DC Comprehensive HIV Prevention Plan for 2012-2015: Goals and Objectives

The Comprehensive Plan includes program goals and objectives, monitoring and evaluation, and capacity building activities specific to PS12-1201.

Contents

Introduction

The Comprehensive HIV Prevention Plan for the District of Columbia for 2012-2015 sets goals and objectives that are responsive to the Centers for Disease Control and Prevention's new strategy for "High Impact Prevention." They address expanded HIV testing, prevention with HIV-positive individuals, condom distribution, evidence-based interventions for high-risk negatives, HIV prevention planning, capacity building, social marketing, and program monitoring and evaluation as required by the CDC under Program Announcement PS12-1201**.**

Under the umbrella strategy of comprehensive treatment support, the plan supports accessible, comprehensive and coordinated services for people living with HIV, core concepts of patient-centered medical homes, a key strategy in health reform to address chronic disease quality and cost of care. The planned activities will increase access to care, retention in care, re-engagement activities and treatment adherence as well as risk-reduction interventions for PLWH and high-risk negatives.

HAHSTA's next prevention RFA will focus on supporting programs that support comprehensive care support initiatives that are directly in line with the tenets of CDC's High Impact Prevention Strategy. In order to support DC's current prevention infrastructure to transition to this model, HAHSTA will look for opportunities to disseminate information and bring capacity building activities on models that are responsive to the strategy. The JACQUES Initiative in Baltimore, MD is one such model. The JACQUES

Initiative is a holistic care delivery model described as the *Journey to Wellness*. This program works with people living with HIV/AIDS, their families and supporters, communities, and various social sectors of the City of Baltimore. Using the Jacques Initiative as a template for the types of services Full Range Clinical Providers or "One Stop Shop" agencies should offer their clientele, HAHSTA will identify resources and bring representatives from this initiative to mount a capacity building effort. Training will be made available to DC community partners.

The continuing reduction in prevention funding from the CDC means that there are insufficient resources available for HIV prevention in the District of Columbia and resources must be focused on the interventions that can have the greatest impact on reducing new infections, increasing the number of PLWH who are aware of their serostatus and are engaged in HIV medical care, and decreasing high-risk behaviors among PLWH.

In order to increase HIV testing, HIV/STI partner services and behavioral interventions for high-risk PLWH, resources for behavioral interventions for HIV-negative persons will need to be decreased and redirected. But several community-based organizations in DC are proving effective behavioral interventions (DEBIs) for high risk groups, including Black women and men, Black MSM and youth with 5-year grants awarded by CDC in 2010: Children's National Medical Center, Deaf-REACH, Sasha Bruce Youthwork, Inc., The Women's Collective, Us Helping Us, and Metro TeenAIDS. In addition, two CBOS received 5-year grants from CDC in 2012 to provide HIV Testing and DEBIs for young Black MSM (Us Helping Us) and young Latino MSM and Transgender Women (La Clínica del Pueblo**).**

In 2012-2014 HAHSTA is using local funding to provide risk reduction interventions for Black heterosexuals and MSM; needle exchange for several populations, including sex workers and transgender women; peer education and social mobilization for youth; navigator services for Latinos to facilitate access to care and treatment, and HIV testing and sexual health education for older adults.

The Engagement Process

The Engagement Process to develop the District of Columbia's Jurisdictional HIV Prevention Plan for 2012-2015 and the DC Comprehensive Plan got 2012-2015 began with the development of an Engagement Process Plan in April by HAHSTA and the Prevention Planning Group's Program Development Advisory Committee.

The plan that was implemented included:

- An orientation on the engagement process, as defined in the CDC Planning Guidance, at the May PPG Meeting.
- Working with PDAC to identify a broad group of stakeholders, including HIV service providers and PDAC members representing the PPG, to participate in the engagement process.
- Inviting 43 individuals to participate in the engagement process, including persons living, key stakeholders in prevention, care and related services, and representatives of organizations that can inform and support the development and implementation of the Jurisdictional and Comprehensive HIV prevention plans, including members of the DC HIV Prevention Planning Group and the Metropolitan Washington Regional Ryan White Planning Council Planning Council. The group included prevention, care, mental health and substance abuse providers, including prevention providers for MSM, heterosexuals, IDUs, sex workers, transgender women and youth; Black, Latino and white MSM; Black Heterosexual men and women; Black transgender women; and youth.

- Providing links to the DC Epidemiologic report for 2010 and Workbooks I and II of HAHSTA's ECHPP application, as reference.
- Providing presentations on the latest epidemiologic data and on medical homes at the first engagement meeting.

At the first of two meetings, on October 16, 2012 members of the engagement panel reviewed and made recommendations and comments on the Jurisdictional HIV Prevention Plan for DC, which presents a situational analysis of the HIV epidemic in DC and identifies the populations and areas with the greatest HIV burden, and resources and gaps in prevention and other services.

Twenty-two stakeholders participated in this first meeting, including six people living with HIV, four members of the DC HIV Prevention Planning Group, three members of the Metropolitan Washington Regional Ryan White Planning Council, three people associated with community health care centers, three associated with organizations that provide mental health services, three associated with substance abuse services, eight associated with community based organizations, including three organizations that provide preventions services for high-risk youth. The DC Commission on Aging and the Washington Veterans Affairs Medical Center also participated.

Sixth-four percent of the participants were African American and the remaining 36% were White, including one Latina.

Michael Shankle and Marissa Tonelli of HealthHIV facilitated the meeting, collected the recommendations and comments from the participants and forwarded them to HAHSTA for possible inclusion in the plans.

At the second meeting, on November 1, the engagement panel reviewed and made recommendations on the Comprehensive HIV Prevention Plan for 2012-2015, which includes goals, objectives and activities specific to PS12-1201.

The 19 participants included 4 PLWH, 3 members of the DC PPG (Including one member of the Program Development Advisory Committee and two members of the Operations Committee), 3 members of the Metropolitan Washington Regional Ryan White Planning Council Planning Council, 3 representatives of community health centers, 5 community based organizations and 5 Ryan White Funded Organization.

The recommendations were collected by HealthHIV, which facilitated the two meetings, and relayed to HAHSTA for consideration as it developed the Comprehensive HIV Prevention Plan. A new draft of the Comprehensive Plan that incorporated several of the recommendations made by the panel during the meeting, and other made by e-mail by individuals that were unable to attend, was prepared and distributed to the Engagement Panel.

Plans are underway to reconvene the engagement panel to discuss which recommendations made it into the Comprehensive Plan, by the end of 2012, and to reconvene it mid-2013 to discuss progress in implementing the plan.

Both plans were distributed to the PPG for review as part of the concurrence process.

Goal 1: Increase the number of HIV positive persons who know their status.

Objective 1: By December 31, 2015, increase the number of tests delivered in healthcare settings by 10% each year, from 51,043 tests in 2011 to 74,732 tests by 2015.

Activities:

- By January 1, 2013 fund six hospitals to provide testing in emergency departments and one primary care provider to provide testing as part of part of routine medical care.
- Provide technical assistance to enhance provider skills in implementing opt-out routine HIV testing and delivering result, including how to offer the test as part of routine medical care.
- Provide free rapid test kits to the seven providers.

Responsible for implementation: Prevention and Intervention Services Division, Strategic Information Division

Monitoring and Evaluation (M&E) Measures

The number of HIV rapid tests performed will be monitored and evaluated annually for each of the 7 providers individually and together during the program period from 2012 to 2015. The number of tests performed will be compared to the previous year to determine if the 5% increase was met.

Data Sources:

Program Evaluation and Monitoring System (PEMS) data and monthly provider reports will be analyzed separately and compared to ensure accurate findings.

Objective 2: Increase the number of tests delivered by clinical and non-clinical provider settings by 5% each year from 76,161 tests in 2011 to 92,574 tests by 2015.

Activities:

- By April 1, 2013 fund two core providers of medical/clinical services for people living with HIV/AIDS to provide testing as part of routine care.
- By April 1, 2013 fund three non-medical community based organizations to provide targeted HIV testing to Black MSM, Black heterosexuals and other high risk populations and link, retain and re-engage HIV positive individuals to care and prevention services,
- By April 1, 2013 fund one community-based organization to provide targeted HIV testing to Black MSM using social networks.
- Provide or secure training or technical assistance to enhance provider skills in implementing targeted testing and social networks testing.
- Provide free rapid test kits to CTR providers.
- Provide training on HIV testing utilizing rapid testing technologies.

Responsible for implementation: Prevention and Intervention Services Division, Strategic Information Division

M&E Measures

The number of HIV tests performed will be assessed at the two providers funded for medical/clinical services separately and aggregately on an annual basis from 2013 to 2015.

The number of HIV tests performed among black MSM, black heterosexuals, and other high risk populations will be assessed annually for the three non-medical community based organizations individually and aggregately on an annual basis from 2013 to 2015.

The number newly diagnosed HIV infected persons linked to care and prevention services will be assessed annually. This will be done for the 3 funded community based organizations.

The number of HIV infected persons re-engaged in care will be assessed by site and on the whole will be determined annually. This will be done for the 3 funded community based organizations.

Data Sources:

Program Evaluation and Monitoring System (PEMS) data and monthly provider reports will be analyzed separately and compared to ensure accurate findings.

Goal 2: Provide prevention interventions for HIV-positive individuals.

Objective 1: By April 1, 2013 fund clinical care providers to implement risk reduction, treatment adherence and retention in care interventions for at least 400 HIV-positive individuals.

Activities

- Fund up to four clinical care providers to provide behavioral reduction interventions and interventions to increase treatment adherence and retention in care HIV-positive individuals.
- Facilitate linkages with CBOs that can support the retention in care process and provide support services to improve adherence.
- Require that funded organizations provide condoms and condom education to HIV-positive individuals.
- Require funded providers to link clients to social, mental health and substance abuse services for HIV positive individuals.
- Provide or facilitate training and technical assistance on implementing risk reduction, treatment adherence and retention in care interventions beyond the four funded providers.

Responsible for implementation: Prevention and Intervention Services Division

M&E Measures

The number of unique HIV-positive individuals provided risk reduction, treatment adherence and retention in care interventions will be determined for each of the four funded provider sites between April 1, 2013 and December 31, 2015.

The number of condoms provided to HIV-positive individuals at each funded provider will be assessed between April 1, 2013 and December 31, 2015.

The number of clients in need of social, mental health, and substance abuse services will be assessed between April 1, 2013 and December 31, 2015 at each of the four funded providers. In addition the number of clients that accepted a referral for these services will also be assessed during the specified time period.

Data Sources

These assessments will be completed using monthly provider reports.

Goal 3: Link HIV-positive individuals to care

Objective 1: By December 31, 2015 increase the number of HIV-positive individuals linked by CBOs to clinical care within 3 months of their HIV diagnosis by 5% each year, from 241 in 2011 to 292 in 2015.

Activities

- Continue to require that all HIV testing providers link HIV-positive clients to medical care and, as appropriate, supportive services.
- Continue to implement the Red Carpet Entry system, which links persons newly diagnosed with HIV and known HIV positive persons who have lapsed in care to medical care within 48 to 72 hours.
- Continue to require that providers follow up with clients and confirm they attended the medical appointment.
- Work with clinical and non-clinical providers to conduct recapture activities to re-engage clients that have been lost to care.
- Provide technical assistance to CBOs on recapture/re-engagement initiatives, and monitoring and evaluation activities.
- Assess challenges with linkage to care and identify best practices for implementation.
- Provide data to CBOs and clinics to strengthen linkage, recapture and retention activities.

Responsible for implementation: Prevention and Intervention Services Division, Strategic Information Division

M&E Measures

On an annual basis, Prevention Staff will identify the number of persons with rapid positive test results at each funded CBO from 2013 to 2015. They will also determine how many of these persons were linked to HIV care by the CBOs.

Prevention Staff will consult with the HIV surveillance program to determine if these persons are newly indentified positives or if they have been out of care for at least one year.

These data will be provided to the CBOs in annual reports which will be used to assist them in strengthening their linkage, recapture, and retention activities.

Data Sources:

These data will be determined from PEMS data, monthly reports from funded providers. The surveillance staff will utilize HIV surveillance data collected in eHARS.

Goal 4: Reduce risk behaviors by high-risk negatives.

Objective 1: Establish new programs by April 1, 2013 to implement risk reduction interventions for at least 600 high-risk individuals per year.

Activities

- Fund up to three community based organizations to provide HIV testing and group-level or community level evidence-based interventions for HIV-risk negative persons at highest risk of acquiring HIV, including Black heterosexuals, sex workers, transgender women and Latinos.
- Require that funded providers link high-risk clients to social, mental health and substance abuse services.
- Require that funded providers have in place linkage protocols that include a written contractual agreement with a clinical care provider, preparing clients for medical care, working with clients to establish

medical care appointments, following up with client and confirming that clients attended the medical appointment.

- Provide technical assistance to providers around assessment of client needs and comprehensive screening of clients.
- Require that funded providers provide condoms and condom education to high-risk clients.
- Provide or facilitate training and guidance on implementing interventions, including-identification of target populations.

Responsible for implementation: Prevention and Intervention Services Division

M&E Measures

On an annual basis the number of high risk individuals receiving risk reduction interventions will be determine for each funded provider separately and aggregately.

The number of referrals and linkages provided for social, mental health, and substance abuse services will also be assessed annually for each provider.

The number of condoms provided to high risk individuals receiving services at funded providers will also be assessed annually from 2011 to 2015.

Data Sources

The data to conduct these assessments will be available in monthly provider reports.

Goal 5: Facilitate voluntary testing for other STDs

Objective 1: Increase STD screening by 2% a year, from 6,889 in 2011 to 7,457 in 2015.

Activities

- The Southeast STD clinic will continue to perform free screening for STDs, TB and HIV.
- Continue to encourage HIV testing providers to conduct or make appropriate referrals for screening for other sexually transmitted diseases for persons testing positive for HIV or high-risk negatives.
- Facilitate voluntary testing for other STDs by assisting HIV testing providers with identifying referral sites for testing and through the provision of technical assistance and training designed to assist providers ~~with identifying candidates~~ for conducting universal/routine screening.
- Continue to provide STD and HIV testing for MSM at the Crew Club bathhouse.
- Provide training and technical assistance to HIV testing providers to conduct or make appropriate referrals for screening for other sexually transmitted diseases for persons testing positive for HIV and high-risk negatives.

Responsible for Implementation: STD & TB Control Division, Strategic Information Division

M&E Measures

The number of voluntary testing for HIV, other STDs and TB will be monitored and assessed among the clinic attendees in the funded site from 2011 to 2015. Information on the referral and training technical assistance to HIV testing providers will be monitored and assessed for all funded sites.

Data Sources:

Monthly reported data collected from all funded sites, administrative datasets, and other program document information.

Goal 6: Increase and expand the distribution of condoms to HIV positive individuals, high-risk negatives and the general population.

Objective 1: By December 31, 2015, increase the number of condoms distributed to HIV-positive individuals, high-risk negatives and the general population by 5% each year, from 4,600,000 in 2011 to 5,591,329 by 2015.

Activities

- Continue the District-funded distribution of free male and female condoms and lubricants to individuals and organizations through HAHSTA's web-based ordering system and a network of 500 community partners.
- Require that all prevention service providers provide condoms and condom education to HIV-positive individuals, high-risk negatives and youth.
- Continue the social marketing campaign to promote male and female condom use.
- Provide or facilitate training and guidance on condom distribution, including identification of target populations.
- Use data and community input to strategically distribute condoms to high-risk risk populations.

Responsible for implementation: Prevention and Intervention Services Division, Strategic Information Division

M&E Measures

The number of condom (male condom and female condom) ordered and distributed through Internet and venue will be monitored and evaluation among HIV positive individuals, high-risk negatives and the general population from 2013 to 2015. The number of HIV tests will be monitored and assessed among high risk groups from 2013 to 2015.

Data Sources:

Condom purchase and distribution records, program evaluation and monitoring system (PEMS), youth risk behavior surveillance survey, National HIV Behavioral Surveillance Survey (NHBS), Behavioral Risk Factor Surveillance System (BRFSS), monthly report data from all funded sites, administrative datasets, and other program document information.

Goal 7: Provide Partner Services for HIV positive persons and their partners

Objective 1: Increase the number of partners elicited from HIV-positive individuals by 5% each year from 123 in 2011, to 150 by 2015 and the number of partners notified from 45 in 2011 to 55 by 2015.

Activities

- Continue to require that all testing offer partner services to all newly positive individuals immediately upon diagnosis and attempt to elicit partner information.

- Continue to require that all testing partners report partner information to HAHSTA.
- DIS staff will continue to locate the partners, confidentially advise them of their exposure, and offer immediate on-site HIV testing, and link them to prevention, care and treatment, and support services as necessary.
- Continue to provide training on partner elicitation and encourage provider participation with the Partner Services Toolkit, which offers tips on how to start the dialogue with patients, what information to elicit, what to do with the information, and how to promote disclosure as a means of support.
- Develop and implement a "prevention with positives" initiative for clinicians that will involve the delivery of prevention messages, including partner services, to PLWHA in care and treatment settings**.**
- To compensate for low participation by clients in partner services, DIS staff will continue to cut field records for all lab reports of HIV positive persons and attempt to locate them to offer Partner Services directly.
- HAHSTA will embed or deploy disease intervention specialists to sites with high STD positivity rates according to surveillance data to shorten the time from diagnosis to interview, to increase the number of partners elicited, and minimize the time to examination and treatment of these partners.
- HAHSTA will explore the use of internet dating sites such as Adam4Adam, Grindr, Scruff, Craigslist and Male4Male for partner notification activities

Responsible for Implementation: STD & TB Control Division, Strategic Information Division

M&E Measures

The number of partners elicited from HIV-positive individuals and the number of partners notified among the funded sites will be monitored and evaluated during the program period from 2012 to 2015. All information related to "prevention with positives" initiatives will be monitored and documented in the program period.

Data Sources:

Monthly report data from all funded sites, administrative datasets, and other program document information.

Goal 8: Prevent perinatal transmission of HIV.

Objective: Eliminate mother-to-child transmissions of HIV.

Activities

- Continue to work with the seven hospitals that have Labor and Delivery Suites, the DC Birthing Center and health care providers to encourage both routine HIV screening and screening during pregnancy.
- Continue to provide information on the need to deliver messages regarding routine screening and screening during pregnancy at clinical Grand Rounds at three hospitals

- Continue to distribute HAHSTA's perinatal toolkit for providers and consumers, which includes a booklet for mothers that are newly identified as being HIV positive during their pregnancy.
- Provide technical assistance and education around linkage to HIV care services to labor and delivery suites, birth centers, and healthcare providers.

Responsible for implementation: Prevention and Intervention Services Division, Strategic Information Division

M&E Measures

The number of the mother-to-child transmissions and number of antennal clinic attendees will be monitored among all mothers who are identified as being HIV positive during their pregnancy and attended the targeted medical providers from 2012 to 2015.

Data Sources:

Case report surveillance data, monthly report data from all funded sites, administrative datasets, and other program document information.

Goal 9: Continue and expand Social Marketing campaigns to support prevention initiatives for PLWH and high-risk negatives

Objective 1: By December 2014, expand from 2 to 5 the social marketing campaigns to support prevention initiatives.

Activities

- Expand the reach of the consumer-driven and provider-driven social marketing components of "Ask for the Test" and "We Offer the Test" including integration of other population groups in the campaign.
- Increase the number of DC's social marketing outlets advertising and promoting safe sex through condom use from 20 to 30.
- By December 2013 hold focus groups of PLWH and CBOs to determine targeted marketing strategies, develop, test and launch a social marketing campaign to promote treatment adherence, with materials for PLWH, treatment providers and the general population and provide training or technical assistance to providers on treatment adherence by PLWH.
- By December 31, 2013 hold focus groups with PLWH and clinical providers to determine targeted strategies, develop, test and launch a social marketing campaign promoting prevention in care with materials for care providers and PLWH, and provide training or technical assistance to providers on conducting prevention during care.
- By December 2014, hold focus groups of consumers, PLWH and providers to determine targeted and effective marketing strategies and develop, test and launch a social marketing campaign that addresses stigma around homophobia. HIV testing, disclosure and.

Responsible for Implementation: Capacity Building, Partnerships, and Community Outreach Division, Strategic Information Division

M&E Measures

Were current campaigns expanded and new campaigns launched?

Data Source

All information related to social marketing campaigns to support prevention initiatives will be monitored and documented in the program period.

Goal 10: Establish a Non-Occupational Post Exposure Prophylaxis (NPEP) and Pre-Exposure Prophylaxis (PrEP) policies and protocols for the District of Columbia

Objective: By September 30, 2013 develop NPEP and PrEP policies and protocols for DC.

- In collaboration with the CDC, clinicians, care providers, academic partners and other stakeholders examine and review existing NPEP and PrEP policies and protocols.
- Develop NPEP and PrEP policies and Protocols for DC.

Responsible for implementation: Prevention and Intervention Services Division

M&E Measures

Did HAHSTA develop NPEP and PrEP policies?

Data Source

Completed documents

Goal 11: Engage community stakeholders in HIV prevention planning

Objective 1: By September 30, 2012 and yearly thereafter, the HIV Prevention Planning Group (PPG) will identify and implement strategies to recruit and retain PPG members that represent the diversity of HIV-infected populations, other key stakeholders in HIV prevention and care and related services, and organizations that can best inform and support the development and implementation of a Jurisdictional HIV Prevention Plan.

Activities

- Identify community members, key stakeholders, and other HIV service providers involved in HIV prevention, care, and treatment services to participate in community planning and a comprehensive engagement process.
- Provide orientations and trainings for new and current members on prevention planning and the HIV epidemic in DC on a regular basis.
- Assess planning group membership yearly to ensure appropriate stakeholders and community representatives are included.

Objective 2: By September 30, 2012 HAHSTA and the PPG will develop and implement a collaborative engagement process that results in identifying specific HIV prevention strategies for the highest-risk populations.

Activity

- Implement an engagement process that results in greater access to HIV prevention, care, and treatment services for the most disproportionately affected populations and moves the jurisdiction towards a greater reduction in HIV incidence and HIV-related health disparities.

- Hold engagement meetings with a broad group of stakeholders, including HIV service providers and PPG members, at least twice a year.

Objective 3: By September 30, 2012 and yearly thereafter, HAHSTA and the PPG identify and employ various methods to elicit input on the development (or update) and implementation of the Jurisdictional HIV Prevention Plan from HPG members, other stakeholders, and providers.

Activities

- Inform and monitor the development (or update) and implementation of the Jurisdictional HIV Prevention Plan to ensure that the engagement process supports the Jurisdictional HIV Prevention Plan and to ensure that the plan is progressing towards reducing HIV incidence and HIV-related health disparities in the jurisdiction.
- Provide orientations and trainings for PPG members on the engagement process and the development of the Jurisdictional HIV Prevention Plan.
- **Objective 4:** By November 9, 2012 and yearly thereafter, the PPG will review the Jurisdictional HIV Prevention Plan and Comprehensive Plan and indicate whether they concur that the plan allocates resources to the most affected populations and areas.

Activity

The PPG will review the Jurisdictional and Comprehensive HIV Prevention Plans and submit a letter to the CDC signed by the PPG co-chairs on behalf of the PPG membership. The letter will be one of concurrence, concurrence with reservations, or non-concurrence and should be submitted to the CDC with the Jurisdictional HIV Prevention Plan.

Responsible for Implementation: Capacity Building, Partnerships, and Community Outreach Division, Prevention and Intervention Services Division

M&E Measures

Did the PPG recruit key stakeholders as members, develop and implement a collaborative engagement process, review the Jurisdictional and Comprehensive HIV Prevention Plans and submit a concurrence letter to the CDC?

Data Sources:

PPG meeting minutes, membership analysis, engagement meeting evaluations, reports to thr CDC

Funding Allocations

Activities for HIV+ Individuals	**Resource Allocation $1,050,000 (75% of Part A)**
Prevention with Positives: CTR, prevention interventions, treatment adherence, comprehensive treatment support, engagement in care, retention in care (4 programs)	$750,000
Social Network Screening among Black MSM	$100,000
Condom Distribution to High Risk Negatives	$100,000
Perinatal Transmission	$0

Prevention Planning	$100,000
Activities for High-Risk Negatives	**$350,000 (25% of Part A)**
Prevention interventions, HIV testing and condom distribution for High-risk Negatives (up to 3 programs)	$250,000
PrEP/NPEP	$0
Social Marketing	$100,000
Enhanced Testing (Part B)	**$700,000**
Expanded Testing in Clinical Settings	$700,000