

## District of Columbia

### AIDS Rate per 100,000

128.4\*

### State Funds for HIV Early Intervention Services

STATE EXPENDITURES	
Required Base	SFY 2007 Expenditures Maintenance
\$145,781	\$150,000

  

SAPT EXPENDITURES	
FY 2005 HIV Set-Aside	FY 2008 Planned
\$329,762	\$330,265

### FY 2008 SAPT Reports

Set-aside is used to support the following positions: supervisory AIDS information specialist, HIV public health analyst, and Public Health Analysts for Latinos and seniors. The District integrated infectious disease services addressing HIV, viral hepatitis, and sexually transmitted diseases into "Rapid Detection and Early Intervention Initiative." Through this new effort, the District has increased the availability of rapid HIV testing in substance abuse treatment facilities.

HIV EARLY INTERVENTION SERVICES PROVIDED							
Rapid Testing	Funding Rapid Testing	Regular HIV Testing	Pre-Test and Post-Test Counseling	Referral Services	Risk Assessment	HIV/AIDS Education	Outreach
√		√	√	√		√	√

### State Narrative Summary

A central office planned, coordinated, and monitored HIV early intervention services to ensure that these approaches were integrated with those targeting high-risk individuals and underserved populations. Services included mobile medical outreach/intake, prevention and pre-test education, rapid HIV testing, post-test counseling, and direct linkages to integrated primary medical care approaches. Services focused primarily on counseling treatment services as an entry point into clinical HIV disease management. In Fiscal Year (FY) 2007, a major initiative involved training Addiction Prevention and Recovery Administration staff on the use of

\*The most recent data published prior to October 1, 2007 by the CDC is Table 14, Reported AIDS cases and annual rates (per 100,000 population), by area of residence and age category, cumulative through 2005-United States, HIV/AIDS Surveillance Report 2005 Vol. 17, U.S. Department of Health and Human services, Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of HIV/AIDS, Prevention, Surveillance, and Epidemiology. Single copies of the report are available through the CDC National Prevention Information Network, 1-800-458-5231 or 301-562-1098 or <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2005report/table14.htm>

the rapid test; more than 50 counselors, nurses, managers, and other staff participated. Capacity building was a major element of the implementation of the rapid testing/counseling treatment services. The Administration planned to continue to promote rapid HIV testing and counseling in FY 2008.

## Full State Narrative

### FY 2005 (COMPLIANCE)

---

In FY 2005, HIV early intervention services (EIS) were planned, coordinated and monitored through a central office to ensure competency, strategy and integration of EIS approaches with additional emphasis on high risk populations (i.e. IVDU and Men who Have Sex with Men/MSM) and often underserved special populations such as seniors. The primary EIS services included mobile medical outreach/ intake, client prevention and pre-test education, Oraquick Rapid HIV Testing (and blood-draw confirmatory), post-test counseling and direct linkages to integrated primary medical care approaches. At no cost to the Block Grant (BG), APRA also continued funding targeted programs for lesbian women, gay men, bisexual and transgender (LGBT) persons through the Whitman Walker Clinic and the Lambda Center. These programs have strong EIS services and co-located care.

Counseling Treatment Services (CTS) continued to be a primary focus for EIS as the entry point into clinical HIV disease management. Prevention education and CTS were provided in the Women's Services Center by community-based agencies such as Family and Medical Counseling Services, Inc and at the medical detoxification center by HIV/ AIDS Administration (HAA), the BG funded HIV Public Health Analyst and Project Orion, the APRA mobile medical outreach and intake unit. Direct linkages to primary medical care and case management services were provided through the Phoenix Center located on the grounds of DC General or the First Street Health Center (FSHC).

APRA supports the implementation and coordination of HIV EIS through a combination of funding sources including the Block Grant and in collaboration with the HIV/AIDS Administration (HAA). SAPT/BG HIV Set-Aside funds (\$311,798.59) were used to support the following staff positions: Supervisory AIDS Information Specialist, HIV Public Health Analyst, and Public Health Analysts coordinating services for Latino(a)s and persons over 60 years of age (seniors). Staff provided additional CTS support at the medical detoxification unit and as needed in other APRA treatment sites with the aim of ensuring ready access to CTS for APRA clients. The EIS model implemented by APRA supported low barrier access to CTS at multiple APRA sites, including curbside mobile CTS and basic primary medical care for active IVDUs and other substance abusers; then ready access to HIV case management and primary medical care at the FSHC upon linkage to substance abuse treatment. The FSHC is co-located with the APRA Assessment and Referral Center (ARC), the Model Treatment Program (a methadone treatment center) and within once block of another APRA funded methadone program managed by the United Planning Organization (UPO). In FY 05, APRA infectious disease services addressing HIV, viral hepatitis and sexually transmitted diseases were integrated into an overarching model called the "Rapid Detection and Early Intervention Initiative/RDEII (or "Ready"), which was formally detailed in an interagency MOU executed in FY 06. The RDEII also led to an increased effort to educate clients and staff both within the APRA treatment system and other providers of the need for HIV drug adherence and the concerns associated with viral mutation and drug resistance.

### FY 2007 (PROGRESS)

---

In FY 2007, APRA continued the efforts initiated in the RDEII with increased focus on client access to CTS by using Oraquick Rapid HIV testing. The BG funded HIV Public Health Analyst provided additional OraQuick Rapid CTS at the ARC 2-3 days weekly and the UPO methadone program each Wednesday. A major initiative was began in FY 07 to train APRA direct and contracted program staff on the use of the Rapid Test in which

over 50 counselors, nurses, managers and other staff were trained. This represents the first phase in the broad-scale integration of CTS as the cornerstone of effective EIS in the APRA treatment system. APRA continued the services of Project Orion and the FSHC. EIS Technical assistance (TA) on CTS and other aspects of EIS was provided to APRA staff as needed. This was also provided to other programs servicing substance abusers through a partnership with the HIV/AIDS Administration (HAA) through the Comprehensive AIDS Training Initiative (CATI). APRA maximized implementation of EIS through partnerships with HAA and representation on the Ryan White Planning Council and the CDC Prevention Planning Committee. APRA also implemented programs to address emerging trends that impact substance abusers at risk or living with HIV/AIDS including a viral hepatitis education, screening and vaccination initiative, initially at no cost to SAPT/BG but needed in connection to HIV effort, which was expanded by Twinrix kits provided by CSAT in FY 06; and a crystal methamphetamine social campaign funded by APRA and administered through the LGBT Community Center addressing HIV related risks in the Gay male and Transgender communities.

---

### **FY 2008 (INTENDED USE)**

It is planned in FY 2008 to continue efforts to increase access to HIV testing by using Oraquick Rapid HIV testing (and counseling) in the treatment sites as a component of the RDEII. In FY 07, capacity development was a major component of the implementation of rapid CTS. In FY 08, efforts will be placed on the application of these new skills by program staff. Training will continue to be provided on the use of rapid CTS with other TA as needed to ensure EIS for APRA clients and support this implementation. APRA also plans to increase HIV testing staff at the ARC by one dedicated CTS counselor with continued additional CTS provided by the BG funded HIV Public Health Analyst as needed. APRA intends to provide a specialized training session to treatment providers on EIS, HIV and substance abuse co-management and antiretroviral drug adherence and viral resistance concerns. It is planned to re-compete the Project Orion grant in the Fall of FY 08. The new grant agreement will have an increased focus on remote intake and treatment linkages for active substance abusers (with emphasis on IVDUs) and in addition to the services already provided in the current model. APRA plans to continue its partnership with HAA and Unity Health Care, Inc to provide the First Street Health Center supporting integrated HIV primary medical care located within the APRA system. Expanded focus on the connection between HIV and substance abuse for seniors and the need for CTS will be provided through the Substance Abuse Awareness for Seniors (SAAS) initiative. APRA will also continue to fund the targeted LGBT programs that integrate EIS in programs serving a high census of MSMs and a new grant will be awarded to continue the crystal methamphetamine social campaign addressing HIV related risks in the Gay male and Transgender communities. APRA was recently awarded an Access to Recovery (ATR) grant, and support services addressing crystal methamphetamine is an aspect of the APRA commitment in the funding proposal submitted.

---

### **HIV Early Intervention Services**

In FY 2005, services were enhanced to address viral hepatitis prevention, testing and vaccination since IDUs at risk or living with HIV are also at risk for these infections, which can compromise the effectiveness of HAART if not addressed. Continued focus was also placed on resource leveraging and interagency partnerships to provide a comprehensive EIS system. In keeping with the original spending plan, the following city-wide EIS services were provided by, or coordinated through the Office of Special Population Services (OSPS): 1) HIV counseling and testing services (CTS) located at multiple APRA sites; 2) HIV/ AIDS prevention/early intervention education, prevention case management, and healthcare alliance enrollments at intake, treatment, and detoxification sites; 3) HIV/AIDS education programs and technical assistance activities to direct-service staff; 4) routine HIV/AIDS orientations; 5) case management, primary care, linkages and tracking through the FSHC; 6) case finding, case management, service linkage and tracking, assessment, treatment planning and referral services through a sub-grant funded case manager; 7) agency-wide HIV/AIDS service coordination, staff training, strategic planning and HIV Set-Aside monitoring, reporting activities,

program expansion/ sustainability, interagency collaboration, and representation on the Ryan White Planning Council and CDC Community-Based Planning Committee: 8) continued the BG funded HIV Services Coordinator position providing additional HIV testing services and improved access to and implementation of the HIV rapid testing services with emphasis on implementing the APRA Rapid Detection and Early Intervention Initiative/RDEII; 9) implemented HIV EIS education targeted to substance abusers over 60 years of age; 10) implemented scheduled satellite HIV testing services at the APRA medical detoxification center through the Project Orion and the FSHC; 11) mobile medical outreach providing HIV testing, counseling and direct linkages to the FSHC to support integrated co-management of HIV and substance use disorders.

### HIV Early Intervention Programs Receiving Funds

HIV EARLY INTERVENTION FUNDS REPORTED BY STATE PROVIDER				
Program	Status	Address	Phone	Funds
SPECIAL POPULATIONS	n/a	13 First Street, NE, 2 <sup>nd</sup> Floor Washington, DC 20002	n/a	\$330,265

**Status Key:** [A] Active, [I] Inactive, [n/a] Not available, [P] Facility physically closed, [S] No substance abuse services provided, [U] Closed as duplicate of another facility.