

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE INSPECTOR GENERAL**

**DEPARTMENT OF HEALTH
2007-2010 YOUTH AND HIV/AIDS PREVENTION
INITIATIVE PLAN**

REPORT OF SPECIAL EVALUATION

October 2012



**CHARLES J. WILLOUGHBY
INSPECTOR GENERAL**

OIG No. 13-I-0051HC

OCTOBER 2012

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Inspector General

Inspector General



October 23, 2012

Via Hand Delivery

Saul M. Levin, M.D., M.P.A.
Interim Director
D.C. Department of Health
899 North Capitol Street N.E.
Washington, D.C. 20002

Dear Dr. Levin:

Enclosed is our final *2007-2010 Youth and HIV/AIDS Prevention Initiative Plan Special Evaluation*. (OIG No. 13-I-0051HC). Written comments from your agency on the special evaluation team's three findings and seven recommendations are included verbatim in the report. This report will be available publicly at <http://oig.dc.gov>; I encourage you to share it with your employees.

We reviewed your responses to our draft report and noted in this final report that we consider five of our recommendations to be "closed" based on the actions you reported. For the two recommendations that remain, we have enclosed *Compliance Forms* on which your staff should record and report to this Office the actions taken on each recommendation. These forms will assist both you and the OIG in tracking compliance with recommendations in the report. Where the form asks for "Agency Action Taken," please report actual completion, in whole or in part, of a recommendation rather than "planned" action. Please ensure that the *Compliance Forms* are returned to the OIG by the response dates noted on the forms.

We appreciate the cooperation shown by you and your employees during the special evaluation and look forward to your continued cooperation during the upcoming follow-up period. If you have questions or comments concerning this report or other matters related to the special evaluation, please contact me or Alvin Wright Jr., Assistant Inspector General for Inspections and Evaluations, at (202) 727-2540.

Sincerely,

A handwritten signature in black ink that reads "Charles J. Willoughby". The signature is written in a cursive, flowing style.

Charles J. Willoughby
Inspector General

CJW/ldm

Enclosure

cc: **See Distribution List**

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The Inspections and Evaluations (I&E) Division of the Office of the Inspector General is dedicated to providing District of Columbia (D.C.) government decision makers with objective, thorough, and timely evaluations and recommendations that will assist them in achieving efficiency, effectiveness and economy in operations and programs. I&E's goals are to help ensure compliance with applicable laws, regulations, and policies, identify accountability, recognize excellence, and promote continuous improvement in the delivery of services to D.C. residents and others who have a vested interest in the success of the city.

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ACRONYMS AND ABBREVIATIONS

ACRONYMS AND ABBREVIATIONS

ACAM	Agency Capacity Assessment and Monitoring
AIDS	Acquired Immune Deficiency Syndrome
APRA	Addiction Prevention and Recovery Administration
ASTEP	Adolescent Substance Abuse Treatment Expansion Program
CBO	Community-Based Organization
CCW	Consortium for Child Welfare
CDC	Centers for Disease Control and Prevention
CFSA	Child and Family Services Agency
CHA	Community Health Administration
CSV	Comprehensive Site Visit
DCPS	District of Columbia Public Schools
DHS	Department of Human Services
DMH	Department of Mental Health
DOES	Department of Employment Services
DOH	Department of Health
DPR	Department of Parks and Recreation
EBI	Evidence-based Intervention
FTE	Full-time Equivalent
FY	Fiscal Year
GMS	Grants Management Specialist
HAA	HIV/AIDS Administration
HAHSTA	HIV/AIDS, Hepatitis, Sexually Transmitted Disease, and Tuberculosis Administration
HIV	Human Immunodeficiency Virus
KABB	Knowledge, Attitudes, Beliefs, and Behaviors
M.C.	Master of Condoms
OSSE	Office of the State Superintendent of Education
PAHC	Pediatric AIDS/HIV Care, Inc.
PE	Physical Education
RFA	Request for Applications
STD	Sexually Transmitted Disease

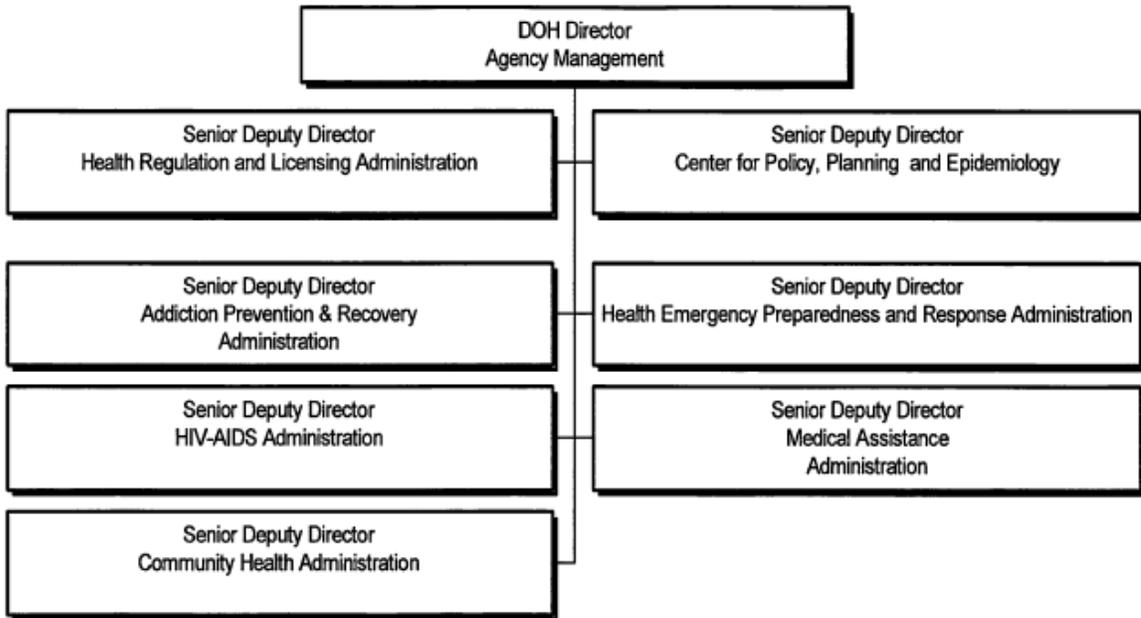
ACRONYMS AND ABBREVIATIONS

STI	Sexually Transmitted Infection
SY	School Year
SYEP	Summer Youth Employment Program
TB	Tuberculosis
WMATA	Washington Metropolitan Area Transit Authority
YHPIP	Youth and HIV Prevention Initiative Plan
YMSM	Young Men Who Have Sex With Men
YRBS	Youth Risk Behavior Study

ORGANIZATION CHARTS

ORGANIZATION CHARTS

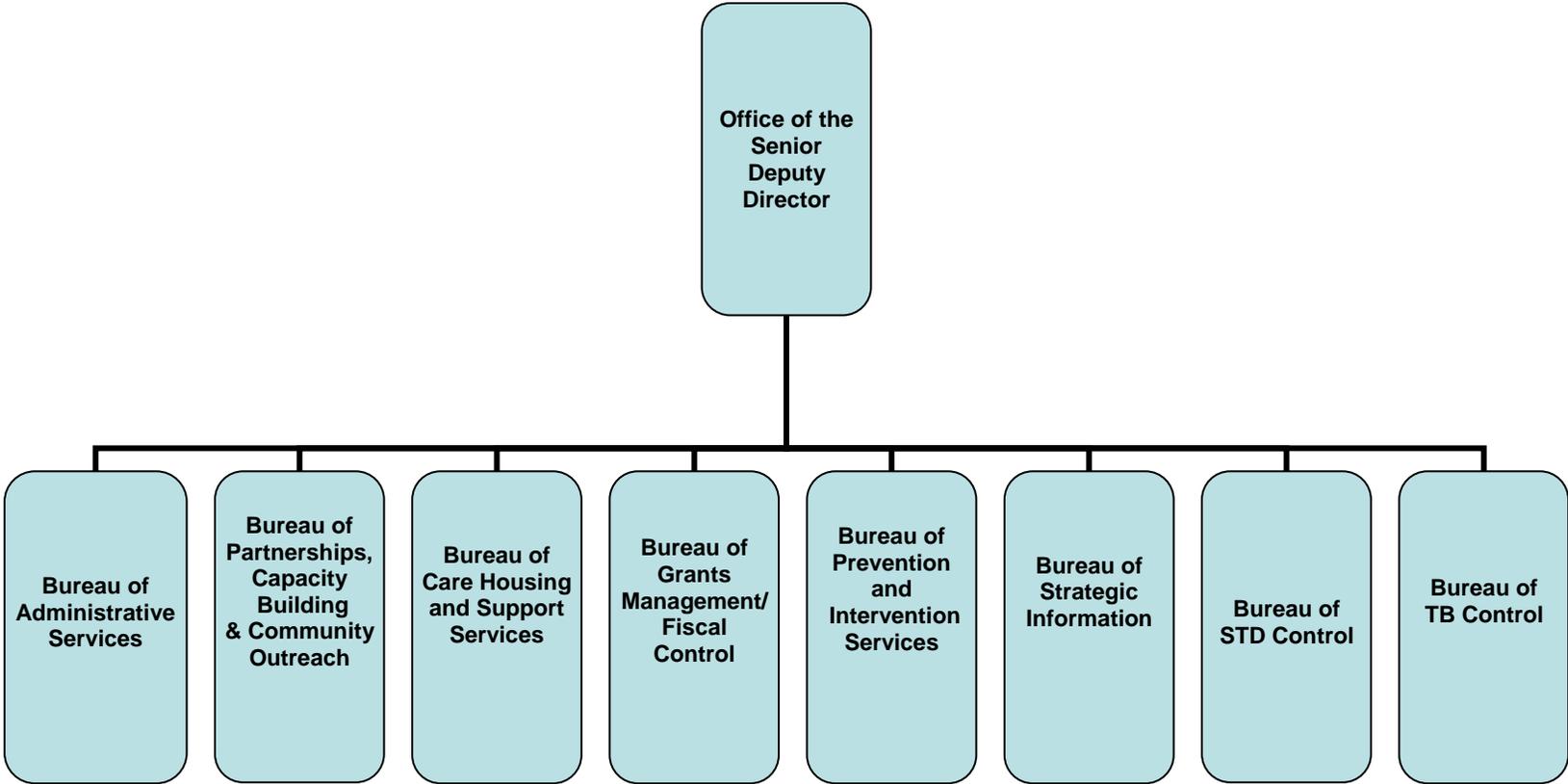
DEPARTMENT OF HEALTH ORGANIZATIONAL STRUCTURE



Source: www.doh.in.dc.gov (last visited July 25, 2011).

ORGANIZATION CHARTS

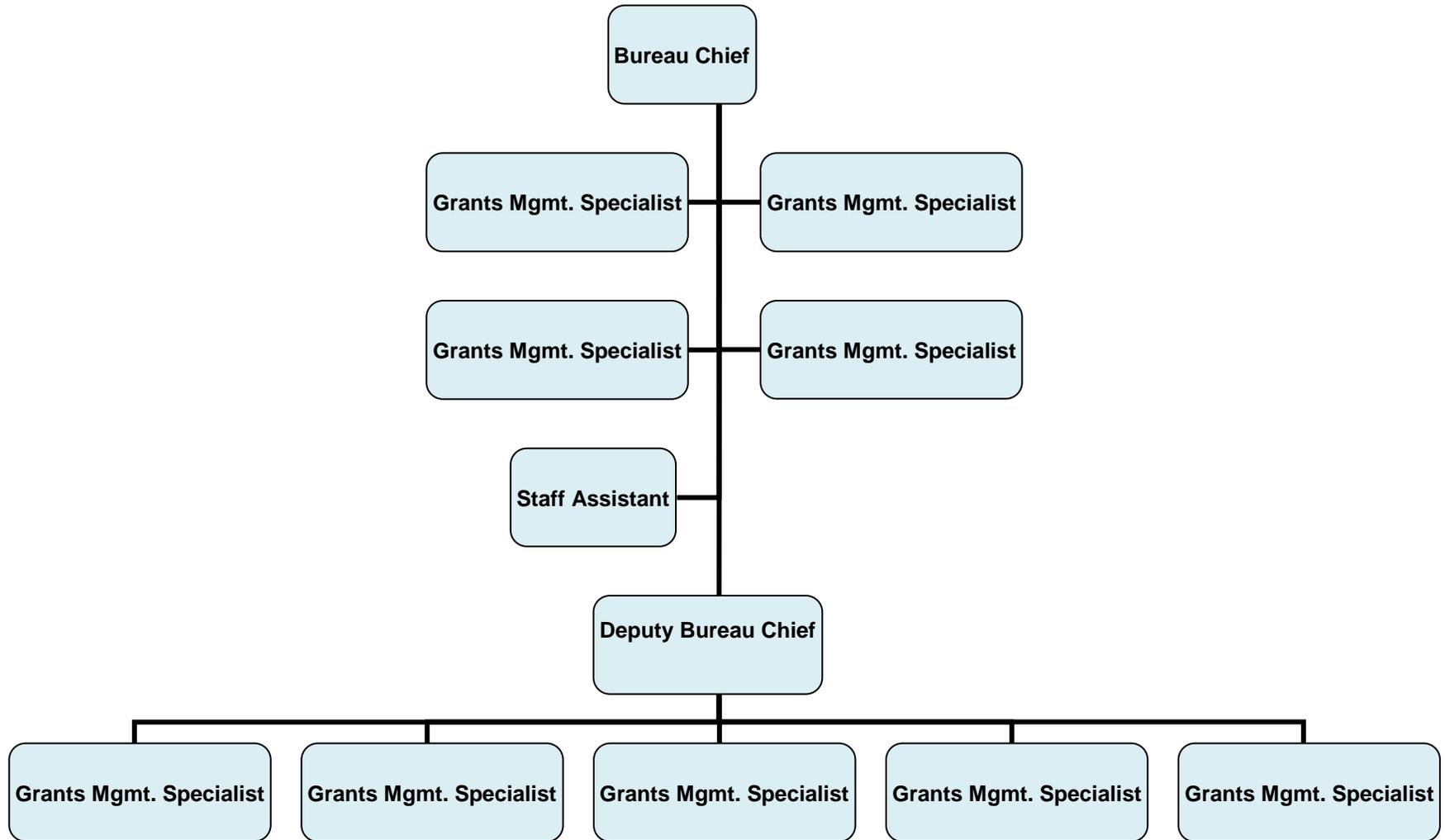
HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA)



Source: Based on organization chart provided by HAHSTA in July 2011.

ORGANIZATION CHARTS

HAHSTA/Bureau of Grants Management and Fiscal Monitoring¹



Source: Based on organization chart provided by HAHSTA in July 2011.

¹ The organization chart on the preceding page and throughout this report refers to this bureau as the Bureau of Grants Management/Fiscal Control.

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Perspective

The Inspections and Evaluations (I&E) Division of the D.C. Office of the Inspector General (OIG) conducted a special evaluation within the Department of Health (DOH), HIV/AIDS, Hepatitis, Sexually Transmitted Disease, and Tuberculosis Administration (HAHSTA) from January 2011 through January 2012. The mission of DOH is “to promote and protect the health, safety and quality of life of residents, visitors and those doing business in the District of Columbia.”² DOH’s responsibilities include “identifying health risks; educating the public; preventing and controlling diseases, injuries and exposure to environmental hazards; promoting effective community collaborations; and optimizing equitable access to community resources.”³ HAHSTA works to prevent and reduce the transmission of disease, and provide care and treatment to infected persons. It also collaborates with health and community-based organizations (CBOs) to offer: disease testing and counseling; prevention education; condoms and medication; medical support and insurance; housing; and nutrition services.⁴ HAHSTA’s approved fiscal year (FY) 2012 budget was \$80,517,000 with 150.6 full-time equivalents (FTEs).

In 2007, the Mayor, constituents, CBOs, and District agencies urged⁵ DOH to establish an HIV/AIDS⁶ plan that addressed the District’s AIDS epidemic and contained preventative efforts to mitigate the risk of transmission among youth populations. DOH’s HIV/AIDS Administration (HAA)⁷ established a workgroup with representatives from DOH, CBOs, District agencies, and educational institutions that created the 2007-2010 Youth and HIV/AIDS Prevention Initiative Plan (YHPIP). The YHPIP was published in July 2007 and contained a 3-year strategy for achieving the following objectives:

1. To develop a partnership between DOH/HAA and its governmental and community partners to meet the HIV/AIDS primary and secondary⁸ HIV prevention needs of District youth and young adults.

²http://doh.dc.gov/doh/cwp/view,a,3,Q,573156,dohNav_GID,1798,dohNav,%7C33162%7C..asp (last visited June 6, 2011).

³ *Id.*

⁴ See http://doh.dc.gov/doh/cwp/view,a,3,q,573205,dohNav_GID,1802,dohNav,%7C33200%7C34259%7C..asp (last visited Feb. 16, 2012).

⁵ DOH reviewed a draft of this report of special evaluation and provided comments to the OIG on September 7, 2012. Appendix 3 contains the cover letter that accompanied DOH’s response to OIG draft report. At this point in the draft report, DOH inserted the following comment, “DOH/HAHSTA (then HAA), recognizing the need and importance, had actually initiated and led the development of this plan.”

⁶ The human immunodeficiency virus (HIV) is a virus that can lead to acquired immunodeficiency syndrome (AIDS). HIV destroys an individual’s CD4+ T cells, which help the body fight disease. See <http://www.cdc.gov/hiv/topics/basic/index.htm> (last visited Mar. 12, 2012).

⁷ HAA merged with DOH’s Sexually Transmitted Disease Administration in 2008 to form HAHSTA.

⁸ According to the National Institutes of Health, “[p]rimary HIV prevention reduces the incidence of transmission (e.g., fewer people become HIV infected), whereas secondary HIV prevention reduces the prevalence and severity of the disease through early detection and prompt intervention (e.g., fewer HIV-positive people progress to AIDS).” <http://www.ncbi.nlm.nih.gov/books/NBK64922/> (last visited Mar. 13, 2012).

EXECUTIVE SUMMARY

2. To identify, review, alter or remove, when appropriate[,] policy barriers to HIV/AIDS prevention activities (i.e., testing, condom availability, etc.) that meet youth’s prevention needs[.]
3. To increase training opportunities by 50% for the staff, grantees, sub-grantees, partners and/or clients of non-HIV/AIDS[-]specific DC agencies.
4. To incorporate HIV/AIDS prevention elements into the adolescent and young adult service program offerings of five (5) non-HIV/AIDS[-]specific DC agencies.
5. To increase opportunities for HIV/AIDS[-]specific youth service providers to partner with other DC agencies, their partners[,] and sub-grantees.
6. To implement at least one (1) comprehensive social marketing campaign per year reaching at least 50% of high risk youth targeting specific youth drug and sexual HIV risk-taking behaviors and/or [encouraging] youth HIV testing; the campaign will provide youth with links to the appropriate HIV testing, prevention education[,] and/or supportive services.
7. To[,] over the next three years[,] use scientific research and partnerships with academia, community[,] and national youth and HIV prevention[-]experts to identify and implement the most effective HIV prevention[-]interventions available and appropriate for District teens and young adults.
8. To partner [with] and support over the next three years those DC agencies providing parent[-]child communication with additional resources, support[,] and technical assistance for expanding pre-existing parent education activities.
9. To increase youth access [to] existing HIV testing services in the District by 25% over the next three years.^[9]

Development of Note

After establishing the YHPIP, DOH underwent reorganization, which resulted in the merger of the HAA and the Sexually Transmitted Disease (STD)¹⁰ Administration to form HAHSTA. Merging the administrations subsequently broadened the scope of the YHPIP and allowed HAHSTA to concurrently address HIV and STD topics with youths. HAHSTA’s formation was a positive step toward improving the District’s approach to addressing sexual health issues. Interviewees stated that it: (1) created greater visibility of STD-related issues; (2)

⁹ DISTRICT OF COLUMBIA DEP’T OF HEALTH, HIV/AIDS ADMIN, 2007- 2010 YOUTH AND HIV/AIDS PREVENTION INITIATIVE PLAN 18-22 (June 27, 2007).

¹⁰ A “sexually transmitted disease” is an infection passed from person to person through intimate sexual contact. See <http://womenshealth.gov/publications/our-publications/fact-sheet/sexually-transmitted-infections.cfm#a> (last visited Mar. 12, 2012).

EXECUTIVE SUMMARY

increased communication among DOH administrations that dealt with similar health issues; (3) allowed for greater efficiency when conducting HIV/AIDS and STD testing; and (4) consolidated administrative duties at the service provider level.

Scope and Methodology

OIG special evaluations comply with standards established by the Council of the Inspectors General on Integrity and Efficiency, and pay particular attention to the quality of internal control.¹¹ The objectives of this special evaluation were to assess whether YHPIP objectives and core activities were achieved, and to assess HAHSTA's grant monitoring processes. The team conducted 23 interviews with personnel from CBOs, DOH, and other D.C. government agencies; reviewed pertinent District and federal laws, regulations, management studies, and best practices; assessed internal staffing levels; and reviewed agency policies and procedures.

This report contains two sections. The first section addresses whether HAHSTA achieved each of its nine YHPIP objectives and corresponding core activities. It also includes actions that HAHSTA has taken since FY 2010 to achieve YHPIP objectives and goals. The second section of this report assesses grant monitoring procedures. HAHSTA reported that it awarded grant funding to nine CBOs for youth-oriented, sexual health services in 2010. The team reviewed five of the grant files and evaluated: (1) HAHSTA's completion of required site visits and compliance with invoicing policies and procedures; and (2) subgrantees' submission of programmatic reports. A list of the report's findings and recommendations is included at Appendix 1, and Appendix 2 contains a list of YHPIP objectives and core activities.

HAHSTA Grant Awards

HAHSTA did not have a designated budget or FTEs for implementing the YHPIP. However, in FY 2008, HAHSTA developed a Request for Applications (RFA)¹² for HIV prevention programs that included a section on youth prevention interventions. Incorporating a youth prevention component allowed HAHSTA to award subgrants to CBOs that implemented YHPIP objectives and activities. HAHSTA's Grants Management and Fiscal Control Bureau "provides fiscal and administrative monitoring of District and federally appropriated funds."¹³ The bureau's mission, states, in part, that it: "Utiliz[es] Federal and Local Guidelines, and best practices . . . [to provide] fiscal and administrative oversight, guidance and technical assistance to those community based organizations (CBO) that provide health & support, housing, and

¹¹ "Internal control" is synonymous with "management control" and is defined by the Government Accountability Office as comprising "the plans, methods, and procedures used to meet missions, goals, and objectives and, in doing so, supports performance-based management. Internal control also serves as the first line of defense in safeguarding assets and preventing and detecting errors and fraud." STANDARDS FOR INTERNAL CONTROL IN THE FEDERAL GOVERNMENT, Introduction at 4 (Nov. 1999).

¹² An RFA is a document that describes the requirements for subgrant applications. *See* http://capstat.oca.dc.gov/Pdf.aspx?pdf=http://oca.dc.gov/oca/lib/oca/citywide_grants_manual_sourcebook/app2-glossary.pdf (last visited Mar. 12, 2012).

¹³ DISTRICT OF COLUMBIA FY 2012 BUDGET AND FINANCIAL PLAN, VOL. 3 AGENCY BUDGET CHAPTERS PART II E-61 (Apr. 1, 2011).

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prevention intervention services to the citizens of the District of Columbia.”¹⁴ Federal grant funding (\$68,879,000) accounted for 86 percent of HAHSTA’s FY 2012 approved budget.

When using federal grants, HAHSTA is the primary funding recipient, and it issues subgrants to other organizations (e.g., CBOs) to perform the grant requirements. HAHSTA is referred to as the “pass-through entity” while the ultimate recipient of the funding is typically referred to as the “subgrantee.” Grant management specialists and program officers within the Grants Management and Fiscal Control Bureau monitor subgrantee performance and compliance with grant requirements. Monitoring activities include, but are not limited to, conducting site inspections, providing technical assistance, reviewing monthly reports, and meeting with the subgrantee to assess performance and spending.

Summary of Findings¹⁵

HAHSTA did not collect sufficient data detailing government employees’ receipt of HIV prevention training. (Page 17) YHPIP objective three requires that specific District government employees receive HIV prevention training. Significant grant funding was allocated to CBOs to provide training; however, there were instances when HAHSTA could not provide specific data on how many employees were trained or which FY the training was provided. It appears that subgrantee Metro TeenAIDS did not provide detailed training information on the number of employees from each District agency who were trained, or HAHSTA did not have this information readily available for submission to the OIG. Without an accurate accounting of which agency personnel have received training, HAHSTA may allocate funding to entities that already received training and overlook agencies in need of it. Furthermore, if employees do not receive sufficient HIV prevention and intervention training, they cannot adequately advise youths on this topic.

HAHSTA did not conduct required program evaluations and YHPIP modification. (Page 28) HAHSTA did not complete the following YHPIP core activities: (1) an annual review of HIV prevention and intervention-related research; (2) review of other jurisdictions’ HIV prevention practices and intervention activities targeting teens and young adults ages 13 to 24, once every 3 years; (3) partner with George Washington University to identify the

¹⁴ EXECUTIVE OFFICE OF THE MAYOR, OFFICE OF PARTNERSHIPS AND GRANT SERVICES, CITY-WIDE GRANTS MANUAL AND SOURCEBOOK (Dec. 2009).

¹⁵ At this point in the draft report, DOH inserted the following comment:

The title of this section and then the start of narrative with three unaccomplished items may disproportionately emphasize the deficit when the report itself confirms that the majority of the plan was achieved. For accurate and balanced depiction, we request that this section may also include accomplishment highlights in the “Summary of Findings” (in addition to just the “Conclusion Section) . . .

- Increased partnerships . . .
- Removal of policy barriers for prevention programs . . .
- Increased training opportunities . . .
- 70% increase in HIV testing among young people . . .
- Condom availability . . .

EXECUTIVE SUMMARY

knowledge, attitudes, beliefs, and behaviors (KABB) and environmental risk factors of four high-risk youth populations; and (4) evaluate the effectiveness of YHPIP activities annually.¹⁶ HAHSTA informed the OIG team that a lack of funding or designated FTEs often was the cause. Conducting a literature review and evaluating other jurisdictions' programs may have allowed HAHSTA and its stakeholders to broaden and deepen their perspective on youth HIV and AIDS, develop additional points of contact in peer jurisdictions, learn from the experiences of organizations, and better understand how to replicate successes and avoid mistakes.

The OIG's grant file review revealed inconsistent adherence to grant management policies and procedures. (Page 35) The team observed deficiencies in the following areas: (1) grant management specialists and program officers did not conduct the required number of site visits or issue timely outcome reports to subgrantees in accordance with Agency Capacity Assessment and Monitoring guidelines; (2) invoices and certification forms did not contain proper Grants Management and Fiscal Control Bureau authorization; (3) subgrantees' monthly progress reports did not sufficiently detail program activities; and (4) required documentation for fiscal program closeout reports was unclear.

Conclusion

HAHSTA employees are diligently working to fulfill the administration's mission of preventing and reducing the transmission of disease, and providing care and treatment. HAHSTA developed and maintained partnerships with CBOs, health providers, and youth-focused organizations, which yielded increased HIV/STD testing, education, and access to literature and condoms. Overall, HAHSTA achieved most of the YHPIP objectives and core activities. Developments of significant note included:

- providing voluntary, STD testing to D.C. public high school students and Department of Employment Services' (DOES) Summer Youth Employment Program (SYEP)¹⁷ participants;
- expanding the condom availability program within D.C. Public Schools (DCPS) and public charter schools;
- providing training to school nurses as well as Department of Parks and Recreation (DPR) and Child and Family Services Agency (CFSA) employees;
- collaborating with DPR to provide HIV testing and education at DPR locations;
- working with DOES and CBOs to spearhead a peer educator program; and

¹⁶ At this point in the draft report, DOH inserted the following comment:

HAHSTA did conduct reviews of relevant research, considered other jurisdiction and national programs, and has tracked different progress markers . . . [I]t is challenging to conduct in-depth behavioral studies in this target demographic at District level when national level technical guidance, best-practices, funding etc. from CDC and other relevant federal institutions are lacking[.]

¹⁷ DOES administers the SYEP annually for youths ages 14 through 21. SYEP is a short-term employment and training program that provides District youth with job placement in the private and government sectors.

EXECUTIVE SUMMARY

- collaborating with organizations to launch multi-media social marketing campaigns that provided youth-focused prevention and intervention messages.

However, HAHSTA's most noteworthy act was expanding the YHPIP scope to include STD prevention and intervention activities.

Conversely, HAHSTA's weaknesses involved lack of data collection and not conducting periodic evaluations of YHPIP progress. For example, some YHPIP objectives and activities contained quantitatively-based goals, and HAHSTA could not provide data demonstrating their outcomes.¹⁸ If HAHSTA conducted annual evaluations of YHPIP progress, it may have identified these weaknesses and modified the YHPIP accordingly.

In sum, the OIG applauds HAHSTA's achievements in increasing HIV/STD education, prevention, and testing. The OIG also encourages timely implementation of a second YHPIP so that HAHSTA can build upon its successes.

Recommendations

The OIG made seven recommendations to DOH to improve the deficiencies noted. These recommendations include improving procedures for the collection and analysis of YHPIP data, increasing collaboration among DOH administrations, and improving adherence to grant monitoring internal controls.

Note: The OIG does not correct an agency's grammatical or spelling errors, but does format an agency's responses in order to maintain readability of OIG reports. Such formatting is limited to font size, type, and color, with the following exception: if an agency bolds or underlines text within its response, the OIG preserves these elements of format.

Compliance and Follow-Up

The OIG inspection process includes follow-up with DOH on findings and recommendations. Compliance forms were sent to DOH along with this report of special evaluation. The I&E division will coordinate with DOH on verifying compliance with recommendations over an established period. In some instances, follow-up activities and additional reports may be required.

During their review of the draft report, inspected agencies are given the opportunity to submit any documentation or other evidence to the OIG showing that a problem or issue identified in a finding and recommendation has been resolved or addressed. When such

¹⁸ At this point in the draft report, DOH inserted the following comment:

Again, HAHSTA disagrees and has provided quantitative data on multiple indicators: funded programs, condom distribution, HIV and STD testing, social marketing program activities, among others. Also the SDD, HAHSTA has established a Policy, Programs and Science Group, led by the Office of the Deputy Director that meets on a weekly basis to review and address programmatic data collection, and monitoring and evaluation activities[.]

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evidence is accepted, the OIG considers that finding and recommendation closed with no further action planned.

**ACHIEVEMENT OF YHPIP
OBJECTIVES**

ACHIEVEMENT OF YHPIP OBJECTIVES

YHPIP Objective One

To develop a partnership between DOH/HAA¹⁹ and its governmental and community partners to meet the HIV/AIDS primary and secondary²⁰ HIV prevention needs of District youth and young adults.

This objective contained core activities that focused on: (1) forming a Youth and HIV Prevention workgroup consisting of HAHSTA subgrantees and community stakeholders; (2) forming a Youth and Health workgroup comprised of D.C. government agencies that either have youth or youth-related service programs; (3) supporting D.C. Public Schools (DCPS) in the release and implementation of health education standards,²¹ particularly in the development of an HIV prevention curriculum to institute in wards with high HIV prevalence rates and the D.C. public charter schools;²² and (4) providing technical assistance to D.C. public charter schools interested in developing a unique HIV prevention program.

A HAHSTA official reported that initially two distinct workgroups were formed as planned, but District agency participation in the Youth and Health workgroup declined in 2008. The decline was due in part to agency representatives also participating in a separate commission, the Interagency Collaboration and Services Integration Commission,²³ led by former D.C. Mayor Adrian Fenty. Rather than maintaining two distinct YHPIP workgroups, HAHSTA formed one Youth and HIV/STD workgroup comprised of community-based organizations (CBOs) and government agency representatives.

The YHPIP states that the workgroup should meet monthly to plan, coordinate, and implement YHPIP activities. Rather than meeting monthly, HAHSTA reported that the workgroup met quarterly. During these meetings, the workgroup discussed implementation of the YHPIP, tested new ideas for youth outreach, and reviewed social marketing activities. For example, HAHSTA would present ideas on potential marketing campaigns that it wanted to

¹⁹ The YHPIP listed the HIV/AIDS Administration (HAA) in lieu of the HIV/AIDS, Hepatitis, Sexually Transmitted Disease, and Tuberculosis Administration (HAHSTA) because DOH reorganized the agency subsequent to publishing the YHPIP. The team has replaced subsequent references to HAA with HAHSTA in this report.

²⁰ According to the National Institutes of Health, “Primary HIV prevention reduces the incidence of transmission (e.g., fewer people become HIV infected), whereas secondary HIV prevention reduces the prevalence and severity of the disease through early detection and prompt intervention (e.g., fewer HIV-positive people progress to AIDS).” <http://www.ncbi.nlm.nih.gov/books/NBK64922/> (last visited Mar. 13, 2012).

²¹ The State Board of Education developed health education standards for D.C. public and public charter schools in 2007. Schools were then required to develop a health curriculum that comports with the standards.

²² D.C.’s public education system consists of two divisions, public schools and public charter schools. During the 2010-2011 academic school year, 45,630 youths attended D.C. public schools, and 29,356 youths attended public charter schools. See <http://newsroom.dc.gov/show.aspx/agency/seo/section/2/release/21185/year/2011/month/3> (last visited Mar. 3, 2011).

²³ The Interagency Collaboration and Services Integration Commission (ICSIC) serves as a coordinating body for the District Government’s services for children. The Commission sets priorities and recommends policies on youth issues for the entire District Government, brings together District agencies, community groups, and families around a common vision for children and youth, and monitors, aligns, and supports child and youth initiatives.

<http://www.mayorsforkids.org/mayors.php?action=view&ID=54> (last visited Mar. 8, 2012).

ACHIEVEMENT OF YHPIP OBJECTIVES

introduce, and the workgroup would provide feedback on the proposed messaging and promotional items. When interviewing participants from CBOs about the workgroup, they expressed appreciation for HAHSTA convening discussions among so many community organizations. One interviewee stated, “HAHSTA has fostered a great relationship with the community organizations, and [HAHSTA’s] staff has effectively targeted the youth population. They also encourage community organizations to partner with each other.”

With regard to implementation of health education standards and an HIV/AIDS curriculum in DCPS and public charter schools, the OIG team learned that HAHSTA assisted DCPS with its research and review of best practices and the preparation of appropriate grade level curricula.²⁴ DCPS, however, was responsible for implementing the curricula. During the 2008-2009 academic school year, DCPS began teaching grades 4 through 12 a health and physical education (PE) curriculum that addressed: alcohol, drugs, and tobacco; HIV/AIDS and sexuality; as well as nutrition, safety, and physical activity. Seventh graders were taught an evidence-based intervention (EBI)²⁵ entitled “*Making Proud Choices!: A Safer Sex Approach to STDs, Teen Pregnancy, and HIV Prevention Curriculum*,” and tenth graders received instruction via the HIV curriculum “*Becoming a Responsible Teen: An HIV Risk Reduction Program for Adolescents*.”

HAHSTA reported that it “complements the in-school curriculum by funding and coordinating with community-based providers to reach young people with sexual health information, HIV/STD testing and prevention and treatment for [sexually transmitted infections] STIs^[26] and HIV.” For example, HAHSTA implemented a school-based STD screening program that provides free STD testing and information to students. HAHSTA also worked with DCPS high schools and public charter schools to expand condom availability to students. These two programs will be addressed at length beginning at page 19 of this report.

²⁴ At this point in the draft report, DOH inserted the following comment:

OIG will kindly appreciate that It was not HAHSTA’s responsibility for the health education standards or curriculum development. Those responsibilities belonged appropriately to OSSE and DCPS. HAHSTA contributed to these efforts and provided support to DCPS in obtaining Gilead funding for curriculum development. HAHSTA has developed and maintains a strong collaboration with OSSE and DCPS in the development of curriculum (note HAHSTA’s participation in CHET) and sharing evidence based programs with DCPS.

The team edited the report in accordance with HAHSTA’s comment.

²⁵ “Evidence-based interventions are interventions that: (1) have been evaluated using behavioral or health outcomes; [(2)] have been compared to a control/comparison group(s) (or pre-post data without a comparison group if a policy study);[(3)] had no apparent bias when assigning persons to intervention or control groups or were adjusted for any apparent assignment bias; and, [(4)] produced significantly greater positive results when compared to the control/comparison group(s), while not producing negative results.” See D.C. DEP’T OF HEALTH HIV/AIDS, HEPATITIS, STD, AND TB ADMIN AND THE D.C. HIV PREVENTION COMMUNITY PLANNING GROUP, DISTRICT OF COLUMBIA HIV PREVENTION PLAN 2011-2012 170 (June 9, 2011).

²⁶ The term “sexually transmitted infection” (STI) is used synonymously with the term STD.

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As of February 2012, several of the District's nine public charter high schools had not implemented an HIV/AIDS curriculum. Metro TeenAIDS²⁷ reportedly offered public charter schools assistance with implementing an HIV/AIDS curriculum, but only one of the nine schools accepted the offer. A HAHSTA official reported that the Office of the State Superintendent for Education (OSSE)²⁸ received a grant from the Centers for Disease Control and Prevention (CDC)²⁹ to develop a curriculum on sexual health for public charter schools. OSSE formed an advisory committee to review and evaluate potential curricula, and HAHSTA participates in this committee.

HAHSTA completed the activities associated with YHPIP Objective One. It successfully led a workgroup that fostered partnerships between government agencies and CBOs, and one workgroup member reported that the YHPIP's biggest strength is the workgroup because it "fosters communication between DOH and other community-based organizations." Specifically, it allowed multiple organizations to convene and work toward the common goal of improving youths' accessibility to HIV/STD information and resources. In addition, STD testing and expanded condom accessibility addressed primary and secondary HIV prevention among youths.

YHPIP Objective Two

To identify, review, alter or remove, when appropriate[,] policy barriers to HIV/AIDS prevention activities (i.e., testing, condom availability, etc.) that meet youth's prevention needs[.]

When designing the YHPIP, the Youth and HIV workgroup determined that partnering with D.C. government agencies and CBOs that work with youth would be an effective way to increase youths' access to HIV/AIDS information and testing services. The first step toward establishing such partnerships entailed identifying any District regulations or agency policies and procedures that impeded HIV testing, condom distribution, or other education and prevention services. After identifying such legal and/or procedural barriers, HAHSTA would work with those agencies to revise or eradicate the policies.

HAHSTA reviewed Child and Family Services Agency (CFSA),³⁰ DCPS, and Department of Parks and Recreation (DPR)³¹ policies to see whether such barriers existed.

²⁷ According to its website, "Metro TeenAIDS [MTA] is a community health organization dedicated to supporting young people in the fight against HIV/AIDS. Through education, support, and advocacy, MTA works to prevent the spread of HIV, promote responsible decision making, and improve the quality of life for young people infected with, or affected by, HIV/AIDS." [Http://metroteenaid.org/?page_id=415](http://metroteenaid.org/?page_id=415) (last visited May, 12, 2011).

²⁸ OSSE "sets statewide policies, provides resources and support, and exercises accountability for ALL public education in D[.C]." [Http://osse.dc.gov/page/about-osse](http://osse.dc.gov/page/about-osse) (last visited Mar. 14, 2012).

²⁹ According to its website, the CDC is a component of the U.S. Department of Health and Human Services and its mission is "to collaborate to create the expertise, information, and tools that people and communities need to protect their health – through health promotion, prevention of disease, injury and disability, and preparedness for new health threats." [Http://www.cdc.gov/about/organization/cio.htm](http://www.cdc.gov/about/organization/cio.htm) (last visited July 15, 2011).

³⁰ According to its website, CFSA protects children from abuse and neglect in the District of Columbia. CFSA also works with community partners to ensure that children involved in the public child welfare system grow up in safe, permanent homes with strong families. See <http://cfsa.dc.gov/DC/CFSA/About+CFSA> (last visited May 12, 2011).

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CFSA was in the process of revising its HIV policy in preparation for opening an on-site assessment center, to among other things, conduct HIV testing for children and youth. CFSA provided HAHSTA a draft of its HIV/AIDS policy for review and comment and published the new policy on February 26, 2010.

With regard to DPR, interviewees reported that historically, DPR did not allow HAHSTA to perform HIV-related activities such as HIV testing, or condom and HIV/AIDS literature distribution at DPR recreation centers. HAHSTA asked DPR to identify the laws or policies that prohibited these activities, but DPR found no such restrictions. DPR and HAHSTA then entered into a memorandum of understanding in 2009 whereby HAHSTA assumed full responsibility for HIV and STD activities conducted at DPR recreation centers.

HAHSTA's achievements within DCPS and public charter high schools were also notable. A condom availability policy in place since 1993 allowed school nurses to provide male condoms to high school students. When requesting condoms, youths were required to participate in health counseling and education from the school nurse before receiving them. A 2009 D.C. Council Committee on Health study showed that students sometimes felt uncomfortable discussing their sexual activity and requesting condoms from school nurses because they regarded nurses as elders within the community.³² DCPS and HAHSTA addressed student reluctance by revising DCPS' condom availability policy. A new policy issued on May 10, 2010, requires high schools to designate two additional employees who may issue condoms to students:

Those [school employees] chosen may be *any* staff member other than the school nurse, including: health/PE teachers, other teaching staff, counselors, social workers, after-school staff, support staff, library staff, etc. These staff members should be particularly discreet and responsible and should be people whom students consider approachable, good listeners, and trustworthy; schools may want to ask students to assist in identifying such people.^[33]

Once selected, the designated school employees must complete HAHSTA's online condom certification program, Wrap M.C.³⁴ Students may receive up to 10 condoms (male or

³¹ According to DPR's website, "DPR supervises and maintains area parks, community facilities, swimming pools and spray parks, and neighborhood recreation centers, as well as coordinates a wide variety of recreation programs including sports leagues, youth development, therapeutic recreation, aquatic programming, outdoor adventure, camping, and senior citizen activities." [Http://dpr.dc.gov/DC/DPR/About+DPR](http://dpr.dc.gov/DC/DPR/About+DPR) (last visited May 12, 2011).

³² See COUNCIL OF THE DISTRICT OF COLUMBIA COMMITTEE ON HEALTH, YOUTH SEXUAL HEALTH PROJECT: A FRAMEWORK FOR CHANGE 6 (2009).

³³ Memorandum from Chad Ferguson, Deputy Chief, Office of Youth Engagement, District of Columbia Public Schools, to High School Principals (May 10, 2010) (copy on file with the OIG).

³⁴ Wrap M.C.s are Masters of Condom education. According to its website:

The Wrap M.C. certification is a new initiative of the DC Department of Health HIV/AIDS, Hepatitis, STD & Tuberculosis Administration (HAHSTA), DC Public Schools (DCPS), and the Office of the State Superintendent (OSSE). Members of the Wrap M.C. team are resource points for their schools,

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female) and 10 dental dams³⁵ per visit, educational materials, and connections to CBOs from the Wrap M.C. representative. In addition, health counseling is no longer a prerequisite to receiving condoms from school nurses. DCPS piloted the Wrap M.C. program at several schools in May 2010, and it was fully launched in all DCPS high schools during the 2010-2011 school year. HAHSTA reported that the program may eventually expand into junior high schools.

HAHSTA monitors the number of condoms distributed to Wrap M.C. coordinators, but coordinators within District high schools do not track: 1) student demographic information; 2) the number of condoms distributed to students; and 3) employees' compliance with holding office hours twice per week. If Wrap M.C. employees collected information such as the number and type of condoms (male or female) distributed per month or demographic information such as the gender and grade of students requesting condoms, DOH could monitor youth behavior and the program's success. These data might influence school officials' decisions regarding which grade levels receive sex education classes and the scope and detail of material covered.³⁶

YHPIP Objective Three

To increase training opportunities by 50% for the staff, grantees, sub-grantees, partners, and/or clients of non-HIV/AIDS[-]specific DC agencies.

Many D.C. government agencies either provide direct services to youths, or are in a public domain that youths can easily access. Consequently, Objective Three seeks to increase training opportunities for employees so they are better informed of HIV/AIDS subject matter and can serve as a resource for disseminating information. The OIG team requested that HAHSTA provide data detailing the number of training opportunities available in 2007 in order to assess achievement of 50 percent growth. HAHSTA reported that “[i]n reviewing the 2007-2010 plan, it is unclear on the baseline number for this objective. It is clear that HAHSTA accomplished the activities to fulfill this objective.” The lack of quantitative data makes proving Objective Three's achievement difficult; however, the team acknowledges HAHSTA's efforts to complete Objective Three's core activities.

Core Activity 3.a states that HAHSTA would “sub[]grant financial resources and support (pending the availability of funds) to a youth and HIV prevention expert service provider to deliver HIV prevention education trainings and training-of-trainers to DOH/HAA Youth and HIV Initiative partners.” HAHSTA selected Metro TeenAIDS as the lead provider of HIV prevention training. Metro TeenAIDS received \$560,000 in grant funding for FYs 2008 through 2010. HAHSTA reported that it used this funding to provide training on HIV/AIDS and related

communities and peers in distributing condoms and educating on what condoms protect against, how to use them, and how to negotiate condom use with partners.

<http://wrapmc.wordpress.com/about/> (last visited Feb. 28, 2011).

³⁵ A “dental dam” is a barrier method used during oral sex that can protect against STDs. See http://en.wikipedia.org/wiki/Dental_dam (last visited Mar. 14, 2012).

³⁶ At this point in the draft report, DOH inserted the following comment, “HAHSTA agrees that more data would be helpful for program directions and will look at more data collection opportunities.”

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sexual health education training. The following discussion of Core Activities 3.b through 3.f summarizes District agencies' steps to fulfill each core activity.

D.C. School Nurses³⁷

Core Activity 3.b: For [HAHSTA] to partner with the [Community Health Administration³⁸] on a semi-annual-to-annual basis to train at least 75% of 155 DC school nurses on implementing one-on-one HIV prevention education and rapid behavioral assessments of District students.^[39]

HAHSTA reported that in FY 2008, Metro TeenAIDS hired a contractor to develop a training curriculum for conducting brief risk assessments and motivational interviews with students. Metro TeenAIDS then trained all school nurses on this intervention during the nurses' annual summer training session. Metro TeenAIDS also provided refresher training to all school nurses in 2009. In FY 2010, Metro TeenAIDS hosted a week-long training institute attended by all 103 school nurses. The nurses received training on skills-building; conducting brief risk assessments; lesbian, gay, bisexual, and transgender (LGBT) and HIV/sexual health related topics; and motivational interviewing skills to counsel youths on sexual health. Metro TeenAIDS also provided individual assistance to nurses who received special requests and inquiries from students regarding sexual health.

Department of Parks and Recreation

Core Activity 3.c: For [HAHSTA] to partner with the Department of Parks and Recreation (DPR) to identify and train the appropriate recreational center and/or teen program staff on basic HIV prevention education.

DPR's Office of Teen Programs established Supreme Teen Clubs, which "seek to engage D[.]C[.] youth in dialog[ue] about the issues that affect them and discuss the best method to address those issues."⁴⁰ HAHSTA reported that Metro TeenAIDS trained approximately 100 of DPR's Youth Supreme Leaders who oversee DPR Teen Nights. Youth Supreme Leaders received a condensed, 1-day version of the "Making Proud Choices" curriculum, which is an

³⁷ DOH provides school nursing services in D.C. public and public charter schools. This program is operated by the Children's National Medical Center, which staffs schools with nurses and provides training to nurses. See <http://dchealth.dc.gov/doh/cwp/view,a,1374,q,602913.asp> (last visited Mar. 15, 2011).

³⁸ CHA's mission is "to improve health outcomes for targeted populations by promoting coordination within the health care system, by enhancing access to prevention, medical care and support services, and by fostering public participation in the design and implementation of programs for District of Columbia women, infants, children (including children with special health care needs) and other family members." [Http://doh.dc.gov/doh/cwp/view,a,3,q,573233,dohNav_GID,1787,dohNav,%7C33120%7C.asp](http://doh.dc.gov/doh/cwp/view,a,3,q,573233,dohNav_GID,1787,dohNav,%7C33120%7C.asp) (last visited Mar. 13, 2012).

³⁹ The team noted that when the YHPIP was created in FY 2007, there were 155 school nurses. This number declined to 103 by FY 2010. Consequently, 77 nurses should have received training in order to achieve the core activity's goal of training 75 percent of nurses.

⁴⁰ [Http://dpr.dc.gov/DC/DPR/Programs+and+Services/Teen+Development/Supreme+Teen+Clubs](http://dpr.dc.gov/DC/DPR/Programs+and+Services/Teen+Development/Supreme+Teen+Clubs) (last visited Feb. 16, 2011).

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HIV curriculum for adolescents that covers topics such as STDs, HIV, pregnancy, and safe sex. Metro TeenAIDS also reported that all DPR managers received training.

Core Activity 3.d: For [HAHSTA] to partner with the Department of Parks and Recreation to coordinate and provide HIV prevention education workshops through the DPR Teen Supreme Summer Youth programs.^[41]

HAHSTA advised that it completed this activity, but did not have documentation of when testing occurred. A HAHSTA official reported that HAHSTA collaborated with the Supreme Teen Summer Youth program by pairing community partners that conduct HIV testing with Supreme Teen activities at various locations. HAHSTA employees reportedly attended some of the events as well. This HAHSTA official stated that HAHSTA did not track the number of HIV prevention workshops conducted because HAHSTA was not always the direct service provider at the DPR events.⁴²

Department of Mental Health⁴³

Core Activity 3.e: For [HAHSTA] to partner with the Department of Mental Health [] to identify and train at least 75% of the 47 mental health clinicians serving DCPS students on relevant primary and secondary prevention and issues related to supporting the youth and parents of students infected and affected by HIV/AIDS.

The only information HAHSTA provided regarding this core activity was that mental health professionals attended workshops during a Provider's HIV Capacity Building Symposium

⁴¹ The YHPIP incorrectly refers to this DPR program as "Teen Supreme" instead of "Supreme Teen."

⁴² At this point in the draft report, DOH inserted the following comment:

This was an important aspect of the HAHSTA effort to reduce policy barriers to health information at Parks and Recreation program sites (Objective 2) and to facilitate partnerships among community providers and DPR (Objective 5). HAHSTA was successful in reducing barriers and promoting partnerships that were sustainable without HAHSTA intervention.

⁴³ According to its website:

DMH operates a school based program in a growing number of public and public charter schools that offers prevention, early intervention and clinical services to youth and their families Mental health clinicians in public schools:

- Complement services already offered to students and families
- Work within existing support services in the schools to help create a safer and more supportive school climate
- Provide supportive services for school teachers and staff. Such services include professional development on a variety of mental health topics, classroom management techniques, and case management.

[Http://dmh.dc.gov/dmh/cwp/view,a,3,q,516043.asp](http://dmh.dc.gov/dmh/cwp/view,a,3,q,516043.asp) (last visited July 14, 2011).

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hosted by Metro TeenAIDS in August 2010. However, this information did not state whether the DMH professionals who attended were DCPS mental health clinicians. Therefore, the OIG team could not confirm that HAHSTA fulfilled this core activity.

Department of Employment Services⁴⁴

Core Activity 3.f: For [HAHSTA] to partner with Department of Employment Services, its affiliates[,] and/or DOES funded partners on incorporating HIV prevention education into the Summer Youth Employment program [SYEP].

DOES administers the SYEP annually for youths ages 14 through 21. SYEP is a short-term employment and training program that provides youths with job placements in the private and government sectors. In FY 2008, HAHSTA collaborated with DOES to implement an STD screening program. Under this program, HAHSTA provided information, condoms, and voluntary STD screenings to SYEP youth participants. STD screenings have been offered annually to SYEP participants since FY 2008, and in 2009 HAHSTA added a peer education component. HAHSTA and CBO personnel trained 35 youths as peer educators, and they led health information sessions during the voluntary SYEP STD screening sessions. As indicated in Table 1 below, the number of SYEP participants who attended a sex health information presentation more than doubled during the YHPIP's 3 years.

Year	Number of Participants
2008	613
2009	1,227
2010	1,400

Finding and Recommendation

1. **HAHSTA did not collect sufficient data to monitor outcomes of certain training activities.**

Criteria:⁴⁵ YHPIP Objective Three seeks to increase training opportunities by 50 percent for employees, and three core activities include the following quantitative goals:

- Core Activity 3.c: to partner with DPR to identify and train the appropriate recreational center and/or teen program staff on basic HIV prevention education;

⁴⁴ According to its website, DOES's mission is "to plan, develop and administer employment-related services to all segments of the Washington, DC metropolitan population." [Http://does.dc.gov/does/cwp/view.a,3,q,539626,doesNav_GID,1563,doesNav,%7C32096%7C,.asp](http://does.dc.gov/does/cwp/view.a,3,q,539626,doesNav_GID,1563,doesNav,%7C32096%7C,.asp) (last visited May 12, 2011).

⁴⁵ "Criteria" are the rules that govern the activity being evaluated by the OIG inspection team. Examples of criteria include internal policies and procedures, District and/or federal regulations and laws, and best practices.

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- Core Activity 3.d: to partner with DPR to coordinate and provide HIV prevention education workshops through the DPR Teen Supreme Summer Youth programs; and
- Core Activity 3.e: to train at least 75 percent of the 47 mental health clinicians serving DCPS students on relevant primary and secondary prevention and issues related to supporting the youth and parents of students infected and affected by HIV/AIDS.

Condition:⁴⁶ HAHSTA could not provide baseline data on the number of training opportunities available to employees in 2007 so that the OIG team could assess whether HAHSTA achieved a 50 percent increase as stated in Objective Three. In addition, HAHSTA and Metro TeenAIDS did not provide exact data on the number of personnel who participated. For example, when providing information for Core Activities 3.c and 3.d, HAHSTA reported that approximately 100 Youth Supreme Leaders received training, while Metro TeenAIDS reported that it trained all DPR managers. Likewise, for Core Activity 3.e, HAHSTA could not specify the exact number of mental health clinicians who attended workshops during a Provider’s HIV Capacity Building Symposium hosted by Metro TeenAIDS in August 2010. In all three instances, HAHSTA did not specify the number of employees who received training. A HAHSTA official reported that Objective Three’s core activities were achieved, despite not having supporting data.

Cause:⁴⁷ DOH awarded Metro TeenAIDS funding for the provision of HIV/AIDS training to District entities, and subgrantees are required to report the number of training sessions held and the number of individuals trained to show compliance with subgrant requirements. DOH’s Grants Management and Fiscal Control Bureau⁴⁸ receives this information and monitors subgrantee performance. It appears that Metro TeenAIDS did not provide detailed training information on the number of employees from each District agency who were trained, or HAHSTA did not have this information readily available for submission to the OIG.⁴⁹

⁴⁶ The “condition” is the problem, issue, or status of the activity being evaluated by the OIG inspection team.

⁴⁷ The “cause” is the action or inaction that brought about the condition being evaluated by the OIG inspection team.

⁴⁸ The Grants Management and Fiscal Control Bureau monitors District and federal funds in the form of grants and subgrants to providers. GOV’T OF THE DISTRICT OF COLUMBIA, FY 2012 PROPOSED BUDGET AND FINANCIAL PLAN, Vol. 3 E-61 (Apr. 1, 2011).

⁴⁹ At this point in the draft report, DOH inserted the following comment:

HAHSTA notes that this was a deficient item of the sub-grantee and has worked with Metro TeenAIDS to remediate the deficiency. HAHSTA agrees with the OIG that it can improve the reporting by community partners and is working with program monitors/managers to systematically ensure completeness and quality of reporting from contractors/sub-grantees. As indicated earlier, the SDD, HAHSTA has established a Policy, Programs and Science Group, led by the Office of the Deputy Director that meets on a weekly basis to review and address programmatic data collection, and monitoring and evaluation activities[.]

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accomplishments: (1) implementation of STD screening programs within District high schools and DOES's SYEP; and (2) expansion of condom availability to youths. The following discussion details HAHSTA's progress toward fulfilling Objective Four's core activities.

HIV/STD Screening

Core Activity 4.a: To deliver HIV [and STD] testing services to up to five (5) non-HIV/AIDS specific DC agencies and/or their subsidiaries (i.e., satellite centers, sub-grantees, etc.) on at least an annual basis to the agency staff and/or to its sub-grantees through means and on a schedule mutually determined appropriate by both [HAHSTA] and its agency partner.

During the 2007-2008 school year (SY), HAHSTA piloted a school-based STD screening program that included a 45-minute presentation on basic anatomy, STDs, and guidance on prevention, followed by a free, voluntary test that screened for chlamydia and gonorrhea. Twelve percent of the 1,898 participating students tested positive for chlamydia and/or gonorrhea. All DCPS high schools and three public charter schools (Cesar Chavez, KIPP D.C., and Friendship) implemented the STD screening program the following school year. HAHSTA reported that the number of youths tested nearly doubled to 3,448 during the 2008-2009 school year, and 10 percent tested positive for an STD. In FY 2010, HAHSTA reported that 4,319 students were tested and the infection rate remained at 10 percent.

Test results were usually available within 2 weeks, and HAHSTA employees notified students via telephone of their results. In FY 2010, HAHSTA added text messaging as an additional notification method. When a student's test result was ready, HAHSTA sent a text message to the student's cellular phone instructing him or her to call HAHSTA. Students who test positive are offered one of three treatment options:

- 1) free treatment at a HAHSTA STD clinic;
- 2) free in-school treatment by HAHSTA; or
- 3) treatment through the student's medical provider, after which HAHSTA confirms with the student that treatment was provided.

HAHSTA clinicians and counselors returned to each school 2 weeks after testing to offer in-school treatment to students who tested positive.

The team learned that in FY 2012, HAHSTA made two noteworthy improvements to this program. HAHSTA began offering voluntary HIV tests on treatment days as part of a pilot program and contracted with a lab that provides STD results to students within 24 hours rather than 2 weeks. Students who test positive or have inconclusive STD test results are offered HIV tests.

An STD screening program was also implemented in FY 2008 as part of the SYEP. HAHSTA reported that more than 1,225 youths were tested for gonorrhea and chlamydia, and more than 200 youths received an HIV test as part of this endeavor. STD screenings were

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offered annually to SYEP participants between 2008 and 2010. See Table 2 below for SYEP STD screening data.

Table 2: SYEP STD Screening Program Participants			
	Summer 2008	Summer 2009	Summer 2010
No. of Youths Tested ⁵³	1,225	1,843	781
Positivity Rate	14%	11%	11%

HAHSTA also increased HIV testing opportunities for organizations within the District that serve adolescent or youth populations. HAHSTA reported that it awarded funding in FY 2010 to the following entities to provide HIV testing:⁵⁴

- American University
- Children’s Hospital National Medical Center
- Deaf Reach
- Gallaudet University Student Health Service
- Georgetown Adolescent
- Latin American Youth Center
- Metro TeenAIDS
- New Beginnings Youth Center
- Sexual Minority Youth Assistance League
- Safe Haven
- Sasha Bruce Youthworks
- The Women's Collective
- Transgender Health Empowerment
- Woodson Adolescent Wellness Center

Condom Distribution

Core Activity 4.b: To make condoms available for distribution for up to five (5) non-HIV/AIDS specific DC agencies and/or their subsidiaries (i.e., satellite centers, sub-grantees, etc.) on an on-going basis; to develop an agreement with that agency for a condom availability program (i.e., based on systems, appropriateness and consumer demand).

HAHSTA administers a free condom distribution program that provides District agencies and organizations male condoms,⁵⁵ lubricant, female condoms, and dental dams. In FY 2009, HAHSTA supplied 3,484,859 condoms to 262 organizations. HAHSTA improved its free condom distribution program in FY 2009 by implementing an online ordering form for local community partners to use when ordering condoms and lubricant. DOH ships the ordered items directly to the organization and maintains a listing of community organizations providing free condoms to the public. Agencies including APRA, D.C. Public Library, DPR, the Mayor’s Office of Latino Affairs, and the University of the District of Columbia also ordered and distributed condoms from HAHSTA. Table 3 on the following page provides data on HAHSTA’s condom distribution statistics for FYs 2010 and 2011.

⁵³ A HAHSTA official reported that the number of SYEP job placement sites with a high concentration of youths has declined in recent years. As a result, administering the peer education and testing became more difficult from a logistical standpoint, and the number of youths who were tested declined.

⁵⁴ HAHSTA also awarded funding to these and/or other youth-service organizations in prior years.

⁵⁵ At this point in the draft report, DOH inserted the following comment, “Since January 2011, HAHSTA provides Lifestyle brand condoms for general population. Since March 2010, HAHSTA provides Trojan brand condoms (primarily Magnums) for organizations serving young people and youth directly.”

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	FY 2010	FY 2011
Number of male condoms distributed	3,890,240	4,587,608
Number of female condoms distributed⁵⁷	65,700	76,050
Number of lubricant packages distributed	2,575,210	2,508,000

In 2010, HAHSTA implemented a condom education certification program called Wrap M.C. Program participants watched online tutorials on how to use male and female condoms and were required to pass an online test to become a “master of condoms” or “M.C.” HAHSTA reported that as of FY 2011, more than 250 people completed the Wrap M.C. online test and HAHSTA certified 190 individuals.

Literature Distribution

Core Activity 4.c: To make HIV prevention education and service referral literature available for distribution in up to five (5) non-HIV/AIDS[-]specific agencies (either directly or through sub-grantees) and/or their subsidiaries (i.e., satellite centers, sub-grantees, etc.) on an on-going basis.

HAHSTA’s information dissemination strategy is a multi-media approach that incorporates platforms such as brochure distribution, text messaging, Internet-based advertising, Twitter, Facebook, YouTube, and radio broadcasting. HAHSTA awarded \$602,000 in grant funding to Metro TeenAIDS for implementing multi-media social marketing campaigns between FYs 2007 and 2010. An important component of these campaigns included disseminating information that increased youth’s HIV/STD awareness. Some methods for distributing information included: hosting workshops and attending community events; providing youth-service organizations and businesses with posters and mini brochures to display; and sending information to youths via text messaging. Metro TeenAIDS also worked with the Washington Metropolitan Area Transit Authority (WMATA) to procure 52 posters that were displayed on the inside and outside of Metrobuses. Six hundred smaller posters were also displayed across WMATA locations. Our discussion of Objective Six will address in greater detail HAHSTA’s literature distribution via social marketing campaigns.

YHPIP Objective Five

To increase opportunities for HIV/AIDS[-]specific youth service providers to partner with other DC agencies, their partners[,] and sub-grantees.

⁵⁶ This table reflects the total number of condoms HAHSTA distributed to both youths and adults.

⁵⁷ Education on and distribution of free female condoms was a new FY 2010 HAHSTA initiative and, therefore, the number of female condoms distributed was considerably lower than that of male condoms.

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Objective Five contained three core activities designed to promote partnership opportunities between CBOs and District agencies for the provision of HIV-related services. Core Activity 5.a states: “[HAHSTA], when appropriate and inter/intra-agency relationships are present, will serve as the liaison between youth HIV/AIDS prevention service providers and other DC governmental agencies to increase opportunities for collaboration, appropriate referrals for youth services, and knowledge of existing DC and community resources, programs[,] and events.”⁵⁸

HAHSTA facilitated inter-agency partnerships in several ways including:

- having one youth and HIV workgroup that involved District agencies and CBOs;
- enlisting CBOs and their youth participants to serve as peer educators during the DOES SYEP;
- facilitating partnerships between DPR and CBOs that provide testing and sexual health information;
- issuing grants to CBOs, such as Metro TeenAIDS, to provide training to school nurses, DPR employees, and DMH’s mental health clinicians; and
- funding the Consortium for Child Welfare (CCW)⁵⁹ to train CFSA employees on Parents Matter!, an EBI that helps parents of pre-sexual-initiation age children (ages 10 and 11) communicate with their children about sexual health.

The team noted, however, that HAHSTA did not maximize opportunities for intra-agency collaboration with other DOH administrations. HAHSTA primarily worked with the Community Health Administration (CHA) to train nurses within the school nursing program. This training was critical because school nurses routinely work with youths and instruct them on sexual health topics and prevention of STDs. However, HAHSTA did not collaborate with several other DOH programs that target youth and adolescent populations. For example: (1) CHA also oversees a Health and Sexuality Education Program for Adolescents; (2) the Primary Care and Prevention Administration offers a Sexual Assault Follow-Up Program that provides sexual assault prevention sessions to youths; and (3) the Addiction Prevention and Recovery Administration launched an Adolescent Substance Abuse Treatment Expansion Program that allows adolescents to access substance abuse treatment services from providers. A HAHSTA official reported that changes in management, staff turnover, and a lack of consistent follow-up from DOH divisions prevented HAHSTA from fully engaging in intra-agency partnerships.

Increased intra-agency collaborations may allow HAHSTA to effectively target at-risk youths and more efficiently use agency funds and employee skills. In addition, collaboration among DOH administrations increases access to clients who are already registered in DOH’s system, and improves the likelihood that clients are aware of and able to access a variety of

⁵⁸ DISTRICT OF COLUMBIA DEP’T OF HEALTH, HIV/AIDS ADMIN., 2007- 2010 YOUTH AND HIV/AIDS PREVENTION INITIATIVE PLAN 20 (June 27, 2007).

⁵⁹ “The Consortium for Child Welfare (CCW) is a coalition of human service agencies established in 1980 to improve child welfare services.” [Http://www.consortiumforchildwelfare.org/](http://www.consortiumforchildwelfare.org/) (last visited Mar. 4, 2012).

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agency services more easily. The team noted that DOH centralized its facilities in FY 2011, which may allow increased intra-agency collaboration in the future.

HAHSTA did not complete Core Activity 5.b, which was to “[p]artner with the Department of Human Services [DHS⁶⁰] Fatherhood Initiative^[61] and Emergency and Transitional Housing Service programs to assist youth HIV/AIDS prevention service providers in fostering and establishing relationships with DHS sub-grantees and their clients to facilitate DHS client’s HIV testing, prevention education[,] and referral linkages to HIV/AIDS services.” A HAHSTA official reported that staffing vacancies deterred completion of this core activity, but HAHSTA hopes to partner with Fatherhood Initiative and Emergency and Transitional Housing Service programs in the future.

HAHSTA made some progress toward completing Core Activity 5.c, which was to “[p]artner with Child and Family Services [Agency] to assist youth HIV/AIDS prevention service providers in fostering and establishing relationships with DHS sub-grantees and their clients to facilitate DHS client’s HIV testing, prevention education[,] and referral linkages to HIV/AIDS services.” HAHSTA reported that it addressed this core activity in FY 2009 by awarding CCW \$75,000 to implement the Foster Parents Matter intervention for DHS clients who are either foster parents or birth parents. CCW trained two CFSA employees on the intervention; however, they did not host any sessions with foster parents during that FY. At the end of FY 2010, 26 foster parents and 54 birth parents had completed the 5-week Parents Matter! Program.

YHPIP Objective Six

To implement at least one (1) comprehensive social marketing campaign per year reaching at least 50% of high risk youth targeting specific youth drug and sexual HIV risk-taking behaviors and/or [encouraging] youth HIV testing; the campaign will provide youth with links to the appropriate HIV testing, prevention education[,] and/or supportive services.

This objective includes six core activities detailing the type of social marketing campaigns HAHSTA should implement, anticipated target audiences, and evaluation requirements for the campaigns once implemented. During FYs 2008 through 2010, HAHSTA and the Youth and HIV workgroup collaborated with District agencies and various organizations to develop appropriate platforms and messaging for youth focused multi-media campaigns. HAHSTA awarded \$602,000 in grant funding to Metro TeenAIDS between FYs 2007 and 2010 to implement and maintain two primary campaigns: RealtalkDC (RealTalk) and the Rubber

⁶⁰ “The mission of the Department of Human Services (DHS), in collaboration with the community, assists low-income individuals and families to maximize their potential for economic security and self-sufficiency.” [Http://dhs.dc.gov/dhs/cwp/view,a,3,q,492334,dhsNav_GID,1461,dhsNav,%7C31045%7C,.asp](http://dhs.dc.gov/dhs/cwp/view,a,3,q,492334,dhsNav_GID,1461,dhsNav,%7C31045%7C,.asp) (last visited Mar. 5, 2012).

⁶¹ “The DC Fatherhood Initiative (DCFI) administers competitive grants for nonprofit, community and faith-based organizations to develop and implement projects that support any of the three authorized activity areas: healthy marriage, responsible parenting, and economic stability. The context for these activities is to create an environment that contributes to the well-being of children.” [Http://data.dc.gov/Metadata.aspx?id=1400](http://data.dc.gov/Metadata.aspx?id=1400) (last visited Mar. 5, 2012).

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Revolution. These campaigns focused on HIV testing and treatment, and condom usage. HAHSTA achieved Objective Six by funding Metro TeenAIDS' RealTalk program for 4 consecutive years, and the multi-media campaigns disseminated information through websites, Facebook, Twitter, radio stations, ads on public transportation, brochures, and promotional items. These two campaigns are discussed in more detail below.

RealtalkDC: RealTalk is a multi-media social marketing campaign that encourages HIV testing among youth and reduces the stigma related to HIV testing. HAHSTA funded Metro TeenAIDS in 2006 to develop the RealTalk campaign, which launched in 2007. The RealTalk website, located at www.realtalkdc.org, provides sexual health information and information regarding how to access free condoms and HIV/STD testing. Youths can also access information through the RealTalk Facebook page. Approximately 1,000 individuals have become "fans" of the Facebook page, and the RealTalk page reportedly is the only application that permits viewing without being a Facebook member. Metro TeenAIDS also sponsored HIV testing events, advertised on Metrorail and Metrobuses, and circulated posters and brochures across the District. A 2010 survey of 282 youths who received an HIV test showed that 47 percent had seen RealTalk materials. Of this subset, 79.3 percent said the campaign motivated them to get tested, and 37.7 percent said the campaign motivated their decision to get tested "a lot."

In 2008, Metro TeenAIDS expanded the RealTalk social marketing program to include a text messaging component. Under this program, youths can text "RealTalk" to 61827 to receive details on HIV/STD testing centers and how to obtain free condoms. Metro TeenAIDS employees receive and respond to the text messages, and during FY 2010, over 15,000 text messages were sent requesting information.

Rubber Revolution: HAHSTA launched the Rubber Revolution campaign through Octane LLC,⁶² a public relations firm, in November 2010. The campaign was designed to promote condom use through its website, www.RubberRevolutionDC.com, and provided information on: how to obtain free condoms; community events that addressed sexual health; and hyperlinks to social networking sites such as Facebook and Twitter. The Rubber Revolution also partnered with local WPGC radio personality, Big Tigger, who promoted condom use and safe sex during radio advertisements and community events. In June 2011, the Rubber Revolution campaign received a Bronze Award of Commendation from the Public Relations Society of America.

Core Activity 6b targeted high-risk teens and young adults, focusing on stigma reduction and youth drug and sexual risk-taking behaviors; the social marketing campaign would also link youth to HIV care, testing, and prevention education services. HAHSTA reported that it fulfilled this core activity by posting information on the RealTalk website. It also awarded funds to CBOs for implementation of programs that target high-risk teens. Examples include "d-up: Defend Yourself!," an EBI that focuses on African-American young men who have sex with men (YMSM) and the development of an integrated HIV and substance use curriculum for

⁶² "OCTANE" is a professional services firm that provides technology solutions and business consulting services in areas such as custom software development, business intelligence, and systems solutions. See <http://www.octanellc.com/home.html> (last visited Mar. 15, 2012).

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youths. The team believes that additional methods for reducing stigma and drug/sexual risk-taking behaviors can be employed. For example, APRA's Adolescent Substance Abuse Treatment Expansion Program (ASTEP) program would have been an ideal partnership because ASTEP "allows adolescents to access substance abuse treatment services by going directly to the treatment provider of his or her choice."^{63 64}

The OIG team determined that HAHSTA did not fulfill Core Activities 6.d and 6.e. These activities required that HAHSTA hire an independent entity to evaluate social marketing campaigns so that future campaigns would more effectively reach target populations and achieve the desired outcomes.⁶⁵ A DOH official stated that funding was not available to hire an independent contractor to perform this function. HAHSTA did not complete formal evaluations of its social marketing campaigns, but noted that it and Metro TeenAIDS monitored program data and generated reports detailing RealTalk outcomes. For example, in 2010 Metro TeenAIDS analyzed RealTalk program data and observed a 145-percent increase in HIV testing compared to the campaign's pre-implementation period. Community partners experienced a 19 percent increase in testing during the campaign period. Metro TeenAIDS also evaluated the effectiveness of marketing materials by convening 3 focus groups with approximately 100 youths. The goals of the focus groups were to: "(e)nsure that a clear 'Call to Action' was illustrated in the campaign materials[;] (p)rovide language that was appealing to the target audience[; and] (m)ake improvements to content [and] design elements to increase visibility[.]"

YHPIP Objective Seven

To[,] over the next 3 years[,] use scientific research and partnerships with academia, community[,] and national youth, and HIV prevention[-]experts to identify and implement the most effective HIV prevention[-]interventions available and appropriate for District teens and young adults.

YHPIP Objective Seven emphasized collection and analysis of HIV prevention and intervention data and using that information to govern HAHSTA's future programming and funding decisions. The team observed that two core activities were achieved, and one was overtaken by events. Four activities were not completed, which made Objective Seven HAHSTA's weakest performance area.

YHPIP Core Activity 7.d noted that HAHSTA would "use data extracted from behavioral surveillance^[66] as it becomes available to inform program planning, strategic approaches and to

⁶³ <http://dchealth.dc.gov/doh/cwp/view,a.1374,q.604936.asp> (last visited Feb. 18, 2011).

⁶⁴ At this point in the draft report, DOH inserted the following comment, "HAHSTA agrees .It has started a new effort under the aegis of Dept. of Health with APRA and CHA to promote better collaboration among youth program activities."

⁶⁵ At this point in the draft report, DOH inserted the following comment, "HAHSTA is currently in development of a new comprehensive youth social marketing program with a focus on addressing peer norms to reduce high risk behavior, decrease concurrent partners, delay sexual debut and increase consistent condom use. HAHSTA will include a more formal evaluation component into that program."

⁶⁶ "Behavioral surveillance surveys (BSS) have been shown over several years to make an important and useful contribution to informing the national response to HIV. These surveys use reliable methods to track HIV risk

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choose appropriate HIV prevention[-]interventions for targeted subpopulations of adolescents and young adults.” A HAHSTA interviewee reported that the division accomplished this activity by using data from OSSE’s Youth Risk Behavior Study (YRBS)⁶⁷ to structure and manage its condom distribution activities. HAHSTA reported that the YRBS showed that as teens get older, their condom use declines. As a result, HAHSTA expanded the condom availability programs in high schools, and plans to introduce the Wrap M.C. program in junior high schools in response to YRBS data indicating increasing sexual activity among middle school-aged students. HAHSTA reported that two public charter junior high schools currently have Wrap M.C.s, and one DCPS junior high school is interested in joining the program.

The second component of Core Activity 7.d entails implementing targeted interventions for youth subpopulations such as YMSM, transgender, immigrant, homeless, adjudicated delinquents,⁶⁸ and deaf and hearing impaired youths. (See Table 4 below for a list of grants awarded to CBOs that worked with these populations in FY 2010.)

CBO Grant Recipient	Evidence-based Intervention	Risk Factors	Award Amount	Funding Year
1. Deaf Reach	Making Proud Choices	Deaf Youth HIV+ Youth	\$70,000	CYs 2010 and 2011
	Project Respect Popular Opinion Leader	YMSM	\$60,000	CY 2011
2. Us Helping Us	d-up!	African-American YMSM	\$195,000	CY 2010 CY 2011
3. Pediatric AIDS/HIV Care	Adolescent Navigator	HIV+ Youth	\$75,000	FY 2010 FY 2011
4. Sasha Bruce Youthworks	Street Smart	Adolescents Runaway Youth	\$100,000	FY 2010

Core Activity 7.e, contracting resources to a vendor to serve as the fiscal agent for youth and young adult interventions, was no longer applicable according to a HAHSTA official. This

behaviors over time as part of an integrated surveillance system which monitors various aspects of the epidemic. They are especially useful in providing information on behaviors among sub-populations who may be difficult to reach through traditional household surveys, but who may be at especially high risk for contracting or passing on HIV, such as sex workers and their clients, men who have sex with men and injecting drug users.”

[Http://www.who.int/hiv/strategic/pubss/en/index.html](http://www.who.int/hiv/strategic/pubss/en/index.html) (last visited Mar. 15, 2012).

⁶⁷ “OSSE is funded by the Center[s] for Disease Control [and Prevention]’s *Improving the Health and Educational Opportunities for Young People* cooperative agreement. Under this agreement, the Healthy Youth Development Team (HYDT) coordinates school health programs and activities in the priority areas of the Youth Risk Behavior Survey (YRBS) and HIV Prevention.” [Http://seo.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/CDC%20Information%20Page.pdf](http://seo.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/CDC%20Information%20Page.pdf) (last visited Mar. 6, 2012).

⁶⁸ “Adjudicated delinquent” youths have committed a violation of criminal law, and may have been subsequently sentenced or punished in a juvenile correctional facility, and then released back to their communities.

[Http://www.family-court.org/Documents/What%20are%20the%20definitions.pdf](http://www.family-court.org/Documents/What%20are%20the%20definitions.pdf) (last visited Apr. 1, 2012).

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official reported that the YHPIP included Core Activity 7.e to address deficiencies within HAHSTA's grant management practices. This employee stated that the Grants Management and Fiscal Control Bureau improved its grant monitoring protocols by revising internal policies and procedures, which eliminated the need for a fiscal agent. The OIG team, however, reviewed five FY 2010 grant files and observed inconsistent adherence to grant management policies and procedures. (See page 35 of this report.)

Core Activity 7.f notes that HAHSTA would “partner with its Youth and HIV Workgroup to plan, administer resources[,] and implement HIV prevention programs on an on-going basis to expediently meet the shifting needs of District teens and young adults.” The Youth and HIV workgroup met quarterly to discuss implementation of the YHPIP, test new ideas for youth outreach, and review potential social marketing campaign information. For example, HAHSTA collaborated with the workgroup to develop the Wrap M.C. program. HAHSTA also increased the number of youth prevention programs by including youth prevention interventions in its request for applications (RFAs).⁶⁹

Finding and Recommendations

2. **HAHSTA did not conduct required program evaluations and YHPIP modification.**

a. HAHSTA did not conduct annual literature reviews.

The YHPIP required that HAHSTA conduct an annual review of HIV prevention- and intervention-related research to identify effective HIV prevention practices and approaches and improve the District's youth programming effort. HAHSTA did not conduct this annual review, which may have allowed HAHSTA and its stakeholders to broaden and deepen their perspective on youth HIV and AIDS, develop additional points of contact in peer jurisdictions, learn from the experiences of organizations, and better understand how to replicate successes and avoid mistakes. This knowledge could have positively influenced YHPIP programming.⁷⁰

⁶⁹ An “RFA” is a document that describes the requirements for subgrant applications.

⁷⁰ At this point in the draft report, DOH inserted the following comment:

HAHSTA acknowledges it did not conduct a formal annual review of activities for this demographic, however, it is not accurate that HAHSTA has not considered studies and practices to influence youth programming. HAHSTA has considered the Youth Sexual Health Study conducted by Altarum Institute, the studies on youth and media use by Pew and Kaiser Family Foundation, the research on planned behavior and peer norms, the DC Council Committee on Youth Sexual Health Project, among other studies. To determine the preferred brand of condom, HAHSTA reviewed surveys by the Committee on Health and the Young Women of Color Leadership Council. HAHSTA conducted its own survey of young people participating in the School-Based STD Screening Program. HAHSTA also has partnered with Children's National Medical Center in an Adolescent Trial Network study on HIV testing and linkage to care among adolescents. This study is providing vital information on the rates of linkage to care and barriers to maintaining treatment. HAHSTA will also benefit from the new data from the school-based health learning assessment. This test is part of the Healthy Schools Act and will measure knowledge, attitudes and belief

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Similar to 7a, Core Activity 7.b required that once every 3 years, HAHSTA review other jurisdictions' HIV prevention practices and intervention activities targeting teens and young adults 13 to 24. A HAHSTA official stated that HAHSTA completed Activity 7.b in tandem with its development of an updated YHPIP for 2011-2014. HAHSTA also noted that its subgrantees reviewed other jurisdictions' marketing campaigns when developing new social marketing programs for District youths. However, the OIG team did not receive information regarding: (1) which jurisdictions were contacted and evaluated; (2) the programs that were evaluated; or (3) how the review influenced HAHSTA's youth programming. Similar to a literature review, knowledge of practices in other jurisdictions could have improved YHPIP programming.⁷¹

b. Partnership for behavioral study not executed.

Due to lack of funding, HAHSTA did not complete Core Activity 7.c, partnering with George Washington University to identify the knowledge, attitudes, beliefs, and behaviors (KABB) and environmental risk factors of four high-risk youth populations. In addition, HAHSTA did not have an FTE position dedicated to handling youth data. A HAHSTA official stated that it relied on the YRBS as a primary source for youth risk behavioral data. This interviewee opined⁷² that data collection was the most challenging component of the YHPIP

among students. It will help provide more insight in to the effectiveness of education-based sexual health. HAHSTA has also collected data and analyzed the STD screening program and the introduction of texting as a communication method.

Also SDD, HAHSTA has established a Policy, Programs and Science Group, led by the Office of the Deputy Director that conducts periodic scientific reviews – a practice effective February 2012. These periodic reviews will lay the foundation for semi-annual and annual reviews to improve efficiency and effectiveness of interventions.

⁷¹ At this point in the draft report, DOH inserted the following comment:

HAHSTA acknowledges it did not conduct a formal review of other jurisdictions, however, it did research other jurisdictions and national organizations on best practices. On social marketing, HAHSTA reviewed the MTV/Kaiser Family Foundation GYT Campaign, among others. On developing the Wrap MC condom education program, HAHSTA researched jurisdictions for similar models and found none.

⁷² At this point in the draft report, DOH inserted the following comment:

This is an area that requires national leadership by the CDC to support more scientific studies on adolescent behavior. The fact that CDC does not fund studies in-depth behavioral studies, such as NHBS, demonstrates that it is disappointing. It is also extremely challenging for a single jurisdiction to conduct such a study without the national direction and expertise provided by CDC. That said, HAHSTA does believe in principle that behavioral studies are crucial to program planning. The Plan had a well-intended goal of a study to be conducted by George Washington University. The University is reluctant to do studies of this age population as it is very difficult to gain approval from its

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because it is difficult to obtain grant funding for behavioral studies addressing youth between ages 13 and 18. This individual stated, “the CDC has funding for behavior and surveillance studies such as the National HIV Behavioral Surveillance Study⁷³. . . [but the target population for this study is adults between ages 18 and 64]. Data for youths age 13 - 18 is not collected.” Another interviewee echoed this sentiment, indicating that significant funding is allocated to address HIV in the District, but it has not resulted in much evidence-based research or reports discussing risk factors among youth. If HAHSTA had fulfilled Core Activity 7.c, it may have resulted in a more comprehensive understanding of youth risk behaviors, and would have allowed HAHSTA to more effectively allocate funding for prevention and intervention programs.⁷⁴

c. HAHSTA did not conduct annual evaluations of YHPIP activities’ appropriateness and completion status.

HAHSTA failed to “either directly conduct or contract an independent entity to annually evaluate the effectiveness of [YHPIP activities]” as stated in Core Activity 7.g. Information from such an evaluation may have identified the activities that should be improved or eliminated. A HAHSTA official reported that a lack of resources prevented HAHSTA from acquiring a contractor to annually review YHPIP progress. This employee contended that although a formal evaluation was not completed by an external contractor, HAHSTA conducted internal reviews of program data.

Conducting comprehensive annual reviews of YHPIP objectives and activities would have provided HAHSTA a more thorough understanding of: 1) which YHPIP programs yielded results correlated with desired outcomes; 2) when to modify or delete program objectives; and 3) how to allocate future grant funding to complete unachieved YHPIP objectives. Data gathered through program evaluations also allow HAHSTA to inform stakeholders of the successes and shortcomings of YHPIP activities.

Institutional Review Board (IRB), which most approve all human subject studies.

⁷³ The National HIV Behavioral Surveillance study is a CDC-funded project designed to learn about behaviors that place people at risk for HIV in D.C. through serial cross sectional studies that target, 1 year at a time, males who have sex with males, injecting drug users, and heterosexuals at high risk of HIV. See [http://www.gwumc.edu/sphhs/communityactivities/The_National_HIV_Behavioral_Surveillance_\(NHBS\)_study.cfm](http://www.gwumc.edu/sphhs/communityactivities/The_National_HIV_Behavioral_Surveillance_(NHBS)_study.cfm) (last visited Mar. 14, 2012).

⁷⁴ At this point in the draft report, DOH inserted the following comment:

HAHSTA continues to have the goal to conduct a comprehensive, population-based youth behavior study. CDC recently announced that it was accepting proposals for a study of Young Men who have Sex with Men (YMSM) in the 13-18 years old age range. HAHSTA applied, however CDC withdrew the study opportunity as it did not have funds. HAHSTA supported Metro TeenAIDS in its successful proposal to the MAC AIDS Fund for a study of YMSM. HAHSTA has conducted qualitative research, such as focus groups on peer norms, condoms and other sexual health topics through community partners to learn more of youth knowledge, attitudes and behavior.

YHPIP Objective Eight

To partner [with] and support over the next three years those DC agencies providing parent[-]child communication with additional resources, support[,] and technical assistance for expanding pre-existing parent education activities.

Core Activities 8.a and 8.c entail HAHSTA collaborating with CHA and CFSA to improve parent-child communication on sexual health topics. HAHSTA worked with both agencies to implement “Parents Matter!” CHA targeted birth parents, and CFSA targeted birth parents and foster parents. A HAHSTA-funded subgrantee trained six community and government partners as program facilitators, and these entities collaborated to provide group sessions for parents at locations throughout the city. At the end of FY 2010, 26 foster parents and 54 birth parents had completed the 5-week “Parents Matter!” program. Core Activity 8.b noted that HAHSTA would assist CHA with implementing an annual calendar of parent-child communication training sessions in the District. HAHSTA reported that management changes within CHA’s adolescent health programs and limited capacity at HAHSTA hindered it from working with CHA to implement the annual calendar.

YHPIP Objective Nine

To increase youth access [to] existing HIV testing services in the District by 25% over the next three years.

HAHSTA reported that in 2007, it did not have a baseline number of youths who had been tested for HIV. However, HAHSTA reported that it increased HIV testing access by 70 percent, from 10,000 tests in 2008 to 17,000 tests in 2011.

This YHPIP objective included four core activities, two of which were successfully completed. Core Activity 9.a reported that HAHSTA would provide HIV testing funding and supplies to organizations working with adolescents and young adults. HAHSTA fulfilled this activity by awarding funds to the following organizations in FY 2010:

- Children’s Hospital National Medical Center
- Deaf Reach
- Galludet University Student Health Services
- Georgetown Adolescent
- Latin American Youth Center
- Metro TeenAIDS
- New Beginnings Youth Center
- Safe Haven
- Sasha Bruce Youthworks
- Sexual Health Minority
- The Women’s Collective
- Transgender Health Empowerment
- Woodson Adolescent Wellness Center
- Youth Assistance League

Core Activity 9.c required HAHSTA to use the DOH website and social marketing campaigns to promote youth-friendly HIV testing sites and HIV prevention information. HAHSTA completed this activity by listing local organizations that provide HIV testing on its website, and designating which facilities demonstrated sensitivity to adolescent and young adult needs. As of May 2011, the website identified Family Ties Project, Sexual Minority Youth

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Assistance League, and the Women's Collective as CBOs that assist adolescents and young adults. The team also observed that HAHSTA promoted the names of youth-friendly HIV testing organizations through its social marketing campaigns RealTalk and Wrap M.C. The RealTalk website allows visitors to enter a zip code to search for local testing facilities; and the Wrap M.C. website provides a hyperlink to DOH's online listing of HIV/AIDS testing facilities. HAHSTA also distributed brochures listing free testing locations within the District.

HAHSTA did not complete Core Activity 9.b (to provide technical assistance to HIV testing sites on how to increase "youth-friendliness"). The team learned that HAHSTA did not have a set of criteria or methodology for how to objectively evaluate youth-friendliness and did not provide technical assistance to HIV testing facilities on how to increase this undefined attribute. However, the team noted that in FY 2010, HAHSTA funded Metro TeenAIDS to provide skills-building training and technical support to school nurses to address students' sexual health questions and concerns. DOH also provided school nurses with female condoms and youth-friendly materials to distribute to students during the 2010-2011 school year. The materials included: role-model story cards and brochures; sexual health brochures; and RealTalk posters, palm cards, and mini brochures.

HAHSTA partially completed Core Activity 9.d, to invest in an online referral tracking and monitoring system to ensure that youth who test positive for HIV are linked to additional testing and treatment services. In FY 2010, HAHSTA awarded a subgrant to Pediatric AIDS/HIV Care, Inc. (PAHC) to administer a program called the "adolescent navigator." Under this program, PAHC employees (also known as "navigators") linked existing and newly identified HIV-positive youths, who are not engaged in care, to health and social services. This grant was terminated in FY 2011 due to PAHC's inability to fulfill the grant requirements. A HAHSTA official reported that since then, HAHSTA, in conjunction with Children's National Medical Center, has participated in a study funded by the National Institutes of Health that monitors HIV-positive adolescents' linkage to care as they transition to the adult care system. A tracking system is in place for this study, but it is not online.

Grant File Review

When a DOH administration awards a subgrant to an organization, a grants management specialist (GMS) from the Grants Management and Fiscal Control Bureau, and a program officer from the respective DOH administration (e.g., HAHSTA) are assigned to monitor the subgrantee's performance. The GMS provides administrative and fiscal oversight of grant awards, monitors and analyzes the expenditure of funds, and ensures that subgrantees have the necessary infrastructure to comply applicable grant award requirements. Program officers assess compliance with grant agreement requirements, in part by reviewing narrative and statistical reports submitted by subgrant recipients. These reports detail the services provided to clients and subgrantee progress toward fulfilling grant requirements.

HAHSTA reported that nine CBOs received funding for youth-oriented, sexual health interventions in FY 2010. The OIG team reviewed a sample of five grants and evaluated: (1) HAHSTA's completion of required site visits and compliance with invoicing policies and procedures; and (2) subgrantees' submission of programmatic reports.

3. The OIG's grant file review revealed inconsistent adherence to grant management policies and procedures.⁷⁵

a. GMSs and program officers did not conduct the required number of subgrantee site visits; and outcome reports were not completed within 30 days of site visits.

In October 2008, HAHSTA implemented the Agency Capacity Assessment and Monitoring (ACAM) process, which establishes the number and frequency of site visits that the GMS and program officer must conduct within a designated timeframe. ACAM policies and procedures require that GMSs and program officers conduct a coordinated Assessment Site Visit, also referred to as an ACAM interview, to evaluate the subgrantee's organizational capacity, human resources, and fiscal and program implementation. After the ACAM interview is completed, the GMS writes an ACAM Assessment Outcome report within 30 days to document programmatic or fiscal deficiencies, the agency capacity rating, and a schedule for future site

⁷⁵ At this point in the draft report, DOH inserted the following comment:

The report stated regarding HAHSTA's completion of site visits within a timely manner. HAHSTA works diligently with the grantee in scheduling site visits. The completion date of a site visit is dependent on the availability of the sub-grantee. In majority of the cases, the required staff that must be present at the site visit are unavailable which delays the site visit.

DOH Office of Grants Management has developed and updated grants management policies, procedures and protocols with strict requirements for the development of monitoring and quality assurance measures. HAHSTA will ensure that all grants management staff are well versed on these procedures and that site visits are conducted and observations are documented and reported to management on a regularly scheduled basis.

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visits. The capacity rating dictates the frequency of future site visits.⁷⁶ See Table 5 below for the required number of visits for each capacity level.

The GMS next schedules a Comprehensive Site Visit (CSV), the purpose of which is to “fulfill routine monitoring requirements and to provide the necessary information to determine follow-up activities and follow-up assistance and, if necessary, revise the initial site visit schedule.”⁷⁷ During this visit, GMSs and program officers use standardized site visit forms to assess programmatic and fiscal areas. The GMS compiles the forms and completes a comprehensive outcome report and updated site visit schedule that are sent to the subgrantee within 30 days. The GMS or program officer then conducts follow-up visits to document whether the subgrantee resolved previously identified issues.

		Assessment	Comprehensive	Follow-Up	Site Visits	Reassessment
Low-Capacity	Year 1	Assessment Date	3-4 months from Assessment	7-8 months from Assessment	3 site visits per 12 months	12 months from Assessment
	Year 2		12-14 months from Assessment			24 months from Assessment
Moderate-Capacity	Year 1	Assessment Date	6 months from Assessment		3 site visits per 24 months	
	Year 2		18 months from Assessment			24 months from Assessment
High-Capacity	Year 1	Assessment Date			2 site visits per 24 months	
	Year 2		12-14 months from Assessment			24 months from Assessment

Low-capacity subgrantees require three site visits per 12 months, while moderate-capacity subgrantees require three site visits per 24 months. Two of the five sampled grantees had a “moderate-capacity” rating, and three had “low-capacity” ratings. As of August 2011, the team observed the following deficiencies:

- only one of the two “moderate-capacity” subgrantees received the three site visits required within 24 months;
- none of the low-capacity subgrantees received the required three site visits within 12 months;
- two of the five ACAM outcome reports were not completed within 30 days; and

⁷⁶ Results of the ACAM process are valid for 24 months for agencies categorized as high- and moderate-capacity and 12 months for agencies categorized as low-capacity. CBOs with low-capacity ratings require more frequent site visits than those classified as high-capacity.

⁷⁷ EXECUTIVE OFFICE OF THE MAYOR, OFFICE OF PARTNERSHIPS AND GRANT SERVICES, CITY-WIDE GRANTS MANUAL AND SOURCEBOOK 5 (Dec. 2009).

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- two CSV reports were not completed within 30 days.⁷⁸

If periodic site visits are not conducted, monitors cannot confirm that program and financial activities occur as reported by subgrantees. For example, during a follow-up site visit, a program officer attended a group-level intervention and noted that the group members did not meet the grant agreement's target population. This individual communicated the concern to the program director; however, the grant file did not contain documentation of whether this problem persisted or was resolved. When monitors do not conduct periodic site visits or issue timely outcome reports, it may result in inadequate service delivery to clients or noncompliance with grant requirements. Grantors might then, either appropriately or unjustly, terminate the grant, request reimbursement of misappropriated funds, or restrict future grant awards to the grantee and subgrantee.⁷⁹

b. Invoices and certification forms did not contain proper authorization.

The Grants Management and Fiscal Control bureau chief or his/her designee must review and sign each invoice and certification form before they are sent to the Office of the Chief Financial Officer's Accounts Payable division. The bureau chief's signature serves as a quality assurance step prior to payment. The team reviewed 60 monthly invoices for the 5 CBOs and observed 17 instances where unsigned invoices were paid.⁸⁰

⁷⁸ At this point in the draft report, DOH inserted the following comment:

Site Visit Completion The report stated regarding HAHSTA's completion of site visits within a timely manner. Due to the schedules of the sub-grantees, the visits often took place outside of the site visit window. HAHSTA works diligently with the grantee in scheduling site visits. The completion date of a site visit is dependent on the availability of the sub-grantee. In the majority of the cases, the required staff (both HAHSTA's and the program staff) that must be present at the site visit are unavailable which delays the site visit.

⁷⁹ At this point in the draft report, DOH inserted the following comment:

HAHSTA will continue to conduct risk based assessments and determine the appropriate site visit, support and oversight that each provider needs. A new site visit protocol is being drafted and in consideration for implementation.

HAHSTA has added two Quality Assurance positions to the Office of the Deputy Director for Operations. One of the primary responsibilities of these two employees will be to develop quality measures and to ensure monitoring of all HAHSTA funded activities. They will work closely with program and grants management staff who are responsible for conducting site visits, documenting findings and reporting to management.

⁸⁰ At this point in the draft report, DOH inserted the following comment:

The signed invoices are available for the 17 observed cases and all other processed invoices. A copy of each signed and final invoice is appended in the Procurement Automated Support System, PASS, as part of the District's payment records. The Grant Management Specialists were not fully appraised of the scope of the review and did not confirm the presence of all final forms at that time. The record keeping process has been updated to ensure that final

GRANT FILE REVIEW

One payment option for subgrantees is advance payment. When advance payments are issued, subgrantees receive a percentage of the total grant award amount in prior to providing services. During subsequent months, the subgrantee submits monthly invoices and certification forms to reconcile the funds expended year-to-date. When advance payments are used, the bureau chief must first authorize invoices and certification forms to allow disbursement of funding to the subgrantee. HAHSTA used the advanced payment option with one of the CBOs for a grant totaling \$75,000. Two advanced payments in the amount of \$37,500 each were disbursed, but the bureau chief or his/her designee did not sign the corresponding invoices and certification forms. If GMS employees do not adhere to quality assurance protocols, CBOs may receive payment for work that was not completed.⁸¹

c. Subgrantees' monthly progress reports did not sufficiently detail their activities.

Subgrantees must submit monthly and quarterly reports that document information such as: (1) the number of clients who received services; (2) client demographics; (3) status of progress to date and completed milestones; and (4) challenges to service delivery. Monthly reports and invoices are submitted on the 10th business day of each month, which allows program officers to evaluate subgrantee performance during that invoice period. The team reviewed monthly reports from each subgrantee, and observed that most adequately documented the subgrantee's activities for the month. However, the team observed instances where:

- seven of 12 monthly narrative reports were not on file for a particular subgrantee;⁸²
- subgrantees did not consistently provide descriptive updates on program activities for *each* of the intervention core elements or service activities listed in the grant agreement;⁸³

invoice forms bearing the requisite signatures are also placed in the sub-grant folders.

⁸¹ At this point in the draft report, DOH inserted the following comment:

HAHSTA's protocol to process advance requests involves a two-step process. A formal request by the provider is received and if approved, the requisite bureau chief signs to authorize the advance. Related payments are then processed using the HAHSTA Invoice form which only require the signature and approval of the grants bureau.

⁸² At this point in the draft report, DOH inserted the following comments:

Prevention funded programs have the option of submitting their reports either monthly or quarterly. This decision is made between the Project Officer and the subgrantee. The subgrantee in question reports, Consortium for Child Welfare, to HAHSTA on a quarterly basis regarding the status of the program, Parents Matter! The arrangement of reporting quarterly was determined during the FY09 grant period. In addition, the sub-grantee failed to provide detailed program activity and was placed on Remediation in May 2011. Once the remediation plan was reviewed and active, the grantee was able to meet and exceed the deliverables for the grant. Copies of the remediation plan are available for review.

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- a subgrantee receiving funding for two interventions provided minimal status update details for one of the interventions. The file for this subgrantee was also missing a narrative report, and one of the monthly reports appeared to have originated from another grant agreement and was mistakenly placed in this subgrant file.⁸⁴

Of particular note was one subgrantee's inability to report data in a prescribed format and its subsequent request for technical assistance. According to the "Data Collection and Statistical Reports" section of HAHSTA subgrants, subgrantees must "obtain and maintain all hardware, software, and training necessary to collect and report all data via data collection tools provided by or approved by HAHSTA." In its monthly reports, this CBO noted that it was experiencing challenges with collecting outcome data because it did not administer a pre- and post-test to clients evaluating their knowledge. These tests were a subgrant requirement, but the subgrantee noted that it implemented an exit survey for participants instead.⁸⁵ Furthermore, a subsequent narrative report issued at the end of the grant year suggested that pre- and post-tests were never

⁸³ At this point in the draft report, DOH inserted the following comment:

As the report stated, a sub-grantee failed to conduct a pre test and post test. This grantee, Planned Parenthood, failed to implement the program within the first 2 months of the grant. The grantee experienced issues hiring program staff and evaluators for this grant. Due to the late implementation of the program by the grantee, HAHSTA placed the sub-grantee on remediation in April 2011. The hiring process for the required program staff and evaluator was completed in July 2011. By the month, July the program was 7 months in delay all three funded interventions. HAHSTA provided consistent technical assistance to the program staff and financial staff at PPMW on a monthly basis. For the grantee to meet the expected requirements for all 3 interventions, the pre/post tests was removed by supplementing a survey to for all youth to complete. The actual dates of technical assistance are available for review.

⁸⁴ At this point in the draft report, DOH inserted the following comment:

Deaf Reach was the only youth prevention provider funded for two interventions. The grantee mentioned in the report failed to submit detailed program activity summary for both funded interventions, Making Proud Choices and Popular Opinion Leader. The grantee was placed on remediation in June 2011 for failure to report program activity for both interventions and failure to meet the deliverables for the intervention, Making Proud Choices.

⁸⁵ At this point in the draft report, DOH inserted the following comment:

As the report stated, a sub-grantee failed to conduct a pre test and post test. This grantee, Planned Parenthood, failed to implement the program within the first 2 months of the grant. The grantee experienced issues hiring program staff and evaluators for this grant. Due to the late implementation of the program by the grantee, HAHSTA placed the sub-grantee on remediation in April 2011. The hiring process for the required program staff and evaluator was completed in July 2011. By the month, July the program was 7 months in delay all three funded interventions. HAHSTA provided consistent technical assistance to the program staff and financial staff at PPMW on a monthly basis. For the grantee to meet the expected requirements for all 3 interventions, the pre/post tests was removed by supplementing a survey to for all youth to complete. The actual dates of technical assistance are available for review.

implemented, and the data obtained were not reliable. Without statistically valid outcome data for this intervention, the grantor and HAHSTA lack data regarding the effectiveness and impact of the intervention on target groups.

d. Required documentation for fiscal program close out reports was unclear.

Article XX, entitled “Program Close Out,” of each grant award identifies reporting requirements that grantees must comply with at the end of the grant period. Subsection B of this article states:

The Grantee shall submit to the Grant Administrator, a final financial report within thirty (30) days after the expiration or termination of the grant, providing a year-end accounting of expenditures. This report must include:

1. Summary of the cumulative obligation and disbursement of funds to sub[]contractors;
2. Financial statement from each sub[]contractor identifying funds received and expended for each category of service; and
3. An accounting of all interest earned on advance grant award payments.

The team observed that the GMS or program specialist should send a letter to the grantee during the final month of the grant that states the specific fiscal reporting items that must be submitted. This letter requests:

- A grant-end invoice. Please note that any funds unexpended in this grant will be recovered by the HIV/AIDS, Hepatitis, STD and Tuberculosis Administration to support other services;
- A narrative description of the disposition of any item(s) purchased with these grant funds at a cost that exceeded \$5,000 per item; and
- A grant-end financial statement documenting all expenditures, for all service areas funded under this grant.

During the grant file review, the team observed that the only fiscal documents included in five subgrantees’ closeout packages were their final invoices and certification forms. A Grants Management and Fiscal Control manager reported that the grant-end invoice and grant-end financial statement correspond to the final invoice that is submitted, and that the language contained in the letter submitted to vendors should be updated to more accurately reflect the grant-end required documentation. This manager also stated that subgrantees typically do not accrue interest on advance grant awards or dispose of items purchased with grant funds and valued in excess of \$5,000; therefore, such documentation was not on file. Only one subgrantee’s closeout documentation reported that its funds did not accrue interest. However,

Appendices

APPENDICES

Appendix 1: List of Findings and Recommendations

Appendix 2: List of YHPIP Objectives and Activities

Appendix 3: September 7, 2012 Letter from DOH to OIG

Appendix 1

List of Findings and Recommendations

1. HAHSTA did not collect sufficient data to monitor outcomes of certain training activities.

That Grants Management and Fiscal Control Bureau personnel ensure that subgrantee reports sufficiently detail program activities and regularly report YHPIP related data to designated HAHSTA personnel.

2. HAHSTA did not conduct required program evaluations and YHPIP modification.

- a. HAHSTA did not conduct annual literature reviews.*
- b. Partnership for behavioral study not executed.*
- c. HAHSTA did not conduct annual evaluations of YHPIP activities' appropriateness and completion status.*

- (1) That the D/DOH conduct and disseminate annual evaluation reports of future YHPIP activities to ensure that appropriate funding is allocated to activities and desired objectives are achieved.
- (2) That the D/DOH assess financial and staffing levels and allocate appropriate resources to DOH administrations so that formal literature reviews, jurisdictional best practice assessments, and risk behavioral studies are conducted when appropriate.
- (3) That the D/DOH allocate funding for KABB research of high-risk youth populations and identify strategies for conducting longitudinal behavioral studies of youth between ages 13 and 18.

3. The OIG's grant file review revealed inconsistent adherence to grant management policies and procedures.

- a. GMSs and program officers did not conduct the required number of subgrantee site visits; and outcome reports were not completed within 30 days of site visits.*
- b. Invoices and certification forms did not contain proper authorization.*
- c. Subgrantees' monthly progress reports did not sufficiently detail their activities.*
- d. Required documentation for fiscal program close out reports was unclear.*

- (1) That the D/DOH ensure that the required number of site visits are conducted in accordance with ACAM policies and procedures and that reports are completed and submitted timely to subgrantees.
- (2) That the D/DOH ensure that CBO reports comprehensively detail performance and compliance with grant requirements.

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- (3) That the D/DOH ensure that CBOs submit required end-of-grant-year financial documentation that comports with subgrant agreement and Grants Management and Fiscal Control Bureau requirements.

Appendix 2

APPENDICES

List of YHPIP Objectives and Core Activities

Core Activity
<i>Objective One: To develop a partnership between [HAHSTA] and its governmental and community partners to meet the HIV/AIDS primary and secondary HIV prevention needs of District youth and young adults.</i>
Core Activity 1.a: To form a Youth and HIV Prevention Workgroup comprised of [HAHSTA], [HAHSTA] sub[]grantees and community stakeholders (i.e., youth leaders and advocates, community-based organizations, national non[]profits, etc.) that meets at least once a month to plan, coordinate[,] and implement collaborative HIV prevention activities for District adolescents and young adults ages 13 to 24.
Core Activity 1.b: To form a DC government Youth and Health Workgroup comprised of D[.]C[.] governmental agencies that either have youth or youth-related service programs. Meetings will be held at least monthly to plan, coordinate[,] and implement collaborative youth health, sexual health[,] and other HIV related prevention activities for District adolescents and young adults ages 13 to 24.
Core Activity 1.c: To support DC Public Schools (DCPS) in the release and implementation of its new health standards, particularly as it relates to HIV prevention curriculum development and implementation of those standards in high HIV prevalence wards and in DC charter schools.
Core Activity 1.d: To provide technical assistance to DC public charter schools interested in developing a unique HIV prevention program within their charter school or charter school system.
<i>Objective Two: To identify, review, alter or remove, when appropriate[,] policy barriers to HIV/AIDS prevention activities (i.e., testing, condom availability, etc.) that meet youth's prevention needs[.]</i>
Core Activity 2.a: To identify and internally review policies, practices, systems[,] and procedures preventing HIV testing, condom availability[,] and other prevention services from becoming part of the services the agency or agency partners can provide to District youth.
Core Activity 2.b: To have legal counsel—external or internal—review legal policies prohibiting HIV testing and other prevention activities from being implemented by the agency or in conjunction with service providers or other agency partners. [HAHSTA] will also obtain recommendations from legal counsel regarding policy alteration, eradication[,] or maintenance.
Core Activity 2.c: To alter or eradicate policy, practice, systems[,] or other procedural barriers to HIV prevention activities whenever possible and appropriate (i.e., Department of Parks and Recreation, Child and Family Services Administration, etc.).
<i>Objective Three: To increase training opportunities by 50% for the staff, grantees, sub-grantees, partners, and/or clients of non-HIV/AIDS[-]specific DC agencies.</i>
Core Activity 3.a: To sub-grant financial resources and support (pending the availability of funds) to a youth and HIV prevention expert service provider to deliver HIV prevention education trainings and training-of-trainers to [HAHSTA] Youth and HIV Initiative partners.
Core Activity 3.b: For [HAHSTA] to partner with the [Community Health Administration] on a semi-annual-to-annual basis to train at least 75% of 155 DC school nurses on implementing one-on-one HIV prevention education and rapid behavioral assessments of District students.
Core Activity 3.c: For [HAHSTA] to partner with the Department of Parks and Recreation (DPR) to identify and train the appropriate recreational center and/or teen program staff on basic HIV prevention education.

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Core Activity
<p>Core Activity 3.d: For [HAHSTA] to partner with the Department of Parks and Recreation to coordinate and provide HIV prevention education workshops through the DPR Teen Supreme Summer Youth programs.</p>
<p>Core Activity 3.e: For [HAHSTA] to partner with the Department of Mental Health [] to identify and train at least 75% of the 47 mental health clinicians serving DCPS students on relevant primary and secondary prevention and issues related to supporting the youth and parents of students infected and affected by HIV/AIDS.</p>
<p>Core Activity 3.f: For [HAHSTA] to partner with Department of Employment Services, its affiliates[,] and/or DOES funded partners on incorporating HIV prevention education into the Summer Youth Employment program.</p>
<p>Objective Four: To incorporate HIV/AIDS prevention elements into the adolescent and young adult service program offerings of five (5) non-HIV/AIDS[-]specific DC agencies.</p>
<p>Core Activity 4.a: To deliver HIV [and STD] testing services to up to five (5) non-HIV/AIDS[-]specific DC agencies and/or their subsidiaries (i.e., satellite centers, sub[]grantees, etc.) on at least an annual basis to the agency staff and/or to its sub-grantees through means and on a schedule mutually determined appropriate by both [HAHSTA] and its agency partner.</p>
<p>Core Activity 4.b: To make condoms available for distribution for up to five (5) non-HIV/AIDS specific DC agencies and/or their subsidiaries (i.e., satellite centers, sub-grantees, etc.) on an on-going basis; to develop an agreement with that agency for a condom availability program (i.e., based on systems, appropriateness and consumer demand).</p>
<p>Core Activity 4.c: To make HIV prevention education and service referral literature available for distribution in up to five (5) non-HIV/AIDS[-]specific agencies (either directly or through sub-grantees) and/or their subsidiaries (i.e., satellite centers, sub-grantees, etc.) on an on-going basis.</p>
<p>Objective Five: To increase opportunities for HIV/AIDS[-]specific youth service providers to partner with other DC agencies, their partners[,] and sub-grantees.</p>
<p>Core Activity 5.a: [HAHSTA], when appropriate and inter/intra-agency relationships are present, will serve as the liaison between youth HIV/AIDS prevention service providers and other DC governmental agencies to increase opportunities for collaboration, appropriate referrals for youth services, and knowledge of existing DC and community resources, programs[,] and events.</p>
<p>Core Activity 5.b: [HAHSTA] will partner with the Department of Human Services Fatherhood Initiative and Emergency and Transitional Housing Service programs to assist youth HIV/AIDS prevention service providers in fostering and establishing relationships with DHS sub-grantees and their clients to facilitate DHS client's HIV testing, prevention education[,] and referral linkages to HIV/AIDS services.</p>
<p>Core Activity 5.c: [HAHSTA] will partner with Child and Family Services Administration to assist youth HIV/AIDS prevention service providers in fostering and establishing relationships with DHS sub-grantees and their clients to facilitate DHS client's HIV testing, prevention education[,] and referral linkages to HIV/AIDS services.</p>
<p>Objective Six: To implement at least one (1) comprehensive social marketing campaign per year reaching at least 50% of high risk youth targeting specific youth drug and sexual HIV risk-taking behaviors and/or [encouraging] youth HIV testing; the campaign will provide youth with links to the appropriate HIV testing, prevention education[,] and/or supportive services.</p>

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Core Activity
Core Activity 6.a: To provide financial resources and technical assistance support to Metro Teen AIDS to support at least one multi-channel HIV prevention awareness building social marketing campaign per year targeting District teens and young adults; the campaign would also link youth to HIV services.
Core Activity 6.b: To provide financial resources, pending the availability of funds, guidance and technical assistance support to a local DC vendor to implement a multi-media HIV prevention social marketing campaign (i.e., radio and web-based campaign) targeting high-risk teens and young adults focusing on stigma reduction and youth drug and sexual risk taking behaviors; the campaign would also link youth to HIV care, testing[,] and prevention education services.
Core Activity 6.c: To provide financial resources and technical assistance support to pilot a text messaging focused HIV prevention social marketing campaign targeting high-risk District youth; the campaign would link youth to specific HIV testing services in the District.
Core Activity 6.d: [HAHSTA] will either directly conduct or contract an independent entity to evaluate the effectiveness of HIV prevention social marketing campaigns in raising HIV/AIDS awareness, reducing risk taking behaviors[,] and/or linking youth to HIV prevention services.
Core Activity 6.e: [HAHSTA] will use the evaluation information to tailor campaigns to be more effective in reaching the target population and achieving the desired impact outcomes.
Core Activity 6.f: [HAHSTA] in partnership with local media and the Youth and HIV Workgroup will annually launch a series of up to four (4) performance-based events coordinated to encourage testing and promote the reduction of HIV stigma among youth.
<i>Objective Seven: To[,] over the next three years[,] use scientific research and partnerships with academia, community[,] and national youth and HIV prevention[-]experts to identify and implement the most effective HIV prevention[-]interventions available and appropriate for District teens and young adults</i>
Core Activity 7.a: [HAHSTA] will conduct an annual literature review of HIV prevention and intervention related research to identify the most effective HIV prevention[-]intervention practices and approaches to inform the District's HIV prevention youth programming.
Core Activity 7.b: [HAHSTA] will conduct once every three years a review of other jurisdictions HIV prevention practices and intervention activities targeting teens and young adults 13 to 24 to inform the District's HIV prevention youth programming.
Core Activity 7.c: The [HAHSTA] HIV prevention and surveillance units will partner with [George Washington University] GW to identify the knowledge, attitudes, beliefs[,] and behaviors (KABB) and environmental risk factors of four (4) high-risk youth populations in D[.]C[.] over the next three years.
Core Activity 7.d: [HAHSTA] will use data extracted from behavioral surveillance as it becomes available to inform program planning, strategic approaches and to choose appropriate HIV prevention[-]interventions for targeted subpopulations of adolescents and young adults.
Core Activity 7.e: [HAHSTA] will contract resources to a vendor to serve as the fiscal agent for targeted youth and young adult HIV prevention[-]interventions including secondary prevention activities (i.e., GLI support-based interventions, etc.), health education/risk reduction and community-level interventions (i.e., peer education stigma reduction activities).
Core Activity 7.f: [HAHSTA] will, pending the availability of financial resources, partner with its Youth and HIV Workgroup to plan, administer resources[,] and implement HIV prevention programs on an on-going basis to expediently meet the shifting needs of District teens and young

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Core Activity
adults.
Core Activity 7.g: [HAHSTA] will either directly conduct or contract an independent entity to annually evaluate the effectiveness of HIV prevention[-]intervention activities of the [HAHSTA] Youth and HIV Prevention Workgroup for program alteration and, when appropriate, elimination.
<i>Objective Eight: To partner [with] and support over the next three years those DC agencies providing parent[-]child communication with additional resources, support[,] and technical assistance for expanding pre-existing parent education activities.</i>
Core Activity 8.a: [HAHSTA] will partner with the [Community Health Administration] to identify appropriate parent[-]child communication curriculum on sexuality education and HIV/STD/teen pregnancy prevention to implement with District parents.
Core Activity 8.b: [HAHSTA] will provide training resources, supplies, technical and logistical support to the [Community Health Administration] for the expansion and implementation of an annual calendar of parent[-]child communication trainings in the District, targeting specific, mutually determined wards.
Core Activity 8.c: [HAHSTA] will explore the possibility of partnering with Child and Family Services Agency to provide training(s) for DC foster parents on parent[-]child communication focused on HIV/STD/ and teen pregnancy prevention for District foster children.
<i>Objective Nine: To increase youth access [to] existing HIV testing services in the District by 25% over the next three years.</i>
Core Activity 9.a: [HAHSTA] will provide HIV testing funding and supplies for up to three (3) HIV testing sites over the next three (3) years specifically targeting adolescents and young adults ages 13 to 24.
Core Activity 9.b: [HAHSTA] will provide technical assistance to all its existing HIV testing sub[]grantees, including HAHSTA-funded HIV confirmatory testing sites, on developing youth specific HIV testing protocols to increase the youth friendliness of [the] District's HIV testing sites.
Core Activity 9.c: [HAHSTA] will publish and promote the names and locations of youth-friendly HIV testing services in the District through its website and appropriate youth and HIV prevention related materials, including social marketing materials.
Core Activity 9.d: [HAHSTA] will research and consider investing in an on-line referral tracking and monitoring system to ensure that District youth who test positive or receive a reactive HIV test result complete referral linkages to confirmatory testing and/or care and treatment services, if the referring agent is a DC funded testing site.

Appendix 3

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH



Office of the Director

September 7, 2012

Mr. Charles J. Willoughby
Inspector General
717 14th Street, NW
Washington, DC 20005

Dear Inspector General Willoughby:

Thank you for the opportunity to comment on the draft *2007-2010 Youth and HIV/AIDS Prevention Initiative Special Evaluation*. We also appreciate the extension your office granted for the Department of Health (DOH) to thoroughly review the draft report.

Overall, DOH commends the OIG for its examination of the 2007-2010 Youth and HIV/AIDS Prevention Initiative and your findings that DOH has implemented most of the initiative elements successfully. The Department is committed to improving the health of the young residents of the District of Columbia and promoting healthy choices that can endure for their entire lives. DOH has set an ambitious and achievable goal to create a HIV-free generation among young people in the District of Columbia. There can be no higher aspiration than to ensure the health of the next generation of leaders in our city.

As your evaluation confirms, DOH and its community partners have made significant progress in:

- Building new partnerships in government and strengthening relationships between community and government
- Removing policy barriers to ensure greater access to sexual health information and services
- Increasing HIV testing by 70% from 10,000 tests among young people in 2008 to 17,000 in 2011
- Integrating STD education, testing and treatment cohesively in sexual health programs
- Providing voluntary STD screening with sexual health education to DC public schools, DC Public Charter schools and community-based programs
- Expanding condom availability in schools and in communities
- Developing a national model condom education program Wrap MC
- Increasing training of government and non-government staff on HIV, STD and sexual health
- Pioneering social marketing and use of social/mobile media to provide young people vital sexual health information
- Collaborating with community partners on programs to improve the health of young people

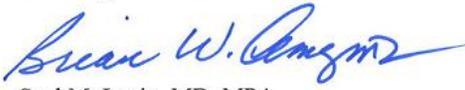
899 North Capitol Street, N.E. Washington, D.C. 20002 (202) 442-5955 FAX (202) 442-4795

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Similarly DOH also fully appreciates the improvement in the areas of program monitoring and evaluation, and performance-based contracting identified by the report. Monitoring of contractual fidelity by contractor/sub-grantees, and improved coordination have already been flagged by the leadership as priority areas and included as a standard in the managers' performance evaluation criteria in the Department. DOH has provided additional comments to appropriate sections of the draft.

We again take this opportunity to thank the OIG for its continued guidance and look forward to continued engagement of OIG, other partners in government, and the community as we launch the 2012-2015 Youth HIV and STD plan.

Sincerely,


for Saul M. Levin, MD, MPA
Director

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