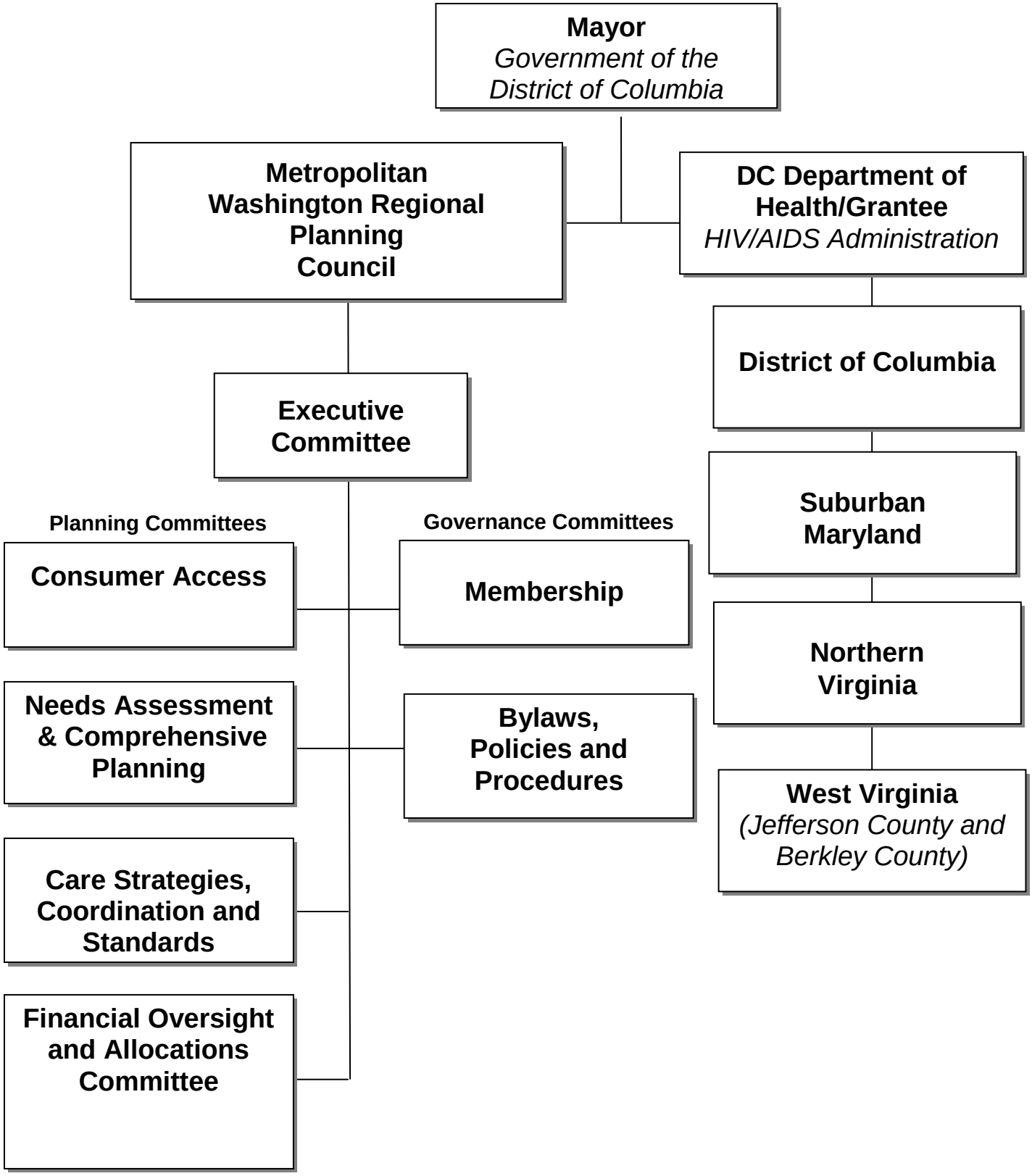
Attachment 1: Organizational Chart



Attachment 3 HIV/AIDS Epidemiology by Demographic Group and Exposure Category

	AIDS Incidence: *		AIDS Incidence: *		AIDS Prevalence**		HIV (not AIDS)		HIV/AIDS	
	01/01/09 to 12/31/09		01/01/10 to		as of 12/31/10		as of 12/31/10		as of 12/31/10	
	No.	%	No.	%	No.	%	No.	%	No.	%
Race/Ethnicity										
White, not Hispanic	111	12.1%	89	10.2%	3,417	18.4%	5,999	20.9%	9,469	20.0%
Black, not Hispanic	684	74.8%	667	76.5%	13,219	71.3%	19,863	69.3%	33,083	70.0%
Hispanic	83	9.1%	84	9.6%	1,473	7.9%	1,935	6.8%	3,414	7.2%
Asian/Pacific Islander	14	1.5%	6	0.7%	188	1.0%	330	1.2%	517	1.1%
American Indian/Alaska Native	0	0.0%	3	0.3%	14	0.1%	12	0.0%	25	0.1%
Other/Unknown	22	2.4%	23	2.6%	237	1.3%	525	1.8%	763	1.6%
Total	**914**	**100.0%**	**872**	**100.0%**	**18,548**	**100.0%**	**28,664**	**100.0%**	**47,271**	**100.0%**
Gender										
Male	621	67.9%	567	65.0%	13,142	70.9%	19,954	69.6%	33,152	70.1%
Female	290	31.7%	300	34.4%	5,406	29.1%	8,709	30.4%	14,118	29.9%
Unknown	3	0.3%	5	0.6%	0	0.0%	1	0.0%	1	0.0%
Total	**914**	**100.0%**	**872**	**100.0%**	**18,548**	**100.0%**	**28,664**	**100.0%**	**47,271**	**100.0%**
Age at Diagnosis (Years)										
<13 years	2	0.2%	2	0.2%	170	0.9%	557	1.9%	726	1.5%
13 - 19 years	28	3.1%	28	3.2%	403	2.2%	928	3.2%	1,333	2.8%
20-29 years	182	19.9%	199	22.8%	4,090	22.1%	7,318	25.5%	11,423	24.2%
30-39 years	252	27.6%	235	26.9%	7,051	38.0%	9,076	31.7%	16,130	34.1%
40-49 years	259	28.3%	239	27.4%	4,799	25.9%	7,069	24.7%	11,886	25.1%
50+ years	190	20.8%	146	16.7%	2,034	11.0%	3,710	12.9%	5,768	12.2%
Unknown	1	0.1%	23	2.6%	1	0.0%	6	0.0%	5	0.0%
Total	**914**	**100.0%**	**872**	**100.0%**	**18,548**	**100.0%**	**28,664**	**100.0%**	**47,271**	**100.0%**
Current Age(Years)										
0	0	0.0%	0	0.0%	22	0.1%	271	0.9%	293	0.6%
13 - 19 years	6	0.7%	12	1.4%	103	0.6%	304	1.1%	404	0.9%
20-29 years	131	14.3%	154	17.7%	848	4.6%	3,759	13.1%	4,608	9.7%
30-39 years	217	23.7%	208	23.9%	2,929	15.8%	6,611	23.1%	9,538	20.2%
40-49 years	295	32.3%	260	29.8%	6,821	36.8%	9,416	32.8%	16,240	34.4%
50-59 years	186	20.4%	182	20.9%	5,581	30.1%	5,978	20.9%	11,577	24.5%
60+ years	78	8.5%	56	6.4%	2,243	12.1%	2,325	8.1%	4,610	9.8%
Unknown	1	0.1%	0	0.0%	1	0.0%	0	0.0%	1	0.0%
Total	**914**	**100.0%**	**872**	**100.0%**	**18,548**	**100.0%**	**28,664**	**100.0%**	**47,271**	**100.0%**

Attachment 3 HIV/AIDS Epidemiology by Demographic Group and Exposure Category

	AIDS Incidence: *		AIDS Incidence: *		AIDS Prevalence**		HIV (not AIDS)		HIV/AIDS	
	01/01/09 to 12/31/09		01/01/10 to		as of 12/31/10		as of 12/31/10		as of 12/31/10	
	No.	%	No.	%	No.	%	No.	%	No.	%
Adult/Adolescent AIDS										
Exposure Category										
Men who have sex with men	281	30.9%	252	29.0%	6,838	37.2%	10,796	37.8%	17,673	37.6%
Injection drug users	65	7.2%	62	7.1%	2,776	15.1%	2,549	8.9%	5,336	11.3%
Men who have sex with men and inject drugs	14	1.5%	17	2.0%	668	3.6%	542	1.9%	1,216	2.6%
Heterosexual	256	28.2%	249	28.6%	5,074	27.6%	7,707	27.0%	12,774	27.1%
Other/Hemophilia/blood transfusion	0	0.0%	0	0.0%	84	0.5%	22	0.1%	114	0.2%
Risk not reported or identified	293	32.2%	290	33.3%	2,926	15.9%	6,917	24.2%	9,942	21.1%
Total	**909**	**100.0%**	**870**	**100.0%**	**18,366**	**100.0%**	**28,533**	**100.0%**	**47,055**	**100.0%**
Pediatric AIDS Exposure Categories										
Mother with/at risk for HIV infection	5	100.0%	1	50.0%	163	89.6%	137	52.7%	300	67.9%
Other/Hemophilia/blood transfusion	0	0.0%	0	0.0%	5	2.7%	0	0.0%	5	1.1%
Risk not reported or identified	0	0.0%	1	50.0%	14	7.7%	123	47.3%	137	31.0%
Total	**5**	**100.0%**	**2**	**100.0%**	**182**	**100.0%**	**260**	**100.0%**	**442**	**100.0%**

AIDS incidence is defined as the number of <u>new</u> AIDS cases diagnosed during the period specified.

****AIDS Prevalence is defined as the number of people living with AIDS as of the date specified.***

*****HIV Prevalence is defined as the estimated number of diagnosed people living with HIV (not AIDS) as of the date specified.***

Co-morbidities in Washington DC Eligible Metropolitan Areas

Co-morbidities	General Population		HIV/AIDS cases*	
	N	%	N	%
Chlamydia	45,874	0.81	131	0.35
Gonorrhea	12,211	0.22	123	0.33
Syphilis	564	0.01	87	0.24
Tuberculosis	337	0.006	11	0.03
Hepatitis B	1138	0.02	96	0.26
Hepatitis C	5,495	0.10	296	0.80

* HIV/AIDS cases: People living with HIV/AIDS as of the end of 2009. Data sources: HIV/AIDS, STD, TB, and Hepatitis Surveillance Programs of Departments of Health in Washington DC, Maryland, Virginia, and West Virginia.

Co-morbidities in Washington DC

Co-morbidities	General Population		HIV/AIDS cases*	
	N	%	N	%
Chlamydia	5,950	0.99	113	0.66
Gonorrhea	2,387	0.40	112	0.65
Syphilis	162	0.03	69	0.40
Tuberculosis	34	0.006	3	0.18
Hepatitis B	547	0.09	81	2.05
Hepatitis C	2,335	0.39	225	6.00

* HIV/AIDS cases: People living with HIV/AIDS as of the end of 2009; data sources: Washington DC Department of Health HIV/AIDS, STD, TB, and Hepatitis Surveillance Programs.

Co-morbidities in Maryland

Co-morbidities	General Population		HIV/AIDS cases*	
	N	%	N	%
Chlamydia	8,323	0.37	N/A	
Gonorrhea	1,954	0.86	N/A	
Syphilis	102	0.01	N/A	
Tuberculosis	138	0.01	0	0
Hepatitis B	13	0.001	N/A	
Hepatitis C	3	0.0001	N/A	

HIV/AIDS cases: People living with HIV/AIDS as of the end of 2009; data sources: HIV/AIDS, STD, TB, and Hepatitis Surveillance Programs of Departments of Health in Maryland; N/A: Not available.

Co-morbidities in Virginia

Co-morbidities	General Population		HIV/AIDS cases*	
	N	%	N	%
Chlamydia	31,219	1.19	18	0.26
Gonorrhea	7,809	0.30	11	0.16

Syphilis	298	0.01	18	0.26
Tuberculosis	165	0.01	8	0.11
Hepatitis B	572	0.02	15	0.21
Hepatitis C	2,986	0.11	71	1.01

HIV/AIDS cases: People living with HIV/AIDS as of the end of 2009; data sources: HIV/AIDS, STD, TB, and Hepatitis Surveillance Programs of Departments of Health in Virginia.

Co-morbidities in West Virginia

Co-morbidities	General Population		HIV/AIDS cases*	
	N	%	N	%
Chlamydia	382	0.25	N/A	
Gonorrhea	61	0.04	N/A	
Syphilis	2	0.001	N/A	
Tuberculosis	0	0	N/A	
Hepatitis B	6	0.004	N/A	
Hepatitis C	171	0.11	N/A	

HIV/AIDS cases: People living with HIV/AIDS as of the end of 2009; data sources: HIV/AIDS, STD, TB, and Hepatitis Surveillance Programs of Departments of Health in West Virginia; N/A: Not available.

Attachment 5: Report on the Availability of Other Public Funding

Services	Federal		State		Local		Other		TOTAL	
	Funds	%	Funds	%	Funds	%	Funds	%	Funds	%
Ambulatory Outpatient Medical Care	$10,670,548	14%	$2,232,495	56%	$182,603	98%	$4,950	4%	**13,090,596**	**16.3%**
State AIDS Drug Assistance Program (ADAP)	$36,617,106	47%	$282,330	7%			$0		**36,899,436**	**45.2%**
Home and Community Based Support Services	$13,284,579	18%	$800,480	20%		0%		0%	**14,085,059**	**17.6%**
Other Outpatient and Community Based Primary Med Care Services	$6,723,403	9%	$222,664			0%	$0		**6,946,067**	**8.7%**
Oral Health- Care	$2,315,046	3%	$5,000	%	$3,900	2%	$59,904	50%	**2,383,850**	**3.0%**
Substance Abuse/Mental Health	$4,518,214	6%	$452,842	%	$0		$55,000	46%	**5,026,056**	**6.3%**
Minority AIDS Initiative	$2,438,425	3%	$0			0%	$0		**2,438,425**	**3.0%**
Other (specify)		0%				0%		0%		
TOTAL FUNDS	**$76,567,321**	**100%**	**$3,995,811**	**100%**	**$186,503**	**100%**	**$119,854**	**100%**	**80,869,489**	**100.0%**

Using population and care pattern data to calculate unmet need
for HIV primary medical care
Washington, DC EMA CY 2009

Input	Value	Data Source
Population Sizes		
A. Number of persons living with AIDS (PLWA), recent time period	**18,445**	eHARS data through 12/31/2009, DCDOH/HAHSTA; VDH; MD DHMH; WVDHHS
B. Number of persons living with HIV (PLWH non-AIDS/aware), recent time period	**22,424**	eHARS data through 12/31/2009, DCDOH/HAHSTA; VDH; MD DHMH; WVDHHS
Care Patterns		
C. Number of PLWA who received the specified HIV primary medical care services in 12-month period	**9,910**	Unduplicated service provider databases; Medicaid extracts; DC Hospital Discharge Data; ADAP programs; supplemental chart review; I&R; eHARS; IMS Health LRx Database
D. Number of PLWH (aware, non-AIDS) who received the specified HIV primary medical care services in 12-month period	**12,040**	Unduplicated service provider databases; Medicaid extracts; DC Hospital Discharge Data; ADAP programs; supplemental chart review; I&R; eHARS; IMS Health LRx Database
Calculated Results		
E. Number of PLWA who did not receive primary medical services	**8,535**	**18,445 – 9,910**
F. Number of PLWH (non-AIDS, aware) who did not receive primary medical services	**10,384**	**22,424 – 12,040**
G. Total HIV+/aware not receiving specified primary medical care services (quantified estimate of unmet need)	**18,919**	**18,919 out of 40,869 (or 46% with unmet need)**
Of the 40,869 people estimated to be living with HIV/AIDS in the EMA, estimates show that 21,950 (or 54%) received HIV primary medical care during the specified time period, while 18,919 (or 46%) demonstrated unmet need for HIV primary medical care.		

Ryan White Part A Implementation Plan

Grantee: District of Columbia Dept of Health Grant Year 2012 | Total Service Budget Proposed: 33,011,556

Core Medical Services

Service Priority Name: Ambulatory Outpatient Medical Care

Service Priority Number: 1

Service Goal: Prevent disease progression, and reduce incidence of related illness and mortality.

Reference Current Comprehensive Plan: *Ensure improved health outcomes through access to comprehensive, high quality, culturally competent*

1. Objectives: At the end of FY 2012, the Washington, DC EMA will:	2. Service Unit Definition:	3. Quantity		4. Time Frame	5. Budget
		3a) Number of people to be served	3c) Service units to be provided.	Inclusive dates of service delivery	Includes Regional, EMA-Wide and MAI Allocations
a. Increase by 10% the number of clients with 2 or more medical visits during the reporting period.	Minimum of 2 medical visits per year	10,521	21,043	March 1, 2012 - Feb 28 2013	$12,349,009 (37.4% of total service budget)
b. Maintain levels of CD4 (>200) and viral load (50,000 copies or below) among PLWHA who access medical care in funded sites.	Minimum of 2 CD4 and 2 viral load per year		42,084	March 1, 2012 - Feb 28 2013	
c. Increase by 10% the number of new & continuing primary medical clients who use HAART.	Number of new ART prescriptions		Track	March 1, 2012 - Feb 28 2013	
d: Increase by 7% the number of women with HIV who access care during the reporting period.	New enrollments		521	March 1, 2012 - Feb 28 2013	

Service Priority Name: Medical Case Management, including Treatment Adherence

Service Priority Number: 3

Service Goal: Coordinate and facilitate access to HIV care services.

Reference Current Comprehensive Plan: *Ensure improved health outcomes through access to comprehensive, high quality, culturally competent*

1. Objectives: At the end of FY 2012, the Washington, DC EMA will:	2. Service Unit Definition:	3. Quantity		4. Time Frame	5. Budget
		3a) Number of people to be served	3c) Service units to be provided.	Inclusive dates of service delivery	Includes Regional, EMA-Wide and MAI Allocations
a: Assess bio-psychosocial needs of all new clients within 30 days if intake/screening.	Intake and comprehensive assessments	10,608	964	March 1, 2012 - Feb 28 2013	$5,951,854 (18.0% of total service budget)
b. Develop or update all service plans for new and continuing client every 180 days.	Case management plans/updates		10,608	March 1, 2012 - Feb 28 2013	
c: Provide case management interventions to all clients using acuity scale to determine need and level of interventions	Face to face contacts (maybe of high intensity, support, or intermediate).		57,864	March 1, 2012 - Feb 28 2013	
d: Refer clients to essential support services that will ensure continuity of primary care and improve quality of life.	Referrals		Track	March 1, 2012 - Feb 28 2013	
e: Link clients to services and other entitlements as needed.	Entitlement counseling		Track	March 1, 2012 - Feb 28 2013	

Service Priority Name: Oral Health Care

Service Priority Number: 4

Reference Current Comprehensive Plan: *Ensure improved health*

Ryan White Part A Implementation Plan

Grantee: District of Columbia Dept of Health Grant Year 2012				Total Service Budget Proposed: 33,011,556
Service Goal: Increase availability and quality of dental services in the EMA.				*outcomes through access to comprehensive, high quality, culturally competent*
1. Objectives: At the end of FY 2012, the Washington, DC EMA will:	2. Service Unit Definition:	3. Quantity 3a) Number of people to be served	3c) Service units to be provided.	4. Time Frame Inclusive dates of service delivery	5. Budget Includes Regional, EMA-Wide and MAI Allocations
a: Increase the number of new and continuing clients who receive dental care screening during the reporting period.	Treatment visits (including specialty dental visits)	2,995	5,990	March 1, 2012 - Feb 28 2013	$2,445,365 (7.4% of total service budget)
b. Increase the number of clients who adhere to the EMA protocol of 2 dental screening visits per year.	2 visits per client per year		Track	March 1, 2012 - Feb 28 2013	
Service Priority Name: Mental Health Services					
Service Priority Number: 5			Reference Current Comprehensive Plan: *Ensure improved health*		
Service Goal: Promote or improve mental health so that participation in care and activities of daily are optimized.			*outcomes through access to comprehensive, high quality, culturally competent*		
1. Objectives: At the end of FY 2012, the Washington, DC EMA will:	2. Service Unit Definition:	3. Quantity 3a) Number of people to be served	3c) Service units to be provided.	4. Time Frame Inclusive dates of service delivery	5. Budget Includes Regional, EMA-Wide and MAI Allocations
a: Provide a comprehensive assessment to all new and continuing clients who access mental health services during the grant period.	Psychosocial assessments	3,102	3,102	March 1, 2012 - Feb 28 2013	$2,222,482 (6.7% of total service budget)
b: Increase the number of clients who are out of care (6 months or more of no mental health visits) to re-engage back to care.	Follow-up and tracking		Track	March 1, 2012 - Feb 28 2013	
c: Provide individual or group mental health treatment and interventions to PLWHA during the grant period.	Counseling visits		18,162	March 1, 2012 - Feb 28 2013	
Support Services					
Service Priority Name: Food Bank / Home Delivered Meals					
Service Priority Number: 11			Reference Current Comprehensive Plan: *Ensure improved health*		
Service Goal: Imrpove health and quality of life of PLWHA.			*outcomes through access to comprehensive, high quality, culturally competent*		
1. Objectives: At the end of FY 2012, the Washington, DC EMA will:	2. Service Unit Definition:	3. Quantity 3a) Number of people to be served	3c) Service units to be provided.	4. Time Frame Inclusive dates of service delivery	5. Budget Includes Regional, EMA-Wide and MAI Allocations
a: Provide regular supply of food to PLWHA who are homebound.	Meals and grocery bags	2,281	586,000	March 1, 2012 - Feb 28 2013	$1,636,949 (5.0% of total service budget)
b: Provide food and other supplies in food bank sites to PLWHA as needed.	Grocery bags	1,257	15,804	March 1, 2012 - Feb 28 2013	

Ryan White Part A Implementation Plan					
Grantee: District of Columbia Dept of Health Grant Year 2012				Total Service Budget Proposed: 33,011,556	
Service Priority Name: Emergency Financial Assistance					
Service Priority Number: 9				Reference Current Comprehensive Plan: *Ensure improved health outcomes through access to comprehensive, high quality, culturally competent*	
Service Goal: Improve quality of life of PLWHA.					
1. Objectives: At the end of FY 2012, the Washington, DC EMA will:	2. Service Unit Definition:	3. Quantity		4. Time Frame	5. Budget
		3a) Number of people to be served	3c) Service units to be provided.	Inclusive dates of service delivery	Includes Regional, EMA-Wide and MAI Allocations
a: Provide emergency financial assistance for utility payments	Utility assistance vouchers capped at $500 for utilities and $150 for telephone per client per year.	2,909	325	March 1, 2012 - Feb 28 2013	$1203,023 (3.6% of total service budget)
b: Provide short-term or one-time housing asssistance to PLWHA	Vouchers for rental assistance, moving expense, or security deposits capped at $1,300 per client per year.		1,187	March 1, 2012 - Feb 28 2013	
c: Provide emergency assistance for food and other nutritional items for PLWHA.	Food vouchers capped at $300 per client or $700 per family per year.		6,489	March 1, 2012 - Feb 28 2013	

Attachment 8 Planned Services Table

Service Category	CARE Act Part A		CARE Act Part A MAI		CARE Act Grant Year 22	
Outpatient/Ambulatory Medical Care	11,402,319	38.0%	946,691	31.8%	**12,349,009**	**37.4%**
AIDS Drug Assistance Program	-		-		**-**	
AIDS Pharmaceutical Asst (local)	982,239	3.3%	4,083	0.1%	**986,323**	**3.0%**
Oral Health Care	2,350,192	7.8%	95,173	3.2%	**2,445,365**	**7.4%**
Early Intervention Services	1,370,347	4.6%	-		**1,370,347**	**4.2%**
Health Insurance Premium and Cost Sharing	243,853	0.8%	-		**243,853**	**0.7%**
Home Health Care	-		-		**-**	
Home and Community Based Care	319,149	1.1%	-		**319,149**	**1.0%**
Hospice Services	-		-		**-**	
Mental Health Services	1,854,027	6.2%	368,455	12.4%	**2,222,482**	**6.7%**
Medical Nutrition Therapy	692,713	2.3%	1,362	0.0%	**694,075**	**2.1%**
Medical Case Management	4,895,299	16.3%	1,056,556	35.5%	**5,951,854**	**18.0%**
Substance Abuse Services - Outpat	1,226,544	4.1%	133,813	4.5%	**1,360,356**	**4.1%**
Core Medical Services Subtotal	**25,336,681**	**84.4%**	**2,606,132**	**87.6%**	**27,942,813**	**84.6%**
Case Management - Non-Medical	317,061	1.1%	-		**317,061**	**1.0%**
Child Care Services	36,890	0.1%	-		**36,890**	**0.1%**
Emergency Financial Assistance - Food Vouchers	411,607	1.4%	11,569	0.4%	**423,175**	**1.3%**
Emergency Financial Assistance - Housing	643,595	2.1%	1,361	0.0%	**644,955**	**2.0%**
Emergency Financial Assistance - Utilities	134,211	0.4%	681	0.0%	**134,892**	**0.4%**
Food Bank/Home Delivered Meals	1,636,949	5.4%	-		**1,636,949**	**5.0%**
Legal Services	146,727	0.5%	-		**146,727**	**0.4%**
Linguistic Services	339,950	1.1%	119,453	4.0%	**459,404**	**1.4%**
Medical Transportation Services	263,494	0.9%	10,267	0.3%	**273,761**	**0.8%**
Outreach Services	84,211	0.3%	84,211	2.8%	**168,421**	**0.5%**
Psychosocial Support Services	337,978	1.1%	120,475	4.0%	**458,453**	**1.4%**
Referral for Health Care and Support Services	-		-		**-**	
Respite Care	-		-		**-**	
Treatment Adherence Counseling	347,072	1.2%	20,984	0.7%	**368,056**	**1.1%**
Support Services Subtotal	**4,699,743**	**15.6%**	**369,001**	**12.4%**	**5,068,743**	**15.4%**
TOTAL	**30,036,423**	**100.0%**	**2,975,133**	**100.0%**	**33,011,556**	**100.0%**

Note: No waiver of the Core Medical Services Requirement is Requested.

Early Identification of Individuals with HIV/AIDS

1A. All Individuals Unaware of their HIV Status (HIV positive & HIV negative)									
2A. Tested			2B. Untested						
3A. Individuals Not Post-Test Counseled (HIV positive & HIV negative)		3B Received Preliminary HIV Positive Result Only – No Confirmatory Test	3C High Risk Individuals				3. Moderate Low Risk Individuals		
4A. Tested Confidentially	4B Tested Anonymously		4C. IVDU	4D MSM	4E Infants of Infected Mother	4F Partners of HIV-positive Individuals	4G Not Tested in Past 24 Month	4H Not Tested in Past 48 Month	

In this EMA, HIV is by all measures a generalized epidemic, reaching every individuals in every socioeconomic strata, every gender, every age group and every risk profile. As such, the overall strategy is to ensure broad public awareness of HIV risk and transmission, to incorporate HIV screening and testing as part of every contact with the health care system, and to invest additional efforts in particular high-need, high-impact populations.

Subgroup 3A (Tested, Not Post-Test Counseled) Reliance on the HIV rapid test has increased substantially, and in some parts of the EMA approaches universal use. The impact of this is that disclosure and accompanying post-test counseling has increased commensurately.

Subgroup 3B (Tested, No Confirmatory Test) The HIV rapid test has an extremely low rate of "false positive" results. In the District of Columbia and in Maryland, a positive result from any rapid test results in a linkage of the client to primary care. The first visit includes a confirmatory test, CD4 count and viral load test and initiates a thorough psychosocial assessment for ongoing services.

Subgroup 4C (IVDU). Recent changes in federal oversight rules permit the implementation of needle exchange programs in the District of Columbia. HIV testing, counseling and referrals are routinely incorporated into needle exchange programs, as well as the health and wellness services with which IVDU are linked.

Subgroup 4D (MSM). Recent behavioral studies suggest an extremely high rate of infection and inconsistent use of condoms. In addition to targeted, intensive HIV testing interventions, the current Request for Applications for CARE Act Part A services encourages applicants for Psychosocial Support Services to target services to gay and bisexual men with HIV who need support to minimize the likelihood of HIV transmission

Subgroup 4E (Infants of Infected Mothers).

The goal of HAHSTA Perinatal HIV Transmission program is to eliminate mother-to-child transmission of HIV. DC HIV case surveillance data from 2001-2006 reflect a high rate of perinatal HIV infection, with the number of new cases for 2005 alone comprising 9% of all cases in the nation for the year. This rate of perinatal infection is consistent with the increasing epidemic among reproductive-aged women, and is likely associated with the emergence of a generalized epidemic, in which many HIV-infected persons due not reflect traditional 'high risk' factors, are unaware of their risk and may fail to seek HIV testing.

Elimination of perinatal HIV transmission is a Mayor's goal for DC and it will involved a heightened response from all medical providers and other professionals serving women of childbearing age or pregnant. HAHSTA's expectation is that the enhanced efforts to develop capacity for medical providers, a research based social marketing campaign and structural changes to the vital records system of birth records will allow HAHSTA to continue to lower this rate to zero.

In 2007, the EMA pioneered a program to ensure rapid entry into HIV care – including prenatal care – for any pregnant woman with HIV. Six of the District labor and delivery suites offer rapid HIV testing. These programs are in varying stages of implementation, with some continuing the practice of requiring separate written informed. The goal is to have all seven labor and delivery suites L&D suites offering rapid testing, and with a policy of testing all women for whom no third trimester result is available.

For calendar 2009, for the first time, no new infections were reported among infants in the District of Columbia.

Subgroup 4E (Partners). Intensive interventions are deployed in every part of the EMA to encourage the sexual and needle-sharing partners of individuals with HIV to seek HIV testing. Interventions include standard practices of disease investigation, confidential contact and peer-to-peer services.

For the past two years, HIV testing through partner services activities has achieved the highest positivity rate. This public health intervention will scale up dramatically in the next few years in order to maximize impact on the expanding the reach of Partner Services through increased number of field investigators following up on new cases, a systematic process for de-duplication of records and most importantly, through a comprehensive training plan that will provide clarity to providers as to the important role they play in effectively eliciting partners of new HIV positive individuals.

HAHSTA will continue to expand awareness of and participation in Partner Services through a capacity building initiative that provides toolkits, training and support to CTR programs on eliciting and reporting identifying information on the sex and needle-sharing partners of clients who test HIV-positive. Written guidelines and forms have been developed for providers to submit information to HAHSTA.T he toolkit includes a handbook with step-by-step scripts on soliciting partner information; provider reference cards; CD-ROM with forms, electronic

versions of materials and literature reviews; e-cards to be hosted on the HAHSTA web site for individuals to notify partners; consumer brochure; and posters.

The overall goal is to expand awareness of and participation in Partner Services beyond just HAHSTA-supported testing providers, to reach all newly diagnosed persons in the District over time, and HAHSTA will work closely with all CTR providers to help them develop strategies for integrating partner services into their routine services.

HAHSTA encourages each funded CTR provider to designate a Partner Services Coordinator who will work with HIV-infected clients to identify sex and needle partners and complete the appropriate forms for reporting to HAHSTA. HAHSTA will assist non-funded providers with identifying staff within their organizations for conducting partner elicitation and completing the partner notification forms.

The Partner Services Coordinators will ensure that:

- Newly diagnosed clients are offered partner services during the initial counseling session.
- All counselors complete the appropriate partner notification forms that document the names, addresses and telephone numbers of the sex or needle-sharing partner/s of clients that test HIV-positive.
- All counselors report this information to HAHSTA.

HAHSTA has a partner services technical advisor who will ensure that all organizations providing CTR receive ongoing training in partner services methods and provide close supervision and conduct performance evaluations of CTR counselors to provide these services.

Subgroup 4F (Not Tested in 24 Months) and Subgroup 4G (Not Tested in 48 Months). Emphasis on HIV screening and testing as a part of routine medical care has made significant progress in reducing this cohort. A persistent challenge is to provide HIV screening and testing to individuals who do not regularly seek medical care, especially young men of color. For this population, strategies include HIV testing at innovative venues, such as the Department of Motor Vehicles.

	Total	
Total number of HIV tests conducted.	146,591	0%
Total number informed of their HIV status (HIV positive and HIV negative).	134,323	92%
Total number NOT informed of their HIV status (HIV positive and HIV negative).	12,262	8%
Total number of HIV positive tests.	1,130	1%
Total number of HIV positive informed of their HIV status.	1,102	1%
Total number of HIV positive referred to medical care.	666	59%
Total number of HIV positive linked to medical care.	448	40%
Total number of HIV positive NOT informed of their HIV status.	28	0%
Total number of negative tests.	145,447	99%
Total number of HIV negative informed of their HIV status.	133,213	92%
Total number of HIV negative referred to services.*	-	0%
Total number of HIV negative NOT informed of their HIV status.	12,234	8%