



The Washington, D.C. Regional Planning Commission on Health and HIV (COHAH) will invigorate planning for HIV prevention and care programs that will demonstrate effectiveness, innovation, accountability, and responsiveness to our community.

PLANNING COMMISSION (COHAH) GENERAL BODY MEETING AGENDA

THURSDAY, OCTOBER 26, 2023 – 6:00PM TO 8:00PM

ZOOM CONFERENCE AND VIDEO CALL

Note: all times are approximate

6:05 pm	1. Call To Order and Moment of Silence
6:10 pm	2. Swearing In and Reappointments - MOTA
6:20 pm	3. Review and Adoption of the Meeting Agenda for October 26, 2023 4. Review and Approval of the Meeting Report for September 28, 2023
6:25 pm	5. Ryan White HIV/AIDS Program (RWHAP) Recipient Report/ Updates
6:35 pm	6. Fair Housing – Ronald Clarkson, Director of Communications and Outreach, Housing Counseling Services, Inc
6:55 pm	7. Consumer Needs Assessment Report – Julie Orban, HIV Services Planner, DC Health, Greg Dwyer, Senior Research Scientist, GWU School of Public Health
7:15 pm	8. Prevention Services Funding Overview
7:35 pm	9. Standing Committee Updates <ul style="list-style-type: none"> • Research & Evaluation Committee (REC) {Next mtg.: Tue. Oct 17th @ 3pm} • Community Engagement & Education Committee (CEEC) {Next mtg.: Thur. Oct 19th @ 5pm} • Comprehensive Planning Committee (CPC) {Next mtg.: Wed. Oct 25th @ 11am} • Integrated Strategies Committee (ISC) {Next mtg.: Wed. Oct 25th @ 1pm}
7:50 pm	10. Other Business <ul style="list-style-type: none"> • DC Updates • Virginia Updates • Maryland Updates
8:00 pm	11. Announcements/Adjournment

NEXT PLANNING COMMISSION (COHAH) MEETING: PRIORITY SETTING & RESOURCE ALLOCATIONS

**THURSDAY NOVEMBER 17, 2023
6 PM – 8 PM
ZOOM**

This meeting is governed by the Open Meetings Act. Please address any questions or complaints arising under this meeting to the Office of Open Government

at opengovoffice@dc.gov.



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**PLANNING COMMISSION (COHAH) GENERAL BODY
MEETING MINUTES**
THURSDAY, SEPTEMBER 28, 2023, 6:00PM
ZOOM CONFERENCE AND VIDEO CALL
 ELECTRONIC – ONLINE MEETING

ATTENDEES/ROLL CALL					
COMMISSIONERS	PRESENT	ABSENT	COMMISSIONERS	PRESENT	ABSENT
Barnes, Clover (Ex-Officio)	X		Gomez, Ana		X
Barton, Jedidiah	X		Gutierrez, Anthony	X	
Blocker, Lakisa		X	Hickson, DeMarc	X	
Brown, Charles		X	Hutton, Kenya		X
Camara, Farima		X	Keita, Ramatoulaye	X	
Carney, Misty	X		Massie, Jenné		X
Cauthen, Melvin	X		Mekonnen, Betelhem (Comm. Co-Chair)	X	
Clark, Lamont (Gov. Co-Chair)	X		Murdaugh, Henry		X
Coker, Sharon		X	Olinger, Joshua	X	
Cooper-Smith, Marjorie		X	Palmer, Kentrell		X
Copley, Mackenzie	X		Penner, Murray	X	
Corbett, Wallace	X		Pettigrew, Kenneth	X	
Cox, Derrick	X		Rakhmanina, Natella		X
Dean, Traci		X	Ramos, Claudia		X
DeMartino, Peter	X		Rhodes, Stefanie		X
Fogal, Doug		X	Shaw-Richardson, Re'ginald	X	
Ford, Jasmine	X		Wallis, Jane (Comm. Vice-Chair)		X
Forman, Lynn		X	Yocum, Ashley	X	
RECIPIENT STAFF	PRESENT	ABSENT	PRESENTERS	PRESENT	ABSENT
Fortune, Ebony	X				
Smith, Avemaria	X				
HAHSTA STAFF	PRESENT	ABSENT	COMMISSION STAFF	PRESENT	ABSENT
Cooper, Stacey	X		Bailey, Patrice	X	
Jefferson, Regina	X		Johnson, Alan	X	
Orban, Julie	X				



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HIGHLIGHTS	
<p><i>This is a draft version of the September 28, 2023, COHAH General Body Meeting Minutes which is subject to change. The final version will be approved on October 26, 2023.</i></p>	
AGENDA	
Item	Discussion
Call to Order	Lamont C. called the meeting to order at 6:08 pm followed by the welcome, and a moment of silence. Attendance was taken via Zoom chat. With 18 of 34 voting commissioners present, a quorum was established.
Review and Adoption of the Agenda	Lamont asked for a motion to adopt the COHAH Agenda for September 28, 2023. The agenda was adopted unanimously via poll vote.
Review and Approval of the Minutes	Lamont asked for a motion to approve the July 27, 2023, and the August 24, 2023, Meeting Minutes. Murray P. made the motion. It was seconded by Ashley Y. The minutes were approved via unanimous poll vote.
Ryan White HIV/AIDS Program (RWHAP) Recipient Report/Updates	<p><u>Avemaria S. presented the Recipient Report</u> The Part A and Part A MAI report is being presented for the month of July for Grant Year 33. The full award is in the amount of \$32,652,189.00.</p> <p><u>FISCAL STATUS</u> Twenty-three (23) of the twenty-six (26) providers have submitted payment requests that were processed, and three (3) providers have not submitted an invoice for Part A and Part A MAI in July.</p> <p><u>PART A FISCAL SUMMARY</u> Part A expenditures are at 39% and should be at 42%.</p> <p>Service areas affected by unprocessed invoices were Early Intervention Services (EIS), Substance Abuse Services – Outpatient (SASO), Psychosocial Support Services (PSS), Medical Case Management (MCM), Medical Transportation Services (MT), and Outreach Services (OS).</p> <p>The service spending 30% below expected was Health Insurance Premium and Cost Sharing Assistance (HIPCSA).</p> <p>The service spending 30% above expected was Mental Health Services (MHS).</p> <p><u>PART A MAI FISCAL SUMMARY</u> Part A MAI expenditures were at 29% and should be at 42%.</p> <p>Service areas affected by unprocessed invoices were Outpatient Ambulatory Health Services (OAHS), Early Intervention Services (EIS), Psychosocial Support Services (PSS), Mental Health Services (MHS), Medical Case Management (MCM), and Substance Abuse Services – Outpatient (SASO).</p>



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	<p>Services spending 30% below expected were Medical Case Management (MCM), Psychosocial Support Services (PSS), and Substance Abuse Services – Outpatient (SASO).</p> <p>There were no services, spending 30% above expected.</p> <p>RECIPIENT REPORT The recommendation to include Non-Medical Case Management and Medical Transportation to MAI programs and make Substance Abuse Outpatient services optional was approved.</p> <p>Wallace C. asked for the amount of the carryover, the timeframe in which those funds are to be spent and if there will be a presentation on the proposed spending. Avemaria indicated that the amount was \$855,000 to be spent by February 29, 2024. The proposed spending plan will be brought before the CPC meeting first. Murry P. asked if a government shutdown will affect spending. Avemaria noted that she received information from the mayor’s office that the district will remain operational because the active awards are already in place. There will be no disruption in spending or in services.</p> <p>The Recipient is preparing to submit the FY24 Non-Competing Continuation (NCC) Progress Report, which is due on October 2, 2023.</p> <p>HRSA approved the Recipient’s FY22 final carryover request, and the Notice of Grant Award has been received.</p> <p>The Recipient’s FY22 RWHAP Part A Formula UOB Penalty Waiver was approved by HRSA.</p> <p>The District is preparing to close out FY23 and startup FY24.</p> <p>The Recipient staff will begin reviewing subrecipient expenditure levels and assess the need to right size grant awards to avoid lapse of finding.</p>
<p>Standing Committee Updates</p>	<p>Research and Evaluation Committee (REC) reported by Lamont C. Julie O. gave an overview of the finalized Needs Assessment Report. She will present it to the General Body at the October meeting.</p> <p>Community Education and Engagement committee (CEEC) reported by Lamont. CEEC had discussions about youth programs and the events HAHSTA youth groups are planning which were initially planned to take place during World AIDS Day events. However, after further consideration it was decided to plan for an event around Valentine’s Day when there are fewer competing events.</p> <p>The Senior Deputy Director of HAHSTA asked CEEC to participate in planning a Client Services Event for people living with HIV to discuss the available services throughout the EMA. She assembled an internal group, the Community Engagement Group (CEG) to lead the charge.</p>



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	<p>Comprehensive Planning Committee (CPC) reported by Mackenzie C. Mackenzie expressed appreciation for the work the Recipient staff did in presenting at PSRA.</p> <p>CPC reviewed the Recipient Report and there were no concerns.</p> <p>CPC also began to inquire more intently about prevention services and spending. Next month the CPC will be provided with an overview of DC prevention services and spending. Lamont will ask Maryland and Virginia to provide a high-level overview of their prevention programs. Melvin C. offered to provide information for Montgomery County.</p> <p>Integrated Strategies Committee (ISC) reported by Jane W. The ISC discussed the next steps and futures projects after the completion of the Health Equity Paper. A few suggestions were:</p> <ul style="list-style-type: none"> • Examining status-neutral as a concept and how it's being incorporated, seeking more prevention focused topics. • Evaluating gaps during COVID and the consequences that resulted from those gaps between 2020-2022. • A project that focused on the needs of the aging population, best practices and looking at the social determinants of health based on outcomes indicated in the needs assessment. • Examining mental health and the HIV continuum. • Discussing ways to keep the Health Equity Paper alive and active. • Providing EHE updates from the other jurisdictions <p>Anthony G. prompted a discussion about the Health Equity Paper being used as part of a funding requirement. It was concluded that the decision to make that a requirement must come from HRSA and the Office of Grants Management. However, a statement can be added to the service standards that relate to the tenants of health equity.</p>
New Business	None noted.
Old Business	<p>Lamont reminded everyone of the days and times of the committees unless otherwise notified.</p> <ul style="list-style-type: none"> • REC – every 3rd Tuesday, next month October 17, 2023 • CEEC – every 3rd Thursday, next month October 19, 2023 • CPC – every 4th Wednesday, next month October 25, 2023 • ISC – every 4th Wednesday, next month October 25, 2023 <p>Clover B. announced:</p> <ul style="list-style-type: none"> • There is an opening for the Prevention Bureau Chief. Apply at DCHR@dc.gov • There will be a HRSA Site Visit that will include stakeholder meetings from October 31 to November 2, 2023. Malachi Stewart will send the flyer to Lamont for distribution. Both the provider and consumer meetings will be held on November 1, 2023. The times will be



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	<p>indicated on the flyer. Grubhub or Door Dash gift cards will be given to consumers as a thank you for attending.</p> <ul style="list-style-type: none"> • Clover is requesting the REC and others jurisdictions in the EMA who may be interested in collaborating to conduct a Prevention needs assessment in the EMA. Melvin and Ashley Y. expressed their interest. <p><u>VDH Updates presented by Ashley Y.</u> Ashley announced that RWHAP B-contracted agencies must conduct all client eligibility assessments for all RWHAP B services, including ADAP. Non-RWHAP Contracted agencies must refer any clients that need an assessment to a RWHAP B contracted agency. All assessments are to be completed and entered into the VDH Provider system by September 30, 2023, to maintain their eligibility for services. Subrecipients can also view expiring client eligibility lists in the Provide system.</p> <p>Benalytics is assisting clients with enrollment into ACA plans if they are no longer eligible for Medicaid. For Benalytics to complete an ACA enrollment, subrecipients must first complete an eligibility assessment for these individuals and request insurance enrollment assistance within the Provide system. Without completing this assessment step, enrollment into insurance will experience a delay. Call the VA MAP Call Center (855-362-0658) if you have questions.</p> <p>Open Enrollment for Medicare begins October 15, 2023, and Open Enrollment for ACA begins November 1, 2023.</p> <p><u>MDH Updates presented by Peter D.</u> Peter remarked that Maryland will gladly look forward to conducting an EMA Prevention Survey Analysis and bring Federick, Calvert, and Charles Counties along as well.</p> <p>MDH is preparing for Open Enrollment.</p> <p>On October 13, 2023, MDH is hosting their inaugural HIV and Aging Summit.</p> <p>There is ongoing activity with the Maryland Integrated Plan. Deliverables for community mobilization, assessment of organization landscape, locator inventory HIV criminalization and data to action are due December 21, 2023.</p>
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ANNOUNCEMENTS/OTHER DISCUSSION

Lamont asked for feedback about the USCHA Conference from those who wanted to share. Everyone thought the conference was wonderful. Wallace C. noted that there were no sign language interpreters for the hearing impaired. Derrick C. loved that the conference was focused on women of color and Clover loved the Love Letter to Black Women. She indicated that she left the conference feeling inspired and recommitted to the work.

Lamont also announced that MOTA will attend next month's meeting to swear-in new commissioners and those whose term expired June 1, 2023. He noted that in addition to the swearing in, the October



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meeting will also include presentations from Julie Orban on the Needs Assessment, Stacey Cooper on Prevention Services and Spending, and Housing Counseling Services

Last Wednesday, Mackenzie was appointed to the Presidential Advisory Council on HIV and AIDS (PONCHA) in Charleston, West Virginia. He accredited the COHAH as the reason he was able to be considered for the opportunity.

HANDOUTS

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Commented [AJ1]: @Bailey, Patrice (DOH) Don't forget to include the handouts list.

MEETING ADJOURNED	7:03 pm	NEXT MEETING	THURSDAY, NOVEMBER 16, 2023 6:00pm to 8:00pm ZOOM CONFERENCE AND VIDEO CALL
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Date: October 25, 2023

To: Comprehensive Planning Committee (CPC)

From: Ryan White HIV/AIDS Program (RWHAP) Recipient Staff

**Re: Monthly Fiscal and Recipient Report (Part A and Part A MAI Funding)
Year 33 - Reporting Period: August 1 – 31, 2023**

Part A and Part A MAI. The Ryan White HIV/AIDS Program (RWHAP) Part A Grant Year 32 includes two components: Part A and Part A Minority AIDS Initiative (MAI). These reports are designed to report distinctly on the associated program activities. **For GY 33 the recipient received the full award in the amount \$32,652,189.00.**

Notes on Overview. The fiscal spreadsheets list the service categories by Part and jurisdiction and identifies the reported expenditure as a proportion of expected-to-date. The COHAH has requested an explanation of those service categories with a 30% variance from the target percentage.

FISCAL STATUS

For Part A and Part A MAI in August 2023, of the twenty-six **(26)** providers, twenty-four **(24)** submitted payment requests that were processed, and two **(2)** providers have not yet submitted August 2023 invoices.

SERVICE DELIVERY CHALLENGES

DC: No challenges.

MD: No challenges.

VA: No challenges.

PART A FISCAL SUMMARY

Part A expenditures are 43% and should be 50%. (Overall Expenditure rates by funding source for the reporting period)

Service areas affected by unprocessed invoices:

Early Intervention Services (EIS)

Oral Health Care (OH)

Substance Abuse Services – Outpatient (SASO)
Medical Case Management (MCM)
Non-Medical Case Management (NMCM)
Medical Nutrition Therapy (MNT)
Medical Transportation Services (MT)
Outreach Services (OS)
Psychosocial Support Services (PSS)

Services 30% below expected:

Health Insurance Premium and Cost Sharing Assistance (HIPCSA)
Housing Services (HS)
Psychosocial Support Services (PSS)

Services 30% above expected:

N/A

PART A MAI FISCAL SUMMARY

Part A MAI expenditures are 34% and should be 50%. (Overall Expenditure rates by funding source for the reporting period)

Service areas affected by unprocessed invoices:

Early Intervention Services (EIS)
Mental Health Services (MHS)
Medical Case Management (MCM)
Substance Abuse Services - Outpatient (SASO)
Psychosocial Support Services (PSS)

Services 30% below expected:


Early Intervention Services (EIS)
Medical Case Management (MCM)
Psychosocial Support Services (PSS)
Substance Abuse Services – Outpatient (SASO)

Services 30% above expected:

N/A

RECIPIENT REPORT

- 1. FY22 Final Carryover Request:** HRSA approved the Recipient's FY22 final carryover request. The Recipient received the updated Notice of Award in September.
- 2. Reprogramming Request:** The Recipient submitted a motion for the planned use of FY22 carryover funds to the CPC in October.
- 3. Ryan White Jurisdictional Meeting:** Regional Health Department Collaboration. The Health Departments for Maryland, Virginia, and Washington, DC met in Richmond, VA on October 12th. The Ryan White Program representatives from the regional collaboration will meet in November to discuss streamlining the administrative process for site visits and funding levels for shared providers.
- 4. Part A RFA Re-Release:** Recipient staff are preparing to re-release the Part A RFA to expand the Ryan White Provider Network by creating new and/or expanded access points for Ryan White eligible customers seeking core medical and supportive services within the Washington, DC EMA.



Montgomery County HIV/STI Prevention Program
Community Planning Group
October 26, 2023

Dennis Avenue Health Center: EHE & Our STI Clinic



SEPTEMBER 2020

EHE Program Manager Hired
 EHE Planning Working Group developed
 Clinic open for telehealth & limited in-person visits

JUNE 2021

Do it For You, MC campaign, website & SM platforms launched at 1st Pride in the Plaza
 MC-TLC Collaborative meeting regularly
 1st EHE staff hired

FEBRUARY 2022

Bilingual Spanish health educator hired; evaluation of community-based testing processes starts.

SUMMER 2022

Pride in the Plaza year 2: expansion and new partners
 Amp up of new outreach opportunities
 Mpox outbreak + response
 Express testing in clinic

SPRING 2023

Regular health fairs and outreach pop-ups
 BPHN Collaboration



MARCH 2020

COVID-19 shutdowns begin
 Clinic moves to telephone/telehealth model
 Virtual EHE focus groups and stakeholder interviews begin (contractor)



DECEMBER 2020

Jurisdictional EHE Plan submitted to CDC
 EHE Planning Working Group becomes MC-HIV-TLC
 1st (virtual) World AIDS Day community town hall about EHE



OCTOBER-DECEMBER 2021

1st community-based EHE tester hired; deepened LGBTQ+ community relationships
 1st bilingual Spanish tester hired; increase in PrEP referrals among Spanish speakers; staff remained in clinic to fill need

SPRING 2022

Implemented CognitoForms to replace paper CTR forms in the clinic for walk HIV tests
 2nd Spanish-language tester hired for outreach

FALL 2022

Hired new tester w/focus on African immigrant communities
 Expanded Latinx community outreach

STI/HIV Prevention Serves 2 locations

- 1 NP
- 1 PHLEBOTOMIST
- 1 NURSE

- 2 NPs
- 1 PHLEBOTOMIST
- 1 NURSE

- 1 NP
- 1 PHLEBOTOMIST
- 1 NURSE
- 1 PREP NAV.

- 2NP
- 2 PHLEB
- 2 NURSE
- 2 PREP NAV.

Montgomery County Sexual Health & Wellness Program (2023)

**STI Treatment &
Testing**

**Express STI
screening**

PrEP & PEP

**Partner
Services**

**Community
Education &
HIV Testing**

Dennis Avenue Health
Clinic
Silver Spring



UpCounty Regional
Services Center
Germantown



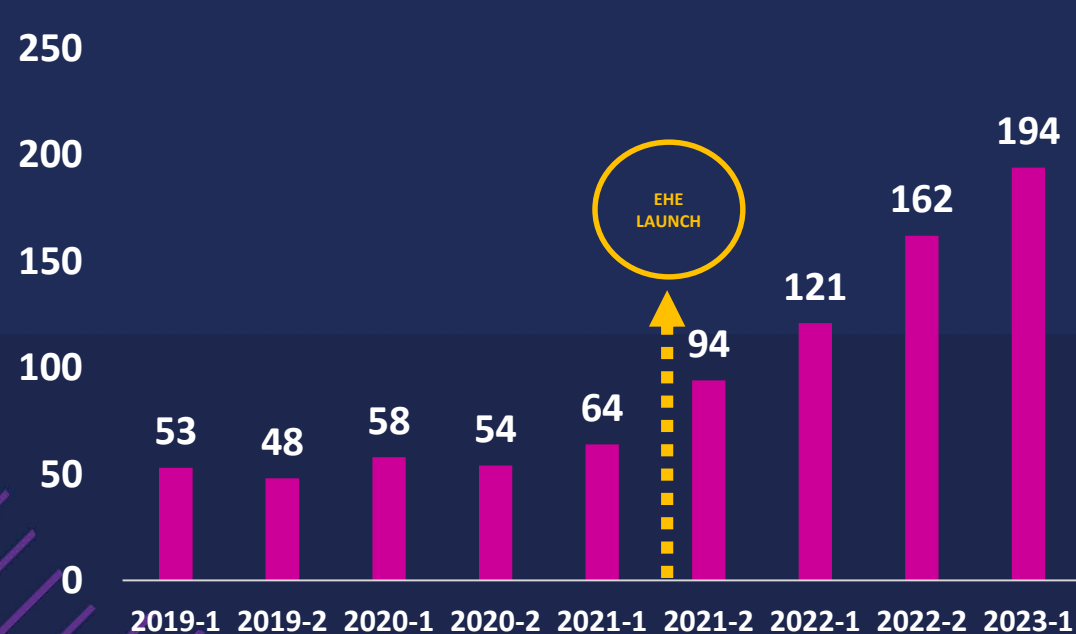
Serum HIV Tests in our STI Clinic



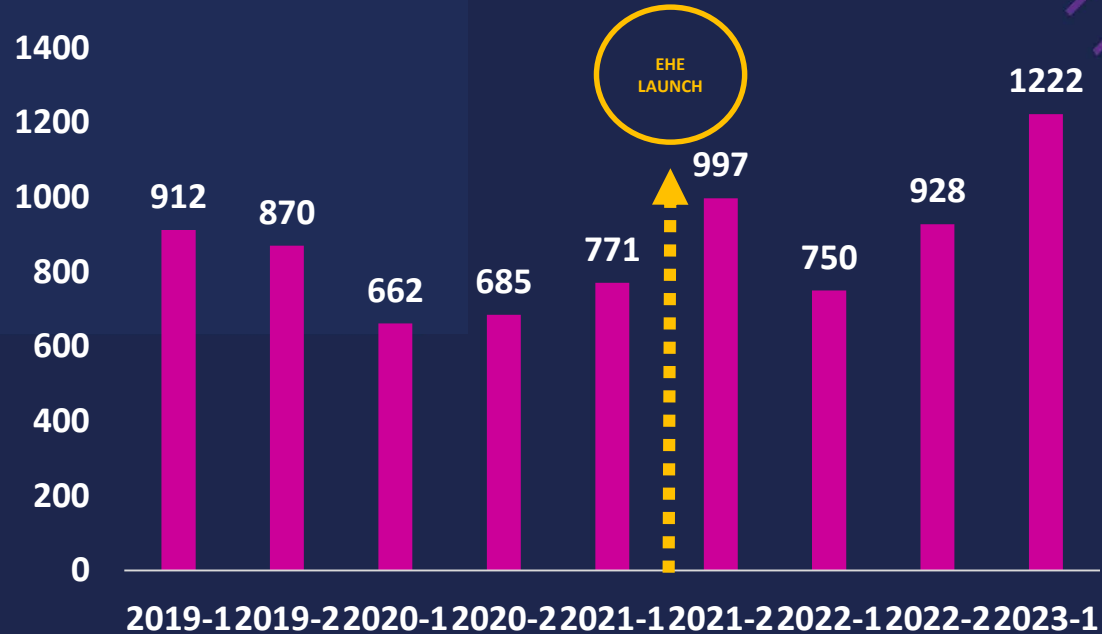
- EHE's public launch led to increase in community-based & in-clinic testing
- Among those tested, PrEP eligibility screening became standard
- Walk-in HIV rapid testing clients were encouraged to undergo further screening as indicated

Trending STI Clinic Data

Individuals Prescribed PrEP



Unduplicated Patients



- PrEP patient panel steadily growing
- 2 PrEP navigators support on-boarding and retention

Montgomery County Sexual Health & Wellness Program

STI Treatment & Testing

Express STI screening

PrEP & PEP

Partner Services

July 1, 2023 – September 30, 2023

Total Visits for STI Services: 837

STI Express Visits: 377

STI Screening/Treatment: 285

HIV Rapid Test: 108

PrEP Visits: 149

HIV Positivity Rate: 0.6% (Jan-Jun)

Syphilis Positivity Rate: 18%*
(Includes Repeat RPR)

Urogenital Tests: 678

Oropharyngeal Tests: 666

Rectal Tests: 330

Germantown Site Opened October 9

Montgomery County Sexual Health & Wellness Program

Community
Education &
HIV Testing

Partner
Services

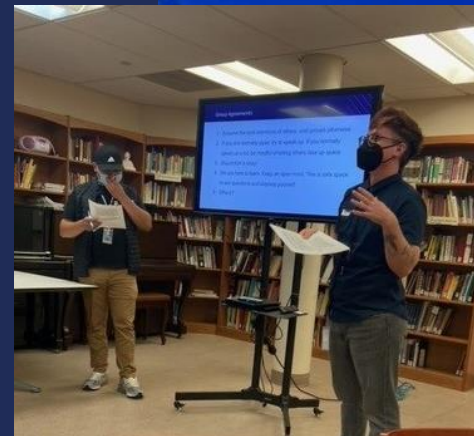
Community Prevention Activities

- Weekly HIV/STI Prevention/Risk Reduction Individual and Group Level Session at the County Detention Center & Pre-Release Programming
- Weekly HIV/STI Prevention/Risk Reduction Group Level Sessions at County Substance Abuse Treatment Facility
- Bi-weekly HIV Testing at County Detention Center and Substance Abuse Treatment Facility
- Weekly HIV Testing at MoCo Reconnect Youth Drop In
- Weekly HIV Testing at Montgomery College Takoma Park Campus
- Bi-monthly Testing/Health Fair at Westfield Wheaton Mall

EHE Community Partnerships

This fiscal year, the EHE Team has:

- Maintained the Montgomery County Testing, Linkage & Care Collaborative (TLC)
- Set up various new condom distribution sites
- Developed new Status Neutral Resources Services Guide to replace “treatment booklet” & Status Neutral Referral Form (“SNRF”)
- Hosted 2 Status Neutral Dinners for community partners to launch SNRF
- Provided testing at MCCH Nebel St. Men’s Shelter
- Provided testing at MoCo Reconnect drop-in center
- Provided sex ed to youth at Catholic Charities
- Provided HIV/STI Training for Identity Youth Staff
- Hosted a health fair with Rainbow Family Christian Center
- Tabled & tested at Montgomery College for various events, including a large event this year on NYHAAD



EHE Community Partnerships, Cont'd

- Trained MCCH nurse on HIV testing for home visits
- Began partnership with MC Latino Health Initiative (LHI) to work with their health promoters during outreach events
- Began testing at Guatemalan Consulate
- Began testing at El Salvador Consulate
- Hosted monthly health & resources fairs at Westfield Wheaton mall.
- Started a virtual HIV Support group (4th Tuesdays at 5:30pm)
- Rolled out a self-testing initiative with Safeway Pharmacy
- Hired and onboarded a community health worker (Kimmie), who is detailed to the Black Physicians & Healthcare Network
- Provided an “HIV basics training” at Black Physicians & Health Network
- Co-hosted Live in Your Truth (LIYT) Nights with Live in Your Truth Programs (Mary’s Center provided testing) at Veterans Plaza
- Held in-person gathering, “Letters to my Newly Diagnosed Self” for People living with HIV in MoCo.



**VIRTUAL
HIV SUPPORT GROUP**

FORMING NOW AND IT IS CONFIDENTIAL.



Scan here to learn more.

tinyurl.com/HIVSupportGroup

Questions?
Contact Samukile Takavingofa
Samukile.Takavingofa@MontgomeryCountyMD.gov | 240-599-6847

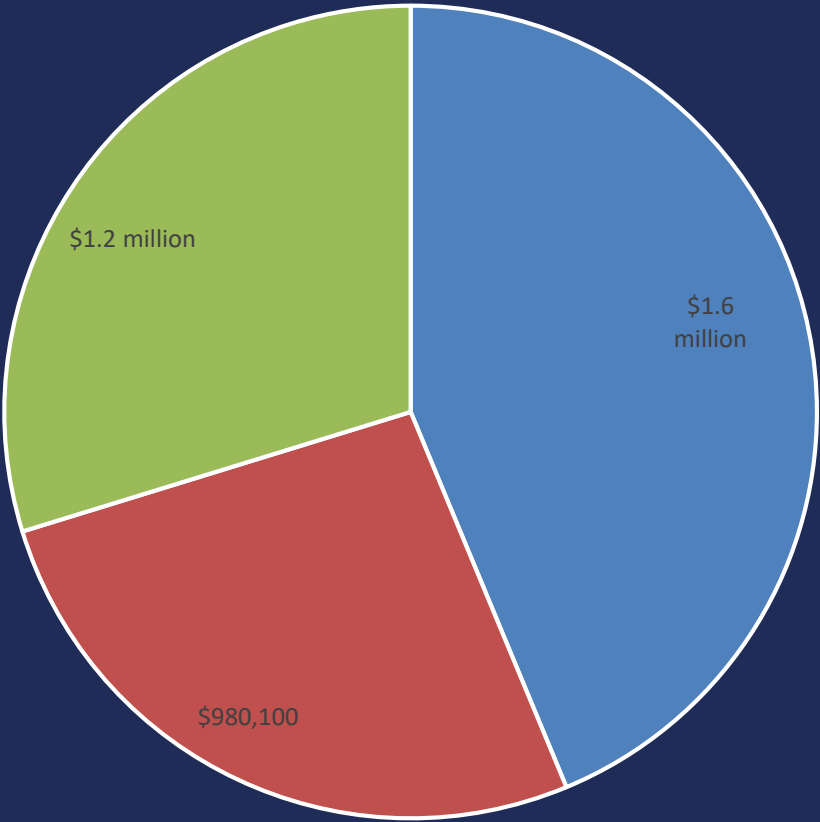
montgomerycountymd.gov/hiv



Funding

<u>Source</u>	<u>Amount</u>	<u>Priority Area</u>
State of Maryland	\$646,000	HIV Prevention
State of Maryland	\$334,000	STI Prevention/Partner Services
CDC – EHE Comp C	\$650,000	STI Prevention/Treatment Satellite Clinic, Status Neutral Navigation
CDC – EHE Comp A	\$967,000	PrEP navigation, Community Education/Awareness, Marketing, Community HIV Testing
Montgomery County	\$1.2 million	STI – Clinical – Salaries, Treatment Supplies (2 sites)
Total:	\$3.8 million	

Montgomery County HIV/STI Prevention Funding



■ CDC EHE ■ State of MD ■ Montgomery County

Questions?



Prevention Approaches at HAHSTA

Prevention in DC

October 26, 2023

Program Highlights

- ▶ Prevention Funding Sources
- Prevention Programming
 - Harm Reduction Activities
 - Syndemic Approaches
 - Condom Distribution
 - Youth Services
 - GetCheckedDC
 - Hepatitis
 - PrEP/PEP
- ▶ Populations of Focus
- ▶ Next Steps

Prevention Funding Sources

Prevention Funding Sources

- ▶ Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments (CDC-RFA-PS21-2103) – \$115,000
- ▶ Integrated HIV Surveillance and Prevention Programs for Health Departments (CDC-RFA-PS18-1802)- \$366,188 (sub-grants and test kit purchases)
- ▶ Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States CDC-RFA-PS20-2010 - \$717,930
- ▶ Overdose Data to Action Grant (CDC-RFA-CE19-1904)- \$1,956,918
- ▶ Federal Payment - \$5,000,000
- ▶ Office of the State Superintendent of Education MOU (youth STI screening) - \$314,160
- ▶ DC Appropriated – \$740,000

Prevention Programs

Harm Reduction Activities

- **Drug User Health Peers (DUHP):** DUHP are people with lived experience who address substance use and misuse by providing overdose reversals, harm reduction education, distribute Narcan, linkages to treatment as well as linkages to HIV, Hepatitis C, Tuberculosis, COVID testing and treatment, and referrals to other social support services.
- **Syringe Services Program:** Comprehensive harm reduction services to the persons who use injection drugs through syringe exchange.
- **Chem Sex Parties:** These “chemSex” parties are underground that focus on people who use crystal meth. Peer Outreach Workers/Secondary Exchangers distribute clean works to party goers as well as discretely provide rapid HIV/Hep C testing
- **DC Engage:** Initiative to assess current approaches to harm reduction, identify technical assistance needs and other areas of potential growth as well as build organizational capacity and strategy around harm reduction practices within local community-based organizations and coalitions

Harm Reduction Activities (continued)

- **Women's Wellness:** Addressing the needs of women experiencing homelessness.
- **Vending Machines:** Low barrier access point for PWID and PWUD. Includes hygiene kits, Narcan, fentanyl test strips, HIV self-test kits, condoms, and other harm reduction materials.
- **Transgender Drop-In Center:** Drop-in center for the transgender community that provides a safe and confidential environment. Offers access to HIV, STD, hepatitis, and TB screening, primary medical care, Post-Exposure Prophylaxis (PEP) and Pre-Exposure Prophylaxis (PrEP), HIV medical care and treatment (including linkage and retention to achieve viral load suppression), health insurance, and additional health services.



Syndemic Approach Program Activities

- **HIV, STI, and Hepatitis Screening Activities:** Routine screening of HIV, HBV/HCV, and STI for all patients
- **Self-Testing:** Initiative aimed to enhance follow-up and linkage support for the self-testing component and distribution of self-tests (GetCheckedDC).
- **Persons Who Use Drugs (PWUD) Drop-In Center:** An initiative to provide safe and confidential space for PWUD to have access to peer model training/support and wellness services
- **Pre-Exposure Prophylaxis (PrEP)/ Post Exposure Prophylaxis (PEP):** The overall goal of the PrEP program is to further advance DC's effectiveness in reducing the number of new infections diagnosed every year among District residents.
- **STI and Hepatitis Prevention for PWIDs within Syringe Service Programs:** Initiative to support implementation of SSP endeavors by providing HIV, STI, and hepatitis screening, testing, and counseling services

Condom Distribution

- DC's large-scale condom distribution program makes free condoms available to district residents and community partners.



Youth Sexual Health Services

- Office of State Superintendent of Education (OSSE) supports screening high-school aged youth for STIs (particularly chlamydia and gonorrhea) in school settings.

GetCheckedDC

- GetCheckedDC is a free program that provides DC residents with confidential, convenient testing for both HIV and sexually transmitted diseases(STDs). Individuals can either request a free HIV or STI self-testing kit or walk into a Labcorp patient service center in the DMV area, with or without an appointment, and get tested for free.



Hepatitis

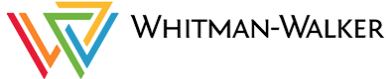
- HAHSTA supports peer navigator linkage to cure program. HAHSTA has successfully recruited peers with life experience, to engage individuals diagnosed with hepatitis C (and B) and link them to treatment. The navigators are trained in motivational techniques.

Prevention Partners

Who We Work With

Prevention Partners

- Family and Medical Counseling, Inc.
- HealthHIV
- HBI DC
- HIPS
- La Clinica Del Pueblo
- Latin American Youth Center
- The Women's Collective
- Us Helping Us, People Into Living Inc.
- Washington Health Institute
- Whitman Walker Health



Populations of Focus

Who we Serve

Populations of Focus

- ▶ Gay, bisexual, same gender loving, and other men who have sex with men of all races and ethnicities
- ▶ Transgender men and women
- ▶ Youth (13-24)
- ▶ Black/African-American men and women
- ▶ People Who Use Drugs
- ▶ People Who Inject Drugs
- ▶ Undomiciled Individuals
- ▶ Transitional aged Youth (ages 16-25)

Equity-Focused Programming

- ▶ **Community-Based**
Utilizing existing relationships with community providers to ensure an interconnected network
- ▶ **Peer-Led**
Integrating the voice of lived experience in service delivery and continuous quality improvement.
- ▶ **Capacity Building**
Strategies and activities that enhance prevention activities

Next Steps

- Prevention Needs Assessment
- Innovative Programming
- Hepatitis Strategic Plan

Questions?

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