



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.

## **COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING AGENDA**

**WEDNESDAY AUGUST 24, 2022 - 11:00PM TO 1:00PM**

**ELECTRONIC MEETING VIA ZOOM VIDEO CONFERENCING**

**ELECTRONIC – ONLINE MEETING**

**Note: all times are approximate**

11:05 am	1. Call to Order and Moment of Silence 2. Welcome and Introductions
11:10 am	3. Adopt Agenda for August 24, 2022 4. Approve Minutes for July 27, 2022
11:15 am	5. Ryan White HIV/AIDS Program (RWHAP) – Reports & Financial Oversight
11:30 am	6. Other Business - PSRA 2022/Data Request Presentations Review
12:15 pm	7. Announcements and Adjournment
<b><u>NEXT COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING:</u></b>	
<b>WEDNESDAY September 28, 2022 11PM TO 1PM ELECTRONIC MEETING VIA ZOOM VIDEO CONFERENCING (ONLINE)</b>	

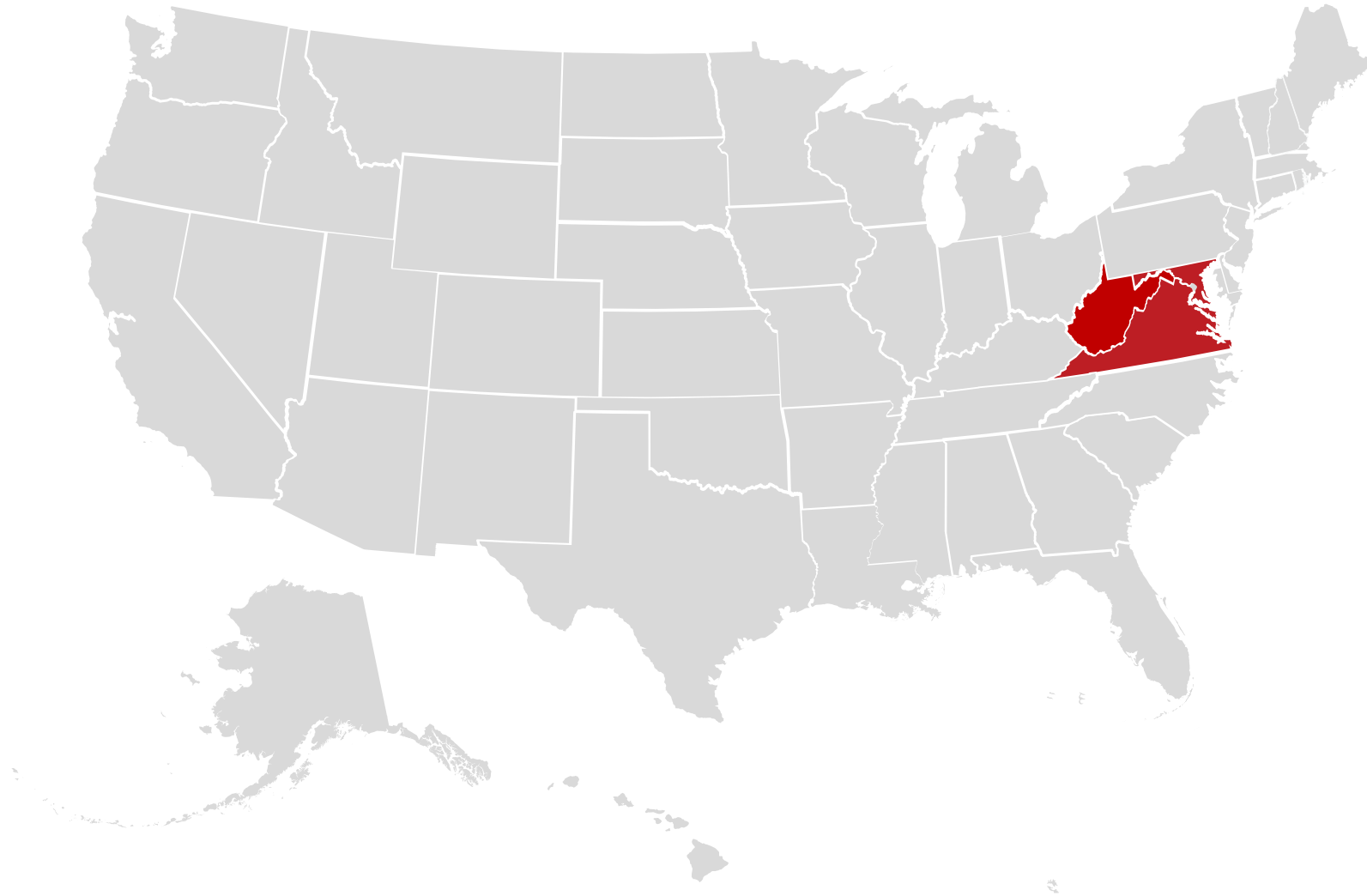
# Ryan White Eligible Metropolitan Area (EMA) Grant Year 31 Expenditure Data

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HAHSTA PSRA Presentation

Jason Edmonds | August 25, 2022

# RYAN WHITE PARTS A, B & PART A MAI ELIGIBLE METRO AREA



## Ryan White GY31 PART A & MAI Expenditures

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PART A & MAI Total Expenditures: \$24,509,630

# GY31 Part A Core Services Expenditures

Service Category	Budget Allocation	DC Expenditures	Maryland Expenditures	Northern VA Expenditures	West VA Expenditures	Total GY 31 Expenditures	% of Total
Early Intervention Services	\$6,737,449	\$5,106,962	\$639,330	\$541,491		\$6,287,783	25.65%
Health Insurance Premium & Cost Sharing Assistance	\$153,021	\$39,259	\$35,191		\$56,039	\$130,489	0.53%
Home and Community-Based Health Services	\$285,000	\$233,560				\$233,560	0.95%
Medical Case Management	\$2,321,445	\$1,563,468	\$417,463		\$91,399	\$2,072,330	8.46%
Medical Nutrition Therapy	\$193,504	\$121,189	\$37,022		\$3,313	\$161,525	0.66%
Mental Health Services	\$188,029	\$185,075				\$185,075	0.76%
Oral Health Care	\$540,000	\$988,526				\$988,526	4.03%
Outpatient/Ambulatory Health Services	\$2,915,857	\$2,264,308				\$2,264,308	9.24%
Substance Abuse Outpatient Care	\$87,686	\$10,171				\$10,171	0.04%
<b>CORE SERVICES TOTAL</b>	<b>\$13,421,991</b>	<b>\$10,512,518</b>	<b>\$1,129,007</b>	<b>\$541,491</b>	<b>\$150,751</b>	<b>\$12,333,767</b>	<b>50.32%</b>

# GY31 Part A Support Services Expenditures

Service Category	Budget Allocation	DC Expenditures	Maryland Expenditures	West VA Expenditures	Total GY 31 Expenditures	% of Total
Emergency Financial Assistance	\$2,179,400	\$2,134,095	\$6,854	\$138,224	\$2,279,173	9.30%
Food Bank/Home Delivered Meals	\$3,262,286	\$2,865,921			\$2,865,921	11.69%
Housing	\$60,000	\$42,860			\$42,860	0.17%
Linguistics Services	\$53,177	\$52,220			\$52,220	0.21%
Medical Transportation	\$108,500	\$40,361	\$31,282	\$28,800	\$100,443	0.41%
Non-Medical Case Management Services	\$3,733,813	\$3,150,340			\$3,150,340	12.85%
Other Professional Services	\$109,368	\$108,152			\$108,152	0.44%
Outreach Services	\$788,881	\$772,093	\$83,284	\$7,469	\$862,846	3.52%
Psychosocial Support Services	\$435,000	\$284,620	\$126,684		\$411,304	1.68%
<b>SUPPORT SERVICES TOTAL</b>	<b>\$10,730,425</b>	<b>\$9,450,662</b>	<b>\$248,104</b>	<b>\$174,493</b>	<b>\$9,873,256</b>	<b>40.28%</b>

# GY31 Part A MAI Core Services Expenditures

Service Category	Budget Allocation	DC Expenditures	Maryland Expenditures	Northern VA Expenditures	Total GY 31 Expenditures	% of Total
Outpatient/Ambulatory Health Care	\$655,787	\$357,188	\$112,626	\$80,775	\$550,589	2.25%
Early Intervention Services	\$591,189	\$333,900	\$96,387	\$82,360	\$512,647	2.09%
Mental Health Services	\$265,131	\$115,880	\$107,727	\$3,519	\$227,126	0.93%
Medical Case Management	\$488,029	\$327,289	\$130,842	\$9,839	\$467,970	1.91%
Substance Abuse Services – Outpatient	\$124,228	\$96,331			\$96,331	0.39%
<b>MAI CORE SERVICES TOTAL</b>	<b>\$2,124,364</b>	<b>\$1,230,588</b>	<b>\$447,582</b>	<b>\$176,493</b>	<b>\$1,854,663</b>	<b>7.57%</b>

# GY31 Part A MAI Support Services Expenditures

Service Category	Budget Allocation	DC Expenditures	Maryland Expenditures	Virginia Expenditures	Total GY 31 Expenditures	% of Total
Psychosocial Support Services	\$480,818	\$284,547	\$69,263	\$94,134	\$447,944	1.83%
<b>MAI SUPPORT SERVICES TOTAL</b>	<b>\$480,818</b>	<b>\$284,547</b>	<b>\$69,263</b>	<b>\$94,134</b>	<b>\$447,944</b>	<b>1.83%</b>



# Reprogramming

- For GY31, there was only one reprogramming executed in June 2021.
- **\$5,197,555** was taken from the following 12 service categories:
  - ORAL HEALTH, MEDICAL CASE MANAGEMENT, MENTAL HEALTH, SUBSTANCE ABUSE, MEDICAL NUTRITION THERAPY, REGIONAL EIS, HEALTH INSURANCE PREMIUM COST SHARING, MEDICAL TRANSPORTATION, HOUSING, LINGUISTICS, PSYCHOSOCIAL AND OTHER PROFESSIONAL SERVICES.
- Those funds were reprogrammed into the following 7 service categories:
  - OUTPATIENT AMBULATORY HEALTH, HOME AND COMMUNITY BASED, EARLY INTERVENTION SERVICE, EMERGENCY FINANCIAL ASSISTANCE, FOODBANK/HOME DELIVERED MEALS, NONMEDICAL CASE MANAGEMENT AND OUTREACH SERVICES.
- The purpose of the reprogramming was to ensure that there are funds allocated in the service categories noted above to cover the funds awarded to sub-recipients.

# Ryan White Part B Expenditures

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Grant Year 31 – All Jurisdictions

# GY31 Part B Expenditures – Washington DC

Service Category	GY 31 Allocations	Total Spent
Health Education and Risk Reduction	\$194,874	\$221,952
Early Intervention Services	\$382,728	\$320,465
Medical Case Management	\$1,551,817	\$1,770,102
Emergency Financial Assistance	\$318,182	\$103,788
Medical Transportation Services	\$10,636	\$7,537
Psychosocial Support Services	\$177,275	\$169,385
Outreach Services - MAI	\$181,818	<b>\$173,955</b>
<b>TOTAL PART B</b>	<b>\$2,817,330</b>	<b>\$2,767,183</b>

# GY31 Part B Expenditures – Maryland

Service Category	GY 31 Allocations	Expenditures	GY 32 Allocations
Early Intervention Services	\$666,037	\$302,474	\$968,511
Food Bank Home Delivered Meals	\$94,071	\$40,818	\$134,889
Health Insurance Premium Cost Sharing Assistance	\$20,213	\$22,230	\$42,443
Home & Community-Based Health Services	\$0	\$0	\$0
Housing	\$381,808	\$222,618	\$604,426
Linguistic Services	\$56,763	\$18,623	\$75,386
Medical Case Management	\$2,847,743	\$2,150,044	\$4,997,787
Medical Nutrition Therapy	\$195,089	\$115,463	\$310,552
Medical Transportation	\$74,818	\$61,773	\$136,591
Mental Health	\$267,870	\$160,044	\$427,914
Non-Medical Case Management	\$151,867	\$27,938	\$179,805
Outpatient Ambulatory Health Services	\$2,775,771	\$1,247,506	\$4,023,277
Oral Health	\$597,487	\$297,737	\$895,224
Outreach Services	\$0	\$0	\$0
Psychosocial Support Services	\$612,859	\$323,645	\$936,504
Referral for Health Care and Support Services	\$322,074	\$0	\$322,074
Substance Abuse Services	\$203,934	\$70,725	\$274,659
<b>TOTAL</b>	<b>\$9,268,404</b>	<b>\$5,061,638</b>	<b>\$14,330,042</b>

# GY31 Part B Core Expenditures – Northern Virginia

Service Category	GY 31 Allocations	Total Spent	GY 32 Allocations
Outpatient Ambulatory Health Services	\$1,586,069	\$1,442,535	\$1,540,306
Oral Health	\$419,354	\$357,280	\$338,047
Early Intervention Services	\$211,109	\$199,888	\$118,294
Health Insurance Premium and Cost Sharing Assistance	\$58,861	\$68,154	\$40,023
Mental Health	\$231,385	\$211,121	\$263,937
Medical Case Management	\$1,664,313	\$1,530,234	\$1,786,702
Substance Abuse Services - Outpatient	\$49,093	\$25,330	\$43,650
<b>Total Core Services</b>	<b>\$4,220,184</b>	<b>\$3,834,541</b>	<b>\$4,130,959</b>

# GY31 Part B Support Expenditures – Northern Virginia

Service Category	GY 31 Allocations	Total Spent	GY 32 Allocations
Non-Medical Case Management	\$555,204	\$550,039	\$640,096
Emergency Financial Assistane	\$90,559	\$75,491	\$75,360
Food Bank	\$38,778	\$38,329	\$44,730
Health Education/Risk Reduction	\$56,724	\$71,566	\$84,767
Housing	\$677,302	\$629,830	\$644,678
Linguistics	\$73,000	\$73,108	\$73,000
Medical Transportation	\$229,836	\$236,758	\$196,281
Outreach	\$20,826	\$45,345	\$42,039
Other Professional Services (Legal Services)	\$160,000	\$144,824	\$160,000
Psychosocial Support	\$95,089	\$82,074	\$95,089
S/A Residential	\$5,000	\$0	\$5,000
<b>Total Support Services</b>	<b>\$2,002,318</b>	<b>\$1,947,364</b>	<b>\$2,061,040</b>

# GY31 Part B MAI Expenditures – Northern Virginia

Service Category	GY 31 Allocations	Total Spent	GY22 Allocations
Health Education/Risk Reduction	\$68,456	\$68,240	\$65,525
Outreach Services	\$99,749	\$99,692	\$108,393
<b>Total MAI</b>	<b>\$168,205</b>	<b>\$167,932</b>	<b>\$173,918</b>
<b>Total Direct Services</b>	<b>\$6,390,707</b>	<b>\$5,949,837</b>	<b>\$6,365,917</b>

# Ryan White PART A Grant Year 29, 30, and 31 Total Expenditures

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Listed by Service Categories



# GY 29, GY 30, & GY 31 Part A Core Services Expenditures

Part A Service Category	GY 29	GY 30	GY 31
Early Intervention Services	\$5,369,534	\$5,700,040	\$6,287,783
Health Insurance Premium & Cost Sharing Assistance	\$1,066,751	\$114,118	\$130,489
Home and Community-Based Health Services	\$251,942	\$317,261	\$233,560
Medical Case Management	\$2,120,606	\$2,005,211	\$2,072,330
Medical Nutrition Therapy	\$186,581	\$161,688	\$161,525
Mental Health Services	\$222,125	\$218,620	\$185,075
Oral Health Care	\$939,883	\$156,835	\$988,526
Outpatient/Ambulatory Health Services	\$3,719,745	\$2,228,409	\$2,264,308
Substance Abuse Outpatient Care	\$54,449	\$252,713	\$10,171
<b>CORE SERVICES TOTAL</b>	<b>\$13,931,615</b>	<b>\$11,154,895</b>	<b>\$12,333,767</b>

# GY 29, GY 30, & GY31 Part A Support Services Expenditures

Part A Service Category	GY 29	GY 30	GY 31
Early Intervention Services	\$5,369,534	\$5,700,040	\$6,287,783
Health Insurance Premium & Cost Sharing Assistance	\$1,066,751	\$114,118	\$130,489
Home and Community-Based Health Services	\$251,942	\$317,261	\$233,560
Medical Case Management	\$2,120,606	\$2,005,211	\$2,072,330
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<b>CORE SERVICES TOTAL</b>	<b>\$13,931,615</b>	<b>\$11,154,895</b>	<b>\$12,333,767</b>

# GY 29, GY 30, & GY31 Part A MAI Core Services Expenditures

Part A MAI Service Category	GY 29	GY 30	GY 31
Outpatient/Ambulatory Health Care	\$507,407	\$602,374	\$550,589
Early Intervention Services	\$366,553	\$566,591	\$512,647
Mental Health Services	\$217,458	\$256,957	\$227,126
Medical Case Management	\$421,142	\$494,037	\$467,970
Substance Abuse Services – Outpatient	\$83,631	\$124,954	\$96,331
<b>MAI CORE SERVICES TOTAL</b>	<b>\$1,596,191</b>	<b>\$2,044,913</b>	<b>\$1,854,663</b>

# GY 29, GY 30, & GY31 Part A MAI Support Services Expenditures

Part A MAI Service Category	GY 29	GY 30	GY 31
Psychosocial Support Services	\$286,756	\$450,425	\$447,944
<b>PART A MAI SUPPORT SERVICES TOTAL EXPENDITURES</b>	<b>\$286,756</b>	<b>\$450,425</b>	<b>\$447,944</b>

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For more information on the District's COVID-19 response, visit [coronavirus.dc.gov](https://coronavirus.dc.gov)

# Washington DC Eligible Metropolitan Area Planning and Resource Allocation 2021 Service Utilization and Outcome Data

HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA)

Frew Berhe | August 25, 2022

# Outline

- Part 1: Introduction
- Part 2: Client Overview
- Part 3: Client Services
- Part 4: Client Outcomes

# Part 1. Introduction

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# Sources of Data

- Service Utilization and Client Services (January 1-December 31, 2021):
  - CAREWare
  - Data contain demographics, insurance information, HIV status and selected client clinical information
- Trends (Calendar Year):
  - Client and services data to assess client outcomes
- Analysis done in Tableau

# Purpose of the Report

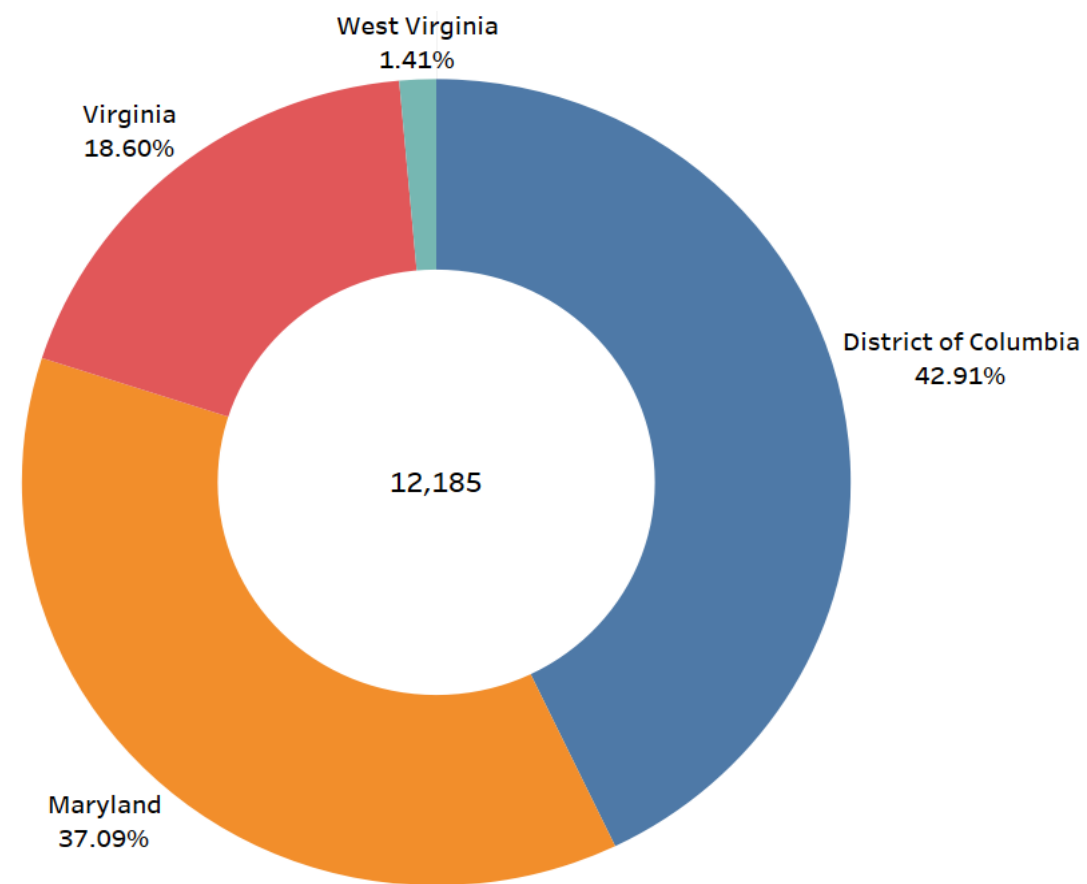
- The purpose of this presentation is to provide data to guide the identification of service priorities and determine allocation of Ryan White resources for the Eligible Metropolitan Area (EMA).

## Part 2 – Characteristics of Customers using RW services

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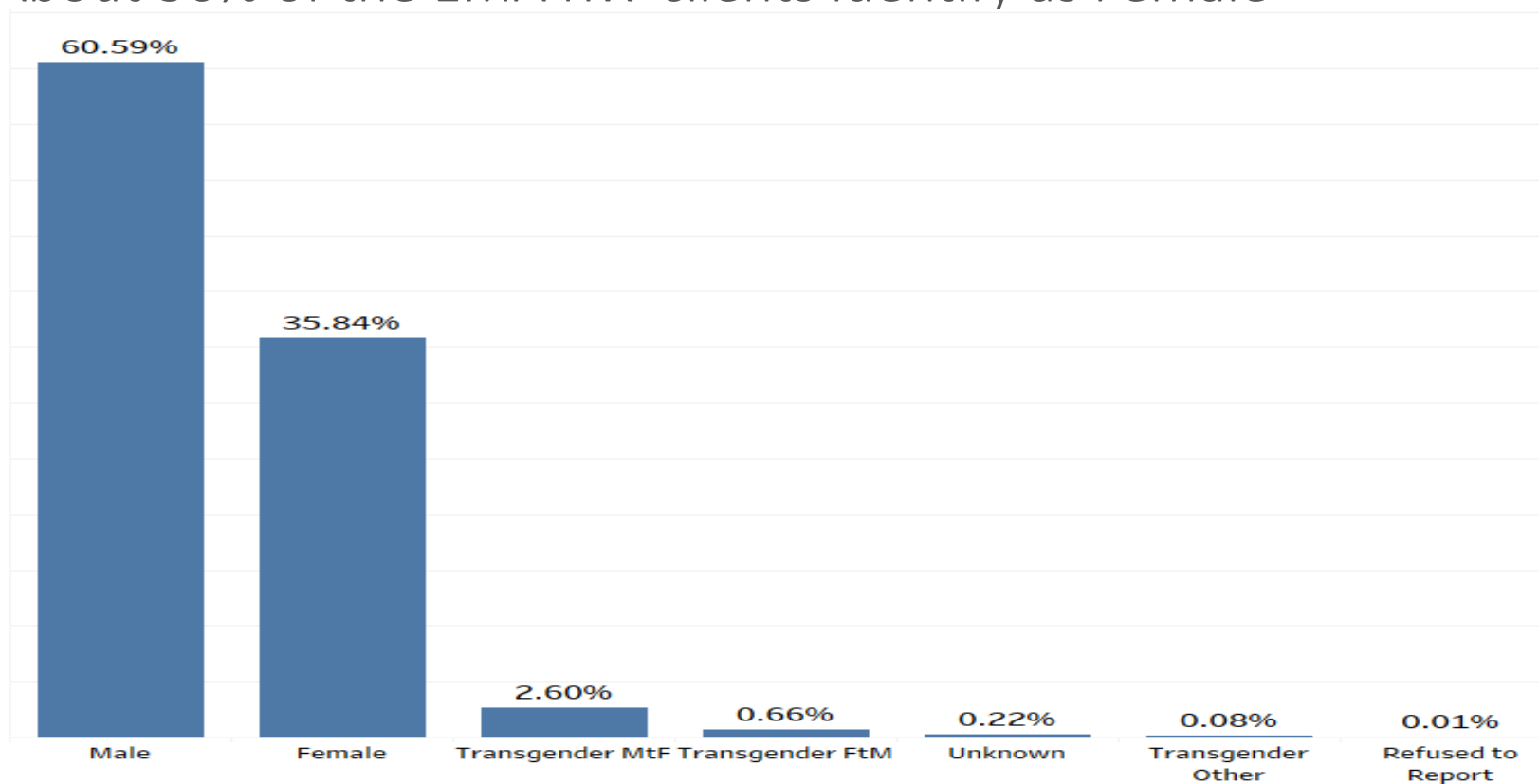
# Customers Utilizing Ryan White, 2021

- EMA total = 12,185 customers
- 7.2% increase in the total number of EMA RW Customers from the 2020 Report



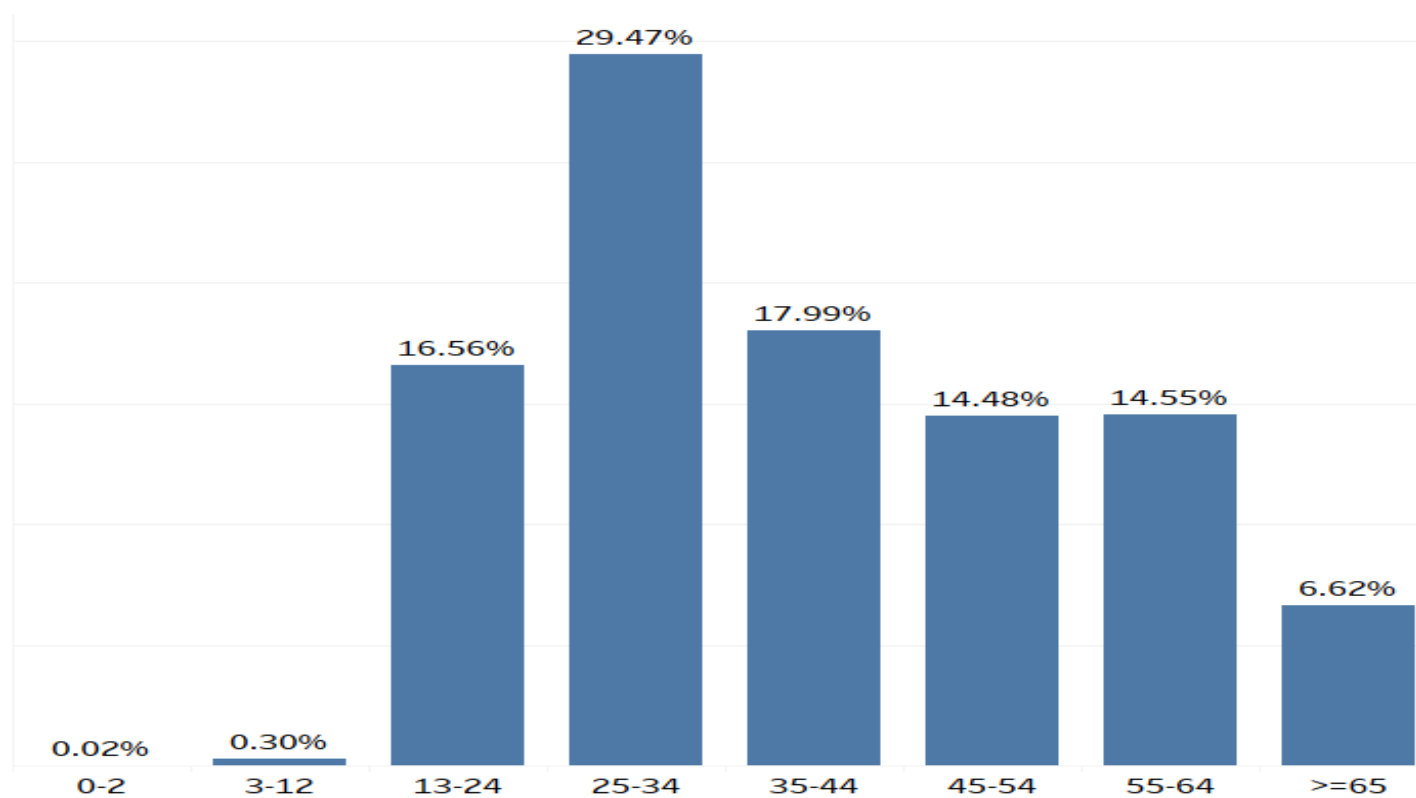
# Characteristics of RW Customers Served in 2021, By Gender (N= 12,185)

- About 36% of the EMA RW clients identify as Female



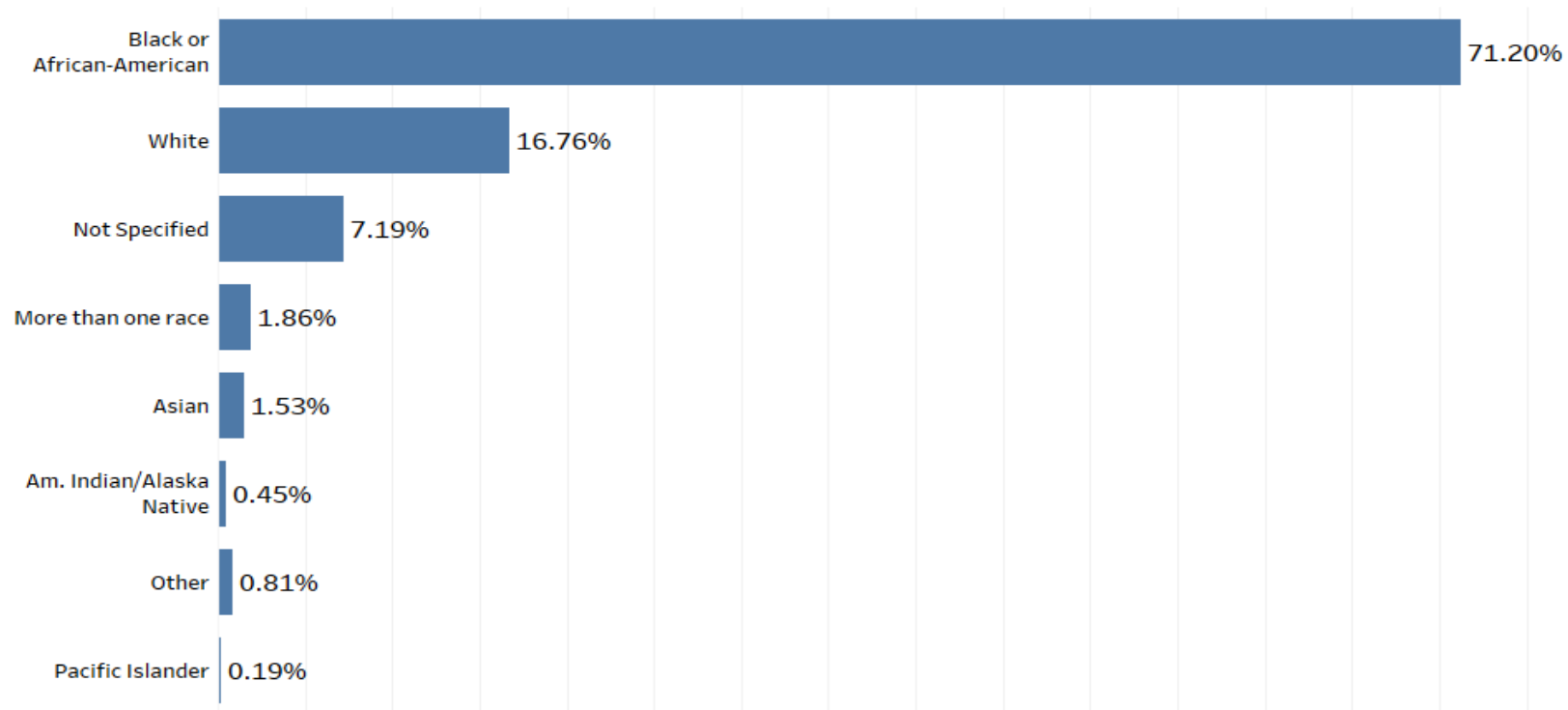
# Characteristics of RW Customers Served in 2021, By Age Groups (N= 12,185)

- About 30% of the RW EMA clients were in the 25-34 age range.



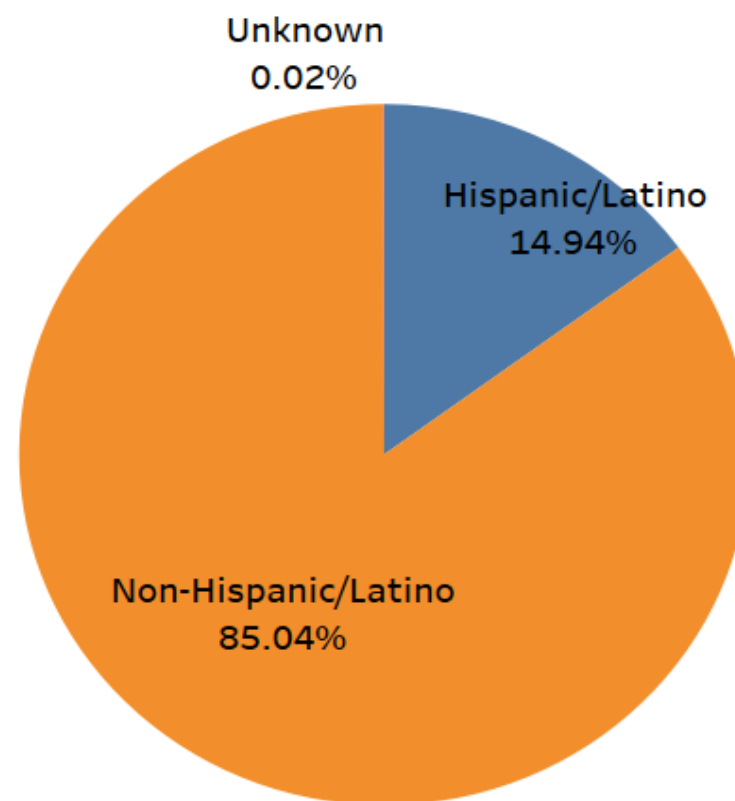
# Characteristics of RW Customers Served in 2021, By Known Race (N= 12,185)

- More than 71% of the RW EMA clients are African American; indicating 6% decrease from 2020



# Characteristics of RW Customers Served in 2021, By Ethnicity (N= 12,185)

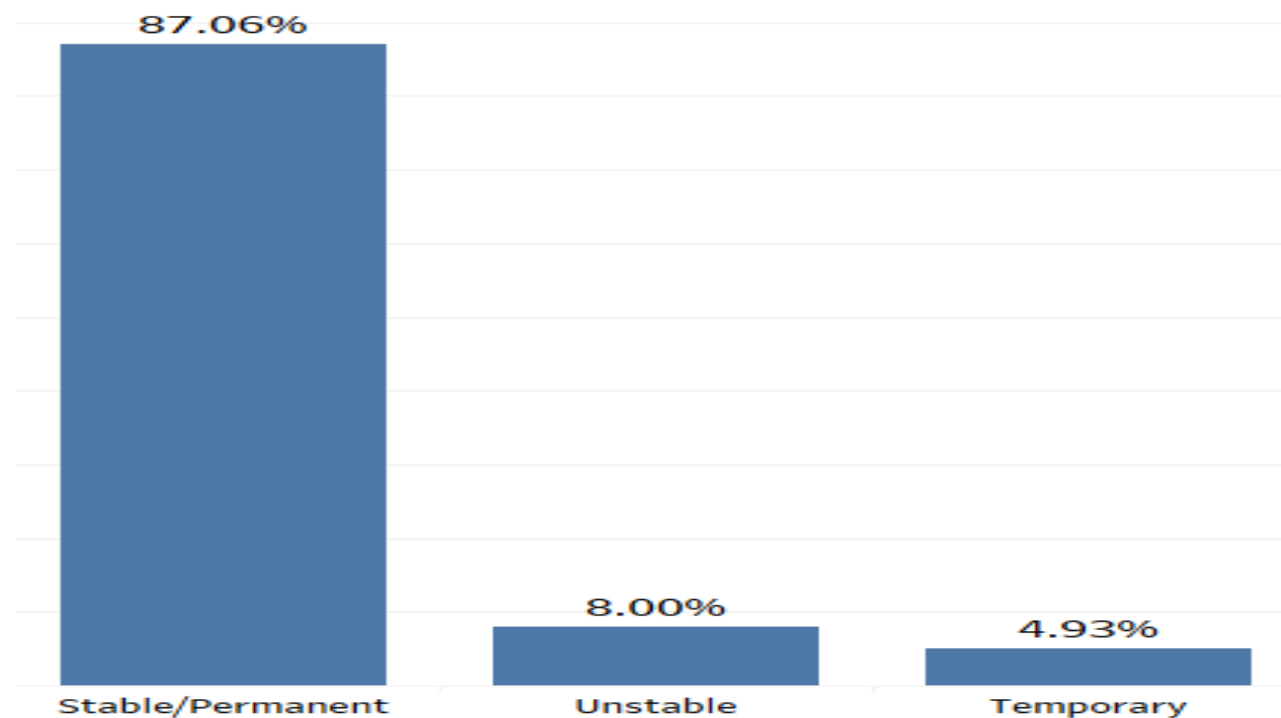
- About 15% of the RW EMA clients are Hispanic/Latino





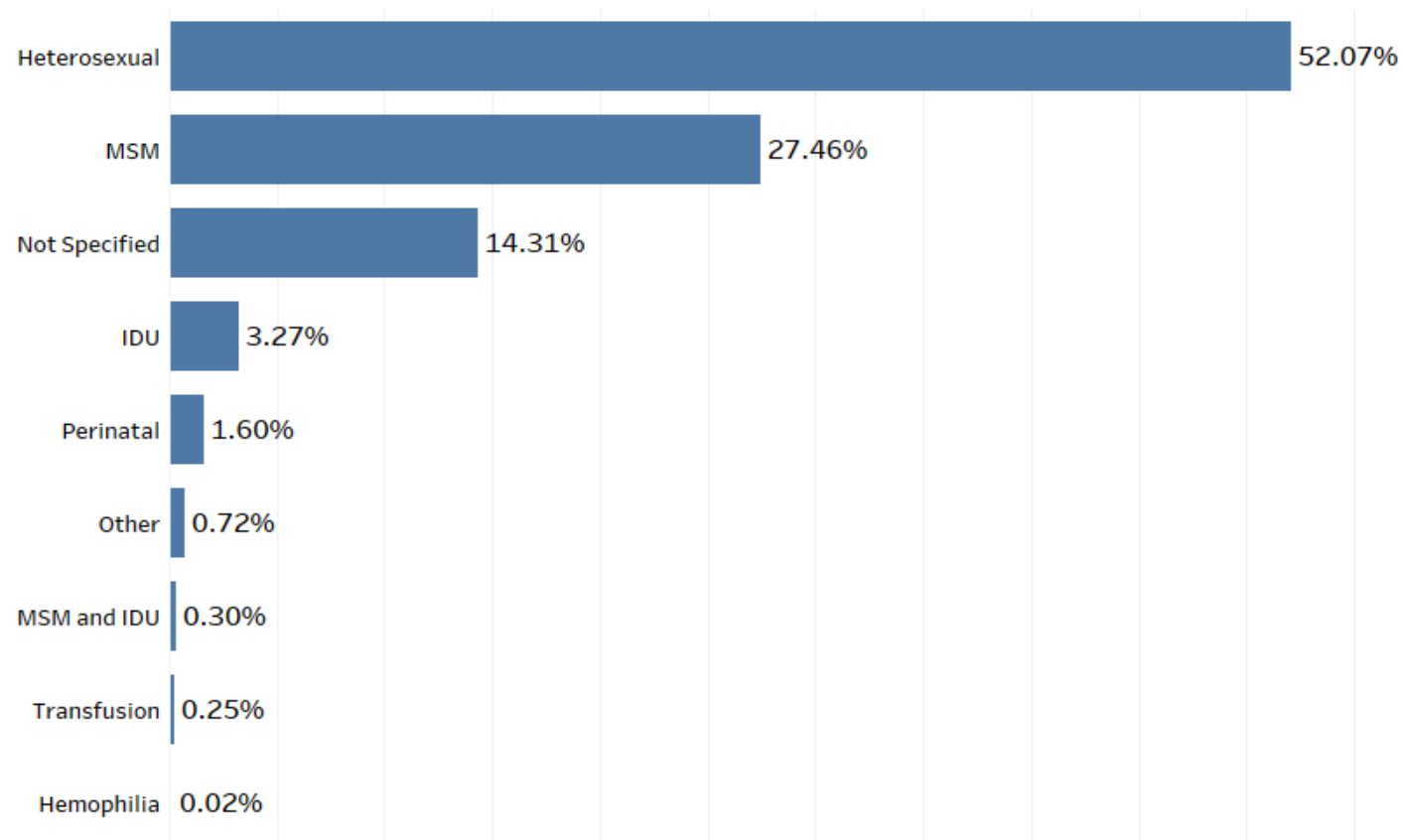
# Characteristics of RW Customers Served in 2021, By Known Housing Status (N= 4,560)

- 8% of the RW EMA consumers were in unstable housing, indicating a 2% increase from the 2020 report.



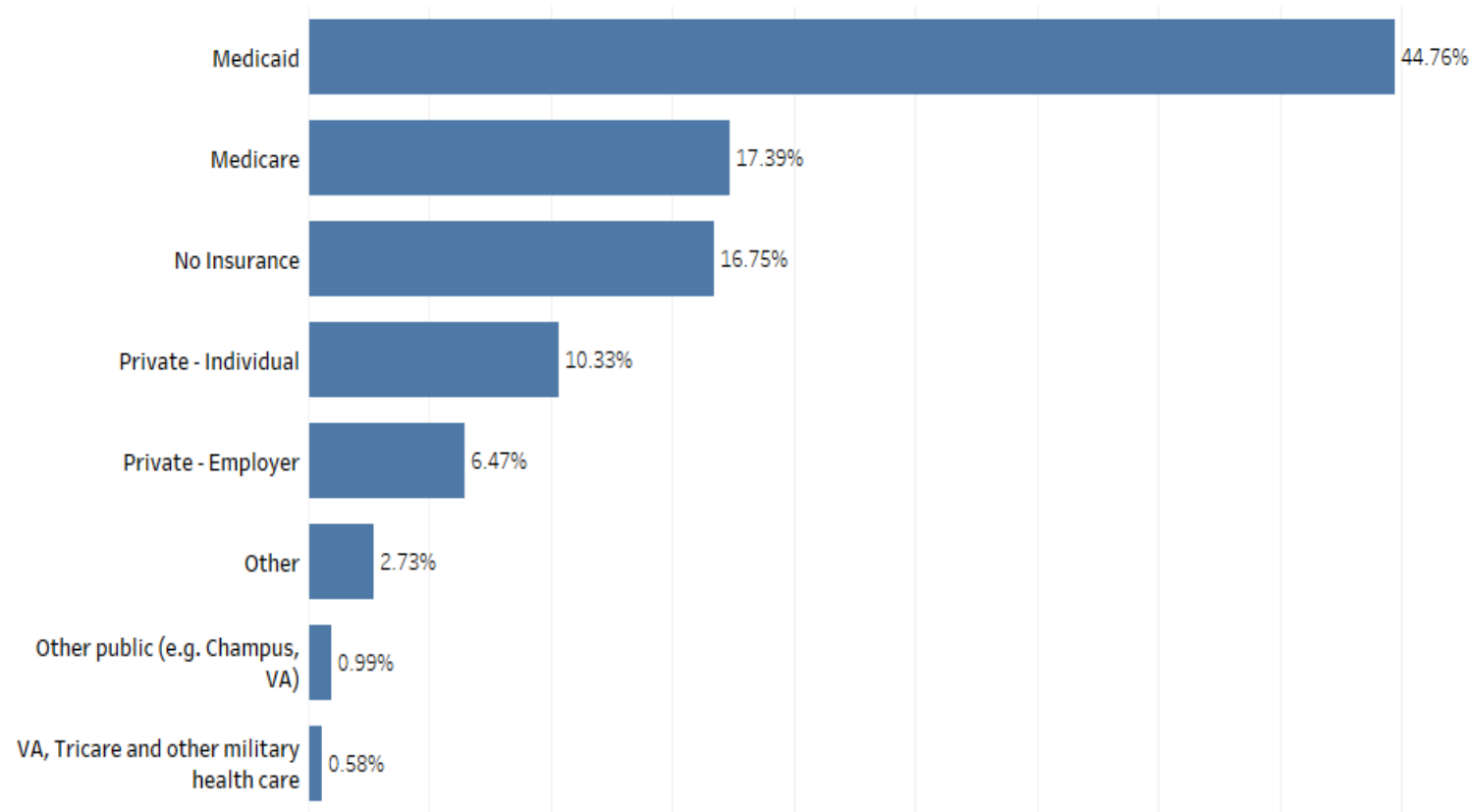
# Characteristics of RW Customers Served in 2021, By Risk Factor (N= 12,185)

- MSM accounts for about 28% of the risk factors



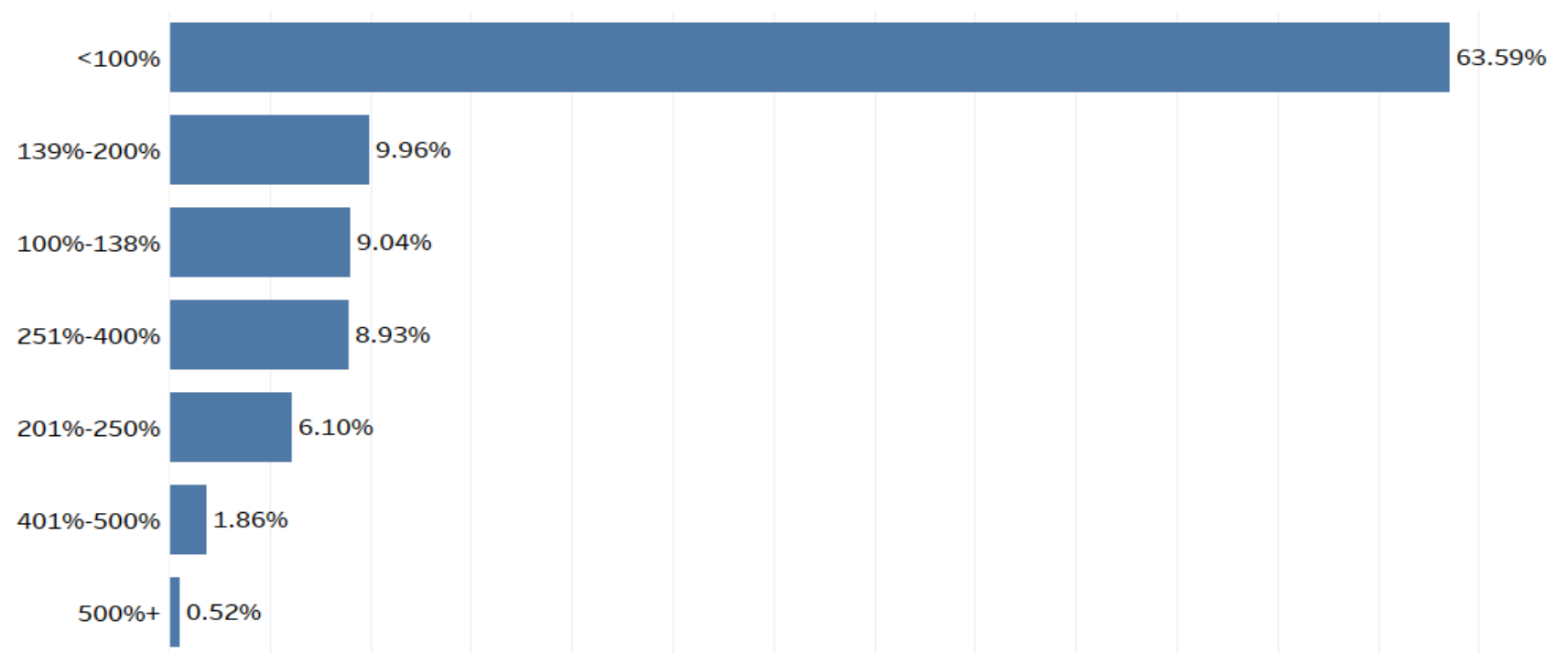
# Characteristics of RW Customers Served in 2021, By Known Medical Insurance (N= 4,841)

- About 45% of the clients known insurance were Medicaid recipients



# Characteristics of RW Customers Served in 2021, By Known Federal Poverty Level (N= 4,246)

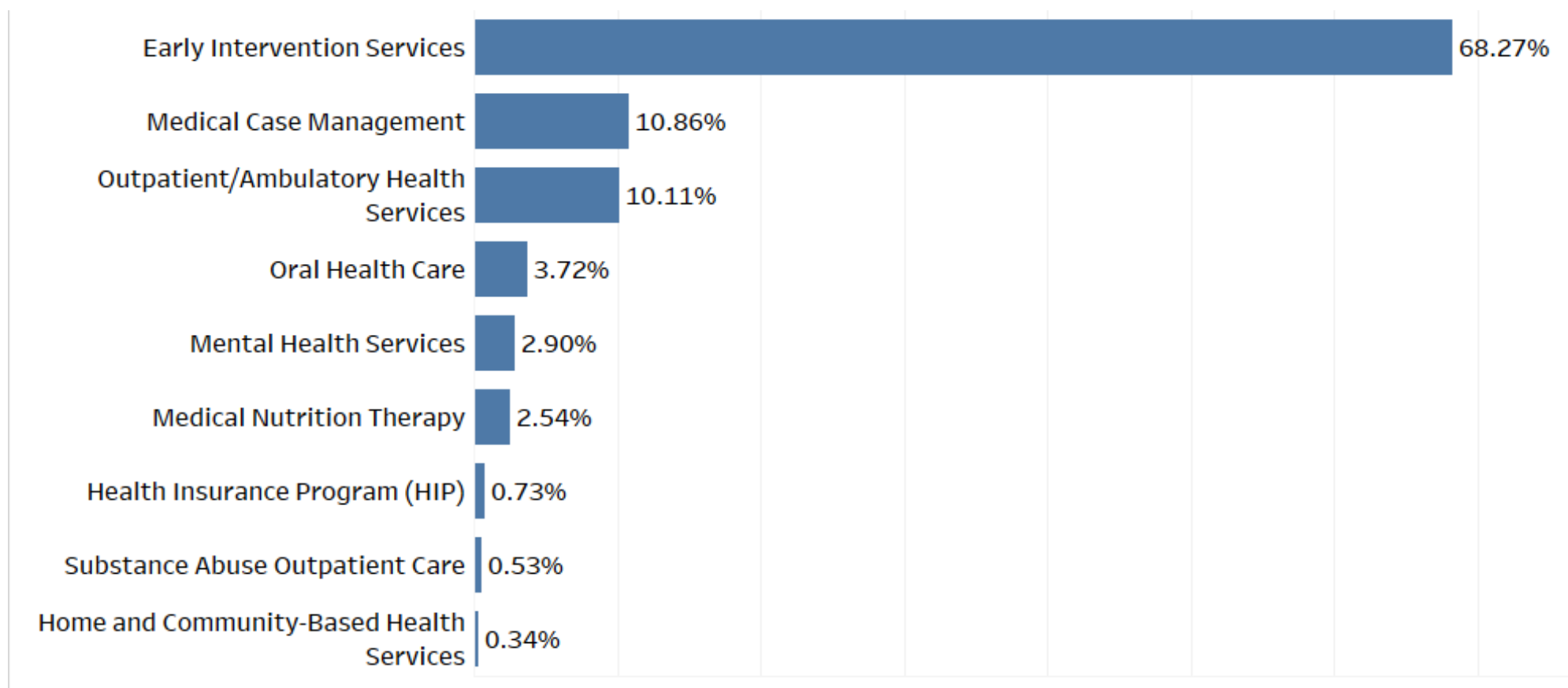
- About 64% of the RW EMA clients known FPL were under 100% FPL, 7% decrease from the 2020 report



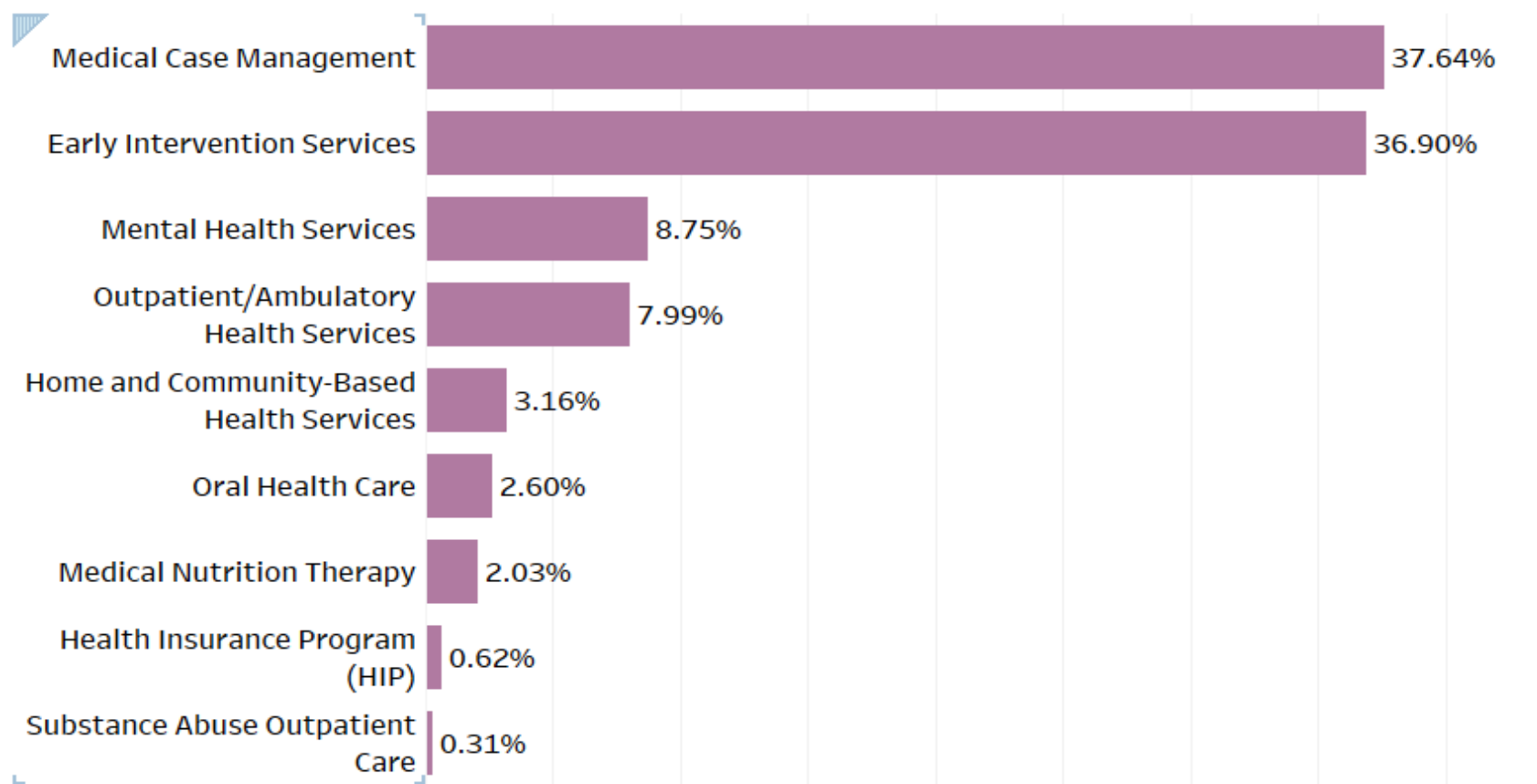
## Part 3 – Customer Services

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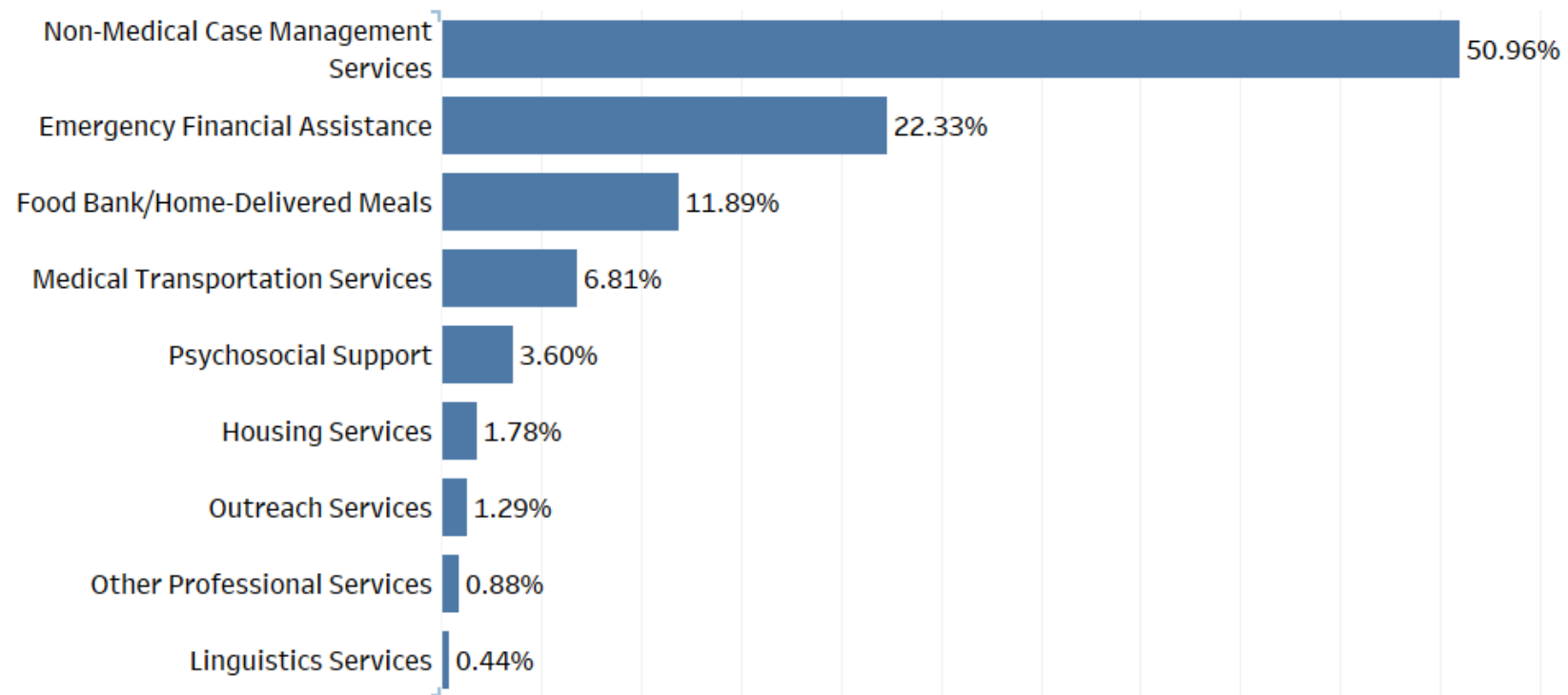
# EMA Customers by Core Service, 2021



# EMA Units by Core Service, 2021

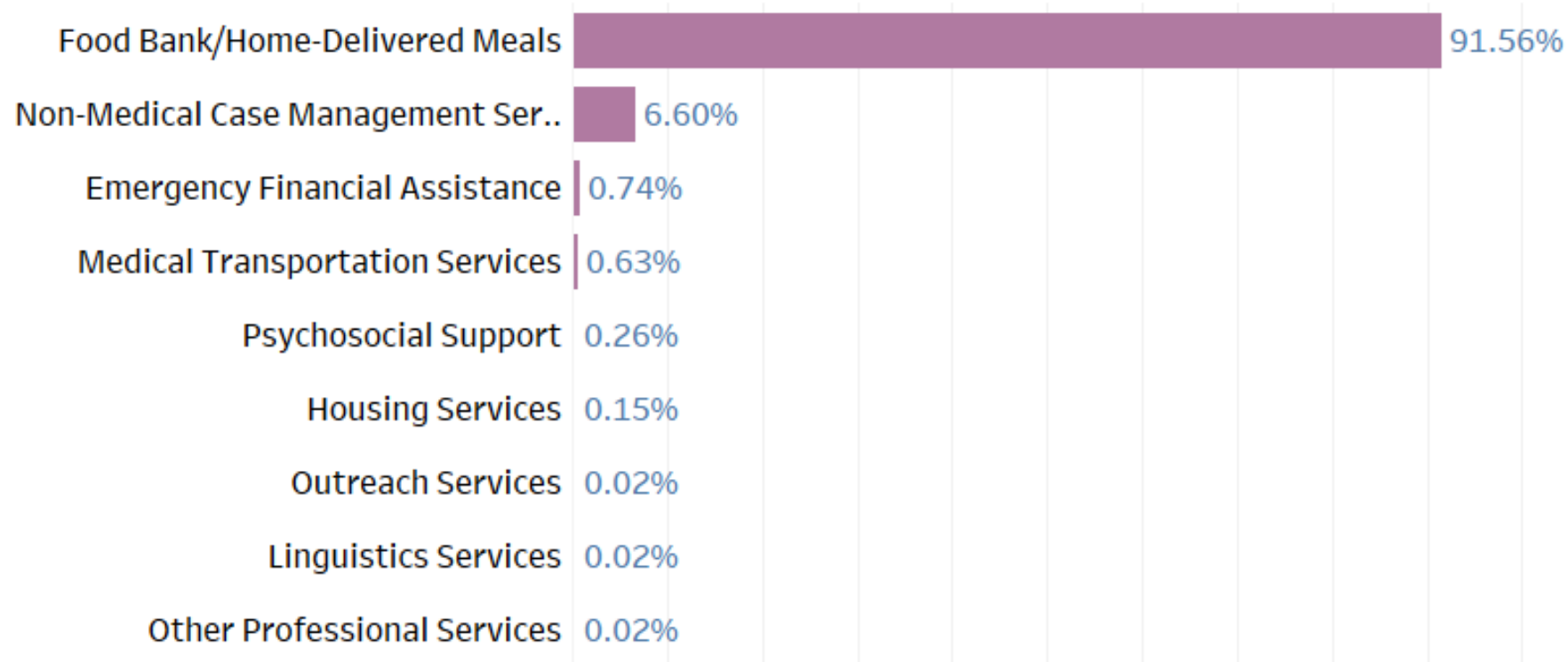


# EMA Customers by Support Service, 2021





# EMA Units by Support Service, 2021



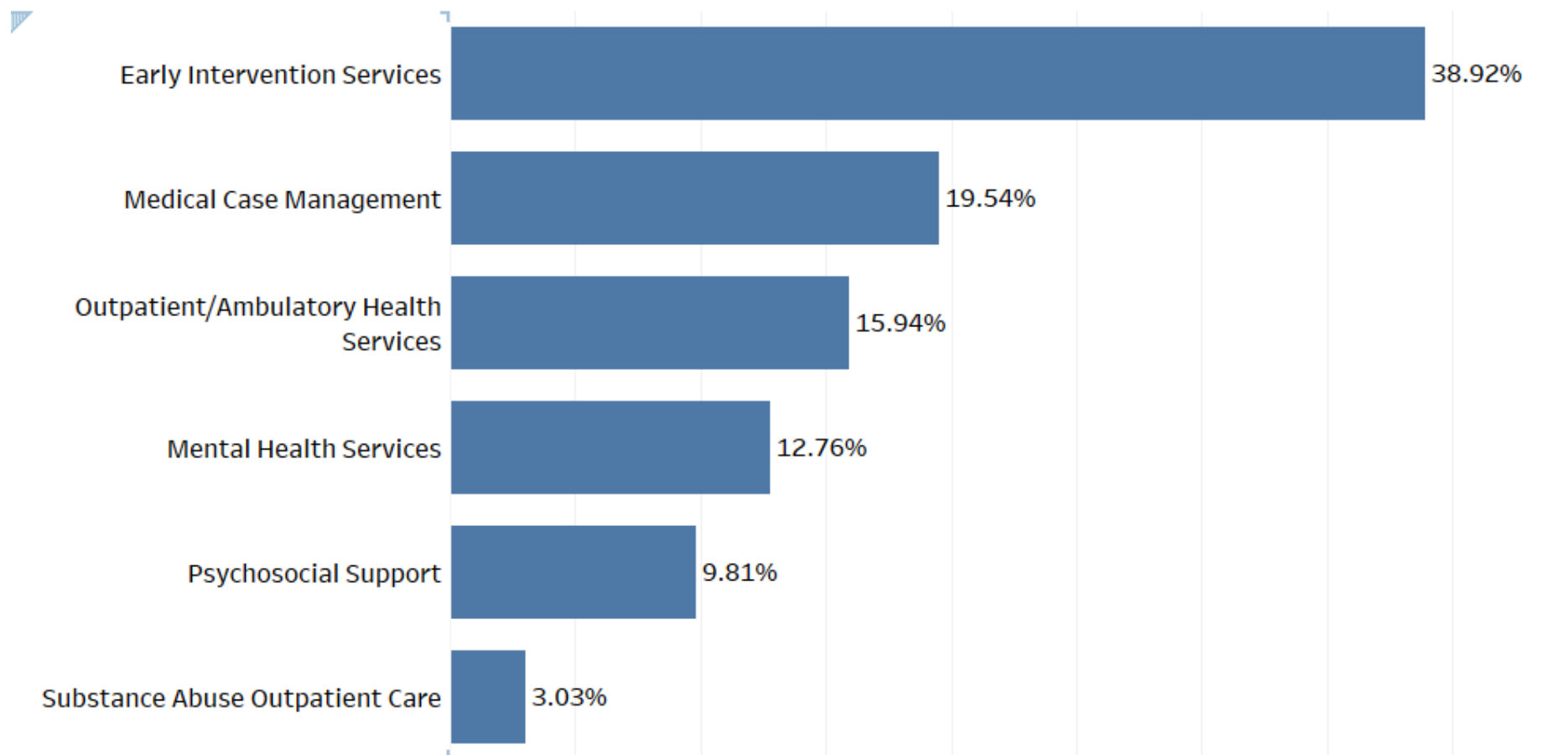
# EMA Top 5 Ranked Service Categories, 2021

Service Category	Total Clients	Percent
Early Intervention Services	7,276	42.81%
Non-Medical Case Management Services	3,231	19.01%
Emergency Financial Assistance	1,416	8.33%
Medical Case Management	1,157	6.81%
Outpatient/Ambulatory Health Services	1,078	6.34%

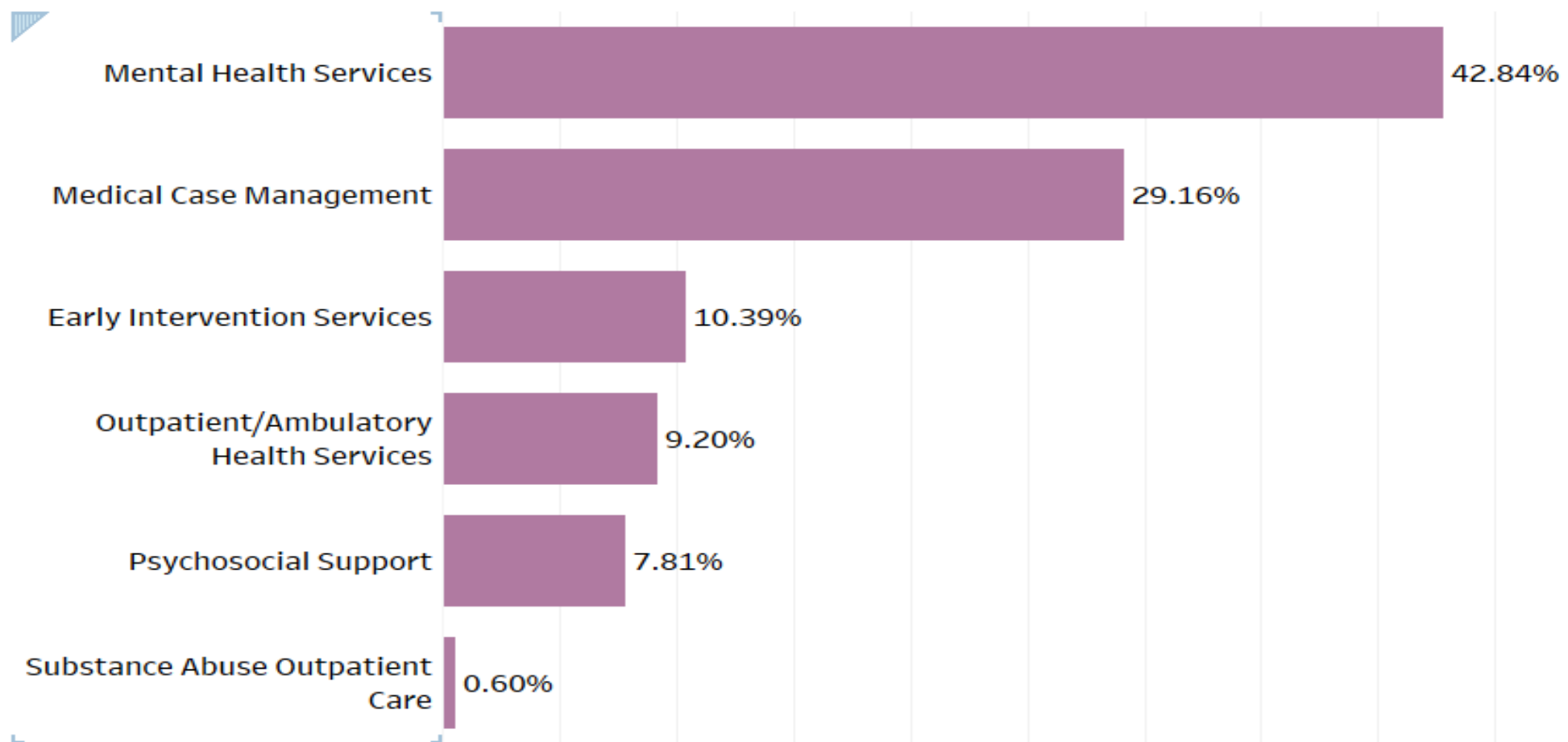
# Minority AIDS Initiative (MAI) - Youth Reach

- Goal: provide a seamless transition from prevention and testing programs into care, as well as providing support for youth transition from adolescent to adult system of care.
- Targeted initiative geared towards serving youth of color ages 13-30

# Minority AIDS Initiative Customers by Services, 2021



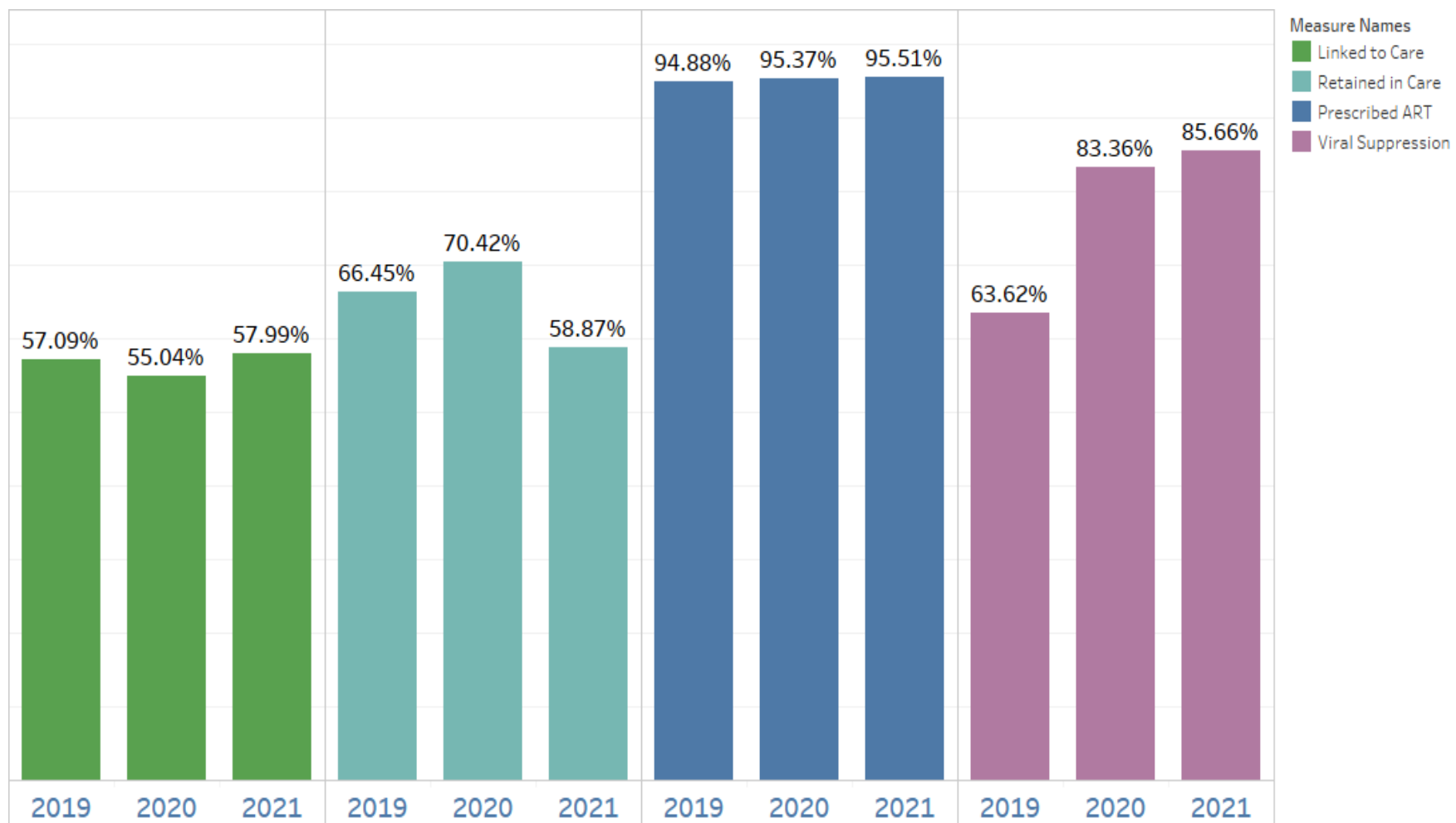
# Minority AIDS Initiative Units by Services, 2021



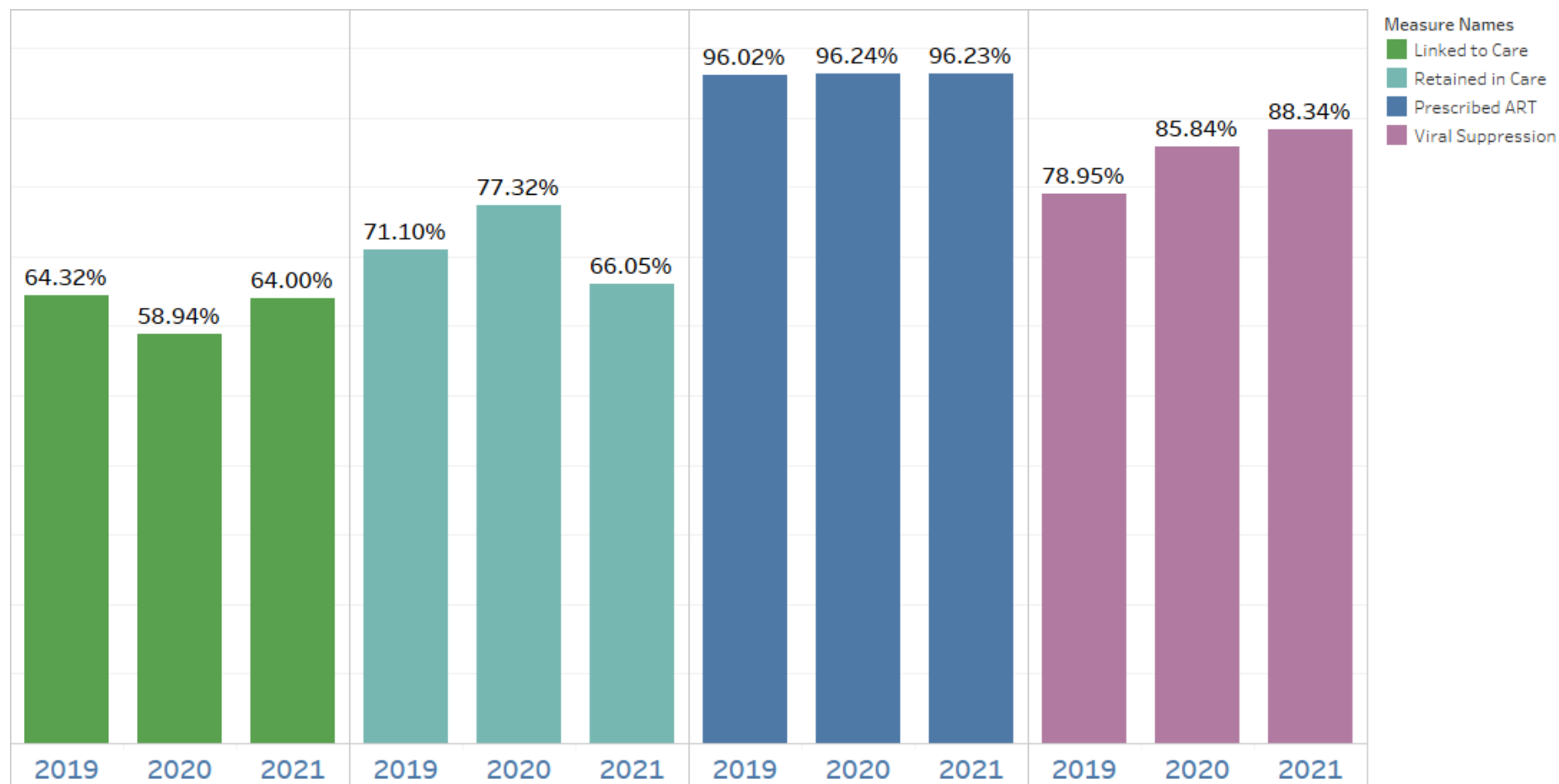
## Part 4 – Trends and Outcomes

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# EMA Continuum of Care, 2019 - 2021

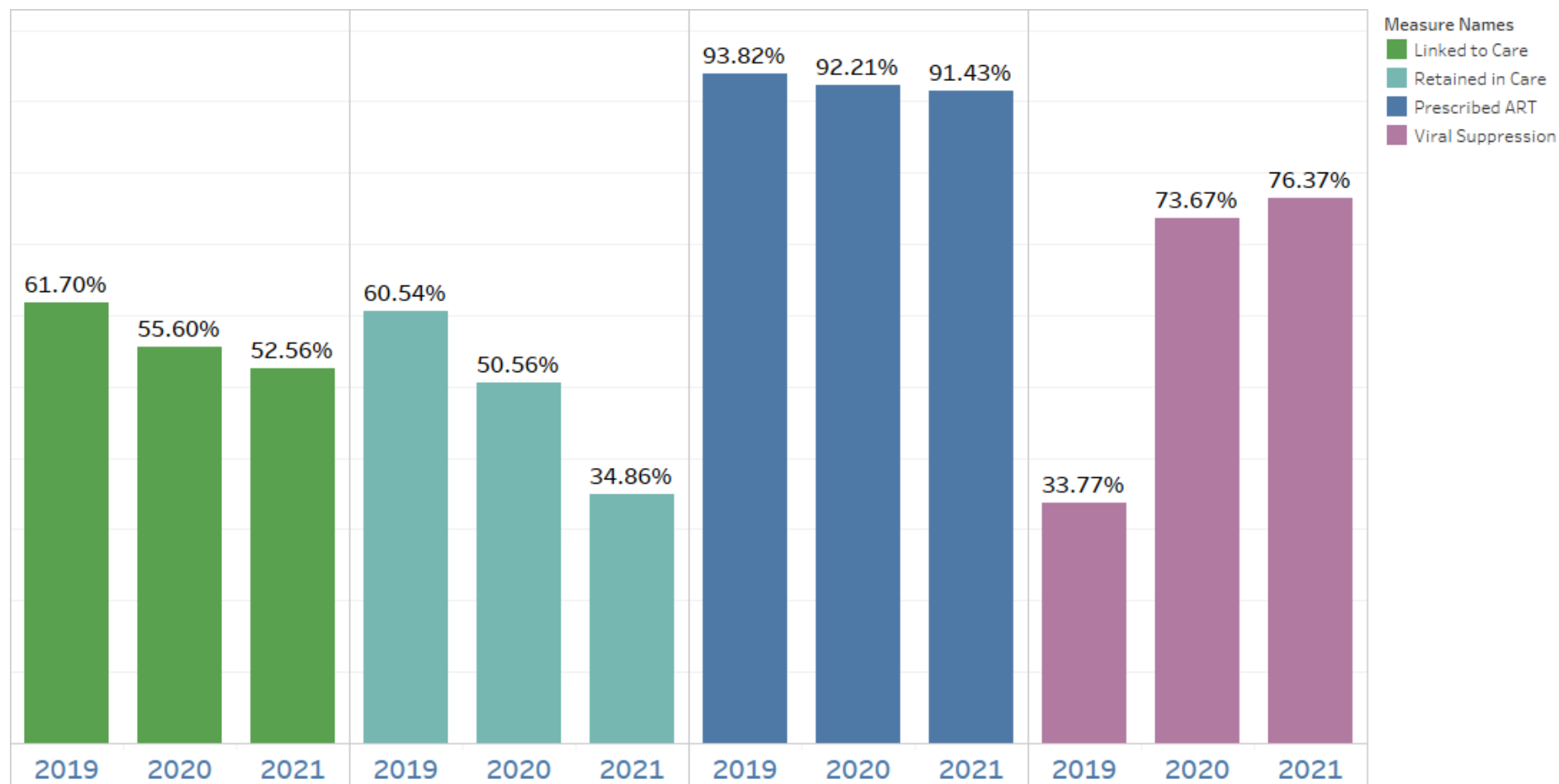


# DC Continuum of Care, 2019 - 2021

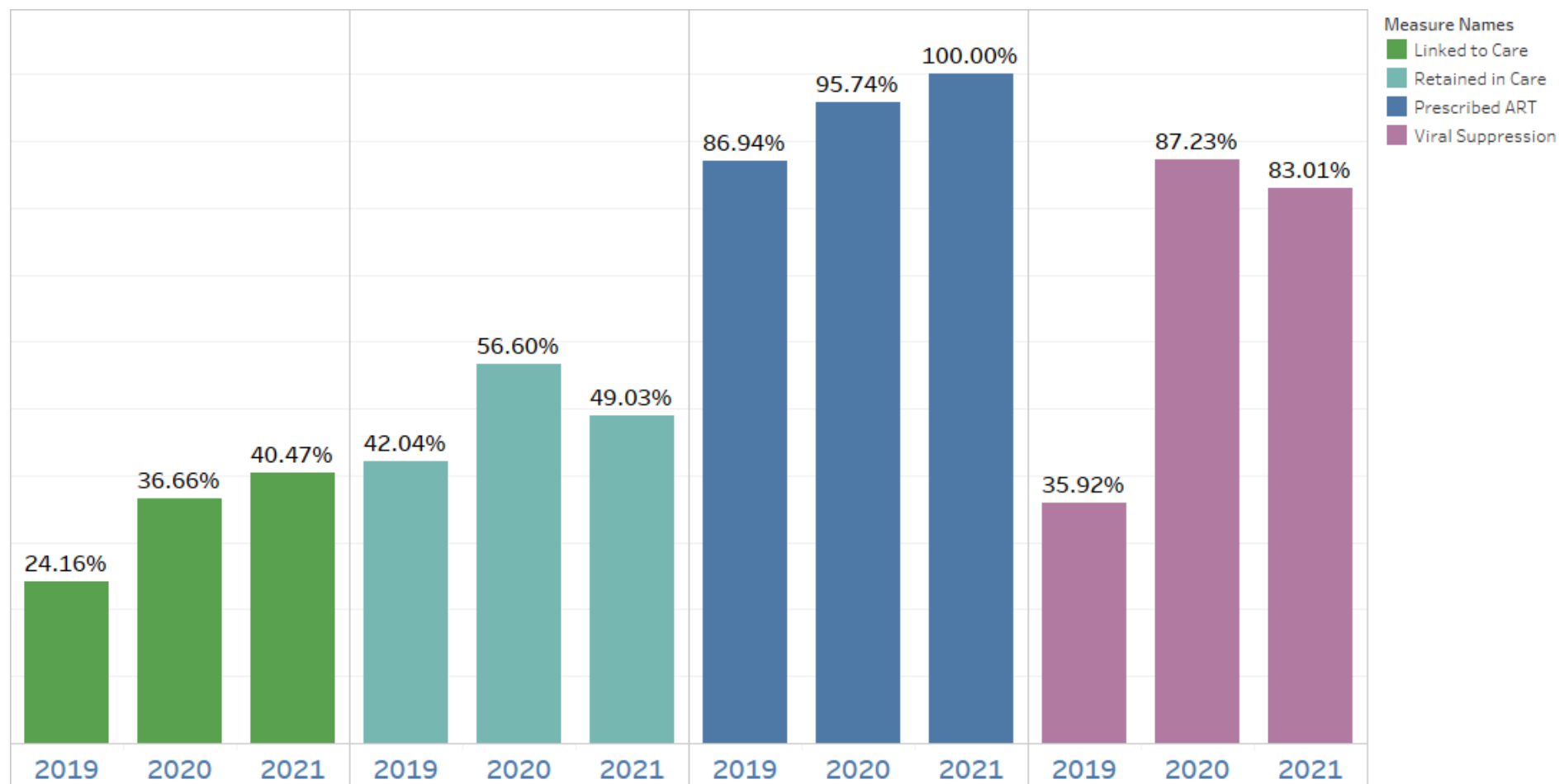




# Maryland Continuum of Care, 2019 - 2021



# Virginia Continuum of Care, 2019 - 2021



# Contact Information

HIV/AIDS, Hepatitis, STD and Tuberculosis Administration  
Care and Treatment Division  
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Ryan White Program Data Analyst  
E-mail: [frew.berhe@dc.gov](mailto:frew.berhe@dc.gov)

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# HIV Surveillance in the DC EMA

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DC Health

HIV/AIDS, Hepatitis, STD, and TB Administration

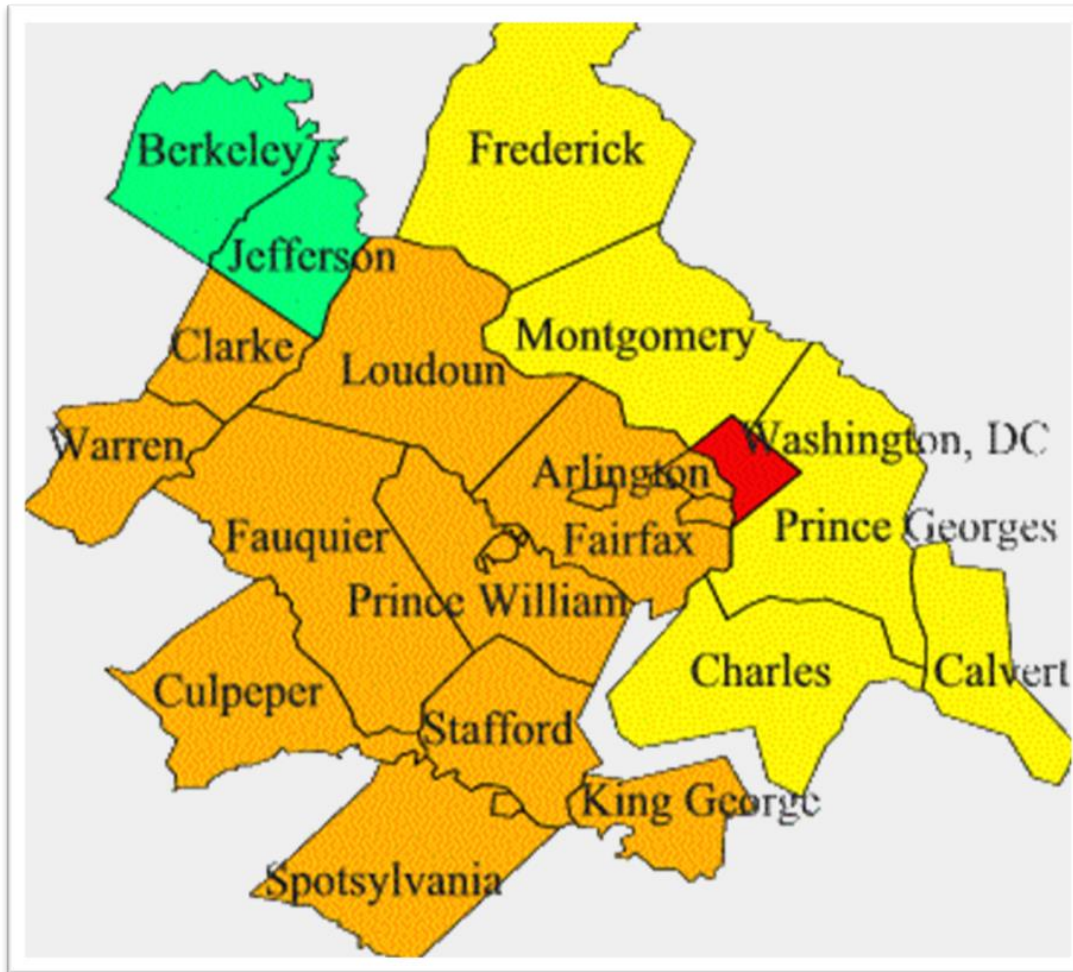
Strategic Information Division

August 25, 2022

# This presentation will answer the questions:

- ▶ Who's living with HIV in the DC EMA?
- ▶ Are there trends among newly diagnosed HIV disease cases?
- ▶ Are there trends among newly diagnosed stage 3 (AIDS) cases?
- ▶ What does the care continuum look like for people living with HIV in the DC EMA?
- ▶ Are PLWH in the EMA experiencing unmet need?
- ▶ Are PLWH experiencing coinfections?

# GEOGRAPHIC MAKEUP OF WASHINGTON, D.C. EMA



The Washington, D.C. EMA consists of:

- The District of Columbia
- Northern and Northwestern Virginia (17 counties/areas)
- Suburban Maryland (five counties)
- West Virginia (two counties)

# WHO'S **LIVING WITH HIV DISEASE** IN THE DC EMA?

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# Distribution of Cases Living with HIV Disease in the DC EMA, 2021, by Jurisdiction N= 39,707

\*\*Most up to date information  
from WV was for 2019

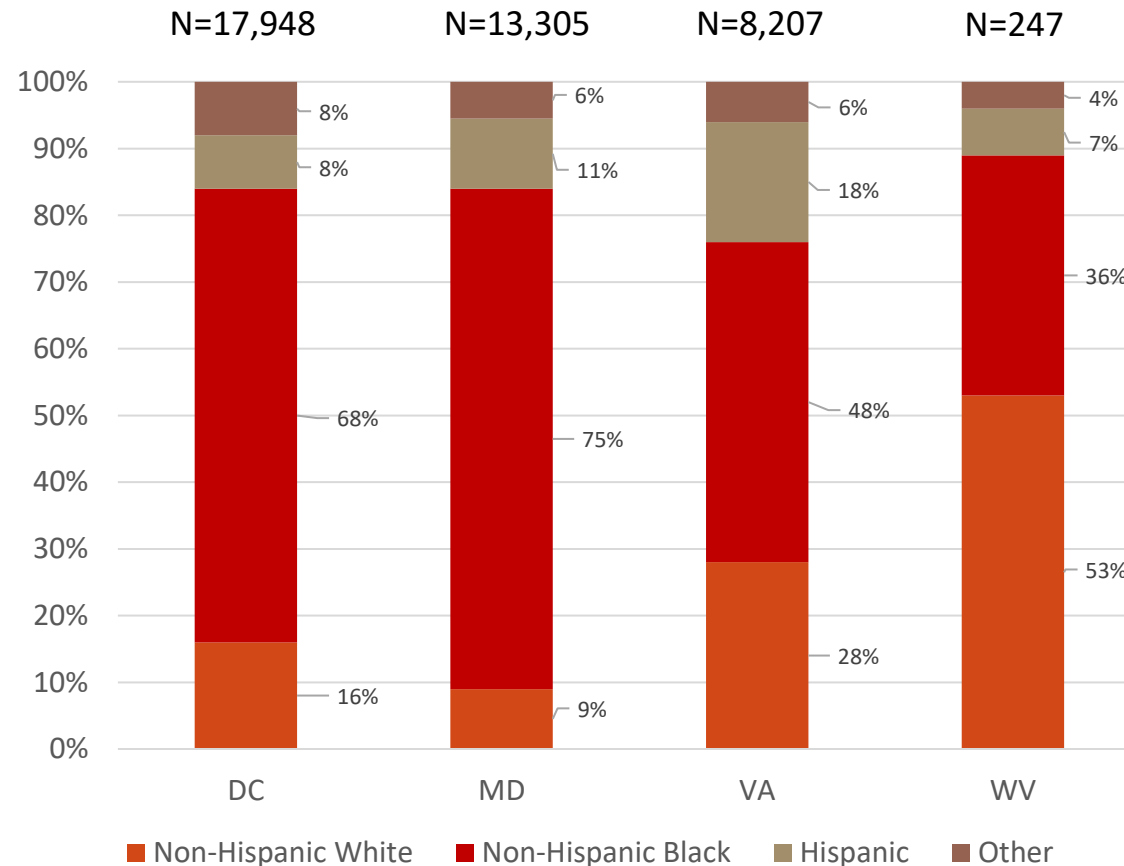
District of Columbia  
45%

Maryland  
33%

Virginia  
21%

West Virginia 0.6%

# PROPORTION OF PEOPLE LIVING WITH HIV DISEASE, BY RACE/ETHNICITY AND JURISDICTION, DC EMA 2021

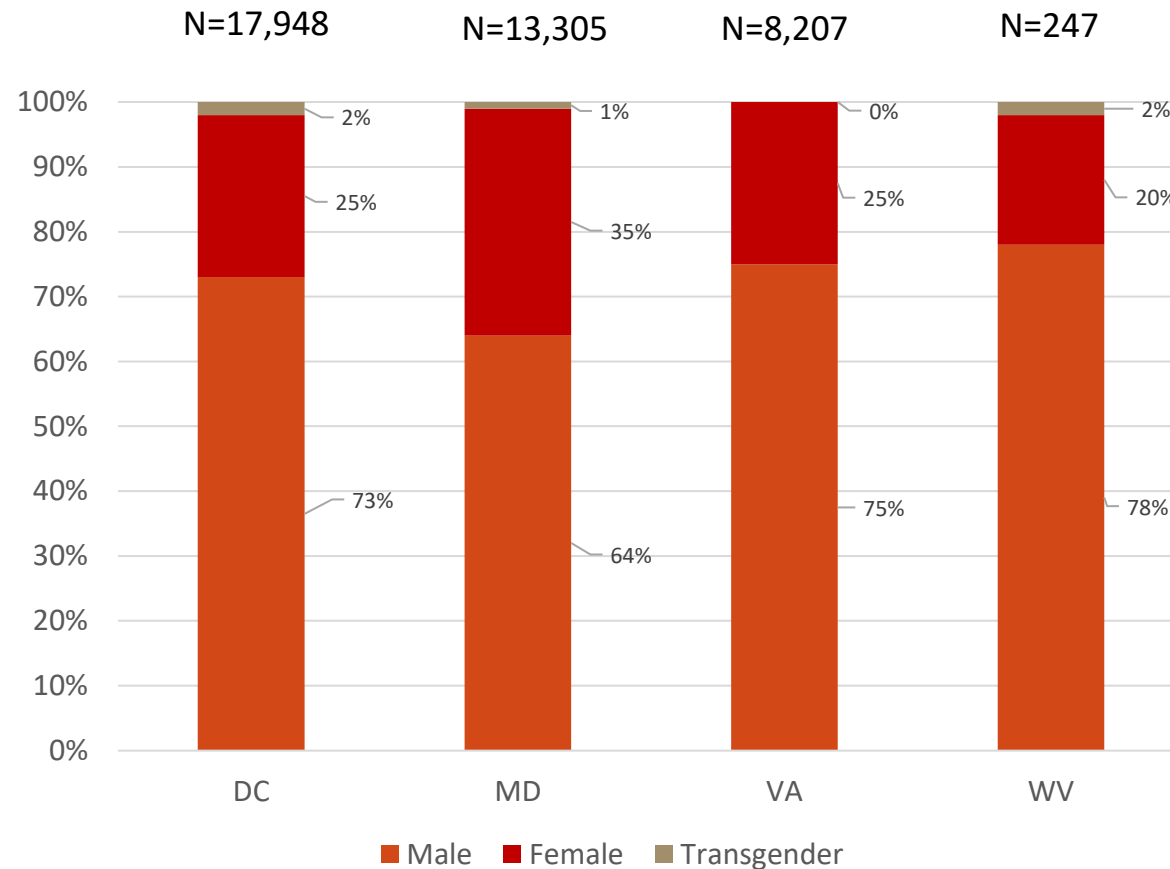


Except for WV, the majority of people diagnosed by jurisdiction were Black.

MD had the highest proportion of Black cases at 75%, followed by DC at 68%.

WV had the highest proportion of White residents diagnosed and living with HIV disease at 53%.

# PROPORTION OF PEOPLE LIVING WITH HIV DISEASE, BY GENDER IDENTITY AND JURISDICTION, DC EMA 2021

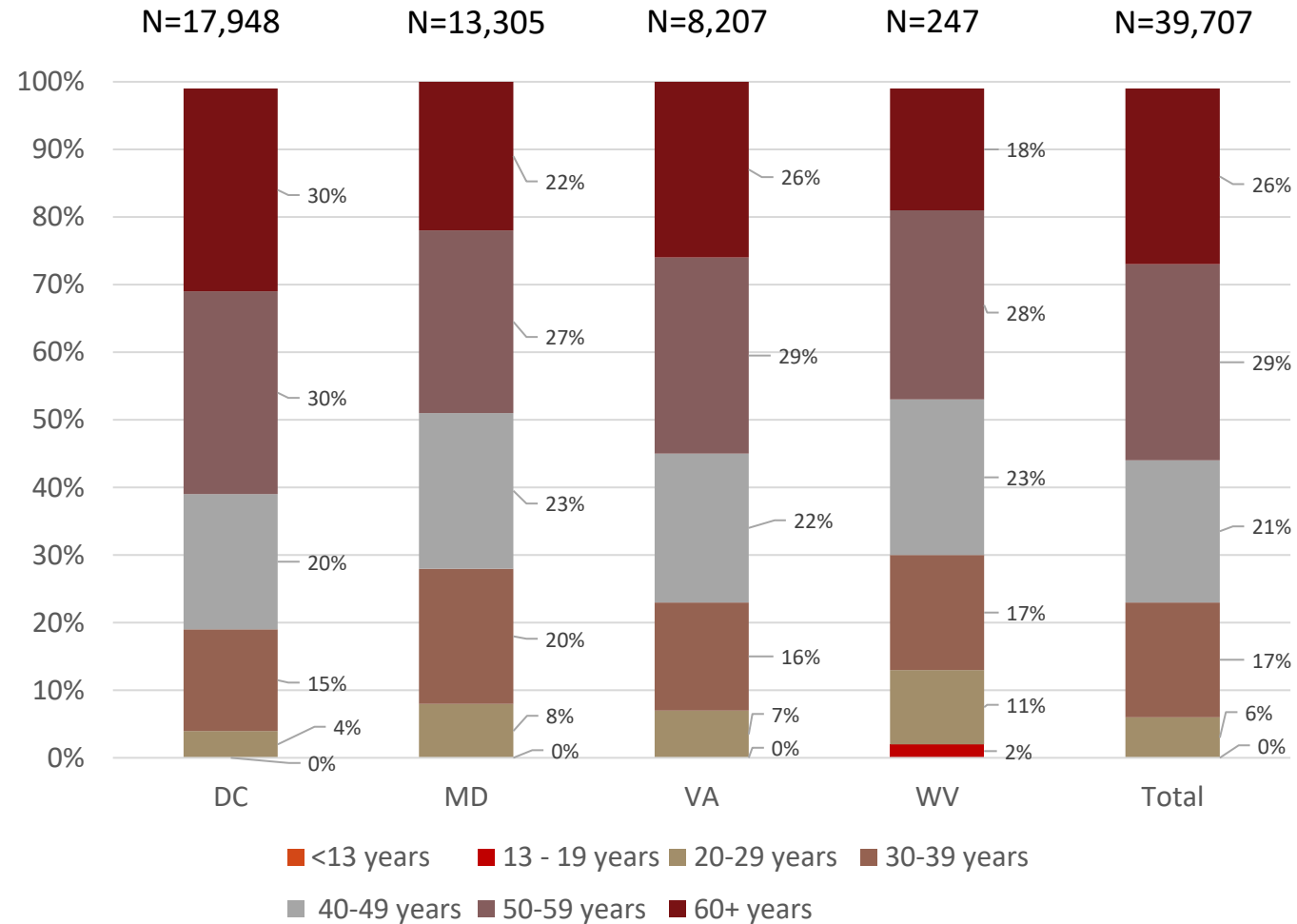


By jurisdiction, the majority of living HIV cases were male, with MD having the highest proportion of cases among women at 35%

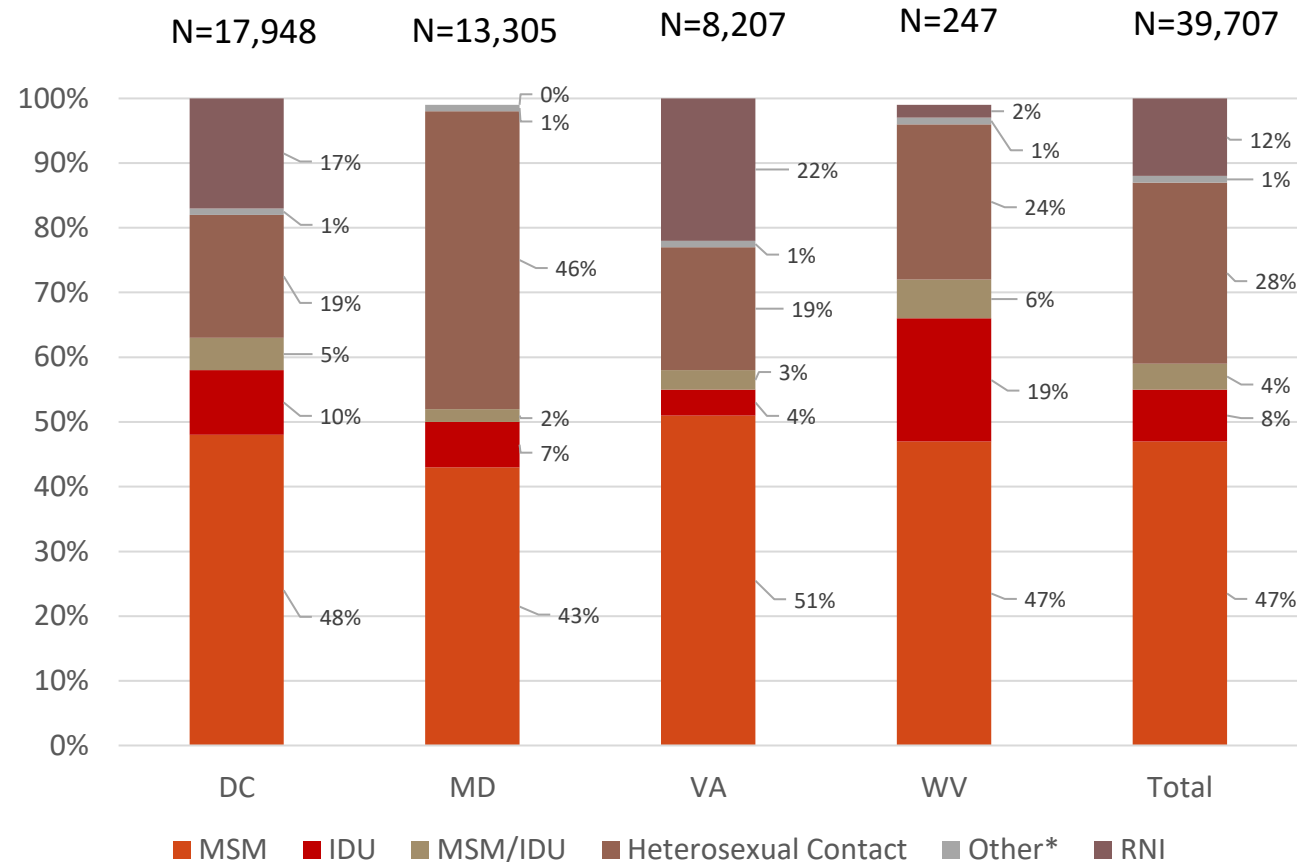
\* Not all jurisdictions collect data for transgender individuals

\*\*Most up to date information from WV was for 2019

# PROPORTION OF LIVING HIV CASES BY CURRENT AGE AND JURISDICTION, DC EMA, 2021



# CASES LIVING WITH HIV DISEASE BY MODE OF TRANSMISSION AND JURISDICTION, DC EMA 2021



By Jurisdiction, with the exception of MD, MSM accounted for majority of cases in the EMA, ranging from 43% (MD) to 51% (VA)

MD had the highest proportion of Heterosexual contact cases at 46%, WV (24%)

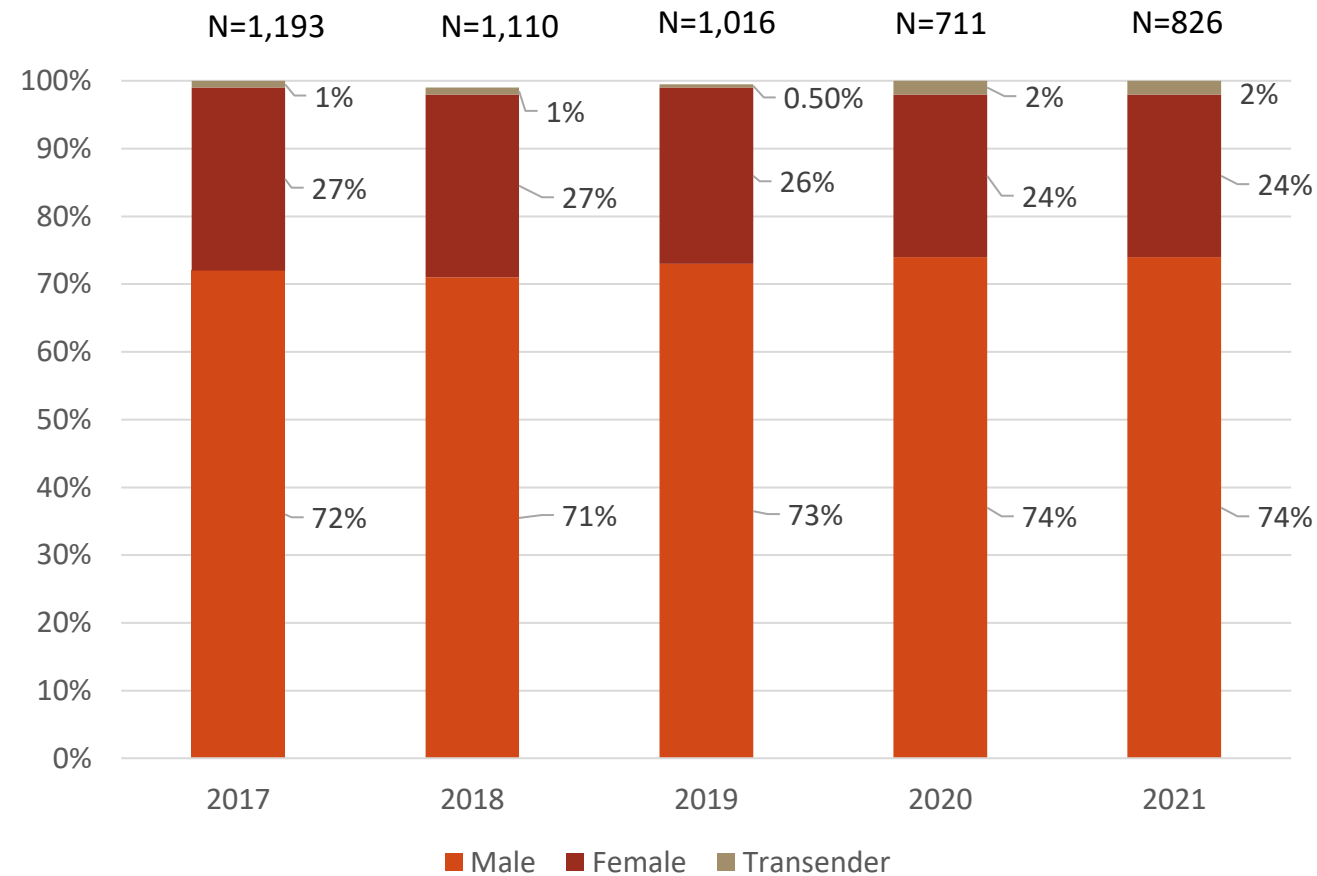
WV had the highest proportion of IDU cases in the EMA at 19%

\*Other mode of transmission includes hemophilia, blood transfusion, occupational exposure (healthcare workers), and perinatal exposure

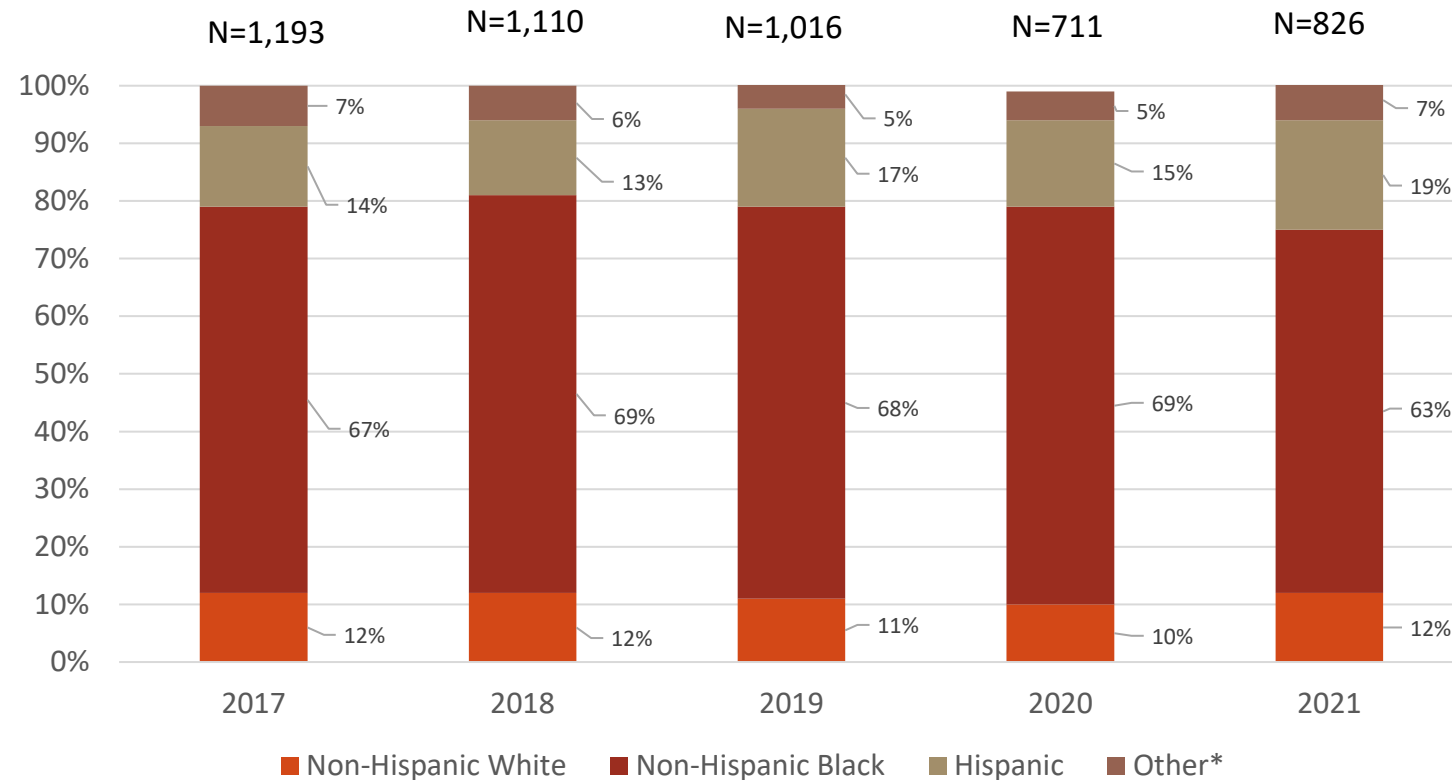
# ARE THERE TRENDS AMONG **NEWLY DIAGNOSED** HIV DISEASE CASES?

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# NEWLY DIAGNOSED HIV DISEASE DIAGNOSES BY GENDER IDENTITY, DC EMA 2017-2021



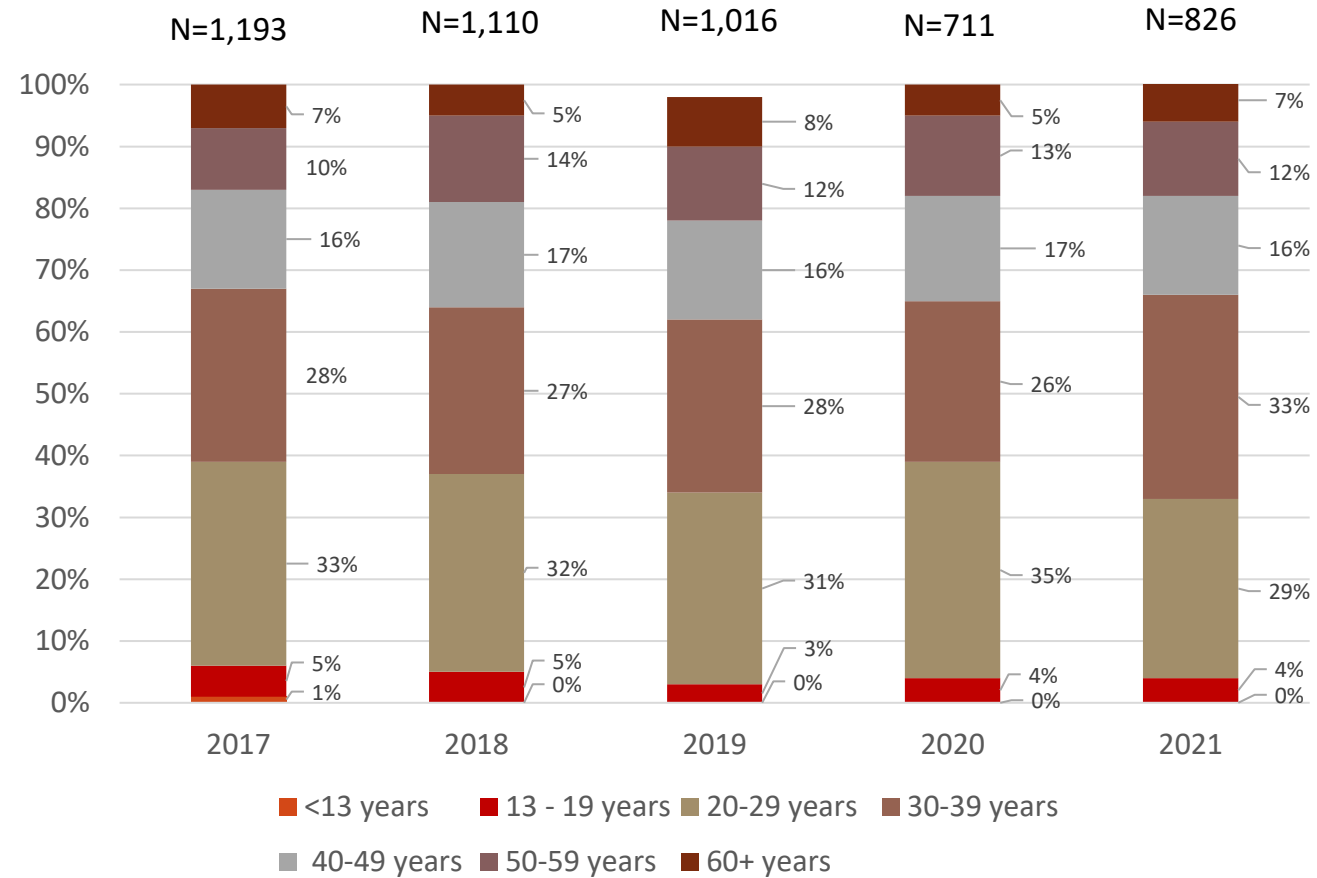
# NEWLY DIAGNOSED HIV DISEASE DIAGNOSES BY RACE/ETHNICITY, DC EMA 2017-2021



Most of the new diagnoses were among Blacks in the EMA and by jurisdiction, except for WV, where nearly half of newly diagnosed were among Whites.



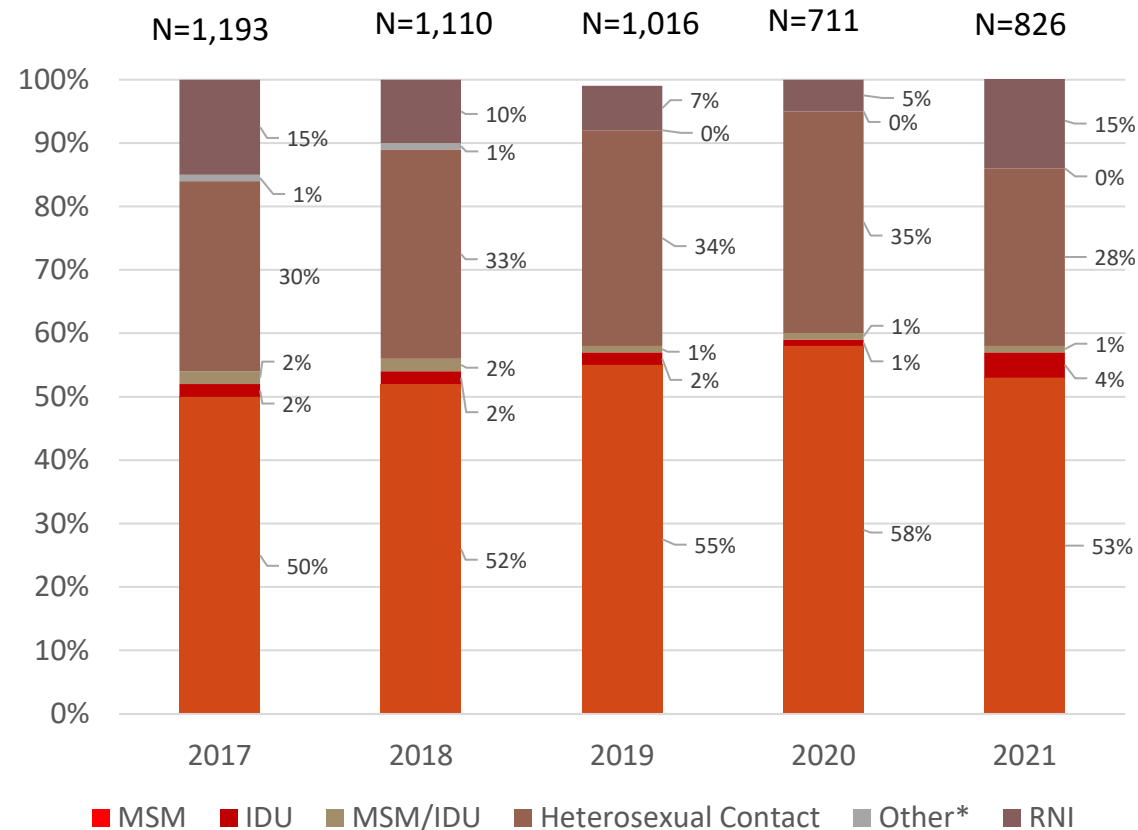
# NEWLY DIAGNOSED HIV DISEASE BY AGE AT DIAGNOSIS, DC EMA 2017-2021



Overall, most new diagnoses in the EMA were among residents aged 20-29, followed by residents aged 30-39.

\*\*Most up to date information from WV was for 2019

# NEWLY DIAGNOSED HIV DISEASE BY MODE OF TRANSMISSION, DC EMA 2017-2021



Majority of new HIV disease diagnoses were among MSM followed by heterosexual contact. Risk not identified (RNI) was about 11% within the 5-year period.

\*\*Most up to date information from WV was for 2019

# ARE THERE TRENDS AMONG NEWLY DIAGNOSED STAGE 3 (AIDS) CASES?

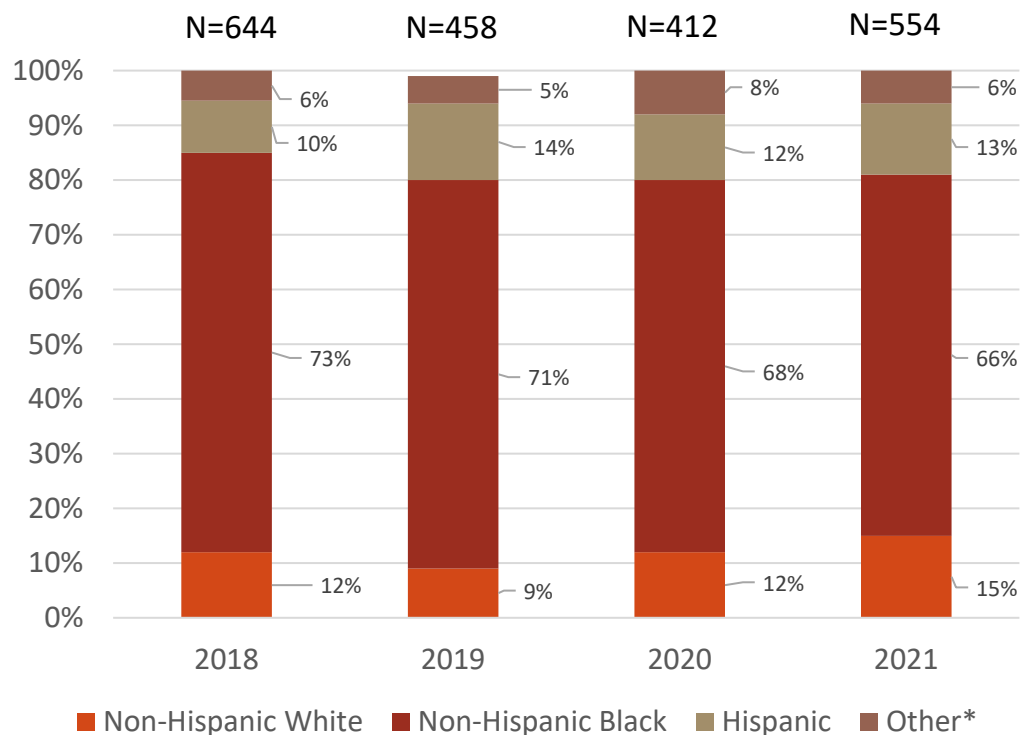
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# NEWLY DIAGNOSED STAGE 3 (AIDS) DIAGNOSES

Stage 3 (AIDS) infection signifies that an HIV positive individual has a compromised immune system (i.e.,  $CD4 < 200$  cells/ $\mu$ L and/or an HIV-related opportunistic infection), thereby increasing their susceptibility to adverse health conditions and symptoms associated with infection.

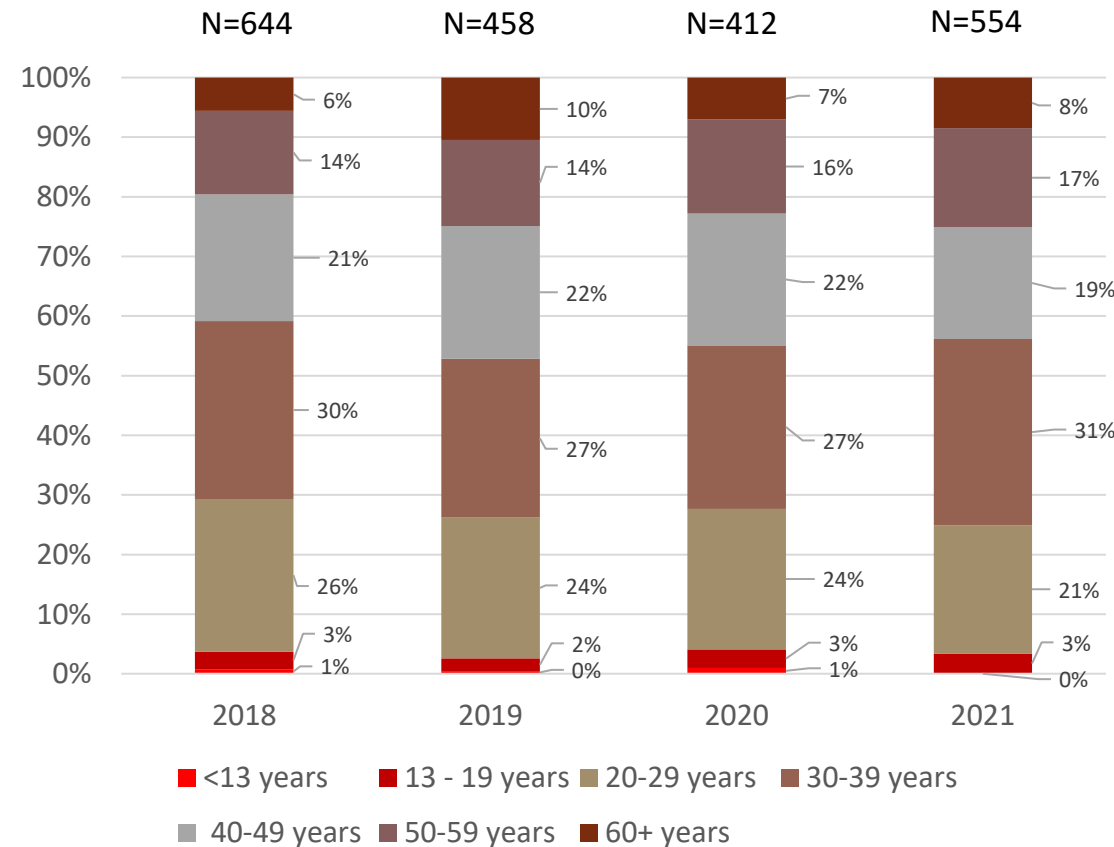
- As opposed to the traditional HIV disease dichotomy of HIV-only cases and HIV positive cases with AIDS, the HIV infection staging system provides the opportunity to reclassify individual health status dependent on clinical indicators at a given point in time.

# NEWLY DIAGNOSED STAGE 3 HIV DISEASE (AIDS) DIAGNOSES BY RACE/ETHNICITY, DC EMA 2018-2021



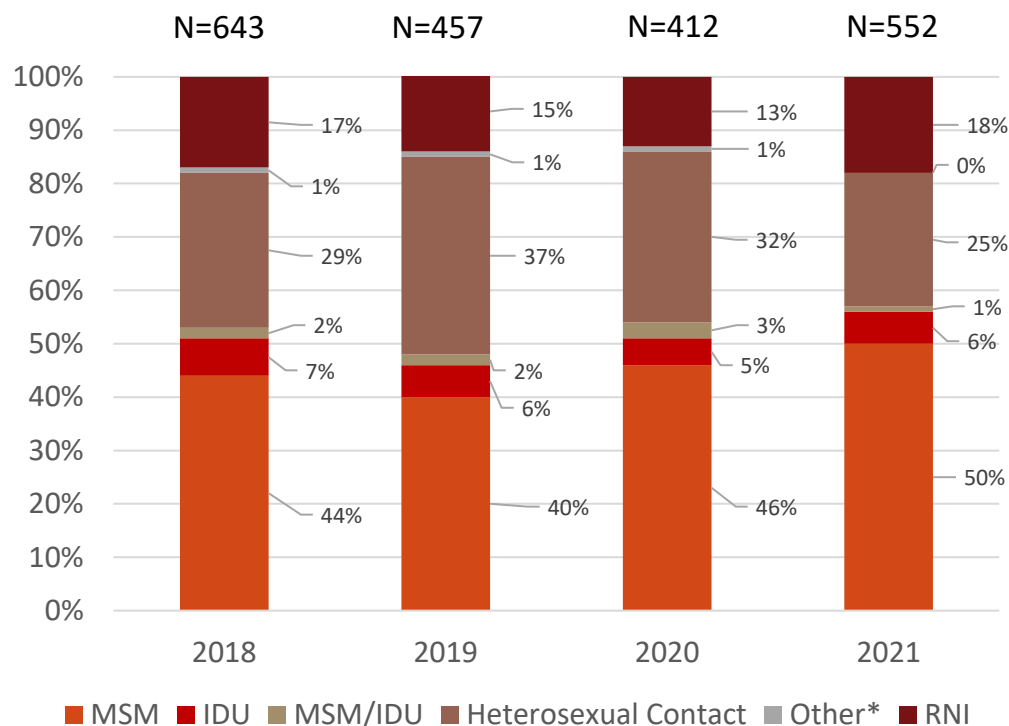
Most of the newly stage 3 disease (AIDS) diagnoses were among Blacks in the EMA. Except for WV, this is also true by jurisdiction. Over half of all stage 3 diagnoses in WV were among Whites.

# NEWLY DIAGNOSED STAGE 3 HIV DISEASE (AIDS) DIAGNOSES BY AGE AT DIAGNOSIS, DC EMA 2018-2021



Overall, most Stage 3 diagnoses were among residents aged 30-49, in the EMA. This is similar by jurisdiction except for WV, where most stage 3 diagnoses were among those aged 20-29 at diagnosis.

# NEWLY DIAGNOSED STAGE 3 HIV DISEASE (AIDS) DIAGNOSES BY MODE OF TRANSMISSION, DC EMA 2018-2021



Stage 3 diagnosis by mode of HIV transmission varied by jurisdiction. With the exception of MD, majority of stage 3 diagnoses were among MSM followed by heterosexual contact.

\*Other mode of transmission includes hemophilia, blood transfusion, occupational exposure (healthcare workers), and perinatal exposure

\*\*Most up to date information from WV was for 2019

# HOW SHOULD THE **CONTINUUM OF CARE** BE USED IN RELATION TO PLWH IN THE EMA?

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# OVERVIEW OF CONTINUUM OF CARE

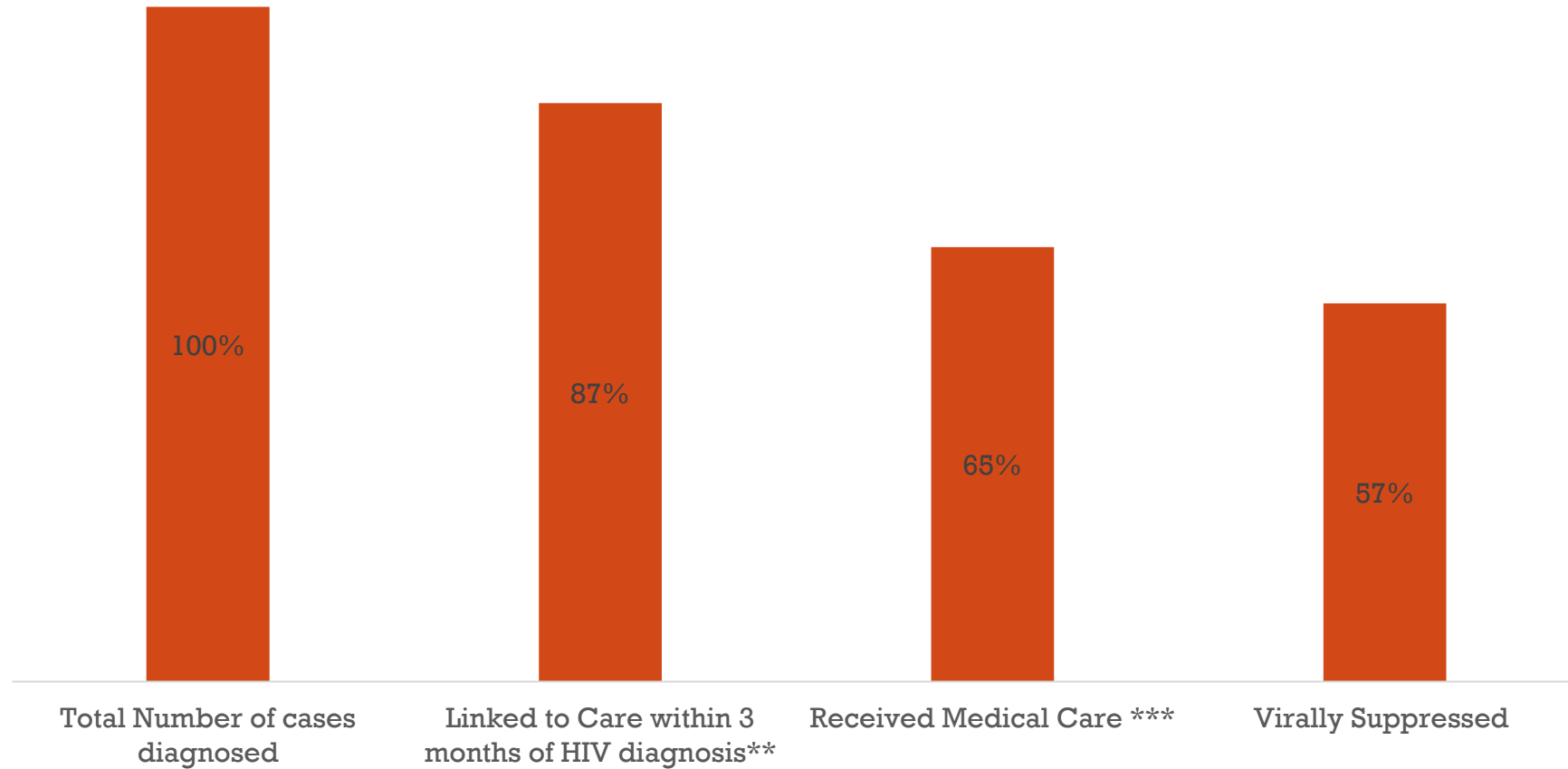
## What is the continuum of care?

- A method of evaluating HIV cases from the time of diagnosis (or total estimated infected) to viral suppression
- After diagnoses, steps in the cascade include linkage to care, retention (engagement in care), prescribed HAART and viral suppression

## What are the limitations?

- The cascade is a new method and definitions differ nationally and across jurisdictions
- Data systems at the national and local are different
- Absolute number comparisons are difficult
- Calculations based on lab information may differ based on completeness of lab reporting and data entry
- Aggregate data are reported to the health department

# 2021 DC EMA HIV CONTINUUM OF CARE



\*The cumulative number of living cases diagnosed and reported to the local surveillance system through the end of 2021

\*\*The number of cases diagnosed in 2021 who had evidence of a CD4 or VL test within 3 months of HIV diagnosis

‡ having a viral load of <200 copies/mL in 2021. Clients excluded if no care marker reported during time frame

\*\*Most up to date information from WV was for 2019

# ARE HIV CASES IN THE EMA EXPERIENCING UNMET NEED?

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# WHAT IS UNMET NEED? WHAT IS RETENTION IN CARE?

## What is unmet need?

- Unmet Need is “the need for HIV-related health services by individuals with HIV who are aware of their HIV status but are not receiving regular primary [HIV] health care”.
- The way that it is calculated is based on surveillance data using lab information.

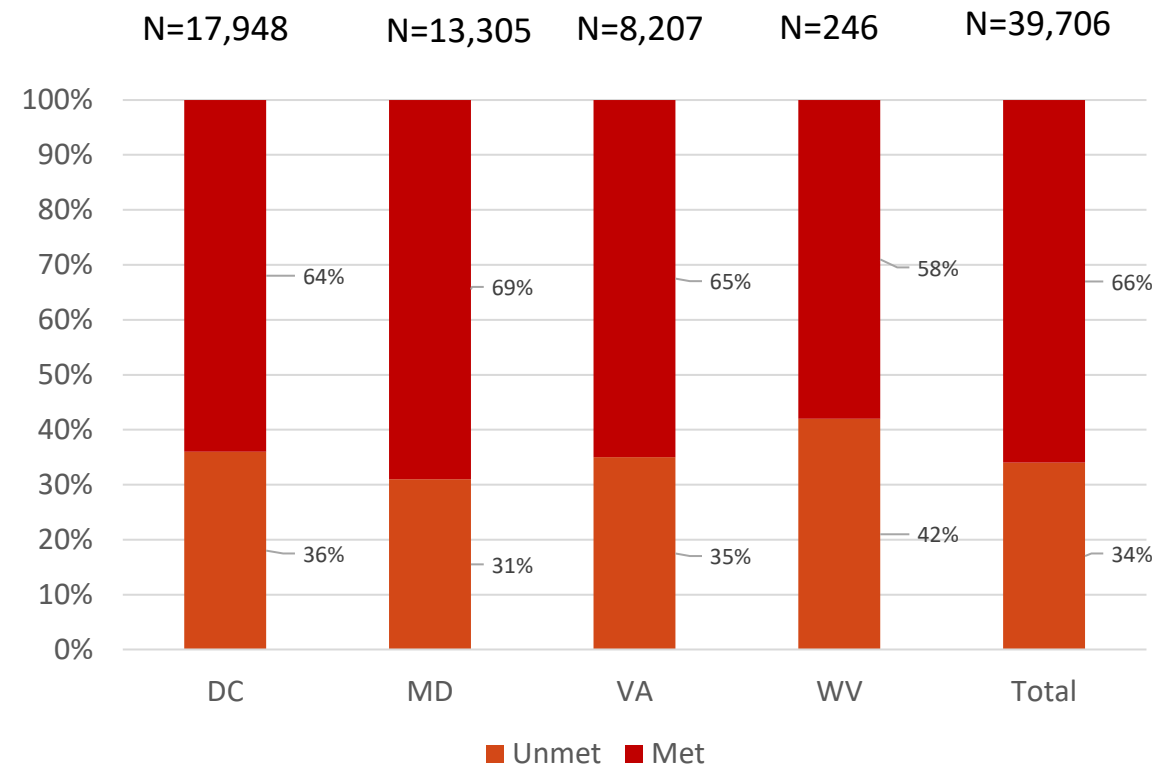
## What is considered not in care?

- Having no evidence of a viral load or CD4 lab in a given 12-month period.

## What’s the difference between the two measures?

- Unmet need estimates evidence of care from lab data among PLWH by residence at diagnosis, while retention in care uses only VL and CD4 labs among people living in DC.

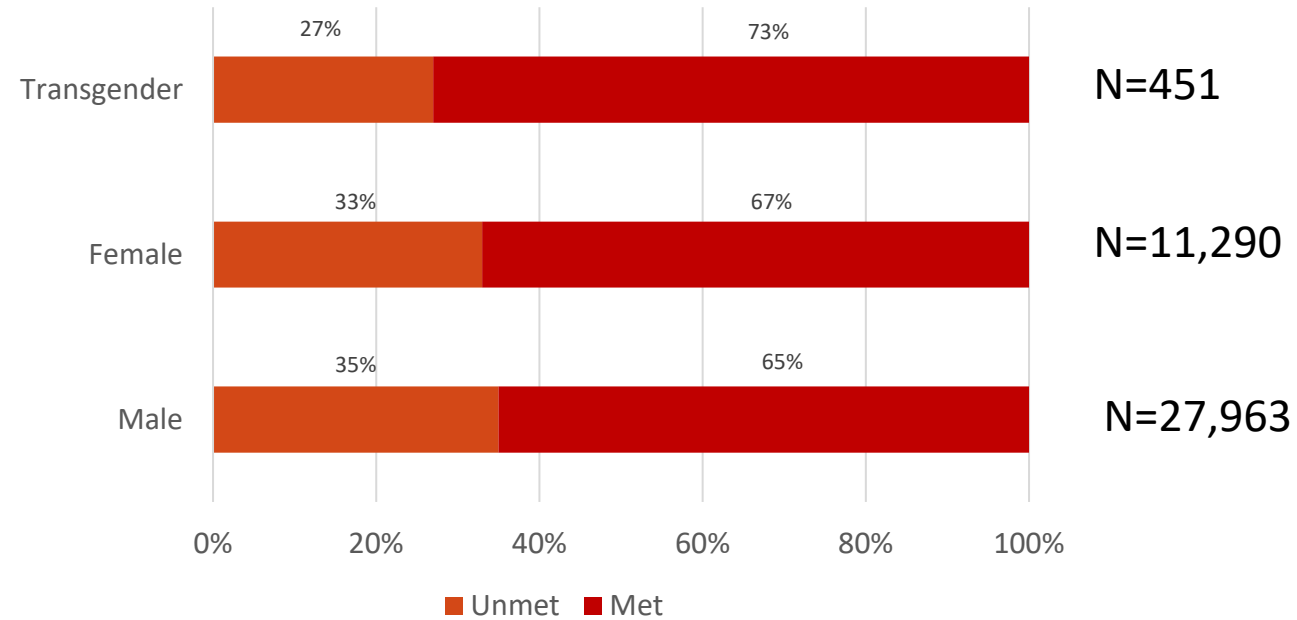
# UNMET NEED ESTIMATES, BY JURISDICTION, DC EMA, 2021



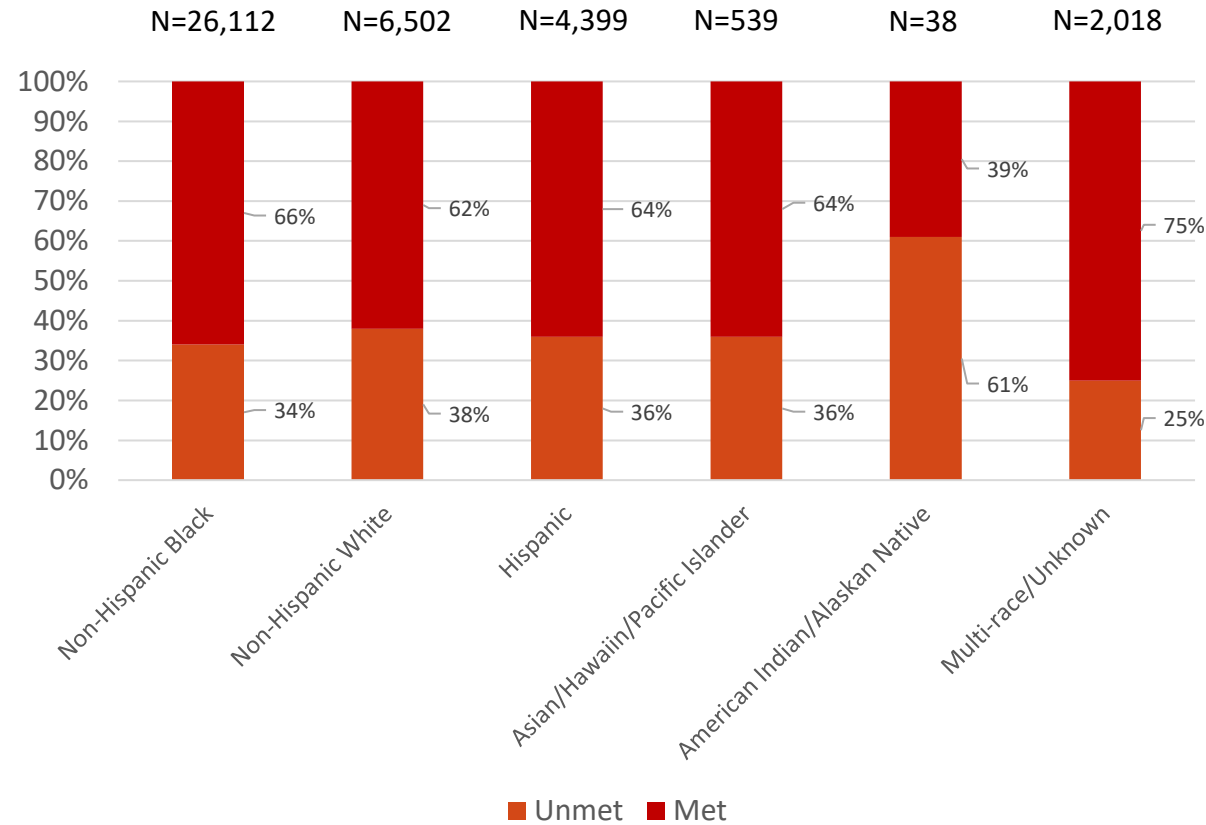
Overall, unmet need was 34% among cases diagnosed in the EMA.

By jurisdictions, unmet ranges from 31% to 42%.

# ESTIMATED UNMET NEED AMONG HIV CASES, BY GENDER IDENTITY, DC EMA, 2021, N=39,706

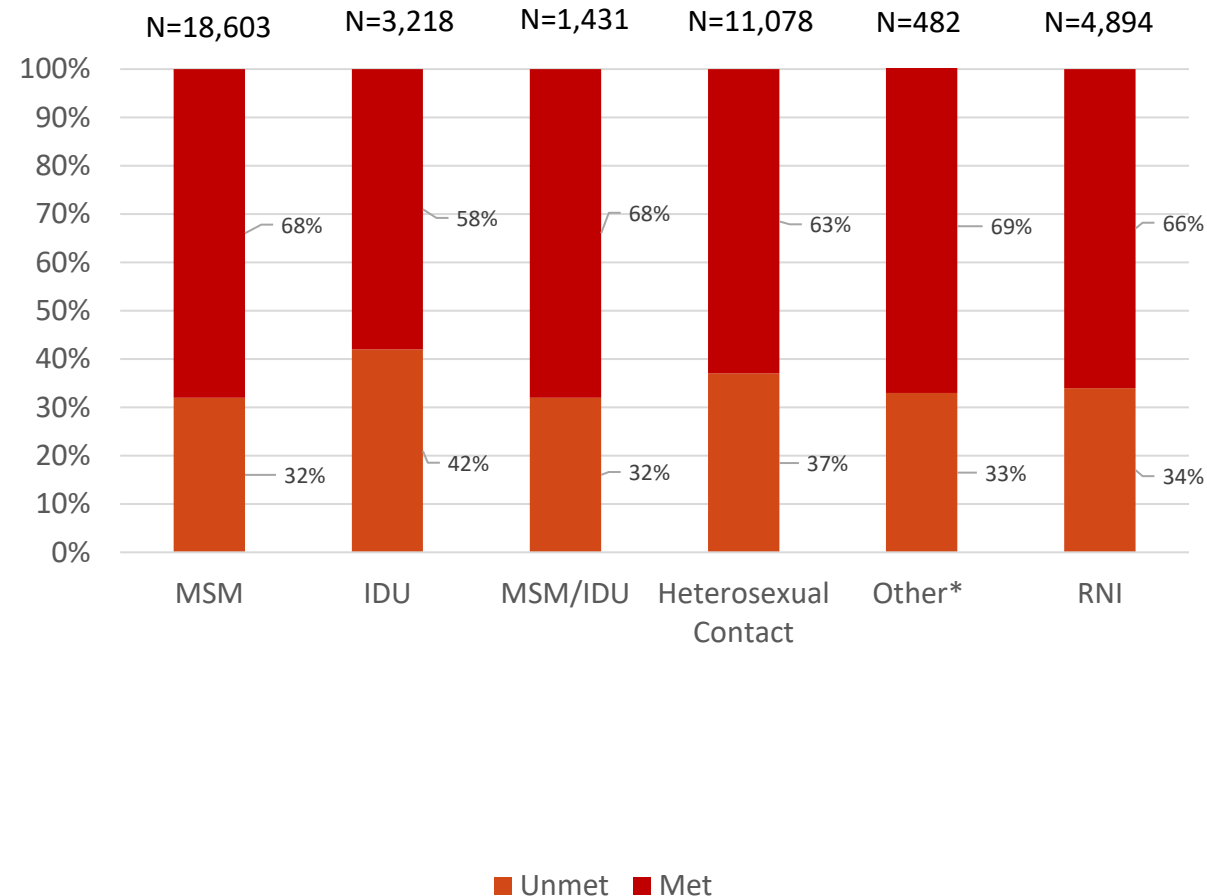


# ESTIMATED UNMET NEED AMONG HIV CASES, BY RACE/ETHNICITY, DC EMA, 2021, N=39,607



PLWH of all race/ethnicities are experiencing high unmet need, with American Indian / Alaskan Natives in the EMA having the highest proportion of estimated unmet need in the EMA at 61%, followed by Non-Hispanic Whites at 38%.

# ESTIMATED UNMET NEED AMONG HIV CASES, BY MODE OF TRANSMISSION, DC EMA, 2021, N=39,706

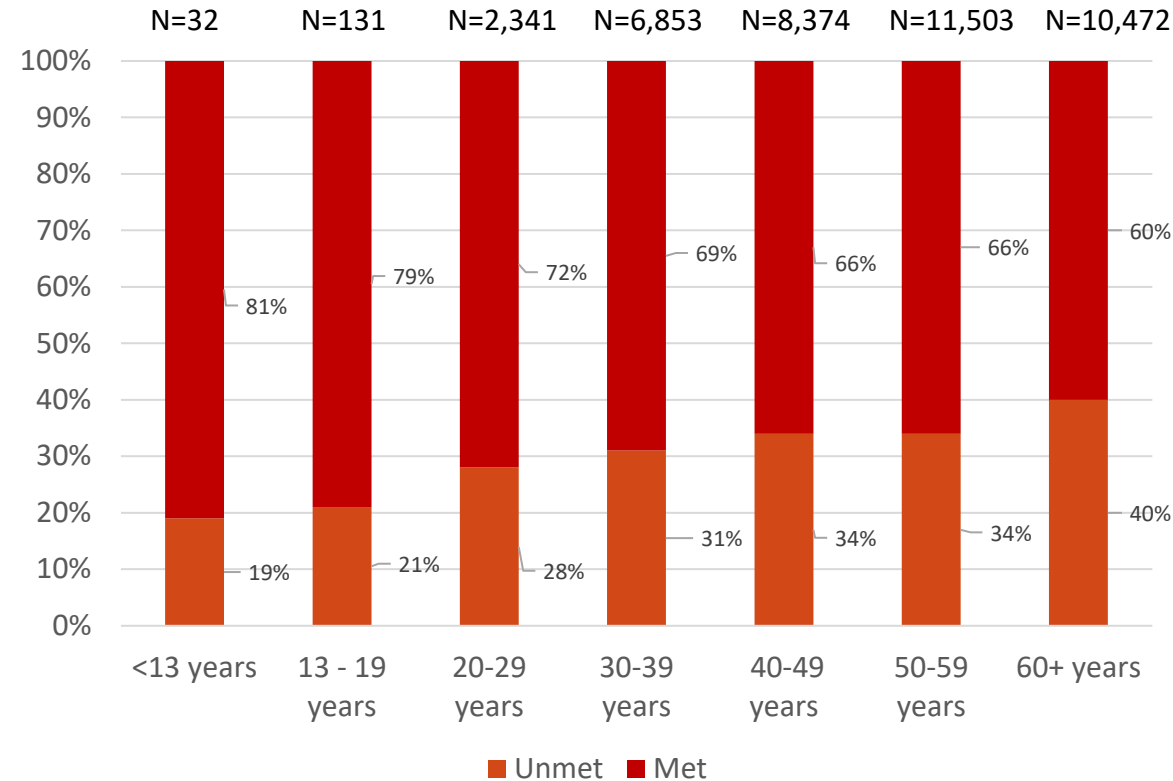


Estimated unmet need varies by mode of transmission, from 32% among MSM and MSM/IDU to 42% among IDU.

\*Other mode of transmission includes hemophilia, blood transfusion, occupational exposure (healthcare workers), and perinatal exposure



# ESTIMATED UNMET NEED AMONG HIV CASES, BY CURRENT AGE, DC EMA 2021, N=39,706



Estimated unmet need varies by age at the end of 2021, from 19% among those aged younger than 13 to 40% among those aged 60+.

# ARE PLWH IN THE EMA ALSO INFECTED WITH **HEPATITIS C?**

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# HCV Co-infections among PLWH in the DC EMA, 2021\*

	N	%
<b>Race/Ethnicity</b>		
White	64	9%
Black	548	78%
Latino	42	6%
Asian/Pacific Islander	5	1%
American Indian/Alaska Native	0	0%
Other/Unknown	40	6%
<b>Gender Identity</b>		
Male	513	73%
Female	180	26%
Transgender	6	1%
<b>Age at Hepatitis C Diagnosis</b>		
<13 years	1	0%
13 - 19 years	0	0%
20-29 years	45	6%
30-39 years	118	17%
40-49 years	253	36%
50-59 years	214	31%
60+ years	68	10%
<b>Total</b>	<b>699</b>	<b>100.0%</b>

# QUESTIONS?

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# DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

899 North Capitol Street NE, 5th Fl, Washington, DC 20002

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# COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING MINUTES

**WEDNESDAY, JULY 27, 2022 – 11:00AM**

**ZOOM CONFERENCE AND VIDEO CALL**

**ELECTRONIC – ONLINE MEETING**

## ATTENDEES/ROLL CALL

COMMISSIONERS	PRESENT	ABSENT	COMMITTEE MEMBERS	PRESENT	ABSENT
Carney, Misty	X		Ramos, Claudia		X
Clark, Lamont ( <i>Gov. Co-Chair</i> )	X				
Copley, Mackenzie ( <i>Vice Chair</i> )	X				
DeMartino, Peter	X				
Padmore, Gerald ( <i>Chair</i> )	X				
Palmer, Kentrell (Kenny)	X				
Shaw-Richardson, Re'ginald		X	COMMUNITY PARTNERS/GUESTS	PRESENT	ABSENT
RYAN WHITE RECIPIENT STAFF	PRESENT	ABSENT			
Edmonds, Jason	X				
Fortune, Ebony	X		CONSULTANTS	PRESENT	ABSENT
Lago, Lena (Recipient)	X				
HAHSTA STAFF	PRESENT	ABSENT	COMMISSION SUPPORT STAFF	PRESENT	ABSENT
Price, Ashley	X		Bailey, Patrice	X	
			Johnson, Alan	X	

## HIGHLIGHTS

*NOTE: This is a draft version of the July 27, 2022, Comprehensive Planning Committee (CPC) Meeting Minutes. The final version will be approved at the August 24, 2022, meeting and made available thereafter.*

## AGENDA

ITEM	DISCUSSION
Call to Order	Gerald P. called the meeting to order at 11:07 am, followed by a moment of silence and introductions.
Review and Adoption of the Agenda	Gerald assumed the motion to adopt the agenda for July 27, 2022. The agenda was adopted as presented.
Review and Approval of the Minutes	Gerald assumed the motioned to approve the meeting minutes for the June 22, 2022, meeting. The motion was approved as presented.

<p><b>Ryan White HIV/AIDS Program (RWHAP) Reports &amp; Financial Oversight</b></p>	<p><b>Lena Lago presented the Recipient Report</b>          The recipient has received the full award in the amount \$32,676,052.00 for GY 32, Part A and Part A Minority AIDS Initiative (MAI).</p> <p><u>FISCAL STATUS</u>          For the reporting month of May Part A and Part A MAI, received 30 of 34 invoices.</p> <p>There are no service delivery challenges for DC, Maryland, or Virginia.</p> <p><u>PART A FISCAL SUMMARY</u>          Part A expenditures are at 13% and should be at 25%.</p> <p>Service areas affected by unsubmitted/unprocessed invoices are Early Intervention Services (EIS), Mental Health Services (MHS), Substance Abuse Services - Outpatient (SASO), Psychosocial Support Services (PSS), Outpatient Ambulatory Medical Care (OAHS), Oral Health Care (OHC), Health Insurance Premium and Cost Sharing Assistance (HISPCSA), Medical Case Management (MCM), Non-Medical Case Management (NMCM), Medical Transportation Services (MT), and Outreach Services (OS).</p> <p>Services spending 30% below expected are Outpatient/Ambulatory Health Services (OAHS), Early Intervention Services (EIS), Health Insurance Premium and Cost Sharing Assistance (HIPCSA), Oral Health Care (OHC), Mental Health Services (MHS), Medical Nutrition Therapy (MNT), Medical Case Management (MCM), Substance Abuse Services – Outpatient (SASO), Non-Medical Case Management Services (NMCM), Food Bank/Home Delivered Meals (FBHDM), Medical Transportation (MT), Outreach Services (OS), and Psychosocial Support Services (PSS).</p> <p>The service spending 30% above expected is Other Professional Services (OPS).</p> <p><u>PART A MAI FISCAL SUMMARY</u>          Part A MAI expenditures are 25% and should be 25%.</p> <p>The service area affected by unsubmitted invoices is Psychosocial Support Services (PS).</p> <p>The service spending 30% below expected is Substance Abuse Services Outpatient (SASO).</p> <p>The service spending 30% above expected is Medical Case Management (MCM).</p> <p><u>RECIPIENT REPORT</u>          The Recipient submitted the Core Medical Services Waiver for GY 32 and it was approved.</p>
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	Lena indicated that some of the challenges with unprocessed/unsubmitted invoices in certain service categories and working with capacity issues are being seen with some of the subrecipients due to staffing issues. There are a lot of vacancies right now that are starting to trickle into service categories that are vulnerable to a high level of staff turnover.
Other Business	<p>PSRA 2022/Data Request Discussion</p> <p>Mackenzie C. reported that the request was submitted five weeks ago. Lena indicated that the request has been distributed to the jurisdictions. West Virginia has asked for additional time to respond due to their staff shortage. Additionally, Dr. Hodan Eyow, HAHSTA Data Manager's last day is Friday July 29, 2022. However, her portion of the report is being completed. The response is still on target for the PSRA Light meeting.</p>

### **ANNOUNCEMENTS/OTHER DISCUSSION**

Lena announced that the DC Government is having a hiring event in August. Encourage those in your network to apply. You must register this week to participate.

Lena also reported that there have been weekly calls with community partners around general case updates on Monkeypox, how to access the treatment Tecovirimat, ST-246 known as TPOXX and DC health vaccination clinics. There has been one community popup clinic and one or two more are coming within the next two weeks. Information is being shared via social media channels. Because of vaccination shortages every jurisdiction is serving only their residents including DC.

Peter D. dropped a link into the chat for a meeting Maryland Department of Health, MDH, is having tonight. The call tonight will deliver a harm reduction message.

### **HANDOUTS**

- July 27, 2022, Comprehensive Planning Committee (CPC) Meeting Agenda
- June 22, 2022, Comprehensive Planning Committee (CPC) Meeting Minutes
- Monthly Fiscal and Recipient Report (Part A and Part A MAI Funding) Year 32 – Reporting Period: May 2022

<b>MEETING ADJOURNED</b>	<b>11:22 PM</b>	<b>NEXT MEETING</b>	<b>WEDNESDAY AUGUST 24, 2022 11:00am to 1:00pm ZOOM CONFERENCE AND VIDEO CALL</b>
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