



A Plan to End HIV in Montgomery County

**Submitted by:
Montgomery County, MD
Department of Health and Human Services**

December 30, 2020



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Marc Elrich
County Executive

Raymond L. Crowel, Psy.D.
Director

December 29, 2020

Dear Montgomery County Residents:

On behalf of the Montgomery County Department of Health and Human Services (DHHS) Human Immunodeficiency Virus/Sexually Transmitted Diseases (HIV/STD) Services, I present the enclosed *Plan to End HIV in Montgomery County*. This bold, local plan, conceived in collaboration between DHHS staff and a broad cross-section of our dedicated community-based partners, defines our county's HIV epidemic and the plans to end it by 2030.

The federal *Ending the HIV Epidemic* initiative has provided an unprecedented infusion of resources and support to Montgomery County and 57 other jurisdictions disproportionately impacted by HIV. Over the next ten years, we will work toward major expansion in four key service areas: diagnosis, treatment, prevention and response to outbreaks.

We encourage every resident of Montgomery County to review this plan and provide feedback, and in accordance with the activities it outlines, we hope each of you will consider doing the following:

- Get tested for HIV, even if you do not think you are at risk.
- Seek treatment if you're a person living with HIV.
- Ask your healthcare provider about PrEP, the HIV prevention medication.
- Learn the basics about HIV; so much has changed since the early days of the epidemic.
- Combat HIV stigma by treating people living with HIV with respect and compassion.

Our plan provides a framework for ending HIV in Montgomery County, but we cannot do this without you. Please share the plan with your networks across the county. To provide feedback, become more involved or to request a presentation about HIV or the Plan to End HIV to your MoCo-based organization or group, email Ms. Emily Brown, EHE Program Manager at Emily.Brown@MontgomeryCountyMD.gov.

We dedicate this plan to the 4,000+ people living with HIV in Montgomery County, and to those in communities most impacted by our county's epidemic. In their honor, we pledge to embark upon this work with transparency, cooperation, a focus on equity and with a person-centered approach.

Sincerely,

Travis A. Gayles, M.D., Ph.D.
Health Officer and Chief

TG:ss

Public Health Services

TABLE OF CONTENTS

<i>EXECUTIVE SUMMARY</i>	1
<i>INTRODUCTION & BACKGROUND</i>	3
About Ending the HIV Epidemic	3
The Vision, Mission & Guiding Values for Our Plan to End HIV	3
<i>ENGAGEMENT PROCESS</i>	5
<i>EPIDEMIOLOGICAL SNAPSHOT</i>	12
Incidence Data Overview	12
Prevalence Data Overview	15
Geographic Burden of HIV	17
HIV Continuum of Care	18
HIV Testing	18
Partner Services.....	19
Linkage to Care	19
Priority Populations for HIV Diagnosis, Treatment, and Prevention	20
<i>SITUATIONAL ANALYSIS</i>	23
Overview.....	23
Social Determinants of Health.....	23
Pillar 1: Diagnose.....	27
Pillar 2: Treat.....	30
Pillar 3: Prevent.....	32
Pillar 4: Respond	34
Engagement and Partnership Development.....	35
<i>THE PLAN</i>	37
Pillar 1: Diagnose.....	37
Pillar 2: Treat.....	43
Pillar 3: Prevent.....	48
Pillar 4: Respond	52
Community Engagement	54
<i>GLOSSARY OF ACRONYMS</i>	56
<i>WORKS CITED</i>	58

EXECUTIVE SUMMARY

In February 2019, Montgomery County was named as one of the priority jurisdictions included in the federal initiative, *Ending the HIV Epidemic: A Plan for America*. This identification is based upon evidence that we, along with 57 other geographic focus areas, contribute 50% of the new HIV cases in the U.S. each year. As a result, we are building a plan to end HIV with the resources and support from this national initiative to reach the overarching goal of reducing new HIV infections by 90% by 2030.

Today, approximately 3,544 people are living with diagnosed HIV in Montgomery County and many of them are managing their HIV with antiretroviral therapy (ART) and medical and support services. For those who are living with undiagnosed HIV or are living with HIV and not in care, getting tested and linked to care as early as possible will improve health outcomes and prevent new infections. Key indicators and county data as defined by the Ending the HIV Epidemic federal dashboard are included in the table below.

National Ending HIV Key Indicators for Montgomery County ⁱ	2017 Baseline	2018 Actual	2019 Actual	2025 Target	2030 Target
New HIV Diagnoses	167	131	135	42	17
Linkage to HIV Medical Care within 30 days of diagnosis	79.6%	85.7%	91.5%	95%	95%
Viral Suppression for those living with known and unknown HIV	50.5%	54.2%	57.2%	95%	95%
Pre-Exposure Prophylaxis (PrEP) Coverage for those at risk	9.8%	28.9%	NA	50%	50%

Through a robust community engagement process with input from long-standing and new voices from HIV prevention and care stakeholders, community partners, and representatives from priority communities, Montgomery County has developed a collaborative planning work group to draft the county’s first local EHE Plan. The Plan focuses on the four key pillars with strategies that leverage science-based best practices, resources and expertise to stop new HIV transmissions.

Pillar I: Diagnose all people with HIV as early as possible

Key Strategies

1. Increase uptake of routine, opt-out HIV screening among healthcare facilities in high-incidence areas of the county.

2. Scale up partner services activities to reduce the spread of HIV
3. Build capacity for culturally sensitive and person-centered partner notification.
4. Increase awareness of HIV testing and treatment resources through a sexual health and wellness marketing campaign.

Pillar 2: Treat people with HIV rapidly and effectively to reach sustained viral suppression

Key Strategies

1. Establish and disseminate county-wide guidelines outlining how to connect newly diagnosed and out-of-care people living with HIV to appropriate medical care.
2. Use ‘Data-to-Care’ to identify and re-engage people who have fallen out of care.
3. Expand access to and use of wraparound person-centered services to people living with HIV to support care retention and viral suppression.
4. Build capacity of clinicians and staff in Montgomery County to improve retention and viral suppression among priority populations.
5. Streamline health insurance navigation and reduce gaps in insurance for people living with HIV.

Pillar 3: Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP)

Key Strategies

1. Expand the availability of PrEP in healthcare facilities across the county.
2. Expand PrEP availability in non-traditional, non-healthcare, community-based settings where priority communities convene or receive culturally appropriate services.
3. Expand Post-Exposure Prophylaxis (PEP) access across the county.
4. Expand access to internal and external condoms to priority communities.
5. Expand access to LGBTQ-friendly healthcare resources in the county.
6. Expand access to HIV and sex education among youth in priority communities.
7. Expand the availability of a Syringe Services Program (SSP) in the county.

Pillar 4: Respond quickly to potential HIV outbreaks to get prevention and treatment services to people who need them.

Key Strategies

1. Improve partnerships, processes, data systems, and policies to facilitate robust, real-time cluster detection and response.
2. Investigate and intervene in networks with active transmission.
3. Identify and address gaps in programs and services revealed by cluster detection and response.

INTRODUCTION & BACKGROUND

About Ending the HIV Epidemic

Ending the HIV Epidemic: A Plan for America (EHE) is a federal initiative to end the HIV epidemic in the United States by reducing new HIV infections by 90% by 2030. Phase I of the initiative provides resources to 57 priority jurisdictions across the United States where HIV transmissions happen most frequently, and tasks those jurisdictions to develop and implement plans tailored to their local needs. The plan focuses on scaling up 4 key “pillars” of activity that are aligned with scientific best practices for ending HIV: Diagnose, Treat, Prevent, and Respond, as well as Community Engagement.

As a priority jurisdiction, financial and technical resources from the Centers for Disease Control and Prevention (CDC) have been awarded through the Maryland Department of Health (MDH) to the Montgomery County Department of Health and Human Services (MCDHHS) to develop this local EHE Plan tailored to the unique needs of our community. The EHE five-year funding program through the CDC and Health Services Resources Administration (HRSA) will support the county in implementing key strategies and activities for the highest impact to end HIV. Additional funding opportunities through CDC, HRSA, Substance Abuse and Mental Health Services Administration (SAMHSA), Bureau of Primary Care, and National Institutes of Health (NIH) to support community organizations, state and regional partners, and academic institutions will add new resources and support to strengthen our EHE response.

Since March 2020, the MCDHHS’ HIV/STD Services has convened diverse stakeholder focus groups, held structured interviews and assembled an EHE planning working group to draft its Ending the HIV Epidemic plan. A detailed timeline and description of community engagement is included in this final plan. With the support of existing and new community partners and leaders within county government, EHE has energized local conversations about our HIV epidemic and its many associated social and economic determinants.

The Vision, Mission & Guiding Values for Our Plan to End HIV

In alignment with federal and regional strategies, our plan seeks not only to end new HIV infections, but to make life better and healthier for the 4,000+ people living with diagnosed and undiagnosed HIV in the county. With the following vision, mission and values, we aspire to hold ourselves accountable to higher standards, always keeping the overarching vision in mind as we implement our plan.

Our Vision

Montgomery County will be a place where new HIV transmissions are rare and diagnosed early, and where all people living with HIV have barrier-free access to everything they need to thrive without stigma or judgment.

Our Mission

Through a lens of health equity and in collaboration with diverse priority communities, and healthcare and social services stakeholders, we will build a culturally informed, judgment-free, person-centered HIV prevention, testing and care service landscape in Montgomery County.

Our Values

Transparency and Cooperation. We will share important information and communicate regularly with our communities and partners. We will regularly ask for and incorporate community and multi-disciplinary partner feedback.

Person-centered, Non-judgmental Care. We will build capacity for person-centered, non-judgmental, culturally humble individualized service and strive to ensure that there is “no wrong door” to enter services in the county.

Working Against Inequity. We acknowledge that systemic racism, stigma and bias based on gender, sexual orientation, culture, language and immigration status have shaped HIV prevention, testing and care outcomes, and we recognize the need to actively work against these forces to achieve our vision.

ENGAGEMENT PROCESS

Community engagement was at the center of Montgomery County's planning process. The county values robust input from community members as it strives to end the HIV epidemic. Continued robust engagement will allow the plan to be inclusive of multiple perspectives and ensure that the plan evolves to most effectively address the key barriers the Montgomery County community faces to ending the epidemic. A detailed breakdown of community engagement activities is available in the appendix.

To ensure that the community was given opportunities to share their ideas, the county, in consultation with LINK Strategic Partners (LINK), a national communications and engagement firm, developed a community engagement strategy that sought to combine a multitude of voices with opportunities for deep insights and advice. This strategy ultimately resulted in two introductory working sessions, 36 stakeholder interviews, five focus group discussions, and open engagement efforts, including a public comment period on a draft plan. In addition to these forms of engagement, the county has also established a local HIV Planning Group (HPG) to help form and refine multiple plan drafts. Outreach to community-based organizations (CBOs) and new conversations with healthcare providers in the county provided an important foundation for continued engagement in the years to come as the county and stakeholders seek to refine and implement the plan.

The county's engagement strategy and planning processes were constantly refined as the county received input from stakeholders. Previous engagement efforts in the county primarily consisted of discussions with people who are in-care through the county-operated clinics. The EHE process has provided the impetus for the county to grow engagement efforts around HIV mitigation and sexual health awareness overall. Though the county's findings have shaped its processes, and ultimately the final plan, in immeasurable ways, the following is an attempt to summarize the county's methodology and the most often repeated key themes the county has heard from members of the community during the current planning process.

Introductory Working Sessions

In May 2020, Montgomery County kicked off its engagement efforts with two introductory working sessions with key stakeholders from local and state level public health agencies, and local public and private clinic directors and healthcare providers. These work sessions engaged key stakeholders with the goal of ensuring that the Ending the HIV Epidemic (EHE) engagement and planning process took into account the existing strengths and challenges in HIV prevention, diagnosis, response, and treatment among healthcare providers in Montgomery County, and was informed by the engagement strategy of other EHE jurisdictions. This effort engaged 14 stakeholders who provided key insights on what a successful plan would look like, the

challenges the county faces, the ways that COVID-19 is changing health care, and how the county can best reach target populations. These stakeholders included public health experts and clinical directors identified by the county and invited to join their respective sessions via email. Both introductory working sessions took place over Zoom, given in-person meeting restrictions as a result of COVID-19.

Participants also helped identify additional stakeholders for our stakeholder interviews and focus groups as well as offering guidance on approaching engagement and messaging. ‘Create welcome environments’ and ‘be intentional about outreach’ were two main pieces of advice given surrounding outreach.

Key advice for the plan itself stemming from our introductory work sessions included:

- Increase the availability of affordable, rapid, and at-home testing.
- Improve integration among services the county provides.
- Develop community partnerships to create a basis for collaboration in implementing the plan.
- Educate innovatively on topics surrounding HIV and sexual health.
- Adapt to the evolving nature of healthcare, including telemedicine and testing and contact tracing infrastructure stemming from the COVID-19 pandemic.

Stakeholder Interviews

From June 2020 to October 2020, independent facilitators from LINK conducted 36 stakeholder interviews of public health experts, health care providers, representatives from community organizations, and community leaders. Participants were invited via email to join a 30-45-minute Zoom call and the conversation was guided by a series of questions. These questions were tailored to the specific groups being engaged and crafted with the following goals in mind:

- Assess what is and isn’t working in the county when it comes to the four pillars of HIV response.
- Understand the major health and wellness issues affecting the community.
- Learn the nuances and sensitivities that will be required to effectively engage the full Montgomery County community, especially at-risk groups and those living with HIV.
- Build the foundation for future partnerships with stakeholders and their organizations.

Themes that emerged from these interviews include that the county should:

- Increase sexual education and awareness efforts, especially for youth.
- Ensure that screening for HIV and other STIs is made a routine part of medical care.

- Invest in community health workers to help people access testing and navigate the healthcare system and get into care.
- Work through trusted community groups for effective community outreach and prioritize collaboration.
- Work to eliminate language and cultural barriers to care.
- Conduct more outreach, especially to the transgender community.
- Keep cultural nuances in mind when conducting outreach to different groups.
- Address mental illness at the same time as HIV to retain patients in care.
- Educate more providers about PrEP.
- Improve and extend at-home testing.
- Create clear protocols around how to handle HIV cases and screen for potential cases, especially in primary care offices and hospitals.

In addition to these interviews, facilitators from LINK conducted six interviews with community members identified as at-risk for HIV, and Montgomery County DHHS conducted 22 interviews with community members living with HIV, bringing the total number of stakeholder interviews to 64. Participants were contacted via telephone for a 20-30-minute interview guided by strategic questions. Demographic questions were also included to ensure that a diverse group of community members were represented and for cross-referencing insights with population subgroups. Participants represented a diverse population including ten different countries of origin, as well as multiple gender identities and sexual orientations.

The goals of these interviews were to: 1) understand stakeholders' biggest health and wellness concerns and how sexual health and wellness fits into those broader concerns; and 2) uncover social and structural barriers they face when it comes to testing and preventative services for at-risk individuals and treatment for those living with HIV.

Key insights from these interviews include:

- Montgomery County should promote the visibility of the U=U campaign.
- Transportation and affordability are top barriers to care among individuals living with HIV.
- Mental health and loneliness are among top overall health and wellness concerns.
- There must be more education surrounding PrEP.
- Patients must feel safe and comfortable when accessing care.

It was also noteworthy that participants who were foreign-born and/or identified as straight tended to note stigma and difficulty discussing sexual health to a greater degree than participants who were born in the United States and/or identified as gay or bisexual.

Focus Group Discussions

Each of the county's five focus group discussions were conducted by facilitators from LINKsp. The discussions were designed to garner key insights and assess gaps relating to the current county-wide health care system, and to understand the needs of the county relating to the four pillars of HIV response, prevention, diagnosis, and treatment.

Two of the discussions engaged health care workers. One of these discussions specifically targeted HIV care providers in Montgomery County (five attendees) and the other, directors and administrators from Montgomery Cares Clinics (eight attendees). Another discussion engaged community partners who regularly conduct outreach in Montgomery County, specifically in communities that are most impacted by HIV (seven attendees). The last two discussions engaged male- and female-identifying individuals living in Montgomery County who are at-risk for or living with HIV (3 and 4 attendees respectively).

Similar to the stakeholder interviews, conversation guides and questions for the discussions were tailored specifically to the target audience in order to best engage participants around their lived experiences and areas of expertise. For each discussion, except for the one for male-identifying community members, potential participants were identified before the meeting and invited to join via email or by phone. Participants in the focus group for male-identifying individuals living with or at-risk for HIV were recruited via an advertisement on the dating app Grindr as a way to test a new engagement method for the county. Each discussion took place over Zoom, given in-person meeting constraints stemming from COVID-19.

From these focus groups the following barriers to care were identified:

- Accessibility of testing center locations
- Fees for HIV tests
- Lack of knowledge about HIV and prevention
- Insurance
- Navigation of the healthcare system
- Immigration concerns

Participants suggested that the county make it a priority to increase screening for PrEP in primary care offices, make tests free and more accessible in primary care offices, ensure HIV remains a priority even amidst the COVID-19 pandemic, introduce up-to-date education for at-risk groups, youth, and their parents, target key groups in awareness campaigns such as community leaders, invest in community health care workers, and prioritize patient support.

Participants agreed that awareness and education will help to decrease stigma and that to conduct effective outreach the county must meet people where they already go out in the community.

EHE Planning Work Group

While Montgomery County did not have a formal HIV planning work group prior to being selected as an Ending the HIV Epidemic priority jurisdiction, program staff, consumers and community organizations have long participated in regional planning. MCDHHS HIV/STD Services staff are appointed members in the Maryland Department of Health (MDH) Maryland HIV Planning Group (HPG) and in the Washington, DC Regional Planning Commission on Health and HIV (COHAH) to support integrated regional planning. Engagement around the EHE plan draft provided the impetus for new partnerships and expansion of existing engagement efforts both locally and regionally to develop the county's first-ever collaborative HIV services planning infrastructure.

To create this planning work group, Montgomery County reached out to individuals identified through their involvement in our stakeholder interviews and focus group discussions, or who were known for their role in health care and/or the community. The Montgomery County EHE

Membership. The HIV Planning Work Group currently consists of representatives from the following organizations and some unaffiliated individuals:

- Community Clinic, Inc Health & Wellness Services
- DC DOH HAHSTA
- Gilead Sciences
- Heart-to-Hand
- Kaiser Permanente
- LGBTQ Democrats of Montgomery County
- Maryland Department of Health
- Mary's Center
- Montgomery County African Affairs Advisory Group
- Montgomery County Caribbean Affairs Advisory Group
- Montgomery County Collaboration Council for Children, Youth and Families
- Montgomery County DHHS HIV/STD Services (at Dennis Avenue Health Center)
- Montgomery County DHHS- Behavioral Health
- Mobile Medical Care, Inc
- MoCo Pride Center
- MoCo Reconnect
- Montgomery Cares
- SLK Health Services Corporation
- SMYAL

- Trans Maryland
- Us Helping Us, People Into Living, Inc.
- Walgreens

Demographics. Basic demographic information (right) was collected from EHE Planning Work Group members at baseline with the following breakdown of self-reported responses to open-ended questions in the membership application.

Members of the EHE Planning Work Group attended monthly general planning meetings beginning in October of 2020, and many members also attended committee meetings, centered around strategizing and sharing feedback on specific aspects of the plan. Committees were organized loosely by EHE pillar (Diagnose, Treat, Prevent and Response/Community Engagement) and convened between large planning group meetings. The committees were open and every member of the group was invited to attend whichever topics they have a background and/or interest in.

Members are invited to give feedback on the draft plan in committee meetings as well as in written form on their own schedule. Feedback from the work group is ongoing and will ultimately result in concurrence with the final plan, as well as contributions to plan refinement in the coming months and years. After the plan is submitted, this group will continue to provide guidance around implementation, and will lay groundwork for collaborative HIV testing, treatment and prevention services planning in the county.

Race & Ethnicity	
Characteristic	N
Black	14
White	8
Latino/a/x	2
Gender	
Women	14
Men	9
Transman	1
Non-Binary	1
Sexual Orientation	
Bisexual	1
Heterosexual	11
Gay	2
Queer	2
HIV Status (Self-Report)	
Living with HIV	2
HIV Negative or Status not disclosed	23

World AIDS Day EHE Town Hall

On World AIDS Day, December 1st, Montgomery County DHHS convened a virtual town hall webinar to share its EHE plan draft with the community for public comment. The meeting was a panel discussion involving members of the EHE planning work group, Montgomery County HIV/STI Administrator Melvin Cauthen, and County Health Officer Dr. Travis Gayles. The discussion highlighted equity issues as root causes of the county’s HIV epidemic and directed attendees to review an abridged plan draft for comment. 78 people attended this event- it was MCDHHS HIV/STI services’ first virtual community engagement open forum.

Also, on World AIDS Day, MCDHHS EHE staff encouraged the Montgomery County Council to issue a proclamation in support of our Ending the HIV Epidemic initiatives, to notify and engage the public and various communities about the importance of HIV testing, treatment and

prevention. The proclamation further galvanized community support for EHE, and bolstered attendance at the town hall event.

EHE Plan Town Halls & Engagement “Road Show”

The Community Engagement Committee of the EHE Planning Work Group called for additional open forums in priority communities throughout the county. The committee prioritized hosting an LGBTQ-specific open forum to discuss availability and accessibility of HIV and sexual health services in the county to take place in January 2021 with the support of several local LGBTQ groups.

In addition to open forum “town hall” events, the Community Engagement Committee suggested that EHE leadership visit and present the plan during regular meetings of networks and groups in priority communities. In December, the EHE Coordinator will make a presentation to the African Affairs Advisory Group, and plans are in the works for similar presentations to various other advisory groups in the county, including the Caribbean Affairs group, African-American Health Program, and Latino Health Initiative. Because of the COVID-19 pandemic, in-person engagement is not possible, but virtual meetings are now commonplace, and presenting the plan and implementation strategies remotely is a simple way to share and get further feedback.

Throughout 2021, MCDHHS will also conduct monthly community engagement webinars focusing on different specific topics relevant to Montgomery County’s HIV epidemic. Third Tuesday Talks (T3) will align with national HIV awareness days and feature Montgomery County-based subject matter experts on a variety of topics, including PrEP access for women, LGBTQ youth and HIV, gender affirming care access, HIV and immigration status, and more. These monthly webinars will provide insight into our HIV epidemic for non-HIV specialists, as well as highlight opportunities for HIV services overlap with other county social services work.

EPIDEMIOLOGICAL SNAPSHOT

Montgomery County is the most populous county in the state of Maryland with just over one million residents and is consistently listed in the top 20 wealthiest counties in the nation. Amid the county's great wealth are longstanding pockets of income inequality. Located adjacent to Washington DC, the county is part of the National Capital Region portion of the Washington Metropolitan Area with densely populated urban areas, a strong and diverse economy, and the highest percent of foreign-born residents (32%) in the region. The racial and ethnic origins of the county's residents as of July 1, 2019 are estimated to be 43% non-Hispanic white, 20% Black or African American, 20% Hispanic, and 15% Asian. Foreign immigration, a significant source of cultural diversity since the 1990's, has created a plurality of racial and ethnic groups where, since 2010, no single group is a majority. Most of the county's foreign-born residents come from Asia and Latin America with equal shares at 37% each in 2016 followed by Africa at 16%. Countries with high HIV prevalence, such as El Salvador and Ethiopia, are represented in significant numbers in the county, and the total also includes other sub-Saharan African countries and Latin American countries.ⁱⁱ

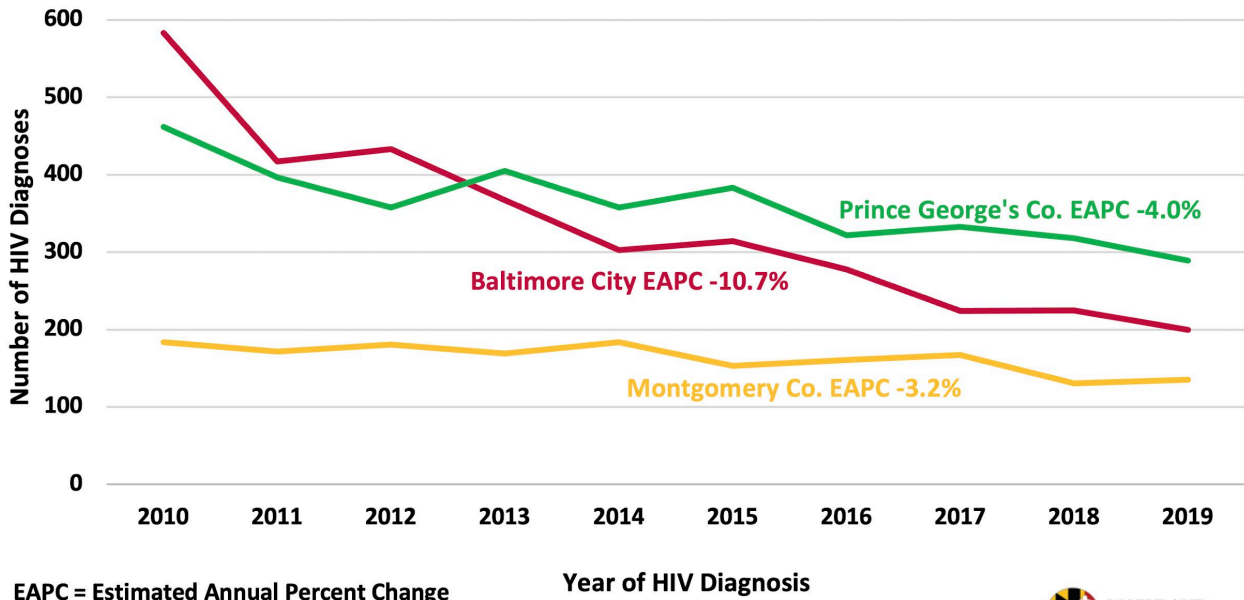
As a geographic 'hotspot' for new HIV infections, Montgomery County had the 3rd highest number of new HIV infections in the state of Maryland in 2019, behind Prince George's County and Baltimore City. Montgomery County had a 2019 HIV diagnosis rate of 15.4 per 100,000, just below the statewide rate of 18.6 per 100,000. The number of new diagnoses across Maryland has decreased annually over the last ten years driven by a steady decline in new diagnoses in Baltimore City, part of the Baltimore-Columbia-Towson Metropolitan Statistical Area (MSA). A larger proportion of persons diagnosed with HIV are now from the Maryland portion of the DC Metropolitan Statistical Area (MSA), representing 51% of new diagnoses due to slower declines in newly reported diagnoses in Montgomery and Prince George's Counties. Figure 1 (next page) illustrates HIV diagnosis trends as an estimated annual percent change (EAPC) for each of the Maryland EHE jurisdictions.ⁱⁱⁱ

Incidence Data Overview

The most recent Centers for Disease Control and Prevention (CDC) estimate of the number of people living with undiagnosed HIV infection is 13.8 percent for the United States in 2018. Applying the same estimation method to Maryland surveillance data, the estimated number of people living with undiagnosed HIV infection in Maryland and Montgomery County is 10.8 percent and 13.8 percent, respectively, in 2018. This percent is used to obtain an estimate of the number of people living with undiagnosed HIV infection in Montgomery County. At the end of 2019, there were a total of 3,544 adults/adolescents living with diagnosed HIV in Montgomery County, while an additional 567 (13.8%) people were estimated to have HIV without yet knowing. In 2019, Montgomery County's 135 new HIV diagnoses were an increase from 130

new diagnoses in 2018 (see Figure 2, below). Despite this recent increase, there has been a trend of steady decline at an estimated annual percent change of 3.2% since 2010.

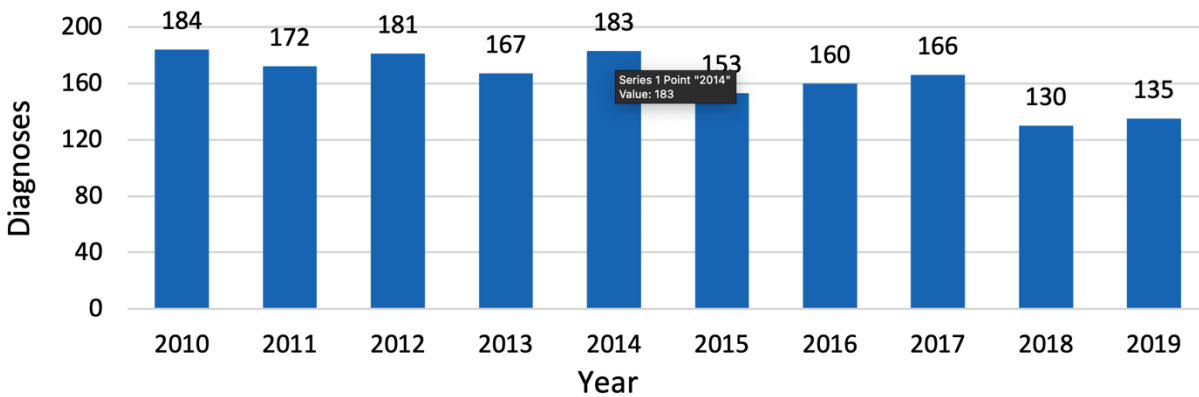
Figure 1. HIV Diagnosis Trends - Maryland Jurisdictions^{iv}



EAPC = Estimated Annual Percent Change
As reported through 06/30/2020



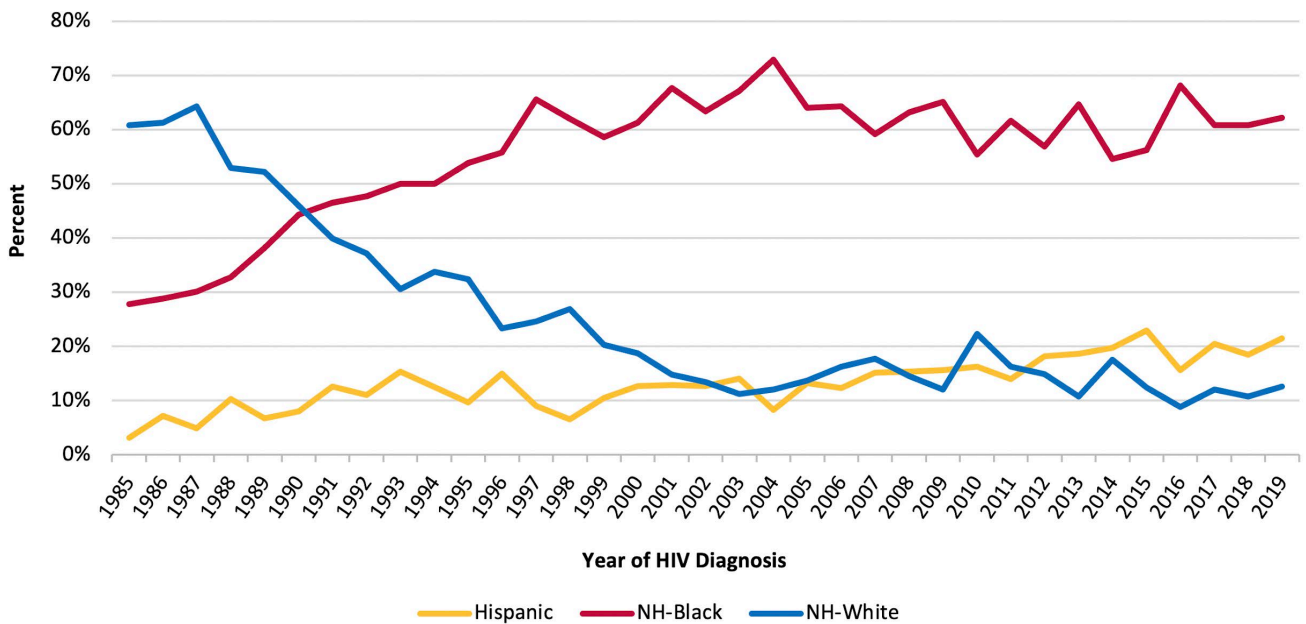
Figure 2. HIV Diagnoses by Year 2010-2019^v



HIV affects people of all ages, genders, races and ethnicities. However, certain population groups are at greater risk of being affected by HIV infection. Among the 135 persons newly diagnosed in 2019, 91 (67%) were men and 44 (33%) were women. Non-Hispanic Blacks have been disproportionately affected by HIV since the early 1990's and represent 62.2% (85) of the 135 reported HIV diagnoses in Montgomery County in 2019. A growing percent of new diagnoses are attributed to Hispanics with 21.5% of 2019 diagnoses. More than two-thirds (37%) of the new diagnoses among non-Hispanic Blacks are attributed to foreign-born individuals from Africa (see Figure 3, below). For the past decade, the burden of new diagnoses as a percentage of the total is rising fastest among men of color between the ages of 25-34. Following this trend is the decade-long increase in the proportion of new diagnoses attributed to male-to-male sexual contact. In 2019, 44% of new diagnoses were male-to-male sexual contact with heterosexual transmission at 50% (see Figure 4, next page).

The proportion of new cases that were foreign-born has steadily increased from 31.5% in 2009 to 37% in 2019. In 2019, most foreign-born individuals were born in Africa (62%) and Central America (18%) followed by Asia (4%). Latin Americans and Asians were similar to U.S.-born individuals by HIV risk factor and gender, while Africans were more likely to be female and less often men who have sex with men. The 2018 identification of 11% of cases presumptively newly diagnosed in foreign-born individuals who self-reported a pre-immigration HIV diagnosis at the MCDHHS HIV Program suggests a possible over-estimate of community-acquired HIV in the county.

Figure 3. Trends in Reported HIV Diagnoses, Among Residents at Diagnosis Aged 13+, by Race/Ethnicity, 1985-2019, Reported through June 30, 2020^{vi}



Prevalence Data Overview

Montgomery County is ranked 4th in Maryland for people living with diagnosed HIV behind Baltimore City and Prince George’s and Baltimore Counties. Figure 3 (previous page) shows trends in people diagnosed with HIV in the county and those currently living with HIV in the county as of December 31, 2019. As new HIV diagnoses and deaths among persons with HIV continue to gradually decline, the number of Persons Living with HIV (PLWH) continues to rise. Advances in antiretroviral treatment since the late 1990’s have contributed to an increase in the number of people living with HIV. Such advances have made it much more sustainable to live with HIV over the last two decades. New diagnoses through increased testing, migration of PLWH throughout the Washington DC metro area and surrounding regions, and immigration of PLWH primarily from Africa and Central America, all contribute to the increasing prevalence of HIV.

Figure 4. Trends in Reported HIV Diagnoses, Among Residents at Diagnosis Aged 13+, by Estimated Exposure Category, 1985-2019, Reported through June 30, 2020^{vii}

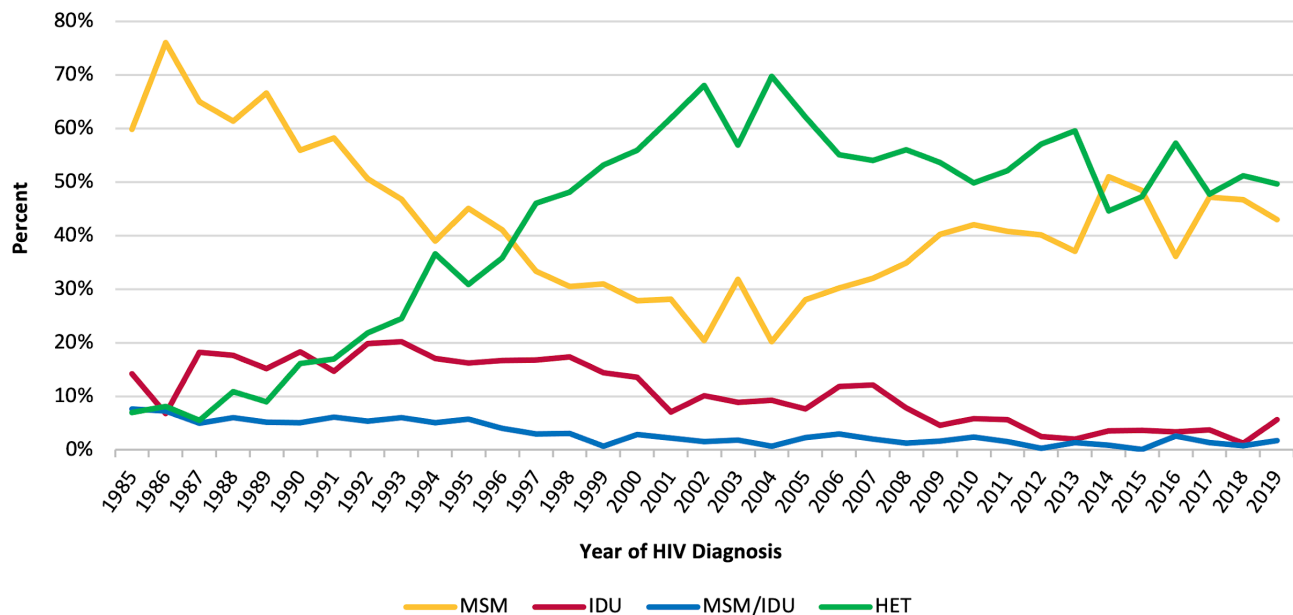
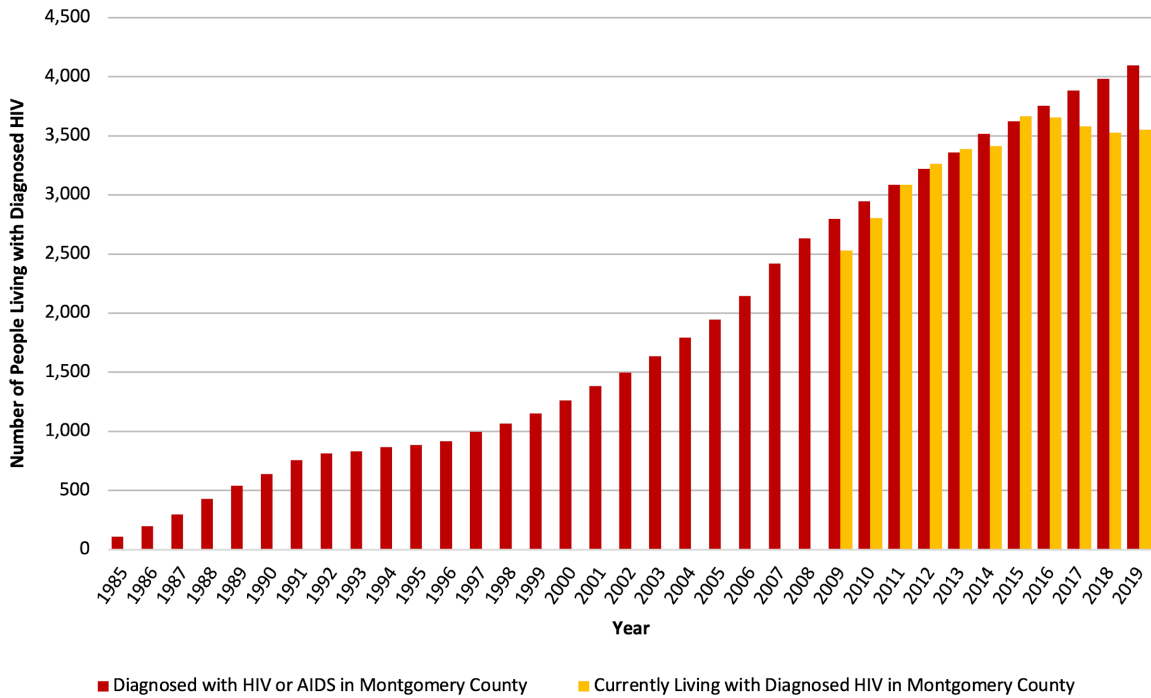
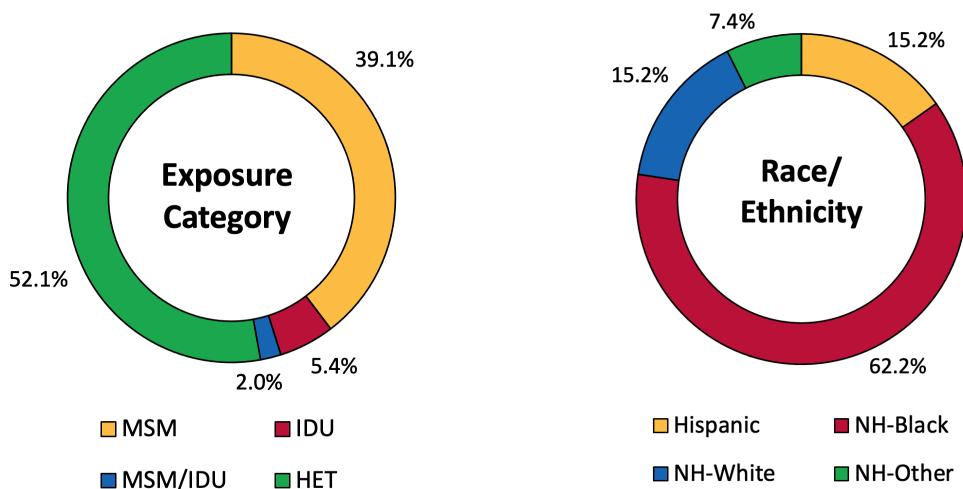


Figure 5. Trends in People Living with Diagnosed HIV, Among Residents at Diagnosis, 1985-2019, Reported through June 30, 2020^{viii}



Of the 3,544 adults/adolescents living with diagnosed HIV in Montgomery County at the end of 2019, 62% were male, and 48% were among adults aged 50 and older. Non-Hispanic Blacks made up the majority (62%) of living cases (see Figure 6). The most common exposure category was heterosexual contact (52%), followed by male-to-male sexual contact (39%), and injection drug use at 5% (see Figure 6 below).

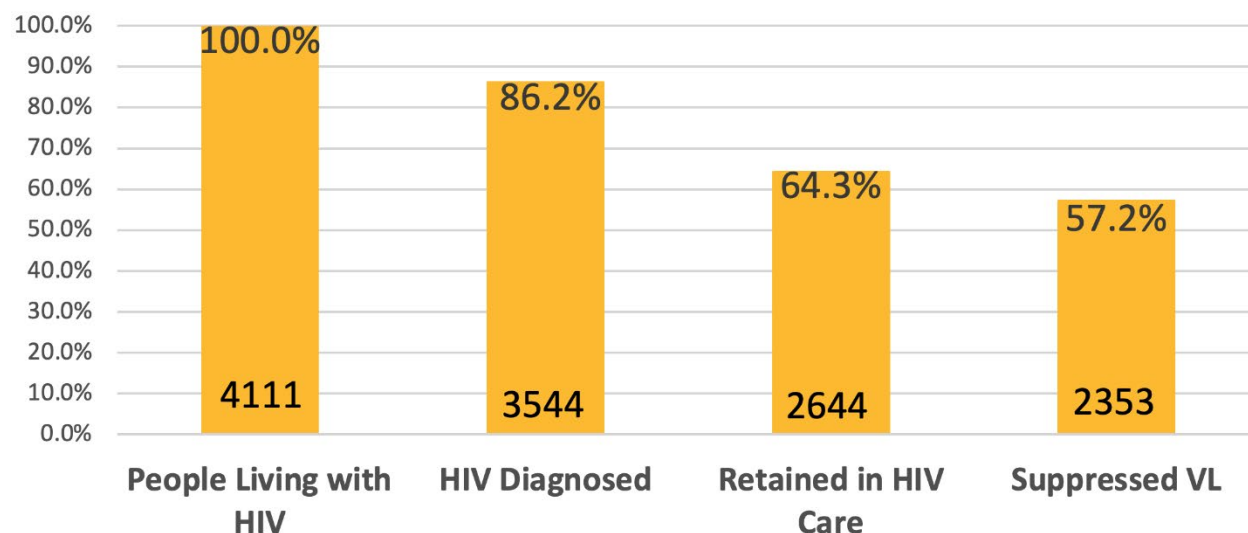
Figure 6. People Living with HIV by Exposure Category and Race/Ethnicity, as of December 31, 2019^{ix}



HIV Continuum of Care

At year-end 2019, 567 (13.8%) Montgomery County residents were estimated to be living with undiagnosed HIV. Among the 3,544 persons with known HIV diagnoses, 73% had a viral load test in 2019 and of those with a viral load test, 91% were virally suppressed. Using a prevalence-based estimate of the HIV Care Continuum including those diagnosed and undiagnosed, 64% of individuals living with HIV were retained in care and 57.2% had evidence of viral suppression.

Figure 8: Prevalence-Based Estimated HIV Continuum of Care Among People Aged 13+, 2019^{xi}



HIV Testing

While the number of routine HIV tests is unknown in community and private healthcare settings, in 2019 a total of 3,926 tests were conducted by the Montgomery County HD and its subcontractors at HIV testing sites and events in Montgomery County. The county STD Clinic performed 45% of the total HIV tests as part of routine STD screening, and another 26% of the total tests were completed through Counseling, Testing and Referral (CTR) services. The remaining 29% of tests were conducted in drug treatment programs, correctional institutions, schools, field outreach, and other nonclinical settings. Ten newly diagnosed people with HIV were identified through Montgomery County CTR, representing a new seropositivity rate of .25% for all tests conducted by the county. With most of the testing occurring at the STI Clinic through walk-in CTR and STI bundled testing, demographic data at all sites are comparative with target populations. Two-thirds of persons receiving testing in 2019 identify as male, 46% identify as Black, 32% as Hispanic and 67% between the ages of 20 to 39.

In 2019, most new diagnoses (33%) were diagnosed at various outpatient facilities in the National Capital Region outside Montgomery County. Kaiser Permanente and Whitman-Walker Health were the outpatient facilities with the highest numbers of new diagnoses in neighboring jurisdictions. Twenty four percent (24%) of new diagnoses were diagnosed at private physicians' offices, particularly in Silver Spring, Rockville, and Olney. Inpatient facilities had the third highest number of new diagnoses (22%). The Montgomery County Department of Health and Human Services STD Program diagnosed 10% of new diagnoses.

Partner Services

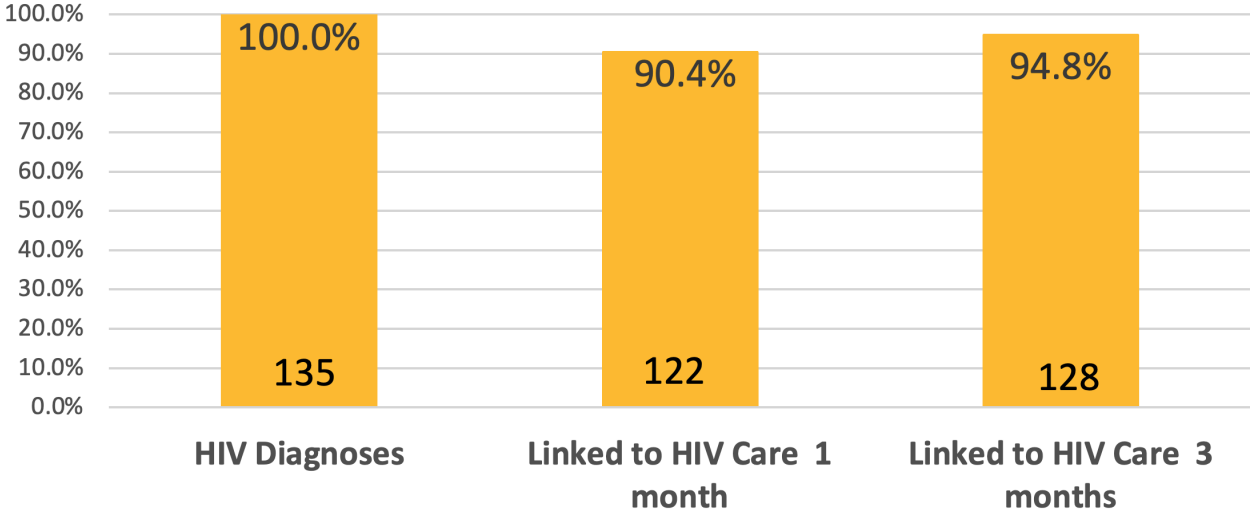
In Maryland, HIV Partner Services (PS) is a function of state and local health departments as a free, voluntary and confidential sexual health service to reduce the spread of HIV. Disease intervention specialists in the county's STD Program interview newly HIV diagnosed individuals to identify their sex and needle sharing partners. Once located they are confidentially informed of their risk and provided with testing, risk reduction counseling and referrals to other services. Partner Services activities are reported by the county in the Patient Reporting Investigation Surveillance Manager (PRISM) system in coordination with the MDH Center for STI Prevention. In 2019, of the 135 new HIV diagnoses reported in Montgomery County, 103 were assigned for HIV PS; of these, 92 (89%) patients were successfully interviewed, naming a total of 37 partners. Of the named partners, 4 (11%) had been previously diagnosed with HIV. Among the remaining named partners not known to be HIV infected, 20 (54%) were tested and 4 of the 20 were positive (positivity of 20%).

Linkage to Care

Of the reported 135 new HIV diagnoses in 2019, 90% were linked to HIV care within one month of diagnosis, and 95% were linked to HIV care within three months of diagnosis. The percent of people with a late HIV diagnosis was high for Latino persons and females (38% and 50%, respectively), and for persons aged 40-49 (46%) at the time of diagnosis.

See Figure 8 on next page.

Figure 8: Linked to HIV Care Among 2019 HIV Diagnoses Among People Aged 13+, 2019^{xii}



Priority Populations for HIV Diagnosis, Treatment, and Prevention

Gay, Bisexual and Other Men Who Have Sex with Men (MSM)

Across the United States, gay, bisexual and other men who have sex with men (MSM) have been disproportionately impacted by HIV, and have long been a key population of focus nationally.^{xiii} In Montgomery County, MSM accounted for 43% of new diagnoses in 2019, and 40% of people living with HIV. Gay, Bisexual and other MSM of color; especially Black and Hispanic MSM, are especially vulnerable to contracting HIV. Of MSM diagnosed with HIV in Montgomery County 2015-2019, 42% were non-Hispanic Black, 28% were Hispanic, and 18% were white^{xiv}. Assessing the sexual health and other social services needs of Black and Hispanic gay, bisexual and other MSM in Montgomery County will be critical in implementing successful HIV prevention and care strategies here.

While it is unclear even approximately how many gay, bisexual and other men who have sex with men reside in Montgomery County, it is very likely that they are drastically over-represented among people newly diagnosed and living with HIV, and Black and Hispanic MSM are clearly over-represented as well. The racial disparities in HIV risk among MSM are complex and are likely due in part to difference in healthcare access (including HIV testing), stigma, discrimination and racially segregated sexual networks with high background prevalence of HIV.^{xv}

Importantly, the gender identity of people living with HIV whose transmission mode was characterized as “MSM” is also difficult to verify. Erasure of trans and gender non-conforming people in HIV data is well-documented^{xvi} and the state health department has made strides in improving data collection to include “gender expansive” categories of people^{xvii}. Historically, trans women may have been mischaracterized as “MSM,” and trans men may also be in this category, while they may have specialized needs that differ from cisgender gay and bisexual men who were assigned male at birth. These concerns highlight the need for a clearer understanding of the experiences and behaviors of gay, bisexual and other MSM in the county, and a more nuanced understanding of how trans and gender non-conforming MSM contextualize HIV vulnerability and care access.

Black and Latina Women

Women make up a larger proportion of new HIV diagnoses (32.6%) in Montgomery County than in Maryland as a whole (28.9%) and among women newly diagnosed and living with HIV, racial disparities are stark. Of all women diagnosed in 2019, 72.7% were Black (non-Latina), 20.5% were Latina and 6.8% were among white women. Addressing these racial disparities and reaching women across the county with information and services will be critical in implementing a plan to end HIV.

Youth, with a Focus on Black and Latino/a/x LGBTQ youth

While youth under 25 make up only 12.3% of new diagnoses in the county^{xviii}, research suggests that they are less likely to know their status than older people living with HIV, and are likelier to have problems staying engaged and retained in care, and achieving viral suppression.^{xix} Among all youth, HIV risk is disproportionate among gay, bisexual and other MSM of color. Of the 16 youth ages 13-24 diagnosed in Montgomery County in 2019, 15 were male assigned at birth, and 1 was female assigned at birth. 13 of those transmissions occurred through male-to-male sexual contact, and 3 through heterosexual contact. 8 were Black, and 4 were Latino. Reaching young people who are most vulnerable to contracting HIV in the county has important prevention implications, as they are likelier than their older counterparts to not be virally suppressed and have more person-years ahead of them living with HIV.

People Who Inject Drugs (IDU)

People who inject drugs account for a relatively small proportion of total new HIV diagnoses, but injection drug use poses an important outbreak risk for HIV and other infectious diseases.^{xx} Data for 2019 shows Montgomery County had an increase over the previous year in the estimated number of HIV diagnoses attributed to injection drug use (8, 5.6%) and male-to-male sexual contact and injection drug use (2,1.7%). During 2018, there were 4 (3.3%) diagnoses

among people who inject drugs and no diagnoses attributed to MSM/IDU. Note the proportion of new diagnoses with no risk was higher this year (37%) as compared to last year (24%) but the data were not outside of the eligibility criteria for the estimation computation.

Transgender and Gender Non-conforming Communities

The Maryland Department of Health's HIV Epidemiological Profile defines gender expansive people as individuals who have a gender identity or gender expression that differs from their assigned sex at birth. Underreporting is likely due to challenges in accurately identifying and reporting gender identity in HIV surveillance. 2019 county surveillance data on gender expansive people living with HIV reports 14 transgender female and 1 transgender male and no new infections in 2019 from any gender expansive category. Of the 15 transmasculine and transfeminine people living with diagnosed HIV in Montgomery County, 14 (93%) had a viral load test performed during 2019. Among those with a viral load test, 11 (79%) had a suppressed viral load. Gender-affirming healthcare is a precursor to HIV screening, treatment and prevention. Montgomery County is adjacent to Washington, DC., which has several options for gender-affirming care for both HIV negative and trans people living with HIV, but that care is not accessible to many residents of Montgomery County, in particular those who lack commercial insurance coverage, have low income, or lack access to transportation and live far from the District.

Residents Born Outside the U.S.

Foreign born residents of Montgomery County make up a significant portion (37%) of all people living with HIV, with Africa as the predominant region of origin followed by Central America.^{xxi} People born in Africa are disproportionately affected by HIV, making up 16.2%^{xxii} of the total county population and 25.8% of people living with HIV. Additional data analysis on foreign born residents with HIV is necessary to identify trends in demographics including gender, mode of transmission and age to develop effective HIV interventions.

SITUATIONAL ANALYSIS

Overview

Using our analysis of epidemiological data, insights from our engagement process and the current landscape of HIV testing, prevention, and care in the county, we have established a strong sense of where Montgomery County currently stands in its effort to End the HIV Epidemic. In addition to identifying strengths that will facilitate the plan, we have identified challenges and areas for growth and improvement which will inform the plan and its implementation.

Social Determinants of Health

Wealth & Income Inequality

Montgomery County is one of the wealthiest in Maryland, with an annual household income of \$106,287 and a relatively low percentage of residents living below the federal poverty level, at 6.9% (ACS). Montgomery County is also an expensive place to live, with a self-sufficiency standard (the income it takes to meet basic standards of living) above \$86,000 per household, per year. This means that poorer households have a harder time making ends meet in Montgomery County than nearly all other counties in Maryland.^{xxiii} While overall income inequality is unremarkable, there are areas of concentrated poverty in the eastern part of the county and in other small pockets interspersed throughout. Importantly, income varies greatly by race and ethnicity. Median household income for white, non-Latino households was \$119,426, while Black residents earned just \$72,586 and Latinos \$71,847.^{xxiv xxv}

Health Equity and Racial/Ethnic Disparities

By nearly all measures, Montgomery County is a healthy county. It has relatively low morbidity across most disease and injury categories, and residents have high relative levels of healthcare access and insurance compared to other jurisdictions in Maryland.^{xxvi} In 2019, however, the county released its first report on health equity,^{xxvii} which included data on maternal and infant health, behavioral health, chronic disease, infectious disease, and injury, analyzed by race and ethnicity. The report showed significant disparities between white, non-Hispanic and Black non-Hispanic residents in 17 out of 23 core health measures including sexually transmitted infections, chronic conditions like cardiovascular disease and diabetes, and infant and maternal mortality. Between white non-Latino and Latino residents, significant inequity existed in 15 of 23 core measures. These racial and ethnic health disparities grew significantly over the reporting period (2010-2018). Racial and ethnic disparities in overall health and engagement in healthcare are impediments to HIV prevention and care outcomes, as our HIV epidemic itself shows stark

differences in risk, care engagement and outcomes. These findings underscore the importance of a deliberate focus on equity in our strategy to end HIV in Montgomery County.

Health Insurance Access

Healthcare access is critical for HIV diagnosis, treatment and prevention, and insurance coverage is an important predictor of access. Montgomery County has a low percentage of uninsured with 7.8% of residents under the age of 65 without health insurance.^{xxviii} The expansion of Medicaid under the Affordable Care Act has paved the way for low-income citizens to acquire coverage. Of residents receiving Ryan White services through the county's HIV Program, approximately 46% of patients are uninsured with MADAP coverage, and 22% are enrolled in Maryland Medicaid plans.^{xxix} A strength of Montgomery County (in part because of ACA Medicaid expansion and expansion of MADAP funded individual insurance plans) is that most people have access to health insurance, and this must be leveraged in our plan. A key concern expressed by PLWH regarding health insurance plans is the affordability of lab and office visit copays, and deductibles for inpatient services and procedures.

Community Health Infrastructure

Healthy Montgomery, the County government's community health improvement body, works with elected officials, hospital systems, minority health programs, advocacy groups, academic institutions, community-based service providers, the health insurance community, and other stakeholders to achieve optimal health and well-being for County residents. HIV is not a core measure monitored by Healthy Montgomery,^{xxx} but health equity is a continued focus of the initiative, and HIV risk is monitored as a health equity core measure. This means that an HIV benchmark has already been established, paving the way for quality measurement at the highest levels of the county's health leadership structure.

Housing and Homelessness

Housing is healthcare for people living with HIV, and housing instability is a risk factor for contracting HIV. Housing is expensive in Montgomery County; there is a shortage of supply relative to demand, which has led to long-term affordability problems for lower-income residents. According to the county's Interagency Commission on Homelessness, however, there has been a 28% reduction in homelessness since 2017, with a total number of 411 single individuals and 61 families unhoused in 2019.^{xxxi} While only 8% of Ryan White clients in the HIV Program report housing instability, many more live in overcrowded rental units with family or friends or rent single rooms in unlicensed homes. 67 PWLH and 70 family members are housed through Housing Opportunities for People living with HIV/AIDS (HOPWA), and receive temporary housing support through Ryan White. Others are housed through Housing Opportunities Commission (HOC) support.^{xxxii} While the impact of the COVID-19 crisis on

housing and the economy in Montgomery County remains to be seen, it is likely to lead to an increase in unemployment housing instability among groups that were struggling with high rents and low wage jobs before the pandemic. With the Coronavirus Aid, Relief, and Economic Security (CARES) Act, and state/local support, the county has initiatives in place to support individuals and businesses during the COVID-19 crisis. The temporary federal ban on evictions^{xxxiii} may support housing stability in the short term, though in the longer term, Montgomery County may become increasingly inaccessible to low-income residents, which may lead to more equity issues for PLWH.

Food Insecurity

Nutrition is a critical part of health and wellness for all people, and for people living with HIV, it is vital to long-term health and wellness. Food insecurity is associated with decreased ability to achieve viral suppression,^{xxxiv} thus it is important for both HIV treatment and prevention of transmission to others. The county's Ryan White program conducts ongoing assessments with clients for food insecurity. The program provides direct assistance through emergency grocery gift cards, referrals to area food banks, home delivered meal programs, and federal food programs; and provides nutrition counseling as an adjunct therapy to support optimal management of HIV and other chronic conditions.

Montgomery County has expanded food distribution sites throughout the county during the COVID-19 crisis, and demand for food assistance remains high. Increasing Ryan White clients' linkage to food resources and spreading awareness about the importance of food assistance to other HIV care providers in the county will be vital moving forward.

Schools and Education

According to the CDC's Youth Risk Behavior Survey (YRBS), 12.6% of 9th graders and 40.7% of 12th graders in Montgomery County have had sex.^{xxxv} In terms of sexual health, youth ages 15-24 account for 60% of reported Chlamydia cases and 39% of Gonorrhea cases.

Montgomery County has a highly educated population and is known for quality public schools and high school graduation rates. Students across Maryland must receive health education in elementary, middle and high school. This includes basic HIV education for very young students, human sexuality and healthy relationships education for middle school students (in grade 7), and for high school students (in grade 10). Substantial LGBTQ inclusion advocacy has occurred in the school district, and sex education policy does acknowledge LGBTQ students' needs, but anecdotally the implementation of this curriculum varies. Efforts to get condoms into schools have led to their availability in high schools, though to access the condoms students must make appointments with school nurses and be counseled on safer sex practices. This may be a barrier to condom use.

Montgomery County Schools have made a number of additional strides toward inclusion of LGBTQ students. In 2019, the district added an “X” gender marker to support non-binary students who do not use “M” and “F” gender markers on school identification. In 2021, for the first time, students in select county high schools will have access to a pilot LGBTQ studies course, and there are Gender Sexuality Alliances (GSAs) at every MCPS high school, and a growing number of middle schools. Montgomery County Public Schools Parent Teacher Association (MCCPTA) has a diversity, equity and inclusion committee with an LGBTQ focus, and the school district is home to a district-wide student-led LGBTQ group, MoCoPride. Importantly, many students and parents are actively working on improving LGBTQ inclusivity as part of the district’s larger equity efforts.

Behavioral Healthcare and Substance Use Disorder Treatment Access

Trauma resulting from adverse childhood experiences (ACEs) is associated with increased incidence of behavioral health disorders and substance use disorders later in life,^{xxxvi} and trauma has been shown to negatively affect HIV outcomes along the continuum.^{xxxvii xxxviii xxxix} It is vital that HIV testing, care and prevention workforces utilize a trauma-informed approach to HIV care, and remain cognizant of the critical role in overall health played by behavioral health and substance use disorders treatment professionals.

Access to behavioral healthcare and substance use disorder treatment is connected to overall health and wellness, but among many of our priority populations, including LGBTQ communities of color and foreign-born immigrant communities, this access can be tenuous. Substance use disorders and some mental health conditions can increase risk for HIV and hinder prevention efforts. Among people living with HIV, serious mental health disorders and substance use disorders are associated with poor health outcomes, making connectivity to behavioral health and SUD treatment resources critical for retention in care and viral suppression.^{xl}

Immigration Status and Implication for Resource Access

Many newly-arrived immigrants to the United States settle in Montgomery County, adding to its rich cultural diversity. Some of these immigrants remain undocumented and face numerous resulting economic and social hardships, including ineligibility for most public assistance programs, such as SNAP,^{xli} TANF, ACA subsidies^{xlii} and Medicaid.^{xliii} Undocumented residents in Montgomery County are frequently uninsured and lack access to healthcare as a result. While they may receive Ryan White funded service for HIV treatment, many (if not most) lack access to primary care and other specialty care services, presenting HIV screening and prevention challenges. Language is another practical key barrier to HIV service access in the county. Document translation and multilingual staff are critical, but due to the cultural and linguistic

diversity of the county's immigrant communities, translated materials are often out-of-date or translated only into some, not all, needed languages. Another barrier to HIV service access for immigrant communities in Montgomery County is anxiety around engaging with the public system for fear of potential detention or deportation. This anxiety has been heightened in recent years with politically charged anti-immigration sentiment in the highest levels of the federal government and may be alleviated as federal policies and rhetoric change. It is important to work closely with immigrant support networks to disseminate HIV services information through trusted channels with the goal of offsetting this anxiety.

Pillar 1: Diagnose

The CDC estimates that nearly 40% of new HIV infections are transmitted by people who don't know they have the virus.^{xliv} For people with undiagnosed HIV, testing is the first critical step toward improving an individual's health status and preventing HIV transmission. Montgomery County's 2019 epidemiological profile reveals a gap in status awareness, with 13.8% of people living with HIV not knowing they are HIV positive.^{xlv} This means that of the 4,111 people living with HIV, 567 people are unaware that they are HIV positive. The rate of those newly diagnosed in the county who have advanced disease at diagnosis was 33% in 2019, compared to the state average of 22.9%.^{xlvi} Our goal is to diagnose all people with HIV as early as possible, with a target of diagnosing at least 95% of HIV infections. To support this goal, we will strive to increase our local capacity to intensify HIV testing through a coordinated response with community HIV testing partners and organizations who serve priority populations.

Strengths

Increased resources for community-based healthcare and HIV service organizations.

Montgomery County is home to three Federally Qualified Health Centers (FQHCs) which provide affordable primary care services to low-income county residents. Mobile Med, Mary's Center and CCI, all of whom have participated in EHE planning efforts, are recipients of federal funds through the Bureau of Primary Care, and present an opportunity to support the integration of HIV testing and prevention services as part of comprehensive primary care. Several existing Community Based Organizations (CBOs), including Us Helping Us, SLK Corporation and Heart 2 Hand, provide an array of culturally sensitive HIV testing, linkage-to-care, prevention and care services in neighboring jurisdictions, and plan to expand services in Montgomery County. The addition of MDH and other funding to CBOs will support greater accessibility to testing and strategic planning to reach traditional and non-traditional Montgomery County residents at risk for HIV. Participation in the EHE Planning Work Group and collaboration with the county's HIV/STD Services and EHE staff will ensure strategic communication, peer to peer technical assistance and jurisdictional planning efforts to address current and emerging needs of HIV in the county.

Dennis Avenue Health Center. MCDHHS HIV/STD Services at the Dennis Avenue Health Center in Silver Spring offers free, rapid HIV testing, low-cost STI testing and treatment, PrEP, and Ryan White funded HIV care, treatment and support services to county residents. As a known resource for sexual health in the county, HIV/STD Services has provided HIV prevention and care services for over 30 years, is well-known in the community as a sexual health resource, and has built strong partnerships over the years as a trusted referral partner for screening and treatment of STIs and care, treatment and wrap around services for individuals newly diagnosed or living with HIV.

CDC PS 20-2010 Funding. MCDHHS HIV/STD Services has received year 1 of CDC's 5-year funding program to scale up HIV testing and prevention activities to pursue a high impact HIV prevention approach. Our goal will be to significantly increase the number of residents who know their HIV status and have access to proven prevention interventions. Strategies as detailed in the EHE Plan will leverage existing county services with an expanded workforce to support more clinical and nonclinical testing and referral and linkage to prevention services, with the establishment of an HIV Testing and Linkage Collaborative in partnership with community stakeholders.

Montgomery Cares Clinics. Montgomery Cares, a network of 10 independent nonprofit clinics and three FQHC's with 25 locations throughout the county, provides primary health care to low-income, uninsured and Medicaid enrolled adults in Montgomery County. These clinics serve diverse racial and ethnic populations following principles of diversity, inclusion and respect, and are located in areas of the county where greater health inequities exist. Clinic representatives are EHE stakeholders and/or community partners supportive of expansion of HIV testing and prevention services and will be instrumental in reaching the EHE PrEP Coverage goal of 50% of individuals prescribed PrEP among those who need it.

Free At-Home Testing. In 2019, the Maryland Department of Health formed a partnership with the Virginia Department of Health to support free at-home HIV tests for state residents. This service is especially vital now, amidst the COVID-19 pandemic, as it allows people who may not be able to go to a healthcare facility to access testing. At-home testing is known to empower users, reach priority populations and provide an acceptable testing alternative for people facing stigma and discrimination around HIV.

Challenges and Identified Needs

Education and Outreach. A significant challenge Montgomery County faces to the success of the Ending the HIV Epidemic initiative is community awareness. Many people in Montgomery County do not know that HIV is a problem in the county. This means that many people are unaware that they may be at risk and should be tested for HIV. The challenge of reaching more people in the community is further exacerbated by stigma and discrimination which may prevent

individuals from getting tested and seeking care services. A lack of infrastructure of existing community partnerships for education and community testing makes it difficult to reach some priority populations.

Increased education and awareness in the community are essential to ending HIV. To reach the broader community, Montgomery County must engage new and existing partners to create a larger presence. Collaborations with community partners, in addition to education and awareness campaigns, can provide more testing opportunities in the community, help MCDHHS reach at-risk and hard to reach populations, and help to normalize discussions surrounding sexual health.

HIV Partner Services. Montgomery County has the goal of offering HIV Partner Services to all individuals newly diagnosed with HIV. In 2019, 76% of newly diagnosed persons were assigned to Partner Services. Of the 37 named partners, four were found to be previously diagnosed with HIV, and four out of 20 partners not known to be HIV infected were positive upon testing. Partner Services data and conversations with healthcare stakeholders support the need for enhanced education and monitoring around partner services. Provider detailing to increase the receptiveness for partner services among healthcare providers in the county is essential to improve the timeliness with which new cases are reported to Partner Services. Monitoring and evaluating partner services activities on a regular basis in collaboration with MDH will identify areas of needed support.

Affordable and Accessible Testing. Some patients face testing fees that pose a significant barrier to being tested. Others may not seek out testing because they fear they would not be able to afford care following a diagnosis. HIV and sexuality stigmas are barriers for many; some residents do not want to be seen visiting testing locations that are known for specializing in sexually transmitted infections or HIV. Lastly, immigrants, especially those who are undocumented, often do not get tested if a positive test means that they will have to enter the contact tracing system or give out personal information due to fears about their immigration status.

Montgomery County must ensure that free tests are made more easily available than they are currently, so that anyone who is at risk can be tested. There also needs to be a greater awareness about programs that help people, regardless of socioeconomic status, insurance or immigration status, to access HIV treatment if they test positive. Additionally, health clinics must work to create a safe and comfortable environment for all patients regardless of legal status, sexual orientation, or gender identity.

Primary Care Clinicians' HIV Screening Behaviors. Care providers, particularly primary care providers who do not specialize in infectious disease, are often uncomfortable asking patients about their sexual history to screen for an HIV test. Academic detailing is necessary to promote

routine HIV screening in primary care so that at-risk patients are identified and tested. This practice can also help to decrease the stigma surrounding HIV as screening becomes a normal part of medical check-ups. In addition, messaging to residents to know their HIV status and have conversations with their providers will further support CDC recommended screening activities.

Pillar 2: Treat

CDC estimates that individuals not virally suppressed account for an estimated 60% of new infections, underscoring the importance of community work to identify and provide support to residents not engaged and retained in HIV care. Rapid linkage to HIV care and treatment for newly diagnosed persons, and reengagement of those out of care are vital to reach the national EHE goal to increase the percentage of people living with diagnosed HIV who are virally suppressed to 95% by 2030. Rapid linkage to care, defined as a first medical visit within 30 days of HIV diagnosis, is linked to the reduction of HIV related complications and dramatically reduces HIV transmission to others. In 2019, Montgomery County surveillance data estimated that 90.4% of newly diagnosed individuals were successfully linked to care within 30 days and 94.5% were linked within 90 days. Using estimates of county residents with diagnosed and undiagnosed HIV, the percent of this total (4111) retained in care is 64.3% and those virally suppressed is 57.2%. The county will support EHE activities to identify 917 PLWH who are not in care and assist with linkage to care to reach our 95% goals of retention in care.

Strengths

Kaiser Permanente and Private ID Practices. Nearly half (49%) of Montgomery County residents living with HIV receive HIV medical care from several private infectious disease physician groups, with the largest practice, Montgomery Infectious Disease Associates, caring for 25% of all PLWH. Kaiser Permanente provides care to 14% of PLWH and the county Ryan White program provides medical care to 10% of PLWH. Approximately 25% of county residents living with HIV receive their HIV care in Washington, DC. EHE implementation activities will build on existing relationships with private practices and expand partnerships by leveraging educational and messaging resources and dedicated EHE and Ryan White staff to provide case management, referrals and support service as needed to support retention in care. Insurance coverage for residents living with HIV include employer based, ACA marketplace insurance, Medicaid and Medicare, and insurance premium coverage through the Maryland AIDS Drug Assistance Program (MADAP).

Established Ryan White Program. Montgomery County has an established and successful Ryan White Program, which provides HIV testing, care, and support services to low income residents. Currently, the viral suppression rate for those receiving care through the program is 88%. While this needs to increase to reach our goal of 90% viral suppression, the existing infrastructure provides a basis to develop further.

HRSA 20-078 Funding. In 2020, MCDHHS received the first year of a five-year period of EHE funding, HRSA 20-078, awarded to Montgomery County DHHS through the DC Department of Health Ryan White Part A Program. The intent of this funding is to implement Treat Pillar strategies and work plan activities and resources to reduce new HIV infections in Montgomery County, through assisting people living with HIV with rapid linkage to care, retention in care and durable viral suppression. HRSA 20-078 will assist MCDHHS to establish a Care Continuum team of professionals to identify and support individuals in the county who are not retained in care. This funding has provided the ability to create an initial first step towards meeting our goals.

Challenges and Identified Needs

Limited Data-to-Care Capacity. Data to Care (D2C) is a public health strategy that uses HIV surveillance data and other data sources to identify persons with HIV who are not in care, link those not in care to appropriate medical and social services, and ultimately support the HIV Care Continuum. MCDHHS current capacity for D2C activities is limited, but the commitment of the MDH HIV Surveillance Team to supporting these activities throughout EHE implementation is essential to its success.

Education and Outreach to People Living with HIV, the Public, and Care Providers. The U=U Campaign (Undetectable=Untransmittable) is a much less visible campaign in Montgomery County than in surrounding jurisdictions, such as the District and Baltimore. This is partially due to fewer public transit options in Montgomery County, resulting in fewer high traffic areas to advertise the campaign than surrounding jurisdictions. However, downtown Silver Spring and public buses, public gathering squares and retail hubs are high traffic areas and provide opportunities for advertising the campaign. The informational campaign should also partner with care providers to ensure messages are received in providers' offices. From our stakeholder interviews, 68% of stakeholders living with HIV had not heard of the U=U campaign. Like any other form of education and outreach to the community, higher campaign visibility results in greater awareness and normalization of sexual health and wellness within the community, decreasing stigma for those at-risk for or living with HIV.

Lack of HIV Screening and Treatment Protocols. Care providers, especially primary care providers who do not specialize in HIV, frequently do not have the information to adequately respond when a patient tests positive for HIV. There is also a lack of communication among care providers about how to best refer and support patients who do test positive. Patients diagnosed in emergency rooms are rarely linked to an HIV care provider unless they are hospitalized. The county currently lacks clear protocols around screening for HIV and linking patients to care or prevention services.

Patient-level Structural Barriers to Care Engagement. Patients have other life concerns, such as housing or employment, that can be greater priorities for them than their HIV status, which makes wraparound services vital to keeping patients in care. MCDHHS must create partnerships with other county agencies and community organizations to ensure that patients receive the support they need for their non-HIV needs to be met. This will remove obstacles allowing patients to stay on top of their HIV.

Navigating Complex Healthcare Systems. Some patients struggle with navigating the health care system due to language and/or cultural barriers, as well as knowledge gaps about procedures, such as insurance protocols and paperwork, which can prevent patients from entering the health care system altogether. Community health workers should provide support to patients to navigate the healthcare system.

Patient Isolation. Stakeholders living with HIV repeatedly expressed a need for peer support groups, citing isolation and loneliness as a result of their diagnoses as top concerns. The current pandemic exacerbates all these issues making patient support all the more necessary. Support groups and networks of people living with HIV foster community, allow opportunities for peer advice about the healthcare system, and create an encouraging environment for patients to remain in care.

Pillar 3: Prevent

Early diagnoses and viral suppression can help prevent the spread of HIV. Other preventative measures such as PrEP and PEP, sexual health and wellness education, and distribution of condoms can also prevent new cases. To effectively prevent new cases of HIV in the county, we must reach priority populations with a variety of prevention options. Priority populations for prevention outreach include gay, bisexual and other MSM, especially those who are Black and Latino, Black and Hispanic women who are foreign-born from African and Central American countries, non-Hispanic Black men and women, people who are Latinx, young men who have sex with men of color, and the transgender community.

Strengths

FQHC Funding for PrEP Outreach and Availability. Three FQHCs in Montgomery County are recipients of EHE Bureau of Primary Care funding to expand both HIV testing and PrEP: CCI, MobileMedical Care, and Mary's Center are conducting outreach programs to increase the use of PrEP in the community. This funding is essential to increasing preventative services in the county, especially among priority groups to scale up PrEP use and support the goal of 90% reduction in new cases by 2030.

Dennis Avenue Health Center’s PrEP Clinic. In April 2018, Dennis Avenue Health Center opened a PrEP clinic embedded within STI testing and treatment services. To date the clinic has supported PrEP services to approximately 120 patients through referrals from STI visits, word of mouth and referrals from outside providers with capacity to expand during EHE implementation.

Challenges and Identified Needs

Unknown Number of Healthcare Practices Offering PrEP. Currently, MCDHHS does not know the number of healthcare practices offering PrEP, which makes it difficult for the county to determine the needs of the community. Though it is clear that PrEP access should be increased, it is unclear how large that expansion needs to be and the size of our high risk population. More data will help to accurately assess the landscape.

Low Levels of Screening for PrEP Eligibility. Increasing screening for PrEP beyond the current clinical locations is essential for identifying at-risk individuals and preventing the transmission of HIV. Introducing PrEP into primary care offices would increase screening for HIV and the number of prescriptions of PrEP for identified at-risk individuals. Screening in primary care offices will also decrease the stigma surrounding sexual health and wellness and make it a normal part of a doctor visit.

Lack of Prevention Education. During our community engagement conversations, stakeholders identified the need for up-to-date sexual education in both schools and the county generally. This education is especially important for youth who may be unaware of or unconcerned about HIV. It is key that education initiatives are open and inclusive, especially for those likeliest to contract HIV, as this will help to both reach a wider audience and decrease the stigma surrounding sexual health and wellness.

Intravenous Drug Use Poses a Potential Outbreak Risk. In 2019, epidemiology data showed that there was an increase in HIV diagnoses attributed to injection drug use. Similarly, stakeholders interviewed identified intravenous drug users as the most at-risk group in Montgomery County for a large and rapid outbreak of HIV infections. The county needs to implement outreach and preventative programs, such as a needle exchange program, that are specifically focused on prevention for people who inject drugs.

Pillar 4: Respond

Our response consists of two main components: cluster detection, and cluster response.

Cluster Detection. The Maryland Department of Health works with local health departments and neighboring state health departments using standard public health methods to identify communities experiencing higher than expected numbers of HIV diagnoses, known as clusters. These clusters of HIV diagnoses may be early indicators of new and growing numbers of HIV infections, or of the need for increased resources and services for affected communities. Clusters of HIV diagnoses are identified through several methods including:

- Provider/s reporting of unusual numbers or patterns of diagnoses among patients;
- Local health department identification of unusual numbers or patterns of diagnoses among people who seek services at the health department;
- Co-infections with other disease outbreaks, such as tuberculosis, syphilis, shigellosis, and hepatitis;
- Health department review of epidemiological data to identify communities with higher-than-expected numbers of HIV diagnoses or communities with increasing trends of new diagnoses; and
- The analysis of laboratory test results to identify people with similar strains of the virus that might indicate communities experiencing recent and rapid HIV transmission.

Cluster Response. The existing toolkit of HIV surveillance, prevention, and field service programs is used to respond to identified clusters. People living with HIV are identified and provided with assistance to support linkage to care, retention in care and viral suppression. Individuals and community members identified to be at risk for HIV are offered testing, prevention education, and PrEP. Identified communities are assessed for other needs, such as education, stigma reduction, and increased access to testing and other health services. HIV cluster detection and response allow us to target our resources to the individuals and communities most in need to help drive down new infections.

Strengths

Maryland Department of Health Rapid Response to Potential HIV Outbreaks. The Maryland Department of Health works with MCDHHS to identify people living with HIV, those at risk for HIV, and communities with health care needs, such as increased education or access to health services, allowing a rapid response to the needs of the community and individuals to prevent potential outbreaks.

Field Services, Linkage to Care, Treatment and Client Centered Services to Support Cluster Response in Place at Local Level. MCDHHS has the capacity to respond to clusters at

the local level. While county resources are a strength, improved coordination with the Maryland Department of Health will ensure rapid response and data quality.

Challenges and Identified Needs

Regional Collaboration Needs Improvement. Outbreak patterns are less dependent on geography than they used to be, meaning it is vital for Montgomery County to coordinate and collaborate with nearby jurisdictions and states to ensure that it is rapidly identifying and responding to outbreaks.

Continued Rise in Percentage of New HIV Infections in Young, Gay, Bisexual and Other MSM of Color. There is a rise in number and total proportion of HIV infections among young, gay, bisexual and other MSM of color. This group is highly marginalized from mainstream healthcare and social services and will require creative solutions and outreach to mobilize effective outbreak response strategies.

Need for a County-level Epidemiologist for HIV/STD Services. This creation of a county Epidemiologist for HIV/STD Services is necessary for Montgomery County to make the most effective use of existing resources and to support local response to clusters, educate program staff, and coordinate with state surveillance and epidemiology staff. While regional collaboration and partnerships are vital, it is also important to ensure that data is tracked on the local level.

Engagement and Partnership Development

Community engagement and partnership development are vital to ending the HIV epidemic. Without help and participation from other government agencies, community partners, and members of the community, we cannot reach our goals. In creating this plan, MCDHHS has engaged a wide variety of stakeholders including care providers, community members living with and at-risk for HIV, community partners, and public health experts. During this process we uncovered challenges the county will face as it continues to engage the community and build partnerships as well as received recommendations to address identified needs.

Challenges and Identified Needs

Lack of Existing HIV Planning Infrastructure. Montgomery County lacks the history of HIV-specific partnership collaboration and engagement infrastructure that other jurisdictions may have. The county does not have a pre-existing HIV planning group (HPG), and while it has established its EHE Planning Work group to assist with EHE plan development, substantial infrastructure and trust building will be necessary in the early phases of EHE implementation.

There is also a perception among stakeholders that MCDHHS has not been actively engaged in community outreach and that the county does not have a wide network of community partners. It will take time and consistent efforts, including convening and communicating with stakeholders more often, for the MCDHHS to form long lasting, robust connections with community leaders and organizations.

Lack of Public Awareness of HIV in Montgomery County. Montgomery County’s neighboring jurisdictions—Washington, DC and Prince George’s County—have long engaged in public awareness campaigns, but many Montgomery County residents are unaware that HIV also exists in Montgomery County. To combat this, MCDHHS must work as a leader by collaborating with community organizations, community leaders, and other government agencies. Once these key partnerships are established, consistent outreach and clear messages will be vital for keeping these networks engaged.

A Need for Affirming, Culturally-responsive Sexual Health Services. A key recommendation from stakeholders is for MCDHHS to continue to create welcoming and culturally responsive environments in the county for people living with HIV and those who face disproportionate risk of contracting HIV. Many stakeholders cited a lack of LGBTQ-affirming health and service providers, fewer options for LGBTQ communities of color and environments that are culturally in tune with the needs of various immigrant communities. A theme of stakeholder conversations was that many LGBTQ people of color living with HIV or seeking HIV prevention services felt traveling to the District was their only option for appropriate, affirming services. Of note was consistent feedback about lack of healthcare providers that are affirming for trans and gender non-conforming residents seeking gender-affirming care.

THE PLAN

Per federal guidance, Montgomery County’s plan to end HIV is broken down into 4 pillars aligned with national strategy: Diagnosis, Treatment, Prevention and Response, with an additional pillar for Community Engagement included. While each pillar has specific goals and associated strategies and activities, there is substantial overlap between pillars and the success (or failure) in any one pillar will potentially affect outcomes in all the others. Additionally, some pillar-specific strategies and activities have cross-cutting implications; for example, creating HIV screening guidelines for healthcare facilities in the county is an activity under the diagnosis pillar and creating linkage-to-care guidelines is an activity under the treatment pillar, but these activities will be undertaken simultaneously and will form part of a consolidated set of HIV guidelines that includes best practices for all pillars.

Pillar 1: Diagnose

Goal

By 2025, 95% of people living with HIV in Montgomery County know their HIV status.

Strategy 1: Increase uptake of routine, opt-out HIV screening among healthcare facilities, especially in high-incidence areas of the county.

EHE requires jurisdictions to improve diagnosis rates and early diagnosis among people living with HIV; this will entail investing in both opt-in and opt-out approaches involving healthcare and non-traditional organizations. Routine, opt-out screening in healthcare settings, of all people aged 13-65, regardless of risk, was first recommended by CDC in 2006,^{xlvii} and bolstered in 2013 by the US Preventive Services Task Force.^{xlviii} Nonetheless, uptake of this practice has lagged, due in part to institutional barriers along with clinician discomfort with sexual health topics. True opt-out screening that does not require risk assessment, counseling or separate consent to be acquired, is essential in identifying new cases in people who would not seek out (or opt *in* to) HIV testing because of lack of awareness of risk. Hospital emergency departments, urgent care centers and primary care clinics are key partners in these endeavors, but other healthcare providers, dental offices, and pharmacy clinics have also adopted routine, opt-out screening successfully.

Activities:

1. As part of a comprehensive HIV diagnosis, treatment and prevention toolkit, provide local guidelines for routine, opt-out screening to healthcare facilities in priority areas of the county.

2. Identify facilities in the county that are currently doing routine, opt-out screening, with particular attention to facilities in high HIV incidence census tracts.
3. Through collaborative conversations with program leadership, assess training and capacity building needs of selected healthcare facilities.
4. Leverage local training and capacity building resources to provide introductory training on the importance of routine, opt-out screening programs, then provide ongoing training and technical assistance to facilities that embark upon implementation of these programs.
5. As part of a comprehensive campaign, create and disseminate HIV testing awareness materials to healthcare facilities to support their efforts to implement routine, opt-out HIV programs.

Strategy 2: Scale up community-based, point-of-care rapid testing in priority communities and high incidence areas of the county.

Many priority communities for HIV-related services in Montgomery County are marginalized from mainstream healthcare systems. It is therefore essential to ensure that HIV testing is available in a variety of settings in which community members feel comfortable and in which they receive other services that are culturally appropriate.

Activities:

1. Create a county-specific Testing and Linkage Collaborative (“the Collaborative”), which is a coalition of entities conducting HIV testing and linkage-to-care in the county to increase coordination, build capacity and share data between Montgomery County Public Health Services (local health department), testing nonprofits and priority communities.
 - a. In collaboration with MDH, MCDHHS EHE staff will provide up-to-date epidemiological and testing data to inform the Collaborative’s community-based testing and linkage strategic plan (to be developed in Q1 of 2021). The strategic plan will include:
 - i. Vision, mission and values
 - ii. A county-wide testing and linkage coordination plan
 - iii. An assessment of capacity building and training needs
 - iv. A framework and calendar for training and capacity building
 - v. Plans for collaboration with neighboring health districts
 - b. The Collaborative will meet bi-monthly, as many HIV testing organizations operating in Montgomery County are also part of regional HIV planning groups like the COHAH and Maryland’s HPG.

- c. The Collaborative will have an advisory committee composed of priority community members, consumers and service providers. It will meet bi-annually and provide interim feedback on strategies and implementation of testing and linkage services in the county.
 - d. The Collaborative will have access to shared file storage and an email listserv to encourage communication between meetings and provide opportunities to notify members of emerging service needs, upcoming events, new programs, etc.
 - e. The Collaborative will work toward establishing a reliable community testing calendar that will inform public-facing promotion of testing resources, including pop-up events and outreach.
 - f. A priority of the Collaborative will be to ensure HIV testing and linkage accessibility beyond traditional business hours.
2. Integrate HIV testing into staff operations at agencies that already exist to support priority populations.
- a. Identify non-profit social service agencies serving priority communities and/or operating in high-incidence census tracts (for example, MoCo Reconnect/SMYAL has specific programming for LGBTQ youth in Montgomery County)
 - b. Meet with leaders from these non-profits and assess the feasibility of implementing HIV testing as part of intake or other standard processes in these agencies (assess interest, staffing levels, HIV knowledge, appropriateness of integrating HIV screening at intake process, etc.)
 - c. Explore collaboration with MDH to provide testing supplies, CLIA waivers and other requirements for partners who agree to integrate testing into existing protocols.
 - d. Through the Collaborative, and leveraging training resources from MDC, AETCs, and others, monitor progress of these new “nontraditional” testing programs and provide ongoing training and technical assistance to staff leads as needed.
 - e. Encourage the incorporation of HIV testing in agencies that utilize peer support models for recovery and similar programing.
3. Build partnerships between HIV testing agencies and social service agencies serving priority populations to incorporate on-site and outreach/event testing.
- a. Through the Collaborative, identify partnership opportunities among testing agencies and other social services agencies based on location, priority communities and services provided.
 - b. Encourage use of memoranda of understanding (MOUs) to establish routine scheduled, predictable days and times to provide on-site, outreach or event-based testing in the county.

4. Provide intersectional cultural sensitivity and HIV capacity building training and technical assistance to social services programs in high-impact areas of the county.
 - a. Provide virtual training sessions on HIV stigma, intersectional cultural humility, HIV “101”, the impact of HIV on specific populations, sexual health, etc. and promote these modules to nonprofit agencies operating in priority communities and high-incidence census tracts in the county.
 - b. Assess willingness of leadership in key social services organizations to implement more intensive staff training (beginning with a baseline assessment of staff knowledge, skills and behaviors)
5. Leverage the community health worker programs operating within the county to incorporate HIV testing.
 - a. Determine where community health worker models have been implemented inside the county’s HHS infrastructure.
 - b. Meet with program and strategy leaders from these programs to assess feasibility of incorporating HIV testing and linkage into these programs.
 - c. In priority communities where the community health worker model has been most successful in the county (for example, in Latinx communities), MCDHHS could explore feasibility and potential impact of establishing a similar framework for HIV prevention and care, if it cannot be successfully incorporated into existing programs.
6. Establish an at-home self-testing program for those who prefer not to be tested in the community or in healthcare facilities.
 - a. In the short term, MCDHHS will leverage the MDH/VaDOH HIV’s online, in-home self-testing platform and widely promote it locally using leaders in various priority communities as ambassadors.
 - b. Longer-term, MCDHHS will collaborate with MDH and other entities with proven expertise in self-testing logistics to establish an HIV and STI self-testing program for priority communities on an ongoing basis.
 - c. In high-incidence census tracts and priority communities, MCDHHS will assess the feasibility of self-test kit distribution at the county HHS’ regional social service hubs. These hubs have been especially active during the COVID-19 crisis, providing supplies and information to communities in need. Feasibility of integrating HIV self-test distribution will depend on program leadership’s willingness to integrate HIV into the various services provided at the hubs, the ongoing cost of self-test kits, and the sustainability of these hubs beyond the COVID-19 crisis.

7. Establish community-based mobile testing and outreach team-based testing (including health/other fairs and festivals).
 - a. MCDHHS will assess the feasibility of acquiring its own mobile testing and linkage outreach vehicle to conduct more flexible initiatives.
 - b. Through the Collaborative, MCDHHS will incorporate existing mobile outreach testing and linkage initiatives and support nonprofit and healthcare partners endeavors to expand mobile testing and linkage within Montgomery County.

8. Expand pharmacy-based testing in high-impact areas.
 - a. Identify pharmacies with and without clinical capacity in high-incidence census tracts in the county and assess which are providing free and low-cost HIV testing.
 - b. Through the Collaborative, incorporate pharmacy-based testing into the county's testing and linkage landscape, ensuring county-wide linkage guidelines are adhered to in all testing locations.

Strategy 3: Scale up partner services activities to reduce the spread of HIV

Partner Services are free, voluntary and confidential sexual health services offered by Montgomery County HIV/STD Services through collaboration and consultation with the Maryland Department of Health Center for STI Prevention. Partner Services is initiated for all reported cases of syphilis and HIV in the county with enormous social benefit for infection control. When done sensitively and effectively, it can be viewed as a welcome service by a newly diagnosed person who would otherwise struggle to connect with partners to disclose. Healthcare providers' role in Partner Services is critical to the timely initiation of Partner Services activities and thus the identification of sex or needle sharing partners.

Activities:

1. Develop and conduct educational detailing to high incidence healthcare providers/facilities on Partner Services process to increase receptiveness of the services.

2. Educate EHE stakeholders about Partner Services as an intervention to stop HIV

3. Work with MDH to provide increased training and support for HIV/STD Services staff on Partner Services activities.

4. Hire a EHE Public Health Advisor to be responsible for conducting Partner Services for all newly diagnosed persons

Strategy 4: Increase awareness of HIV testing and treatment resources through a sexual health and wellness marketing campaign.

EHE provides an unprecedented opportunity to create an HIV-inclusive sexual health awareness campaign that is tailored to Montgomery County’s needs. As the county establishes its testing and linkage protocols and works with new and existing community partners to expand testing and linkage resources, it is critical to ensure public awareness of these efforts. Montgomery County’s multicultural and multilingual landscape presents unique communications challenges, but to ensure that everyone in our priority communities and all people living with HIV have access to the information they need to get services across the continuum, our awareness campaigns must show cultural and linguistic diversity.

Activities:

1. Work with creative/design partners to develop a research-informed, community-vetted, Montgomery County-specific sexual health and wellness campaign that intentionally includes information about HIV testing.
 - a. Through the Collaborative, consumer focus groups and structured interviews, ensure the campaign brand and messaging are appropriate and match the county’s EHE vision and values.
 - b. All relevant campaign materials should be translated into Spanish, French and Amharic (and in some cases, additional languages).
 - c. Create a website and social media platforms to improve “real time” communication to the community.
 - d. Leverage existing resources (such as LinkUDMV or PrEPFinder) by linking directly to them for resource navigation online.
 - e. Create general print and digital ads to be run throughout the county, and tailored ads to be run in high-incidence census tracts or targeting specific priority communities.

2. Launch the campaign and solicit continuous feedback throughout its duration to ensure quality improvement.

Key Partners:

FQHCs, community health clinics, sexual health clinics, and urgent care centers; hospitals, HIV/STD testing providers, pharmacies and community-based organizations; MCPS high school wellness centers, Montgomery College student health services, University of Maryland AETC, and the STD Prevention Training Center at Johns Hopkins; MCDHHS programs dealing with behavioral health, addictions, harm reduction, and homelessness; and the Department of Corrections and Rehabilitation.

Potential Funding Resources:

State funding- CDC 20-2010, Prevention, STD; SAMHSA, Bureau of Primary Care; CDC PS21-2102, local funding

Estimated Funding Allocation:

\$1.5m (MCDHHS- PS 20-2010/Prevention/SAMSHA/local funding)

Outcomes:

- Increased routine opt-out HIV screens in healthcare and other institutional setting
- Increased local availability of and accessibility to HIV testing services
- Increased HIV screening and rescreening among persons at elevated risk for HIV
- Increased knowledge of HIV Status
- Reduced new HIV infections

Monitoring Data Sources:

National HIV Monitoring and Evaluation (NHM&E) HIV Testing Data, PRISM, local EMR, Maryland HIV Surveillance Data

Pillar 2: Treat***Goal***

Treat people with HIV rapidly and effectively to reach and sustain viral suppression.

- 95% of people diagnosed will receive medical care within a month of diagnosis.
- 95% of People Living with HIV retained in care will achieve viral suppression (<200 copies/mL).

Strategy 1: Establish and disseminate county-wide guidelines about how to connect newly diagnosed and out-of-care people living with HIV to appropriate medical care.

As discussed above, we will be approaching healthcare providers in high-incidence areas of the county with a consolidated, comprehensive set of guidelines related to HIV “best practices,” as opposed to having separate conversations with them about HIV testing, linkage, treatment and prevention. Healthcare providers across the county were overwhelmed before the COVID-19 pandemic, but now it is especially important to approach them with concise, specific “asks.” For community-based testing agencies, the Collaborative will provide a launching point for linkage-to-care guidelines and continuous quality improvement. It will also provide collaborative communication opportunities online to immediately assess which clinics are accepting new patients for rapid linkage, which clinics may be most appropriate for specific priority community members, and to verify eligibility requirements. Convening testing and linkage partners on a

regular basis and supporting their collaborations with each other will be a major step forward for the county.

Activities:

1. As part of a comprehensive HIV diagnosis, treatment and prevention toolkit, provide local guidelines for linkage-to-care of patients newly diagnosed with HIV (and re-linkage of those out of care) through routine, opt-out screening or other HIV testing programs.
 - a. With particular attention to facilities in high HIV incidence census tracts, identify facilities in the county that have established protocols for linking people newly diagnosed with HIV (or those out of care), whether or not they are currently conducting routine, opt-out screening. Through collaborative conversations with program leadership, assess training and capacity building needs of selected healthcare facilities.
 - b. Leverage local training and capacity building resources to provide introductory training on the importance of routine, opt-out screening programs, then provide ongoing training and technical assistance to facilities that embark upon implementation of these programs.
 - c. As part of a comprehensive campaign, create and disseminate HIV testing awareness materials to healthcare facilities to support their efforts to successfully link people living with HIV to care.

2. Through the Collaborative, establish, disseminate and support implementation of linkage-to-care (LTC) guidelines/resources to all community-based HIV Counseling, Testing & Referral (CTR) providers.

Strategy 2: Use ‘Data to Care,’ to identify and re-engage people who have fallen out of care.

Establishing robust data-to-care HIV surveillance activities at MCDHHS will bolster public health infrastructure and support external healthcare partners in their patient and practice-level care retention and viral suppression goals.

Activities:

1. Through EHE funding, Montgomery County has created a new staff epidemiologist position to conduct “data to care” surveillance activities to identify out-of-care people living with HIV across the county.
 - a. The staff member will be integrated into MCDHHS HIV/STI services and will liaise with community partners and healthcare organizations to ensure closed-loop data-to-care and communication.

- b. The staff member will participate in the Collaborative and remain visible in the community, sharing data and information with community stakeholders on a regular basis.
 - c. The staff member will liaise with epidemiologists at Maryland Department of Health to support the creation of locally usable HIV surveillance and data reports.
2. HIV/STI staff will work directly with healthcare stakeholders to support re-engagement efforts of all people living with HIV who are out of care and in need of support services.

Strategy 3: Expand access to and use of wraparound/client-centered services to people living with HIV to support care retention and viral suppression.

People living with HIV require access to stable housing, psychosocial support, nutritious food, and other services to stay engaged in healthcare and maintain viral suppression. While Montgomery County has ample social services resources, they are not always equitably distributed or easy to navigate. Working toward community-wide retention and viral suppression, it is critical to build infrastructure to support linkage to non-medical care.

Activities:

1. Through EHE funding, Montgomery County will create a full-time social worker to work with community providers and patients to support retention and viral suppression.
 - a. This social worker will participate in the Collaborative and meet community partners and their clients “where they are” in the community to support linkage to care and resources.
 - b. The social worker will work closely with the epidemiologist on data-to-care initiatives, ensuring person-centered support.
2. Leverage existing county’s Ryan White services for out-of-care or high-risk patients of HIV healthcare facilities across the county.
 - a. Meet with HIV healthcare providers across the county to raise awareness of the availability of Ryan White funded support for people living with HIV.
3. Expand access to housing, food, and substance use disorder, behavioral health and other services known to support medication adherence and care engagement.
 - a. MCDHHS will meet to establish relationships with social services nonprofits across the county to build upon its existing portfolio of social services resource linkages.
 - b. MCDHHS will establish memoranda of understanding, when applicable, with social services entities to ensure streamlined referral processes.

- c. Through the Collaborative, MCDHHS will expand awareness of social services that support care retention and medication adherence throughout HIV service organizations in the county.
 - d. Intersectional cultural humility training with a focus on HIV stigma will be provided to social services agencies that partner to support people living with HIV in the county.
4. Expand access to support groups and social support offerings for people living with HIV.
 - a. Establish a monthly calendar of social support offerings across the region for people living with HIV.
 - b. MCDHHS will establish a community advisory board to inform policies and practices at Dennis Avenue Health Center’s Ryan White Clinic.
 - c. MCDHHS will establish patient support groups at Dennis Avenue Health Center.
 - d. MCDHHS will partner with recovery peer support networks in the county to support the establishment of substance use recovery groups for people living with HIV.
 - e. MCDHHS will support expansion of existing peer support for people living with HIV in the county through training and capacity building partnerships.

Strategy 4: Build capacity of clinicians and staff in Montgomery County to improve retention and viral suppression among priority populations.

HIV care guidelines constantly evolve as our HIV epidemic changes and biomedical interventions advance. It is in Montgomery County’s best interest to have an HIV clinical workforce with up-to-date HIV treatment protocols. A key role for MCDHHS in EHE plan implementation will be to convene and disseminate guidelines and updates to Montgomery County-based HIV clinicians.

Activities:

1. Based on national care standards, create user-friendly HIV care and treatment guidelines and protocols to disseminate to HIV clinicians in Montgomery County.
2. Create a mechanism to convene HIV clinicians in Montgomery County on a regular basis for information dissemination, training and networking.
 - a. Establish a local, annual symposium or conference (or a county-specific carve-out at a regional conference) to update clinicians on their role in achieving EHE goals and strategies.
 - b. Create an email listserv for HIV clinicians in the county to exchange written information and emerging research and practice guidelines.

- c. Conduct needs assessment(s) to identify areas of need among HIV clinicians (assess HIV treatment-related knowledge, skills, behaviors).
- d. Using findings from the needs assessment, create training objectives for Montgomery County HIV clinicians.
- e. Provide training with continuing education credits (CEU) to clinicians who attend these trainings to improve attendance.

Key Partners:

Private HIV medical care providers, Ryan White HIV Service Providers, HIV/STD testing providers, FQHCs, community health clinics, hospitals, pharmacies and urgent care centers; University of Maryland AETC, DC CFAR; social services organizations including those that provide: housing, food, behavioral health support, substance use disorder support, domestic/intimate partner violence shelter and recovery; community-based organizations, faith-based organizations, peer support for of people living with HIV, immigration legal support agencies, services for formerly incarcerated people, multicultural social support, LGBTQ social support, etc.

Potential Funding Resources:

Maryland Department of Health, DC Department of Health funding- HRSA 20-078, Ryan White HIV/AIDS Program Parts A/B, HUD/HOPWA; AETC, PTC, local funding

Estimated Funding Allocation:

\$4m (MCDHHS-HRSA 20-078, Ryan White Parts A/B, HOPWA/local funding)

Outcomes:

- Increased rapid linkage to HIV medical care
- Increased early initiation of ART
- Increased immediate re-engagement to HIV prevention and treatment services for PLWH who have disengaged from care
- Increased support to providers for linking, retaining and re-engaging PLWH to care and treatment
- Increased viral suppression among people living with diagnosed HIV

Monitoring Data Sources:

Maryland HIV Surveillance data, Enhanced HIV/AIDS Reporting System (eHARS), CAREWare, PRISM, local EMR

Strategy 5: Streamline health insurance navigation and reduce gaps in insurance among people living with HIV.

Loss of health insurance, or changes in type of insurance, can lead to gaps in care for People Living with HIV. It is critical that people living with HIV in Montgomery County understand the many resources available to them to support continuation of insurance (MADAP as COBRA), and that linkage-to-care staff in the county assess for insurance status and insurance loss vulnerability as part of HIV care-related intake processes.

Activities:

1. Through the Collaborative, ensure insurance status assessment is standard during linkage-to-care, and that clients are counseled to understand the benefits and risks to care continuity of enrolling in different types of insurance plans (if they are eligible to do so).
2. Create an awareness campaign to educate people living with HIV about health insurance and HIV care, including:
 - a. Navigating ACA open enrollment resources
 - b. Education about how MADAP can be leveraged to support insurance and retention in care
 - c. What to do when insurance lapses occur
3. Educate healthcare providers and HIV service organizations about the insurance landscape and the impact of insurance lapses on HIV care retention.

Pillar 3: Prevent

Goal

Reduce new HIV infections by 75%; by 2030, reduce new HIV infections by 90%+.

Early diagnosis and rapid, sustained treatment of people living with HIV will be extremely impactful in preventing new HIV infections. Comprehensive prevention must include providing a suite of tools to those who are most vulnerable to contracting HIV in the county. This includes not only biomedical and individual approaches like PrEP and PEP and condoms, but also strategies that address some of the root causes of HIV vulnerability in the county.

Strategy 1: Expand the availability of Pre-Exposure Prophylaxis (HIV prevention medication, often called PrEP) in healthcare facilities across the county.

PrEP uptake has been slow in primary care settings in Montgomery County. Lack of clinician knowledge of PrEP, discomfort around sexual risk assessment and sexual history-taking and lack

of patient knowledge all contribute to this problem. More so than with HIV screening and linkage-to-care, expanding PrEP in healthcare will require building sustained relationships with healthcare providers to provide ongoing capacity building for integrating sexual health into primary care. Providing PrEP in non-traditional settings will require collaboration with prescribing healthcare facilities, but this framework may bypass some of the cultural barriers to its implementation, and may prove more accessible to many priority communities historically marginalized from healthcare, such as LGBTQ people of color.

Activities:

1. Identify healthcare delivery sites in high-impact areas.
2. Identify facilities in the county that are currently dispensing PrEP, and whether they offer it for free, low-cost, or only as covered by insurance.
3. Determine PrEP “best practices” protocols and adaptations they would require for Montgomery County’s specific needs.
4. As part of a comprehensive HIV diagnosis, treatment and prevention toolkit, provide PrEP guidelines to healthcare facilities in the county.
5. Identify training/capacity building needs among the selected facilities based on those best practices.
6. Provide training to improve PrEP-related knowledge, skills and behaviors in selected facilities. These trainings should also include:
 - A. Sexual history-taking and talking about sexual health with patients
 - B. Intersectional cultural humility, including modules that address racism, anti-LGBTQ bias in healthcare
 - C. A refresher on the current science of HIV

Strategy 2: Expand PrEP availability in non-traditional, non-healthcare, community-based settings where priority communities convene or receive culturally appropriate services.

Activities:

1. Leveraging the Testing & Linkage Collaborative, incorporate PrEP referral protocols into all HIV counseling, testing, and referral (CTR) activities in the county.
2. Develop county-wide, low-barrier PrEP referral protocols to ensure unfettered access to communities with barriers (e.g. income, insurance, immigration status, language, gender identity, gender expression, SO)

3. Provide training to build PrEP knowledge, skills and behaviors in organizations that are trusted in the communities they serve.

Strategy 3: Expand Post Exposure Prophylaxis (PEP) access across the county.

While PrEP uptake is slow, PEP (post exposure prophylaxis) is even more difficult to find in the county, and will require collaboration with a new suite of partners in emergency departments, urgent care centers and other rapid-response healthcare entities.

Activities:

1. Using best practices adapted to Montgomery County's specific needs, establish county-wide PEP guidelines, which will be integrated into the comprehensive HIV diagnosis, treatment and prevention toolkit.
2. Identify partners in high-impact areas of the county to prescribe/administer PEP.
3. Provide training as described above in PrEP strategy for those not already administering PEP.

Strategy 4: Expand internal and external condom access to priority communities.

There are opportunities to expand condom access across the county. The EHE planning work group emphasized the importance of both internal and external condom availability so that people of all genders and bodies have access to anatomically appropriate protection.

Activities:

1. Identify condom distribution drop-off sites in high-impact neighborhoods. These might include community clinics, retail locations, community centers, faith-based organizations, recreational facilities, etc.
2. Provide on-site or virtual condom skills education to those in priority communities, and ensure condom distribution include user-friendly instructions for use.
3. Integrate condom distribution into at-home test distribution and/or provide condoms by mail.

Strategy 5: Expand access to LGBTQ-friendly healthcare resources in the county.

LGBTQ-friendly primary care sets the stage for HIV diagnosis, treatment and prevention among key priority populations in the county. MC-DHHS can support healthcare providers in convening

to share best practices, build capacity through training and advising on policies that inform the care landscape in favor of health equity.

Activities:

1. Use national indices (HRC’s HEI, for example), word-of-mouth, social media and stakeholder interviews, to identify, support and connect providers in the county who are LGBTQ-affirming, especially trans-affirming in their healthcare practice.
2. Leverage training resources at MDH, AETC and others, to provide training, education and technical assistance to clinicians in the county to build capacity for sexual history taking, risk assessment and referrals that are LGBTQ-inclusive.
3. Integrate this information into a clinician-facing HIV prevention and care toolkit.

Strategy 6: Expand access to HIV and sex education among youth in priority communities.

Activities:

1. Explore existing Montgomery County sex education curricula through meetings with MCPS and student, parent and teacher focus groups.
2. Establish and/or support non-school-based sex educational resources for LGBTQ youth in Montgomery County.
3. Support school board and county council with HIV/STI and other sexual health information to inform the curriculum.

Strategy 7: Expand the availability of syringe services programs (SSP) in the county.

Montgomery County is in the process of expanding services for people who inject drugs, and is developing a syringe services program to support harm reduction efforts. While new HIV diagnoses among people who inject drugs remain rare in the county, potential for an outbreak remains high. As these efforts progress, it will be critical to ensure integrated HIV services.

Activities:

1. Partner with and support Montgomery County-based and other entities establishing SSPs and harm reduction outreach for people who inject drugs.
2. Provide harm reduction training and capacity building support to HIV and substance use/mental health service providers in the county.

Key Partners:

FQHCs, community health clinics, private medical care providers, HIV/STD testing providers, hospitals, and urgent care centers; community-based organizations, MCPS high school wellness centers, Montgomery College student health services, pharmacies, University of Maryland AETC, and the STD Prevention Training Center at Johns Hopkins; MCDHHS behavioral health, addictions, and harm reduction programs.

Potential Funding Resources:

state funding - CDC PS20-2010, Prevention, STD, PrEP, SAMSHA, Bureau of Primary Care, CDC PS21-2102, AETC. PTC, local funding

Estimated Funding Allocation:

\$2m (MCDHHS- PS 20-2010/Prevention/PrEP/SAMSHA/local funding)

Outcomes:

- Increased knowledge of PrEP services
- Increased referral and linkage of persons with indications for PrEP
- Decreased racial and ethnic disparities in PrEP uptake
- Increased capacity of SSP providers to link clients to HIV prevention and care services
- Increased PrEP prescriptions

Monitoring Data Sources:

National HIV Monitoring and Evaluation (NHM&E) HIV Testing Data, PRISM, CAREWare, local EMR, community partners, PrEP monitoring/evaluation data

Pillar 4: Respond**Goal:**

Respond quickly to potential HIV outbreaks to get prevention and treatment services to people who need them.

Strategy 1: Improve partnerships, processes, data systems, and policies to facilitate robust, real-time cluster detection and response.

Activities:

1. Participate in Maryland Department of Health (MDH) cluster response standing committee meetings at least quarterly.
2. With MDH and local jurisdictions, develop protocols, training materials and a standardized operation plan.

3. Coordinate with MDH for ongoing epidemiological analysis of recent infections to help identify hot-spot locations and subpopulations.

Strategy 2: Investigate and intervene in networks with active transmission.

Activities:

1. Establish an HIV Cluster Response Team to identify and respond to individuals in HIV clusters in real-time.
2. Develop Partner Services policies and procedures for rapid response to a cluster network within 7 days.

Strategy 3: Identify and address gaps in programs and services revealed by cluster detection and response.

Activities:

1. Increase capacity to provide timely and effective Partner Services to all newly diagnosed people in Montgomery County.
2. Ensure all persons identified in the cluster are successfully linked to HIV care.

Key Partners:

community stakeholders/partners, PLWH, state and regional health departments

Potential Funding Resources:

Maryland Department of Health, CDC PS20-2010, Prevention

Estimated Funding Allocation:

\$1.3m (MCDHHS-CDC 20-2010, Prevention)

Outcomes:

- Increased community engagement for cluster detection and response
- Improved surveillance data and data systems for real-time cluster detection and response
- Improved policies to respond to and contain HIV clusters and outbreaks
- Improved knowledge of networks to contain HIV transmission clusters and outbreaks
- Increased number of newly diagnosed people with HIV interviewed by Partner Services

Monitoring Data Sources:

Maryland HIV Surveillance data, Enhanced HIV/AIDS Reporting System (eHARS), PRISM

Community Engagement

Goals

1. To meaningfully engage priority communities in plan development, implementation feedback and assessment
2. To engage priority communities in ongoing sexual health services planning in the county
3. To increase reach and cultural appropriateness of all pillar-specific interventions across Montgomery County's diverse, multicultural landscape

Strategy 1: Introduce HIV basics and the Ending the HIV Epidemic plan to priority communities across the county.

Activities:

1. Host a series of public-facing HIV and EHE webinars beginning on World AIDS Day (December 1st)
2. Partner with priority communities to provide HIV and EHE updates to various stakeholder groups in their own convenings
3. Collect written feedback about the plan during and after these presentations.

Strategy 2: Develop a community feedback/monitoring mechanism for activities outlined in the Ending the HIV Epidemic plan.

Activities:

1. A subset of engaged members from EHE Planning Work group will act as an EHE advisory body to support and monitor implementation activities through the duration of the EHE initiative.
2. Engage a consumer advisory board composed of those who receive services at Dennis Avenue Health Center for continuous quality improvement of Ryan White-funded HIV healthcare and support services.
3. Continuously solicit feedback about the broader landscape of sexual health and wellness services in the county via surveys, structured interviews or focus groups in various priority populations.

Strategy 3: Provide information about topics related to Montgomery County’s HIV epidemic to the public on a regular basis.

Activities:

1. Working with community stakeholders and subject matter experts, Montgomery County DHHS/Public Health Services’ HIV/STI team will do monthly public-facing webinars about relevant topics on HIV in Montgomery County.
2. Montgomery County DHHS/Public Health Services will disseminate a bi-monthly newsletter to update communities, partners and other stakeholders on Ending the HIV Epidemic activities.
3. Montgomery County DHHS/Public Health Services will present an annual, public-facing overview of our Ending the HIV Epidemic goals and activities.

GLOSSARY OF ACRONYMS

AETC	AIDS Education Training Center
AIDS	Acquired Immuno-Deficiency Syndrome (AIDS-defining condition or CD4 less than 200 cells/mm ³)
BRFSS	Behavioral Risk Factor Surveillance System
CBO	Community-Based Organization
CDC	Centers for Disease Control and Prevention
CFAR	Center for AIDS Research
COHAH	Washington, DC Regional Planning Commission on Health and HIV
CTR	Counseling, Testing and Referral
DOH	DC Department of Health
EHE	Ending the HIV Epidemic
EMR	Electronic Medical Records
HAHSTA	HIV, AIDS, Hepatitis and Sexually Transmitted Disease Administration
HET	Heterosexual contact
HIV	Human Immuno-Deficiency Virus
HPG	HIV Planning Group
IDU	Injection Drug Use
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Queer
MCDHHS	Montgomery County Department of Health and Human Services
MDH	Maryland Department of Health
MSM	Men who have sex with men
NIH	National Institutes of Health

PEP	Post-Exposure Prophylaxis
PLWH	People Living with HIV
PrEP	Pre-Exposure Prophylaxis
PTC	Prevention Training Center
SAMHSA	Substance Abuse and Mental Health Services Administration
SSP	Syringe Services Program

WORKS CITED

-
- i Indicator Data for Montgomery County, MD. America’s HIV Epidemic Analysis Dashboard. 2020. <https://ahead.hiv.gov/locations/montgomery-county/>
- ii United States Census
- iii Montgomery County Annual HIV Epidemiological Profile 2019. Center for HIV Surveillance, Epidemiology and Evaluation, Maryland Department of Health, Baltimore, MD. 2020. <https://bit.ly/3hqYW5t>.
- iv Data request, Center for HIV Surveillance, Epidemiology and Evaluation, Maryland Department of Health, Baltimore, MD. 2020.
- v Data request, Center for HIV Surveillance, Epidemiology and Evaluation, Maryland Department of Health, Baltimore, MD. 2020.
- vi Data request, Center for HIV Surveillance, Epidemiology and Evaluation, Maryland Department of Health, Baltimore, MD. 2020.
- vii Data request, Center for HIV Surveillance, Epidemiology and Evaluation, Maryland Department of Health, Baltimore, MD. 2020.
- viii Data request, Center for HIV Surveillance, Epidemiology and Evaluation, Maryland Department of Health, Baltimore, MD. 2020.
- ix Data request, Center for HIV Surveillance, Epidemiology and Evaluation, Maryland Department of Health, Baltimore, MD. 2020.
- x Data request, Center for HIV Surveillance, Epidemiology and Evaluation, Maryland Department of Health, Baltimore, MD. 2020.
- xi Data request, Center for HIV Surveillance, Epidemiology and Evaluation, Maryland Department of Health, Baltimore, MD. 2020.
- xii Data request, Center for HIV Surveillance, Epidemiology and Evaluation, Maryland Department of Health, Baltimore, MD. 2020.
- xiii HIV by Group: HIV and Gay and bisexual Men. Center for Disease Control and Prevention. 2018. <https://www.cdc.gov/hiv/group/msm/index.html>
- xiv Data request, Center for HIV Surveillance, Epidemiology and Evaluation, Maryland Department of Health, Baltimore, MD. 2020.
- xv HIV by Group: HIV Prevention Activities Concerning American Gay and Bisexual Men. Center for Disease Control and Prevention. 2018. <https://www.cdc.gov/hiv/group/msm/brief.html>
- xvi CDC, HIV and Transgender People: <https://www.cdc.gov/hiv/group/gender/transgender/index.html>
- xvii Maryland Annual HIV Epidemiological Profile Gender Expansive People Supplement. Center for HIV Surveillance, Epidemiology, and Evaluation, Maryland Department of Health, Baltimore, MD. 2019: <https://phpa.health.maryland.gov/OIDEOR/CHSE/SiteAssets/Pages/statistics/Gender-Expansive-People-HIV-Supplemental-Profile.pdf>
- xviii Data request, Center for HIV Surveillance, Epidemiology and Evaluation, Maryland Department of Health, Baltimore, MD. 2020
- xix CDC, HIV & Youth: <https://www.cdc.gov/hiv/group/age/youth/index.html>
- xx CDC, HIV & People Who Inject Drugs: <https://www.cdc.gov/hiv/group/hiv-idu.html>
- xxi Data request, Center for HIV Surveillance, Epidemiology and Evaluation, Maryland Department of Health, Baltimore, MD. 2020.
- xxii United States Census
- xxiii Interactive Update to the Self-Sufficiency Standard of Maryland 2016. Montgomery County Department of Health and Human Services. n.d. <http://bit.ly/Self-SufficiencyStandard>
- xxiv Jupiter Independent Research Group. Racial Equity Profile for Montgomery County 2019. Office of Legislative Oversight. 2019. <https://bit.ly/38HfvGx>
- xxv U.S. Census Bureau Quick Facts Montgomery County, Maryland, population estimates July 1, 2019. <https://www.census.gov/quickfacts/montgomerycountymaryland>
- xxvi County Health Rankings: Montgomery County Maryland. University of Wisconsin Population Health Institute. 2020. <http://bit.ly/38IOIPF>
- xxvii Healthy Montgomery 2023 Goal Setting. Office of Planning and Epidemiology, Montgomery County, Md. n.d. <https://bit.ly/3aRfgvl>

-
- xxviii U.S. Census Bureau QuickFacts: Montgomery County, MD. United States Census Bureau. 2019. <https://www.census.gov/quickfacts/montgomerycountymaryland>
- xxix MC-DHHS Ryan White clinic client services data (CareWare)
- xxx Healthy Montgomery: Core Measures Set. Montgomery County Department of Health and Human Services. 2020. <https://www.montgomerycountymd.gov/healthymontgomery/core-measures.html>
- xxxi Housing for All = A Stronger Montgomery: Ending Homelessness in Montgomery County. Montgomery County Health and Human Services. 2019. <https://www.montgomerycountymd.gov/homelessness/numbers.html>
- xxxii MC-DHHS Ryan White clinic client services data (CareWare)
- xxxiii Center for Disease Control and Prevention. Temporary Halt in Residential Evictions to Prevent Further Spread of COVID-19. Federal Register: The Daily Journal of the United States Government. National Archives. 2020. <http://bit.ly/2WQbz0G>
- xxxiv Aibibula, Wusiman & Cox, Joseph & Hamelin, Anne-Marie & McLinden, Taylor & Klein, Marina & Brassard, Paul. Association Between Food Insecurity and HIV Viral Suppression: A Systematic Review and Meta-Analysis. AIDS and Behavior. Springer Verlag, 2017. <https://bit.ly/3nZwOcn>
- xxxv 2018 Youth Risk Behavior Survey Results: Maryland High School Survey Montgomery County. Department of Health and Human Services, Montgomery County Maryland. 2018. <https://bit.ly/3pwSUTN>
- xxxvi Violence Prevention: Adverse Childhood Experience. Center for Disease Control and Prevention. 2020. <https://www.cdc.gov/violenceprevention/aces/index.html>
- xxxvii Kelly C. Young-Wolff, Varada Sarovar, Stacy A. Sterling, Amy Leibowitz, Brigid McCaw, Charles B. Hare, Michael J. Silverberg & Derek D. Satre. Adverse Childhood Experiences, Mental health, Substance use, and HIV-related Outcomes Among Persons with HIV. AIDS Care, 31:10, 1241-1249. 2018. <https://www.tandfonline.com/doi/abs/10.1080/09540121.2019.1587372>
- xxxviii VanderEnde, Chiang, Mercy, Shawa, et. All. Adverse Childhood Experiences and HIV Sexual Risk-Taking Behaviors Among Young Adults in Malawi. Journal of Interpersonal Violence. Volume 22 Issue 11. 2018. <https://journals.sagepub.com/doi/abs/10.1177/0886260517752153>
- xxxix Fang, L., Chuang, D. M., & Lee, Y. Adverse childhood experiences, gender, and HIV risk behaviors: Results from a population-based sample. Preventive medicine reports. 2016. <http://bit.ly/3mXgIhW>
- xl Common Comorbidities with Substance Use Disorders Research Report Part 3: The Connection between Substance Use Disorders and HIV. National Institute on Drug Abuse. 2020. <https://bit.ly/2KKCCbd>
- xli SNAP Policy on Non-Citizen Eligibility: Non-citizens eligible with no waiting period. Food and Nutrition Service U.S. Department of Agriculture. 2013. <https://www.fns.usda.gov/snap/eligibility/citizen/non-citizen-policy>
- xlii Health Coverage for Immigrants. HealthCare.gov, U.S. Centers for Medicare & Medicaid Services, Baltimore, MD. n.d. <https://www.healthcare.gov/immigrants/coverage/>
- xliii Immigration Status Requirements for Medicaid. Maryland Department of Health, Baltimore, MD. n.d. <https://bit.ly/3rFTb94>
- xliv HIV Testing: Test Today. Don't Delay. National Center for HIV/AIDS, Viral Hepatitis, Sexual Transmitted Diseases and Tuberculosis Prevention, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. 2017. <https://www.cdc.gov/vitalsigns/hiv-testing/index.html>
- xlv Montgomery County Annual HIV Epidemiological Profile 2019. Center for HIV Surveillance, Epidemiology and Evaluation, Maryland Department of Health, Baltimore, MD. 2020. <https://bit.ly/38LEtV8>
- xlvi Montgomery County Annual HIV Epidemiological Profile 2019. Center for HIV Surveillance, Epidemiology and Evaluation, Maryland Department of Health, Baltimore, MD. 2020. <https://bit.ly/38LEtV8>
- xlvii Opt-out Screening: Routine Screening Should Be Implemented Using an "Opt-Out" Approach. Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention. 2020. <https://www.cdc.gov/hiv/clinicians/screening/opt-out.html>
- xlviii Final recommendation statement: Human immunodeficiency virus (HIV) infection: Screening. United States Preventive Services Taskforce, Rockville, Maryland. 2019. <https://bit.ly/2KBogtS>