringe exchange services. These factors have led to a grade decrease to "B." This is the second consecutive time that the *Syringe Exchange & Complementary Services* grade has decreased.
- The grade in *Leadership* also has decreased, reflecting the grade decreases outlined above, the lack of progress in M&E, and delays in filling critical vacancies.

In the *Fifth Report Card*, the section related to HIV prevention in the schools was expanded beyond District of Columbia Public Schools ("DCPS") to include charter schools and the Office of the State Superintendent for Education ("OSSE"), as all these entities play important roles in ensuring quality, comprehensive HIV/AIDS education to students. Last year the schools received an aggregate grade of "C+." In this *Sixth Report Card*, we have assessed DCPS, OSSE, and the charter schools separately. Due to significant achievements, DCPS has received a "B+." However, there has been a lack of the needed progress in charter schools and there is concern that OSSE has neither ensured that public charter students receive adequate HIV/AIDS education nor implemented a process to evaluate progress in the schools. As a result, OSSE received a "C-" in this report card. The Charter Schools received an "Incomplete" because of the lack of information available to assess the status of HIV/AIDS education across charter schools. As stated in this and earlier report cards, the District continues to do far less than is needed to ensure that its young people receive the education they need regarding HIV/AIDS.

TOP FIVE HIV/AIDS PRIORITIES FOR MAYOR GRAY'S ADMINISTRATION

Mayor Gray has assumed the leadership at a critical juncture in the District's fight against HIV/AIDS. He has the opportunity to build on the significant progress the District has made, but also must tackle obstacles that are resulting in the lack of progress in certain key areas. In hopes of assisting Mayor Gray's administration in addressing this complex issue immediately, DC Appleseed has proposed a list of the top five HIV/AIDS priorities that need to be addressed. These priorities were developed with input from community stakeholders and from government officials. Although there are other items that certainly could be added to this list, these five priorities are 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 Gray must maintain visible leadership on HIV/AIDS in order to continue the significant progress the District has made in responding to the epidemic. In this *Sixth Report Card*, several key areas have received grade decreases. To reverse this trend, a strong commitment at the highest level is imperative. The District cannot afford to see attention to HIV/AIDS decline.

2. Engage the Entire City in the Fight against HIV/AIDS.

The DC government cannot fight HIV/AIDS alone. We urge the mayor and his administration to build on successful and innovative public/private partnerships and involve all sectors of the community in the District's efforts to combat HIV/AIDS. By being creative and continuing to collaborate with private entities, the District has the opportunity to leverage funding and other resources to better fight the epidemic. These private partners should include businesses, hospitals and clinics, academic institutions, civic organizations, sports and entertainment industries, and media and advertising outlets.

3. Ensure that District Youth Receive HIV Education.

The District must strengthen HIV and sexual health education within DCPS and charter schools. In order to evaluate the effectiveness of this HIV education, it is essential that OSSE implement an assessment system by Spring 2012. In addition, the District needs to maintain and expand its successful inter-agency youth initiatives occurring outside the school system.

4. Develop Data Measuring the Rate of New Infections

Since DC Appleseed's 2005 report, there has been significant progress in collecting, analyzing, and reporting data. It is critical that the District move forward on measuring, monitoring, and understanding HIV/AIDS. DC Appleseed expects that this commitment to surveillance will result in regular reporting of new HIV incidence data beginning in 2012. Incidence data will allow the District to target and prioritize its prevention initiatives and measure the success of its prevention efforts. Filling staff vacancies and continuing the academic partnership are critical to meeting this deadline.

5. Advocate for Maintaining DC Funding for Syringe Exchange Services.

Since 2008, the District has funded four syringe exchange programs with local dollars. The mayor must lead the fight against any changes in the political make-up of the Congress that threaten to undermine this important local initiative. These programs are vital to the city's response to the HIV/AIDS epidemic. The case must be vigorously made that the programs are effective, strongly supported by local elected officials, and should not be countermanded by officials elected in other parts of the country, as they have been in the past.

DC Appleseed hopes that Mayor Gray will embrace these five critical priorities as he takes the helm in leading the District's fight against HIV/AIDS. In addition, it is essential that the mayor

exhibit strong leadership and that his administration sustains and improves the crucial efforts identified in each section of this report card. The District will be hosting the International AIDS Conference in July 2012. With the new administration's strong leadership and visibility, the conference can be an opportunity to highlight the District's progress in addressing this epidemic.

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
LEADERSHIP	B-	B-	B+	B+	B+	B
INTERAGENCY COORDINATION	N/A	C-	B-	B	A-	A-
HIV SURVEILLANCE & DATA	Incomplete	B	A	A	A	A-
GRANTS MANAGEMENT	B	B-	B	B	B+	B
QUALITY ASSURANCE/ MONITORING AND EVALUATION	N/A	B-	B-	B-	B-	B-
RAPID TESTING	B	B	B+	A-	A	A
ROUTINE HIV TESTING	C					
CONDOM DISTRIBUTION	D	D+	B	B	B+	A-
D.C. PUBLIC SCHOOLS	B-	C-	D	C	C+	OSSE: C- DCPS: B+ CHARTER: Incomplete
YOUTH INITIATIVES	N/A	N/A	N/A	N/A	B	B+
SYRINGE EXCHANGE SERVICES	B-	B-	B+	A-	B+	B
SUBSTANCE ABUSE TREATMENT	D+	D+	C+	B	B	B+
HIV/AIDS AMONG THE INCARCERATED	C+	B+	A	A	A	A

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 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.

SIXTH REPORT CARD

FEBRUARY 2011

LEADERSHIP: B

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

DC Appleseed's 2005 report cited a lack of leadership at all levels of the District government as a major reason for the District's failure to adequately address the HIV/AIDS epidemic. Since then, the District has made significant improvements in its response to the epidemic. Progress has been made in all sections of the report card since 2005, though this year several sections have seen grade decreases. It remains critical that leadership on HIV/AIDS be strong at all levels, or the city will risk losing the progress that has been made.

In many ways, the District's response to the HIV/AIDS epidemic improved significantly under the administration of Mayor Fenty. During much of the Fenty administration, HAHSTA benefited from effective, stable leadership and was able to strengthen the District's infrastructure and capabilities to address HIV/AIDS. Many programs and initiatives were created or expanded within HAHSTA and across government and the community. And the administration provided substantial coordination and leadership efforts. While Mayor Fenty identified HIV/AIDS as his number-one health priority and made several high-profile appearances involving HIV/AIDS, the administration did not maintain a consistent and visible focus on the epidemic.

The Fenty administration expanded HAHSTA's infrastructure and capabilities in a variety of ways. The appointment of Dr. Shannon Hader as Senior Deputy Director at HAHSTA provided much-needed stability. Dr. Hader brought deep expertise and

provided focused, energetic, and competent leadership to the agency. DC Appleseed especially welcomed her willingness and ability to collaborate with other agencies and entities in the city, because long-term success in combating the epidemic will depend on the combined efforts of government and other stakeholders. The new energy at HAHSTA and in the DC government generally facilitated a number of advances.

Under Dr. Hader's leadership, the agency broadened the expertise of its personnel and continued the collaboration with the George Washington University School of Public Health and Health Services ("GW"). As detailed in the *HIV Surveillance* section of this report card, this collaboration has been and remains a critical component to strengthening the District's efforts to understand and address the epidemic. HAHSTA hired trained epidemiologists and employees with other advanced degrees and successfully processed a backlog of data to deliver the District's first annual epidemiology report in 2007 and two subsequent reports in 2008 and 2009. It now is able to issue an epidemiology report and conduct the National HIV Behavioral Surveillance ("NHBS") study annually. Quality epidemiology reports and ongoing surveillance data are essential to guide new programs and initiatives. The District's HIV/AIDS surveillance efforts are now considered among the best in the country, and HAHSTA continues to employ top talent.

The Global Business Coalition, a group of multinational companies based in the US, has implemented a domestic HIV prevention initiative in DC, New York, and Oakland. Dr. Hader worked closely with the Global Business Coalition to develop public/private partnerships that allowed the District to expand the reach of its programming. HAHSTA, the Global Business Coalition, and Pfizer, Inc. partnered on the "Offer the Test" initiative (discussed in more detail in the *HIV Testing* section of this report) to encourage private physicians to offer routine HIV testing to their patients. Several groundbreaking public/private partnerships with Gilead Sciences, Inc. ("Gilead") also were set in place under the leadership of Dr. Hader, including the successful HIV testing program implemented by Family and Medical Counseling Service, Inc.

("FMCS") and Community Education Group ("CEG") at the DMV.

HAHSTA has continued the collaboration with the National Institutes of Health ("NIH") to form the DC Partnership for HIV/AIDS Progress with \$26 million in investments of research and services aimed at reducing new HIV infections in the District and improving the care and treatment of HIV/AIDS patients.

Initiatives discussed in depth in other sections of this report card demonstrate that the Fenty administration advanced the District's response to the HIV/AIDS epidemic. Testing programs are now in nearly all District emergency rooms, as well as in non-traditional locations, such as the DMV. The DOC has become a national leader in HIV testing and discharge planning. Condom distribution has expanded exponentially, from 115,000 condoms in 2006 to well over one million condoms in each of 2007, 2008, and 2009, and over four million in 2010. When a congressional ban on using local dollars to fund syringe exchange for injecting drug users ("IDUs") was lifted in late 2007, the administration immediately provided new funding to expand the Needle Exchange Program ("NEX") in the District. This local funding helped establish three new programs designed to prevent HIV infections and reduce high-risk behavior among IDUs. These successes helped raise the profile of the fight against HIV/AIDS in the District while delivering tangible and measurable benefits to those at risk of and living with HIV/AIDS.

The Fenty administration also implemented some changes in the management of grants for HIV/AIDS services to enhance accountability, promote transparency, and tailor grant monitoring to the needs of service providers. During the past year, HAHSTA's grant management practices came under significant scrutiny, which resulted in some successful remedial efforts. However, as noted in the *Grants Management* section of this report card, timely payments of invoices to community-based organizations ("CBOs") during the past year appear to have decreased. DC Appleseed's attempt to assess accurately the timeliness of payments was hampered by discrepancies in the data provided by HAHSTA.

The Fenty administration also made significant progress in coordinating the District's efforts to combat HIV/AIDS across many government agencies. For example, the administration's three-year *2007-2010 Youth Initiative* was a multi-agency effort. In addition to efforts through DCPS, HAHSTA funded training programs to build HIV competency in non-HIV focused youth organizations and supported organizations as they incorporated those skills into their day-to-day activities. The Department of Parks and Recreation ("DPR") incorporated HIV education into several summer programs and the Department of Employment Services ("DOES") integrated HIV/AIDS awareness into its training program for the roughly 20,000 youth participating in the summer jobs program.

The administration appointed a strong leader for APRA, Tori Fernandez Whitney, who improved efficiency at the agency and successfully secured a variety of grant funding to expand substance abuse prevention and treatment services. In addition, the DOC continues to operate successful substance abuse treatment units at the District's detention facility through a Residential Substance Abuse Treatment ("RSAT") grant from the Department of Justice.

Mayor Fenty did lend his name to initiatives and embraced the fight against HIV/AIDS publicly, especially early in his administration. In April 2007, the mayor hosted an HIV/AIDS Summit, bringing together more than 120 leaders from the government and from provider, faith-based, and community organizations. He also played a public role appearing at the release of key DC HIV/AIDS reports, such as the annual DC surveillance reports for 2007, 2008 and 2009; the NHBS studies, *Heterosexual Relationship and HIV in Washington, DC* and *MSM in DC: A Life Long Commitment to Stay HIV Free*; and the DC Appleseed report cards. Although Mayor Fenty stated that HIV/AIDS was his top health priority, the frequency and focus of the mayor's involvement diminished over time. In the later years of his administration the mayor was less visible on HIV/AIDS. We think that leadership and public engagement must go much deeper than appearing at HIV/AIDS-themed events. The routine discussion of the epidemic is an important element in reducing the stigma associated with HIV/

AIDS and raising awareness of the epidemic. HIV/AIDS should be a vital element of the conversation when numerous other health issues – including substance use, mental health, general infectious diseases, support for patients with complex and expensive treatment regimens, emergency care, and the general challenges of health care for those in poverty – are discussed.

Our advice to the Gray administration would be to continue the momentum of the early years of the Fenty administration and to resist the drop-off in focus that it experienced by the end. Despite the many achievements of the prior administration, HIV/AIDS continues to devastate our city. Mayor Gray must maintain a visible and consistent public campaign for the fight against HIV/AIDS through public appearances, communications, and actions. He must take that message to the business, faith, non-governmental, academic, and other vital constituencies in our city, whether or not they have invited him to speak on HIV/AIDS or are ready to hear about it. He needs to convey to every city agency's leadership team that they are accountable for contributing to the fight against HIV/AIDS. If the DMV can find a role to play in hosting a testing site, every agency can make a difference.

It is encouraging that Mayor Gray has promptly appointed Dr. Mohammad Akhter as his Director of the Department of Health ("DOH") and Dr. Gregory Pappas as the Senior Deputy Director at HAHSTA, two key positions in fighting HIV/AIDS in the District. Dr. Akhter has significant public health experience and knowledge of DC health issues, and Dr. Pappas has extensive experience in HIV/AIDS leadership, research, and service internationally and in DC. We also are encouraged by the mayor's reviving the cabinet position of Deputy Mayor of Health and Human Services and appointing Beatriz Otero to that position. DC Appleseed hopes that the appointments and the announcement of the new Mayor's Commission on HIV/AIDS are signs that the administration has made public health a priority and that there will be no delays in strengthening and revitalizing the District's response to the epidemic. In this report card, we commend many important new initiatives and developments; it will take deep commitment, creativity, and political will to maintain those efforts in these difficult finan-

cial times. Delays in moving forward could imperil the progress that has been made and could weaken important partnerships.

While this section has described important advances that have been seen under the leadership of the Fenty administration, DC Appleseed is concerned that since the last report card, there has been a lack of progress in *Monitoring & Evaluation* and grade decreases in *HIV Surveillance*, *Grants Management*, and *Syringe Exchange Services*. Because of these concerns, the District's grade for Leadership over the past year has been decreased to a "B."

INTERAGENCY COORDINATION: A-

Improve communication and collaboration on HIV/AIDS issues among key District agencies, including DOH, DMH, DOC, and DCPS.

In DC Appleseed's 2005 report, we noted the near absence of collaboration among District agencies to support HAHSTA's response to the city's HIV/AIDS epidemic as a severe impediment to effective action. Since then, the District has made significant progress. In 2006 the first evident coordination was between HAHSTA and DOC through the implementation of an HIV testing program at the DC Jail. In 2007 the Fenty administration was credited with placing a greater emphasis on coordinated efforts to address the HIV/AIDS epidemic, and several important interagency initiatives were implemented.

In the *Fifth Report Card*, DC Appleseed raised the District's grade from "B" to "A-" because the city had sustained and expanded interagency initiatives to address HIV/AIDS, including efforts focused on particularly vulnerable populations. This Sixth Report Card finds that HAHSTA has continued its multi-agency initiatives, has planned new collaborations, and that other District agencies continue to play a role in addressing HIV/AIDS. While there is still progress to be made, the District continues to earn an "A-."

As described in more detail in the *Youth Initiatives* section of this report card, the multi-agency effort aimed at HIV preven-

tion among young people continues to be successful. Many of the recommendations of the District's *2007-2010 Youth Initiative* have been implemented and a new three-year plan is under development. The sexually transmitted disease ("STD") education and testing partnership with the DOES Summer Youth Employment Program continued for a second year, though decentralization of the orientation process made the collaboration less effective. HAHSTA and its partners are examining ways to make the third year more effective. CBOs have partnered with DPR to conduct HIV testing at co-branded youth events at recreation centers throughout the city. DOH and DCPS have partnered on a particularly innovative and wide-reaching school-based STD screening initiative, which tests for chlamydia and gonorrhea. Over the past year, HAHSTA implemented the Wrap M.C. (Master of Condoms) program, described fully in the *Condom Distribution* section, to increase accessibility of condoms in schools, and DCPS has made it a requirement in all high schools.

Based on the success of the *2007-2010 Youth Initiative*, HAHSTA convened the Substance Use and HIV Strategic Plan Working Group to develop a comprehensive HIV prevention plan for substance users. The group included members of the community as well as APRA staff. The plan is intended to address the intersection of HIV with injection and other drug use, and was expected to be released in the summer of 2009. The development of this plan has been delayed significantly. However, it recently was reported that APRA staff has provided feedback to HAHSTA and a draft will be shared with the working group in the near future. DC Appleseed urges HAHSTA to make the production of this plan a priority.

HAHSTA, APRA, and the Department of Mental Health ("DMH") previously had been meeting monthly to collaborate to improve the care of shared patients who are dually- and triply-diagnosed. It was reported that the meetings among the leadership of the three agencies have not occurred regularly; however, the leaders of APRA and DMH meet monthly. Although efforts have focused on increasing the capacity of each agency's provider organizations to build direct linkages with each other through a series of round-

tables, DC Appleseed encourages all three agency heads to meet on a regular basis.

When the District began funding syringe exchange in 2008, HAHSTA worked with the Metropolitan Police Department staff to educate patrol officers about the HAHSTA-funded NEX and its legality. This was very successful. Because there have been recent reports of new officers who are unaware of the NEX, DC Appleseed encourages HAHSTA to reconvene the educational process at the police department.

In advance of implementation of health care reform, HAHSTA began working in July 2010 with the DC Department of Health Care Finance to enroll DC Alliance clients into Medicaid, thus improving their care and alleviating spending pressure on ADAP for HIV medication. HAHSTA also has had preliminary discussions with DOES about connecting clients participating in the Housing Opportunity for Persons with AIDS ("HOPWA") program with DOES's Disability Navigator program to offer opportunities for clients to return to the work force.

Continued collaboration also occurs between HAHSTA and a number of District agencies through its condom distribution program, whereby HAHSTA provides the condoms for all city agencies, including other DOH agencies, DMH, DCPS, and DOC.

Recently, a new and very promising agency collaboration has occurred between HAHSTA and the DMV. As discussed in more detail in the *HIV Testing* section of this report, HIV testing currently is being offered at the DMV branch in Ward 7. DC Appleseed commends this innovative program.

DC Appleseed applauds the District for the continuation of most of the previous agency collaborations and the development of new ones. The District's grade is maintained at an "A-."

HIV SURVEILLANCE: A-

Fully and appropriately staff the office responsible for tracking the spread of HIV and AIDS. Publicly report data on HIV infections in the District.

HAHSTA has maintained an “A” grade in *HIV Surveillance* in the past three report cards because of hiring top-quality staff and the partnership with GW. This five-year partnership has resulted in HAHSTA’s ability to produce high-quality surveillance reports each year. The strength of this collaboration has brought a turnaround in terms of surveillance, as highlighted in June 2010 when the District was awarded “Most Improved Surveillance System” at the National HIV Surveillance Coordinators Meeting.

During the past year, GW has assisted HAHSTA with the production of the annual surveillance report and implementation of the NHBS system. The NHBS work included completion of the analysis and reporting on the IDU cycle (to be published in March 2011), data collection for the heterosexual-2 cycle, and the March 2010 publication of the report from the MSM cycle. The partnership also helped DC become one of the only jurisdictions ready to publish in early 2012 estimations of community viral load – an element of the White House’s National HIV/AIDS Strategy. GW also has collaborated with HAHSTA on the data analysis and preparation of the integrated epidemiology reports, which include data regarding HIV/AIDS, STDs, hepatitis, and TB. The next report is scheduled to be released in early 2011. Over the five-year duration of the contract, the relationship between HAHSTA and GW has evolved from providing technical support to a research collaborative.

The current contract for this academic partnership with GW expires in late March 2011. DOH reports that the current contract has been extended through FY 2011 while they prepare a competitive bid process to support a continued academic partnership. This partnership has been essential to the improvements noted in the District’s surveillance efforts over the past few years. It is important that this contract continue without any lapses and that the scope of the partner-

ship not be scaled down significantly. The new contract intends to focus on expanding public health research and practice in HIV, STD, hepatitis, and TB. Plans include: 1) the development of integrated surveillance protocols following the newly awarded Program Collaboration and Service Integration grant from the Centers for Disease Control and Prevention (“CDC”); 2) the implementation of the Enhanced Comprehensive HIV Prevention Planning and Implementation for Metropolitan Statistical Areas Most Affected by HIV/AIDS (“ECHPP”) project, a cornerstone of the National HIV/AIDS Strategy; and 3) the collaboration with the DC Developmental Center for AIDS Research (“DC D-CFAR”) to expand public health research and practice in the District. DC Appleseed strongly recommends that District officials support the continuation of this type of partnership and expects that budget constraints will not become an obstacle.

In addition to the partnership with GW, the expansion and strengthening of the surveillance staff at HAHSTA has been a central factor in the improvements in the District’s HIV surveillance. In the last two report cards, DC Appleseed commended HAHSTA for hiring qualified staff and promptly filling vacancies. DC Appleseed is concerned that as the scope of the agency’s mission has expanded beyond HIV, the size of the staff has not expanded in proportion. HAHSTA reports a number of vacancies in the Strategic Information Bureau which stretches further its staff resources. Unfortunately, due to the current citywide hiring freeze, the agency has not been able to hire replacements. DC Appleseed strongly encourages the administration to address budget issues so that the vacancies can be filled and the partnership with an academic institution can continue without interruption.

In the *Fifth Report Card*, DC Appleseed noted that HAHSTA surveillance reports have focused primarily on the prevalence of HIV/AIDS rather than on the incidence of new HIV cases. DC Appleseed is encouraged that the plan for the new academic partnership contract would include collaboration with statisticians to produce a three-year incidence estimation. Because of previous weaknesses in the District’s data collection program, DC began participating in the

CDC's Serologic Testing Algorithm for Recent HIV Seroconversion ("STARHS") program later than other jurisdictions. The algorithm is based on laboratory data and testing and treatment history questions for people newly diagnosed with HIV. Using STARHS, HAHSTA will be able to conduct population-based HIV incidence surveillance.

HAHSTA reports that some service providers still are failing to report HIV/AIDS data due to the time required to complete the forms manually. As providers have adopted electronic medical records and electronic laboratory reporting, HAHSTA has seen an increase in the completeness of data and the number of reports. However, DOH still lacks the technical infrastructure to accommodate complete electronic laboratory reporting. Accordingly, lab reports currently must be reported by paper copy, and thus the processing of these reports is time consuming, labor intensive, and vulnerable to staffing issues. Additionally, electronic lab reports currently are submitted to HAHSTA every two weeks. This is substantially longer than the DC regulatory requirement that reports must be submitted within 48 hours of obtaining test results. Although the technology exists to automate reporting from laboratories on a daily basis, DOH lacks a sufficient infrastructure to receive and manage these reports at present. Recently, HAHSTA has received grant money to develop a near real-time electronic lab reporting system that can receive, process, and distribute lab reports daily. These electronic laboratory results also will be imported into the Maven system, a new integrated data management system that will manage STD, hepatitis, and TB surveillance data systems as well as HIV/AIDS care and prevention program data. The transformation to acceptance of electronic data will minimize errors, allow for timelier reporting, and enable further correlation between datasets to address estimates of incidence, assess linkage to care, and enhance patient retention. HAHSTA expects to receive electronic data from at least 80 percent of providers that have electronic medical record capabilities by the end of 2011.

DC Appleseed has pressed HAHSTA to arrive at a reliable reporting of incidence of new HIV infections at the earliest possible time, since these data will provide an important mea-

sure of the overall success of the District's response to the epidemic. Determining incidence of new infections likely will improve with the implementation of Maven, electronic lab reporting, as well as further modifications to the algorithm by CDC. DC Appleseed commends the Strategic Information Bureau for progress made toward documenting and analyzing HIV incidence in the District and encourages it to continue to give this top priority. While development of the data takes resources, reliable data on new HIV infections will enable the prevention effort to be targeted and more cost effective. It will also allow the city to determine whether its prevention efforts are working.

With the ECHPP grant as well as HRSA funding, there is a renewed focus on using HIV surveillance data to measure health outcomes. HAHSTA has been at the forefront of using surveillance data in this manner, presenting best practices at several national conferences, participating in expert consultations with federal partners, and providing peer-to-peer technical assistance to several jurisdictions. Over the past three years, HAHSTA has expanded its activities to use surveillance data in the following ways: 1) prioritizing HIV partner services through bi-monthly matches with HIV/STD surveillance; 2) recapturing people who have dropped out of care; 3) measuring linkages to care generally as well as by counseling and testing site; 4) measuring health outcomes in the overall population and by site; and 5) assessing median CD4 counts at time of diagnosis and viral suppression over time. The District is one of two jurisdictions participating in the HIV Prevention Trials Network Study, "Testing, Linkage to Care Plus," part of the DC Partnership for AIDS Progress (a collaboration of GW, HAHSTA, and NIH).

The *Fifth Report Card* reported that HAHSTA was working on an HIV Community Services Assessment ("CSA"). The CSA is a qualitative report that details the HIV prevention needs of populations at risk of HIV infection, inventories the prevention activities and interventions currently being utilized, and analyzes existing gaps in prevention services. It is essential to the DC HIV Prevention Community Planning Group ("CPG") and to the District itself that timely strategic plans are prepared for combating HIV in the

District, including the HIV Prevention Plan. The last HIV Prevention Plan was developed in November 2006 and was approved for one year. As a result of staffing changes and an inability to backfill key positions, the 2006 HIV Prevention Plan repeatedly has been extended. The delay with the CSA has resulted in the District not having an updated HIV Prevention Plan that reflects current needs and priorities. The CSA will be completed in early 2011. HAHSTA presented a draft to the CPG in January 2011.

In 2010, HAHSTA continued its improvement in surveillance of incidence and prevalence of HIV in the District. The agency has successfully implemented numerous programs in cooperation with CDC and NIH to link surveillance to outcome data and has improved data collection from providers. Additionally, HAHSTA continues to develop its technical infrastructure in order to receive data from providers more efficiently. Notwithstanding the truly laudable work described above, DC Appleseed does see room for improvement at this time in staffing and in coordination to meet the data needs of formal prevention and care planning bodies. We also are at a crossroads at which HAHSTA needs to push forward to a new five-year surveillance partnership and a new HIV Prevention Plan driven by the much better data developed since 2006. Accordingly, the grade for surveillance activities is reduced to an “A-” for the past year.

GRANTS MANAGEMENT: B

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

In 2010, HAHSTA awarded \$56 million in grants to 74 HIV/AIDS service providers (“subgrantees”). Over the last year it has revised policies to promote subgrantee accountability and improved its management protocols. DC Appleseed has reviewed the revised grants management policies, and they appear to be appropriate; however, we have not assessed the implementation of these policies. Furthermore, as explained

in more detail below, the current manual payment tracking system lends itself to inaccuracies. HAHSTA has reported that the system will be automated when Maven is implemented. DC Appleseed encourages the strengthening of invoice payment and tracking procedures.

In prior report cards, DC Appleseed has highlighted various concerns about the District’s management and monitoring of grants to subgrantees. These have included shortcomings in training grant monitors, confirming compliance with licensing and certification requirements, conducting site visits, ensuring accountability for deficient services, and making timely payments to providers.

Subsequent to our *Fifth Report Card*, the *Washington Post* raised similar concerns in a series of articles published from October 2009 to January 2010 following its 10-month investigation into the spending, services, and finances of HIV/AIDS organizations funded by the District from 2004 to 2008. The *Post* emphasized the District’s deficiencies in monitoring providers, tracking the effectiveness of its grants, aligning grant resources based on need, disallowing undocumented costs, and sanctioning subgrantees for poor delivery of services. The articles also provided anecdotal evidence of preferential treatment and inadequate competition in awarding grants, and suggested that fraudulent spending by a select number of providers had gone undetected.

The *Post* series generally highlighted concerns dating back several years prior to the tenure of HAHSTA’s previous director, Dr. Hader, most of which already had been addressed. Nonetheless, the articles prompted significant inquiry by local and federal overseers into HAHSTA’s grants management practices. The DC Council Committee on Health held an unprecedented and probing series of weekly HAHSTA oversight meetings from November 2009 through January 2010. The DC Office of the Inspector General (“OIG”) and the FBI launched an investigation into the alleged misconduct of several HAHSTA subgrantees. HAHSTA also drew significant scrutiny from its two largest federal funders, the Department of Housing and Urban Development (“HUD”) and the Health Resources and Services Administration (“HRSA”).

There are indications that HAHSTA used the oversight hearings as an opportunity to strengthen its grants management practices and to fix deficiencies. In an October 2010 meeting with the DC Appleseed team, the staff of the DC Council Committee on Health indicated that HAHSTA had implemented significant corrective action. A review of documentation provided by the committee reveals that HUD and HRSA concerns were addressed by HAHSTA. However, HAHSTA continues to be restricted in its ability to draw down HRSA funds without complying with additional requirements. HAHSTA reports that HRSA has not provided clear guidance regarding the reason for the continued restricted drawdown. The OIG and the FBI have not completed their investigations of the specific subgrantees in question.

PAYMENT PROCESS

In past report cards, DC Appleseed expressed concern over the timeliness of HAHSTA's invoice payments and the soundness of the agency's invoice tracking procedures. During the period covered by our *Fifth Report Card*, HAHSTA records showed that it had paid 76 percent of its providers' invoices within 30 days. For fiscal year 2010, the most recent invoice log HAHSTA provided indicated that it paid 72 percent of invoices within 30 days, a drop from the prior year. However, we cannot confirm the accuracy of this figure because, as HAHSTA acknowledged, the invoice tracking reports contained errors due to manual data entry. HAHSTA reported that it has increased management supervision of the production of these reports in response to DC Appleseed's scrutiny. Nonetheless, several providers we spoke with confirmed that they experienced delays in receiving payments this past year. In addition, the DC Ryan White Planning Council's October 2010 report commented on HAHSTA's delayed reimbursements and expressed concerns about potential service disruptions.

We encourage the agency to redouble its efforts to pay providers promptly. HAHSTA has indicated that all its fiscal monitors have been trained in the District's System of Accounting and Reporting ("SOAR"), which enables them to track payments and verify agency funding balances, and in its Ariba

Procurement System ("PASS"), which is used to create purchase orders issued under grants. Nonetheless, we are troubled by the discrepancies in HAHSTA's invoice logs, and strongly encourage the agency to develop an automated system for tracking the timeliness of its payments to ensure accuracy and so it can keep apprised of any delays in payments.

GRANT MONITORING AND OVERSIGHT

A-133 Audit Policy

One of the significant additions to HAHSTA's procedures in the wake of this past year's scrutiny has been its A-133 audit policy. An A-133 audit is a financial audit mandated by the federal government for all entities that expend \$500,000 or more in federal funds. It requires an evaluation by an independent accounting firm to determine whether an entity has represented its finances free of fraud or material misstatements, complied with applicable laws and regulations, and has in place sufficient internal controls to protect federal funds.

In the past, HAHSTA collected A-133 reports for any of its subgrantees that met the applicable \$500,000 threshold and, without review, sent them to DC's Office of the Chief Financial Officer. During 2010, HAHSTA started to examine findings of weaknesses in its subgrantees' A-133 audits and is now tracking their correction. Specifically, grant monitors scrutinize audit findings to ascertain their significance to HAHSTA's grants, request a corrective action plan from subgrantees for whom there are relevant adverse findings, and determine whether any grant expenditures will be disallowed. In several instances HAHSTA has required reimbursement from providers for expenditures that were insufficiently documented. According to HAHSTA's A-133 Audit Matrix, as of September 2010, 36 of its subgrantees were required to submit an A-133, though only 29 had done so.

While HAHSTA should develop additional protocols to standardize its A-133 audit tracking and review, its increased scrutiny of its subgrantees' financial deficiencies is a positive step in improving accountability in its grants management process.

Remediation Plan and Corrective Action Plan Policies

HAHSTA has made additional progress in the last year toward fostering subgrantee accountability through the introduction of its Remediation Plan and Corrective Action Plan policies. The policies were introduced at HAHSTA's second annual mandatory subgrantee forum in October 2009 (its third annual forum was held in December 2010). The policies are intended to ensure that providers' deficiencies in fulfilling programmatic goals and administrative requirements are addressed objectively and resolved promptly. Accordingly, each policy identifies specific deficiencies that will trigger a series of escalating notices (e.g., email, letter, in-person meeting) at set times to resolve the deficiency, culminating in submission of a remediation plan or, for more significant deficiencies, a corrective action plan. HAHSTA also has developed templates for communications regarding deficiencies and their correction as well as template remediation and corrective action plans.

Because these policies are relatively new, HAHSTA does not have clear measures of their effectiveness yet. Nonetheless, we applaud HAHSTA for implementing policies aimed at correcting grant performance problems promptly. We encourage the agency to integrate these protocols into its regular monitoring and scheduled quarterly reviews of grant files, to solicit feedback from providers, and to adjust the policies as necessary to ensure that they are working effectively.

License and Certification Requirements

In past report cards, DC Appleseed addressed HAHSTA's efforts to ensure that all subgrantees meet all program eligibility requirements. Most recently, in the *Fifth Report Card*, we reported that although the majority of subgrantees had all appropriate and up-to-date licenses and certifications on file with the District, HAHSTA did not have a standardized approach for tracking when updated documents need to be re-filed. HAHSTA has indicated that it now has in place a monthly review in which it monitors upcoming expirations and notifies providers to submit their renewed licenses or certifications. As of October 2010, HAHSTA's records show that 69 of 71 subgrantees are 100 percent

compliant with the 15 applicable certification, insurance, and licensing requirements.

ACAM Policies

Our *Fifth Report Card* also focused extensively on the implementation of HAHSTA's Agency Capacity Assessment Monitoring ("ACAM") system. ACAM tailors grant monitoring to the needs of service providers by assessing metrics related to each provider's organizational capacity, human resource management, and fiscal and programmatic implementation. By categorizing providers as low, moderate, or high capacity, HAHSTA has set objective criteria that determine the number and frequency of site visits for each provider and that target assistance to the organizations most in need. Whereas last year ACAM was relatively new, HAHSTA now has indicated that its subgrantees are satisfied with the objectivity, transparency, and flexibility provided by the ACAM structure. HAHSTA records show that the agency conducted 61 site visits in fiscal year 2010, although five additional site visits were required, but not performed. Unfortunately, four of the required site visits that were not performed were for low-capacity providers, organizations HAHSTA has categorized as most in need of the assistance. According to HAHSTA, it has made progress in meeting its 30-day deadline for issuing ACAM outcome reports to evaluated subgrantees. Whereas last year only 27 percent were sent within 30 days, this year 85 percent were issued before the 30-day deadline. Nonetheless, in the coming year HAHSTA should ensure that all required site visits are conducted.

GRANT AWARDS AND RENEWALS

In the *Fifth Report Card*, we reported on HAHSTA's plans to develop uniform criteria for renewing and extending existing grants. In the past year HAHSTA has worked to standardize its grant continuation protocols. The agency conducts a quantitative assessment of deliverables and expenditures, and also undertakes a qualitative assessment of the provider's performance. HAHSTA has decided not to renew some subgrantees due to deficient performance and has imposed increased requirements on others to ensure

that renewed providers do not fall short in their delivery of services. We encourage HAHSTA to continue to develop its procedures for handling grant renewals to ensure greater transparency and accountability among its providers for meeting performance measures.

One issue that was raised by the *Washington Post* articles on HAHSTA's grants, but not addressed in our prior report cards, is preferential treatment and inadequate competition in awarding grants. HAHSTA reports progress in recent years addressing both issues. For example, it has enhanced the composition of its external review panels to evaluate grant applications. To prevent favoritism and promote organizational oversight, its grant awards require approval by the Director of DOH. Finally, HAHSTA had indicated that it complies with all protocols in the recently-released City-Wide Grants Manual, including those related to making grant awards, and that its managers follow the District's conflict of interest disclosure policies.

EFFECT OF FEDERAL GRANTS

In past report cards, DC Appleseed has not focused on HAHSTA's relationships with its federal funders. The fact that much of the District's response is funded with federal dollars helps to shape the District's response to the HIV/AIDS epidemic. HUD and HRSA scrutiny of HAHSTA in the prior year has demonstrated as well that these relationships affect the District's management and monitoring of grant funds to subgrantees. As noted in the *Executive Summary*, community and governmental partners play vital roles in assisting in the response to the epidemic, and they as well as the District share accountability for progress. In future report cards, we hope to review and report on the federal government's actions that affect the District's response.

CONCLUSION

Since the *Fifth Report Card*, HAHSTA has faced significant scrutiny from the media and from government overseers at the federal and local level. We applaud HAHSTA for using the public attention to bolster its grants management practices. While DC Appleseed

has been able to review policies and protocols, attempts to assess implementation have been hampered by discrepancies in data received. In continuing its efforts in the coming year, HAHSTA can further strengthen its grant renewal policies and improve its invoice payment and tracking protocols. In recognition of several shortfalls in the grants management process in the past year and the opportunity for improvement, the District's grade is lowered to a "B."

MONITORING AND EVALUATION: B-

Implement a comprehensive system of program outcome monitoring and quality assurance standards utilizing data to assess the effectiveness of grant-funded HIV/AIDS prevention and care programs.

In the *Fifth Report Card*, DC Appleseed reported on the District's plans for a comprehensive HIV M&E program. To develop, implement, and roll out a comprehensive M&E system for the prevention, care, and treatment of HIV, STDs, hepatitis, and TB is a multi-year project. Although some progress has been made over the last two report cards, implementing such a new system is complex. It requires technical expertise, the development of new policies, systems and infrastructure, and collaboration with internal and external stakeholders. Over the past three years, HAHSTA has developed administration and bureau specific results frameworks and indicators ("RFIs"). The RFIs focus on ensuring that the development, implementation, and evaluation of HAHSTA's prevention, care, and treatment portfolio are driven by outcome-focused policies and programs, internal and external program collaboration, and facilitation service integration, where appropriate. The HAHSTA RFI model has served as a template throughout DOH.

In order to ensure efficiency in program monitoring, quality of service delivery, and routine monitoring of health outcomes, HAHSTA reorganized the administration to ensure data driven programming. The Strategic Information Bureau includes a senior M&E manager who collaborates with two M&E managers (one in the Care Division and

one in the Prevention Division) and also is responsible for the supervision of two staff within the Strategic Information Bureau. Due to the District's hiring freeze, the Senior M&E manager position and the Prevention M&E manager position have been vacant for a significant period of time. DC Appleseed encourages the Gray administration to permit the hiring of these essential positions.

During the past year, M&E staff developed the framework for a comprehensive HAHSTA Quality Improvement ("QI") strategy. The QI strategy included: 1) the provision that new grant agreements require provider QI plans; 2) trainings to providers on the creation of site specific QI plans; and 3) the development of bureau-specific quality improvement plans with an outcome-focused strategy. In addition, HAHSTA has developed a cross-administration quality management committee to develop quality management plans for HIV/AIDS, hepatitis, STDs, and TB. HAHSTA currently is finalizing the restructured quality management plan that focuses not only on care but also on early intervention services, HIV testing, and other core management programs.

HAHSTA has developed an M&E strategy focused on rapid and routine triangulation of program and surveillance data to assess process, input, and outcome measures internally, as well as by funded providers. The M&E program currently measures indicators by analyzing data from nine different databases consisting of over 1,200 variables. This process is both time consuming and resource intensive. The implementation of Maven, an integrated database system, will allow HAHSTA to monitor and evaluate internal and external policy and program implementation in "real time" once the system is fully operational.

Maven is a promising system, and HAHSTA is providing peer-to-peer technical assistance to jurisdictions considering replicating it. As described to the DC Council Committee on Health during an oversight hearing, "with the procurement of Maven HAHSTA will go from 20 different databases across all disease areas to one, client-centered, outcome-focused database used by providers to report all federal and local reporting requirements." The integrated web-based system will streamline reporting to federal funding agencies. The

program will operate in real time, so any change in reporting fields or questions will be visible to providers immediately. Providers will have access to their data and will be able to use Maven to generate their own service, trends, and client outcome reports. The system has sophisticated security, which is of utmost concern given the sensitivity of the information the database will hold. At all stages of development HAHSTA has collaborated and sought input and feedback from its provider partners. HAHSTA has a fully functioning provider "user group" comprised of HIV prevention and care providers of all sizes, which have assisted with critical policy and program decisions.

Implementation of Maven will be the culmination of a long-term project to develop and launch a comprehensive M&E system for the prevention, care, and treatment of HIV, hepatitis, STDs, and TB. In our last report card, the agency estimated that implementation of the Maven system would occur by May 2010. Currently, the system is fully functional for TB surveillance and clinic services. HAHSTA is anticipating a phased implementation plan to funded providers for HIV prevention and care by June 2011, contingent on electronic medical record mapping by eClinicalWorks in collaboration with DC Primary Care Association ("DCPCA"). Beta testing the system with provider user groups is scheduled for February 2011.

While the integration of other infectious diseases into HAHSTA is lauded nationally as a best practice, DC Appleseed is concerned that the broadening of the M&E scope beyond HIV without a parallel expansion of staff has overstretched the existing staff. The last two report cards commended HAHSTA for adding dedicated M&E staff. For this *Sixth Report Card*, as noted above, two key positions in the M&E team currently are vacant. Due to the limited staff resources, current staff has had to take on additional responsibility.

Staff vacancies and delays in implementation of Maven are compounded by funding questions. Full implementation of Maven is dependent on locally appropriated dollars. In launching Maven, DC Appleseed cautions that HAHSTA be mindful of balancing M&E requirements with provider capacity and participant privacy. While it is important to verify

what is going on, reporting should not be an obstacle to service delivery or a deterrent to people seeking services.

While the agency has instituted and further developed programs to monitor patient care and the quality of programs receiving funding from the agency, due to the delay in the implementation of Maven which is an integral component of the comprehensive M&E plan and the significant staffing vacancies, the District's grade has not been raised from a "B-."

HIV TESTING: A

Develop citywide strategy for routine HIV testing in all medical settings and offer rapid HIV testing at District-run facilities (including STD clinic, DC Jail, TB clinic, and substance abuse treatment facilities).

DC Appleseed's 2005 Report explained that individuals who know they are HIV positive are more likely to change their behavior to prevent transmission and, if necessary, to seek appropriate care and treatment. The report also recommended that more people likely would undergo HIV testing and learn their status if HIV testing were offered routinely as part of medical care.

In our *Fifth Report Card*, the District received an "A" for HIV testing because the District was at the forefront nationwide in its efforts to increase the number of HIV tests conducted and the number of HIV-infected individuals identified. However, we noted that HAHSTA still needed to overcome reluctance on the part of medical-care providers to conduct routine testing. We therefore encouraged the District to move forward with a social marketing campaign aimed at boosting routine HIV testing and urged HAHSTA to expand testing at clinical and non-traditional settings across the District.

In the past year, the District has remained a national leader in promoting HIV testing. The results of the District's efforts have been dramatic: between 2007 and 2009, the number of HIV tests performed annually in the District increased from 43,271 to 92,748. That upward trajectory has continued in 2010, with HAHSTA reporting 110,000 tests performed during FY 2010.

Six of eight area hospitals are now in various stages of implementing routine opt-out testing in their emergency rooms: George Washington University Hospital, Howard University Hospital, Children's National Medical Center, Providence Hospital, United Medical Center, and Washington Hospital Center. Of those six hospitals, the last four began routine HIV testing during the last year. Georgetown University Hospital does not perform routine HIV screening in its emergency room, but it implemented routine opt-out HIV screening in its Internal Medicine Outpatient Clinic in late March 2010. Sibley Memorial Hospital is the only hospital in the District which does not currently perform routine HIV testing in any setting. The Johns Hopkins Health System has recently acquired Sibley, and DC Appleseed hopes that HIV testing will become a greater priority under the hospital's new ownership. We encourage the District to renew conversations with Sibley regarding routine HIV testing with the new management, and we encourage every hospital emergency room in the District to implement routine opt-out HIV testing 24 hours a day, seven days a week.

It is particularly important that pregnant women be tested in order to prevent transmission to newborns. All labor and delivery suites in District hospitals now perform routine HIV testing. HAHSTA also has a perinatal physician on staff to promote routine HIV testing by obstetricians, midwives, and nurse practitioners. These efforts have been very successful, with the District recording no perinatal HIV infections in 2009.

HAHSTA also has moved to expand its HIV screening efforts in other locations. The District has maintained its strong network of HIV testing partners, reporting that in 2010 it partnered with 25 medical providers and 32 CBOs in non-medical settings. HAHSTA provides its CBO partners with free testing kits. Additionally, the District's STD clinic now conducts routine opt-out testing, with fewer than 10 percent of patients choosing to opt out.

HAHSTA has faced continued difficulty in convincing doctors in private practice to conduct routine HIV testing. The District has prepared provider packets that explain to doctors why they should conduct routine HIV testing and that instruct doctors about billing

procedures. HAHSTA reports that it also has tried to reach out to private doctors through community health centers, hospitals, and medical associations, but quantifying its success in encouraging routine testing in private medical offices is very difficult. A promising development has been DOH's partnership in February 2010 with Pfizer and the Global Business Coalition to launch the "Offer the Test" campaign, an innovative initiative that encourages private providers to routinely offer HIV tests to all their patients.

In addition, a number of partners, including the Global Business Coalition, Pfizer, Gerson Lehrman Group, OraSure Technologies, DC Medical Society, George Washington University, and Georgetown University, conducted a survey from November 17 through December 3, of the knowledge, attitudes, and practices of more than 4,000 physicians in the District about HIV and routine testing. DC Appleseed commends the District and its partners for these efforts to assess, educate, and engage physicians and looks forward to learning the results of the survey. We think greater private physician involvement in testing is crucial to the success of the District's testing program.

The District also is moving to expand screening efforts in non-traditional settings. In November 2010, HAHSTA piloted a project with the National AIDS Education Training Center to conduct routine HIV screening in dental offices.

Since October 1, 2010, the District, Gilead, FMCS, and CEG have collaborated to conduct HIV testing at the DMV in Ward 7 and provide linkage to care when necessary. FMCS staff discuss with DMV customers the importance of HIV testing, and all consumers are offered an HIV test while waiting at the DMV. As an added incentive, individuals who agree to HIV testing receive a \$15 discount on DMV services when they obtain their test results. Since the program began through January 31, 2011, 1,643 persons have been tested. The program is designed for individuals with business at the DMV; however, a small number of individuals came to the DMV to be tested rather than to receive DMV services. The DMV program is the first of its kind in the country, and it has been reported that numerous cities have inquired about replicating the program. We commend the District

on this public-private collaboration to increase HIV testing in this location and commend Councilmember David Catania for his assistance in planning the program.

Last summer, HAHSTA, Gilead, and the Whitman-Walker Clinic also formed a collaboration to provide HIV testing at the Crew Club, a gym catering to gay and bisexual men. HIV and STD testing are offered one evening a week. As of the end of January, the Whitman-Walker Clinic had tested over 160 people for HIV, with 4.3 percent testing positive. A number of participants have stated that they would not have been tested were testing not offered in that location.

HAHSTA is working to improve its linkage programs, which connect people who test positive for HIV with the medical services that they need. The District's linkage rate has remained around 70-80 percent this year. In order to improve that rate, HAHSTA has implemented a Red Carpet Entry program that provides expedited intake and a quick appointment with medical professionals for individuals with newly-diagnosed HIV.

HAHSTA operates a free, voluntary program called Partner Services, which informs the partners of newly diagnosed individuals, without disclosing the name of the HIV-positive individual, so that the partner may be tested. HAHSTA expects each of its funded CBOs to participate in the Partner Services program by asking newly diagnosed individuals to provide contact information for their partners. HAHSTA distributes a guide to its CBOs, which provides instructions for participating in the Partner Services program.

In the *Fifth Report Card*, DC Appleseed reported that the District would be launching a social marketing campaign to encourage HIV testing with a second phase of the campaign targeting heterosexual couples. In September 2009, the District began the "Ask for the Test" campaign, which included radio ads on the Radio One network and on WHUR radio as well as television ads on Comcast. The goal of the campaign was to encourage people to ask for an HIV test when visiting a doctor. In March 2010, the District launched the "Know Where You Stand" campaign, with the goal of encouraging people in relationships to ask each other whether they know their HIV status, whether

they are the only two in the relationship, and whether they use condoms. The District spent \$250,000 on “Ask for the Test” and \$75,000 on the “Know Where You Stand” campaign, which included radio, print, and bus stop shelter ads. DC Appleseed commends HAHSTA’s efforts. As we did last year, we urge local media to partner with DOH by donating advertising. This year we also urge local hospitals, clinics, and private physicians to partner with DOH by utilizing and disseminating campaign materials.

The District has applied for and received the award notice of a CDC HIV testing grant in the amount of \$1.9 million over a five-year period. This will finance its HIV testing program and provide enhanced linkage-to-care services in future years.

The above efforts have resulted in a very commendable overall increase in the number of HIV tests performed in the District. Nevertheless, a number of CBOs reported that there have been recent occasions when test kits were unavailable or in very short supply. As a result, at least one CBO was forced to reduce the extent of its testing program. HAHSTA has reported that shortages were due to delays in the renegotiation of Orasure’s testing kit contract, which was finalized in December 2010. HAHSTA foresees no further delays in obtaining test kits. DC Appleseed urges HAHSTA to anticipate better the increased and fluctuating demand for test kits. Given the investment of time and money that is spent on encouraging DC residents to seek HIV tests, it is crucial that test kits be available when and where needed.

DC Appleseed commends the District for promoting HIV testing in non-traditional settings, for supporting targeted HIV testing in the community, for promoting routine testing in medical settings, and for creating innovative partnerships to achieve testing goals. We encourage the District to continue its efforts and to ensure the availability of sufficient test kits in response to the increased demand for testing. In light of the significant accomplishments and the increased number of tests performed, DC Appleseed maintains the testing grade at “A.”

CONDOM DISTRIBUTION: A-

Continue to expand condom distribution in the District.

Condom use is universally regarded as a safe and effective HIV prevention measure. Over the past few years, HAHSTA has expanded its condom distribution program greatly. In FY 2010, the District distributed over four million condoms. This compares to 3.2 million condoms in FY 2009, 1.5 million in FY 2008, and only 115,000 in FY 2006. HAHSTA also distributed one million packets of lubricant during FY 2010.

Although DC Appleseed’s *Fifth Report Card* recognized that the District had made great strides in expanding condom distribution, we recommended that HAHSTA take a number of steps to further improve its program. We suggested that HAHSTA increase coordination with community partners and continue its mapping method for assessing distribution in order to determine whether target populations and geographic areas are receiving adequate coverage.

DC Appleseed commends the District’s efforts to engage CBOs to distribute condoms through its web-based condom ordering program. CBOs can place orders on HAHSTA’s web site to receive one-time, monthly, or quarterly deliveries in quantities of 1,000 condoms and 1,000 lubricant packages. Currently, 300 community partners are distributing free condoms, some in multiple locations. Individuals also can order 10 free condoms and lubricant packages from HAHSTA through its website or by telephone by calling 311. In order to discuss problems and receive feedback on condom distribution and social-marketing plans, HAHSTA has been holding quarterly meetings with its community partners. HAHSTA has mapped the locations of its community partners, and has attempted to develop new partnerships targeting underserved areas and high-risk populations by going door-to-door in those areas.

HAHSTA reported that providers were no longer conveying complaints about Durex-brand condoms from the community. However, because brand-conscious teenag-

ers may prefer Trojan-brand condoms, the District also distributes Trojan condoms to youth-focused community partners and to the school-based condom program. HAHSTA has produced youth-themed condom packs, called “Condomints” that include a Trojan condom and two mints. Several providers have reported that there is a demand for Magnums or flavored condoms among adults in the communities they serve. Some providers have budgets that allow them to purchase condoms to meet this demand. Although some members of the community may desire other brands, DC Appleseed recognizes the fiscal benefit of purchasing a large number of condoms through a single supplier.



During the past year, HAHSTA has experienced some problems in obtaining condom shipments from Durex. In certain cases, fiscal problems at HAHSTA have held up shipments. In others, supply issues on the part of Durex have prevented condoms from arriving in a timely fashion. To deal with supply issues, HAHSTA received a donation of 400,000 condoms from the Coalition of STD Directors, and community partners shared supplies in response to the shortage. However, a number of CBOs reported that there were numerous times when HAHSTA did not have condoms for periods of up to 90 days. This resulted in some CBOs purchasing condoms. Smaller programs that did not have the funds to purchase condoms could not meet the demand to provide condoms to community sites. Strikingly, several providers reported a shortage of condoms and lubricant during Capital Pride events last June.

HAHSTA staff has reported that the contract for condoms recently was out for competitive bid, and Ansell is the new vendor. We encourage the District to monitor closely the performance of the new condom provider. In addition, DC Appleseed has received com-

plaints from a number of providers related to condom distribution management issues, including failure to ship orders, shipments to wrong addresses, and failure to ship the requested amount. Furthermore, at times when HAHSTA has been in short supply of condoms, CBOs reported a lack of transparency regarding supply problems. The provision of condoms by HAHSTA to CBOs is an important service intended to alleviate the burden and added expense of individual CBOs operating their own condom purchase programs. And while HAHSTA's condom distribution has been highly successful, DC Appleseed encourages HAHSTA to streamline logistics and communication around availability and shipment of supplies.

The District embarked on a campaign this year to increase the availability and use of the new FC2 female condom and to educate the public about the female condom. HAHSTA formed a three-year public-private collaborative with the MAC AIDS Fund, the Washington AIDS Partnership, CVS/Caremark, MOSAICA, and five CBOs. This collaborative is managed by the Washington AIDS Partnership. MAC AIDS provided \$545,000 in funding for the first year. During the first year, the project has educated more than 12,000 women and 13,000 men on the FC2 and distributed over 179,000 FC2s. CVS has agreed to sell the FC2 in its DC stores, making it available for the first time at retail stores. The project developed a social marketing campaign, entitled “DC’s Doin’ It!” and has designed consumer-friendly packaging and instructions for use of the FC2. To spread the message broadly, the District has advertised female condoms on Metrobuses. The District also intends to increase education and availability in DC high schools. MAC AIDS has agreed to provide the requested \$330,000 to fund a second year of the project. In the third year, the District will assume full responsibility for funding the project.

During the past year, HAHSTA has initiated a program to increase accessibility of condoms to youth through the Wrap M.C. (Master of Condoms) program. The program certifies individuals in condom education and trains them to distribute condoms to young people. All DCPS high schools have been directed to designate a coordinator and two Wrap M.C. representatives per school. HAHSTA

has trained over 130 Wrap M.C.s, with 34 schools and 20 CBOs participating. HAHSTA also has created a text messaging service that provides a list of the nearest condom distributors.

In order to provide and market condoms to the District's Latino population, HAHSTA directed outreach to CBOs and small businesses in the District's Spanish-speaking neighborhoods to encourage them to distribute condoms. In addition, HAHSTA has held focus groups with Latinos so as to market condoms effectively and will publish Spanish-language marketing materials.

In 2009, the District launched a social marketing website that promoted condom availability, www.DCTakesonHIV.com. In November 2010, the District launched a social marketing campaign called the "Rubber Revolution." The fall campaign kickoff was part of a coordinated social marketing schedule and was the first phase of a 10-month campaign. The core of the Rubber Revolution campaign is its website, www.RubberRevolutionDC.com, which includes instructional materials, user videos, games, locations of free condoms, and links to social-networking websites like Facebook. Users can access the website in English, Spanish, Amharic, Chinese, Vietnamese, and Korean. WPGC and disc jockey Big Tigger will donate airtime to promote the Rubber Revolution on the radio as well as at other events throughout the community. A review of the Rubber Revolution website indicates that a few providers had inaccurate addresses and/or phone numbers. We encourage the District to develop a system to ensure that the database of addresses and phone numbers is updated regularly.

The District's grade for condom distribution has been raised from "B+" to "A-." DC Appleseed commends the District's progress in expanding and marketing its condom distribution program. However, we are concerned that further progress is impeded by HAHSTA's repeated shipment delays, supply shortages, and logistical difficulties, resulting in instability for some providers. As with the issues concerning the supply of testing kits, we urge HAHSTA to better calibrate its supply to respond to the increasing level of demand. We also urge HAHSTA to remain vigilant about mapping the distribution of condoms and monitoring the performance of its

condom supplier. We expect that there will be follow-through on FC2 training and distribution, the development of foreign-language marketing materials, and continued development of the social marketing websites. We also encourage the District to educate people about how to use condoms properly. And lastly, we encourage the District to develop a strategy to assess the effectiveness of the condom distribution program. While we recognize this is a challenging goal, it is important to know which populations are the ultimate recipients of the condoms and whether the proper use of condoms is increasing as a result.

PUBLIC EDUCATION IN THE DISTRICT

Adopt system-wide health education standards, including HIV/AIDS prevention. Establish system for monitoring implementation of standards. Develop and implement a plan for enhancing HIV/AIDS policy for public education in the District.

In the *Fifth Report Card*, DC Appleseed addressed the new education structure in the DC school system that was created after the mayoral takeover of DCPS. This included the creation of OSSE, the office of the Deputy Mayor for Education, and the consolidation of public charter school oversight under the Public Charter School Board ("PCSB"). We also noted the significant progress that had been made in DCPS. Despite progress in DCPS, the school system's aggregate grade increase from "C" to "C+" was limited due to the lack of mechanisms to measure the effectiveness of the HIV/AIDS curriculum in the schools and the lack of progress in instituting a health curriculum for the more than one third of students who attend charter schools.

DCPS, DC charter schools, and OSSE have the primary responsibility for providing and assessing HIV/AIDS education. To assess the important roles of these three separate entities, DC Appleseed has provided separate grades in this report card.

HEALTHY SCHOOLS ACT OF 2010

In the *Fifth Report Card*, DC Appleseed noted the lack of clarity regarding the public charter schools' mandate to meet the Health Learning Standards, which were passed by the State Board of Education in December 2007. These standards, which include HIV/AIDS education, define the skills and knowledge each student should master at each grade level. Additionally, although OSSE has a clear role in assessing schools' and students' progress toward meeting the core standards in the federal "No Child Left Behind" legislation, OSSE's role in assessing progress on the Health Learning Standards was not clear.

In May 2010, the DC Council passed the Healthy Schools Act of 2010. Under that Act, DCPS and public charter schools now are required explicitly to meet the Health Learning Standards. The Healthy Schools Act also requires that OSSE, beginning in the fall of 2011, present an annual report to the DC Council, the mayor, and the newly-created Healthy Youth and Schools Commission. OSSE must report on the compliance of public schools and charter schools with the health education requirements and on student achievement with respect to health education standards.

PROGRESS ON MEETING THE STANDARDS

OSSE: C-

With the passage of the Healthy Schools Act and clarification of its responsibilities, OSSE has begun to explore how to accomplish its new assessment and reporting responsibilities regarding HIV/AIDS education. Since its original 2005 report, DC Appleseed has outlined four critical component areas of a good HIV/AIDS education program: 1) a comprehensive curriculum; 2) professional development to train teachers in the curriculum; 3) a plan to provide coordination between and within schools and with community organizations that work in the schools; and 4) a system to assess the impact of the curriculum. In order for OSSE to meet its statutory responsibilities, it is imperative that these four components are met.

Among its first steps, OSSE has convened a Health Assessment Working Group whose members include OSSE, DCPS, some charter schools, Metro TeenAIDS, the World Bank, and others. In order to design a system for assessing student progress, the Health Assessment Working Group has recommended that OSSE include health questions in the DC Comprehensive Assessment of Students ("CAS") – the assessment tool test administered annually in all schools to evaluate progress on reading, math, etc. OSSE plans to pilot test the health questions in grades five, eight, and 10 this spring in a sampling of public and charter schools. The Working Group has proposed that official questions be included in the spring 2012 CAS administered throughout the school system. There are reports that funding issues may be an obstacle, and DC Appleseed strongly encourages the District to ensure that funding does not impede this process. Any further delays in implementation will not be justified.

The Healthy School Act requires that an annual School Health Profile survey be completed by each elementary, middle, and high school by January 15th of each year. At the time this report went to print, OSSE had received the required report from 50 percent of DCPS schools and 75 percent of charter schools; however they expect to have 100 percent participation. Another School Health Profile survey is mandated by the CDC every other year. OSSE should work to consolidate questions from CDC as well as those required by the Healthy Schools Act legislation. OSSE expects that its first report to the Council will have information collected from the pilot test questions as well as from the school health profiles.

There has been little done to improve professional development in charter schools. Through a grant, OSSE hired an independent consultant to conduct an in-person assessment of the HIV/AIDS curriculum, infrastructure, and resources available at a few select charter schools. As a result, a pilot teacher development program was established, focusing primarily on teachers from the District's charter schools (DCPS has its own teacher development program).

Because the Healthy Schools Act did not become effective until October 2010, OSSE has just begun to assess the charter schools'

efforts, and very little data are currently available. Information of this kind previously has not been available for the charter schools, so the work of OSSE's new consultant should provide helpful insight into the efforts made at the individual school level.

Additionally, OSSE leveraged grant funds to work with the Sexuality Information and Education Council of the United States ("SIECUS") and Rutgers University to conduct a summer professional development program, as well as online training courses. This will allow greater flexibility for teachers to complete – and for OSSE, an easier way to track – their professional development. DC Appleseed commends OSSE's plans to build teacher capacity in charter schools and will be monitoring its implementation and progress.

Finally, OSSE plans to hold a series of meetings, designed to engage members of the local community at the ward level, in an attempt to educate parents about the Health Learning Standards. DC Appleseed commends these community engagement efforts and will be following their progress over the coming year.

The Health Learning Standards were passed in December of 2007. OSSE is getting a "C-" grade because it took three years and specific legislation for the agency to begin a serious assessment of health education in a city with unacceptably high rates of teen pregnancy and STDs. While we are encouraged that OSSE has reported that there are plans, it is imperative that the plans are implemented promptly. DC Appleseed will monitor the implementation of OSSE's plans and will report on progress in our next report card.

DCPS: B+

As indicated in the *Fifth Report Card*, DCPS has made significant progress in implementing the Board of Education's Health Learning Standards. With responsibility to conduct assessment of student comprehension transferred to OSSE as a result of the Healthy Schools Act, DCPS has focused its efforts on curriculum development, teacher training, and parental outreach. DCPS, through its Office of Youth Engagement ("OYE"), continues to work with health and physical

education teachers as well as community programs to ensure that schools are providing proper instruction aimed at meeting the Board of Education standards, and that teachers are being provided the necessary training and support.

Over the past few years, DCPS has developed and revised "pacing" guides, used to prioritize the health standards and identify curriculum resources covering sexuality, safety, HIV, and other relevant topics. Additionally, DCPS includes science-based curriculum resources for teachers to use in addition to more traditional textbooks and materials. After consulting with teachers over the summer of 2009, DCPS reported that the curriculum being used at the elementary school level was ineffective. With funding from Gilead, DCPS hired Answer, a program affiliated with Rutgers University, to develop its own replacement human sexuality curriculum resources for younger students. A similar effort currently is underway to create a supplement for a portion of the high school HIV/AIDS curriculum. DCPS reports that, based on teacher feedback, overall reaction to the curriculum and its implementation in the schools has been positive.

DCPS also has made a concerted effort over the past year to increase parental education and involvement. OYE brought in national sexual education teachers to educate and empower families to become more actively involved in the health and wellness of their children, increased the use of family engagement coordinators, and translated into numerous different languages educational materials that families may use to guide their conversations about HIV and sexual health with their children.

Teacher development also continues to be a focus of DCPS's efforts. In October 2010, OYE conducted its second health summit focused on sexuality, which was mandatory for all health teachers. In addition, it has created other mandatory classes for health education teachers throughout the year. Health and physical education teachers also are included in the IMPACT teacher evaluation program.

DCPS continues to make HIV/AIDS education and prevention a priority in the classroom. DCPS's efforts to engage parents and community members also are very encouraging.

Following a preliminary assessment of HIV/AIDS education, DCPS made adjustments to the curricula. Making sure all teachers in the District are comfortable in their roles and competent at delivering the necessary information to students should continue to be a priority. The grade on the *Sixth Report Card* for HIV/AIDS education in the DCPS is a “B+.”

Charter Schools: Incomplete

In the *Fifth Report Card*, DC Appleseed highlighted the problems resulting from the uneven and uncoordinated effort among the charter schools in the area of health education. Based on the results of DC Appleseed’s informal survey, very few charter schools were following the Health Learning Standards, and there was no consensus among those responding as to whether the charter schools were required to meet the standards developed by the Board of Education.

As a result of the Healthy Schools Act, OSSE has responsibility for reporting the compliance of the charter schools, and has begun to gather information that should provide insight into the current efforts and resources available in the individual charter schools. It has been reported by community advocates that some of the charter schools have implemented a comprehensive HIV/AIDS curriculum. Currently, very little data are available on this issue, which makes an evaluation of the charter schools’ efforts as a whole very difficult. Until a comprehensive evaluation and assessment program is put in place, there is no reliable way to determine whether all of the students in charter schools – more than one-third of the District youth attending public schools – are being taught a comprehensive HIV/AIDS curriculum. Additionally, a reliable review of programs on this issue will need to await action by the PCSB. The PCSB, which assesses overall charter school performance, will receive the Healthy Schools Act assessment data once they are made available.

While DC Appleseed understands that charter schools are committed to their independence, it is urgent that they address HIV and sexual health. Given steady increases in youth STD rates and the rise in teen pregnancy rate in the District, it is inexcusable that most charter schools have not provided HIV

prevention education to their students. There is clearly a lack of leadership and effort within the charter schools to ensure that students in charter schools receive age-appropriate information on HIV/AIDS. Charter schools need to accept the important role they play if the District hopes to meet its goal of realizing an “HIV-free generation” of youth.

Although there are several charter schools making a concerted effort to prioritize the implementation of an HIV/AIDS curriculum, DC Appleseed has insufficient data regarding the HIV/AIDS curriculum in the charter schools to assign a grade. Thus the charter schools receive an “Incomplete” on the *Sixth Report Card*. Some charter schools have shunned their responsibility on this issue and should not interpret this “Incomplete” as an opportunity to delay implementing real change. DC Appleseed will revisit this issue on its next report card and hopefully will be in a position to assign a letter grade at that time.

CONCLUSION

As a whole, the education system in the District continues to move in a positive direction as it implements a city-wide sexual health and HIV/AIDS prevention curriculum. The clarification provided by the Healthy Schools Act as to the roles and responsibilities of the entities involved in the educational system has allowed for the planning of specific programs designed to assess overall student comprehension, and the implementation of a comprehensive health curriculum in the charter schools. We encourage OSSE to embrace its new oversight authority and to institute an effective program ensuring that students are taught what they need to learn and that they have retained the knowledge. We also encourage the individual charter schools and the PCSB to embrace this opportunity to ensure that charter school students likewise receive the education needed on this issue.

YOUTH INITIATIVES: B+

Establish and implement a youth HIV education and prevention program that involves all District agencies that have regular contact with or programming for young people.

Four years ago, HAHSTA developed the *2007-2010 Youth Initiative*, which charted an ambitious attempt to coordinate HAHSTA's own priorities with other city stakeholders. Most significantly, the *2007-2010 Youth Initiative* included coordination with other city agencies that serve youth. Although not all objectives were reached, by and large DC Appleseed continues to see progress. Looking forward to the *2011-2014 Youth Initiative*, the District has set its sights toward realizing an "HIV-free generation" of youth.

While overall HIV rates remain lower among youth than in the general population, there are clear indicators that the risk behaviors of the District's youth may result in an increase in HIV as they age. For adult heterosexuals in DC, there are two main drivers of HIV—low condom use and high frequency of concurrent partners. The 2007 Youth Risk Behavior Survey ("YRBS") indicates that this is a pattern that begins in the teen years. Nearly 58 percent of high school students have had sex at least once, and 13.4 percent of students had their first sexual intercourse before the age of 13. A shocking 21.5 percent of high school students reported that they had four or more partners. The good news is that 70 percent of youth report using a condom in their last sexual activity (compared to 30 percent of adults) – though when compared over time, condom rates decrease even between ninth and twelfth grades. The bad news is that STD infection rates among youth have climbed steadily.

HAHSTA's June 2010 publication entitled *Snapshot of HIV/AIDS and STD's among Youth in the District of Columbia* reports that HIV/AIDS cases among the District's youth, ages 13-24, doubled from 2001 to 2007, but still make up less than 11 percent of total living cases in DC. STD infection rates are more alarming. Between 2004 and 2008, 39.4 percent of all chlamydia cases and 29.5 percent of gonorrhea cases were among youth

between 13 and 19. (If 20-24 year olds are included they make up more than 50 percent of both chlamydia and gonorrhea cases.) Data from HAHSTA's school-based and community-based STD screening program indicate that STD rates ranging from nine percent to 14 percent have been found in this age group. Another alarming sign of risk behavior is the 4.8 percent increase in the teen pregnancy rate from 2007 to 2008.

One of the most innovative and wide-reaching of programs is HAHSTA's free, voluntary school-based and community-based STD screening program which provides urine tests for chlamydia and gonorrhea. During FY 2009, 5,250 young people were screened for STDs. In FY 2010, the District offered testing in all public high schools, and 4,974 students were tested. Of those who tested positive in FY 2010, 83 percent were confirmed as receiving appropriate treatment. Although the number tested in FY 2010 is less than the number tested in FY 2009, the decrease is attributed to fewer tests being conducted at the summer jobs program, as discussed in the *Interagency Coordination* section of this report card. The District remains one of only two cities in the country with such a large scale STD screening and treatment program for young people. A further innovation of this program is the use of text messaging to inform young people that their STD test results are available. DC is believed to be the only jurisdiction providing this service. In 2011, HAHSTA will be adding text reminders for young people to contact their partners and at three-month intervals to get tested again.

Additionally, to meet the full range of treatment needs of youth who test positive for an STD, a new partnership between HAHSTA and Unity, supported by Gilead, has been developed, which allows Unity clinicians to go into schools to provide STD treatment while offering additional options of HIV and pregnancy testing and family planning counseling. This is the beginning of HAHSTA's efforts to introduce HIV testing into schools.

Some additional partnerships with CBOs and government agencies include:

- The Wrap M.C. program, described in detail in the *Condom Distribution* section of this report card, is an online training pro-

gram that qualifies staff to distribute condoms in DC schools and other agencies.

- Training community providers in STD screening (made possible with new urine-based testing).
- Working with the DOES Summer Youth Employment Program to offer STD education and testing. Although this year's program was not as effective as prior years, due to changes in the orientation process, the foundation for continued partnership has been laid.

Finally, where possible, HAHSTA contracted out many services to CBOs to meet the *2007-2010 Youth Initiative* goals:

- The Capacity Building Assistance Program, a recommendation of the *2007-2010 Youth Initiative*, seeks to integrate HIV information, referrals, and resources among youth organizations that historically have not addressed HIV issues in their programs. Additionally, this program trained DC government workers, including the case workers and nurses at the Child and Family Services Agency ("CFSA"), school nurses, and other community workers. HAHSTA funded Metro TeenAIDS to deliver the program. Additionally, the District has continued to support the Effi Barry Program, which seeks to expand HIV service providers throughout the District, particularly in Wards 7 and 8. A number of these providers serve youth.
- Community-based HIV and STD testing has continued to expand in both paid and unpaid partnerships with CBOs.
- HAHSTA funds and partners with Metro TeenAIDS on the REALtalk campaign, which uses social marketing to increase HIV/STD testing as well as access to condoms. Texting "realtalk" to 61827 provides a menu of information including the nearest testing sites and condom distributors. As part of the campaign, Metro TeenAIDS also has worked with DPR to conduct testing at co-branded youth events at recreation centers throughout the city.
- New this year is the Adolescent Navigator Program, which assists HIV-positive adolescents with the challenging transition from pediatric care to adult care systems.

- Additionally, the District funded several intervention programs, including Together Learning Choices, a group-level intervention targeting all youth with HIV, and Community Promise and Real AIDS Prevention Project, which is a community-level intervention targeting African-American youth. HAHSTA also funded a prevention intervention, D-Up, which works with gay/bisexual young African-American men.
- HAHSTA partners with six CBOs to offer the CDC-approved Parents Matter program, which engages families of children ages 9-13 in a series of five weekly sessions on sexual health. In the coming year, HAHSTA hopes to expand the program with an effort to reach Spanish-speaking families.

In 2009, the DC Council Committee on Health conducted extensive surveys and focus groups, and issued a report proposing a framework for developing youth programming in the city. Now called the Youth Sexual Health Project, it elevated the voices of some of DC's youth regarding sexual health information, awareness, and education and brought attention to their dissatisfaction with the brands of condoms that HAHSTA was distributing. As noted in the *Condom Distribution* section of this report card, HAHSTA began distributing the youth-requested Trojan condoms to youth-focused community partners and to the school-based condom program. The *2011-2014 Youth Initiative* is expected to include many of the recommendations from the Youth Sexual Health Project.

Since the inception of the *2007-2010 Youth Initiative*, HAHSTA has brought numerous agencies and CBOs into successful partnerships to bring HIV prevention and education to District youth. To progress further, HAHSTA has led an effort to ensure that partnerships focus not only on HIV/AIDS, but also on the alarming STD and pregnancy rates among youth.

Moving forward, DC Appleseed believes that the District needs fresh data in order to better understand shifting demographics. The 2007 YRBS report is outdated and the 2009 YRBS was unsuccessful due to sampling problems. The District should refocus its ef-

forts to gather new data on which to base its next youth prevention plan. A strong plan will result if this effort involves many of the community, government, and youth stakeholders that HAHSTA already has engaged.

In light of HAHSTA's maintaining the progress reported in our *Fifth Report Card*, the District's grade for *Youth Initiatives* is being raised from "B" to "B+." Over the coming year, DC Appleseed will monitor the District's progress on youth initiatives under the new administration and leadership of Mayor Gray and his appointees. In the future, maintaining this grade increase will require development of a new youth initiative, improvements in the collection and reporting of youth risk behavior data, and additional expansion of HIV/AIDS prevention efforts for DC youth.

SYRINGE EXCHANGE AND COMPLEMENTARY SERVICES: B

Continue to fund syringe exchange programs and complementary services (e.g., HIV testing and counseling and drug treatment referrals) and adopt additional measures to address prevention with substance-using population

Since its 2005 Report, DC Appleseed has urged the District to support and expand syringe exchange programs ("SEPs") that can help prevent HIV transmission and link IDUs with other treatment, care, and services. Until 2008, because Congress prohibited the use of federal and local funds for SEPs, there was only one local SEP provider in the District, supported by local and national private foundations. When the ban on District funding was repealed in 2007, Mayor Fenty honored a commitment to provide local funding, and the District immediately appropriated local funds for the one then-existing program and quickly expanded its DC NEX portfolio by partnering with three additional CBOs. In 2010, DC NEX was still comprised of these four programs: PreventionWorks! ("PW"), Bread for the City, Helping Individual Prostitutes Survive ("HIPS"), and FMCS.

In the *Fifth Report Card*, DC Appleseed reported on SEPs in cities of comparable size to the District and found that some exchanged far more syringes than DC NEX. While acknowledging that the volume of syringes exchanged in the District had increased over the previous year, DC Appleseed lowered slightly the District's grade in this area from "A-" to "B+" because of delays in the expansion of programming and funding. DC Appleseed continues to be concerned that services have not expanded.

Injection drug use continues to play a significant role in HIV transmission, accounting for 21 percent of all new AIDS cases in the District. Among African-Americans, 24 percent of new AIDS cases are attributed to injection drug use; among women 29 percent of new AIDS cases are attributed to injection drug use. According to HAHSTA staff, in FY 2010 DC NEX programs exchanged approximately 317,000 syringes, provided 1,612 HIV tests, distributed 734,000 condoms, and linked 241 participants to substance use treatment. In FY 2009, the programs exchanged 314,000 syringes, provided 2,279 HIV tests, distributed 378,000 condoms and linked 321 IDUs to substance abuse treatment. The only modest increase in the number of syringes exchanged and the decline in some other service numbers are troubling, especially with the District lagging behind the syringe exchange levels in comparable cities, as the *Fifth Report Card* noted, and the continued role that injection drug use plays in new AIDS cases.

DC Appleseed cannot conclude that the four existing DC NEX programs have been meeting the need for these services in the community. Programs report that limited funding has restricted their staff hours funded for outreach. They report that with additional funding, they would be able to expand their outreach by going to additional sites. It was reported that SEP staff is aware of other places with the need for SEP services, but that the SEP lacks the staff to expand to those sites. Compounding these reports of unmet need, PW announced that it will be closing in late February after 12 years operating an SEP in the District.

PW, the oldest syringe exchange program in the District, had a fixed-site community harm reduction center, scheduled mobile outreach

five days a week, and arranged delivery one day a week. In addition to syringe exchange services, it offered medical case management, support groups, and harm reduction trainings. At the time of the *Fifth Report Card*, DC Appleseed reported that PW was the largest program, distributing 130,000 syringes during the previous year. In 2010, PW continued to be one of the two larger SEPs, though with the expansion of other SEPs and the broadening of its own programming, its distribution had fallen to 108,000 syringes, approximately 35 percent of the total syringes exchanged. It is essential that HAHSTA redirects the funding that had been awarded to PW to minimize the impact on syringe exchange services and outreach.

FMCS is a community-based HIV primary medical provider using mobile outreach to provide syringe exchange to IDUs. It also provides HIV testing, primarily by having its testing van follow the SEP van. With expansion of its service hours, in FY 2010 FMCS became the largest SEP in the District, accounting for 165,000 of the total 317,000 syringes distributed by DC NEX. FMCS also distributes the largest number of condoms of any of the SEP programs, having distributed over 690,000 during FY 2010.

Bread for the City is a community-based medical clinic targeting homeless individuals, which provides syringe exchange and Naloxone (overdose prevention medication) kits in addition to the services available at its storefront clinic. Importantly, the other SEPs can refer patients to Bread for the City for Naloxone kits as well as other medical care services. Bread for the City increased the number of syringes exchanged from 4,100 in FY 2010 to 5,100 syringes in FY 2010.

The HIPS SEP serves individuals who inject drugs or other substances, including hormones and silicone. Participants include IDUs, sex workers, and transgender individuals. The program is designed to reach those who cannot access syringe exchange vans during the daytime and/or who seek HIPS' HIV prevention, education, and social services. HIPS conducts exchanges in its office, through community gatekeepers who conduct exchanges with their peers, and through a mobile unit during late afternoon and night-time hours. On weekend nights, the outreach van 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 lube, answer hotline calls, conduct HIV testing, and make late-night referrals to HIPS' client advocates and crisis response team. HIPS' distribution of syringes has increased from 20,000 in FY 2009 to 39,000 in FY 2010.

For FY 2011, HAHSTA has maintained DC NEX funding slightly higher than its FY 2010 level. Approximately \$725,000 was awarded to the four grantees. It must be noted, however, that finalization of the grant agreements were delayed up to three months. Although services were provided by the CBOs, delays in the delivery of grant agreements create instability and can result in service cuts.

An additional source of potential SEP funding is federal dollars. From 1988 to 2009, Congress prohibited the use of federal dollars to fund syringe exchange services. After 21 years, that ban was reversed in December 2009. With the ban no longer in place, the District should consider allocating HIV prevention funding from CDC to help expand DC NEX. With IDUs already a prioritized target population in the District's HIV Prevention Plan, CDC prevention funds that the District receives can now be used to fund this critical HIV prevention tool. With District budget shortfalls and declines in private funding, federal funds should be allocated.

Finally, there is a significant gap in planning strategies for dealing with HIV/AIDS in the IDU population. Based on its successful approach in developing the *2007-2010 Youth Initiative*, HAHSTA convened the Substance Use and HIV Strategic Plan Working Group to work with HAHSTA to develop a comprehensive substance use and HIV plan. The plan is intended to address the intersection of HIV with injecting and other drug use, and was expected to be released in the summer of 2009. To date the plan has not been released. HAHSTA's leadership hopes to have a draft of the plan ready for workgroup review during the first quarter of 2011. Among other things, the plan should address the question of the appropriate scope and size of DC NEX, as well as other interventions to help avoid infection in the IDU population and among other people who use drugs.

DC Appleseed commends the District for maintaining its support and funding of DC NEX. Though a key provider will be closing, it is imperative that all funds appropriated for DC NEX be awarded. While the number of syringes exchanged in the District increased slightly last year, the fact that programs in other comparable cities are larger suggests that the scale of DC NEX needs to be expanded. The decline in SEP-based complementary services related to HIV testing and linkages to substance use treatment also suggest a need for greater support. Furthermore, the recent delay by DOH to finalize the grant agreements to DC NEX for its FY 2011 awards is troubling as is the low priority given to the development of the strategic plan. Due to these factors, the District's grade in this area has been reduced to a "B."

SUBSTANCE ABUSE TREATMENT: B+

Increase the availability of substance abuse treatment programs in the District.

Substance abuse treatment is an essential component of a successful response to the HIV/AIDS epidemic. Since our initial report, the District has improved its substance abuse services, and its grades in DC Appleseed's report cards have risen from a D+ in the *First* and *Second Report Cards* to a B in the *Fourth* and *Fifth Report Cards*. Under the leadership of Senior Deputy Director Tori Fernandez Whitney, APRA has made significant strides in improving access to quality services and providing those services more efficiently. In this *Sixth Report Card*, DC Appleseed gives the District's efforts on substance abuse treatment a grade of "B+."

Since the *Fifth Report Card*, APRA has continued its efforts to use its resources more efficiently. In July 2009, APRA divested its direct services portfolio, reduced its staff, and reallocated grant resources to purchase care on a fee-for-service basis. Due to these changes, APRA cut its full-time equivalent staffing from 180 in 2007 to 66 in 2010, and reduced the percentage of its budget spent on administrative costs from 43 percent in 2007 to 26 percent in 2010, with a further reduction to 17 percent projected for 2011. APRA also has

reduced its fixed costs by 62 percent from a high in 2008 of \$5.71 million to \$2.19 million in 2011. Significantly, DC Appleseed expects that APRA will maintain needed levels of service under its reduced budget.

APRA also has improved its methods of evaluating clients for referral for care. By applying standard tools for assessment and referral, APRA can better assess the appropriate treatment level of clients at intake and reduce the number of clients sent to detoxification unnecessarily. At the same time, APRA has increased the number of individuals assessed for treatment. During FY 2010, APRA's Assessment and Referral Center ("ARC") assessed 6,643 individuals compared to 5,552 assessed during FY 2009. During FY 2010, monthly assessments ranged from a low of 320 to a high of 901, with an average of 554 assessments.

APRA has had continued success securing federal funding to support its services. Since 2007, APRA has been awarded more than \$34 million in competitive federal grant funding. The grants include the \$10.6 million Strategic Prevention Framework State Incentive Grant ("SPF SIG") awarded for July 2009 through 2014, a \$10.6 million Access to Recovery ("ATR") II Grant awarded for October 2007 through September 2010, and a \$13.1 million ATR III grant awarded for October 2010 through September 2014. Under the SPF SIG, APRA has selected four prevention centers to serve two geographic wards each. Each center will serve as a resource for prevention activities and data collection in its wards. APRA has budgeted up to \$840,000 annually to support the four prevention centers for families and children in the District.

The funds from the ATR II grant allowed APRA to provide comprehensive recovery support services to over 8,600 residents with addiction, exceeding the grant's target of 7,970 clients. The ATR III grant has a target of 11,807 clients. Recovery support services include supportive housing for six months, intensive case management, and education and job readiness support. During FY 2010, 133 individuals moved from homelessness to more stable lives as the result of environmental stability recovery support services.

APRA continues to operate the Adolescent Substance Treatment Expansion Program (“ASTEP”), which allows youth enrolled in Medicaid to participate in the treatment program of their choice. APRA staff report that five providers are currently participating in the program, with three providers certified for both substance abuse and mental health services. During FY 2010, 282 adolescents received Medicaid-covered services through ASTEP. To date, in FY 2011, 127 adolescents have received services. APRA staff reported that they have experienced some difficulty training partner CBOs to use the services correctly and to ensure that sufficient post-assessment services are performed. Because the federal government covers 70 percent of the costs for participating Medicaid beneficiaries, DC Appleseed recommends that the District encourage all CBOs to participate in ASTEP so that local funding can be leveraged appropriately to support expanded services for youth.

At the time the *Fifth Report Card* was published, APRA was finishing implementation of an evidenced-based client information system to develop treatment plans for patients in the Detox Center and to track and report clinical outcomes. This program, called the District Automated Treatment Accounting (“DATA”) System, was implemented fully in August 2010. It includes a complete electronic medical record, with the client’s assessment plan and notes from each encounter, and allows APRA to automate payment to providers. Providers must enter their notes from each encounter within specified deadlines in order to receive payment from APRA. APRA has trained providers on use of the free software. Although the implementation process took several months, all providers, including opioid treatment providers, currently are using the system. In addition to improving management of each client’s care and facilitating timely and appropriate payment, the DATA System also will allow APRA to monitor the effectiveness of services across the entire system. APRA has reconfigured its Quality Assurance (“QA”) unit and plans to use the DATA System for QA and quality control.

In addition to using the DATA System to evaluate APRA’s services, APRA has contracted with RTI International to evaluate the use

of the SPF SIG funds and has implemented client satisfaction surveys. These evaluations should provide APRA with the data necessary to continue to improve the quality of services available to DC residents.

APRA continues its collaboration to conduct screenings at the DC Superior Court by providing assessment services for defendants at the courthouse and is working with DMH to modify the urgent care contract to provide integrated services.

The substance abuse treatment units at the DC detention facility, which are funded through the Department of Justice RSAT grant and the DC Office of Justice Grants Administration, continue to serve a particularly vulnerable population. The RSAT program is certified by APRA and is seeking accreditation from the American Correctional Association in FY 2011. Furthermore, the DC Jail’s opioid treatment program, which provides methadone or suboxone to inmates, has been certified by APRA and the National Commission on Correctional Health Care.

The RSAT men’s unit serves approximately 64 inmates in treatment and eight mentors and pre-admission/orientation inmates. The female unit currently serves approximately 10 women, with a maximum capacity of 20. DC Appleseed continues to be impressed by the inmates’ overwhelmingly positive comments on the program. During our visit to the RSAT units, inmates in both the men’s and women’s units said the program is “firm but fair”; provides effective treatment and education, including peer-to-peer counseling and GED courses; and prepares the participants to return to society. Inmates also praised the staff’s dedication, stating that they felt that the staff truly cares about them. The inmates’ only suggestion to improve the program was to add more staff clinicians. Of significance is the fact that RSAT places 100 percent of its graduates into community substance abuse treatment programs upon release from the detention facility.

Indeed, hiring additional clinicians would not only improve the program for the current participants, but is necessary for expansion. APRA requires a 15-to-one ratio of inmates to counselors. At the time of the *Fifth Report Card*, DOC was considering increasing the capacity of the female unit to 40, including 10

inmate mentors. Since then, the RSAT unit has not been able to expand due to a hiring freeze, limited funding, and difficulty finding qualified counselor candidates with the new Certified Addiction Counselor (“CAC”) credentials required under DC law. The supply of counselors with CAC credentials should improve as existing counselors become certified, but the hiring freeze and funding limitations threaten to halt those hires. Under the District’s hiring freeze, DOC is permitted to hire additional staff only if a grant covers the full cost of those personnel.

DC Appleseed strongly recommends that DOC and DOH work together to identify potential sources of grant funding that could be used to support expansion of the RSAT program and hiring of additional staff. The program helps inmates return to society healthier and better prepared to avoid risky behaviors that could expose them to HIV or risk exposing others. The District should attempt to secure grant funding to expand the substance abuse program at the DOC, or in the alternative provide local funding to support these essential services.

The *Fifth Report Card* identified the Detox Center as a major weakness in APRA’s services. In fall 2008, APRA commissioned a formal evaluation of the Detox Center to identify areas for business and clinical improvement and to address deficiencies in care. This study found that the Center was inefficient, costly, and clinically outmoded. The Detox Center operated 80 beds and spent \$5.6 million per year. The average length of stay for patients was more than eight days per admission, nearly double the average four-to-five day length of stay in most similar programs. APRA has addressed this problem by applying standard assessment and referral protocols consistent with American Society of Addiction Medicine Patient Placement Criteria to ensure that patients are referred to the appropriate level of treatment. As a result, the average length of stay for detox services decreased from 8.6 days to 2.2 days and client retention in care after detox also significantly improved. The percentage of clients that progressed from detox to the next appropriate level of care increased from 44 to 97 percent. APRA facilitates the transition from detox to the next level of care by provid-

ing vouchers for the next level and transportation to the appropriate facility.

APRA now has two private provider contracts with the Psychiatric Institute of Washington and Providence Hospital to provide detoxification services, nearly doubling capacity for detox treatment. APRA also is developing a request for proposal (“RFP”) for assessment and referral services conducted at ARC. Under the RFP, APRA seeks to add care coordination and a 24-hour crisis line. These services would be valuable additions to APRA’s portfolio, and we encourage the agency to finalize this RFP. Deputy Director Whitney also expressed interest in performing more outreach in the community to raise awareness of the services available. DC Appleseed supports this goal, and we recommend that APRA seek opportunities to work with others in the community to publicize APRA’s services to District residents.

DC Appleseed commends the District’s efforts to expand the substance abuse services available for vulnerable, underserved populations such as court offenders, inmates, adolescents, and residents of economically and physically distressed communities. DC Appleseed also commends APRA’s progress in providing these services more efficiently. In FY 2007, APRA expended \$6.3 million on direct prevention and treatment services. In FY 2010, as a result of operating efficiencies, reinvestment of savings, and increased federal funding, APRA expended \$22.9 million on direct prevention and treatment services. For FY 2011, approximately \$23.2 million is budgeted to support these services. This increase in receipt of competitive federal grants is impressive and is critical in a time of fiscal restraint. DC Appleseed commends APRA, under the leadership of Senior Deputy Director Whitney, for its grade increase from “D+” in our *Second Report Card* to a “B+” in this *Sixth Report Card*.

HIV/AIDS AMONG THE INCARCERATED: A

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

In DC Appleseed's 2005 report, we recommended that the District implement routine HIV testing at the DC Jail, improve collection of HIV and AIDS data among the incarcerated, ensure that HIV-positive inmates receive medications upon discharge, and work to improve discharge planning services. By the time of the *Fifth Report Card*, the DOC had developed, implemented, and sustained an HIV testing program since June 1, 2006, and through a contract with Unity, provided comprehensive health services, including discharge planning, at the District's detention facilities under a community correctional care model. DOC also continued to make significant progress toward ensuring that HIV-positive inmates receive their medications upon discharge and was using AIDS Drug Assistance Program ("ADAP") funding to provide medications to inmates at discharge. In the *Fifth Report Card*, the District received a grade of "A" for its continued progress on all of these measures, providing critical health services to DC's inmates. In this *Sixth Report Card*, the District again has received an "A" for its continued excellent work in this area for the fourth consecutive year.

Under DOC's HIV testing program, all inmates are offered rapid HIV testing upon intake, and are provided pre- and post-test counseling which exceeds CDC guidelines. Inmates who refuse testing at intake are offered the test the following day and may request to be tested at any time during sick call. Once staff learns the results of the preliminary HIV rapid test, inmates who test positive receive an immediate referral to a staff doctor for additional care, as well as the opportunity for counseling. DC Appleseed looks forward to examining the post-HIV test counseling more closely in future reports.

From January 1 through September 30, 2010, rapid testing was performed during 9,620 intakes to the DC Jail, 82.5 percent of total intakes. Of those tests performed at

intake, 0.3 percent found that the inmate was HIV-positive. Of the remaining 2,027 intakes (17.5 percent) in which testing did not occur, 1,081 (nine percent of total intakes) were inmates who had been tested recently, as identified in the DOC's electronic medical record, and did not require a repeat test. One hundred twenty two intakes (one percent of total intakes) were inadvertently not tested. Approximately 800 inmates (seven percent of total intakes) refused testing. As recommended by DC Appleseed, DOC revised its electronic medical record to capture data on the specific reasons inmates are not tested. Thanks to this improvement, DOC can report that testing was not performed at five percent of total intakes because the inmate did not want to know his or her status. Other reasons given for refusing testing include: 1) the inmate already knows his or her HIV status; 2) the inmate is not sexually active; 3) the inmate was tested in another correctional facility; or 4) the inmate says he or she will get tested after release. This information demonstrates that the DOC's automatic testing program reaches almost all inmates. DOC should continue to operate this successful program on an opt-out basis, consistent with the CDC's guidelines.

Due to a cut in the DOC's testing budget, inmates are now offered testing for HIV every six months instead of every 90 days. This testing schedule still exceeds the CDC's recommendations, which state that inmates who are at high risk for HIV should be offered opt-out HIV testing annually. Inmates are offered testing at intake if it is the inmate's first incarceration at DOC or if the inmate does not have a documented HIV test within the last six months. Previously, inmates tested within the last 90 days before intake were not re-tested. We encourage the District to maintain adequate funding so that the testing can continue at current levels.

A recent budget cut also affected discharge planning services, and the total number of discharge planners has been reduced from 11 to 5.5 full-time equivalents. Although agency budgetary cuts are of concern, the DOC continues to ensure that the chronically ill, which includes all HIV-positive inmates, are the primary targets of discharge planning. The discharge planners assist the chronically ill to transition back to the community

and promote continuity of care. According to Unity staff, at an inmate's first chronic care appointment, all HIV-positive and chronically ill inmates meet with one of the discharge planners for assistance with their transition back to the community by addressing their health care and social service needs. Unity discharge planners facilitate care by notifying case managers at Unity's health centers via Unity's electronic medical record of an inmate, and those patients receive scheduling priority. DC Appleseed will continue to monitor the discharge planning program to determine if any inmates with HIV or AIDS are impacted negatively by the decrease in the number of discharge planners. We also encourage the District to identify or seek additional funding so that all chronically ill inmates receive appropriate discharge planning services.

In addition to the discharge planners at the District detention facilities, a discharge planner works at the courthouse to arrange appointments and facilitate the delivery of medications to inmates who are released from the courthouse. Unity clinics in the community also facilitate access to care by offering "open access" to recently released inmates, allowing them to be seen within 24 hours of discharge.

Discharge planners are critical to inmates' successful connection to care and other necessary services, such as medical insurance, medications, food stamps, housing assistance, employment and vocational training, and substance abuse counseling services. DC Appleseed expects that the District will give high priority to restoring funding for these services as soon as financial conditions allow.

DOC continues to use ADAP funding to provide a 30-day supply of medications to HIV-positive inmates upon discharge. During 2010, 279 inmates received a 30-day supply of medications at discharge, funded by ADAP in the amount of approximately \$325,000.

DOC also reports that, in collaboration with DOH, it makes both male and female condoms available to inmates throughout their stay at the DOC detention facilities as well as upon release. Inmates can obtain condoms at any time during sick call. Female inmates receive both male and female condoms at release. DC Appleseed continues to applaud

DOC's policy of making condoms available to inmates. We have received reports that correctional officers have thrown out condoms during "shake downs" of cells, and that there has been confusion by some officers related to the interpretation of the condom distribution policy conflicting with DOC's policy prohibiting sexual contact between inmates. In response to these reports from DC Appleseed, DOC staff reported that they have issued a directive to staff reiterating that inmates are permitted to access and possess condoms, and that condoms are not contraband. DC Appleseed recommends that DOC ensures that the correctional officers continue to be trained appropriately on the condom policy and instructed not to discard condoms.

Despite financial challenges, DOC has sustained its performance on HIV testing, treatment, and prevention among the incarcerated, and has implemented further improvements. DC Appleseed commends Unity for its provision of a high quality HIV testing program and discharge planning service to HIV-positive inmates. We are aware that the contract for medical services currently is out for bid and will monitor that there are no reductions of these crucial services in any future contract. DC Appleseed also commends the DOC administration's continued commitment to ensuring the high standards related to HIV/AIDS prevention and care at the DOC detention facilities, resulting in the District's HIV testing program being a national model. In light of the departure of director Devon Brown and Deputy Director Patricia Britton, DC Appleseed hopes that the new director of DOC will maintain the intense focus on HIV/AIDS that is necessary to sustain the significant progress achieved.

ONE CITY: MANY PARTNERS

In this *Sixth Report Card* DC Appleseed is taking a first step in expanding the report card's focus beyond DC government, by examining the contributions of other parts of the community to the District's fight against HIV/AIDS. There are a myriad of ways different sectors and industries can participate. The entities discussed in this section are

some key groups that have a major role in the fight against HIV/AIDS. Below we have highlighted examples of successful contributions by each sector and noted how these efforts have benefited the District. But it is essential that these and other groups do even more. DC government cannot fight this battle alone. In future report cards, we will include updates on progress in each sector, report on obstacles and successes, highlight new and innovative partnerships, and look more closely at who is not participating.

Hospitals, Medical Clinics, and Academic Institutions

Hospitals and medical clinics are natural partners in fighting HIV/AIDS. As institutions dedicated to treating patients and promoting community health, they play an important role in fighting HIV/AIDS in the District.

As detailed in the *HIV Testing* section of this report card, routine opt-out HIV testing is offered at seven of the eight hospitals in the District. We reviewed the websites of DC hospitals to see if specialized HIV/AIDS care was offered and publicized. Of those eight hospitals, we found that five include HIV/AIDS specialists on their websites. DC Appleseed will be looking more closely at what services and specialties are available and publicized by local hospitals. Future reviews also will include the status of HIV testing and other services at the Veteran's Affairs Medical Center and Walter Reed Army Medical Center, as they serve a significant segment of the District's population.

Another recent collaboration is very promising. The Washington AIDS Partnership received funding from the AIDS United Access to Care Initiative, supported by a grant from the Social Innovation Fund, to implement Positive Pathways, an evidence-based structural intervention designed to address barriers to HIV medical care for African-American women living in the poorest neighborhoods of the District. Partners include the Institute for Public Health Innovation, HAHSTA, Consumer Health Foundation, and local clinics and HIV/AIDS service providers. Using a network of trained peer community health workers, Positive Pathways will identify out-of-care women and work with them to become engaged effectively and actively in HIV medical care. In addition to increasing access

to care, Positive Pathways will strengthen community health workers' professional skills and greatly increase the level of communication and coordination across government, primary care providers, and both HIV-mission and non-HIV CBOs working in the most affected areas of the city.

Local medical research institutions also must play a large role in the District's response. In 2010, NIH awarded a five-year grant to a consortium of institutions in the District – George Washington University, Georgetown University Medical Center, Howard University, Children's National Medical Center, and Veterans Affairs Medical Center – to establish the DC Developmental Center for AIDS Research ("DC D-CFAR"). The funds will be used to create and develop a research center on HIV/AIDS to provide scientific leadership and institutional infrastructure to promote HIV/AIDS research. With the grant, the District joins a network of 20 CFARs located at academic and research institutions throughout the US. After the first five years, the goal is for the consortium to continue as a full CFAR with ongoing NIH support and funding. DC Appleseed commends these institutions for collaborating to increase HIV/AIDS research in the District.

An example of a successful academic/government collaboration is HAHSTA's partnership with GW, which has contributed to the significant progress related to the District's surveillance efforts, as detailed in the *HIV Surveillance* section of this report card. What started as a technical assistance partnership to improve surveillance has expanded into a research collaboration resulting in enhanced analysis of complex data.

Academic institutions have specialized departments and technical skills that can play a significant role in helping the District better understand HIV/AIDS and address obstacles to prevention and care in our community. In the next report card, DC Appleseed hopes to report on more examples of academic and research involvement in the District's efforts.

Business Community

During the past year, there has been a growth in public/private partnerships strengthening the District's HIV/AIDS efforts. Many businesses are getting involved, fund-

ing efforts, and contributing their expertise. As it becomes evident that these partnerships enhance the efforts of the District, we hope that more businesses will collaborate with the District to fight HIV/AIDS.

Gilead's HIV on the Frontlines of Communities in the US Program ("HIV FOCUS") is an ongoing collaboration with the District and others to expand and normalize HIV testing. As described in this report card, Gilead and HAHSTA are collaborating with FMCS and CEG on the HIV testing and linkage to care initiative at the Ward 7 DMV; with Whitman-Walker Clinic to provide HIV testing at the Crew Club, a gym catering to gay and bisexual men; and with Unity to bring clinicians into the schools to treat youth who test positive for an STD and offer them HIV and pregnancy testing and family planning counseling. Other Gilead partnerships with Unity aim to increase testing capacity at their busiest clinics, promote the 5th Vital Sign program at their three clinics in DC's highest impacted communities, and promote a family-centered testing model encouraging patients receiving HIV care at Unity clinics to return with other family members for an HIV test. Gilead also is partnering with AIDS Education and Training Centers ("AETC") to increase the number of medical providers offering testing and with Whitman-Walker Clinic to expand the availability of STD testing in the evening.

The Global Business Coalition is a non-governmental organization that mobilizes businesses and corporations to partner with governments and non-profits fighting HIV/AIDS. The Global Business Coalition launched its U.S. HIV/AIDS Initiative in 2009, with DC among the cities where it operates. As noted in the *Leadership* section of this report card, the Global Business Coalition has partnered with HAHSTA and Pfizer on the "Offer the Test" social marketing campaign, with Pfizer sales representatives encouraging physicians to offer routine HIV testing. The Global Business Coalition also is analyzing the results of a survey of all DC physicians for their HIV testing knowledge, attitudes, and practices.

DC Appleseed encourages local businesses to consider how their wellness programs for employees, contact with the public, and skills

and resources can contribute to the District's HIV/AIDS response.

Media

The media also can contribute to the District's efforts to address HIV/AIDS. Broadcast outlets in the DC area have aired HIV/AIDS-related public service announcements ("PSAs") during the past year. Although the DC government covered the cost of airing some of the PSAs, broadcast outlets also donated airtime.

Examples of radio stations donating airtime include WKYS and WPGC for part of the "Ask for the Test" and "Know Where You Stand" social marketing campaigns. WPGC also advertised World AIDS Day and National Black HIV/AIDS Awareness Day on its website and ran special edition shows featuring HIV/AIDS experts. WPGC also was involved with BET's "Rap it Up; Know Your Status" campaign, with on-air talent serving as HIV educators.

Local radio host and television personality Big Tigger is an example of a prominent local broadcast figure raising awareness in the community about HIV/AIDS. In June 2010 he hosted the ninth annual Celebrity Classic through his non-profit organization, the Street Corner Foundation, to bring attention to HIV/AIDS, encourage testing, and reduce stigma. The Celebrity Classic is a three-day street festival and celebrity basketball game. In addition, his morning radio show on WPGC is supporting the District's Rubber Revolution, a new social marketing campaign to promote condom access and education. Big Tigger is an ambassador and WPGC a media partner in this campaign.

An example of a longstanding media collaboration has been local affiliate NBC4's partnership in the annual AIDS Walk Washington, a benefit for the Whitman-Walker Clinic. This successful partnership brings attention to the fundraiser as well as raises awareness around HIV/AIDS. Other media partners in 2010 included WKYS, Praise 104.1, *Metro Weekly*, the *Washington Blade*, *Washington City Paper*, and the *Washington Informer*.

The potential for media and advertising to enhance communication, education, awareness building, and stigma reduction in the District is enormous. Contributions from these outlets can greatly expand the reach of HIV/

AIDS messaging and stretch the District's budget. DC Appleseed tried to assess the landscape as far as media donations and air time given to HIV/AIDS PSAs and messaging by local media outlets; however, there is no readily available way to measure what media outlets are doing on HIV/AIDS as compared with other issues. For the next report card, DC Appleseed hopes to find measures to use to report on local broadcast outlets' airing of HIV/AIDS messaging.

DC Appleseed hopes that future report cards will show expansion in the efforts of hospitals, medical clinics, academic institutions, businesses, and media, as well as other industries and sectors of our community, in partnering with the District to address HIV/AIDS in our community. We will need the whole community to get involved and use available expertise and resources to improve the District's response to HIV/AIDS. Everyone has a stake in addressing HIV/AIDS in our community, and everyone can participate. We will continue to feature successes and innovation. We also will highlight missed opportunities and missing partners.

DC Appleseed hopes these examples inspire others to identify ways to contribute. We challenge every business and institution in the District, by World AIDS Day, December 1, 2011, to find one innovative opportunity to leverage its expertise and resources to contribute to the District's fight.